# DEPARTMENT of HEALTH and HUMAN SERVICES

## Fiscal Year 2008

**Substance Abuse and Mental Health Services Administration**

*Justification of Estimates for Appropriations Committees*

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

## Letter from the Administrator

I am pleased to present the Substance Abuse and Mental Health Services Administration's (SAMHSA) fiscal year (FY) 2008 Congressional Justification. SAMHSA's FY 2008 budget totals $3.2 billion, a 5 percent reduction from the FY 2007 Continuing Resolution. This budget request continues support for the President's and Secretary's priority initiatives and reflects the goals and objectives in the Department's FY 2004 - FY 2009 Strategic Plan. In addition, the PART process continues to be a critical tool for evaluating program effectiveness and developing budget and legislative strategies.

This justification includes the FY 2008 Annual Performance Plan and FY 2006 Annual Performance Report as required by the Government Performance and Results Act of 1993 along with a more direct link in the budget discussion with program performance. Performance measurement and reporting at SAMHSA provide a comprehensive set of measures and outcomes in 21 major areas offering results-oriented information that enables SAMHSA to share with stakeholders its progress toward achieving three strategic goals:

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

SAMHSA's implementation of performance management has created a consistent framework to link agency-wide goals with a matrix of program priorities and to target resources to build resilience and facilitate recovery for adults, children and families. It has provided a shared vision of what needs to be accomplished with our partners and provides a consistent and effective way to measure our achievements and to strive for improvement.

Terry L. Cline

Terry L. Cline, Ph.D.
Administrator

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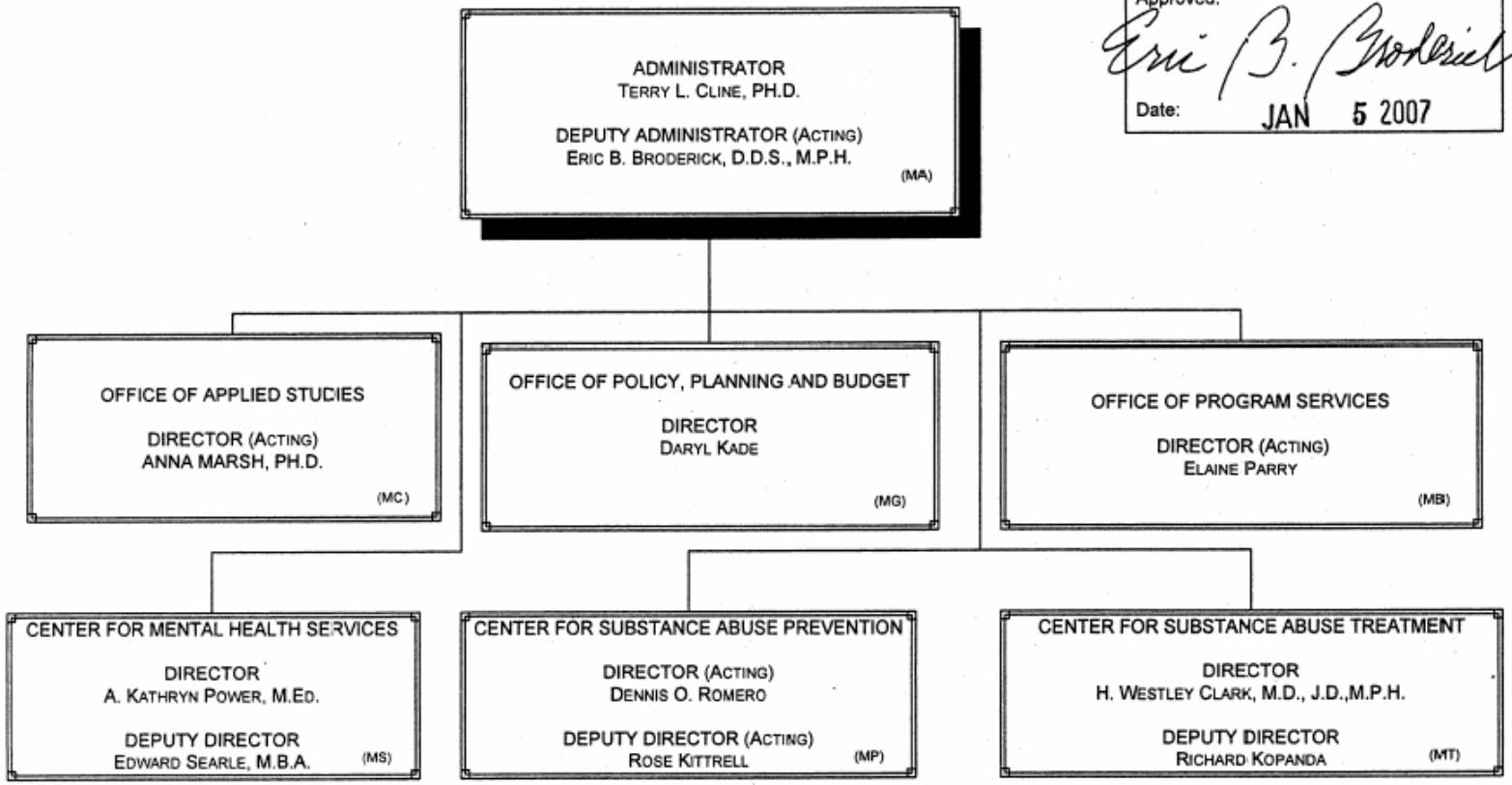
# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Substance Abuse and Mental Health Services Administration

Approved: Eric B. Broderick
Date: JAN 5 2007



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# Substance Abuse and Mental Health Services Administration
# Performance Budget Overview

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

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

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

Strategic Plan - SAMHSA finalized its new strategic plan in 2006, which adds Suicide Prevention and Workforce Development to the matrix. Agency goals are Accountability, Capacity, and Effectiveness. A chart showing the vision, mission, goals and objectives may be found on the next page. The performance budget submission is aligned with the three goals.

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

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

# SAMHSA STRATEGIC PLAN

**VISION**
A Life in the Community for Everyone

**MISSION**
Building Resilience and Facilitating Recovery

## ACCOUNTABILITY

Measure and report performance

- Track national trends
- Establish measurement and reporting systems
- Achieve excellence in management practices

## CAPACITY

Increase service availability

- Support needs assessment, planning, and system improvements
- Promote appropriate outreach, assessment, and referral
- Support service expansion
- Promote consumer choice

## EFFECTIVENESS

Improve service quality

- Improve client outcomes in SAMHSA programs
- Identify and promote evidence-based approaches
- Support recruitment, education, and retention of workforce

Date: August 2006

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

Overview of Performance

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

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

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

SAMHSA's performance goals and targets are reported for 21 major programs and activities, generally those with $10,000,000 of funding or more. Detailed performance tables are reported for each of those programs and activities. For Programs of Regional and National Significance, major activities such as the Strategic Prevention Framework State Incentive Grants and Access to Recovery are reported individually; smaller activities are reported in aggregate. Fifty-three percent of measures have reported data for FY 2006 the remainder are subject to unavoidable data lags. Of those reporting, 62 percent met or exceed their targets. For FY 2005, 87 percent of measures have reported data of which 58 percent met or exceeded their targets.

All of SAMHSA's budget lines have undergone PART reviews. No new reviews were conducted in 2006. Performance measures have been established including OMB approved efficiency measures for all programs. SAMHSA continues to implement PART improvement plans. Full cost information is reported in a summary table, in the Supplemental Information section.

Overview of Budget Request - The FY 2008 President's Budget totals $3,167,589,000, a decrease of $158,753,000 below the FY 2007 Continuing Resolution. It includes a net decrease of $76,630,000 for mental health; a net decrease of $36,441,000 for substance abuse prevention; a net decrease of $46,859,000 for substance abuse treatment; and an increase of $1,177,000 for program management. Targeted reductions are made in areas where grant periods are ending, activities can be supported through other funding streams or efficiencies can be realized. The budget eliminates funding for 18 programs within the three Programs of Regional and National Significance. The budget includes funding increases for Drug Treatment Courts and Screening, Brief Intervention, Referral and Treatment. The FY 2008 President's Budget represents SAMHSA's efforts to maintain the important initiatives put forth in recent years under the President's Drug Treatment Initiative and the Federal Mental Health Action Agenda which addresses the President's Initiative on *Achieving the Promise: Transforming Mental Health Care in America.*

## Substance Abuse and Mental Health Services Administration
### Appropriation Language

For carrying out titles V and XIX of the Public Health Service Act (‘‘PHS Act’’) with respect to substance abuse and mental health services, the Protection and Advocacy for Individuals with Mental Illness Act, and section 301 of the PHS Act with respect to program management, [*$3,046,426,000*]: *Provided,* That notwithstanding section 520A(f)(2) of the PHS Act, no funds appropriated for carrying out section 520A are available for carrying out section 1971 of the PHS Act: *Provided further,* That in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) $[*79,200,000*] to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX; (2) $[*21,413,000*]to carry out subpart I of part B of title XIX of the PHS Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of part B of title XIX; (3) $[*16,250,000*] to carry out national surveys on drug abuse; and (4) $[*4,300,000*] to evaluate substance abuse treatment programs.

*Pursuant to section 1942 of the PHS Act, a State that receives an allotment under section 1911 or 1921 of such Act for the current fiscal year shall submit data from the previous year on all developed National Outcome Measures. A State shall not receive more than 95 percent of the State's allotment as determined under section 1933 for such*

*year if that State does not report on National Outcome Measures under section 1921. Undistributed amounts under section 1921 shall be reallocated to States that report on such measures under section 1921 in accordance with section 1944 of the PHS Act.*

*(Department of Health and Human Services Appropriations Act, 2008.)*

# Substance Abuse and Mental Health Services Administration
## Amounts Available for Obligation

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|
| Appropriation: | | | |
| Labor/HHS/Ed-Annual Appropriation…….. | $3,237,813,000 | $3,205,436,000 | $3,046,426,000 |
| Rescission P.L. 109-149....……..... | -32,378,130 | --- | --- |
| Subtotal, adjusted appropriation… | 3,205,434,870 | 3,205,436,000 | 3,046,426,000 |
| Section 202 transfer to CMS....……...…… | -2,201,932 | --- | --- |
| Comparable Transfer to: "HHS"....……..... | -7,000 | -7,000 | --- |
| Subtotal, adjusted budget authority....… | 3,203,225,938 | 3,205,429,000 | 3,046,426,000 |
| Offsetting Collections from: | | | |
| Federal Sources.....… | 120,913,000 | 120,913,000 | 121,163,000 |
| Unobligated balance start of year..... | 43,496 | 227,580 | -227,807 |
| Unobligated balance end of year…..... | 227,580 | -227,807 | -239,198 |
| Unobligated balance expiring..... | -2,156,427 | --- | --- |
| Total obligations.....… | $3,322,253,587 | $3,326,341,772 | $3,167,121,995 |

# Substance Abuse and Mental Health Services Administration
## Summary of Changes

**Substance Abuse and Mental Health Services Administration**
**Summary of Changes**

| | |
|---|---|
| 2008 President's Budget (Budget Authority) | $3,046,426,000 |
| 2007 Continuing Resolution | 3,205,429,000 |
| **Net Change** | **-$159,003,000** |

| | FY 2007 Continuing Resolution | | Change from Base Budget | |
|---|---|---|---|---|
| | FTE | Authority | FTE | Authority [1/] |
| **Increases:** | | | | |
| A. Built-in: | | | | |
| 1. Annualization of 2007 civilian pay costs 2.2% | -- | $58,862,000 | -- | +233,000 |
| 2. Annualization of 2007 Commissioned Corps pay costs 2.7% | -- | 58,862,000 | -- | +22,000 |
| 3. Increase for January 2008 pay raise at 3.0% | -- | 58,862,000 | -- | +1,027,000 |
| 4. Two additional compensable days in FY 2008 (262) | -- | 58,862,000 | -- | +351,000 |
| 5. Performance pay | -- | 58,862,000 | -- | +981,000 |
| 5. Increase in rental payments to GSA | -- | 6,011,000 | -- | +207,000 |
| **Subtotal, Built-in Increases** | -- | --- | -- | **2,821,000** |
| B. Program: | | | | |
| 1. Program Management: | | | | |
| a. National Surveys | -- | --- | -- | --- |
| b. HHS Consolidated Acquisition System | -- | 76,042,000 | -- | +243,699 |
| **Subtotal, Program Increases** | -- | --- | -- | **243,699** |
| **Total Increases** | -- | --- | -- | **3,064,699** |
| **Decreases:** | | | | |
| A. Built-in: | | | | |
| B. Program: | | | | |
| 1. Mental Health Programs of Regional and | | | | |
| a. Programs of Regional and National Significance | -- | 263,263,000 | -- | - 76,630,000 |
| 2. Substance Abuse Prevention: | | | | |
| a. Programs of Regional and National Significance | -- | 192,902,000 | -- | - 36,441,000 |
| 3. Substance Abuse Treatment: | | | | |
| a. Programs of Regional and National Significance | -- | 394,649,000 | -- | - 46,859,000 |
| 4. Program Management: | | | | |
| 1. Workman's Comp | -- | 1,395,000 | -- | - 66,916 |
| 2. Unified Financial Management System | -- | 76,042,000 | -- | - 363,110 |
| 3. Cost Shift of Operating Costs | -- | 76,042,000 | -- | - 1,707,673 |
| Subtotal, Program Decreases | -- | --- | -- | - 162,067,699 |
| **Total Decreases** | -- | --- | -- | - 162,067,699 |
| **Net Change, Discretionary Budget Authority** | -- | --- | -- | **-$159,003,000** |

1/ Excludes $121.163 million to be transferred to SAMHSA from the PHS evaluation funds and includes comparable adjustment of $7 thousand in FY 2007.

# Substance Abuse and Mental Health Services Administration

## Budget Authority by Activity Table

*(Dollars in Thousands)*

| Program Activities | FY 2006 Actual 1/ | FY 2007 President's Budget | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|---|
| **Mental Health:** | | | | |
| Programs of Regional and National Significance | $263,080 | $228,101 | $263,263 | $186,633 |
| Children's Mental Health Services | 104,006 | 104,078 | 104,078 | 104,078 |
| Protection & Advocacy | 34,000 | 34,000 | 34,000 | 34,000 |
| PATH Homeless Formula Grant | 54,223 | 54,261 | 54,261 | 54,261 |
| Mental Health Block Grant | 406,561 | 406,843 | 406,843 | 406,843 |
| PHS Evaluation Funds | 21,413 | 21,629 | 21,413 | 21,413 |
| Subtotal, Mental Health Block Grant | 427,974 | 428,472 | 428,256 | 428,256 |
| **Subtotal, Mental Health** | **883,283** | **848,912** | **883,858** | **807,228** |
| **Substance Abuse Prevention:** | | | | |
| Programs of Regional and National Significance | 192,767 | 180,598 | 192,902 | 156,461 |
| **Subtotal, Substance Abuse Prev** | **192,767** | **180,598** | **192,902** | **156,461** |
| **Substance Abuse Treatment:** | | | | |
| Programs of Regional and National Significance | 394,375 | 371,079 | 394,649 | 347,790 |
| PHS Evaluation Funds | 4,300 | 4,300 | 4,300 | 4,300 |
| **Subtotal** | **398,675** | **375,379** | **398,949** | **352,090** |
| Substance Abuse Block Grant | 1,678,225 | 1,679,391 | 1,679,391 | 1,679,391 |
| PHS Evaluation Funds | 79,200 | 79,200 | 79,200 | 79,200 |
| Subtotal, Substance Abuse Block Grant | 1,757,425 | 1,758,591 | 1,758,591 | 1,758,591 |
| **Subtotal, Substance Abuse Treatment** | **2,156,100** | **2,133,970** | **2,157,540** | **2,110,681** |
| **TOTAL, SUBSTANCE ABUSE** | **2,348,867** | **2,314,568** | **2,350,442** | **2,267,142** |
| **Program Management 1/** | 75,989 | 75,514 | 76,042 | 76,969 |
| PHS Evaluation Funds | 16,000 | 21,000 | 16,000 | 16,250 |
| Subtotal, Program Management | **91,989** | **96,514** | **92,042** | **93,219** |
| **TOTAL, SAMHSA Discretionary PL** | **3,324,139** | **3,259,994** | **3,326,342** | **3,167,589** |
| *Less PHS Evaluation Funds* | *120,913* | *126,129* | *120,913* | *121,163* |
| **TOTAL, SAMHSA Budget Authority** | **$3,203,226** | **$3,133,865** | **$3,205,429** | **$3,046,426** |
| **Obligations *(Direct, non-add)*** | *($ 3,203,000)* | --- | *($ 3,205,000)* | *($ 3,046,000)* |
| **FTEs** | **524** | | **540** | **540** |

1/ Reflects Section 202 transfer to CMS.

2/ Includes comparable transfer of $7 thousand to HHS in FY 2006 and FY 2007 President's Budget and FY 2007 Continuing Resolution

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

| Object Class | FY 2007 Continuing Resolution | FY 2008 President's Budget | Increase or Decrease |
|---|---|---|---|
| **DIRECT OBLIGATIONS** | | | |
| Personnel Compensation: | | | |
| Full Time Permanent (11.1) | $41,325 | $42,482 | +$1,157 |
| Other than Full-Time Permanent (11.3) | 2,645 | 2,720 | +75 |
| Other Personnel Compensation (11.5) | 702 | 1,683 | +981 |
| Military Personnel Compensation (11.7) | 2,216 | 2,280 | +64 |
| Special Personal Services Payments (11.8) | 51 | 52 | +1 |
| **Subtotal Personnel Compensation:** | **46,939** | **49,217** | **+2,278** |
| Civilian Personnel Benefits (12.1) | 9,992 | 10,272 | +280 |
| Military Personnel Benefits (12.2) | 1,931 | 1,987 | +56 |
| Benefits for Former Personnel (13.1) | --- | --- | --- |
| **Subtotal Pay Costs:** | **58,862** | **61,476** | **+2,614** |
| Travel (21.0) | 1,401 | 1,222 | -180 |
| Transportation of Things (22.0) | 42 | 37 | -5 |
| Rental Payments to GSA (23.1) | 6,011 | 6,218 | +207 |
| Rental Payments to others (23.2) | --- | --- | --- |
| Communications, Utilities and Misc. Charges (23.3) | 885 | 783 | -103 |
| Printing and Reproduction (24.0) | 4,372 | 2,762 | -1,609 |
| **Other Contractual Services:** | | | |
| Advisory and Assistance Services (25.1) | 22,432 | 12,324 | -10,108 |
| Other Services (25.2) | 169,056 | 97,782 | -71,274 |
| Purchases from Government Accounts (25.3) | 101,719 | 75,126 | -26,593 |
| Operation and Maintenance of Facilities (25.4) | --- | --- | --- |
| Research & Development Contracts (25.5) | --- | --- | --- |
| Medical Care (25.6) | --- | --- | --- |
| Operation and Maintenance of Equipment (25.7) | --- | --- | --- |
| Subsistence & Support of Persons (25.8) | --- | --- | --- |
| **Subtotal Other Contractual Services:** | **293,207** | **185,231** | **-107,975** |
| Supplies and Materials (26.0) | 561 | 480 | -81 |
| Equipment (31.0) | 59 | 52 | -7 |
| Land & Structures (32.0) | --- | --- | --- |
| Investments & Loans (33.0) | --- | --- | --- |
| Grants, Subsidies, and Contributions (41.0) | 2,838,635 | 2,786,838 | -51,797 |
| Insurance Claims & Indemnities (42.0) | 1,395 | 1,328 | -67 |
| Interest & Dividends (43.0) | --- | --- | --- |
| Refunds (44.0) | --- | --- | --- |
| **Subtotal Non-Pay Costs** | **3,146,567** | **2,984,950** | **-161,617** |
| **Total Direct Obligations** | **3,205,429** | **3,046,426** | **-159,003** |
| **SAMHSA Discretionary Program Level** | **3,326,342** | **3,167,589** | **-158,753** |
| *Less PHS Supplemental Fund* | --- | --- | --- |
| *Less PHS Evaluation Funds* | *(120,913)* | *(121,163)* | *+250* |
| **Total, Discretionary Budget Authority** | **$3,205,429** | **$3,046,426** | **-$158,503** |

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

| Object Class | FY 2007 Continuing Resolution | FY 2008 President's Budget | Increase or Decrease |
|---|---|---|---|
| **Personnel Compensation:** | | | |
| Full Time Permanent (11.1) | $41,325 | $42,482 | +$1,157 |
| Other than Full-Time Permanent (11.3) | 2,645 | 2,720 | +75 |
| Other Personnel Compensation (11.5) | 702 | 1,683 | +981 |
| Military Personnel Compensation (11.7) | 2,216 | 2,280 | +64 |
| Special Personal Services Payments (11.8) | 51 | 52 | +1 |
| **Subtotal Personnel Compensation:** | **46,939** | **49,217** | **+2,278** |
| Civilian Personnel Benefits (12.1) | 9,992 | 10,272 | +280 |
| Military Personnel Benefits (12.2) | 1,931 | 1,987 | +56 |
| Benefits for Former Personnel (13.1) | --- | --- | --- |
| **Subtotal Pay Costs:** | **58,862** | **61,476** | **+2,614** |
| Travel (21.0) | 1,401 | 1,222 | -179 |
| Transportation of Things (22.0) | 42 | 37 | -5 |
| Rental Payments to Others (23.2) | --- | --- | --- |
| Communications, Utilities and Misc. Charges (23.3) | 885 | 783 | -103 |
| Printing and Reproduction (24.0) | 4,372 | 2,762 | -1,609 |
| **Other Contractual Services:** | | | |
| Advisory and Assistance Services (25.1) | 13,031 | 8,310 | -4,720 |
| Other Services (25.2) | 166,380 | 95,163 | -71,217 |
| Purchases from Government Accounts (25.3) | 25,623 | 18,909 | -6,715 |
| Operation & Maintenance of Facilities (25.4) | --- | --- | --- |
| Research and Development Contracts (25.5) | --- | --- | --- |
| Medical Care (25.6) | --- | --- | --- |
| Operation & Maintenance of Equipment (25.7) | --- | --- | --- |
| Subsistence & Support of Persons (25.8) | --- | --- | --- |
| **Subtotal Other Contractual Services:** | **205,034** | **122,382** | **-82,652** |
| Supplies and Materials (26.0) | 561 | 480 | -81 |
| **Subtotal Non-Pay Costs** | **212,295** | **127,666** | **-84,629** |
| **Total for Salaries and Expenses:** | **$271,157** | **$189,142** | **-$82,015** |
| **Direct FTE:** | 480 | 480 | --- |

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

## FY 2007 House Appropriations Committee Report Language (H.R. 109-515)

Item

***Study of technical assistance furnished to Community Mental Health Centers*** – While the Committee is pleased that SAMHSA is focusing on helping persons with mental illnesses achieve recovery, a parallel effort must be made to strengthen the service capacity of safety net community-based mental health providers. Therefore, the Committee urges SAMHSA to produce a comprehensive study for the Community regarding the technical assistance furnished to community mental health Centers over the last five years on such issues as personnel preparation, evidenced-based practices, quality improvement, integrated treatment, and individualized care.

Action taken or to be taken

SAMHSA/CMHS has begun collecting data on the technical assistance provided to Community Mental Health Centers over the last five years. This information, gathered from a variety of stakeholders both within and external to CMHS, will serve as the core material for the House Appropriations Committee study. SAMHSA expects to submit the final report to the Committee by the fall of 2007.

Item

***Transformation planning and implementation*** – The Committee recommends that SAMHSA continue to work with states and planning and advisory councils to integrate the principles of transformation with a state's service-delivery system, including the mental health block grant. The Committee encourages SAMHSA to provide a mechanism within the state incentive grants for transformation to ensure that full and active participation by community-based organizations representing consumers is present in all facets of transformation planning and implementation. (p.133)

Action taken or to be taken

Through the mental health block grant guidance, SAMHSA continues to encourage States to work with State Mental Health Planning and Advisory Councils to integrate the principles of mental heath transformation throughout the state's service delivery systems. As evidenced from the FY 2007 consultative peer reviews of State Block Grant Plans, states are increasingly involving planning council members on State wide-planning and policy making committees to provide input and guidance on mental health transformation. Involving planning council members at all levels of decision making ensures that transformation of state mental health systems will be more consumer and family driven and more responsive to the needs of adults

### FY 2007 House Appropriations Committee Report Language (H.R. 109-515)

with serious mental illness and children with serious emotional disturbance. In FY 2006, SAMHSA convened special mental health transformation leadership training sessions for State Mental Health Planning Council members with a 60 percent increase in participation over the previous year. This special leadership training will continue in FY 2007. As a result of these partnering efforts, states have made significant progress in both promoting and implementing transformation activities of their mental health systems on a voluntary basis consistent with SAMHSA's vision of mental health transformation. Documentation of these activities was recently published in *Mental Health Trends Report.* In addition, the Mental Health Transformation State Incentive Grant Program will include language in funding announcements about involving consumers and family members in all facets of transformation planning and implementation. Applicants will be encouraged to provide financial support to consumers and family members and representative organizations for their involvement.

Item

***Treatment for youth at risk of suicide*** – The Committee remains deeply concerned that suicide is the third leading cause of death among adolescents. Consistent with the recommendations of the President's New Freedom Commission on Mental Health, the Committee has in the past called upon SAMHSA to award grants to local educational systems or non-profit entities in conjunction with local educational systems for analyzing screening mechanisms and to identify evidence-based practices for facilitating treatment for youth at risk. The Committee strongly urges SAMHSA to continue this effort in fiscal year 2007. (p.134)

Action taken or to be taken

The Congress first directed SAMHSA to fund this initiative in FY 2005. SAMHSA developed a Request for Applications titled "Linking Adolescents at Risk to Mental Health Services." In 2005, eight grants were awarded for two years. In FY 2007, SAMHSA will continue this effort at the FY 2006 level.

Item

***Marriage and family therapy students*** – The Committee recognizes the value of marriage and family therapy (MFT). As one of the five "core mental health professions" designated by the Health Resources and Services Administration, the Committee encourages SAMHSA to permit MFT students to be granted eligibility to participate in the minority fellowship program. (p.134)

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

## FY 2007 House Appropriations Committee Report Language (H.R. 109-515)

Action taken or to be taken

Through SAMHSA's Center for Mental Health Services, the new grant cycle is anticipated to be published in the spring of 2007 and will include the American Association of Marriage and Family Therapy as an expected applicant organization.

Item

***Mental health services for older adults*** --The Community Mental Health Services Block Grant Program distributes funds to 59 eligible states and territories through a formula based upon specified economic and demographic factors. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Because the mental health needs of our Nation's elderly population are often not met by existing programs and because the need for such services is dramatically and rapidly increasing, the Committee recommends that SAMHSA require that states' plans include specific provisions for mental health services for older adults. (p.135)

Action taken or to be taken

In an effort to improve capacity of State Mental Authorities to serve older adults, SAMHSA will specifically encourage States to address gaps in services for this population in the new guidance of the Mental Health Block Grant (MHBG) applications to be issued in FY 2007. This is consistent with the principles of the President's New Freedom Commission recommendation that provisions for mental health services be made for the entire life-span, including older adults. In conjunction with the MHBG, SAMHSA will also continue to require Mental Health Transformation State Incentive Grantees to use a life span approach that includes specific provisions for older adults (65+) in creating their Comprehensive Mental Health Plans.

Item

***Methamphetamine treatment*** – The budget request proposes $24,750,000 for a methamphetamine treatment voucher program that would require states to purchase methamphetamine treatment services through the use of vouchers, using the ATR treatment voucher program as a model. The Committee appreciates and supports the Administration's interest in dedicating resources to help expand access to clinically appropriate methamphetamine treatment. The Committee is aware that state addiction systems employ a broad range of purchasing mechanisms that are developed to effectively tailor service delivery in ways that best address state and local needs and circumstances. The Committee favors the allocation of grants to states in a manner that allows flexibility in managing funds to acknowledge the variation in

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State systems and to continue to support programs that are achieving effective outcomes. As a result, the Committee is not allocating funding for the proposed treatment voucher program, but instead, the Committee provides $25,000,000 for methamphetamine treatment to state substance abuse agencies without requiring states to employ vouchers or any other one specific required service delivery purchasing mechanism. The Committee directs SAMHSA to allow state substance abuse agencies to choose financing strategies for methamphetamine treatment services that are most appropriate for their own unique systems, including but not limited to vouchers. (p.137)

Action taken or to be taken

In FY 2007, a portion of the Access to Recovery program ($25,000,000) will focus on those States where epidemiological data and treatment data indicate high methamphetamine prevalence and treatment prevalence. That information will be derived from data sources such as, but not limited to, the Community Epidemiology Work Group data, the National Survey of Substance Abuse Treatment Services, and State data. In addition to supporting treatment, the funds will be used to support recovery support services such as child care, transportation, sober housing, and other services that support increased retention in treatment by clients. Research has shown that treatment of methamphetamine disorders requires longer lengths of stay in outpatient treatment than does treatment of other drugs.

Item

***Work with national outcome measures (NOM] substance abuse directors*** – The Committee is aware of SAMHSA's collaborative work with state substance abuse directors, also known as single state authorities (SSAs) for substance abuse, to improve the quality of substance abuse prevention and treatment data by seeking information on a core set of National Outcome Measures (NOMs) across all SAMHSA funding mechanisms, including services funded by the SAPT block grant. The Committee commends SAMHSA for working with states and territories to streamline data reporting requirements while improving accountability. The Committee encourages SAMHSA to continue working directly with the national association representing state substance abuse directors on the variety of implementation issues related to NOMs to ensure continued progress, including work to examine effective non-proprietary data management tools that could continue to implement this initiative in an efficient and cost-effective manner. (p.138/139)

Action Taken or to be taken

SAMHSA continues to work in partnership with the State substance abuse directors to improve reporting. The FY 2008 budget requires all States to report on National Outcome Measures.

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The State Outcomes Measurement and Management System Central Services contract serves as the primary SAMHSA program supporting the ongoing collaboration between SAMHSA and the States. Through the State Outcomes Measurement and Management System Central Services contract, regular meetings with the National Association of State Alcohol and Drug Abuse Directors have been held to discuss a variety of National Outcome Measures implementation issues. They include further refinement of current National Outcome Measures definitions to ensure consistent reporting across the States, defining the social connectedness and client perception of care measures, and developing a planning guide and resource inventory of non-proprietary data management tools and vendors. The States and SAMHSA have also introduced exchanging best practices related to States' National Outcome Measures IT solutions as well as forming inter-State groups interested in developing or hosting a common IT system.

Item

***Underage drinking*** – The Committee is pleased that the Inter-Agency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) has taken steps to engage State officials on evidence-based strategies for combating underage drinking and to promote increased State action to reduce youth alcohol use. The Committee appreciates the ICCPUD's January 2006 submission of a proposed federal underage drinking prevention plan, and is very pleased that it included plans for a Surgeon General's "Call to Action" on underage drinking prevention to be released in spring of 2006. The Committee urges the ICCPUD to ensure that the "Call to Action" is vigorously promoted and disseminated to policy-makers and the public. (p.139)

Action Taken or to be taken

In FY 2007 the Interagency Coordinating Committee on The Prevention of Underage Drinking (ICCPUD), which has been formally established by the Sober Truth on Preventing (STOP) Underage Drinking Act, and SAMHSA will continue their coordinated efforts to address the problem of underage drinking through the use of evidence-based strategies. Many of these efforts will be based on the Surgeon General's Call to Action, which will be broadly disseminated and promoted as a basis for increased State and community action to prevent and reduce underage drinking.

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

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Item

***Access to Recovery Evaluation - focus on impact of vouchers*** - Since fiscal year 2004 the Committee has funded, through the President's original Access to Recovery program, 14 States and one tribal entity for the purpose of piloting programs to purchase treatment and recovery support services through the use of vouchers. The first 3-year grant cycle ends September 30, 2006. The Committee supports SAMHSA's proposal to evaluate the extent to which the ATR programs were successful and urges SAMHSA, as part of the ATR evaluation, to review and report on the extent to which the use of vouchers impacts clinical outcomes compared to the use of other purchasing strategies.

Action taken or to be taken

Under the FY 2007 Continuing Resolution, SAMSHA will initiate a contract to evaluate ATR. Initial evaluation will include reviewing the "process," asking the following questions:

- How long did it take the grantees to actually implement the ATR program?
- Why were some grantees more successful than others?
- What were the lessons learned during the implementation phase (e.g., supporting recovery support services with public funds and working with non-traditional service providers (faith-based and community-based)).

Although not part of the original ATR program design, to the extent possible, the evaluation will attempt to compare how the use of vouchers impacted clinical outcomes versus the use of other purchasing strategies. This will depend in large part on other existing data sources that can be used. As envisioned, the ATR evaluation will also focus on client outcomes, cost-effectiveness, and client satisfaction.

**Client Outcomes:** The outcomes evaluation will focus on client outcomes within and across grantees, type of service(s) provided, type of providers, client characteristics, and treatment characteristics such as duration in treatment. The required outcomes data being collected by the current grantees include seven of the ten National Outcome Measure domains. These seven domains are:

- Abstinence from drug use/alcohol abuse
- Employment/education
- Criminal or juvenile justice involvement
- Family and living conditions
- Social support
- Service access/capacity
- Retention in services

# Substance Abuse and Mental Health Services Administration
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**Cost-effectiveness:** The cost-effectiveness evaluation will look at what was achieved for what amount of money. To the extent that it is feasible, the evaluation will seek to explore the cost-benefit of choice in terms of outcomes achieved. Another important question for the cost-effectiveness component of the evaluation will be to compare the outcomes achieved with the expected increased utilization of recovery support services and the related costs, to outcomes achieved with minimal or no recovery support services.

**Client Satisfaction:** Though not considered as critical as the other two components of the evaluation proposal, we will also explore the feasibility of evaluating client satisfaction. If obtaining this kind of information is too difficult or costly, or if the information proves to be primarily anecdotal, this phase of the evaluation would not be continued.

Item

***Congressional justification***– In developing its fiscal year 2008 budget request, the Committee urges SAMHSA to revise the format for its congressional justification in ways that will make it more readable and easily understood. In particular, the Committee would appreciate more descriptive information for existing and proposed programs of regional and national significance, including a brief description of the program, a justification of changing funding levels, a 5-year funding history and output measures. As an example, the Committee urges SAMHSA to examine the format and level of detail contained in the Department of Education congressional justification. (p.171)

Action Taken or to be taken

The FY 2008 Congressional Justification includes descriptive information and charts for SAMHSA programs including funding histories and output measures. SAMHSA continues to work to provide clear and informative congressional justifications to the legislature.

Item

***Enhanced school and community-based services*** – The Committee intends that no less than last year's level of funding be used for preventing youth violence. This initiative includes the Safe Schools/Healthy Students interdepartmental program. The administration proposed cutting this program by $17,588,000. The Committee believes that enhanced school and community-based services can strengthen healthy child development, thus reducing violent behavior and substance use. Since 1999, over 180 communities have received and benefited from these grants. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach. (p.172)

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Action taken or to be taken

SAMHSA appreciates the committee's continued support of youth violence prevention activities. The Department of Health and Human Services, the Department of Education, and Department of Justice collaborate through contributions of financial, technical and administrative support to this effort. The collaborative relationship is formalized through an interagency agreement which also establishes a program and policy review body consisting of members of all three Departments. SAMHSA intends to continue the strong collaboration with the Departments of Education and Justice in awarding new Safe Schools/Healthy Students grants at the same level of funding as FY 2006 and the FY 2007 President's Budget.

Item

***Community based organizations participation in State incentives grants for transformation program*** – The Committee recommendation provides $25,740,000 for the State Incentive Grants for Transformation program, which is the same as the comparable level for fiscal year 2006 and $5,944,000 above the administration's request. The Committee has not included bill language, as requested by the administration, allowing States to redirect a portion of the Community Mental Health Services Block Grant for transformation activities. Instead, the Committee recommends that the administration continue funding transformation planning and implementation activities through the State Incentive Grants for Transformation program. In furtherance of achieving its goals for transformation, the Committee also urges SAMHSA to prioritize within its Programs of Regional and National Significance [PRNS] initiatives that augment the role of consumers. To that end, the Committee urges SAMHSA to provide a mechanism within its program of State Incentives Grants for Transformation to ensure that modest funding is made available to support full and active participation by community-based organizations representing consumers in all facets of transformation planning and implementation. (p.172)

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Action taken or to be taken

Through the mental health block grant guidance, SAMHSA continues to encourage States to work with State Mental Health Planning and Advisory Councils to integrate the principles of mental heath transformation throughout the state's service delivery systems. As evidenced from the FY 2007 consultative peer reviews of State Block Grant Plans, states are increasingly involving planning council members on State wide-planning and policy making committees to provide input and guidance on mental health transformation. Involving planning council members at all levels of decision making ensures that transformation of state mental health systems will be more consumer and family driven and more responsive to the needs of adults with serious mental illness and children with serious emotional disturbance. In FY 2006, SAMHSA convened special mental health transformation leadership training sessions for State Mental Health Planning Council members with a 60 percent increase in participation over the previous year. This special leadership training will continue in FY 2007. As a result of these partnering efforts, states have made significant progress in both promoting and implementing transformation activities of their mental health systems on a voluntary basis consistent with SAMHSA's vision of mental health transformation. Documentation of these activities was recently published in *Mental Health Trends Report.* In addition, the Mental Health Transformation State Incentive Grant Program will include language in funding announcements about involving consumers and family members in all facets of transformation planning and implementation. Applicants will be encouraged to provide financial support to consumers and family members and representative organizations for their involvement.

Item

***National Child Traumatic Stress Network*** – The Committee has provided $30,000,000 to continue the important work of the National Child Traumatic Stress Network [NCTSN]. The Committee strongly urges SAMHSA to build the strongest possible network of centers by setting criteria that award competitive grants based upon expertise and experience in the field of child traumatic stress. The Committee asks SAMHSA to review whether previously funded centers, not currently in the network, should be awarded grants to rejoin the network, if their expertise would benefit the network. The Committee also urges SAMHSA to give high priority to grants for centers that work with children and families affected by devastating hurricanes along the Gulf Coast as well as those centers that work with children and families of active, guard and reserve personnel deployed in Iraq and Afghanistan. (p.172/173)

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Action taken or to be taken

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

SAMHSA is pleased to report that the NCTSN includes centers in the hurricane impacted areas of the Gulf Coast and across the nation the Network has provided invaluable resources to children and their families evacuated to other areas. In addition, current grantees within the NCTSN have played an innovative role in developing treatment approaches for children and families of military personnel deployed in Iraq and Afghanistan.

Item

***Mental health services to the homeless*** --The Committee has included $15,000,000 for grants to fund mental health services to the homeless. This is $5,440,000 above the comparable level for fiscal year 2006 and $10,561,000 above the administration request. The Committee understands that the administration request will fund all current grantees that need continuation funds. It is the Committee's intention that the funding provided above that level shall be used to fund services in permanent supportive housing to help end chronic homelessness. The Committee directs CMHS, in consultation with CSAT, to award these grants to applicants that operate permanent supportive housing funded by HUD's Homeless Assistance Programs or comparable programs, including those that were funded through the Interagency Collaborative Initiative to Reduce Chronic Homelessness. (p.173)

Action taken or to be taken

CMHS is developing a request for applications that will fund services in permanent supportive housing to help end chronic homelessness. CMHS will be consulting with CSAT regarding the request for applications. Depending on final allocation, CMHS will be prepared to award grants to applicants that operate permanent supportive housing funded by HUD's Homeless Assistance Programs or comparable programs, including those that were funded through the collaborative Initiative to Reduce Chronic Homelessness.

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

## FY 2007 Senate Appropriations Committee Report Language (S.R. 109-287)

Item

***Elderly Treatment and Outreach Program*** --The Committee recommendation includes funding at last year's level for the Elderly Treatment and Outreach Program. The Committee notes that while many older Americans experience depression, dementia, anxiety, and substance abuse disorders, far too often these conditions are not recognized or treated. Outreach to elderly persons conducted in places frequented by seniors, such as senior centers, meal sites, primary care settings and other locations, is needed. The Elderly Treatment and Outreach Program is the only federally funded services program dedicated specifically to the mental health care of older adults. This grant program, which helps local communities establish the infrastructure necessary to better serve the mental health needs of older adults, has been funded at approximately $5,000,000 for fiscal years 2002-2006. The Committee urges SAMHSA to expand this program so that it can provide evidence-based mental health outreach and treatment services to the growing population of older adults in this country. (p.173)

Action taken or to be taken

SAMHSA will continue to work with current grantees to expand the impact of this program through implementation of new evidence-based mental health resources that can be adapted and disseminated nationally. Information is also provided to the elderly on mental health issues through AOA, HRSA, CMS, and other Federal agencies.

Item

***Study of technical assistance furnished to Community Mental Health Centers*** – While the Committee is pleased that SAMHSA is focusing on helping persons with mental illnesses achieve recovery, a parallel effort must be made to strengthen the service capacity of safety net community-based mental health providers. Therefore, the Committee urges SAMHSA to produce a comprehensive study regarding the technical assistance furnished to Community Mental Health Centers over the last 5 years on such issues as personnel preparation, evidenced based practices, quality improvement, integrated treatment, and individualized care. (p.173)

Action taken or to be taken

SAMHSA has begun collecting data on the technical assistance provided to Community Mental Health Centers over the last five years. This information, gathered from a variety of stakeholders both within and external to SAMHSA, will serve as the core material for the House Appropriations Committee study. SAMHSA expects to submit the final report to the Committee by the fall of 2007.

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

## FY 2007 Senate Appropriations Committee Report Language (S.R. 109-287)

Item

***Mental and behavioral health needs of vulnerable populations*** – The Committee recognizes the significant impact that natural and human-made disasters can have on mental and behavioral health. In particular, such events can lead to negative mental and behavioral health consequences for vulnerable populations, including older adults, children, individuals with disabilities, and ethnic minorities. The Committee acknowledges the role of the Emergency Mental Health and Traumatic Stress Services Branch in supporting the emotional recovery of those impacted by trauma and disasters. The Committee encourages this branch, in collaboration with FEMA, to increase attention to the mental and behavioral health needs of vulnerable populations during and in the aftermath of a disaster. (p.173/174)

Action taken or to be taken

SAMHSA appreciates the committee's recognition of the work of the CMHS Emergency Mental Health and Traumatic Stress Services Branch following disasters. SAMHSA and CMHS have developed a long and proud collaboration with FEMA and State and local mental health providers in serving all individuals impacted by disasters and trauma. Guidance and training within CMHS's programs always includes specific techniques for identifying, assisting, and, when appropriate, referring individuals considered being vulnerable populations such as children, frail elderly, recent immigrants, individuals with serious mental illness or addiction disorder.

Item

***Marriage and family therapists and the Minority Fellowship program*** – The Committee remains concerned about the need to improve the representation of minorities among behavioral health professionals providing services in the public sector. For this reason, the Committee is providing funding for the Minority Fellowship Program [MFP] at last year's level so that SAMHSA can continue this program, which has been successful in addressing this issue. The Committee does urge SAMHSA, however, to consider the inclusion in the MFP program of other professions like marriage and family therapists in so far as they provide services in the public sector. (p.174)

Action taken or to be taken

SAMHSA's Center for Mental Health Services will revise the request for application to include the American Association of Marriage and Family Therapy as an expected applicant organization.

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

## FY 2007 Senate Appropriations Committee Report Language (S.R. 109-287)

Item

***Peer-support in development of application of best mental health practices*** – Both the President's New Freedom Commission on Mental Health and the Surgeon General of the United States have called for greater involvement of consumers in the mental health care delivery system. The Surgeon General noted that consumers "in the role of peer-specialists integrated into case management teams led to improved patient outcomes." Peer-specialists, by providing a level of care not available from medical professionals, help to improve treatment outcomes, including reduced hospitalization and use of other services. The Committee encourages SAMHSA to include peer-support and peer-specialists in the development and application of best mental health practices. (p.174)

Action taken or to be taken

SAMHSA recognizes the value of peer support and of peer provided mental health services and has a series of efforts to expand the application of these approaches. In FY 2007, SAMHSA will release a guidebook to help States design and implement peer specialist programs. SAMHSA recently completed a state demonstration of this training material in Connecticut which is now poised to adopt this approach. SAMHSA has been actively collaborating with the Centers for Medicare and Medicaid Services (CMS) in the development of this guide as well as in exploring how CMS could further support peer specialist programs. SAMHSA's National Registry of Evidence-based Programs and Practices has deemed consumer provided mental health service approaches (such as peer specialists) as a FY 2007 priority area for the submission, review, and inclusion within this listing of best practices. An evidence-based practice resource kit on consumer-operated services is also in development. Other grantee activities have included assisting States on the financing of peer workers - including potential reimbursement venues and grants - and on related human resource development issues. This also includes collaborating with academia on workforce development to create certification and credentialing standards for peer specialists. SAMHSA, in collaboration with the Department of Education's National Institute of Disability Rehabilitation and Research, funds two Research and Training Centers to expand consumer-driven approaches to improve mental health care including the examination of the outcomes of recovery self-management models, consumer-to-consumer education, self-directed healthcare financing mechanisms, Medicaid-funded peer services, consumer-operated programs, and return-to-work services. Finally, SAMHSA has identified the goal of improving the behavioral health workforce as one of its priority areas. As part of this effort, a national implementation plan has been developed to address these issues. The website is at http://www.annapoliscoalition.org/national_strategic_planning.php. A key targeted objective of this plan is to enhance peer provided services such as peer specialist approaches.

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## FY 2007 Senate Appropriations Committee Report Language (S.R. 109-287)

Item

***Family treatment within the methamphetamine program*** – The Committee continues to be concerned about the incidence of drug addiction among pregnant and parenting women. The unavailability of family-based treatment is manifested in the overrepresentation of substance-abusing mothers in the child welfare system. Up to 80 percent of the families who come to the attention of child welfare agencies are substance abusing. The Committee believes that increased capacity for family-based treatment programs is imperative. Within the funds appropriated for CSAT, the Committee recommends $15,000,000 for treatment programs for pregnant, postpartum, and residential women and their children. This amount is $4,116,000 above the comparable level for fiscal year 2006 and $11,068,000 above the administration request. Moreover, since women and children are disproportionately affected by the meth epidemic, the Committee directs SAMHSA to explore ways to increase family treatment capacity within the methamphetamine treatment program. (p.177)

Action taken or to be taken

SAMHSA will fund a $10,390,000 program for Pregnant and Postpartum Women in FY 2007. In addition, the FY 2007 ATR program announcement includes $25 million for methamphetamine treatment.

Item

***Collaboration between the Center for Substance Abuse Prevention and State Strategic Prevention Framework State Incentive Grant recipients*** – The Committee expects CSAP to focus its efforts on reducing youth drug and alcohol use through the Strategic Prevention Framework State Incentive Grant [SPF SIG] program. The Committee's recommendations include $106,650,000 for the SPF SIG program, which is the same as the comparable level for fiscal year 2006 level. Given the scarce resources available for substance use prevention, the Committee expects CSAP to work with the State SPF SIG recipients to focus their funds on environmental and population-based strategies, due to the cost effectiveness of these approaches; and to ensure that community anti-drug coalitions, funded under the Drug Free Communities program, are utilized, to the maximum extent possible, as SPF SIG sub-recipients, in order to maximize Federal investments in prevention. (p.180)

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Action taken or to be taken

SAMHSA concurs with the observation and recommendation that State Strategic Prevention Framework State Incentive Grant recipients should focus their funds on environmental and population-based strategies and that the grantees utilize community anti-drug coalitions, including those funded under the Drug Free Communities program, to the maximum extent possible, as Strategic Prevention Framework State Incentive Grant sub-recipients. As a result, SAMHSA has provided guidance to Strategic Prevention Framework State Incentive Grant recipients regarding strategy focus and the use of coalitions funded under the Drug Free Communities program.

In order to focus grantees on the most effective environmental and population-based strategies, SAMHSA requires that each state conduct an epidemiological analysis of substance abuse problems for the State and its communities. Each recipient is required to identify problems and target communities for funding. In addition, each recipient is required to create a comprehensive plan that will result in community-level change to the problems identified in the selected communities. Community level change will only be achieved by the application of population-level or environmental strategies in addition to the traditional program/service delivery mechanisms

In addition, SAMHSA has established standard language that is shared with each grantee regarding the use of coalitions. Each recipient is required to submit a comprehensive plan to SAMHSA for approval prior to funding its communities. The plan will identify problems, goals and objectives, and funding mechanisms. The plan approval letter requires the State to fund existing community coalitions, such as, those funded by the Drug Free Communities Support program, if they are present in selected communities.

Item

***Flexibility in managing the SPFSIG*** - The SPF SIG program is designed to promote, bolster, and sustain prevention infrastructure for every State in the country. The Committee recognizes that a linchpin of this program is State flexibility so that each State may tailor initiatives and direct resources in ways that are most appropriate for its own jurisdiction. The Committee encourages SAMHSA to promote maximum flexibility in managing the SPF SIG program and the 20 percent prevention set-aside within the SAPT block grant so that each State may employ a range of effective strategies to meet its unique needs and local circumstances. (p.180)

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Action taken or to be taken

The Strategic Prevention Framework State Incentive Grant program provides, by design, the maximum flexibility to States to develop infrastructure, identify problems, and create comprehensive State and community plans to address those problems. The basic requirements of the grant are: 1) implementation of the Strategic Prevention Framework process, including an epidemiological analysis; 2) 85 percent of the funding must go to communities for infrastructure or services; 3) no more than 20 percent of the total award may be spent on evaluation; and 4) State will maximize existing state and federal resources through the use of a statewide governors advisory council made up of State and local agencies and organizations which approve and guide the State plan.

The SAPT block grant is also flexible with regard to the use of funds. Some States fund programs and services, while other States fund infrastructure, e.g. coalitions, technical assistance centers, training institutes, and some States do a variation of both. All are in compliance with the broad goals of the SAPT block grant set-aside.

Item

***Promotion of "Call to Action"*** – The Committee is pleased that the ICCPUD plan includes a "Call to Action" by the Surgeon General on underage drinking prevention. The Committee directs the ICCPUD to ensure that the "Call to Action" is vigorously promoted and disseminated to policymakers and the public. Finally, the Committee requests that the ICCPUD work with the National Institute on Drug Abuse [NIDA] to ensure that NIDA's monitoring the Future Survey, which tracks youth substance use, separately and prominently highlights underage drinking findings and trends. (p.181)

Action taken or to be taken

In FY 2007 the Interagency Coordinating Committee on The Prevention of Underage Drinking (ICCPUD), which has been formally established by the Sober Truth on Preventing (STOP) Underage Drinking Act, and SAMHSA will continue their coordinated efforts to address the problem of underage drinking through the use of evidence-based strategies. Many of these efforts will be based on the Surgeon General's Call to Action, which will be broadly disseminated and promoted as a basis for increased State and community action to prevent and reduce underage drinking. With regard to Monitoring the Future, the ICCPUD and SAMHSA will work with NIDA to feature underage drinking highlights and trends.

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## FY 2007 Senate Appropriations Committee Report Language (S.R. 109-287)

Item

***Collaboration with State substance abuse directors on national outcome measures*** - The Committee is aware of collaborative work by State substance abuse directors, also known as Single State Authorities [SSAs] for Substance Abuse, and SAMHSA to improve the quality and utility of substance abuse prevention and treatment data through the use of a core set of National Outcome Measures [NOMS] across all SAMHSA funding mechanisms, including services funded by the SAPT block grant. The Committee commends the States and SAMHSA for working to streamline data reporting, reduce administrative burden, and improve accountability. The Committee strongly encourages SAMHSA to work with State substance abuse directors on all aspects of NOMs and State Outcomes Measurement and Management System [SOMMS] implementation and evaluation – including work to examine and promote effective nonproprietary data management tools. This partnership will further support the infrastructure for substance abuse data reporting at the State and national levels. (p.182)

Action taken or to be taken

SAMHSA continues to work in partnership with the State substance abuse directors to improve report. All States will be required to report on National Outcome Measures beginning in FY 2008. The State Outcomes Measurement and Management System Central Services contract serves as the primary SAMHSA program supporting the ongoing collaboration between SAMHSA and the States. Through the State Outcomes Measurement and Management System Central Services contract, regular meetings with the National Association of State Alcohol and Drug Abuse Directors have been held to discuss a variety of National Outcome Measures implementation issues. They include further refinement of current National Outcome Measures definitions to ensure consistent reporting across the States, defining the social connectedness and client perception of care measures, and developing a planning guide and resource inventory of non-proprietary data management tools and vendors. The States and SAMHSA have also introduced exchanging best practices related to States' National Outcome Measures IT solutions as well as forming inter-State groups interested in developing or hosting a common IT system.

# Substance Abuse and Mental Health Services Administration
## Authorizing Legislation

| Program Description/PHS Act: | FY 2007 Amount Authorized | FY 2007 Continuing Resolution | FY 2008 Amount Authorized | FY 2008 President's Budget |
|---|---|---|---|---|
| Emergency Response | | | | |
| Sec. 501…….. | --- | --- | --- | --- |
| Grants for the Benefit of Homeless Individuals | | | | |
| Sec. 506…… | Expired | $43,009,000 | Expired | $37,018,000 |
| Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans | | | | |
| Sec. 506A*…… | --- | --- | --- | |
| Grants for Ecstasy and Other Club Drugs Abuse Prevention | | | | |
| Sec. 506B*…… | --- | --- | --- | --- |
| Residential Treatment Programs for Pregnant and Postpartum Women | | | | |
| Sec. 508…… | Expired | $10,390,000 | Expired | $3,932,000 |
| Priority Substance Abuse Treatment Needs of Regional and National Significance | | | | |
| Sec. 509*…… | Expired | $320,467,000 | Expired | $291,872,000 |
| Substance Abuse Treatment Services for Children and Adolescents | | | | |
| Sec. 514*…… | Expired | $29,275,000 | Expired | $19,392,000 |
| Early Intervention Services for Children and Adolescents | | | | |
| Sec. 514A*…… | --- | --- | --- | --- |
| Methamphetamine and Amphetamine Treatment Initiative | | | | |
| Sec. 514(d)*…… | --- | --- | --- | --- |
| Priority Substance Abuse Prevention Needs of Regional and National Significance | | | | |
| Sec. 516*…… | Expired | $179,121,000 | Expired | $142,680,000 |
| Prevention, Treatment and Rehabilitation Model Projects for High Risk Youth | | | | |
| Sec. 517…… | --- | --- | --- | --- |
| Services for Children of Substance Abusers | | | | |
| Sec. 519*…… | --- | --- | --- | |
| Grants for Strengthening Families | | | | |
| Sec. 519A*…… | --- | --- | --- | --- |
| Programs to Reduce Underage Drinking | | | | |
| Sec. 519B*…… | --- | --- | --- | --- |

SSAN = Such Sums as Necessary

# Substance Abuse and Mental Health Services Administration
## Authorizing Legislation

| Program Description/PHS Act: | FY 2007 Amount Authorized | FY 2007 Continuing Resolution | FY 2008 Amount Authorized | FY 2008 President's Budget |
|---|---|---|---|---|
| Services for Individuals with Fetal Alcohol Syndrome (FAS) | | | | |
| Sec. 519C*…… | --- | --- | --- | --- |
| Centers of Excellence on Services for Individuals with FAS and Alcohol-related Birth Defects and Treatment for Individuals with Such Conditions and Their Families | | | | |
| Sec. 519D*…… | Expired | $9,821,000 | Expired | $9,821,000 |
| Prevention of Methamphetamine and Inhalant Abuse and Addiction | | | | |
| Sec. 519E*…… | Expired | $3,960,000 | Expired | $3,960,000 |
| Priority Mental Health Needs of Regional and National Significance | | | | |
| Sec. 520A*…… | Expired | $98,604,000 | Expired | $44,838,000 |
| Youth Interagency Research, Training, and Technical Assistance Centers | | | | |
| Sec. 520C*…… | Expired | $3,960,000 | Expired | $3,960,000 |
| Services for Youth Offenders | | | | |
| Sec. 520D*…… | --- | --- | --- | --- |
| Suicide Prevention for Children and Youth | | | | |
| Sec. 520E1*…… | $30,000,000 | $17,820,000 | $30,000,000 | $17,820,000 |
| Sec. 520E2*…… | $5,000,000 | $4,950,000 | $5,000,000 | $4,950,000 |
| Grants for Emergency Mental Health Centers | | | | |
| Sec. 520F*…… | --- | --- | --- | --- |
| Grants for Jail Diversion Programs | | | | |
| Sec. 520G*…… | Expired | $6,863,000 | Expired | $6,863,000 |
| Improving Outcomes for Children and Adolescents through Services Integration between Child Welfare and MH Services | | | | |
| Sec. 520H*…… | --- | --- | --- | --- |
| Grants for Integrated Treatment of Serious Mental Illness and Co-occurring Substance Abuse | | | | |
| Sec. 520I*…… | --- | --- | --- | --- |
| Mental Health Training Grants | | | | |
| Sec. 520J*…… | --- | --- | --- | --- |
| PATH Grants to States | | | | |
| Sec. 535(a)…… | Expired | $54,261,000 | Expired | $54,261,000 |

SSAN = Such Sums as Necessary

# Substance Abuse and Mental Health Services Administration
## Authorizing Legislation

| Program Description/PHS Act: | FY 2007 Amount Authorized | FY 2007 Continuing Resolution | FY 2008 Amount Authorized | FY 2008 President's Budget |
|---|---|---|---|---|
| Community Mental Health Services for Children with Serious Emotional Disturbances Sec. 565 (f)…… | Expired | $104,078,000 | Expired | $104,078,000 |
| Children and Violence Program Sec. 581*…… | Expired | $93,156,000 | Expired | $75,710,000 |
| Grants for Persons who Experience Violence Related Stress Sec. 582 **…… | Expired | $29,418,000 | Expired | $28,068,000 |
| Community Mental Health Services Block Grants Sec. 1920(a)…… | Expired | $399,165,000 | Expired | $399,165,000 |
| Substance Abuse Prevention and Treatment Block Grants Sec. 1935(a)…… | Expired | $1,679,391,000 | Expired | $1,679,391,000 |
| Data Infrastructure Development Sec. 1971*…… | Expired | $7,678,000 | Expired | $7,678,000 |
| **Other Legislation/Program Description** | | | | |
| Protection and Advocacy for Individuals with Mental Illness Act P.L. 99-319, Sec. 117…… | Expired | $34,000,000 | Expired | $34,000,000 |
| Program Management: | | | | |
| Program Management, Sec. 301…… | Indefinite | $74,741,000 | Indefinite | $75,686,000 |
| SEH Workers' Compensation Fund P.L. 98-621…… | Indefinite | $1,301,000 | Indefinite | $1,283,000 |
| Total, Program Management…… | --- | $76,042,000 | --- | $76,969,000 |
| **TOTAL, SAMHSA Budget Authority……** | $35,000,000 | $3,205,429,000 | $35,000,000 | $3,046,426,000 |

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

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

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

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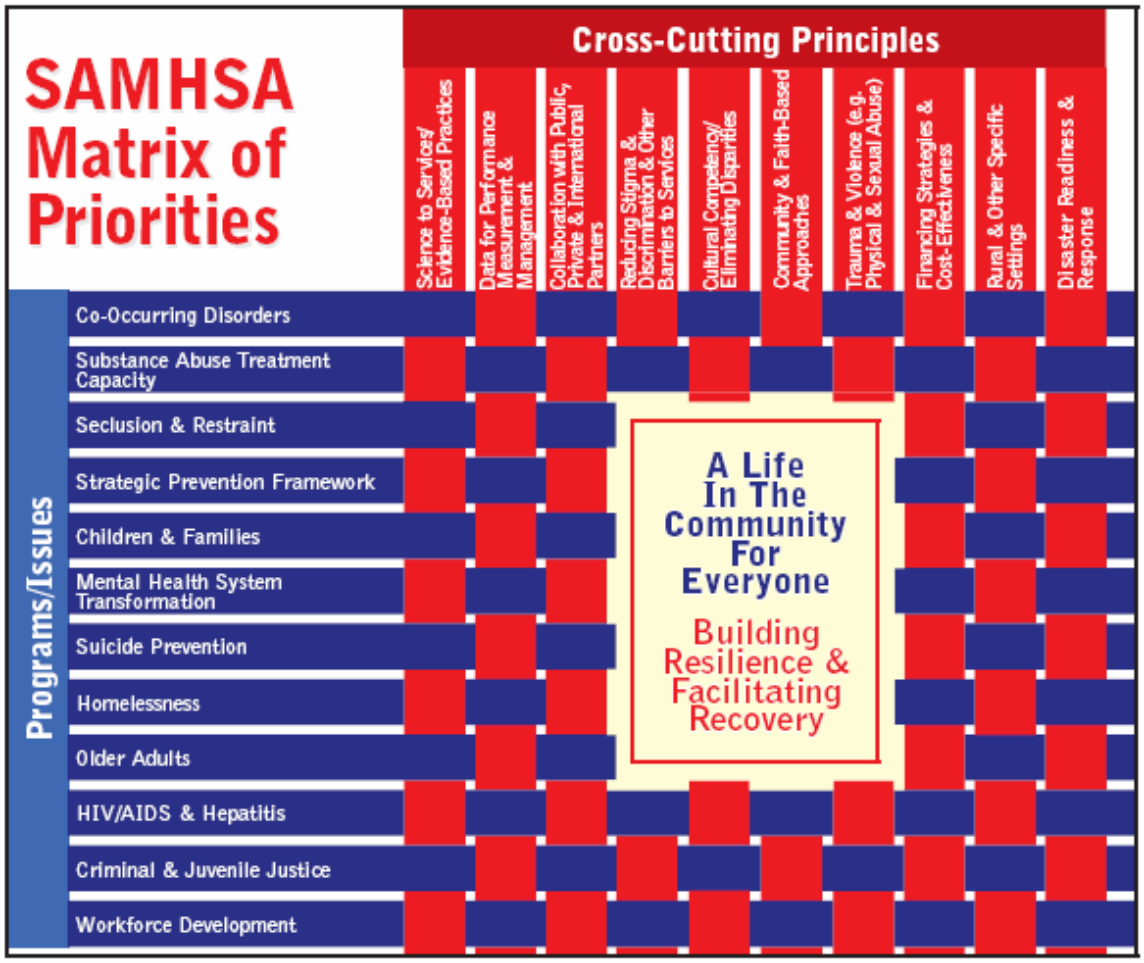
# Substance Abuse and Mental Health Services Administration
## Appropriations History

| Fiscal Year | Budget Estimate to Congress | House Allowance | Senate Allowance | Appropriation |
|---|---|---|---|---|
| 1997 | 2,098,011,000 | 189,946,000 | 1,873,943,000 | 2,134,743,000 |
| 1997 Red. P.L. 104-208 | | | | -362,001 |
| 1997 Red. P.L. 104-208 | | | | -69,000 |
| 1997 Advance Appro. P.L.104-121 | | | | 50,000,000 |
| 1998 | 2,155,943,000 | 2,151,943,000 | 2,126,643,000 | 2,146,743,000 |
| 1998 Advance Appro. P.L. 104-121 | --- | --- | --- | +50,000,000 |
| 1999 | 2,279,643,000 | 2,458,005,000 | 2,151,643,000 | 2,488,005,000 |
| 2000 | 2,626,505,000 | 2,413,731,000 | 2,750,700,000 | 2,654,953,000 |
| 2000 P.L.106-113 | --- | --- | --- | -3,085,000 |
| 2001 | 2,823,016,000 | 2,727,626,000 | 2,730,757,000 | 2,958,001,000 |
| 2001 P.L.106-554 | --- | --- | --- | -645,000 |
| 2001 P.L. 107-20 | --- | --- | --- | +6,500,000 |
| 2002 | 3,058,456,000 | 3,131,558,000 | 3,073,456,000 | 3,138,279,000 |
| 2002 Res. HR. 3061 | --- | --- | --- | -589,000 |
| 2002 Res. P.L. 107-216 | --- | --- | --- | -1,681,000 |
| 2003 P.L. 108-5 | 3,193,086,000 | 3,167,897,000 | 3,129,717,000 | 3,158,068,000 |
| 2003 P.L. 108-7 | --- | --- | --- | -20,521,235 |
| 2004 P.L. 108-84 | 3,393,315,000 | 3,329,000,000 | 3,157,540,000 | 3,253,763,000 |
| 2004 P.L. 108-199 | | | | -19,856,290 |
| 2005 P.L. 108-447 &P.L. 108-309 as mended | 3,428,939,000 | 3,270,360,000 | 3,361,426,000 | 3,295,361,000 |
| 2005 H.R. 4818 | | | | -26,895,592 |
| 2006 P.L. 109-149 | 3,336,023,000 | 3,352,047,000 | 3,398,086,000 | 3,237,813,000 |
| 2006 Res. P.L. 109-359 | --- | --- | --- | -1,681,000 |
| 2006 Section 202 | | | | -2,201,000 |
| 2007 P.L. 109-383 | 3,260,001,000 | --- | --- | 1,211,654,381 |

FOOTNOTES: All years exclude PHS Evaluation Funds

1/ 1997 Advance appropriation P.L. 104-121 from Social Security Administration to the Substance Abuse Block Grant.
2/ 1998 Advance appropriation P.L. 104-121 from Social Security Administration to the Substance Abuse Block Grant.
3/ Reflects a rescission mandated by P.L.106-113.
4/ Reflects a rescission mandated by Section 520 of P.L. 106-554.
5/ Reflects a Supplemental Appropriation for Building and Facilities (SEH) P.L. 107-20.
6/ Reflects administrative reduction in Section 516 of the Appropriations Bill (H.R. 3061).
7/ Reflects administrative reduction in P.L. 107-216 (H.R.).
8/ Reflects a rescission mandated by P.L. 108-7.
9/ 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.
10/ Reflects SAMHSA's share of the Division F, section 519(a) reduction on administrative related expenses and the Division J, section 122(a) rescission of H.R. 4818.
11/ Reflects SAMHSA's share of the rescission mandated by P.L.109-359.
12/ Reflects Section 202 transfer to CMS.
13/ Reflects Continuing Resolution through February 15, 2007.


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

April 2006

# Center for Mental Health Services
## Overview
*(Dollars in thousands)*

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| Programs of Regional and National Significance…… | $263,080,000 | $263,263,000 | $186,633,000 | -$76,630,000 |
| Children's Mental Health…… | 104,006,000 | 104,078,000 | 104,078,000 | --- |
| Protection & Advocacy……. | 34,000,000 | 34,000,000 | 34,000,000 | --- |
| PATH…… | 54,223,000 | 54,261,000 | 54,261,000 | --- |
| MH Block Grant a/…… | 427,974,000 | 428,256,000 | 428,256,000 | --- |
| **Total……** | **$883,283,000** | **$883,858,000** | **$807,228,000** | **-$76,630,000** |

*a/ Includes PHS Evaluation funds of $21.4 million in FY 2006, FY 2007 and FY 2008.*

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

In any given year, as cited in the final report released in July 2003 by the President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America*, about 5 percent to 7 percent of adults have a serious mental illness, according to several nationally representative studies. A similar percentage of children - about 5 percent to 9 percent - have a serious emotional disturbance. These figures mean that millions of adults and children are disabled by mental illnesses every year. The people affected by the work of CMHS include adults with serious mental illnesses, children with serious emotional disturbances, adults and children at risk for developing these illnesses, and the families, employers, and communities of affected individuals.

In July 2005, *Transforming Mental Health Care in America, the Federal Action Agenda: First Steps* was released. The Action Agenda articulates specific, actionable objectives for the initiation of a long-term strategy designed to move the Nation's public and private mental health service delivery systems toward the day when all adults with serious mental illnesses and all children with serious emotional disturbances will live, work, learn and participate fully in their communities. This Federal Mental Health Action Agenda is the product of U.S. Department of Health and Human Services agencies and offices, along with eight other Departments and the Social Security Administration. The goals of the Federal collaboration are:

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

CMHS continues its leadership role in transforming the nation's mental health service delivery system by working to implement the 70 steps outlined in the Federal Mental Health Action Agenda. An unprecedented number of Federal Departments, agencies, and offices have taken the initiative to formally collaborate to transform the mental health system. Four new partners were included in 2006: the Departments of Agriculture, Defense, and Transportation and the Equal Employment Opportunity Commission. These Federal partners and their allies in the private and non-profit sectors have made significant progress since the Federal Action Agenda was released over one year ago. Their most telling and significant achievement has been the launching of the Federal Executive Steering Committee on Mental Health. This Committee oversees the activities of the Federal Partners Senior Workgroup. The Committee is composed of individuals at the highest level of their agencies and to advocate for resources. In 2006, the top five priority issues for the members of the Federal Executive Steering Committee were suicide prevention, primary care/mental health integration, financing, employment, and disaster and emergency response.

The FY 2008 President's Budget proposes $807,228,000, a decrease of $76,630,000 from the FY 2007 Continuing Resolution. The Programs of Regional and National Significance (PRNS) budget of $186,633,000 is a decrease of $76,630,000 from the FY 2007 Continuing Resolution. Targeted reductions are made in areas where grant periods are ending, activities can be supported through other funding streams or efficiencies can be realized. The Children's Mental Health Services, Protection and Advocacy, PATH and Community Mental Health Services Block Grant programs are at the same level as the FY 2007 President's Budget.

The Programs of Regional and National Significance are a link between clinical and services research and the implementation of effective prevention, treatment and/or rehabilitation services. This group of diverse program activities helps to identify effective and efficient recovery-based service models and to provide assistance in applying them in the community.

Capacity will be reduced by $54,154,000 and Science to Service will be decreased by $22,476,000. This request reduces funding for some grant and contract continuations, and does not continue seven activities (Children's Programs, Mental Health Transformation activities, Older Adults, Adolescents at Risk, Consumer and Consumer Supporter Technical Assistance Centers, Disaster Response, and Science-to-Service Homelessness activities) in the PRNS portfolio, as well as the Minority Fellowship Program which is joint-funded. Transformation of the mental health systems will remain a goal of all CMHS grant activities. Older persons with mental health needs will continue to be supported through the Centers for Medicare and Medicaid Services, the Administration on Aging, and the Health Resources and Services Administration. The Disaster Response program activities came to a natural end in FY 2007 as SAMHSA has achieved its Technical Assistance goals to support a development of critical emergency response capacity/infrastructure in the after math of September 11th 2001, the 2005 Hurricanes, and other significant emergencies.

The PRNS underwent an OMB PART review in CY 2005, and has received a rating of "Results Not Demonstrated," because performance reporting has not yet been implemented in many PRNS activities. Performance reporting will be phased in with implementation of the National Outcome Measures and an automated reporting system. The review also found the PRNS to be lacking in a clear design that links all program projects to its performance goals.

The Children's Mental Health Services program has achieved improvements in outcomes through multi-agency, multi-disciplinary planning. Several States have passed legislation mandating the system-of-care approach for the treatment of children with serious emotional disorders as a result of the program being run in their State. This program has exceeded its FY 2006 targets for: percentage of children with no law enforcement contacts after six months of receiving services, improved school attendance, and increased numbers of children receiving services. The program was reviewed in CY 2002 and was found to be "Moderately Effective."

The Protection and Advocacy Program provides formula grant awards to Protection and Advocacy systems in each State, the Territories, and the District of Columbia. The purpose of the program is to protect and advocate for the rights of individuals with mental illnesses in public and private facilities; to investigate and monitor incidents of abuse and neglect, including those associated with seclusion and restraint; and to pursue administrative, legal, and other remedies to redress complaints. This program has exceeded the targets for its two efficiency measures in FY 2005. This program received a rating of "Moderately Effective" in its CY 2005 PART review.

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

The Community Mental Health Services Block Grant addresses SAMHSA's goal of increasing capacity as well as the goal of promoting effective services. Funds assist States and Territories in moving care for adults and children with mental illnesses from costly and restrictive inpatient hospital care to the community. The program also supports a planning process in each State. In line with mental health transformation, 53 percent of State Mental Health Authorities have initiated comprehensive state mental health plans that include multiple State governmental agencies. The program has met or exceeded the 2005 targets for increasing the number of persons served, increasing the rate of family members (of children/adolescents) reporting positively about outcomes and for average number of evidence-based practices implemented per state. The program was reviewed in CY 2003 and was found to be "Adequate." In order to encourage improved performance through transparency, in FY 2008, States will be required to submit national outcome measures data.

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

| Program Priority Area | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|
| Co-Occurring Disorders | | | |
| PRNS | $11,955 | $7,618 | $2,113 |
| Seclusion & Restraint | | | |
| PRNS | 2,449 | 2,449 | 2,331 |
| Children & Families | | | |
| PRNS | 133,687 | 133,687 | 106,720 |
| Children's M/H Services | 104,006 | 104,078 | 104,078 |
| Mental Health System Transformation | | | |
| PRNS | 49,197 | 50,243 | 23,416 |
| Protection & Advocacy | 34,000 | 34,000 | 34,000 |
| Mental Health Block Grant | 427,974 | 428,256 | 428,256 |
| Suicide Prevention | | | |
| PRNS | 31,675 | 36,145 | 33,512 |
| Homelessness | | | |
| PRNS | 12,094 | 11,098 | 4,424 |
| PATH | 54,223 | 54,261 | 54,261 |
| Older Adults | | | |
| PRNS | 4,903 | 4,903 | --- |
| HIV/AIDS & Hepatitis | | | |
| PRNS | 10,257 | 10,257 | 10,257 |
| Criminal & Juvenile Justice | | | |
| PRNS | 6,863 | 6,863 | 3,860 |
| **TOTAL** | **$883,283** | **$883,858** | **$807,228** |

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

| | FY 2006 Actual | | FY 2007 Continuing Res. | | FY 2008 President's Budget | |
|---|---|---|---|---|---|---|
| | No. | Amount | No. | Amount | No. | Amount |
| **Programs of Regional & National Significance** | | | | | | |
| ***Capacity:*** | | | | | | |
| Grants/Coop. Agree: | | | | | | |
| Continuations | 196 | $88,611 | 206 | $95,225 | 180 | $82,504 |
| New/Competing | 80 | 26,214 | 75 | 17,504 | 26 | 7,063 |
| Supplements | --- | 5,797 | --- | --- | --- | --- |
| **Subtotal** | **276** | **120,622** | **281** | **112,729** | **206** | **89,567** |
| Contracts: | | | | | | |
| Continuations | 20 | $99,680 | 19 | $102,621 | 14 | $88,042 |
| New | 5 | 9,343 | 3 | 14,859 | 1 | 470 |
| Supplements | --- | 1,275 | --- | --- | --- | --- |
| Subtotal | **25** | **110,298** | **22** | **117,480** | **15** | **88,512** |
| Technical Assistance | 1 | 941 | --- | --- | --- | --- |
| Review Cost | --- | 195 | --- | 2,024 | --- | --- |
| **Subtotal** | **26** | **111,434** | **22** | **119,504** | **15** | **88,512** |
| ***Subtotal, Capacity*** | **302** | **232,056** | **303** | **232,233** | **221** | **178,079** |
| ***Science to Service:*** | | | | | | |
| Grants/Coop. Agree: | | | | | | |
| Continuations | 37 | $10,903 | 1 | $3,846 | 1 | $3,597 |
| New/Competing | 6 | 250 | 39 | 8,722 | --- | --- |
| Supplements | --- | 996 | --- | --- | --- | --- |
| **Subtotal** | **43** | **12,149** | **40** | **12,568** | **1** | **3,597** |
| Contracts: | | | | | | |
| Continuations | 17 | $14,762 | 13 | $9,093 | 6 | $4,752 |
| New | 3 | 3,425 | 4 | 8,783 | --- | 205 |
| Subtotal, Contracts | **20** | **18,187** | **17** | **17,876** | **6** | **4,957** |
| Technical Assistance | --- | --- | --- | --- | --- | --- |
| Review Cost | --- | 688 | --- | 586 | --- | --- |
| **Subtotal** | **20** | **18,875** | **17** | **18,462** | **6** | **4,957** |
| ***Subtotal, Science to Service*** | **63** | **31,024** | **57** | **31,030** | **7** | **8,554** |
| **Total, PRNS** | **365** | **$263,080** | **360** | **$263,263** | **228** | **$186,633** |

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

| | FY 2006 Actual | | FY 2007 Continuing Res. | | FY 2008 President's Budget | |
|---|---|---|---|---|---|---|
| | No. | Amount | No. | Amount | No. | Amount |
| **CHILDREN'S MENTAL HEALTH** | | | | | | |
| Grants/Coop. Agree: | | | | | | |
| Continuations | 51 | 74,133 | 56 | 82,173 | 41 | 62,895 |
| New/Competing | 5 | 5,000 | --- | --- | 23 | 23,000 |
| Supplements | --- | 100 | --- | --- | --- | --- |
| **Subtotal** | **56** | **79,233** | **56** | **82,173** | **64** | **85,895** |
| Contracts: | | | | | | |
| Continuations | 3 | 12,672 | 3 | 10,966 | 3 | 6,909 |
| New/Competing | --- | --- | --- | --- | 1 | 1,747 |
| Supplements | --- | --- | --- | --- | --- | --- |
| Subtotal | **3** | **12,672** | **3** | **10,966** | **4** | **8,656** |
| Technical Assistance | 7 | 11,674 | 7 | 10,408 | 9 | 8,994 |
| Review Cost | --- | 427 | --- | 531 | --- | 533 |
| **Subtotal** | **10** | **24,773** | **10** | **21,905** | **13** | **18,183** |
| **Total, Children's Mental Health** | **66** | **104,006** | **66** | **104,078** | **77** | **104,078** |
| **MENTAL HEALTH BLOCK GRANT** | **59** | **427,974** | **59** | **428,256** | **59** | **428,256** |
| *(PHS Evaluation Funds: Non-Add)* | --- | *(21,413)* | --- | *(21,413)* | --- | *(21,413)* |
| **PATH** | **56** | **54,223** | **56** | **54,261** | **56** | **54,261** |
| **PROTECTION AND ADVOCACY** | **57** | **34,000** | **57** | **34,000** | **57** | **34,000** |
| **TOTAL, CMHS** | **603** | **883,283** | **598** | **883,858** | **477** | **807,228** |

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# Center for Mental Health Services
## Programs of Regional & National Significance (PRNS)
*(Dollars in thousands)*

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

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| Programs of Regional and National Significance | | | | |
| Capacity…… | $232,056,000 | $232,233,000 | $178,079,000 | -$54,154,000 |
| Science to Service…… | 31,024,000 | 31,030,000 | 8,554,000 | -22,476,000 |
| **Total……** | **$263,080,000** | **$263,263,000** | **$186,633,000** | **-$76,630,000** |

2008 Authorization .....Expired

Statement of the Budget Request – The FY 2008 President's Budget proposes $186,633,000, a decrease of $76,630,000 from the FY 2007 Continuing Resolution. The Programs of Regional and National Significance support States and communities in carrying out an array of activities toward improved services for adults with mental illness and children with emotional disturbance.

Program Description - In SAMHSA, there are two program categories within PRNS: Capacity and Science to Service. The first category supports SAMHSA's Capacity goal, and includes services programs, that provide funding to implement a service improvement using proven evidence based approaches, and infrastructure programs, that identify and implement needed systems changes. For services programs, performance measures generally are client outcome measures. For infrastructure programs, measures generally are short term measures of service improvements coupled with positive long term client outcomes. The second category supports SAMHSA's Effectiveness goal, and include programs that help promote the identification and increase the availability of practices thought to have potential for broad service improvements. Performance measures are generally process measures - for example, changes made as a result of technical assistance; persons trained; or responses to inquiries for information.

This budget level will support 228 grants and contracts, consisting of 201 continuations and 27 new/competing grants and contracts.

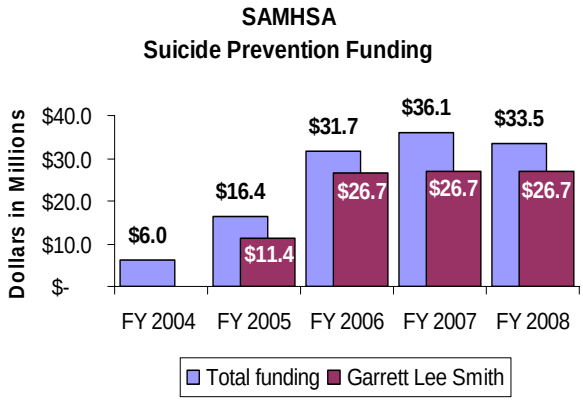
While many activities contribute to CMHS' accomplishments, several major programs account for the majority of funding. They are:

## Suicide Prevention

Pursuant to the Surgeon General's Call to Action to Prevent Suicide, public and private partners worked collaboratively towards the subsequent development of the National Strategy for Suicide Prevention. The National Strategy for Suicide Prevention contains eleven goals and sixty-eight

objectives for action. SAMHSA's Suicide Prevention programs continue to work towards achieving the goals and objectives of the National Strategy.

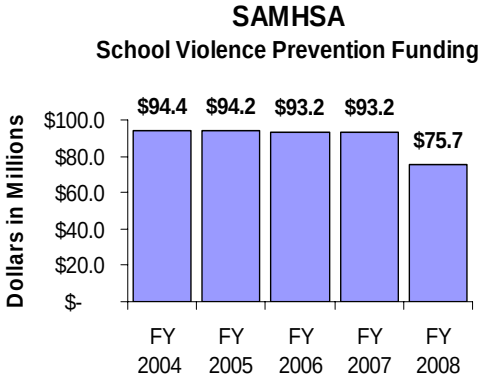
In FY 2004, the Garrett Lee Smith Memorial Act authorized activities to support states and institutions of higher education to enhance services for students with mental and behavioral health problems that may lead to school failure, depression, substance abuse, and suicide attempts. SAMHSA's Suicide Prevention portfolio includes a Suicide Prevention Hotline, Suicide Prevention Resource Center and a new American Indian/Alaska Native Suicide Prevention Initiative included in the FY 2007 President's Budget.




The FY 2008 President's Budget proposes $33,512,000, a decrease of $2,633,000 from the FY 2007 Continuing Resolution. Of the total amount, $26,730,000 will continue the Garrett Lee Smith suicide prevention activities at the same level as the FY 2007 Continuing Resolution (71 grant continuations and 25 new grants). The Garrett Lee Smith funding continues the State and Campus prevention activities and the Suicide Resource Center. Of the $2,633,000 reduction, the Suicide Hotline is reduced by 672,000 as a result of one-time expenditures in FY 2007 and a reduction in other supporting expenses and the Adolescents at Risk program ($1,961,000) will not be continued in FY 2008.

## School-Based Violence Prevention

In 1999, the U.S. Departments of Education, Health and Human Services, and Justice responded to rising concerns about youth violence and school safety by creating the Safe Schools/Healthy Students initiative. Safe Schools/Healthy Students takes a broad approach, drawing on the best practices and the latest thinking in education, justice, social services, and mental health to help communities take action. This grant program supports 107 school districts across the country, spanning rural, tribal, suburban and urban areas as well as diverse racial, ethnic and economic sectors.




Each local strategic plan addresses six required elements across the three sectors: 1) school safety, 2) safe school policies, 3) alcohol and other drugs and violence prevention and early intervention programs, 4) school and community mental health programs, 5) early childhood psychosocial and emotional development programs and 6) educational reform.

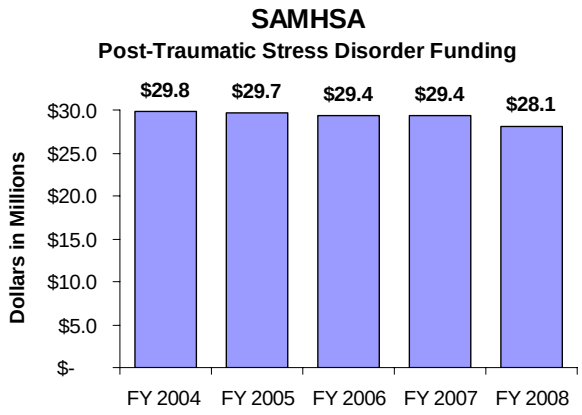
Through grants made to local education authorities, the School Violence prevention initiative provides schools and communities across the United States with the benefit of enhanced school and community-based services to strengthen healthy child development, thus reducing violent behavior and substance abuse. Grantees have developed legal, organizational, informational, and programmatic systems that bring together many agencies, creating the capacity for comprehensive system reform so that all agencies concerned with the welfare of children and families could collaborate on an ongoing basis.

The FY 2008 President's Budget of $75,710,000, a decrease of $17,446,000 from the FY 2007 Continuing Resolution, will fully fund all grant and contract continuations. Twenty-two new grants will be funded. This program will serve 900,000 children in FY 2008.

Based on baseline data available as of October 2006, targets have been established. In addition, many states have noted the positive impact of the School Violence Prevention program. For example, in Poway, California, the percentage of students reporting that they felt "Unsafe" or "Very Unsafe" at school decreased 70 percent for middle school students and 81 percent for high school students over the course of the program. Also, in Washington, D.C, public school students who participated fully in the Aggression Replacement Training Program showed a significant reduction in negative behaviors including a decrease of 31 percent in fighting, 19 percent in bullying others, 28 percent in getting angry easily, 34 percent in acting impulsively, 29 percent in being aggressive, and 36 percent in disobeying rules or requests.

## Post Traumatic Stress Disorder

In fiscal year 2001 congress authorized the National Child Traumatic Stress initiative (NCTSI) which is designed to improve treatment and services and interventions for children and adolescents exposed to traumatic events. The NCTSI funds a national network of grantees that collaborate to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events.



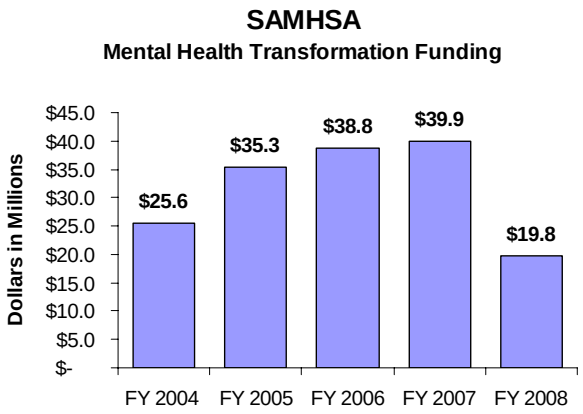

The FY 2008 President's Budget proposes $28,068,000, a decrease of $1,350,000 from the FY 2007 Continuing Resolution. This will support all 44 continuation grants and contracts. This program has established 54 treatment development and community service centers to treat children who have experienced trauma. This program will serve 33,910 children in FY 2008.

## Mental Health Transformation Activities

SAMHSA incorporates the President's New Freedom Commission on Mental Health, "Achieving the Promise: Transforming Mental Health Care in America" through direct funding of the entire Center for Mental Health Services portfolio. As such, all PRNS grants and contracts

specifically require that recipients engage in activities that directly support mental health transformation.

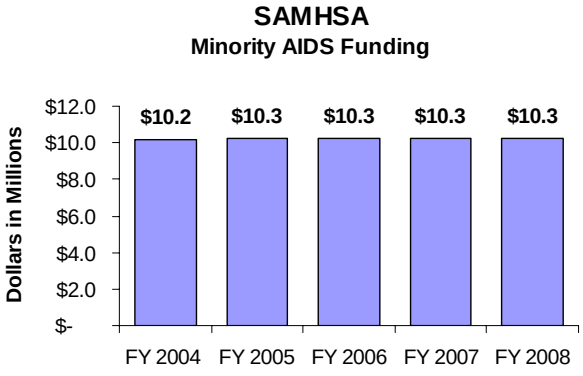
The Mental Health State Incentive Grants for Transformation (MHT SIG) program assists States to plan and implement the transformation of State mental health services across multiple service systems. Comprehensive State mental health plans will enhance the use of existing resources to serve persons with mental illnesses and increase the flexibility and efficient use of resources at State and local levels, hold State and local governments more accountable, and expand the options and effectiveness of available services and supports. Development of transformation plans require Statewide planning efforts across multiple service systems and State agencies to help the State better meet the complex needs of individuals with serious mental illnesses and children with serious emotional disturbances and their families. States are permitted to use a portion of the funds to support the work of community based programs as outlined by the State plan, while the remaining funds will continue to support State, county and local planning and coordination activities.




The FY 2008 President's Budget proposes $19,976,000, a decrease of $20,079,000 from the FY 2007 Continuing Resolution. The FY 2008 President's Budget proposes $19,796,000 for the Mental Health Transformation SIG, a decrease of $6,216,000 as transformation of the Mental Health System has been integrated across all grant activities. Efficiencies will be realized through a 24 percent across-the-board reduction to nine continuation grants and 1 continuation contract

## Minority AIDS

In fiscal year 2001, the Congressional Black Caucus supported creation of a mental health services counterpart program to the Minority HIV/AIDS Targeted Capacity Expansion program at SAMHSA's Center for Substance Abuse Treatment and the Substance Abuse and HIV Prevention in Minority Communities program at SAMHSA's Center for Substance Abuse Prevention. Sixteen HIV/AIDS mental health treatment sites and one coordinating center were funded in fiscal year 2006 as cooperative agreements. An HIV/AIDS



mental health training/education program has been implemented to enhance capacity to address neuropsychiatric and psychosocial aspects of HIV/AIDS as well as the integration of both mental health and substance abuse issues into the treatment program.

The FY 2008 President's Budget proposes $10,257,000, the same level of funding as the FY 2007 Continuing Resolution. These funds support 20 grant and contract continuations. No new grants or contracts will be funded.

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

| | Funding | FTEs |
|---|---|---|
| 2003 | $244,443,000 | — |
| 2004 | 240,796,000 | — |
| 2005 | 274,297,000 | — |
| 2006 | 263,080,000 | — |
| 2007 | 263,263,000 | — |

Rationale for the Budget

The FY 2008 President's Budget proposes $186,633,000, a reduction of $76,630,000 or 29 percent from the FY 2007 Continuing Resolution. Capacity programs will be reduced by $54,154,000 and Science to Service programs will be decreased by $22,476,000. Targeted reductions are made in areas where grant periods are ending, activities can be supported through other funding streams or efficiencies can be realized. Of the total budget, $178,895,000 will fund grant and contract continuations. The remaining balance of $7,738,000 will support new/competing grants and contracts. A PART Assessment found that not all Mental Health PRNS where effective or efficient in improving mental health outcomes. The budget directs resources to activities expected to have a more immediate impact on health outcomes and capacity. The FY 2008 Budget eliminates funding for seven programs (Children's Programs, Mental Health Transformation activities, Older Adults, Adolescents at Risk, Consumer and Consumer Supporter Technical Assistance Centers, Disaster Response, and Science-to-Service Homelessness activities) in the PRNS portfolio, as well as the Minority Fellowship Program which is joint-funded.

The PRNS program also supports HHS Strategic Objective 3.5, Expand Access to Health Care Services for Targeted Populations with Special Health Care Needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

Performance Analysis

The CMHS PRNS program received a rating of "Results Not Demonstrated" in its CY 2005 PART review. The program is implementing an automated performance measurement system to address data issues. During the past year CMHS has made significant progress improving its data collection activities for PRNS programs. CMHS is finalizing National Outcome Measures for three activities funded under the PRNS portfolio of programs: client services, infrastructure development, and technical assistance. In FY 2007, CMHS expects to complete an OMB data

collection clearance package required to begin this standardized data collection across the PRNS portfolio. The GPRA data will be entered into a new, centralized web-based collection system; Transformation Accountability System (TRAC).

# Center for Mental Health Services
## Summary Listing of Activities
*(Dollars in thousands)*

| Programs of Regional & National Significance | FY 2006 Actual | FY 2007 Pres.Bud | FY 2007 Cont.Res | FY 2008 Pres.Bud | +/- FY 2007 Cont.Res |
|---|---|---|---|---|---|
| **CAPACITY:** | | | | | |
| Co-Occurring SIG | $11,955 | $7,633 | $7,618 | 2,113 | -$5,505 |
| Seclusion & Restraint | 2,449 | 2,331 | 2,449 | 2,331 | - 118 |
| Suicide Hotline | 3,021 | 3,021 | 4,484 | 3,812 | - 672 |
| GLS - Youth Suicide Prevention- States | 17,794 | 17,820 | 17,820 | 17,820 | --- |
| GLS - Youth Suicide Prevention- Campus | 4,945 | 4,950 | 4,950 | 4,950 | --- |
| AI/AN MH/Suicide Prevention Initiative | --- | 2,970 | 2,970 | 2,970 | --- |
| School Violence Prevention | 93,156 | 75,710 | 93,156 | 75,710 | - 17,446 |
| *Safe Schools/Healthy Students (non-add)* | *80,913* | *65,546* | *80,868* | *68,468* | *- 12,400* |
| Post Traumatic Stress Disorder | 29,418 | 29,462 | 29,418 | 28,068 | - 1,350 |
| Children's SIG | 2,942 | 2,946 | 2,942 | 2,942 | --- |
| Children's Programs | 8,171 | 6,485 | 8,171 | --- | - 8,171 |
| Mental Health SIG for Transformation | 26,012 | 19,796 | 26,012 | 19,796 | - 6,216 |
| Mental Health System Transformation Activities | 1,656 | 1,017 | 2,702 | --- | - 2,702 |
| Homelessness | 9,488 | 4,439 | 8,492 | 4,424 | - 4,068 |
| Older Adults | 4,903 | 4,910 | 4,903 | --- | - 4,903 |
| Minority AIDS | 9,283 | 9,283 | 9,283 | 9,283 | --- |
| Jail Diversion | 6,863 | 6,875 | 6,863 | 3,860 | - 3,003 |
| **Subtotal, Capacity** | **232,056** | **199,648** | **232,233** | **178,079** | **- 54,154** |
| **SCIENCE TO SERVICE:** | | | | | |
| GLS - Suicide Resource Center | 3,954 | 3,960 | 3,960 | 3,960 | --- |
| Adolescents at Risk | 1,961 | 1,964 | 1,961 | --- | - 1,961 |
| Mental Health Systems Transformation Activities | 11,161 | 8,758 | 11,161 | --- | - 11,161 |
| National Registry of Evidence-based Programs and Practices | 445 | 445 | 445 | 650 | 205 |
| SAMHSA Health Information Network | 2,970 | 3,739 | 2,970 | 2,970 | --- |
| Consumer and Consumer Support TA Centers | 1,961 | 1,964 | 1,961 | --- | - 1,961 |
| Minority Fellowship Program | 3,873 | 3,465 | 3,873 | --- | - 3,873 |
| Disaster Response | 1,119 | 1,066 | 1,119 | --- | - 1,119 |
| Homelessness | 2,606 | 2,118 | 2,606 | --- | - 2,606 |
| HIV/AIDS Education | 974 | 974 | 974 | 974 | --- |
| **Subtotal, Science to Service** | **31,024** | **28,453** | **31,030** | **8,554** | **- 22,476** |
| **TOTAL, PRNS** | **$263,080** | **$228,101** | **$263,263** | **$186,633** | **-$76,630** |

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

| Programs of Regional & National Significance | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Resolution No. | FY 2007 Continuing Resolution Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| **Capacity** | | | | | | |
| **Co-Occurring Disorders** | | | | | | |
| Grants | | | | | | |
| Continuations | 13 | 9,543 | 13 | 5,481 | 8 | 1,650 |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | 2 | 2,412 | 2 | 2,137 | 1 | 463 |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Subtotal | 15 | 11,955 | 15 | 7,618 | 9 | 2,113 |
| **Seclusion & Restraint** | | | | | | |
| Grants | | | | | | |
| Continuations | 8 | 1,826 | --- | --- | 8 | 1,711 |
| New/Competing | --- | --- | 8 | 1,600 | --- | --- |
| Contracts | | | | | | |
| Continuations | 1 | 623 | --- | --- | 1 | 620 |
| New/Competing | --- | --- | 1 | 849 | --- | --- |
| Subtotal | 9 | 2,449 | 9 | 2,449 | 9 | 2,331 |
| **Children & Families** | | | | | | |
| Grants | | | | | | |
| Continuations | 102 | 37,900 | 44 | 27,413 | 50 | 27,156 |
| New/Competing | --- | 1,350 | 56 | 9,697 | 1 | 3,999 |
| Contracts | | | | | | |
| Continuations | 12 | 90,554 | 9 | 89,633 | 6 | 75,565 |
| New/Competing | 2 | 3,883 | 1 | 6,944 | --- | --- |
| Subtotal | 116 | 133,687 | 110 | 133,687 | 57 | 106,720 |
| **Mental Health System Transformation** | | | | | | |
| Grants | | | | | | |
| Continuations | 7 | 18,569 | 9 | 22,950 | 9 | 17,442 |
| New/Competing | 2 | 4,381 | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | 2 | 2,940 | 3 | 3,626 | 1 | 2,354 |
| New/Competing | 1 | 1,778 | --- | 2,138 | --- | --- |
| Subtotal | 12 | 27,668 | 12 | 28,714 | 10 | 19,796 |
| **Suicide Prevention** | | | | | | |
| Grants | | | | | | |
| Continuations | 36 | 9,195 | 91 | 17,940 | 71 | 19,057 |
| New/Competing | 56 | 11,472 | 1 | 2,480 | 25 | 3,064 |
| Contracts | | | | | | |
| Continuations | 2 | 1,398 | 2 | 3,983 | 3 | 6,961 |
| New/Competing | 1 | 3,695 | 1 | 5,821 | 1 | 470 |
| Subtotal | 95 | 25,760 | 95 | 30,224 | 100 | 29,552 |

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

| Programs of Regional & National Significance | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Resolution No. | FY 2007 Continuing Resolution Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| **Homelessness** | | | | | | |
| Grants | | | | | | |
| Continuations | 10 | 3,950 | 10 | 3,954 | 10 | 3,954 |
| New/Competing | --- | 4,078 | 8 | 3,004 | --- | --- |
| Contracts | | | | | | |
| Continuations | 1 | 951 | 1 | 1,037 | --- | 470 |
| New/Competing | --- | 509 | --- | 497 | --- | --- |
| Subtotal | 11 | 9,488 | 19 | 8,492 | 10 | 4,424 |
| **Older Adults** | | | | | | |
| Grants | | | | | | |
| Continuations | 11 | 4,386 | 11 | 4,381 | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | --- | 260 | --- | 332 | --- | --- |
| New/Competing | 1 | 257 | --- | 190 | --- | --- |
| Subtotal | 12 | 4,903 | 11 | 4,903 | --- | --- |
| **HIV/AIDS & Hepatitis** | | | | | | |
| Grants | | | | | | |
| Continuations | --- | --- | 16 | 8,318 | 16 | 8,305 |
| New/Competing | 16 | 8,342 | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | --- | --- | 1 | 905 | 1 | 978 |
| New/Competing | 1 | 941 | --- | 60 | --- | --- |
| Subtotal | 17 | 9,283 | 17 | 9,283 | 17 | 9,283 |
| **Criminal & Juvenile Justice** | | | | | | |
| Grants | | | | | | |
| Continuations | 9 | 3,242 | 12 | 4,788 | 8 | 3,229 |
| New/Competing | 6 | 2,388 | 2 | 723 | --- | --- |
| Contracts | | | | | | |
| Continuations | --- | 542 | 1 | 1,304 | 1 | 631 |
| New/Competing | --- | 691 | --- | 48 | --- | --- |
| Subtotal | 15 | 6,863 | 15 | 6,863 | 9 | 3,860 |
| ***Grants*** | | | | | | |
| ***Continuations, Subtotal*** | ***196*** | ***88,611*** | ***206*** | ***95,225*** | ***180*** | ***82,504*** |
| ***New/Competing, Subtotal*** | ***80*** | ***32,011*** | ***75*** | ***17,504*** | ***26*** | ***7,063*** |
| ***Total, Grants*** | ***276*** | ***120,622*** | ***281*** | ***112,729*** | ***206*** | ***89,567*** |
| ***Contracts*** | | | | | | |
| ***Continuations, Subtotal*** | ***20*** | ***99,680*** | ***19*** | ***102,957*** | ***14*** | ***88,042*** |
| ***New/Competing, Subtotal*** | ***5*** | ***10,618*** | ***3*** | ***14,523*** | ***1*** | ***470*** |
| ***Total, Contracts*** | ***25*** | ***110,298*** | ***22*** | ***117,480*** | ***15*** | ***88,512*** |
| ***Technical Assistance*** | 1 | 941 | --- | --- | --- | --- |
| ***Review*** | --- | 195 | --- | 2,024 | --- | --- |
| **Total, Capacity** | **302** | **232,056** | **303** | **232,233** | **221** | **178,079** |

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

| Programs of Regional & National Significance | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Resolution No. | FY 2007 Continuing Resolution Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| **Science To Service** | | | | | | |
| **Mental Health System Transformation** | | | | | | |
| Grants | | | | | | |
| Continuations | 28 | 6,445 | --- | 250 | --- | --- |
| New/Competing | 6 | 250 | 32 | 6,899 | --- | --- |
| Contracts | | | | | | |
| Continuations | 12 | 13,390 | 7 | 6,302 | 2 | 3,415 |
| New/Competing | 2 | 1,444 | 3 | 8,078 | --- | 205 |
| Subtotal | 48 | 21,529 | 42 | 21,529 | 2 | 3,620 |
| **Suicide Prevention** | | | | | | |
| Grants | | | | | | |
| Continuations | 9 | 4,458 | 1 | 3,596 | 1 | 3,597 |
| New/Competing | --- | 996 | 7 | 1,823 | --- | --- |
| Contracts | | | | | | |
| Continuations | 1 | 461 | 1 | 364 | 1 | 363 |
| New/Competing | --- | --- | --- | 138 | --- | --- |
| Subtotal | 10 | 5,915 | 9 | 5,921 | 2 | 3,960 |
| **Homelessness** | | | | | | |
| Grants | | | | | | |
| Continuations | --- | --- | --- | --- | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | 1 | 1,149 | 2 | 2,039 | --- | --- |
| New/Competing | 1 | 1,457 | 1 | 567 | --- | --- |
| Subtotal | 2 | 2,606 | 3 | 2,606 | --- | --- |
| **HIV/AIDS & Hepatitis** | | | | | | |
| Grants | | | | | | |
| Continuations | --- | --- | --- | --- | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | 3 | 450 | 3 | 974 | 3 | 974 |
| New/Competing | --- | 524 | --- | --- | --- | --- |
| Subtotal | 3 | 974 | 3 | 974 | 3 | 974 |
| ***Grants*** | | | | | | |
| ***Continuations, Subtotal*** | ***37*** | ***10,903*** | ***1*** | ***3,846*** | ***1*** | ***3,597*** |
| ***New/Competing, Subtotal*** | ***6*** | ***1,246*** | ***39*** | ***8,722*** | ---- | ---- |
| ***Total, Grants*** | ***43*** | ***12,149*** | ***40*** | ***12,568*** | ***1*** | ***3,597*** |
| ***Contracts*** | | | | | | |
| ***Continuations, Subtotal*** | ***17*** | ***14,762*** | ***13*** | ***9,093*** | ***6*** | ***4,752*** |
| ***New/Competing, Subtotal*** | ***3*** | ***3,425*** | ***4*** | ***8,783*** | ---- | ***205*** |
| ***Total, Contracts*** | ***20*** | ***18,187*** | ***17*** | ***17,876*** | ***6*** | ***4,957*** |
| ***Technical Assistance*** | --- | --- | --- | --- | --- | --- |
| ***Review*** | --- | 688 | --- | 586 | --- | --- |
| **Total, Science to Service** | ***63*** | ***31,024*** | ***57*** | ***31,030*** | ***7*** | ***8,554*** |
| **TOTAL, PRNS** | **365** | **$263,080** | **360** | **$263,263** | **228** | **$186,633** |

# Center for Mental Health Services
## Children's Mental Health Services Program
*(Dollars in thousands)*

Authorizing Legislation - Section 561 et seq. of the PHS Act

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| **Budget Authority……** | $104,006,000 | $104,078,000 | $104,078,000 | $ --- |

2008 Authorization .....Expired

Statement of the Budget Request – The FY 2008 President's Budget proposes $104,078,000, the same level of funding as the FY 2007 Continuing Resolution. This program funds communities to develop systems of care for children and adolescents with serious emotional disorders.

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

Program funds are available through competitive cooperative agreements to States, political subdivisions of States, Territories, and Indian Tribes or tribal organizations. Funds are used to build on the existing service infrastructure so that the array of services required to meet the needs of the target population is available and accessible. Grants are funded for a total of 6 years, with an increasing non-Federal match requirement over the term of the award. The match requirement is intended to promote sustainability of the local systems of care beyond the grant period. The FY 2008 President's Budget proposes to fully fund continuations, including 42 grants and 12 contracts. Twenty-three new grants will be funded. Funding will also continue support for evaluation, technical assistance, and communications activities.

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

| | Funding | FTEs |
|---|---|---|
| 2003 | $98,053,000 | — |
| 2004 | 102,353,000 | — |
| 2005 | 105,112,000 | — |
| 2006 | 104,006,000 | — |
| 2007 | 104,078,000 | — |

Rationale for the Budget

The FY 2008 President's Budget proposes $104,078,000, the same level of funding as the FY 2007 Continuing Resolution. Of the total, $87,995,000 will fund a total of 65 grants, 42 continuations and 23 new grants. The remaining balance of $16,083,000 will fund a total of 13 contracts, 12 continuations and 1 new contract. 9,006 persons will be served. This program received a rating of "Moderately Effective" in its PART review, substantiating the effectiveness of the program. The program also supports HHS Strategic Objective 3.5, Expand access to health care services for targeted populations with special health care needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

Performance Analysis

From 1993-2005, CMHS funded 121 grants in 49 States and two Territories, and provided services to approximately 73,510 children. The program served children in 473 or 15.05 percent of 3,142 counties in the United States, representing a small but significant proportion of the country being exposed to these highly successful systems-of-care services. Funded programs have achieved sustainability even after the federal funds end. All four of the grants initially funding in 1993 achieved sustainability for at least five years after the end of Federal funding.

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

- By FY 2010, 60 percent of grantees will exceed a 30 percent improvement in behavioral and emotional symptoms among children receiving services for six months.
- By FY 2008, 80 percent of systems of care will continue to be sustained five years after Federal funding has ended.
- The new efficiency measure approved in 2006 is "decrease in patient care costs per 1,000 children served".

This program has exceeded FY 2006 targets for increasing the percentage of participants with no law enforcement contacts after six months of receiving services, and for increasing the numbers of children receiving services. The program has a new OMB approved efficiency measure and has reported baseline data. The Children's Mental Health Program has invested consistently in program evaluation, and outcomes from the evaluation have been used to monitor program performance.

# Center for Mental Health Services
## Protection and Advocacy for Individuals with Mental Illness (PAIMI)
*(Dollars in thousands)*

Authorizing Legislation - Section 102 of the PAIMI Act

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| **Budget Authority……** | $34,000,000 | $34,000,000 | $34,000,000 | $ --- |

2008 Authorization .....Expired

Statement of the Budget Request – The FY 2008 President's Budget proposes $34,000,000, the same level of funding as the FY 2007 Continuing Resolution. This formula grant program funds State Protection and Advocacy systems to protect individuals with mental illnesses from abuse, neglect, and civil rights violations.

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

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

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

| | Funding | FTEs |
|---|---|---|
| 2003 | $33,779,000 | — |
| 2004 | 34,620,000 | — |
| 2005 | 34,343,000 | — |
| 2006 | 34,000,000 | — |
| 2007 | 34,000,000 | — |

Data Elements Used to Calculate State Allotments

**PAIMI Formula Grant – FY 2008**

**Population:** July 1, 2005 Population Estimates (all ages combined) from U.S. Census Bureau
**Income:** 2005 Per Capita Personal Income from Department of Commerce/Bureau of Economic Analysis

Rationale for the Budget

The FY 2008 President's Budget proposes $34,000,000, the same level as the FY 2007 Continuing Resolution. These funds will serve 22,325 persons in FY 2008. The program supports HHS Strategic Objective 3.5, Expand Access to Health Care Services for Targeted Populations with Special Health Care Needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

Performance Analysis

The program received a rating of "Moderately Effective" in the CY 2005 OMB PART review. The Protection and Advocacy Program has a data reporting system and program measures in place that were developed collaboratively with other involved Federal agencies. Trend data are available beginning in FY 1997. The data system and measures were reviewed in 2002, and subsequently refined to increase the ability to assess the effectiveness of the protection and advocacy system programs' performance. Measures have been refined through the PART process. A new data collection tool was developed and approved by OMB in May 2004. Performance declined slightly in FY 2005 on the outcome measures; performance improved on the efficiency measures. The ratio of persons served/impacted per activity/intervention was 411, exceeding the target of 390, and the cost per 1,000 individuals served/impacted was $2,072, better than the target of $2,200.

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

| STATE/TERRITORY | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud | Difference +/- 2007 |
|---|---|---|---|---|
| Alabama | $429,377 | $427,738 | $420,196 | -$7,542 |
| Alaska | 402,700 | 402,700 | 402,700 | --- |
| Arizona | 525,480 | 532,394 | 542,434 | + 10,040 |
| Arkansas | 402,700 | 402,700 | 402,700 | --- |
| California | 2,998,370 | 2,999,964 | 2,984,319 | - 15,645 |
| Colorado | 402,700 | 402,700 | 402,700 | --- |
| Connecticut | 402,700 | 402,700 | 402,700 | --- |
| Delaware | 402,700 | 402,700 | 402,700 | --- |
| District Of Columbia | 402,700 | 402,700 | 402,700 | --- |
| Florida | 1,516,393 | 1,535,558 | 1,526,315 | - 9,243 |
| Georgia | 783,286 | 797,392 | 814,202 | + 16,810 |
| Hawaii | 402,700 | 402,700 | 402,700 | --- |
| Idaho | 402,700 | 402,700 | 402,700 | --- |
| Illinois | 1,072,233 | 1,069,092 | 1,062,805 | - 6,287 |
| Indiana | 563,355 | 563,361 | 563,249 | - 112 |
| Iowa | 402,700 | 402,700 | 402,700 | --- |
| Kansas | 402,700 | 402,700 | 402,700 | --- |
| Kentucky | 402,700 | 402,700 | 402,700 | --- |
| Louisiana | 431,056 | 429,824 | 462,242 | + 32,418 |
| Maine | 402,700 | 402,700 | 402,700 | --- |
| Maryland | 441,699 | 439,711 | 435,921 | - 3,790 |
| Massachusetts | 504,204 | 494,340 | 489,478 | - 4,862 |
| Michigan | 880,405 | 884,296 | 886,189 | + 1,893 |
| Minnesota | 423,707 | 420,727 | 421,617 | + 890 |
| Mississippi | 402,700 | 402,700 | 402,700 | --- |
| Missouri | 515,980 | 515,835 | 519,612 | + 3,777 |
| Montana | 402,700 | 402,700 | 402,700 | --- |
| Nebraska | 402,700 | 402,700 | 402,700 | --- |
| Nevada | 402,700 | 402,700 | 402,700 | --- |
| New Hampshire | 402,700 | 402,700 | 402,700 | --- |
| New Jersey | 672,643 | 673,408 | 666,098 | - 7,310 |
| New Mexico | 402,700 | 402,700 | 402,700 | --- |
| New York | 1,560,042 | 1,544,012 | 1,530,508 | - 13,504 |
| North Carolina | 771,321 | 781,805 | 781,359 | - 446 |
| North Dakota | 402,700 | 402,700 | 402,700 | --- |

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

| STATE/TERRITORY | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud | Difference +/- 2007 |
|---|---|---|---|---|
| Ohio | 1,019,251 | 1,016,739 | 1,017,566 | + 827 |
| Oklahoma | 402,700 | 402,700 | 402,700 | --- |
| Oregon | 402,700 | 402,700 | 402,700 | --- |
| Pennsylvania | 1,071,461 | 1,065,276 | 1,055,115 | - 10,161 |
| Rhode Island | 402,700 | 402,700 | 402,700 | --- |
| South Carolina | 402,700 | 402,700 | 402,700 | --- |
| South Dakota | 402,700 | 402,700 | 402,700 | --- |
| Tennessee | 533,389 | 535,387 | 537,265 | + 1,878 |
| Texas | 2,001,287 | 2,009,900 | 2,005,682 | - 4,218 |
| Utah | 402,700 | 402,700 | 402,700 | --- |
| Vermont | 402,700 | 402,700 | 402,700 | --- |
| Virginia | 621,942 | 615,270 | 619,812 | + 4,542 |
| Washington | 519,125 | 519,597 | 530,897 | + 11,300 |
| West Virginia | 402,700 | 402,700 | 402,700 | --- |
| Wisconsin | 481,587 | 481,653 | 480,965 | - 688 |
| Wyoming | 402,700 | 402,700 | 402,700 | --- |
| **State Sub-total** | **$31,613,193** | **$31,628,879** | **$31,629,446** | **$567** |
| American Samoa | 215,800 | 215,800 | 215,800 | --- |
| American Indian Consortium | 215,800 | 215,800 | 215,800 | --- |
| Guam | 215,800 | 215,800 | 215,800 | --- |
| Northern Marianas | 215,800 | 215,800 | 215,800 | --- |
| Puerto Rico | 627,807 | 612,121 | 611,554 | - 567 |
| Virgin Islands | 215,800 | 215,800 | 215,800 | --- |
| **Territory Sub-Total** | **$1,706,807** | **$1,691,121** | **$1,690,554** | **-$567** |
| **Total States/Territories** | **$33,320,000** | **$33,320,000** | **$33,320,000** | **---** |
| **Technical Assistance** | **$680,000** | **$680,000** | **$680,000** | **---** |
| **TOTAL RESOURCES** | **$34,000,000** | **$34,000,000** | **$34,000,000** | **---** |

# Center for Mental Health Services
## Projects for Assistance in Transition from Homelessness (PATH)
*(Dollars in thousands)*

Authorizing Legislation - Section 521 of the PHS Act

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| **Budget Authority……** | $54,223,000 | $54,261,000 | $54,261,000 | $ --- |

2008 Authorization .....Expired

Statement of the Budget Request – The FY 2008 President's Budget proposes $54,261,000, the same level of funding as the FY 2007 Continuing Resolution. The formula grant program funds States to expand the availability of mental health services to homeless individuals with serious mental illnesses.

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

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

The formula calculates State allotments based on the population living in urbanized areas. These population data are updated after each census. This program requires matching funds of $l to every $3 of federal funds. In the past several years, State and local matching funds exceeded the required amount. The PATH program has been highly successful in targeting assistance to persons who have the most serious impairments. The proposed budget of $54,261,000 will support 56 grants to States and Territories, technical assistance and evaluation.

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

| | Funding | FTEs |
|---|---|---|
| 2003 | $43,073,000 | — |
| 2004 | 49,760,000 | — |
| 2005 | 54,809,000 | — |
| 2006 | 54,261,000 | — |
| 2007 | 54,261,000 | — |

Data Elements Used to Calculate State Allotments

**PATH Formula Grant – FY 2008**

Population: 2000 Population (all ages combined) of Urbanized Areas from U.S. Census Bureau (2000 Census); No data required for the four Territories

Rationale for the Budget

The FY 2008 President's Budget proposes $54,261,000, the same level of funding as the FY 2007 Continuing Resolution. An estimated 157,500 persons will be served in FY 2008. The program supports HHS Strategic Objective 3.5, Expand Access to Health Care Services for Targeted Populations with Special Health Care Needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

Performance Analysis

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

- Increase the percentage of enrolled homeless persons who receive community mental health services (2005 target 65 percent; data to be reported in July 2007)
- Increase the percentage of contacted homeless persons with serious mental illness who become enrolled in services (2004 target 46 percent; actual 37 percent)
- Maintain the average Federal cost for enrolling a person into services (2004 target $668; actual $850)

In 2004, the most recent year for which data is available, the program exceeded the target for the number of homeless persons contacted.

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

| STATE/TERRITORY | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud | Difference +/- 2007 |
|---|---|---|---|---|
| Alabama | $481,000 | $481,000 | $481,000 | --- |
| Alaska | 300,000 | 300,000 | 300,000 | --- |
| Arizona | 968,000 | 969,000 | 969,000 | --- |
| Arkansas | 300000 | 300,000 | 300,000 | --- |
| California | 7,418,000 | 7,424,000 | 7,424,000 | --- |
| Colorado | 796,000 | 796,000 | 796,000 | --- |
| Connecticut | 706,000 | 706,000 | 706,000 | --- |
| Delaware | 300,000 | 300,000 | 300,000 | --- |
| District Of Columbia | 300,000 | 300,000 | 300,000 | --- |
| Florida | 3,336,000 | 3,339,000 | 3,339,000 | --- |
| Georgia | 1,241,000 | 1,242,000 | 1,242,000 | --- |
| Hawaii | 300,000 | 300,000 | 300,000 | --- |
| Idaho | 300,000 | 300,000 | 300,000 | --- |
| Illinois | 2,412,000 | 2,414,000 | 2,414,000 | --- |
| Indiana | 845,000 | 846,000 | 846,000 | --- |
| Iowa | 300,000 | 300,000 | 300,000 | --- |
| Kansas | 300,000 | 300,000 | 300,000 | --- |
| Kentucky | 388,000 | 388,000 | 388,000 | --- |
| Louisiana | 628,000 | 629,000 | 629,000 | --- |
| Maine | 300,000 | 300,000 | 300,000 | --- |
| Maryland | 1,052,000 | 1,053,000 | 1,053,000 | --- |
| Massachusetts | 1,396,000 | 1,397,000 | 1,397,000 | --- |
| Michigan | 1,629,000 | 1,631,000 | 1,631,000 | --- |
| Minnesota | 672,000 | 672,000 | 672,000 | --- |
| Mississippi | 300,000 | 300,000 | 300,000 | --- |
| Missouri | 766,000 | 766,000 | 766,000 | --- |
| Montana | 300,000 | 300,000 | 300,000 | --- |
| Nebraska | 300,000 | 300,000 | 300,000 | --- |
| Nevada | 415,000 | 416,000 | 416,000 | --- |
| New Hampshire | 300,000 | 300,000 | 300,000 | --- |
| New Jersey | 1,921,000 | 1,922,000 | 1,922,000 | --- |
| New Mexico | 300,000 | 300,000 | 300,000 | --- |
| New York | 3,840,000 | 3,843,000 | 3,843,000 | --- |
| North Carolina | 932,000 | 932,000 | 932,000 | --- |
| North Dakota | 300,000 | 300,000 | 300,000 | --- |

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

| STATE/TERRITORY | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud | Difference +/- 2007 |
|---|---|---|---|---|
| Ohio | 1,811,000 | 1,812,000 | 1,812,000 | --- |
| Oklahoma | 367,000 | 368,000 | 368,000 | --- |
| Oregon | 489,000 | 490,000 | 490,000 | --- |
| Pennsylvania | 2,034,000 | 2,035,000 | 2,035,000 | --- |
| Rhode Island | 300,000 | 300,000 | 300,000 | --- |
| South Carolina | 464,000 | 464,000 | 464,000 | --- |
| South Dakota | 300,000 | 300,000 | 300,000 | --- |
| Tennessee | 734,000 | 735,000 | 735,000 | --- |
| Texas | 3,665,000 | 3,668,000 | 3,668,000 | --- |
| Utah | 433,000 | 433,000 | 433,000 | --- |
| Vermont | 300,000 | 300,000 | 300,000 | --- |
| Virginia | 1,167,000 | 1,168,000 | 1,168,000 | --- |
| Washington | 1,066,000 | 1,067,000 | 1,067,000 | --- |
| West Virginia | 300,000 | 300,000 | 300,000 | --- |
| Wisconsin | 704,000 | 705,000 | 705,000 | --- |
| Wyoming | 300,000 | 300,000 | 300,000 | --- |
| **State Sub-total** | **$50,776,000** | **$50,811,000** | **$50,811,000** | **---** |
| American Samoa | 50,000 | 50,000 | 50,000 | --- |
| Guam | 50,000 | 50,000 | 50,000 | --- |
| Northern Marianas | 50,000 | 50,000 | 50,000 | --- |
| Puerto Rico | 861,000 | 862,000 | 862,000 | --- |
| Virgin Islands | 50,000 | 50,000 | 50,000 | --- |
| **Territory Sub-Total** | **$1,061,000** | **$1,062,000** | **$1,062,000** | **---** |
| **Total States/Territories** | **$51,837,000** | **$51,873,000** | **$51,873,000** | **---** |
| **Set Aside** | **2,386,000** | **2,388,000** | **2,388,000** | **---** |
| **TOTAL RESOURCES** | **$54,223,000** | **$54,261,000** | **$54,261,000** | **---** |

# Center for Mental Health Services
## Community Mental Health Services Block Grant
*(Dollars in thousands)*

Authorizing Legislation - Section 1911 of the PHS Act

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| **Budget Authority……** | $406,561,000 | $406,843,000 | $406,843,000 | $ --- |
| **PHS Evaluation Funds……** | $21,413,000 | $21,413,000 | $21,413,000 | --- |
| **Program Level……** | **$427,974,000** | **$428,256,000** | **$428,256,000** | **$ ---** |

2008 Authorization .....Expired

Statement of the Budget Request – The FY 2008 President's Budget proposes $428,256,000, the same level of funding as the FY 2007 Continuing Resolution. The Community Mental Health Services Block Grant funds planning and services for adults with a serious mental illness and children with a serious emotional disturbance.

Program Description – The Community Mental Health Services Block Grant distributes funds to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. Applications for FY 2008 grants are due by September 1, 2007. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Major provisions of the current law include maintenance of effort requirement for States and a provision that ensures that when the application of the formula results in lowered funding for a particular State, the allotment will not be less than that received in FY 1998.

In order to encourage improved performance through transparency, starting in FY 2008, States are required to submit data on National Outcome Measures as part of their application for the Community Mental Health Services Block Grant. SAMHSA will work with HHS and OMB to develop criteria for compliance on submission of the National Outcome Measures data.

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

The National Survey on Drug Use and Health (NSDUH) from 2003, 2004, and 2005 survey years include questions for adults aged 18 or older about their experiences with treatment for mental health problems. In the 2005 survey, utilization data for mental health problems indicates:

- 13 percent of persons aged 18 or older received treatment or counseling for mental health problems in the past 12 months.
- About 5 percent of all adults and 19 percent of adults who received treatment for mental health problems in the past year, perceived an unmet need for treatment or counseling for mental health problems in the past year.
- 53.5 percent of the adults who perceived an unmet need for treatment for mental health problems in the past year, reported cost or insurance issues as a barrier to treatment receipt

The Mental Health State Data Infrastructure Grants are funded under the Block Grant Set Aside. This grant program meets the goal of developing state capacity to record and report on 23 Uniform Reporting System measures, which include the 10 National Outcome Measures. In this project, State Mental Health Agencies provide annual state mental health system Uniform Reporting System data reports to the Mental Health Block Grant program to assure efficiency and effectiveness; reports are also made to the Program Assessment Rating Tool. Over the past 5 years, 58 states and US Territories have consistently increased in their ability to provide data, focusing on use of common measures across states. This project also supports mental health data system development and use of data for policy and program decision making. States must match grant awards at a 100 percent level.

Most states are currently reporting on National Outcome Measures for public mental health services within their State through the Uniform Reporting System. The first compilation of State National Outcome Measures data was submitted to Congress in the spring of 2005. State Mental Health Agencies reported the following outcomes for services provided during 2004:

- For the 42 States that reported data in the Employment Domain, 21 percent of the mental health consumers were in competitive employment. (This is an expansion of the reporting base by 8 States.)
- For the 39 States that reported data in the Housing Domain, 75 percent of the mental health consumers were living in private residences. (This is an expansion of the reporting base by 11 States.)
- For the 39 States that reported data in the Retention Domain, only 9 percent of the mental health patients returned to a State hospital within 30 days of State hospital discharge. (This is an expansion of the reporting base by 9 States.)
- For the 44 States that reported data in the Perception of Care Domain, 71 percent of the mental health consumers reported that, as a direct result of the mental health services they received, they were doing better. (This is an expansion of the reporting base by one State.)

The CMHSBG also carries out the first of the HHS Secretary's top 20 Department-Wide objectives: increasing access to high quality health care. See the SAMHSA Specific materials section for a listing of activities funded from the set-aside.

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

| | Funding | FTE |
|---|---|---|
| 2003 | $437,140,000 | 17 |
| 2004 a/ | 434,690,000 | 16 |
| 2005 a/ | 432,756,000 | 16 |
| 2006 a/ | 427,974,000 | 15 |
| 2007 a/ | 428,256,000 | 17 |

*a/ Includes PHS Evaluation funds of $21.4 million in FY 2006 and FY 2007*

Data Elements Used to Calculate State Allotments

**MH Block Grant – FY 2008 States**

Population Data: July 1, 2005 Population Estimates (Population-At-Risk Calculations) from U.S. Census Bureau (2000 Census);

Cost of Services Index: Wage Data from U.S. Census Bureau (2000 Census -16% Sample); Wage Data for Base Year (FY 1999) and Recent Year (FY 2002) from Centers for Medicare and Medicaid Services (CMS); FY 2006 Median Fair Market Rent Estimates from Department of Housing and Urban Development; July 1, 2004 Population Estimates by County/Subcounty from U.S. Census Bureau.

Rationale for the Budget

The FY 2008 President's Budget proposes $428,256,000, the same level of funding as the FY 2007 Continuing Resolution. 5,800,000 persons will be served. In FY 2008, States are required to submit National Outcomes Measures data. The program supports HHS Strategic Objective 3.5, Expand access to health care services for targeted populations with special health care needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

Performance Analysis

The program's overall goal is to move care for adults with serious mental illness and children with serious emotional disturbance from costly and restrictive inpatient hospital care to community-based care. In FY 2005, the program exceeded its targets for average number of evidence-based practices per state, for numbers served by the public mental health system, and for increasing rates of family members reporting positively about outcomes. The program also improved on its new OMB approved efficiency measure.

This program received a CY 2003 OMB PART rating of "Adequate." Since the review, the program has begun to report data on its measures. SAMHSA also initiated funding for a national evaluation of the Block Grant program after the PART review in response to the OMB findings.

## Substance Abuse and Mental Health Services Administration
### CENTER FOR MENTAL HEALTH SERVICES
### MENTAL HEALTH BLOCK GRANT SET-ASIDE
*(Dollars in thousands)*

| Set-Aside Activities | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud |
|---|---|---|---|
| State Data Systems | | | |
| State Data Infrastructure Grants | $7,562 | $7,562 | $7,562 |
| State Data Infrastructure Contracts | 1,187 | 840 | 840 |
| **Subtotal, State Data Systems** | 8,749 | 8,402 | 8,402 |
| National Data Collection | | | |
| SOMMS | --- | 750 | 750 |
| National MH Data Collection | 2,135 | 1,622 | 1,622 |
| **Subtotal - National Data Collection** | 2,135 | 2,372 | 2,372 |
| Technical Assistance (TA) | | | |
| TA to States | 7,258 | 8,079 | 7,441 |
| FTE Support (17 FTE's) | 2,592 | 2,222 | 2,256 |
| **Subtotal, Technical Assistance** | 9,850 | 10,301 | 9,697 |
| Program Evaluation | | | |
| Devel. of Spending Estimates for MH/SAT | 586 | 338 | 342 |
| Independent Evaluation of the BG | 93 | --- | 600 |
| **Subtotal, Program Evaluation** | 679 | 338 | 942 |
| **TOTAL CMHS** | **$21,413** | **$21,413** | **$21,413** |

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

| STATE/TERRITORY | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud | Difference +/- 2007 |
|---|---|---|---|---|
| Alabama | $6,087,128 | $6,262,547 | $6,209,886 | - $52,661 |
| Alaska | 776,199 | 736,870 | 718,302 | - 18,568 |
| Arizona | 7,917,967 | 8,505,420 | 8,809,965 | + 304,545 |
| Arkansas | 3,835,583 | 3,725,763 | 3,711,180 | - 14,583 |
| California | 54,700,302 | 55,061,431 | 54,683,761 | - 377,670 |
| Colorado | 5,753,968 | 6,224,551 | 6,306,409 | + 81,858 |
| Connecticut | 4,473,749 | 4,444,706 | 4,463,292 | + 18,586 |
| Delaware | 940,977 | 754,909 | 781,627 | + 26,718 |
| District Of Columbia | 825,956 | 771,391 | 728,486 | - 42,905 |
| Florida | 26,484,468 | 27,115,615 | 27,231,032 | + 115,417 |
| Georgia | 13,031,279 | 12,361,915 | 12,836,271 | + 474,356 |
| Hawaii | 1,691,128 | 1,924,365 | 1,910,808 | - 13,557 |
| Idaho | 1,835,486 | 1,773,726 | 1,840,464 | + 66,738 |
| Illinois | 16,650,139 | 16,441,516 | 16,308,729 | - 132,787 |
| Indiana | 7,980,813 | 7,805,222 | 7,724,072 | - 81,150 |
| Iowa | 3,631,173 | 3,575,335 | 3,562,404 | - 12,931 |
| Kansas | 3,197,270 | 3,183,121 | 3,198,672 | + 15,551 |
| Kentucky | 5,562,314 | 5,439,372 | 5,464,930 | + 25,558 |
| Louisiana | 5,902,412 | 6,309,611 | 6,264,518 | - 45,093 |
| Maine | 1,725,097 | 1,716,405 | 1,709,242 | - 7,163 |
| Maryland | 8,167,912 | 7,765,797 | 7,624,136 | - 141,661 |
| Massachusetts | 8,131,164 | 8,086,236 | 8,030,190 | - 56,046 |
| Michigan | 12,744,438 | 13,429,534 | 13,321,445 | - 108,089 |
| Minnesota | 5,924,211 | 6,938,337 | 6,908,778 | - 29,559 |
| Mississippi | 4,007,709 | 4,130,232 | 4,127,086 | - 3,146 |
| Missouri | 6,944,057 | 6,982,165 | 7,008,220 | + 26,055 |
| Montana | 1,236,408 | 1,238,981 | 1,239,385 | + 404 |
| Nebraska | 2,050,210 | 2,006,207 | 2,008,999 | + 2,792 |
| Nevada | 3,517,414 | 3,662,211 | 3,718,413 | + 56,202 |
| New Hampshire | 1,469,629 | 1,624,118 | 1,615,896 | - 8,222 |
| New Jersey | 12,004,584 | 11,793,693 | 11,709,142 | - 84,551 |
| New Mexico | 2,326,445 | 2,403,115 | 2,410,292 | + 7,177 |
| New York | 27,862,852 | 25,532,461 | 25,116,167 | - 416,294 |
| North Carolina | 10,474,912 | 10,916,323 | 11,157,831 | + 241,508 |
| North Dakota | 799,304 | 796,147 | 793,079 | - 3,068 |

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

| STATE/TERRITORY | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud | Difference +/- 2007 |
|---|---|---|---|---|
| Ohio | 14,333,753 | 14,278,759 | 14,124,780 | - 153,979 |
| Oklahoma | 4,643,961 | 4,621,614 | 4,578,034 | - 43,580 |
| Oregon | 4,317,525 | 4,840,838 | 4,844,582 | + 3,744 |
| Pennsylvania | 15,543,327 | 15,242,112 | 15,193,643 | - 48,469 |
| Rhode Island | 1,393,736 | 1,575,794 | 1,532,973 | - 42,821 |
| South Carolina | 5,471,801 | 5,653,587 | 5,741,567 | + 87,980 |
| South Dakota | 894,048 | 878,746 | 863,524 | - 15,222 |
| Tennessee | 7,994,515 | 7,896,732 | 7,886,781 | - 9,951 |
| Texas | 32,336,339 | 31,563,967 | 31,634,000 | + 70,033 |
| Utah | 3,076,956 | 2,820,004 | 2,989,344 | + 169,340 |
| Vermont | 789,232 | 780,471 | 774,742 | - 5,729 |
| Virginia | 10,859,772 | 10,238,430 | 10,274,822 | + 36,392 |
| Washington | 8,379,209 | 8,347,937 | 8,487,481 | + 139,544 |
| West Virginia | 2,544,384 | 2,506,778 | 2,502,829 | - 3,949 |
| Wisconsin | 6,711,213 | 7,538,570 | 7,547,055 | + 8,485 |
| Wyoming | 508,155 | 516,865 | 511,286 | - 5,579 |
| **State Sub-total** | **$400,462,583** | **$400,740,552** | **$400,740,552** | **---** |
| American Samoa | 79,543 | 79,599 | 79,599 | --- |
| Guam | 214,932 | 215,082 | 215,082 | --- |
| Marshall Islands | 70,586 | 70,636 | 70,636 | --- |
| Micronesia | 148,570 | 148,674 | 148,674 | --- |
| Northern Marianas | 96,107 | 96,174 | 96,174 | --- |
| Puerto Rico | 5,287,880 | 5,291,580 | 5,291,580 | --- |
| Palau | 50,000 | 50,000 | 50,000 | --- |
| Virgin Islands | 150,797 | 150,903 | 150,903 | --- |
| **Territory Sub-Total** | **$6,098,415** | **$6,102,648** | **$6,102,648** | **---** |
| **Total States/Territories** | **$406,560,998** | **$406,843,200** | **$406,843,200** | **---** |
| **SAMHSA Set-Aside** | **21,397,947** | **21,412,800** | **21,412,800** | **---** |
| **Unexpended Set-aside 1/** | **15,055** | **---** | **---** | **---** |
| **TOTAL, CMHSBG** | **$427,974,000** | **$428,256,000** | **$428,256,000** | **---** |

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

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# Center for Substance Abuse Prevention
# Overview

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| **Programs of Regional & National Significance……..** | **$192,767,000** | **$192,902,000** | **$156,461,000** | **-$36,441,000** |

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

The Strategic Prevention Framework incorporates a five step community development model: 1) organize the community to profile needs, including community readiness; 2) mobilize the community and build the capacity to address needs and plan for sustainability; 3) develop the prevention action plan (evidence-based activities, programs, strategies, and policies); 4) implement the prevention action plan; and 5) conduct ongoing monitoring and evaluation for quality improvement and outcomes. The Strategic Prevention Framework is based upon the risk and protective factor approach to prevention. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. Current research shows that evidence-based substance abuse prevention is effective in preventing youth from initiating substance use and in reducing the number of individuals who become dependent. The 2006 *Monitoring the Future* survey of eighth, tenth, and twelfth graders showed gradually declining rates of students reporting use of any illicit drug in the past 12 months.

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

CSAP administers two major programs: Programs of Regional and National Significance (PRNS), and the 20 percent Prevention Set-aside of the Substance Abuse Prevention and Treatment (SAPT) Block Grant.

SAMHSA entered into an interagency agreement with the Office of National Drug Control Policy to administer the Drug-Free Communities Support Program starting in FY 2004.

# Center for Substance Abuse Prevention
# Program Priority Areas

*(Dollars in thousands)*

| Program Priority Area | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|
| Co-Occurring Disorders | | | |
| PRNS | $--- | $--- | $--- |
| Substance Abuse Treatment Capacity | | | |
| PRNS | --- | --- | --- |
| Seclusion and Restraint | | | |
| PRNS | --- | --- | --- |
| Strategic Prevention Framework | | | |
| PRNS | 153,322 | 153,457 | 117,076 |
| Children & Families | | | |
| PRNS | --- | --- | --- |
| Mental Health System Transformation | | | |
| PRNS | 60 | 60 | --- |
| Suicide Prevention | | | |
| PRNS | --- | --- | --- |
| Homelessness | | | |
| PRNS | --- | --- | --- |
| Older Adults | | | |
| PRNS | --- | --- | --- |
| HIV/AIDS & Hepatitis | | | |
| PRNS | 39,385 | 39,385 | 39,385 |
| Criminal & Juvenile Justice | | | |
| PRNS | --- | --- | --- |
| Workforce Development | | | |
| PRNS | --- | --- | --- |
| **TOTAL** | **$192,767** | **$192,902** | **$156,461** |

# Center for Substance Abuse Prevention
# Mechanism Table

(*Dollars in thousands*)

| | FY 2006 Actual | | FY 2007 Continuing Resolution | | FY 2008 President's Budget | |
|---|---|---|---|---|---|---|
| | No. | Amount | No. | Amount | No. | Amount |
| **Programs of Regional & National Significance** | | | | | | |
| ***Capacity:*** | | | | | | |
| Grants/Cooperative Agreements: | | | | | | |
| Continuations | 182 | 99,728 | 206 | 131,345 | 141 | 104,962 |
| New/Competing | 26 | 32,445 | 2 | 588 | 67 | 18,766 |
| Supplements | --- | --- | --- | --- | --- | --- |
| **Subtotal** | 208 | 132,173 | 208 | 131,933 | 208 | 123,728 |
| Contracts: | | | | | | |
| Continuations | 13 | 26,945 | 12 | 27,521 | 9 | 18,670 |
| New | --- | --- | --- | --- | 1 | 843 |
| Supplements | --- | --- | --- | --- | --- | --- |
| Subtotal | 13 | 26,945 | 12 | 27,521 | 10 | 19,513 |
| Technical Assistance | --- | --- | --- | --- | --- | --- |
| Review Cost | --- | --- | --- | --- | --- | --- |
| **Subtotal** | 13 | 26,945 | 12 | 27,521 | 10 | 19,513 |
| ***Subtotal, Capacity*** | 221 | 159,118 | 220 | 159,454 | 218 | 143,241 |
| ***Science to Service:*** | | | | | | |
| Grants/Cooperative Agreements: | | | | | | |
| Continuations | 2 | 867 | 1 | 25 | --- | --- |
| New/Competing | 14 | 310 | 14 | 310 | --- | --- |
| Supplements | --- | --- | --- | --- | --- | --- |
| **Subtotal** | 16 | 1,177 | 15 | 335 | --- | --- |
| Contracts: | | | | | | |
| Continuations | 29 | 29,981 | 31 | 22,194 | 3 | 13,220 |
| New | 1 | 1,928 | 1 | 9,821 | --- | --- |
| Supplements | --- | --- | --- | --- | --- | --- |
| Subtotal, Contracts | 30 | 31,909 | 32 | 32,015 | 3 | 13,220 |
| Technical Assistance | --- | --- | --- | --- | --- | --- |
| Review Cost | --- | 563 | --- | 1,098 | --- | --- |
| **Subtotal** | 30 | 32,472 | 32 | 33,113 | 3 | 13,220 |
| ***Subtotal, Science to Service*** | 46 | 33,649 | 47 | 33,448 | 3 | 13,220 |
| **Total, PRNS** | 267 | $192,767 | 267 | $192,902 | 221 | $156,461 |

# Center for Substance Abuse Prevention
# Programs of Regional and National Significance

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

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| **Programs of Regional & National Significance** | | | | |
| Capacity..... | $159,118,000 | $159,454,000 | $143,241,000 | -$16,213,000 |
| Science to Service..... | 33,649,000 | 33,448,000 | 13,220,000 | -$20,228,000 |
| **Total.....** | **$192,767,000** | **$192,902,000** | **$156,461,000** | **-$36,441,000** |

2008 Authorization .....Expired

Statement of the Budget – The FY 2008 President's Budget proposes $156,461,000, a decrease of $36,441,000 from the FY 2007 Continuing Resolution. The Programs of Regional and National Significance support a variety of prevention programs built around the Strategic Prevention Framework.

Program Description – In SAMHSA, there are two program categories within PRNS: Capacity and Science to Service. The first category supports SAMHSA's Capacity goal, and includes services programs, which provide funding to implement a service improvement using proven evidence based approaches, and infrastructure programs, which identify and implement needed systems changes. For services programs, performance measures generally are client outcome measures. For infrastructure programs, measures generally are short term measures of service improvements coupled with positive long term client outcomes. The second category supports SAMHSA's Effectiveness goal, and includes programs that promote the identification and increase the availability of practices thought to have potential for broad service improvements. Performance measures generally are process measures – for example, changes made as a result of technical assistance; persons trained; or responses to inquiries for information.

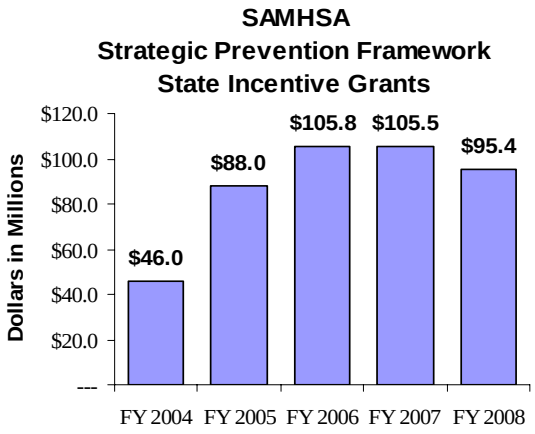
This budget level will support 221 grants and contracts, consisting of 153 continuations and 68 new/competing. While many activities contribute to CSAP's accomplishments, several major programs account for the majority of funding. They are:

## Strategic Prevention Framework State Incentive Grant

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

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

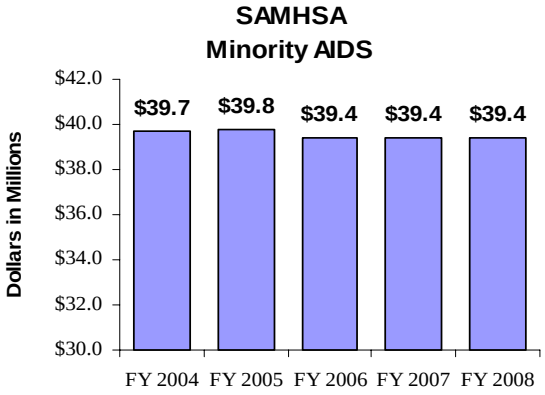
The Strategic Prevention Framework State Incentive Grant implements the following five-step process: 1) conduct a community needs assessment, 2) mobilize and/or build capacity, 3) develop a comprehensive strategic plan, 4) implement evidence-based prevention programs and infrastructure development activities,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




In FY 2008, the President's Budget proposes $95,389,000, a decrease of $10,073,000 from the FY 2007 Continuing Resolution, or a straight-line for the FY 2007 President's Budget. Efficiencies will be realized through a reduction of all existing grants and contracts to 90 percent of the FY 2007 Continuing Resolution level.

## Minority AIDS

Trend data show continuing disproportionate increases in HIV/AIDS among African Americans, Hispanic/Latinos and other racial/ethnic minority youth and women. Additionally, a large body of published research reveals that racial and ethnic minorities experience a lower quality of health services and are less likely to receive even routine medical procedures than are white Americans. Because substance abuse is often linked to the transmission of new HIV/AIDS cases, increased community capacity is needed to provide effective, integrated substance abuse prevention and HIV/AIDS prevention services.

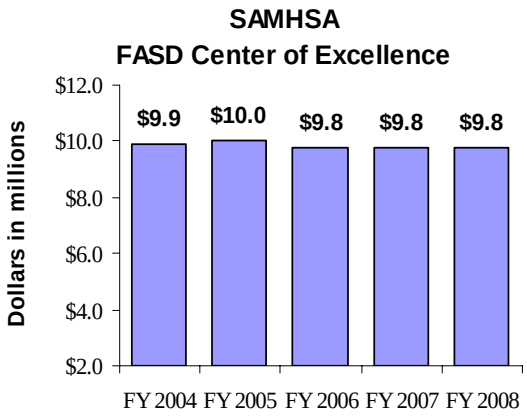



In response to this challenge, CSAP has developed a 2-tier approach to expand the capacity of community-based organizations: 1) Planning and infrastructure development and, 2) prevention intervention services delivery. The program seeks to expand and sustain the capacity of community-based organizations to provide substance abuse prevention, HIV prevention and hepatitis prevention services. Also, the programs provide HIV testing, including rapid HIV testing, services for African American, Hispanic/Latino and other communities at high risk. The programs target population includes minority populations reentering the community after release from incarceration.

The FY 2008 President's Budget proposes $39,385,000, the same level of funding as the FY 2007 Continuing Resolution. The budget will fully fund all grant and contract continuations. 67 new HIV/AIDS grants will be awarded.

## Fetal Alcohol Spectrum Disorder

The largest alcohol prevention initiative within SAMHSA, the Fetal Alcohol Spectrum Disorder Center for Excellence identifies and disseminates information about innovative techniques and effective strategies for preventing Fetal Alcohol Spectrum Disorder and increasing functioning and quality of life for individuals and their families impacted by Fetal Alcohol Spectrum Disorder. The Center for Excellence identifies gaps and trends in the field, synthesizes findings, and develops appropriate materials about Fetal Alcohol Spectrum Disorder for health and social service professionals, communities, States, and tribal organizations. The Fetal Alcohol Spectrum Disorder Center for Excellence also assists communities, States, tribal organizations, and juvenile justice systems to develop, document and evaluate promising approaches for preventing and addressing the consequences of Fetal Alcohol Spectrum Disorder.




The FY 2008 President's Budget proposes $9,821,000, the same level of funding as the FY 2007 Continuing Resolution. The budget will fully fund the Fetal Alcohol Spectrum Disorder Center for Excellence.

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

| | Funding | FTE |
|---|---|---|
| 2003 | 197,111,000 | — |
| 2004 | 198,458,000 | — |
| 2005 | 198,725,000 | — |
| 2006 | 192,767,000 | — |
| 2007 | 192,902,000 | — |

Rationale for the Budget Request

The FY 2008 President's Budget proposes $156,461,000, a reduction of $36,441,000 below the FY 2007 Continuing Resolution or $24,137,000 below the FY 2007 President's Budget. Capacity programs will be reduced by $16,213,000 and Science to Service programs will be reduced by $20,228,000. Targeted reductions are made in areas where grant periods are ending,

activities can be supported through other funding streams or efficiencies can be realized. Within the total budget, $136,852,000 will fund the majority of the grant and contract continuations and $19,609,000 will support new/competing grants and contracts. The FY 2008 Budget eliminates four programs (Evidence Based Practices, Center for the Advancement of Prevention Technologies, Dissemination/Training, and Best Practices Program Coordination) from the PRNS portfolio as well as the Minority Fellowship Program, which is joint-funded with CMHS. The PRNS program supports the HHS Strategic Objective 1.4, Reduce Substance Abuse.

Performance Analysis

The CSAP PRNS program was reviewed by OMB in CY 2004. The program was found to be "Moderately Effective." The PRNS program consists of multiple individual activities. By far the largest programs within PRNS are the State Incentive Grant program and the Substance Abuse Prevention and HIV Prevention program.

As a result of the PART review, long-term and annual measures were established for PRNS programs. A number of OMB-approved changes to the measures will be implemented beginning in 2007. Results for the few remaining smaller programs have been consolidated. The program exceeded its 2006 targets for disapproval of substance use and for implementation of evidence-based practices. The program received OMB approval for its efficiency measure, and reported baseline data for FY 2005.

The Strategic Prevention Framework State Incentive Grants had not been awarded at the time of the OMB PART review; therefore, outcome data is not yet available. Interim process measures show that states are progressing in implementation of the Strategic Prevention Framework, with 92.3 percent having completed needs assessments and 69.2 percent having approved state plans.

# Center for Substance Abuse Prevention
# Summary Listing of Activities
*(Dollars in Thousands)*

| Programs of Regional & National Significance | FY 2006 Actual | FY 2007 Pres. Budget | FY 2007 Cont. Res | FY 2008 Pres. Budget | +/- FY 2007 Cont. Res |
|---|---|---|---|---|---|
| **CAPACITY:** | | | | | |
| Strategic Prevention Framework SIG | $105,844 | $95,389 | $105,462 | $95,389 | -$10,073 |
| Workplace | 5,147 | 5,459 | 5,147 | 3,677 | -1,470 |
| Minority AIDS | 39,385 | 39,385 | 39,385 | 39,385 | --- |
| Methamphetamine | 4,226 | 3,960 | 3,960 | 3,960 | --- |
| Program Coordination/Data Coordination and Consolidation Center | 4,516 | 5,500 | 5,500 | 830 | -4,670 |
| **Subtotal, Capacity** | **159,118** | **149,693** | **159,454** | **143,241** | **-16,213** |
| **SCIENCE TO SERVICE:** | | | | | |
| Evidence Based Practices | 1,167 | --- | 1,409 | --- | -1,409 |
| Fetal Alcohol Spectrum Disorder | 9,821 | 9,821 | 9,821 | 9,821 | --- |
| Center for the Advancement of Prevention Technologies | 8,098 | 9,430 | 9,430 | --- | -9,430 |
| UAD Ad Council | 842 | --- | --- | --- | --- |
| Dissemination/Training | 2,114 | 1,656 | 2,114 | --- | -2,114 |
| Best Practices Program Coordination | 8,448 | 6,007 | 7,315 | --- | -7,315 |
| National Registry of Evidence-based Programs and Practices | 350 | 350 | 550 | 650 | +100 |
| SAMHSA Health Information Network | 2,749 | 3,579 | 2,749 | 2,749 | --- |
| Minority Fellowship Program | 60 | 62 | 60 | --- | -60 |
| **Subtotal, Science to Service** | **33,649** | **30,905** | **33,448** | **13,220** | **-20,228** |
| **TOTAL, PRNS** | **$192,767** | **$180,598** | **$192,902** | **$156,461** | **-$36,441** |

# Center for Substance Abuse Prevention
# PRNS Program Priority by Type

*(Dollars in thousands)*

| Programs of Regional & National Significance | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Resolution No. | FY 2007 Continuing Resolution Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| ***Capacity*** | | | | | | |
| **Strategic Prevention Framework** | | | | | | |
| Grants | | | | | | |
| Continuations | 34 | 60,369 | 58 | 91,960 | 60 | 84,343 |
| New/Competing | 26 | 32,445 | 2 | 588 | --- | --- |
| Contracts | | | | | | |
| Continuations | 12 | 26,919 | 12 | 27,521 | 9 | 18,670 |
| New/Competing | --- | --- | --- | --- | 1 | 843 |
| Subtotal | 72 | 119,733 | 72 | 120,069 | 70 | 103,856 |
| **HIV/AIDS & Hepatitis** | | | | | | |
| Grants | | | | | | |
| Continuations | 148 | 39,359 | 148 | 39,385 | 81 | 20,619 |
| New/Competing | --- | --- | --- | --- | 67 | 18,766 |
| Contracts | | | | | | |
| Continuations | 1 | 26 | --- | --- | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Subtotal | 149 | 39,385 | 148 | 39,385 | 148 | 39,385 |
| ***Grants*** | | | | | | |
| ***Continuations, Subtotal*** | ***182*** | ***99,728*** | ***206*** | ***131,345*** | ***141*** | ***104,962*** |
| ***New/Competing, Subtotal*** | ***26*** | ***32,445*** | ***2*** | ***588*** | ***67*** | ***18,766*** |
| ***Total, Grants*** | ***208*** | ***132,173*** | ***208*** | ***131,933*** | ***208*** | ***123,728*** |
| ***Contracts*** | | | | | | |
| ***Continuations, Subtotal*** | ***13*** | ***26,945*** | ***12*** | ***27,521*** | ***9*** | ***18,670*** |
| ***New/Competing, Subtotal*** | ***---*** | ***---*** | ***---*** | ***---*** | ***1*** | ***843*** |
| ***Total, Contracts*** | ***13*** | ***26,945*** | ***12*** | ***27,521*** | ***10*** | ***19,513*** |
| ***Technical Assistance*** | --- | --- | --- | --- | --- | --- |
| ***Review*** | --- | --- | --- | --- | --- | --- |
| **Total, Capacity** | **221** | **159,118** | **220** | **159,454** | **218** | **143,241** |

# Center for Substance Abuse Prevention
# PRNS Program Priority by Type

*(Dollars in thousands)*

| Programs of Regional & National Significance | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Resolution No. | FY 2007 Continuing Resolution Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| ***Science to Service*** | | | | | | |
| **Strategic Prevention Framework** | | | | | | |
| Grants | | | | | | |
| Continuations..... | 2 | 867 | 1 | 25 | --- | --- |
| New/Competing..... | 10 | 250 | 10 | 250 | --- | --- |
| Contracts | | | | | | |
| Continuations..... | 29 | 30,544 | 31 | 23,292 | 3 | 13,220 |
| New/Competing..... | 1 | 1,928 | 1 | 9,821 | --- | --- |
| Subtotal | 42 | 33,589 | 43 | 33,388 | 3 | 13,220 |
| **Mental Health System Transformation** | | | | | | |
| Grants | | | | | | |
| Continuations..... | --- | --- | --- | --- | --- | --- |
| New/Competing..... | 4 | 60 | 4 | 60 | --- | --- |
| Contracts | | | | | | |
| Continuations..... | --- | --- | --- | --- | --- | --- |
| New/Competing..... | --- | --- | --- | --- | --- | --- |
| Subtotal | 4 | 60 | 4 | 60 | --- | --- |
| ***Grants*** | | | | | | |
| ***Continuations, Subtotal.....*** | ***2*** | ***867*** | ***1*** | ***25*** | --- | --- |
| ***New/Competing, Subtotal.....*** | ***14*** | ***310*** | ***14*** | ***310*** | --- | --- |
| ***Total, Grants.....*** | ***16*** | ***1,177*** | ***15*** | ***335*** | --- | --- |
| ***Contracts*** | | | | | | |
| ***Continuations, Subtotal.....*** | ***29*** | ***29,981*** | ***31*** | ***22,194*** | ***3*** | ***13,220*** |
| ***New/Competing, Subtotal.....*** | ***1*** | ***1,928*** | ***1*** | ***9,821*** | --- | --- |
| ***Total, Contracts*** | ***30*** | ***31,909*** | ***32*** | ***32,015*** | ***3*** | ***13,220*** |
| ***Technical Assistance*** | --- | --- | --- | --- | --- | --- |
| ***Review*** | --- | 563 | --- | 1,098 | --- | --- |
| ***Total, Science to Service.....*** | ***46*** | ***33,649*** | ***47*** | ***33,448*** | ***3*** | ***13,220*** |
| **TOTAL, PRNS** | **267** | **192,767** | **267** | **192,902** | **221** | **156,461** |

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

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| ***20% SAPTBG (non-add).....*** | **$351,485,000** | **$351,718,200** | **$351,718,200** | **$---** |

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

Statement of the Budget – The 20 percent Prevention set-aside supports and expands substance abuse prevention and treatment services. The FY 2008 President's Budget proposes $351,718,000, the same level of funding as the FY 2007 Continuing Resolution.

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

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

In support of SAMHSA's goal of accountability, the Block Grant reporting system has been redesigned to collect data on the National Outcome Measures. In FY 2006, the prevention National Outcome Measures were posted on the SAMHSA website. These activities are supported by the State Outcomes Measurement and Management System. Starting in FY 2008, States are required to submit National Outcome Measures as part of their application the Substance Abuse Prevention and Treatment Block Grant. For substance abuse, States not submitting National Outcome Measures data will receive 95 percent of their allotment. The undistributed funds will be re-distributed among the States based on the current statutory authorization for the program. SAMHSA will work with HHS and OMB to develop criteria for compliance on submission of the National Outcome Measures data. The majority of States are already reporting on National Outcome Measures.

Essential to the transition to a data driven Block Grant is support for State data infrastructure to implement needed data collection and performance measures. One of the permissible uses for

the Strategic Prevention Framework State Incentive Grants (within the PRNS budget line) is for data infrastructure support.

The 5 percent set-aside of the Block Grant provides funding to support State data systems, technical assistance, and program evaluation. A detailed listing of those activities and funding levels is provided in the SAMHSA Set-aside section.

Rationale for the Budget Request

The FY 2008 President's Budget proposes $351,718,000, which is the same level of funding as the FY 2007 Continuing Resolution. A detailed listing of the activities and funding levels for the CSAP portion of the 5 percent set-aside is provided in the SAPT Set-aside section. The program supports HHS Strategic Objective 1.4, Reduce Substance Abuse.

Performance Analysis

The SAPT Block Grant, including the 20 percent Prevention Set-aside, was reviewed in CY 2003. The PART review assessed strengths and identified a number of areas needing improvement. Although the overall rating was "Ineffective," the main area identified as requiring improvement related to performance measures that were not finalized until late in FY 2003. The PART found that SAMHSA faces continuing challenges in collecting performance data. SAMHSA's National Outcome Measures implements standard definitions to improve data collection, analysis, and utilization. In addition, SAMHSA has initiated funding for a national evaluation of the Block Grant in response to an OMB finding. The program exceeded its 2006 targets for perception of harm of drug use, for reduction in 30 day use, and increase in non-user stability.

SAMHSA's National Survey on Drug Use and Health collects data among members of U.S. households aged 12 or older, including substance use in the past 30 days, perceived risk of use, and age at first use—all information that provides benchmarks for the Abstinence Domain of the National Outcome Measures. The 2005 survey showed that among persons aged 12-17

- 9.9 percent reported binge alcohol use in the past 30 days (compared to 11.1 percent in the 2004 survey); however, 38.4 percent perceived a great risk of harm from having five or more drinks of an alcoholic beverage once or twice a week (38.1 percent in 2004).
- 7.6 percent reported marijuana use in the past 30 days (7.9 percent in 2004); however, 34 percent perceived a great risk of harm from smoking marijuana once a month (35 percent in 2004).
- 4.5 percent used marijuana for the first time in the preceding year (5 percent in 2004).

A measurable outcome resulting from the Block Grant is the success demonstrated by States in reducing the rate at which retailers sell tobacco products to minors, as required under the Block Grant's Synar Amendment. Enacted in 1992, the Amendment requires that States enact and enforce laws that prohibit the sale or distribution of tobacco products to minors. Each State has negotiated annual targets for reducing illegal retail sales, and the law specifies penalties for failure to reach these targets. In FY 2006, 52 States/jurisdictions achieved a retail sales violation

rate of 20 percent or less. Forty-two states/territories reported sales violation rates of 15 percent or less. These numbers reflect not only a substantial change in retailers' sales patterns but also a swift and dramatic change in tobacco enforcement programs, which were nonexistent in most States and jurisdictions prior to the Synar program.

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# Center for Substance Abuse Treatment
# Overview

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| **Programs of Regional & National Significance a/**…….. | $398,675,000 | $398,949,000 | $352,090,000 | -$46,859,000 |
| SAPT Block Grant b/…….. | $1,757,425,000 | $1,758,591,000 | $1,758,591,000 | --- |
| **TOTAL** .....……..... | **$2,156,100,000** | **$2,157,540,000** | **$2,110,681,000** | **-$46,859,000** |

a/ Includes PHS evaluation funds of $4.3 million in FY 2006, FY 2007, and FY 2008.
b/ Includes PHS Evaluation Funds of $79.2 million in FY 2006, FY 2007 and FY 2008.

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

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

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

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

The FY 2008 President's Budget proposes $2,110,681,000 for substance abuse treatment programs which represents a decrease of $46,859,000 below the FY 2007 Continuing Resolution. CSAT administers two major programs. The Substance Abuse Prevention and Treatment Block Grant totals $1,758,591,000, the same level of funding as the FY 2007 Continuing Resolution. The Programs of Regional and National Significance (PRNS) budget request is $352,090,000, a decrease of $46,859,000 from the FY 2007 Continuing Resolution or $23,000,000 below the FY 2007 President's Budget. Six activities in the PRNS portfolio will not be continued in FY 2008. The budget also provides increases for Drug Courts and Screening, Brief Intervention, Referral and Treatment.

## Center for Substance Abuse Treatment
## Program Priority Areas
*(Dollars in Thousands)*

| Program Priority Area | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|
| Co-Occurring Disorders | | | |
| PRNS | $6,645 | $6,645 | $5,933 |
| Substance Abuse Treatment Capacity | | | |
| PRNS | 231,473 | 231,747 | 185,159 |
| Block Grant | 1,405,940 | 1,406,873 | 1,406,873 |
| Seclusion & Restraint | | | |
| PRNS | 20 | 20 | --- |
| Strategic Prev. Framework a/ | | | |
| Block Grant | 351,485 | 351,718 | 351,718 |
| Children & Families | | | |
| PRNS | 29,275 | 29,275 | 19,392 |
| Mental Health System Transformation | | | |
| PRNS | 536 | 536 | --- |
| Suicide Prevention | | | |
| PRNS | --- | --- | --- |
| Homelessness | | | |
| PRNS | 34,517 | 34,517 | 32,594 |
| Older Adults | | | |
| PRNS | --- | --- | --- |
| HIV/AIDS & Hepatitis b/ | | | |
| PRNS | 62,853 | 62,853 | 63,129 |
| Criminal & Juvenile Justice | | | |
| PRNS | 24,114 | 24,114 | 37,823 |
| Workforce Development | | | |
| PRNS | 9,242 | 9,242 | 8,060 |
| **TOTAL** | **$2,156,100** | **$2,157,540** | **$2,110,681** |

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

b/ Excludes HIV/AIDS Set-aside from SAPTBG

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

| Total Programs of Regional & National Significance | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Res. No. | FY 2007 Continuing Res. Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| ***Capacity*** | | | | | | |
| Grants/Coop. Agree.: | | | | | | |
| Continuations | 384 | 270,455 | 331 | 154,412 | 325 | 215,201 |
| New/Competing | 93 | 46,267 | 156 | 159,321 | 214 | 90,222 |
| Supplements | --- | --- | --- | --- | --- | --- |
| Subtotal | 477 | 316,722 | 487 | 313,733 | 539 | 305,423 |
| Contracts: | | | | | | |
| Continuations | 23 | 50,040 | 23 | 50,166 | 14 | 22,151 |
| New | 13 | 1,315 | 5 | 4,444 | 3 | 10,658 |
| Subtotal | 36 | 51,355 | 28 | 54,610 | 17 | 32,809 |
| Technical Assistance | --- | --- | --- | --- | --- | --- |
| Review Cost | --- | 1,308 | --- | 1,316 | --- | 800 |
| Subtotal | **36** | **52,663** | **28** | **55,926** | **17** | **33,609** |
| ***Subtotal, Capacity*** | **513** | **369,385** | **515** | **369,659** | **556** | **339,032** |
| ***Science to Service*** | | | | | | |
| Grants/Coop. Agree.: | | | | | | |
| Continuations | 9 | 3,662 | 1 | 800 | 15 | 8,060 |
| New/Competing | 2 | 75 | 19 | 8,596 | --- | --- |
| Supplements | 15 | 6,508 | --- | --- | --- | --- |
| Subtotal | 11 | 10,245 | 20 | 9,396 | 15 | 8,060 |
| Contracts: | | | | | | |
| Continuations | 43 | 17,842 | 12 | 14,656 | --- | 4,998 |
| New | 3 | 330 | 19 | 4,370 | --- | --- |
| Supplements | --- | --- | --- | --- | --- | --- |
| Subtotal, Contracts | 46 | 18,172 | 31 | 19,026 | --- | 4,998 |
| Technical Assistance | 10 | 868 | --- | 868 | --- | --- |
| Review Cost | --- | 5 | --- | --- | --- | --- |
| Subtotal | **56** | **19,045** | **31** | **19,894** | --- | **4,998** |
| ***Subtotal, Science to Service*** | **57** | **29,290** | **51** | **29,290** | **15** | **13,058** |
| *(PHS Eval.:Non-add)* | *1* | *(4,300)* | *1* | *(4,300)* | *1* | *(4,214)* |
| **Total Programs of Regional & National Significance** | **570** | **398,675** | **566** | **398,949** | **571** | **352,090** |
| **SAPT BG** | 60 | 1,757,425 | 60 | 1,758,591 | 60 | 1,758,591 |
| *SAPT BG Set-aside:(Non-add)* | --- | *(87,871)* | --- | *(87,930)* | --- | *(87,930)* |
| *PHS funds: (Non-add)* | --- | *(79,200)* | --- | *(79,200)* | --- | *(79,200)* |
| **TOTAL, CSAT** | **630** | **$2,156,100** | **626** | **$2,157,540** | **631** | **$2,110,681** |

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# Center for Substance Abuse Treatment
# Programs of Regional and National Significance

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

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| **Programs of Regional & National Significance** | | | | |
| Capacity …….…….. | $369,385,000 | $369,659,000 | $339,032,000 | -$30,627,000 |
| Science to Service …….. | 29,290,000 | 29,290,000 | 13,058,000 | -16,232,000 |
| *PHS Eval.(non-add) ……...* | *(4,300,000)* | *(4,300,000)* | *(4,300,000)* | --- |
| **Total** …….. | **$398,675,000** | **$398,949,000** | **$352,090,000** | **-$46,859,000** |

2008 Authorization .....Expired

Statement of the Budget Request - The FY 2008 President's Budget proposes $352,090,000, a decrease of $46,859,000 from the FY 2007 Continuing Resolution. The Programs of Regional and National Significance support States and communities to carry out an array of activities for service capacity expansion, service improvements and other priority needs.

Program Description - In SAMHSA, there are two program categories within PRNS: Capacity and Science to Service. The first category supports SAMHSA's Capacity goal, which provide funding to implement a service improvement using proven evidence-based approaches, and infrastructure programs, which identify and implement needed systems changes. For services programs, performance measures generally are client outcome measures and number of clients served. For infrastructure programs, measures generally are short term measures of service improvements coupled with positive long term client outcomes. The second category supports SAMHSA's Effectiveness goal, and includes programs that promote the identification and increase the availability of practices thought to have potential for broad service improvement. Performance measures are generally process measures - for example, changes made as a result of technical assistance; persons trained; or responses to inquiries for information.

The FY 2008 President's Budget will support 571 grants and contracts, consisting of 354 continuations and 217 new/competing grants and contracts. This funding level eliminates nine programs from the PRNS portfolio.

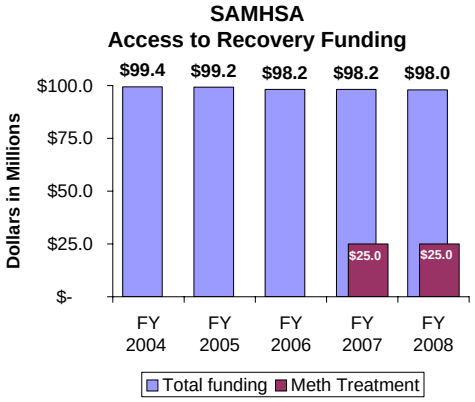
In FY 2006, CSAT's Capacity programs served approximately 35,000 clients (not including ATR and SBIRT). In this year alone, Access to Recovery served approximately 97,000 and Screening, Brief Intervention, Referral and Treatment served approximately 183,000. Outcome data show positive results: for example, between FY 2003 and FY 2006, the percentage of adults receiving services who were currently employed or engaged in productive activities rose from 42.9 percent to 52 percent; the percentage that had no or reduced involvement with the criminal justice system rose from 94.6 percent to 96 percent; and the percentage with no past month substance use rose from 61.1 percent to 63 percent.

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

## Access to Recovery

Access to Recovery was proposed by President Bush in his 2003 State of the Union address. It is designed to accomplish three main objectives, long-held by the field, policy makers, and legislators:

1. It allows recovery to be pursued through personal choice and many pathways;
2. It requires grantees to manage performance, based on outcomes that demonstrate client successes; and
3. It expands capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services.




The FY 2008 President's Budget totals $98,000,000 for the second year of funding of which, $25,000,000 is dedicated to Methamphetamine abuse. This will provide funding to expand access to treatment and recovery services for an estimated 135,000 clients over the three year grant period.

The program is administered by States and recognized Tribal Organizations and uses vouchers, coupled with State flexibility and executive discretion, to offer an unparalleled opportunity to create profound positive change in substance abuse treatment and recovery service delivery across the Nation.

A significant gap exists between the demand for services for alcohol and drug abuse and their availability. Substance abuse patterns and service needs vary geographically and locally, further complicating efforts to end the disparity. Because Substance Abuse Prevention and Treatment Block Grant funds typically provide operational support for baseline services nationwide, these funds are difficult to deploy quickly to meet unanticipated or emerging demands for specific treatments in particular areas of the country.

In FY 2008, the Methamphetamine portion of the Access to Recovery program will focus on those States where epidemiological data and treatment data indicate high methamphetamine prevalence and treatment prevalence. That information will be derived from data sources such as, but not limited to, the Community Epidemiology Work Group data, the National Survey of Substance Abuse Treatment Services, and State data. In addition to supporting treatment, the funds will be used to support recovery support services such as child care, transportation, sober housing, and other services that support increased retention in treatment by clients. Research has shown that treatment of methamphetamine disorders requires longer lengths of stay in outpatient treatment than does treatment of other drugs.

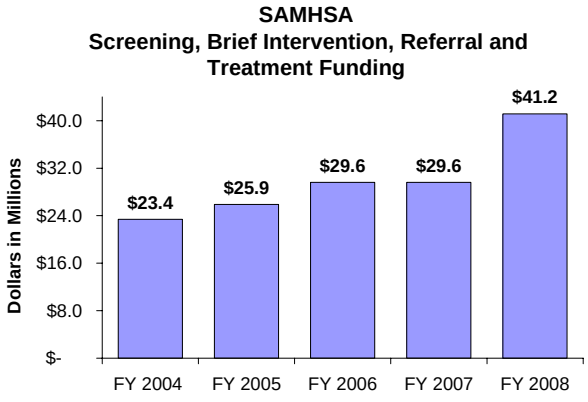
Data from the current 15 grantees shows, as of September 30, 2006, a total of 117,616 clients had received services, exceeding the 75,000 target. About 29 percent of the dollars redeemed for clinical or recovery support services were redeemed directly by faith-based organizations. Access to Recovery served 96,959 clients in FY 2006, significantly above the target of 50,000. The target for no past month substance abuse was exceeded (81.4 percent, compared to a target of 79 percent).

As of September 30, 2006, approximately 50 percent of the dollars received were for recovery support services. The most commonly received services include: family services, transportation, employment coaching, housing services and substance abuse education. Sixty six percent of the clients received clinical services (note that some clients received both types of service). The most common clinical services received include: treatment planning, individual and group counseling, and alcohol and drug testing.

## Screening, Brief Intervention, Referral and Treatment

Screening, Brief Intervention, Referral and Treatment was initiated in FY 2003, using cooperative agreements to expand and enhance the State or tribal organization continuum of care by adding Screening, Brief Intervention, Referral and Treatment service within general medical settings and by providing consistent linkages with the specialty treatment system. Implementing the Screening, Brief Intervention, Referral and Treatment approach should lead to systems and policy changes that will increase access to treatment in both the generalist and specialist sectors.

Grantees must commit to and report performance targets for 1) reducing drug use by patients receiving treatment through the Screening, Brief Intervention, Referral and Treatment project, 2) increasing the number of persons with substance use disorders who receive treatment in each sub-recipient community, 3) increasing the number of community settings where Screening, Brief Intervention, Referral and Treatment services are provided, and 4) providing treatment services within approved cost parameters for a given treatment modality. The program exceeded 2006 targets.



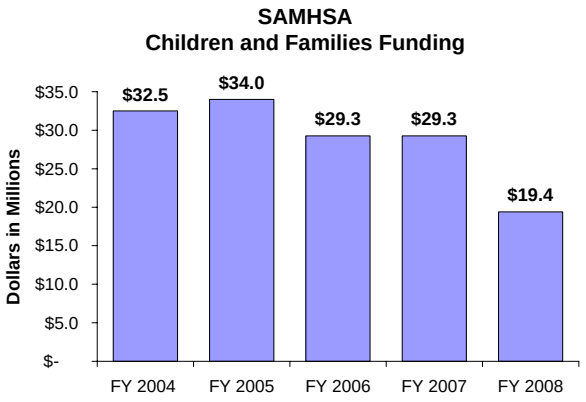

The FY 2008 President's Budget proposes $41,151,000, an increase of $11,527,000 from the FY 2007 Continuing Resolution or $10,000,000 over the FY 2007 President's Budget. This amount will fully fund all grant and contract continuations. $25,000,000 is available to fund new grants. Of the total, $10,000,000 will support 3 new grants to States, $5,000,000 will support 18 new grants for campuses, $7,500,000 will support eight new grants to medical schools, and $2,500,000 will support 12 new grants to school districts, Community Health Clinics serving Native Americans, and participants in major cities. In total, 41 new Screening, Brief Intervention, Referral and Treatment grants will be funded.

## Children/Adolescent/Family Programs

These grant programs strengthen the infrastructure in States, territories and Native American tribes where there are existing local SAMHSA grant projects to ensure the sustainability and growth of these initiatives. Some of these initiatives are jointly funded by the Center for Mental Health Services and the Center for Substance Abuse Treatment.

Some of the expected results for the grantees within these programs, which include the State Adolescent Substance Abuse Program, Family Therapy Models Program and the Children's State Incentive Grant (with CMHS), are as follows:

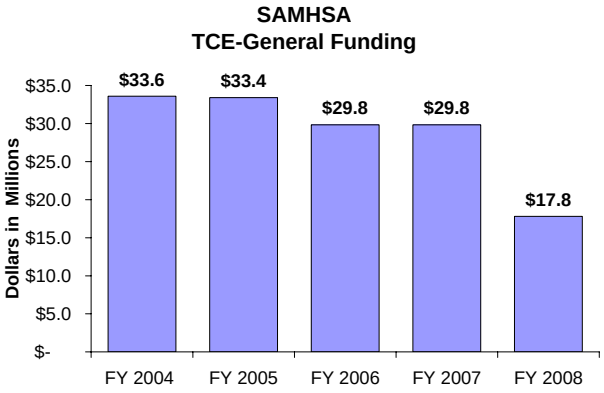
- Adopt or expand the use of a treatment protocol that combines two types of therapy- motivational enhancement therapy and cognitive behavioral therapy
- Reduce adolescent substance abuse, including marijuana, alcohol , opiates, stimulants and hallucinogens
- Reduce risky behaviors (e.g., unprotected sex, number of sexual partners, involvement in criminal activities)
- Promote family strengthening and community continuing care
- Improve self-sufficiency




The FY 2008 President's Budget proposes $19,392,000, a decrease of $9,883,000 from the FY 2007 Continuing Resolution. This amount will fully fund all grant and contract continuations.

## TCE-General

The Targeted Capacity Expansion (TCE) General program was introduced by CSAT in FY 1998 to help communities' bridge gaps in treatment services. In general, TCE funding supports grants to units of State and local governments and tribal entities to expand or enhance a community's ability to provide a rapid, strategic, comprehensive, integrated, creative, community-based response to a specific, well-documented substance abuse capacity problem, including technical assistance.



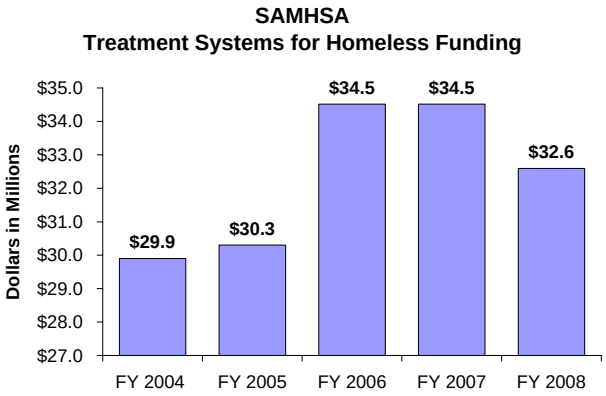

This program fosters the provision of evidence-based treatment practices. Since fiscal year 1998, 246 TCE General grants have been awarded by SAMHSA, to address the following targeted populations or urgent, unmet and emerging treatment needs:

American Indians and Alaska Natives, Racial and ethnic minority populations, rural areas, campus screening and brief interventions, methamphetamine abuse, and innovative treatment methods.

The FY 2008 President's Budget proposes $17,798,000, a decrease of $11,527,000 from the FY 2007 Continuing Resolution. This amount will fully fund all grant and contract continuations. 48 new grants will be awarded.

## Treatment Systems for Homeless

Up to 600,000 persons are homeless on any given night. Persons with substance abuse disorders have an elevated risk for homelessness and for being homeless for long periods. Persons who are homeless have an elevated risk of infectious diseases associated with substance abuse, such as HIV/AIDS and hepatitis. One-half of homeless adults have histories of alcohol abuse or dependence and one-third have histories of drug abuse. About 20-25 percent of homeless adults have lifetime histories of serious mental illness. Between 10-20 percent have a co-occurring substance abuse or mental health disorder.




The "Treatment for Homeless" program, also known as "Grants to Benefit Homeless Individuals" or GBHI, began in fiscal year 2001. Each funded project incorporates its own intervention into an integrated, comprehensive, community-based system. The purpose of this program is to enable communities to expand and strengthen their treatment services for persons who are homeless with substance use disorders, mental illness, or with co-occurring substance use disorders and mental illness.

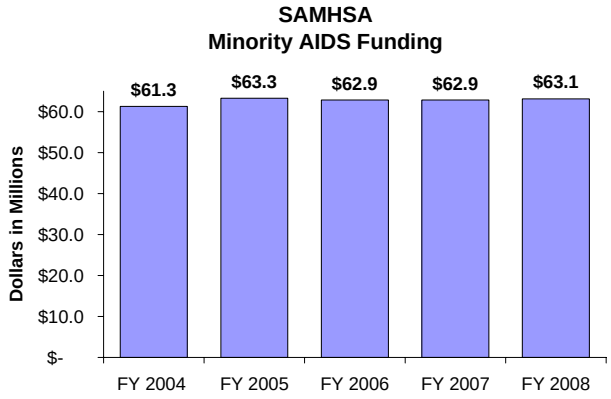
The FY 2008 President's Budget proposes $32,594,000, a decrease of $1,923,000 from the FY 2007 Continuing Resolution. This amount will fully fund all grant and contract continuations.

## Minority AIDS

A 2005 SAMHSA report revealed that in all 50 States, Puerto Rico and the District of Colombia, AIDS case rates surpassed 20 per 100,000 for minorities (combined rate for Non-Hispanics, Black, Hispanic, Asian/Pacific Islander and America Indian/Alaska Native adults and adolescents). To combat both substance abuse and HIV/AIDS, in FY 1999 the Congressional Black Caucus provided funding to address critical gaps and increase the availability of substance abuse treatment and HIV/AIDS services in minority communities. This funding also supported grants for an HIV/AIDS Outreach program to contact, test and refer clients. All funded programs target one or more of the following high-risk substance abusing populations in African American, Hispanic/Latino, and/or other racial/ethnic minority communities: women, including women and their children; adolescents (individuals who are 12-17 years old); men who inject

drugs, including men who have sex with men (MSM), and at-risk non-injecting MSM's and individuals who have been released from prisons and jails within the past 2 years.

In additions to providing substance abuse treatment services, pretreatment services are provided that include brief interventions, including providing literature and other materials to support behavior change, facilitating access to drug treatment, HIV/AIDS testing and counseling services and other medical and social services available in the local community.




Information collected from current grantees show many positive changes on various performance measures/outcomes, from baseline to six months post baseline. For example:

- Abstinence from substance use increased 62.2 percent
- Employment increased 38.9 percent
- Housing increased 19.4 percent
- No Criminal Justice Involvement increased 2.7 percent
- Injection Drug Use decreased 54.8 percent

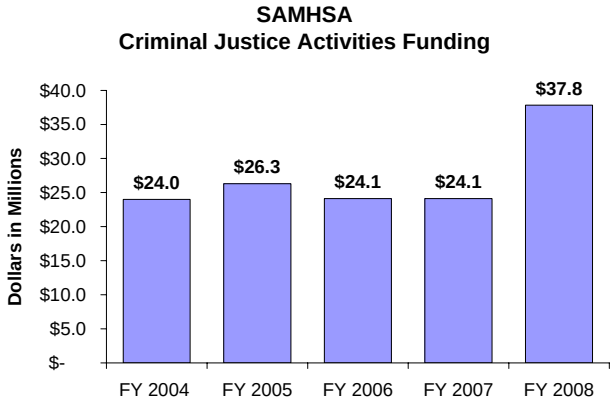
The FY 2008 President's Budget proposes $63,129,000, an increase of $276,000 from the FY 2007 Continuing Resolution or a straight-line from the FY 2007 President's Budget. This amount will fully fund all grant and contract continuations. Forty-four new HIV/AIDS grants will be funded.

## Criminal Justice Activities

To help States break the pattern of incarceration and reduce the high rate of recidivism, SAMHSA's Criminal Justice Activities include grant programs which focus on diversion and reentry for adolescents, teens and adults with substance use and mental disorders. Two main criminal justice programs are the Drug Court Program and the Young Offender Reentry Program. These programs focus on treatment, as well as housing, vocational and employment services and long-term supports.

Treatment Drug Courts are designed to combine the sanctioning power of courts with effective treatment services to break the cycle of child abuse/neglect or criminal behavior, alcohol and/or drug use, and incarceration or other penalties. Treatment Drug Courts are being created at a high rate, making it difficult to find sufficient funding for substance abuse treatment for the people referred by the court. The most recent NSDUH report found a substantial shortage in the availability of treatment. For details regarding the study, please go to http://oas.samhsa.gov/NSDUH/2k5NSDUH/2k5results.htm#7.3 The FY 2008 President's Budget triples the number of Drug Court grants from FY 2006 to help close this gap in treatment by supporting the efforts of Treatment Drug Courts to expand and/or enhance treatment services.

Over the past decade, awareness of the need for a continuing care system for juvenile and young adult offenders has grown as States and local communities have struggled with the increasing number of these individuals returning to the community after release from correctional confinement. Often the juvenile or adult criminal justice system has service and structure in place for these offenders at entry into the system (i.e., at pretrial or adjudication), but there are few and fragmented services in place for these young offenders as they are released from correctional settings. The Young Offender Reentry Program seeks to address these issues.




The Criminal Justice program grantees are tasked with providing a coordinated and comprehensive continuum of supervision, programs and services to help members of the target population become productive, responsible and law abiding citizens.

The FY 2008 President's Budget proposes $37,823,000, an increase of $13,709,000 from the FY 2007 Continuing Resolution. This amount will fully fund all grant and contract continuations and 75 new Drug Court grants.

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

| | Funding | FTE |
|---|---|---|
| 2003 | $317,278,000 | — |
| 2004 | 419,219,000 | — |
| 2005a/ | 422,365,000 | — |
| 2006a/ | 398,675,000 | — |
| 2007a/ | 398,949,000 | — |

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

Rationale for the Budget Request

The FY 2008 President's Budget proposes $352,090,000 which is a decrease of $46,859,000 from the FY 2007 Continuing Resolution or $23,000,000 below the FY 2007 President's Budget. Capacity programs will be reduced by $30,627,000, and Science to Service programs will be decreased by $16,232,000. Targeted reductions are made in areas where grant periods are ending, activities can be supported through other funding streams or efficiencies can be realized. Of the total budget request, $235,339,000 will fund grant and contract continuations. The remaining balance of $103,693,000 will support new/competing grants and contracts. Six activities in the PRNS portfolio will not be continued in FY 2008 (Strengthening Treatment Access and Retention, Special Initiatives/Outreach, State Service Improvement, Information Dissemination, Program Coordination and Evaluation, and Technical Assistance) from the PRNS portfolio, as well as the Minority Fellowship Program, which is joint-funded with CMHS. The PRNS program supports HHS Strategic Objective 1.4, Reduce Substance Abuse.

Performance Analysis

Performance measures for CSAT PRNS are reported separately under Capacity and Science to Service. The collection of a standard set of performance measures across PRNS programs has been a key improvement to performance measurement and reporting. The CSAT PRNS program was reviewed in CY 2002. The program was found to be "Adequate".

CSAT PRNS (including Access to Recovery and Screening, Brief Intervention, Referral and Treatment) met or exceeded 12 of its 19 targets in 2006, and eight out of 12 targets in 2005. CSAT PRNS did not meet seven of its targets in 2006, and four of its targets in 2005.

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

Several changes have been implemented consistent with the recommendations. Web-based data systems have been implemented to improve data collection, analysis, and reporting. To support new data systems and implement cost band measures (i.e., the percentage of grantees providing services within approved cost ranges for various types of treatment), technical assistance has been provided to grantees. Data are used regularly in program management.

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

| Programs of Regional & National Significance | FY 2006 Actual | FY 2007 Pres. Budget | FY 2007 Cont.Res | FY 2008 Pres. Budget | +/- FY 2007 Cont.Res |
|---|---|---|---|---|---|
| **CAPACITY:** | | | | | |
| Co-occurring State Incentive Grants (SIGs) | $6,645 | $7,979 | $6,645 | $5,933 | -$712 |
| Opioid Treatment Programs/Regulatory Activities | 7,520 | 7,496 | 7,520 | 6,017 | - 1,503 |
| Screening, Brief Intervention | 29,624 | 31,151 | 29,624 | 41,151 | + 11,527 |
| & Treatment (SBIRT) a/ | | | | | --- |
| TCE - General | 29,842 | 20,939 | 29,842 | 17,798 | - 12,044 |
| Pregnant & Postpartum Women | 10,390 | 3,932 | 10,390 | 3,932 | - 6,458 |
| Strengthening Treatment Access and Retention | 3,627 | 3,977 | 3,627 | --- | - 3,627 |
| Recovery Community Services Program | 8,842 | 9,400 | 9,116 | 5,263 | - 3,853 |
| Access to Recovery | 98,208 | 98,208 | 98,208 | 98,000 | - 208 |
| *Methamphetamine Treatment (non-add)* | --- | 25,000 | 25,000 | 25,000 | --- |
| Children and Families | 29,275 | 20,959 | 29,275 | 19,392 | - 9,883 |
| Treatment Systems for Homeless | 34,517 | 34,077 | 34,517 | 32,594 | - 1,923 |
| Minority AIDS | 62,853 | 63,129 | 62,853 | 63,129 | + 276 |
| Criminal Justice Activities | 24,114 | 24,023 | 24,114 | 37,823 | + 13,709 |
| *Drug Courts (non-add)* | 10,094 | 10,283 | 10,117 | 31,817 | + 21,700 |
| Program Coordination And Evaluation b/ | 22,694 | 16,195 | 22,694 | 8,000 | - 14,694 |
| Clinical Technical Assistance | 1,234 | 3,145 | 1,234 | --- | - 1,234 |
| Congressional Projects | --- | --- | --- | --- | --- |
| **Subtotal, Capacity** | **369,385** | **344,610** | **369,659** | **339,032** | **- 30,627** |
| | | | | | --- |
| **SCIENCE TO SERVICE:** | | | | | --- |
| Addiction Technology Transfer Centers | 9,242 | 8,060 | 9,242 | 8,060 | - 1,182 |
| Seclusion and Restraint | 20 | --- | 20 | --- | - 20 |
| Minority Fellowship Program | 536 | 531 | 536 | --- | - 536 |
| Special Initiatives/Outreach | 5,241 | 3,243 | 5,241 | --- | - 5,241 |
| State Service Improvement | 1,739 | 3,294 | 1,739 | --- | - 1,739 |
| Information Dissemination | 3,616 | 3,471 | 3,616 | --- | - 3,616 |
| National Registry of Evidence-Based | 500 | 743 | 500 | 743 | + 243 |
| Programs & Practices | | | | | --- |
| SAMHSA Health Information Network | 2,985 | 4,255 | 2,985 | 4,255 | + 1,270 |
| Program Coordination And Evaluation | 4,543 | 5,984 | 4,543 | --- | - 4,543 |
| Technical Assistance | 868 | 1,188 | 868 | --- | - 868 |
| **Subtotal, Science to Service** | **29,290** | **30,769** | **29,290** | **13,058** | **- 16,232** |
| | | | | | --- |
| **TOTAL, PRNS** | **$398,675** | **$375,379** | **$398,949** | **$352,090** | **- 46,859** |

a/ Includes PHS evaluation funds for SBIRT evaluation in the amount of $2.0 million in FY 2006, FY 2007 and FY 2008.
b/ Includes PHS evaluation funds for SAIS contract which supports CSAT's data collection activities,in the amount of $2.3 million in FY 2006, FY 2007 and FY 2008.

# Center for Substance Abuse Treatment
# PRNS Program Priority by Type

*(Dollars in thousands)*

| Programs of Regional & National Significance | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Resolution No. | FY 2007 Continuing Resolution Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| ***Capacity*** | | | | | | |
| **Co-Occurring Disorders** | | | | | | |
| Grants | | | | | | |
| Continuations | 5 | 1,428 | 9 | 2,798 | 3 | 3,204 |
| New/Competing | 2 | 2,099 | 1 | 1,105 | --- | --- |
| Contracts | | | | | | |
| Continuations | 3 | 2,884 | 3 | 2,742 | 3 | 2,142 |
| New/Competing | 2 | 234 | 0 | 0 | --- | 587 |
| Subtotal | 12 | 6,645 | 13 | 6,645 | 6 | 5,933 |
| **Substance Abuse Treatment Capacity** | | | | | | |
| Grants | | | | | | |
| Continuations | 114 | 155,014 | 97 | 58,504 | 101 | 123,832 |
| New/Competing | 34 | 22,340 | 64 | 116,012 | 94 | 36,731 |
| Contracts | | | | | | |
| Continuations | 15 | 34,321 | 13 | 33,395 | 8 | 9,527 |
| New/Competing | 7 | 306 | 4 | 4,344 | 3 | 10,071 |
| Subtotal a/ | 170 | 211,981 | 178 | 212,255 | 206 | 180,161 |
| **Seclusion & Restraint** | | | | | | |
| Grants | | | | | | |
| Continuations | --- | --- | --- | --- | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | --- | 20 | --- | 20 | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Subtotal | --- | 20 | --- | 20 | --- | --- |
| **Strategic Prevention Framework** | | | | | | |
| Grants | | | | | | |
| Continuations | --- | --- | --- | --- | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | --- | --- | --- | --- | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Subtotal | --- | --- | --- | --- | --- | --- |
| **Children & Families** | | | | | | |
| Grants | | | | | | |
| Continuations | 48 | 20,025 | 39 | 14,219 | 47 | 12,931 |
| New/Competing | 15 | 4,500 | 25 | 9,356 | 1 | 700 |
| Contracts | | | | | | |
| Continuations | 1 | 4,750 | 2 | 5,600 | 2 | 5,761 |
| New/Competing | --- | --- | 1 | 100 | --- | --- |
| Subtotal | 64 | 29,275 | 67 | 29,275 | 50 | 19,392 |

# Center for Substance Abuse Treatment
# PRNS Program Priority by Type

*(Dollars in thousands)*

| Programs of Regional & National Sig. | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Resolution No. | FY 2007 Continuing Resolution Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| **Homelessness** | | | | | | |
| Grants | | | | | | |
| Continuations | 54 | 21,452 | 77 | 30,195 | 77 | 28,720 |
| New/Competing | 23 | 9,028 | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | 2 | 4,037 | 2 | 4,322 | --- | 3,874 |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Subtotal | 79 | 34,517 | 79 | 34,517 | 77 | 32,594 |
| **HIV/AIDS & Hepatitis** | | | | | | |
| Grants | | | | | | |
| Continuations | 120 | 54,354 | 60 | 28,005 | 76 | 37,823 |
| New/Competing | 10 | 4,993 | 66 | 32,848 | 44 | 25,306 |
| Contracts | | | | | | |
| Continuations | 1 | 3,506 | --- | 2,000 | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Subtotal | 131 | 62,853 | 126 | 62,853 | 120 | 63,129 |
| **Criminal & Juvenile Justice** | | | | | | |
| Grants | | | | | | |
| Continuations | 43 | 18,182 | 49 | 20,691 | 21 | 8,691 |
| New/Competing | 9 | 3,307 | --- | --- | 75 | 27,485 |
| Contracts | | | | | | |
| Continuations | 1 | 1,850 | 3 | 3,423 | 1 | 1,647 |
| New/Competing | 4 | 775 | --- | --- | --- | --- |
| Subtotal | 57 | 24,114 | 52 | 24,114 | 97 | 37,823 |
| ***Grants*** | | | | | | |
| ***Continuations, Subtotal*** | ***384*** | ***270,455*** | ***331*** | ***154,412*** | ***325*** | ***215,201*** |
| ***New/Competing, Subtotal*** | ***93*** | ***46,267*** | ***156*** | ***159,321*** | ***214*** | ***90,222*** |
| ***Total, Grants*** | ***477*** | ***316,722*** | ***487*** | ***313,733*** | **539** | ***305,423*** |
| ***Contracts*** | | | | | | |
| ***Continuations, Subtotal*** | ***23*** | ***51,348*** | ***23*** | ***51,482*** | ***14*** | ***22,951*** |
| ***New/Competing, Subtotal*** | ***13*** | ***1,315*** | ***5*** | ***4,444*** | ***3*** | ***10,658*** |
| ***Total, Contracts …*** | ***36*** | ***52,663*** | **28** | ***55,926*** | **17** | **33,609** |
| ***Technical Assistance*** | --- | --- | --- | --- | --- | --- |
| ***Review*** | --- | **1,308** | --- | **1,316** | --- | **800** |
| ***Total, Capacity*** | **513** | **369,385** | **515** | **369,659** | **556** | **339,032** |

a/ Includes PHS evaluation funds of $4.3 million for FY 2006, FY 2007 and FY 2008.

# Center for Substance Abuse Treatment
# PRNS Program Priority by Type

| Programs of Regional & National Significance | FY 2006 Actual No. | FY 2006 Actual Amount | FY 2007 Continuing Resolution No. | FY 2007 Continuing Resolution Amount | FY 2008 President's Budget No. | FY 2008 President's Budget Amount |
|---|---|---|---|---|---|---|
| ***Science to Service*** | | | | | | |
| **Substance Abuse Treatment Capacity** | | | | | | |
| Grants | | | | | | |
| Continuations | 1 | 792 | 1 | 800 | --- | --- |
| New/Competing | 2 | 75 | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | 43 | 18,445 | 11 | 15,379 | --- | 4,998 |
| New/Competing | 2 | 180 | 18 | 3,313 | --- | --- |
| Subtotal | 48 | 19,492 | 30 | 19,492 | --- | 4,998 |
| **Seclusion & Restraint** | | | | | | |
| Grants | | | | | | |
| Continuations | --- | --- | --- | --- | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Contracts | | | | | | |
| Continuations | --- | 20 | --- | 20 | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Subtotal | --- | 20 | --- | 20 | --- | --- |
| **Mental Health System Transformation** | | | | | | |
| Grants | | | | | | |
| Continuations | --- | 536 | --- | --- | --- | --- |
| New/Competing | --- | --- | 4 | 536 | --- | --- |
| Contracts | | | | | | |
| Continuations | --- | --- | --- | --- | --- | --- |
| New/Competing | --- | --- | --- | --- | --- | --- |
| Subtotal | --- | 536 | 4 | 536 | --- | --- |
| **Workforce Development** | | | | | | |
| Grants | | | | | | |
| Continuations | 8 | 2,334 | --- | --- | 15 | 8,060 |
| New/Competing | --- | 6,508 | 15 | 8,060 | --- | --- |
| Contracts | | | | | | |
| Continuations | --- | 250 | 1 | 125 | --- | --- |
| New/Competing | 1 | 150 | 1 | 1,057 | --- | --- |
| Subtotal | 9 | 9,242 | 17 | 9,242 | 15 | 8,060 |
| ***Grants*** | | | | | | |
| ***Continuations, Subtotal*** | ***9*** | ***3,662*** | ***1*** | ***800*** | ***15*** | ***8,060*** |
| ***New/Competing, Subtotal*** | ***2*** | ***6,583*** | ***19*** | ***8,596*** | --- | --- |
| ***Total, Grants*** | ***11*** | ***10,245*** | ***20*** | ***9,396*** | ***15*** | ***8,060*** |
| ***Contracts*** | | | | | | |
| ***Continuations, Subtotal*** | ***43*** | ***18,715*** | ***12*** | ***15,524*** | --- | ***4,998*** |
| ***New/Competing, Subtotal*** | ***3*** | ***330*** | ***19*** | ***4,370*** | --- | --- |
| ***Total, Contracts*** | ***46*** | ***19,045*** | ***31*** | ***19,894*** | --- | ***4,998*** |
| ***Technical Assistance*** | ***10*** | ***868*** | --- | ***868*** | --- | --- |
| ***Review*** | --- | ***5*** | --- | --- | --- | --- |
| ***Total, Science to Service*** | ***57*** | ***29,290*** | ***51*** | ***29,290*** | ***15*** | ***13,058*** |
| ***TOTAL, PRNS*** | ***570*** | ***398,675*** | ***566*** | ***$398,949*** | ***571*** | ***$352,090*** |

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

Authorizing Legislation - Section 1921 of the Public Health Services Act

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| SAPT Block Grant a/…….. | $1,678,225,000 | $1,679,391,000 | $1,679,391,000 | $ --- |
| PHS Evaluation …….. | 79,200,000 | 79,200,000 | 79,200,000 | --- |
| **Subtotal** …….. | **$1,757,425,000** | **$1,758,591,000** | **$1,758,591,000** | **$ ---** |

a/ Includes PHS evaluation funds of $4.3 million in FY 2006, FY 2007 and FY 2008.

2008 Authorization……Expired

Statement of Budget Request – The FY 2008 President's Budget proposes $1,758,591,000, the same funding level as the FY 2007 Continuing Resolution. The Substance Abuse Prevention and Treatment Block Grant program provides support and expands substance abuse prevention and treatment services to States and Territories. In order to encourage improved performance through transparency, starting in FY 2008, States are required to submit National Outcome Measures data.

Program Description – The Substance Abuse Prevention and Treatment Block Grant Program distributes funds to 60 eligible States, Territories, the District of Columbia and the Red Lake Indian Tribe of Minnesota through a formula, based upon specified economic and demographic factors. Applications for FY 2008 grants are due October 1, 2007. 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 provisions that limit fluctuations in allotments as the total appropriation changes from year to year.

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

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

In 2004, the Block Grant accounted for approximately 40 percent of public funds expended by states for prevention and treatment. Twenty two States and Territories reported that greater than 50 percent of their substance abuse prevention and treatment programs came from the Federal Block Grant. Thirteen States and Territories reported Block Grant funding at greater than 60 percent of the total spent, while seven States and Territories reported over 70 percent. Over 10,500 community-based organizations receive Block Grant funding from the States. In FY 2004, approximately 1.9 million were served (treatment admissions proxy data).

For information on the 20 percent Prevention Set-aside, please refer to the separate SAPT set-aside section of this budget document.

States are reporting on National Outcome Measures. Starting in FY 2008, States are required to submit National Outcome Measures as part of their application for the Substance Abuse Prevention and Treatment Block Grant. Many States have been reporting on National Outcome Measures since 2002. Starting in FY 2008, States are required to submit National Outcome Measures as part of their application for the Substance Abuse Prevention and Treatment Block Grant. States that do not report on National Outcome Measures will not receive more than 95 percent of their SAPT Block Grant allocation. States reporting on National Outcome Measures could receive an increase to their SAPT Block Grant allocation if some States do not report. The undistributed funds will be re-distributed among the States based on the current statutory authorization for the program. SAMHSA will work with the Department, Office of Management and Budget and Office of National Drug Control Policy to develop criteria for compliance on submission of the National Outcome Measures data. These data activities are supported by the State Outcomes Measurement and Management System including subcontracts to the States to report on National Outcome Measures through the Treatment Episode Data Set contract and the new State Outcomes Measurement and Management System Central Services contract to collect and analyze this data. These activities are identified in the Substance Abuse Prevention and Treatment Set-Aside section of the budget. The second compilation of state National Outcome Measures data was submitted to Congress in the spring of 2006 and can be found at the SAMHSA web site.

The legislation provides a 5 percent Set-aside for data collection, technical assistance, and evaluation which is retained by SAMHSA for these purposes. The 5 percent Set-aside provides funding to support state data systems, national data collection, technical assistance and program evaluation. A detailed listing of those activities and funding levels is provided in the Substance Abuse Set-aside section.

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

| | Funding | FTE |
|---|---|---|
| 2003 a/ | $1,753,932,000 | 40 |
| 2004 b/ | 1,779,146,000 | 40 |
| 2005 b/ | 1,775,555,000 | 40 |
| 2006 b/ | 1,757,425,000 | 40 |
| 2007 b/ | 1,758,591,000 | 40 |

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

Data Elements Used to Calculate State Allotments

Since the FY 2008 President's Budget proposal is the same as the FY 2007 Continuing Resolution, the FY 2008 State Allotments will not change consistent with the language contained in Section 1933(b) of the Public Health Service Act. This section states "…the amount of the allotment of a State under section 1921 shall not be less than the amount the State received under such section for the previous fiscal year…"

Rationale for the Budget Request

The FY 2008 President's Budget proposes $1,758,591,000, the same level of funding as the FY 2007 Continuing Resolution**.** In order to encourage improved performance through transparency, the budget includes a requirement for States to submit National Outcome Measures data to enhance accountability and improve performance. A detailed listing of the activities and funding levels for the CSAT portion of the 5 percent set-aside is provided in the SAPT set-aside section. The program supports the HHS Strategic Objective 1.4, Reduce Substance Abuse.

Performance Analysis

The FY 2004 target for numbers served was missed slightly. FY 2004 is the most recent year for which data are currently available, because of the time required for states to report data on the number of admissions in any given year. Data from SAMHSA's Treatment Episode Data Set is a proxy for this measure, representing treatment admissions rather than the total number served. This measure is one of SAMHSA's National Outcome Measures.

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

The PART found that SAMHSA faces continuing challenges in collecting performance data. SAMHSA's National Outcome Measures will improve data collection, analysis, and utilization. The assessment developed new performance measures that will be used for making future budget

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

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

- For the 32 States that reported data in the Abstinence Domain, all identified improvements in client abstinence from alcohol and other substances.
- For the 34 States that reported data in the Employment Domain, 31 of 34 identified improvements in client employment.
- For the 22 States that reported in the Criminal Justice Domain, all reported a reduction in arrests.
- For the 29 States that reported data in the Housing Domain, 26 of 29 identified improvements in stable housing for clients.

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

| STATE/TERRITORY | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud | Difference +/- 2007 |
|---|---|---|---|---|
| Alabama | $23,762,336 | $23,767,166 | $23,767,166 | --- |
| Alaska | 4,628,992 | 4,638,202 | 4,638,202 | --- |
| Arizona | 31,531,750 | 31,538,160 | 31,538,160 | --- |
| Arkansas | 13,286,191 | 13,288,892 | 13,288,892 | --- |
| California | 249,872,806 | 249,923,600 | 249,923,600 | --- |
| Colorado | 23,731,085 | 23,735,909 | 23,735,909 | --- |
| Connecticut | 16,747,115 | 16,750,519 | 16,750,519 | --- |
| Delaware | 6,590,346 | 6,594,716 | 6,594,716 | --- |
| District Of Columbia | 6,590,346 | 6,594,716 | 6,594,716 | --- |
| Florida | 94,317,359 | 94,336,531 | 94,336,531 | --- |
| Georgia | 50,338,292 | 50,348,525 | 50,348,525 | --- |
| Hawaii | 7,144,836 | 7,146,288 | 7,146,288 | --- |
| Idaho | 6,882,075 | 6,883,474 | 6,883,474 | --- |
| Illinois | 69,617,036 | 69,631,187 | 69,631,187 | --- |
| Indiana | 33,185,767 | 33,192,513 | 33,192,513 | --- |
| Iowa | 13,474,900 | 13,477,639 | 13,477,639 | --- |
| Kansas | 12,246,431 | 12,248,920 | 12,248,920 | --- |
| Kentucky | 20,589,104 | 20,593,289 | 20,593,289 | --- |
| Louisiana | 25,755,724 | 25,760,960 | 25,760,960 | --- |
| Maine | 6,590,346 | 6,594,716 | 6,594,716 | --- |
| Maryland | 31,862,443 | 31,868,920 | 31,868,920 | --- |
| Massachusetts | 33,905,634 | 33,912,526 | 33,912,526 | --- |
| Michigan | 57,686,286 | 57,698,012 | 57,698,012 | --- |
| Minnesota | 21,612,573 | 22,297,496 | 22,297,496 | --- |
| Red Lake Indians | 532,670 | 549,551 | 549,551 | --- |
| Mississippi | 14,205,812 | 14,208,700 | 14,208,700 | --- |
| Missouri | 26,062,300 | 26,067,598 | 26,067,598 | --- |
| Montana | 6,590,346 | 6,594,716 | 6,594,716 | --- |
| Nebraska | 7,863,913 | 7,865,512 | 7,865,512 | --- |
| Nevada | 12,863,681 | 12,866,296 | 12,866,296 | --- |
| New Hampshire | 6,590,346 | 6,594,716 | 6,594,716 | --- |
| New Jersey | 46,768,908 | 46,778,415 | 46,778,415 | --- |
| New Mexico | 8,682,872 | 8,684,637 | 8,684,637 | --- |
| New York | 115,088,891 | 115,112,286 | 115,112,286 | --- |
| North Carolina | 38,478,293 | 38,486,115 | 38,486,115 | --- |

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

| STATE/TERRITORY | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud | Difference +/- 2007 |
|---|---|---|---|---|
| North Dakota | 5,135,570 | 5,145,788 | 5,145,788 | --- |
| Ohio | 66,416,367 | 66,429,868 | 66,429,868 | --- |
| Oklahoma | 17,649,089 | 17,652,677 | 17,652,677 | --- |
| Oregon | 16,214,407 | 16,217,703 | 16,217,703 | --- |
| Pennsylvania | 58,870,653 | 58,882,620 | 58,882,620 | --- |
| Rhode Island | 6,590,346 | 6,594,716 | 6,594,716 | --- |
| South Carolina | 20,499,314 | 20,503,481 | 20,503,481 | --- |
| South Dakota | 4,748,970 | 4,758,419 | 4,758,419 | --- |
| Tennessee | 29,639,062 | 29,645,087 | 29,645,087 | --- |
| Texas | 135,487,606 | 135,515,147 | 135,515,147 | --- |
| Utah | 17,071,988 | 17,075,458 | 17,075,458 | --- |
| Vermont | 5,077,658 | 5,087,761 | 5,087,761 | --- |
| Virginia | 42,930,418 | 42,939,145 | 42,939,145 | --- |
| Washington | 34,849,724 | 34,856,808 | 34,856,808 | --- |
| West Virginia | 8,678,416 | 8,680,180 | 8,680,180 | --- |
| Wisconsin | 25,674,056 | 25,679,275 | 25,679,275 | --- |
| Wyoming | 3,299,412 | 3,305,977 | 3,305,977 | --- |
| **State Sub-Total** | **$1,644,510,861** | **$1,645,601,528** | **$1,645,601,528** | --- |
| American Samoa | 327,906 | 328,123 | 328,123 | --- |
| Guam | 886,028 | 886,616 | 886,616 | --- |
| Northern Marianas | 396,187 | 396,450 | 396,450 | --- |
| Puerto Rico | 21,798,621 | 21,813,077 | 21,813,077 | --- |
| Palau | 109,485 | 109,558 | 109,558 | --- |
| Marshall Islands | 290,983 | 291,176 | 291,176 | --- |
| Micronesia | 612,461 | 612,868 | 612,868 | --- |
| Virgin Islands | 621,642 | 622,054 | 622,054 | --- |
| **Territory Sub-Total** | **$25,043,313** | **$25,059,922** | **$25,059,922** | --- |
| **Total States/Territories** | **$1,669,554,174** | **$1,670,661,450** | **$1,670,661,450** | |
| **SAMHSA Set-Aside** | **87,871,272** | **87,929,550** | **87,929,550** | --- |
| **TOTAL SAPTBG** | **$1,757,425,446** | **$1,758,591,000** | **$1,758,591,000** | --- |

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

*(Dollars in thousands)*

Authorizing Legislation - Section 1935 of the Public Health Service Act

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|
| Funding Sources | | | |
| Budget Authority: | | | |
| SAPT Block Grant 5% Set-aside | $8,730 | $8,730 | $8,730 |
| PHS Evaluation Funds: | | | |
| SAPT Block Grant | 79,200 | 79,200 | 79,200 |
| Program Management | 16,000 | 16,000 | 16,250 |
| Total Program Level | $103,930 | $103,930 | $104,180 |
| Delta - FY07 House/Senate above FY07 PB | | | |
| SAMHSA Component | | | |
| Office of Applied Studies | $77,962 | $75,481 | $78,512 |
| *Budget Authority (non-add)* | *(2,019)* | *(2,019)* | *(2,019)* |
| *PHS Evaluation SAPTBG (non-add)* | *(59,943)* | *(57,462)* | *(60,243)* |
| *PHS Evaluation Program Mgmt (non-add)* | *(16,000)* | *(16,000)* | *(16,250)* |
| Center for Substance Abuse Treatment | 15,691 | 18,172 | 16,788 |
| *Budget Authority (non-add)* | *(3,261)* | *(3,261)* | *(3,261)* |
| *PHS Evaluation SAPTBG (non-add)* | *(12,430)* | *(14,911)* | *(13,527)* |
| *PHS Evaluation Program Mgmt (non-add)* | *(---)* | *(---)* | *(---)* |
| Center for Substance Abuse Prevention | 10,277 | 10,277 | 8,880 |
| *Budget Authority (non-add)* | *(3,450)* | *(3,450)* | *(3,450)* |
| *PHS Evaluation SAPTBG (non-add)* | *(6,827)* | *(6,827)* | *(5,430)* |
| *PHS Evaluation Program Mgmt (non-add)* | *(---)* | *(---)* | *(---)* |
| **Total, SAMHSA** | **$103,930** | **$103,930** | **$104,180** |
| *Budget Authority (non-add)* | *(8,730)* | *(8,730)* | *(8,730)* |
| *PHS Evaluation SAPTBG (non-add)* | *(79,200)* | *(79,200)* | *(79,200)* |
| *PHS Evaluation Program Mgmt (non-add)* | *(16,000)* | *(16,000)* | *(16,250)* |

# Center for Substance Abuse Treatment

*(Dollars in thousands)*

| Set-Aside Activities | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|
| State Data Systems | | | |
| Block Grant Management Information | $ 811 | $ 811 | $ 811 |
| State Outcomes Measurement and Management System (SOMMS) | 7,523 | 9,000 | 9,000 |
| Subtotal, State Data Systems | 8,334 | 9,811 | 9,811 |
| Technical Assistance | | | |
| TA to States for SOMMS | 2,894 | 4,511 | 3,101 |
| FTE Support | 3,348 | 3,500 | 3,500 |
| Subtotal, Technical Assistance | 6,242 | 8,011 | 6,601 |
| Program Evaluation | | | |
| SAPTBG Program Evaluation Assessment | 760 | --- | --- |
| Dev. of Spending Estimates for MH/SAT | 355 | 350 | 376 |
| Subtotal, Program Evaluation | 1,115 | 350 | 376 |
| **TOTAL CSAT** | **$15,691** | **$18,172** | **$16,788** |

# Center for Substance Abuse Prevention

*(Dollars in thousands)*

| Set-Aside Activities | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|
| State Data Systems | | | |
| SOMMS/Data Collection Coordinating Center | $149 | $1,229 | $3,934 |
| Subtotal, State Data Systems | 149 | 1,229 | 3,934 |
| Technical Assistance | | | |
| State TA and Analytic Support | 3,046 | 4,354 | 2,917 |
| Center for Advancement of Prevention | 5,560 | 2,665 | --- |
| FTE Support | 1,522 | 2,029 | 2,029 |
| Subtotal, Technical Assistance | 10,128 | 9,048 | 4,946 |
| **TOTAL CSAP** | **$10,277** | **$10,277** | **$8,880** |

# Office of Applied Studies

*(Dollars in thousands)*

| Set-Aside Activities | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget |
|---|---|---|---|
| National Data Collection | | | |
| DAWN | $17,000 | $17,000 | $17,000 |
| NSDUH | 44,860 | 40,528 | 42,856 |
| National Analytic Center | 1,888 | 967 | 1,011 |
| DASIS | 6,295 | 9,296 | 9,243 |
| SOMMS - Central Services | 4,262 | 4,804 | 5,516 |
| Data Archive | 825 | 851 | 851 |
| Other FTE/Operations | 2,832 | 2,035 | 2,035 |
| **TOTAL OAS** | **$77,962** | **$75,481** | **$78,512** |

**Purpose and Method of Operation**

Funding for set-aside activities totals $104,180,000 including $8,730,000 from direct funding for the Substance Abuse Prevention and Treatment Block Grant and $95,450,000 from PHS evaluation funds. The five percent Set-aside of the Substance Abuse Prevention and Treatment Block Grant supports data collection, technical assistance, and program evaluation activities in CSAT, CSAP, and OAS.

**Program Description:**

Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related visits to hospital emergency departments (EDs) and drug-related deaths investigated by medical examiners and coroners (ME/Cs). Below are highlights from the 2004 data:

- Of an estimated 106 million ED visits in the U.S., DAWN estimates that 1,997,993 were drug-related
- Out of a total of nearly 2 million drug-related ED visits, DAWN estimates that nearly 1.3 million ED visits were associated with drug misuse or abuse.
- Of the drug-related ED visits, 940,953 involved a major substance of abuse.
    - Cocaine was involved in 383,350 ED visits.
    - Marijuana was involved in 215,665 ED visits.
    - Heroin was involved in 162,137 (ED visits.
    - Stimulants, including amphetamines and methamphetamine, were involved in 102,843 ED visits.
    - Other illicit drugs, such as PCP, Ecstasy, and GHB, were much less frequent than any of the above.
- 461,809 drug-related ED visits involved alcohol in combination with another drug or alcohol alone in a patient under the age of 21. Thus, nearly a quarter (23%) of all drug-related ED visits involved alcohol in one of these forms. Since DAWN does not account for ED visits involving alcohol alone in adults, the actual number of ED visits involving alcohol is higher. Alcohol is reported to DAWN when it is present in combination with other drugs, regardless of the patient's age.
- 495,732 ED visits for non-medical use—i.e., misuse or abuse—of prescription or over-the-counter (OTC) pharmaceuticals. Multiple drugs were involved in more than half (57%) of these ED visits. The most frequent drugs in these visits were central nervous system agents (53% of visits) and psychotherapeutic agents (48% of visits).

Drug and Alcohol Services Information System (DASIS) is the primary source of national data on substance abuse treatment and has three components: (1) National Survey of Substance Abuse Treatment Services (N-SSATS); (2) State Outcome Measurement and Management System and Treatment Episode Data Set (TEDS); and (3) Inventory of Substance Abuse Treatment Services (I-SATS).

(1) The National Survey of Substance Abuse Treatment Services (N-SSATS) is annual census of facilities providing substance abuse treatment. This survey is designed to collect data on the location, and organizational characteristics of treatment facilities throughout the 50 States,

the District of Columbia, and other U.S. jurisdictions. A point prevalence census of clients in treatment on a particular day is also collected. The reference date for the 2005 one-day census was March 31st. Some highlights are:

- The number of reporting facilities remained relatively constant between 2000 and 2005. There were 13,428 reporting facilities in 2000 and 13,371 facilities in 2005. The number of clients in treatment on the survey reference date increased by 8% over the same period from 1,000,896 in 2000 to 1,081,049 in 2005.
- Most of the substance abuse treatment facilities were operated by private non-profit organizations. In 2005, 61% were private nonprofit organizations, 27% were private for-profit organizations, 8% were operated by local governments, 3% by State governments, 2% by the Federal government, and 1% by tribal governments.
- On March 31, 2005, 89% of all clients were in outpatient treatment, 10% in non-hospital residential treatment, and 1% in hospital inpatient facilities.
- Most facilities (83%) offered specially designed programs: 38% offered programs or groups for persons with co-occurring mental health and substance abuse disorders, 33% for adult women, 32% for adolescents, 31% for driving under the influence of alcohol or drugs (DUI/DWI), 28% for criminal justice clients, 25% for adult men, 14% for pregnant/postpartum women, 11% for persons with HIV or AIDS, 7% for seniors or older adults, and 6% for gays or lesbians. Substance abuse treatment services in sign language for the hearing impaired were offered in 29% of all facilities and in languages other than English in 47%.

(2) Together, the State Outcome Measurement and Management System (SOMMS) and Treatment Episode Data Set (TEDS) compile data on the demographic and substance abuse characteristics of admissions and discharges from substance abuse treatment. The data are routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. Highlights from the TEDS admissions in 2004 are:

a. Five substances accounted for 95 percent of all TEDS admissions: alcohol (40 percent), opiates (18 percent; primarily heroin), marijuana/hashish (16 percent), cocaine (14 percent), and stimulants (8 percent; primarily methamphetamine).
b. Alcohol as a primary substance accounted for two in five (40 percent) TEDS admissions, down from almost three in five (53 percent) in 1994. However, 45 percent of primary alcohol admissions reported secondary drug abuse as well.
c. In 2004, the national treatment admission rate for primary methamphetamine/ amphetamine abuse was 62 admissions per 100,000 persons aged 12 or older.
d. Among all methamphetamine/amphetamine admissions for which treatment location was known, 28% were treated in large central metropolitan areas, 13% in large fringe metro areas, 34% in small metro areas, 17% in non metro areas with a city, and 8% in non-metropolitan areas without a city (rural).
e. The percentage of substance abuse treatment admissions for methamphetamine/amphetamine abuse that were aged 18 to 25 years was lowest in the most urbanized counties and highest in the most rural counties (26% vs. 32%).

Performance Measurement – SAPT Block Grant Program: In September 2005, SAMHSA initiated the State Outcome Measurement and Management System (SOMMS) which would

allow for the collection of pre (admission) and post (discharge) data, the use of standard data definitions and other requirements. States able to meet the SOMMS requirements were eligible to receive a one-year contract in the amount of $150,000 for successful submission of data in quarterly increments. Payment to a State for data is contingent on the quality assurance program outcome.

To date, 37 States have entered into State (SOMMS) agreements with SAMHSA to submit NOMS data. Of these States, 30 received payment for submitting adequate data for the first two quarters of 2006. The 7 states not receiving payment will receive payment when adequate data has been submitted. As of early January 2007, ten additional States have submitted proposals for SOMMS contracts. These proposals are currently undergoing review.

The implementation plan filed by each State to expand data collection to all currently defined National Outcome Measures domain measures is on the SAMHSA Website at http://www.nationaloutcomemeasures.samhsa.gov/./outcomes/sa_tx.asp.

Analyses of data for all quarters of 2006 are scheduled to begin in May 2007 after corrections have been received from States for the fourth quarter of 2006. Analyses on first quarter 2007 data are scheduled to begin in August 2007, after any corrections have been received from the States. August 31 is the deadline for submission of second quarter data. The SAMHSA National Outcome Measures Website is updated each April and is located at: http://www.nationaloutcomemeasures.samhsa.gov. As of April 2006, the most recent 2003 voluntary aggregate National Outcome Measures outcome data reported through the SAPT BG Application for treatment services show that:

- For the 32 States that reported data in the Abstinence from Drug/Alcohol Use Domain for alcohol, all identified improvements in client abstinence from alcohol and other substances.

- Similarly for the 30 States that reported data in the Abstinence from Drug/Alcohol Use Domain for drug use, all identified improvements in client abstinence. (Overall the number of reporting States increased by 21 for alcohol and 19 for drug use.)

- For the 34 States that reported data in the Employment Domain, 31 of 34 identified improvements in client employment. (This is an expansion of 18 in the reporting base for this domain.)

- For the 22 States that reported in the Criminal Justice Domain, 21 reported a reduction in arrests. (For this domain, the reporting base increased by 14 States.)

- For the 29 States that reported data in the Housing Domain, 26 of 29 identified improvements in stable housing for clients.

The purpose of the National Outcome Measures is to drive performance improvement of public funded services. The data will direct both the States (as the primary administrator of grant/contract funds to the units providing services to patients) and Federal project officers to States and service delivery units performing below their peers. OAS is working with CSAT to

implement an intranet site to support ongoing access by State Project Officers to National Outcome Measures data. SAMHSA expects that State Project Officers will use these data to negotiate performance improvement plans and closely monitor the results of technical assistance. This is an application of "Continuous Quality Improvement" to public health services outcomes as opposed to targets, incentives and punishments.

(3) The Inventory of Substance Abuse Treatment Services (I-SATS) is a listing of all known public and private substance abuse treatment facilities in the United States and its territories.

National Survey on Drug Use and Health (NSDUH) is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, non-institutionalized population of the United States aged 12 years old or older conducted on an annual basis. The survey interviews approximately 67,500 persons each year. Highlights from 2005 National Survey on Drug Use and Health (NSDUH):

- In 2005, an estimated 19.7 million or 8.1 percent of Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.
- The rate of current illicit drug use among persons aged 12 or older in 2005 (8.1 percent) was similar to the rate in 2004 (7.9 percent), 2003 (8.2 percent), and 2002 (8.3 percent).
- Marijuana was the most commonly used illicit drug (14.6 million past month users). Among persons aged 12 or older, the rate of past month marijuana use was about the same in 2005 (6.0 percent) as in 2004 (6.1 percent), 2003 (6.2 percent), and 2002 (6.2 percent).
- The rate of current illicit drug use among youths aged 12 to 17 in 2005 was similar to the rate in 2004, but significantly lower than in 2002. The rates were 11.6 percent in 2002, 11.2 percent in 2003, 10.6 percent in 2004, and 9.9 percent in 2005.

In 2005, the number of persons aged 12 or older needing treatment for an illicit drug or alcohol use problem was 23.2 million (9.5 percent of the population aged 12 or older). Of these, 2.3 million (0.9 percent of persons aged 12 or older and 10.0 percent of those who needed treatment) received treatment at a specialty facility. Thus, there were 20.9 million persons (8.6 percent of the population aged 12 or older) who needed treatment for an illicit drug or alcohol use problem but did not receive treatment at a specialty substance abuse facility in the past year.

The number of persons needing treatment for a substance use problem in 2005 (23.2 million) was not statistically different from the numbers reported since 2002. Similarly, the number of persons needing but not receiving treatment in 2005 (20.9 million) was similar to the numbers since 2002. The number of persons receiving specialty treatment in 2005 was essentially the same as the estimates in 2004 and 2002 (2.3 million in these 3 years), but it was higher than the number in 2003 (1.9 million).

The number of people who felt they needed treatment and made an effort to get it among those who needed but did not receive treatment was not statistically different in 2005 (296,000) from the number reported in 2004 (441,000).

In 2005, there were 2.1 million youths aged 12 to 17 (8.3 percent of this population) who needed treatment for an illicit drug or alcohol use problem. Of this group, only 181,000 youths received treatment at a specialty facility (8.6 percent of youths who needed treatment), leaving 1.9 million youths who needed treatment for a substance use problem but did not receive it at a specialty facility.

**Rationale for the Budget**

The FY 2008 budget of $104,180,000, an increase of $250,000 above the FY 2007 Continuing Resolution. This increase will continue support for the National Survey on Drug Use and Health (NSDUH). Even with this modest increase NSDUH will be unable to maintain the same level of effort. Starting in FY 2008, SAMHSA will begin to reduce the NSDUH survey sample size by 5 percent and reduce other survey expenses by 50 percent. The 5 percent reduction in sample size will maintain the trend validity in the survey.

The 50 percent reduction in other survey expenses result in no questionnaire changes in 2008 or 2009 survey years; fewer detailed tables; continued ability to conduct analyses; fewer methods studies; fewer field tests; delayed or postponed responses to requests for data runs or ad hoc analysis; and diminished ability to monitor data quality in the field. Public use data tapes, however, will remain available.

The Centers set-aside activities will be reduced by $2,000,000 per year starting in FY 2008. This will result in the Centers' diminished capacity to support technical assistance services for the States to improve performance and support adoption of best practices.

SAMHSA is assessing the financial requirements of the NSDUH survey to find a more cost effective approach to the survey collection tool and the analyses and reports during 2007.

# Program Management

Authorizing Legislation - Section 301 of the Public Health Service Act

| | FY 2006 Actual | FY 2007 Continuing Resolution | FY 2008 President's Budget | FY 2008 +/- FY 2007 |
|---|---|---|---|---|
| Current Law B.A…… | $75,989,000 | $76,042,000 | $76,969,000 | + $927,000 |
| PHS Evaluation Funds…… | 16,000,000 | 16,000,000 | 16,250,000 | +250,000 |
| **Total, Program Level…** | **$ 91,989,000** | **$ 92,042,000** | **$ 93,219,000** | **+ $1,177,000** |
| **FTE (Total)** | **524** | **540** | **540** | --- |
| (Program Management)….. | (482) | (483) | (483) | --- |
| (Block Grant Set-aside)….. | (42) | (57) | (57) | --- |

a/ Includes a comparable adjustment of $7 thousand for Department taps to the STAFFDIV in FY 2006 and FY 2007.

2008 Authorization…….Indefinite

Statement of the Budget Request – The FY 2008 President's Budget proposes $93,219,000, an increase of $1,177,000 over the FY 2007 Continuing Resolution. The increase will support the built-in increases for rent, pay and the program increase for the new HHS Consolidated Acquisition System. The increase of $250,000 in PHS Evaluation funds will support the National surveys.

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

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

Homeland Security Presidential Directive/HSPD-12 sets forth deadlines for background investigations and implementation of a new standardized badge process using Personal Identity

Verification cards. Associated with the process are several critical new roles: these include the program manager, applicant, sponsor, Personal Identity Verification registrar, privacy official, Personal Identity Verification card applicant representative, and Personal Identity Verification issuer. SAMHSA processes approximately 400 badges per year, including new employees/contractors, renewals, and losses.

In FY 2007, SAMHSA plans to detail three Commissioned Officers to grantee sites and a total of five to ten Commissioned Officers to grantee sites in FY 2008. SAMHSA sent a letter to substance abuse and mental health block grant recipients, inviting them to have a Commissioned Officer detailed to their agencies. The cost of the details may be deducted from the block grant allocation to the State. Three States have expressed interest in the arrangement, and SAMHSA is following up to effect the placements. In addition, SAMHSA is preparing a staffing plan for more aggressive placement of Commissioned Officers, in support of the Commissioned Corps Transformation.

Based on recommendations from the mental health surveillance data meeting held in December, 2006, SAMHSA will continue support in the amount of $1,000,000 in FY 2007 and continue in FY 2008. With a focus on adults with serious mental illness, these funds will support National Survey on Drug Use and Health (NSDUH) to begin immediately to:

- Identify and pilot the subset of WHO-DAS and/or similar measures of disability needed to improve the measurement of impairment with the K6 component of the NSDUH.
- Design and pilot methods for calibrating K6/WHO-DAS questions against a "gold-standard" clinical validation measure to be incorporated into the NSDUH methodology.

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

| | Funding[1] | FTEs[2] |
|---|---|---|
| FY 2003 | 73,983,000 | 504 |
| FY 2004 | 75,915,000 | 492 |
| FY 2005 | 75,806,000 | 511 |
| FY 2006 | 75,989,000 | 524 |
| FY 2007 | 76,042,000 | 540 |

[1]Excludes the following amounts for data collection activities which are shown elsewhere in the budget: 2003, $12.0 million; 2004, $16.0 million; 2005, $18.0 million; 2006, $16.0 million; 2007 $21 million. FY 2006 and FY 2007 reflect comparable adjustment of $7 thousand for Department taps

[2]Includes direct FTEs supported by the two Block Grant set-asides.

Includes 21 additional FTEs for Drug Free Communities Program in FY 2005, 18 FTEs in FY 2006 and 19 FTE's in FY 2007 and FY 2008.

Rationale for the Budget

The FY 2008 President's Budget proposal of $93,219,000 is an increase of $1,177,000 above the FY 2007 Continuing Resolution. Of the total increase, $250,000 will provide additional funds for the National Surveys and $927,000 will partially support the pay raise and increases in other

operating expenses. The SAMHSA budget contains funding to provide for reasonable accommodation of disabled employees.

In FY 2008, SAMHSA's staffing is a total of 540 FTEs, the same level as the FY 2007 Continuing Resolution.

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

**Summary of Changes**

**Increases:**

| | |
|---|---|
| Built-in: | |
| Annualization of the 2007 civilian pay raise (2.2%)…… | +$233,000 |
| Annualization of the 2007 Commissioned Corps pay raise (2.7%)…… | +22,000 |
| Increase for January 2008 pay raise (3.0%)…… | +1,027,000 |
| Two additional compensable days in FY 2008 (262 days)……. | +351,000 |
| Performance pay…….. | +981,000 |
| Increase in rental payments to GSA…… | +207,000 |
| **Subtotal, Built-in……** | **+2,821,000** |
| **Program:** | |
| National Surveys…….. | +250,000 |
| HHS Consolidated Acquisition System…… | +243,699 |
| **Subtotal, Program……** | **+493,699** |
| **Total, Increases** | **+3,314,699** |
| **Decreases:** | |
| Built-in: | --- |
| **Subtotal, Built-in……** | --- |
| **Program:** | |
| Decrease in Worker's Compensation……. | -66,916 |
| Unified Financial Management System…….. | -363,110 |
| Cost Shift of Operating costs……. | -1,707,673 |
| **Subtotal, Program……** | -2,137,699 |
| **Total, Decreases** | **-2,137,699** |
| **Net Change** | **+$1,177,000** |

# Substance Abuse and Mental Health Services Administration

**RESOURCE SUMMARY**

| | Budget Authority (in Millions) | | |
|---|---|---|---|
| | **2006 Final** | **2007 CR** | **2008 Request** |
| **Drug Resources by Function** | | | |
| Prevention | $562.650 | $563.029 | $526.823 |
| Treatment | 1,878.206 | 1,879.455 | 1,833.538 |
| **Total Drug Resources by Function** | **$2,440.856** | **$2,442.484** | **$2,360.361** |
| **Drug Resources by Decision Unit** [/1] | | | |
| PRNS - Prevention | $192.767 | $192.902 | $156.461 |
| *SPF SIGs (non-add)* | *[105.844]* | *[105.462]* | *[95.389]* |
| PRNS - Treatment | 398.675 | 398.949 | 352.090 |
| *Access To Recovery (non-add)* | *[98.208]* | *[98.208]* | *[98.000]* |
| *Screening and Intervention (SBIRT) (non-add)* | *[29.624]* | *[29.624]* | *[41.151]* |
| *Drug Treatment Courts (non-add)* | *[10.094]* | *[10.117]* | *[31.817]* |
| Substance Abuse Prevention and Treatment Block Grant [/2] | 1,757.425 | 1,758.591 | 1,758.591 |
| Program Management [/3] | 91.989 | 92.042 | 93.219 |
| **Total Drug Resources by Decision Unit** | **$2,440.856** | **$2,442.484** | **$2,360.361** |
| **Drug Resources Personnel Summary** | | | |
| Total FTEs (direct only) | 465 | 480 | 480 |
| **Drug Resources as a Percent of Budget** | | | |
| Total Agency Budget | $3,203.226 | $3,205.429 | $3,046.426 |
| Drug Resources Percentage | 76.20% | 76.20% | 77.48% |

Note: ONDCP will provide the remaining Drug Budget information.

[/1] Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: $123.3 million in FY 2005, $121.3 million in FY 2006, and $126.1 million in FY 2007.

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

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

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# Substance Abuse and Mental Health Services Administration
## Detail of Performance Analysis

### Summary of Targets and Results Table

| | | Results reported | | Targets | | | |
|---|---|---|---|---|---|---|---|
| | | | | | Not met | | |
| FY | Total targets | Number | % | Met | Total | Improved | % met |
| 2003 | 27 | 27 | 100% | 17 | 10 | 1 | 63% |
| 2004 | 43 | 43 | 100% | 29 | 14 | 2 | 67% |
| 2005 | 55 | 48 | 87% | 28 | 20 | 7 | 58% |
| 2006 | 73 | 39 | 53% | 24 | 15 | 1 | 62% |
| 2007 | 83 | 1 | 1% | 0 | 1 | 1 | 0% |
| 2008 | 78 | 0 | | 0 | 0 | | |

Given the uncertainty of final FY 2007 appropriation levels at the time SAMHSA developed the performance targets for the FY 2008 Congressional Justification, the FY 2007 targets were not modified to reflect differences between the President's Budget and the Continuing Resolution funding levels. Enacted funding may require modifications of the FY 2007 performance targets. Performance measures that may be affected significantly are footnoted throughout the Performance Detail section.

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

| **Long Term Goal:** Rate of consumers/family members reporting positively about outcomes (71/65 by FY 2008; 2002 baseline 70/63) (State mental health system)* | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Result** |
| Rate of consumers/family members reporting positively about outcomes (State mental health system) *(outcome)*[1] | *2008* | 71/71.5 | Sept-09 |
| | *2007* | 74/71.5 | Sept-08 |
| | *2006* | 73.5/71 | Sept-07 |
| | *2005* | 73/65 | 73/71 |
| | *2004* | 71/64 | 71/65 |
| | *2003* | 70.5/63.5 | 72/60 |
| | *2002* | Baseline | 70/63 |
| Rate of consumers/family members reporting positively about outcomes (program participants) *(outcome)* | *2008* | Dec-07 | Dec-08 |
| | *2007* | Baseline | Dec-07 |
| **Data Source:** Data for the long-term measure come from the Uniform Reporting System (see http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics). Data for the annual measure will come from CMHS's web based performance measurement system. | | | |
| **Data Validation:** Common data definitions will be used for the long-term and the annual measure. See http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/about_urs2002.asp | | | |
| **Cross Reference:** HHS #3.5 | | | |

[1] 2007 and 2008 targets for children have been raised form the figures shown on Expectmore.gov due to improved performance

The long-term measure reflects the results for the *nationwide public mental health system*, as reflected in data from the Uniform Reporting System. Although this is a long-term measure, data will also be reported annually. The FY 2005 target for adults was met, and the target for children was exceeded. Targets for children have been adjusted upward for future years.

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

| **Long Term Goal:** Client functioning (developmental) (baseline, long-term target, and reporting date for long term target to be determined Dec-07) | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Result** |
| Client functioning (developmental) *(outcome)* | *2008* | Dec-07 | Dec-08 |
| | *2007* | Baseline | Dec-07 |
| **Data Source:** Data for this long-term developmental measure will come from CMHS's automated performance reporting system. | | | |
| **Data Validation:** Data validation procedures are being developed. | | | |
| **Cross Reference:** HHS #3.5 | | | |

*Long-term target and reporting date to be determined Dec-07

This is a developmental long-term measure, reflecting results from the nationwide public mental health system. It is expected that the measure will be finalized and a baseline reported by December 2007.

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

**Long Term Goal:** Percentage of people in the United States with serious mental illnesses in need of services from the public mental health system, who receive services from the public mental health system. (2005 baseline 44%; 2015 target 50%)*

| Measure | FY | Target | Result |
|---|---|---|---|
| Number of a) evidence based practices (EBPs) implemented and b) percentage of population coverage for each (reported as percentage of service population receiving any EBP) *(output)* | *2008* | a)4.0<br>b) 10.8%/2.6% | Sept-09 |
| | *2007* | a) 3.8<br>b) 10.8%/2.6% | Sept-08 |
| | *2006* | a) 3.3<br>b) 10.3%/2.3% | Sept-07 |
| | *2005* | a) 2.8<br>b) 9.8%/2% | a) 3.9<br><br>b) 9.7%/3.4 % |
| | *2004* | Baseline | a)Average 2.3 per state**<br><br>b) Adults 9.3%***<br><br>Children 1.7%% |

**Data Source:** For the long term measure, the numerator is the number of people receiving services through the state public mental health system, as reported by the Uniform Reporting System (http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics) The denominator is derived from the National Co-morbidity Study Replication (http://archpsych.ama-assn.org/cgi/content/full/62/6/593), census data, and the 1997 CMHS Client-Patient Sample Survey, as reported in Mental Health 2000 and Mental Health 2002 (see http://www.mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/)

The second measure will use URS data until program-level data become available through CMHS's web-based reporting system.

**Data Validation:** Common data definitions are used for the Uniform Reporting System. Data validation for the Co-Morbidity Study is available at http://archpsych.ama-assn.org/cgi/content/full/62/6/593

**Cross Reference:** HHS #3.5

*Date of reporting depends on publication of next National Co-morbidity Study Replication, expected in 2015.
**National average of evidence-based practices per state, based on 35 states reporting
***Excludes Medication Management and Illness Self-Management, which continue to undergo definitional clarification

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

The evidence-based practices measure reflects the program's efforts to improve the efficiency and effectiveness of mental health services. Data from the Uniform Reporting System, which reflect the state public mental health system, are used as a proxy for this measure until program-level data become available through CMHS's web-based reporting system, which is expected to be implemented in FY 2007. Two of the three targets for FY 2005 were exceeded. The adult target was missed by just one-tenth of one percent. Targets have been adjusted upward.

The program expects to commission a study to recommend a cost efficiency measure in FY 2007. It is expected that baseline data will be available by December 2008. This measure is expected to be applied to all program activities. In May 2006, OMB approved an interim efficiency measure for CMHS PRNS based only on the National Child Traumatic Stress Initiative (see #3 below).

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

This program first awarded 7 grants at the end of FY 2005. Two additional grants were awarded at the end of FY 2006. Infrastructure development measures are currently under formulation and will be derived from the following domains: workforce development, organizational restructuring, policy development, financing, accountability, and program-specific practices. These measures will allow CMHS to track grantee progress on building a solid foundation for delivering and sustaining effective mental health services. Data collection is expected to begin in FY 2008.

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

| **Long Term Goal:** See Mental Health Programs of Regional and National Significance | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Increase the number of persons with co-occurring disorders served. *(output)* | *2008* | Nov-07 | Nov-08 |
| | *2007* | Baseline | Nov-07 |
| | *2006* | Baseline | Dec-06 (see narrative) |
| Increase the percentage of treatment programs that<br>(a) Screen for co-occurring disorders<br>(b) Assess for co-occurring disorders<br>(c) Treat co-occurring disorders through collaborative, consultative, and integrated models of care. *(outcome)* | *2008* | Nov-07 | Nov-08 |
| | *2007* | Baseline | Nov-07 |
| | *2006* | Baseline | Dec-06 (see narrative) |
| Increase percentage of clients who experience reduced impairment from their co-occurring disorders following treatment *(outcome)* | *2008* | Oct-08 | Oct-09 |
| | *2007* | Baseline | Oct-08 |
| | *2006* | Baseline | Dec-06 |

| | | | |
|---|---|---|---|
| | | | (see narrative) |
| **Data Source:** Data will be reported by grantees. | | | |
| **Data Validation:** Grantees must describe their data collection processes in their grant applications. Data are subject to project officer review. | | | |
| **Cross Reference:** HHS #1.4, 3.5 | | | |

This program is jointly administered by CMHS and CSAT.

The first three years of these grants focus on infrastructure development and enhancements. After this period, grantees may implement service pilot programs, which will generate data for the above outcome measures. Although baseline data was originally expected to be reported by December 2006, it has been delayed due to refinements needed in the data collection instrument and procedures. . Data on the reduced impairment measures will be available after the National Outcome Measures are fully implemented after the end of FY 2007.

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

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

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase the number of children and adolescents receiving trauma-informed services *(output)*[1] | *2008* | 33,910 | Dec-08 |
| | *2007* | 33,910 | Dec-07 |
| | *2006* | 39,600 | 33,910 |
| | *2005* | 53,860 | 50,660 |
| | *2004* | 42,225 | 51,296 |
| | *2003* | Baseline | 40,000 |
| Improve children's outcomes *(outcome)* | *2008* | 37% | Dec-08 |
| | *2007* | 37% | Dec-07 |
| | *2006* | 37% | 35% |
| | *2005* | Baseline | 37% |
| **Data Sources:** Data for number of children served are reported quarterly by grantees utilizing a program-wide electronic Service Utilization Form (eSUF). Baseline and follow-up data are collected through the Core Data Set (CDS), a secure web-based system, and three standardized behavioral/symptomology measures (CBCL, TSCC, and PTSD-RI) are used to assess improvement in children's outcomes. Data for training are based on General Adoption Assessment Survey (GAAS) results from the Adoption of Methods/Practices component of the NCTSI National Cross-Site Evaluation. | | | |
| **Data Validation:** Duke Clinical Research Institute (DCRI) performs significant validation on data reported by the NCTSI Centers for the eSUF and Core Data Set and the systems used to collect that data. ("Validation" includes, but is not limited to, data integrity checks, validation and quality control of the batch loading processes and databases, extracts used to produce analysis data sets and reports that are generated from the data collected.) Evaluation coordinators at ORC Macro have built multiple types of data validation techniques into the architecture of the Web-based General Adoption Assessment Survey (GAAS) to ensure the collection of clean, correct and meaningful data, and avoid data corruption or security vulnerabilities as well as missing, incomplete or inappropriate data. | | | |
| **Cross Reference:** HHS #2.1, 3. 5 | | | |

[1] Target changed from FY 2007 Congressional Justification

The purpose of the National Child Traumatic Stress Initiative (NCTSI) is to improve access to services and quality of care for children and adolescents who have experienced trauma and to adapt and disseminate trauma-informed service approaches for children and youth in a variety of settings. The number of clients who directly and indirectly receive improved services and the number of individuals trained on trauma-informed services and practices are important measures of program success.

The FY 2007 target for numbers served has been reduced because the data for earlier years reflected a duplicated count of children served. In FY 2007, CMHS is implementing a web-based GPRA data collection system which will ensure the capture of an unduplicated count of children served, thus the reported numbers are expected to be lower. Future targets will be adjusted based on data from the new system.

Projections for the number of children receiving trauma-informed services reflect anticipated fluctuations in the grant cycle and changes in funding. The number of centers in the National Child Traumatic Stress Network (NCTSN) decreased from 54 in FY 2005 to 45 in FY 2006. In addition, 15 of 32 currently funded Category III centers, which are the primary service delivery systems in the NCTSN, began the first year of their awards. Typically, grantees in their first year have very modest service numbers due to "start-up" activities. Further, direct service provision may not be a grantee's primary strategy for increasing access of children and their families to trauma-informed interventions. The cumulative effects of these changes decreased the number of children who received services. In FY 2006, the reported number of children receiving services (33,910) was 14 percent lower than the projected target (39,600).

The new targets for improved children's outcomes are based on a review of literature and a refined performance methodology that uses a clearer clinical standard for defining "improvement." The NCTSI serves diverse groups of children who are exposed to a variety of traumatic events (e.g. displaced refugees, rural communities impacted by school violence, victims of sexual abuse, natural disaster evacuees). Rates of improvement can be expected to fluctuate slightly as the characteristics of populations served by each grantee cohort change, but the preliminary target for the NCTSI has been set at 37 percent improvement in children's outcomes annually.

As reported, 35 percent of children who completed a follow-up assessment in FY06 (N=451) showed *clinically significant improvement* on at least one of three clinical instruments. While 75.2 percent of children showed some improvement from pre- to post-testing on at least one of the three instruments, not all children with better scores improved in a clinically significant way.

In previous years the National Child Traumatic Stress Initiative's GPRA reporting only included information on client-level service numbers and outcomes. A training indicator has been added to monitor the program's progress in meeting the essential component of "developing knowledge with regard to evidence-based practices for treating psychiatric disorders of children and youth resulting from witnessing or experiencing a traumatic event." (Children's Health Act of 2000). Although baseline data have been reported, the data are based on a limited number of respondents (N=62),

FY 2006 was the first year for which data was collected to examine the behavior of child-serving professionals after they had received training. Preliminary results for this developmental measure are limited by the initial number of respondents. Ninety-two percent of child-serving professionals who participated in the General Adoption Assessment Survey (GAAS) (N=62) reported implementing trauma-informed practices and services after receiving training. Data collected in FY 2007 will provide a larger sample, so targets may need to be adjusted

| Efficiency Measure | | | |
|---|---|---|---|
| Dollars Spent per person served (OMB approved) | **FY** | **Target** | **Result** |
| | ***2008*** | $718 | Dec-08 |
| | ***2007*** | $480 | Dec-07 |
| | ***2006*** | $493 | $741 |
| | ***2005*** | Baseline | $497 |
| **Data Source:** The Efficiency Measure is calculated by dividing the budget devoted to clinical services by the number of children and adolescents receiving trauma-informed services See previous table for data source. | | | |
| **Data Validation:** See previous table | | | |
| **Cross Reference:** HHS #3.5 | | | |

[1] *This new measure was approved by OMB in May 2006 as an interim efficiency measure until a final PRNS-wide efficiency measure is developed.*

This measure simply divides the total budget for the program by the target for numbers served. The targets for this measure were originally developed under the assumption that the numbers served could be appreciably increased. As discussed above, the number of children served decreased in FY 2006 due to fluctuations in the grant cycle, grant composition, and number of centers in the National Traumatic Stress Network. The target for 2008 was computed by dividing the budget for the program ($24,357,000) by the target for numbers served in FY 2008 (33,910).

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

| **Long Term Goal:** See Mental Health Programs of Regional and National Significance | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Increase the number of children served *(output)* | 2008 | 1,062,963 | Oct-08 |
| | 2007 | 1,062,963 | Oct-07 |
| | 2006 | Baseline | 1,062,963 |
| Improve student outcomes and systems outcomes: *(outcome)*(a) Decrease the number of violent incidents at schools [1] (1) Middle schools (2) High schools | 2008 | (1) 30% (2) 24% | Dec-08 |
| | 2007 | (1) 30% (2) 24% | Dec-07 |
| | 2006 | Baseline | (1) 30.8% (2) 24.2% |
| (b) Decrease students' substance use[2] (1) Middle schools (2) High schools | 2008 | (1) 16% (2) 35% | Dec-08 |
| | 2007 | (1) 16% (2) 35% | Dec-07 |
| | 2006 | Baseline | (1) 16.9% (2) 35.3% |
| (c) Improve students' school attendance[3] | 2008 | 93% | Dec-08 |
| | 2007 | 93% | Dec-07 |
| | 2006 | Baseline | 92.6% |
| (d) Increase mental health services to students and families[4] | 2008 | 46% | Dec-08 |
| | 2007 | 46% | Dec-07 |
| | 2006 | Baseline | 45.5% |
| **Data Source:** Data will be reported by grantees. | | | |
| **Data Validation:** Data are subject to project officer review | | | |
| **Cross Reference:** HHS # 1.4, 2.1; Secretary's 500-day plan: supporting the First Lady's Initiative on helping America's youth. | | | |

[1]Average percentage from sites reporting on students who have experienced some sort of violent incident at least once.
[2]Average percentage of sites reporting students' use of alcohol at least once in the last 30 days.
[3]Average attendance rate reported by sites.
[4] Average percentage of students receiving services following a mental health referral.

Data collection for this program is just beginning; preliminary baselines have been set for these measures that represent 6.3 percent of the total number of children served or 67,361. Targets may be revised as larger samples of children are included.

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

**Long Term Goal:** Increase the percent of funded sites that will exceed a 30 percent improvement in behavioral and emotional symptoms among children receiving services for six months (60% by FY 2010)

| Measures | FY | Target | Result |
|---|---|---|---|
| Improve children's outcomes and systems outcomes *(outcome)* | 2008 | 84% | Dec-09 |
| | 2007 | 84% | Dec-07 |
| | 2006 | 84% | 89.7% |
| (a) Increase percentage attending school 75% or more of time after 12 months | 2005 | 83% | 80.2% |
| | 2004 | 80% | 90.9% |
| | 2003 | 82.6% | 86.5% |
| | 2002 | 82.6% | 83.5% |
| (b) Increase percentage with no law enforcement contacts at 6 months | 2008 | 68% | Dec-08 |
| | 2007 | 70% | Dec-07 |
| | 2006 | 68% | 69.3% |
| | 2005 | 53% | 68.3% |
| | 2004 | 50% | 67.6% |
| | 2003 | 47% | 50.5% |
| | 2002 | Baseline | 46.5% |
| (c) Decrease average days of inpatient facilities among children served in systems of care (at 6 months) [1] | 2008 | -2.00 | Dec-08 |
| | 2007 | -2.00 | Dec-07 |
| | 2006 | -3.65 | -1.00 |
| | 2005 | -3.65 | -1.75 |
| | 2004 | -3.65 | -2.03 |
| | 2003 | -3.00 | -3.48 |
| | 2002 | Baseline | -2.95 |

**Data Source:** The number of children served is obtained from grantees. The scale used to assess inpatient-residential treatment was an adapted version of the Restrictiveness of Living Environments Scale and Placement Stability Scale (ROLES) developed by Hawkins and colleagues (1992). Data on children's outcomes are collected from a multi-site outcome study. Delinquency is reported using a self-report survey. Data on clinical outcomes were derived from Reliable Change Index scores (Jacobson & Truax, 1991), calculated from entry into services to six months for the Total Problem scores of the Child Behavior Checklist (CBCL, Achenbach, 1991).

**Data Validation:** An analysis showed that the percentage of agreement between data from the Restrictive of Living Environments Scale and Placement Stability Scale and data from a management information system in one grantee community was 76%.

Validity analyses were conducted for school attendance and law enforcement contacts. School attendance was found to have a positive relationship with school performance. Children who attended school frequently also had some tendency to receive good grades. The correlation between the two was .313 ($p = .000$).

The Reliable Change Index is a standardized method developed by Jacobson and his colleagues to measure change between two data points. The Reliable Change Index has a clear-cut criterion for improvement that has been psychometrically tested and found to be sound (Jacobson & Truax, 1991).

**Cross Reference:** HHS #3.5; HP 18-07, 18-10; Secretary's 500-day plan: supporting the First Lady's Initiative on helping America's youth.

[1] 2006 result differs from Expectmore.gov because final figures have been reported in this Congressional Justification

The FY 2006 targets for school attendance and no law enforcement contacts were met. However, grantees vary in the populations they target, and those that target high-risk and/or older children are less able to achieve very successful results in school attendance and law enforcement contacts. Performance for these measures will vary somewhat depending on the mix of grantees and individuals served in any given year.

The FY 2006 target for reduction in days of inpatient care was not met. This can be partially explained by the variation in level of utilization of inpatient services prior to program intake across fiscal years. When *percentage* change in use is examined, the percentage decrease in FY 2006 (71.1 percent) is greater than the percentage decrease achieved in FY 2005 (60.7 percent), demonstrating a positive change in the grantees' ability to reduce the utilization of inpatient care.

Grantees funded in FY 2005 will be serving proportionately larger numbers of very young children who generally have shorter and less frequent hospitalizations. Given this change in populations served, and the sensitivity of the measure to the length of hospitalization *prior to service intake*, the targets for this measure have been lowered for FY 2007 and FY 2008.

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

| Measure | FY | Target | Result |
|---|---|---|---|
| Increase number of children receiving services *(output)* | *2008* | 9,006 | Dec-08 |
| | *2007* | 9,120 | Dec-07 |
| | *2006* | 9,120 | 10,339 |
| | *2005* | 9,120 | 9,200 |
| | *2004* | 8,000 | 10,521 |
| | *2003* | Baseline | 7,032 |

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

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

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

The number of individuals served is a key measure for all SAMHSA programs that fund services. The FY 2006 target was exceeded.

The sustainability measure reported baseline data for 2004. Although the baseline was 100 percent, the data were based on only four grants initially funded in 1993, and thus the long-term target has not been raised. A five-year follow-up is not planned for the grantees funded in FY 1994, and no grants were awarded in FY 1995 and FY 1996. The next cohort, funded in FY 1997, was funded for six years; thus assessment at five years post funding for these grantees will occur in FY 2008 and will be reported in FY 2009.

| Efficiency Measure | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Decrease in inpatients care costs per 1,000 children served (OMB approved) | *2008* | $2,670,000 | Dec-08 |
| | *2007* | $2,670,000 | Dec-07 |
| | *2006* | Baseline | $1,335,000 |

**Data Source:** This indicator is computed by calculating the average decrease in days of inpatient facilities utilization per child at six months and multiplying the decrease by the average daily hospitalization charges. This cost savings figure is then be converted to a rate per 1,000 children served by the program across all sites.

The decrease in days of inpatient facilities utilization per child is calculated for a sample of children with complete data on inpatient hospitalization use at both intake and 6 months assessment points. Decrease in inpatient hospitalization days = total number of inpatient days at 6 months – total number of inpatient days at intake.

The average daily hospitalization charges = $1,335. National estimates of average daily hospitalization charges were obtained from Health Care Utilization Project Nationwide Inpatient Sample (NIS), 2001

The scale used to assess inpatient-residential treatment was an adapted version of the Restrictiveness of Living Environments Scale and Placement Stability Scale (ROLES) developed by Hawkins and colleagues (1992).

**Data Validation:** An analysis showed that the percentage of agreement between data from the Restrictive of Living Environments Scale and Placement Stability Scale and data from a management information system in one grantee community was 76%.
The Nationwide Inpatient Sample is the largest all-payer inpatient care database in the United States, currently containing data on more than seven million hospital stays from approximately 1,000 hospitals. Its large sample size is ideal for developing national and regional estimates and enables analyses of specific diagnoses, and special populations, such as children. A full description of the NIS 2001 data collection methods can be found in the special report Design of the HCUP Nationwide Inpatient Sample, 2001. This report is available on the HCUP User Support Website at http://www.hcup-us.ahrq.gov.

**Cross Reference:** HHS #3.5

This measure reflects per-unit changes in costs. One of the main goals of the program is to provide least restrictive services to children and youth served by the grantees. More restrictive services, like inpatient hospitalization, are also among the most expensive to provide. This measure replaces two previous measures, "Percent of grantees that decrease inpatient care costs by 10 percent or more," and "Decrease inpatient care costs." It was approved by OMB in May 2006.

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

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

| Measure | FY | Target | Result |
|---|---|---|---|
| Increase percentage of complaints of alleged abuse and neglect substantiated and not withdrawn by the client that resulted in positive change for the client in her/his environment, community, or facility, as a result of PAIMI involvement (same as long-term measure) *(outcome)*[1] | 2008 | 81/85 | Jul-09 |
| | 2007 | 85/84 | Jul-08 |
| | 2006 | 84/89 | Jul-07 |
| | 2005 | 83/88 | 78/83 |
| | 2004 | 79/87 | 82/82 |
| | 2003 | Baseline | 78/86 |

**Data Source:** Annual Program Performance Reports (PPRs)

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

**Cross Reference:** HHS #3.5

[1] 2007 target has been changed from Expectmore.gov to reflect performance trends

This measure addresses key outcomes of the program. For FY 2005, the targets for abuse and neglect were missed by five percent. These outcomes can be attributed to the reduction in FY 2005 funding. The majority of cases, however, were still resolved successfully despite the reduction in funding. Future targets for FY 2007 and FY 2008 have been revised to better reflect performance and funding trends.

**Long Term Goal:** Increased percentage of complaints of alleged rights violations, substantiated and not withdrawn by the client, that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, or elimination of other barriers to personal decision-making, as a result of PAIMI involvement (97% by FY 2012)

| Measure | FY | Target | Result |
|---|---|---|---|
| Increase percentage of complaints of alleged rights violations substantiated and not withdrawn by the client that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, or elimination of other barriers to personal decision-making, as a result of PAIMI involvement (same as long-term measure) *(outcome)* | 2008 | 90 | Jul-09 |
| | 2007 | 90 | Jul-08 |
| | 2006 | 95 | Jul-07 |
| | 2005 | 95 | 87 |
| | 2004 | 79 | 95 |
| | 2003 | Baseline | 78 |

**Data Source:** Annual Program Performance Reports (PPRs)

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

**Cross Reference:** HHS #3.5

This measure addresses key outcomes of the program. The FY 2005 target was missed. The FY 2004 result of 95 percent, on which the 2006 target was based, appears to have been an atypical outcome. Since there is no clear trend, the 2007 and 2008 targets have been set at 90 percent, still a very high level and higher than actual performance for two out of the last three years. The majority of cases, however, were still resolved successfully despite the reduction in funding. The FY 2005 outcome is actually 11.5 percent greater than the baseline, which still demonstrates an upward trend. The FY 2007 target has been reduced to 90 percent, still a very high rate.

**Long Term Goal:** Percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully (developmental)

| Measures | FY | Target | Results |
|---|---|---|---|
| Percent of interventions on behalf of groups of PAIMI-eligible individuals that were concluded successfully (developmental; same as long-term measure) *(outcome)* | 2008 | Jul-07 | Jul-09 |
| | 2007 | Jul-07 | Jul-08 |
| | 2006 | Baseline | Jul-07 |
| Increase in the number of people served by the PAIMI program *(output)* | 2008 | 22,325 | Jul-09 |
| | 2007 | 23,500 | Jul-08 |
| | 2006 | 23,500 | Jul-07 |
| | 2005 | 23,100 | 21,371 |
| | 2004 | 22,050 | 22,120 |
| | 2003 | 20,000 | 21,747 |
| | 2002 | 19,000 | 18,566 |

**Data Source:** Annual Program Performance Reports (PPRs)

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

**Cross Reference:** HHS #3.5

The long-term measure and corresponding annual measure are under development and are intended to capture the more systemic impacts of the program. The program has worked with grantees to develop a list of outcomes to be included in the FY 2006 annual Program Performance Reports that will reflect progress on this measure.

The number of people served by the PAIMI program has decreased slightly in FY 2005 and the target was missed.

Providing services to individuals is only one activity in the mission of the PAIMI program. The program also provides information and referral services, and systemic activities on behalf of groups.

| Efficiency Measures | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Ratio of persons served/impacted per activity/intervention (OMB approved)[1] | *2008* | 420 | Jul-09 |
| | *2007* | 420 | Jul-08 |
| | *2006* | 410 | Jul-07 |
| | *2005* | 390 | 411 |
| | *2004* | Baseline | 354 |
| Cost per 1,000 individuals served/impacted (OMB approved)[2] | *2008* | 2,000 | Jul-09 |
| | *2007* | 2,000 | Jul-08 |
| | *2006* | 2,100 | Jul-07 |
| | *2005* | 2,200 | 2,072 |
| | *2004* | Baseline | 2,431 |
| **Data Source:** Data are derived from standardized annual Program Performance Reports in which grantees estimate the potential number of individuals impacted through a pre-defined list of 7 possible interventions (e.g., group advocacy non-litigation, facility monitoring services, class litigation). The ratio measure is calculated by using the total number of persons served and impacted as the numerator and the total number of complaints addressed and intervention strategies conducted as the denominator. The cost measure is calculated by using the total PAIMI allotment as the numerator and the total number of persons served/impacted as the denominator. The program has committed to providing grantees with a definition of how to calculate number of PAIMI-eligible individuals impacted so that reporting on this measure across States will be more consistent in the future. | | | |
| **Data Validation:** The information provided in the annual reports is checked for reliability during on-site PAIMI Program visits, annual reviews, and budget application reviews | | | |
| **Cross Reference:** HHS #3.5 | | | |

[1] 2008 target has been adjusted from figure on Expectmore.gov to reflect budget trends
[2] 2008 target adjusted upward from Expectmore.gov

The targets were exceeded for both efficiency measures in FY 2005. Note that for the second measure, successful performance is a result *below* the target.

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

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

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase number of homeless persons contacted (output)[1] | *2008* | 157,500 | Jul-10 |
| | *2007* | 157,500 | Jul-09 |
| | *2006* | 157,000 | Jul-08 |
| | *2005* | 154,500 | Jul-07 |
| | *2004* | 147,000 | 156,766 |
| | *2003* | 137,000 | 156,458 |
| | *2002* | 132,500 | 133,657 |

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

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

**Cross Reference:** HHS #3.5

[1] 2008 target adjusted upward from Expectmore.gov to reflect performance trends.

The target for this measure was exceeded for FY 2004. Most States award their annual Projects for Assistance in Transition from Homelessness funds late in the fiscal year. Accordingly, there is an unavoidable data lag as States collect and compile data prior to submitting the data to SAMHSA. Data for the long-term measure will become available in July 2007; at that time a new long-term target will be considered.

The number of individuals served is a key measure for all SAMHSA programs that fund services. For the PATH program, outreach to homeless individuals creates the opportunity for appropriate services.

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

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services (same as long-term measure) *(outcome)* | *2008* | 45% | Jul-10 |
| | *2007* | 45% | Jul-09 |
| | *2006* | 45% | Jul-08 |
| | *2005* | 47% | Jul-07 |
| | *2004* | 46% | 37% |
| | *2003* | 45% | 40% |
| | *2002* | 44% | 42% |

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

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

**Cross Reference:** HHS #3.5; HP 18-3

This measure reflects the PATH program's legislative intent that the program will provide a link to, and depend upon, community-based services, particularly mental health services, funded primarily by States. The program missed the 2004 target of 46 percent; with performance at 37 percent. This drop appears to be related to significant cuts in State funding for mental health and related homelessness services. FY 2004 results still demonstrate that PATH funded outreach workers are extremely effective in enrolling homeless persons in such services despite the general decline in the availability of community-based services and the enormous difficulties encountered when attempting to engage this population in services. Targets have remained at ambitious levels. However, program staff will provide additional technical assistance to help States and localities refine strategies (e.g., assisting with applications for Supplemental Security Income and Medicaid) that will help people gain access to available services.

It appears that the targets for this measure, set several years ago during the PART review, were too ambitious given the fiscal crisis in the States. Should performance on this measure improve, targets will be raised. The program will set a new long-term target after FY 2005 data become available in July 2007. The program is exploring the feasibility of utilizing the Department of Housing and Urban Development Homeless Management Information System to assist in obtaining outcome data from PATH-funded efforts.

**Long Term Goal:** Maintain the average Federal cost of enrolling a homeless person with serious mental illness inservices ($668 by FY 2005) (OMB approved)

| Measures | FY | Target | Result |
|---|---|---|---|
| Maintain the average Federal cost of enrolling a homeless person with serious mental illness inservices ($668 by FY 2005) (OMB approved) | *2008* | $668 | Jul-10 |
| | *2007* | $668 | Jul-09 |
| | *2006* | $668 | Jul-08 |
| | *2005* | $668 | Jul-07 |
| | *2004* | $668 | $850 |
| | *2003* | $668 | $688 |
| | *2002* | No target | $736 |

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

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

**Cross Reference:** HHS #3.5; HP 18-3

This measure was originally designated as a long-term measure in the PART review; however, data are also being reported annually. The data have been corrected to show the correct baseline year. The target was missed for FY 2004. When the data are adjusted for inflation, the PATH per enrollee cost of $850 is the equivalent of $775 in FY 2000 dollars, an increase in enrollment costs of $107 per person. One possible explanation of the decreased enrollment (thus increased cost of enrollment) is improved data collection since the last reporting. A workgroup of state PATH contacts was formed to address the need for uniform definitions and guidelines to determine at what point a person is enrolled and counted as a client across sites. In addition, an independent evaluation of the PATH program is underway that will take into consideration the variables related to the cost of enrolling a homeless person with serious mental illness into services to provide program managers a better understanding of the determinants of cost.

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

**Long Term Goal:**
Reduce* rate of readmissions to State psychiatric hospitals (a) within 30 days; and, (b) within 180 days. (By FY 2008: Adults 8.4% within 30 days; 19.43% within 180 days. Children/adolescents: 5.88% within 30 days; 13.65% within 180 days)

| Measures | FY | Target | Result |
|---|---|---|---|
| Reduce rate of readmissions to State psychiatric hospitals (a) within 30 days; and, (b) within 180 days (same as long-term measure) *(outcome)*[1] | *2008* | 8.5.% | Sept-09 |
| | *2007* | 8.7% | Sept-08 |
| | *2006* | 8.3% | Sept-07 |
| | *2005* | 7.6% | 9% |
| Adults: 30 days | *2004* | 7.8% | 9% |
| | *2003* | 8% | 8.7% |
| | *2002* | -- | 8.2% |
| | *2008* | 19.0 | Sept-09 |
| Adults: 180 days | *2007* | 19.1% | Sept-08 |
| | *2006* | 19.2% | Sept-07 |
| | *2005* | 17% | 19.6% |
| | *2004* | 17% | 20.3% |
| | *2003* | 18% | 19.8% |
| | *2002* | -- | 18.1% |
| Children/adolescents: 30 days | *2008* | 5.8% | Sept-09 |
| | *2007* | 5.9% | Sept-08 |
| | *2006* | 6% | Sept-07 |
| | *2005* | 6.4% | 6.6% |
| | *2004* | 6.4% | 6.5% |
| | *2003* | Baseline | 6.4% |
| Children/adolescents: 180 days | *2008* | 13.9% | Sept-09 |
| | *2007* | 14.% | Sept-08 |
| | *2006* | 13.6% | Sept-07 |
| | *2005* | 12.9% | 14.5% |
| | *2004* | 13% | 14.7% |
| | 2003 | Baseline | 13% |
| Number of a) evidence based practices (EBPs) implemented and b) percentage of population coverage for each (reported as percentage of service population receiving any EBP)*(output)*[2] | *2008* | a)4.0 b) 10.5%/3.5% | Sept-09 |
| | *2007* | a) 3.9 b) 10.4%/3.4% | Sept-08 |
| | *2006* | a) 3.3 b) 10.3%/2.3% | Sept-07 |
| | *2005* | a) 2.8 b) 9.8%/2% | a) 3.9 b) 9.7%/3.4% |
| | *2004* | Baseline | Average 2.3 per state** b) Adults 9.3%***/ Children 1.7% |

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

| |
|---|
| **Data Validation:** Common data definitions are used. See http://www.mentalhealth.org/cmhs/MentalHealthStatistics/about_urs2002.asp |
| **Cross Reference:** HHS #3.5 |

* Successful result is performance *below* target
*** 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
[1] 2007 and 2008 targets adjusted from Expectmore.gov to reflect performance trends
[2] 2007 and 2008 targets raised from Expectmore.gov to reflect improved performance

One of the desired outcomes of a successful community-based system of care is a low readmission rate following discharge from inpatient psychiatric facilities. Low readmission rates demonstrate the effectiveness of the inpatient stay, the development of a workable discharge plan, and the availability of community support services. The FY 2005 targets were not met. Readmission rates were slightly above target levels. The expectation is that the rates for readmission for both adults and children for both the 30- and 180-day time periods will continue to decline over time. In retrospect, the initial targets appear to have been too ambitious in light of the difficulty experienced by the States in reducing these rates.

One of the goals of the Report of the President's Commission on Mental Health is to encourage timely implementation of proven mental health practices in the field. The evidence-based practice measure is designed to determine progress toward that goal. The increased use of evidence-based practices will enhance the quality of services and result in more cost effective service delivery systems since resources will be directed to those services that have been demonstrated to be effective. For FY 2005, two of the three targets were exceeded and the adult target was missed by just one-tenth of one percent. Targets have been adjusted upward.

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

The evidence-based practice measure was previously reported as the efficiency measure for the Mental Health Block Grant.

**Long Term Goal:** Increase rate of consumers/family members reporting positively about outcomes : (a) Adults, (b) Children/adolescents (Adults: 72% by FY 2008; Children/adolescents: 69% by FY 2008)*

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase number of people served by the public mental health system *(output)* | *2008* | 5,,800,000 | Sept-09 |
| | *2007* | 5,753,633 | Sept-08 |
| | *2006* | 5,725,008 | Sept-07 |
| | *2005* | 5,227,437 | 5,878,035 |
| | *2004* | 5,175,681 | 5,696,526 |
| | 2003 | 4,318,584 | 5,125,229 |
| | 2002 | Baseline | 4,728,316 |
| Increase rate of consumers/family members reporting positively about outcomes (same as long-term measures) *(outcome)* Adults [1] | *2008* | 72% | Sept-09 |
| | *2007* | 73% | Sept-08 |
| | *2006* | 74% | Sept-07 |
| | *2005* | 73% | 71% |
| | *2004* | 71% | 71% |
| | 2003 | 70.5% | 72% |
| | 2002 | Baseline | 70% |
| Children/adolescents [2] | *2008* | 69% | Sept-09 |
| | *2007* | 68% | Sept-08 |
| | *2006* | 67% | Sept-07 |
| | *2005* | 65% | 73% |
| | *2004* | 64% | 65% |
| | 2003 | 63.5% | 60% |
| | 2002 | Baseline | 63% |

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

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

**Cross Reference:** HHS #3.5

[1] 2007 and 2008 targets adjusted from Expectmore.gov to reflect performance trends
[2] 2008 target raised from Expectmore.gov to reflect improved performance

The number of individuals served is a key measure for all SAMHSA programs that fund services. The FY 2005 target was exceeded. Since many states continue to experience uncertainty in regard to funding, combined with the continuing requirement to prioritize service delivery to those most in need, is possible that the rate of increase in persons served seen in the past three years may not be sustained. Future targets remain high based upon the data to date.

Although there are various clinical instruments to measure the outcomes of mental health services and supports, one of the most important success measures is the reported perception of those who have received services. For FY 2005 the target for adults was missed by 2 percent. It appears that the level of perceived outcome for adults may have leveled off at 71 percent given the current level of resources. Adult targets have been set on this leveling-off factor. The

children's target, however, was exceeded; however, since it is too soon to tell whether the 2005 performance represents a trend. Children's targets were adjusted upward from previous levels.

| Efficiency Measure | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Number of persons receiving evidence-based practices per $10,000 of mental health block grant dollars spent (OMB approved) | *2008* | 4.03 | Sept-09 |
| | *2007* | 4.03 | Sept-08 |
| | *2006* | 4.01 | Sept-07 |
| | *2005* | No target set | 3.95 |
| | *2004* | Baseline | 3.27 |
| **Data Source:** Uniform Reporting System. This measure is calculated by dividing the number of adults with SMI and children/adolescents with SED who received EBPs during the FY by the MHBG allocation for the FY in question, multiplied by 10,000 | | | |
| **Data Validation:** See previous tables. | | | |
| **Cross Reference:** HHS #3.5 | | | |

This new efficiency measure was approved in July 2006. Data for FY 2005, the most recent year available, show improvement from the baseline.

**Substance Abuse Prevention – Programs of Regional and National Significance** (Strategic Prevention Framework Priority Area; Capacity and Effectiveness)

**NOTE FOR ALL CSAP PRNS PROGRAMS**: Beginning in FY 2006, CSAP PRNS grantees will be using the OMB-approved National Outcome Measures. In some cases, slightly different questions will be used to collect data on substance use, attitudes, and disapproval. This will require new baselines and targets for some measures. For example, the new measure for alcohol requests information on days of use as opposed to occasions of use. The new measure for illicit drugs requests information on a single global question as opposed to multiple questions about specific substances. There are slight wording differences also for disapproval of substance abuse. Therefore, new baseline and target values will have to be calculated.

**CSAP PRNS** (Combined programs; see footnotes)

The following table displays aggregated data for older PRNS programs. These measures will be discontinued after 2006 reporting and replaced with other measures as explained below.

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

| Measures | FY | Target | Result |
|---|---|---|---|
| Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great** *(outcome)* | *2008* | Retiring | |
| | *2007* | Retiring | |
| | *2006* | 95% | 92.7 |
| | *2005* | 90% | 95.3% |
| | *2004* | Baseline | 90% |
| Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong*** *(outcome)* | *2008* | Retiring | |
| | *2007* | Retiring | |
| | *2006* | 92% | 94.5 |
| | *2005* | 92% | 96.4% |
| | *2004* | -- | 89% |
| | *2003* | -- | 91% |
| | *2002* | Baseline | 81% |
| Increase number of evidence-based policies, practices, and strategies implemented *(output)*** | *2008* | Retiring | |
| | *2007* | Retiring | |
| | *2006* | 1,700 | 1,891 |
| | *2005* | 1,600 | 1,726 |
| | *2004* | 1,300 | 1,450 |
| | *2003* | -- | 1,301 |
| | *2002* | Baseline | 977 |
| **Data Source:** Data shown are aggregated from several PRNS programs, excluding the Strategic Prevention Framework State Incentive Grants. Data are collected through several mechanisms: State grantees, local (local community or provider project level) and school and community-based surveys. Data are sent to a CSAP data retrieval system for entry and analysis. Outcome data are collected from client tools which include items from other validated instruments such as Monitoring the Future and the National Survey on Drug Use and Health. | | | |
| **Data Validation:** Data are carefully collected, cleaned, analyzed and reported through a data coordinating center. Data on evidence-based practices are collected from reports from grantees. | | | |
| **Cross Reference:** HHS #1.4 | | | |

*Annual measures support both long-term goals

** Data from the following CSAP programs: Methamphetamine, Ecstasy, HIV, and the original State Incentive Grant program.

****Original State Incentive Grant program only

These long-term and annual measures represent overall goals for the PRNS program, and the data are aggregated from individual grant programs within PRNS Data for 2006 show that the targets for the second and third measures were exceeded, while the target for the first measure was missed slightly.

**SAMHSA will discontinue reporting aggregated performance for most CSAP PRNS measures beginning in FY 2007**. Most of the programs included in the table above have either ended or are in no-cost extension status. SAMHSA's recent funding priorities and policy direction have reduced the number of PRNS programs to focus on more effective activities. Since FY 2006, only Strategic Prevention Framework State Incentive Grants (SPF-SIG), Substance Abuse Prevention/HIV Prevention, and the small Methamphetamine programs have received new funding. SPF-SIG and Substance Abuse Prevention/HIV Prevention are reported separately below; the Methamphetamine program does not reach the $10 million threshold for separate inclusion in the GPRA report. These changes were approved by OMB in December 2006.

| Efficiency Measure | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Result** |
| Percent of services within cost bands for universal, selected, and indicated interventions (OMB approved): Combined PRNS programs (see HIV section below for HIV breakout) [1] | *2008* | 60% | Dec 08 |
| | *2007* | 55% | Dec 07 |
| | *2006* | See narrative | See narrative |
| | *2005* | Baseline | 50% |
| **Data Source:** A literature review and archival grantee files were used to establish the baselines. Ongoing data will be collected from grantees | | | |
| **Data Validation:** CSAP's Data Coordination and Consolidation Center (DCC) used a number outside experts in prevention and economics to review existing materials and develop the prevention cost bands. Now that OMB approval for their use has been received, cost data gathered over the coming year from grantees will be used to verify, validate and refine them. | | | |
| **Cross Reference:** HHS #1.4 | | | |

[1] 2007 and 2008 targets raised from Expectmore.gov due to performance expectations

This measure was approved by OMB in December 2005. The measure will enable the programs to monitor costs for different types of prevention interventions. The measure will continue to be reported for combined PRNS programs (SPF-SIG and HIV), and will also be reported separately for the HIV program.

The Substance Abuse Prevention/HIV Prevention program is the only prevention PRNS program expected to report data on the efficiency measure for FY 2006. The data will be shown in that program's section (see #3 below).

## 1. Strategic Prevention Framework State Incentive Grants

| **Long Term Goal:** 30-day use of alcohol among youth age 12-17[1]; 30-day use of other illicit drugs age 12 and up[2] | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Result** |
| Percent of SPF-SIG States showing a decrease in state level estimate of percent of survey respondents who report 30-day use of alcohol a) age 12-20; b) age 21 and up *(outcome)* | *2008* | Oct-08 | Oct-09 |
| | *2007* | Baseline | Oct-08 |
| Percent of SPF-SIG states showing a decrease in state level estimates of survey respondents who report 30-day use of other illicit drugs a) age 12-17; b) age 18 and up *(outcome)* | *2008* | Oct-08 | Oct-09 |
| | *2007* | Baseline | Oct-08 |
| Percent of SPF-SIG states showing an increase in state level estimates of survey respondents who rate the risk of substance abuse as moderate or great a) age 12-17; b) age 18 and up *(outcome)* | *2008* | Oct-08 | Oct-09 |
| | *2007* | Baseline | Oct-08 |
| 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)* | *2008* | Oct-08 | Oct-09 |
| | *2007* | Baseline | Oct-08 |
| Number of evidence-based policies, practices, and strategies implemented *(output)* | *2008* | Oct-08 | Oct-09 |
| | *2007* | Baseline | Oct-08 |
| Percent of grantee states that have performed needs assessments *(output)* | *2008* | Retiring | |
| | *2007* | 100% | Oct-07 |
| | *2006* | 100% | 92.3%* |
| | *2005* | Baseline | 100% |
| Percent of grantee states that have submitted state plans *(output)* | *2008* | Retiring | |
| | *2007* | 85% | Oct-07 |
| | *2006* | 50% | 92.3%* |
| | *2005* | Baseline | 28% |
| Percent of grantee states with approved plans *(output)* | *2008* | Retiring | |
| | *2007* | Oct-06 | Oct-07 |
| | *2006* | 25% | 69.2%** |
| | *2005* | Baseline | 9% |
| **Data Source:** For outcome measures, baselines for each state will be drawn from the National Survey on Drug Use and Health, State Estimates–<br>For output measures, data are reported by grantees and subject to project officer review. | | | |
| **Data Validation:** Information on methodology and data verification for the NSDUH is available at http://www.oas.samhsa.gov/nhsda/methods.cfm | | | |
| **Cross Reference:** HHS #1.4; Secretary's 500-day plan: supporting community-based approaches to closing the health-care gap, particularly among racial and ethnic minority populations, including American Indians and Alaska Natives; Supporting the First Lady's Initiative on helping America's youth. | | | |

* Includes 100% of Cohort One and 40% of Cohort II

**Includes 85.7% of Cohort I and 0% of Cohort II

The Strategic Prevention Framework State Incentive Grants (SPF SIG) program is a combination of SAMHSA's Infrastructure and Capacity programs. The SPF SIGs provide funding to States

to implement SAMHSA's Strategic Prevention Framework in order to: (1) prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking, (2) reduce substance abuse-related problems in communities, and (3) build prevention capacity and infrastructure at the State and community levels.

Since this program aims to change systems and outcomes at the state level, beginning with 2007, performance data for the SPF SIG outcome measures will be the percentage of states that achieve increases or reductions in each indicator at the State level, using state estimates from the National Survey on Drug Use and Health. These changes have been approved by OMB.

Cohort One (21 states) was funded the end of FY 2004 and has just begun implementing subrecipient services. Cohort Two (5 states) was funded in FY 2005, and Cohort Three (16 total, including 5 tribes and one jurisdiction) was just recently funded in September 2006. In order to measure progress until outcomes are available, the program has developed a set of interim output measures that assess progress through the Strategic Prevention Framework process. Two of the three output measures have been substantially exceeded. Two states in Cohort Two have not yet submitted their needs assessments. Targets for submitting plans and receiving approval were calculated based on the assumption that all of Cohorts One and Two would be complete for both measures and 50% of the latest cohort would have plans submitted.

| **Efficiency Measure** | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Result** |
| Percent of services within cost bands for universal, selected, and indicated interventions (OMB approved) | 2008 | Baseline | Oct-08 |
| **Data Source:** A literature review and archival grantee files were used to establish the baselines. Ongoing data will be collected from grantees | | | |
| **Data Validation:** CSAP's Data Coordination Center (DCC) used a number outside experts in prevention and economics to review existing materials and develop the prevention cost bands. Cost data gathered over the coming year from grantees will be used to verify, validate and refine them. | | | |
| **Cross Reference:** HHS #1.4 | | | |

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

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

| **Long Term Goal:** None* | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Increase the number of persons provided TA services *(output)* | *2008* | 31,000 | Dec-08 |
| | *2007* | 32,000 | Dec-07 |
| | *2006* | 31,000 | 28,123 |
| | *2005* | 21,900 | 28,160 |
| | *2004* | 12,000 | 19,911 |
| | *2003* | -- | 20,275 |
| | *2002* | Baseline | 18,207 |
| Increase the percent of clients reporting that CAPT services substantively enhanced their ability to carry out their prevention work (outcome*)* | *2008* | 80% | Oct-08 |
| | *2007* | 75% | Oct-07 |
| | *2006* | Baseline | 70% |
| **Data Source:** CAPT Annual Reports. The reports reflect data from the national CAPT data collection system. | | | |
| **Data Validation:** Each CAPT follows a quality control protocol prior to collecting and submitting data, and CSAP has established an external quality control system through a support contractor overseen by CSAP staff. | | | |
| **Cross Reference:** HHS #1.4 | | | |

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

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

The number of persons served has declined and the program missed the FY 2006 target. In 2006, the program collected data only on technical assistance events, rather than on all types of technical assistance as in previous years. The program anticipates a further decline in numbers served as its focus has changed to training trainers rather than providing direct technical assistance to providers. This may result in the need to establish new baselines and targets.

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

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

| Measures | FY | Target | Result |
|---|---|---|---|
| 30-day use of other illicit drugs age 12 and up (*outcome)* | *2008* | Retiring | |
| | *2007* | 20% | Nov-07 |
| | *2006* | Baseline | 19.9% |
| Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great*(outcome)* | *2008* | Retiring | |
| | *2007* | 89% | Nov-07 |
| | *2006* | Baseline | 88.6% |
| Number of individuals exposed to substance abuse/hepatitis education services. (output) | *2008* | Nov-07 | Nov-08 |
| | *2007* | Baseline | Nov-07 |
| Percent of participants who used alcohol at pre-test who report a decrease in use of alcohol at post-test (user decrease): a) age 12-20; b) age 21 and up *(outcome)* | 2008 | Nov-07 | Nov-08 |
| | 2007 | Baseline | Nove-07 |
| Percent of participants who report no alcohol use at pre-test who remain non-users at post-test (non-user stability): a) age 12-20; b) age 21 and up *(outcome)* | 2008 | Nov-07 | Nov-08 |
| | 2007 | Baseline | Nov-07 |
| Percent of participants who used illicit drugs at pre-test who report a decrease in 30-day use at post-test (user decrease): a) age 12-17; b) age 18 and up *(outcome)* | 2008 | Nov-07 | Nov-08 |
| | 2007 | Baseline | Nov-07 |
| Percent of participants who report no illicit drug use at pre-test who remain non-users at post-test (non-user stability) : a) age 12-17; b) age 18 and up (outcome) | 2008 | Nov-07 | Nov-08 |
| | 2007 | Baseline | Nov-07 |
| | | | |
| Percent of program participants (age 12-17) who somewhat disapprove or strongly disapprove of substance use | 2008 | 1% above baseline | Nov-08 |
| | 2007 | Baseline | Nov-07 |
| Number of evidence-based policies, practices, and strategies implemented by HIV program grantees | 2008 | Nov-07 | Nov-08 |
| | 2007 | Baseline | Nov-07 |

**Data Source:** Data will be provided by grantees

**Data Validation:** Data are carefully collected, cleaned, analyzed, and reported by CSAP's integrated Data Coordination and Consolidation Center. A web-based data collection and reporting mechanism will be in place by September 2006.

**Cross Reference:** HHS #1.4, 3.5; HP 26-10, 26-11d, 26-14, 26-15; Secretary's 500-day plan: supporting community-based approaches to closing the health-care gap, particularly among racial and ethnic minorities, including American Indians and Alaska Natives.

The goal of this program is to increase the capacity of communities serving the target populations to deliver evidence-based substance abuse prevention and HIV prevention services. This program was redesigned for FY 2005 to incorporate the Strategic Prevention Framework model.

The program will be implementing SAMHSA's National Outcome Measures, including the efficiency measure. In addition, a new measure has been added to reflect the number of individuals exposed to substance abuse/hepatitis education services, to illustrate the performance of outreach and numbers served. The 2006 baselines are results from HIV Cohort 3 only. The newest cohort of Substance Abuse Prevention and HIV Prevention in Minority Communities grants are now completing their initial planning year. Program implementation will commence during FY 2007.

This program has a new set of OMB-approved measures beginning in FY 2007. Because the new cohort population (primarily adults with a focus on re-entry populations) is substantially different from previous cohorts (youth-focused), new baselines will be established. Six-month follow-up data for the alcohol and drug measures will be provided in the narrative.

| **Efficiency Measure** | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Result** |
| Percent of services within cost bands for universal, selected, and indicated interventions (OMB approved) | 2008 | Dec-07 | Dec-08 |
| | 2007 | Baseline | Dec-07 |
| **Data source:** A literature review and archival grantee files were used to establish the baselines. Ongoing data will be collected from grantees. | | | |
| **Data validation:** CSAP's Data Coordination and Consolidation Center used a number of outside experts in prevention and economics to review existing materials and develop the prevention cost bands. Now that OMB approval for their use has been received, cost data gathered over the coming year from grantees will be used to verify, validate, and refine them. | | | |
| **Cross reference:** HHS #1.4 | | | |

Baseline data for the PRNS efficiency measure are expected to be available for FY 2007. Preliminary data based on one cohort of grantees is 50 percent. However, the focus of the program has substantively changed since that cohort. Since the 2006 data are not representative of the current program, they will not be reported in the performance table and will not be used as a basis for future targets.

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

**Synar Amendment Implementation Activities (Section 1926)**

**Long Term Goal:** None*

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase number of States** whose retail sales violations is at or below 20% *(outcome)* | *2008* | 52 | Jul-08 |
| | *2007* | 52 | Jul-07 |
| | *2006* | 52 | 52 |
| | *2005* | 52 | 50 |
| | *2004* | 50 | 49 |
| | *2003* | 50 | 49 |
| | *2002* | 35 | 42 |
| | *2001* | 26 | 30 |
| | *2000* | 26 | 25 |
| | *1999* | -- | 21 |
| | *1998* | -- | 12 |
| | *1997* | Baseline | 4 |

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

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

**Cross Reference:** HHS #1.5

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

Performance has steadily improved, and all States met or exceeded the 20 percent goal for FY 2006. The weighted mean violation rate across all States/Territories was 10.37 percent. Further, 46 States/Territories reported sales violation rates of 15 percent or under, and 26 reported rates below 10 percent, showing that those States achieved significantly better results than those required by law

## 20% Prevention Set-aside

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

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase satisfaction with technical assistance *(output)* | *2008* | Retiring | |
| | *2007* | Retiring | |
| | *2006* | 94.5% | 96.4%** |
| | *2005* | 90% | 94% |
| | *2004* | 90% | 92% |
| | *2003* | 90% | 94% |
| | *2002* | Baseline | 90% |
| Increase perception of harm of drug use *(outcome)** | *2008* | 77% | Dec-08 |
| | *2007* | 75% | Dec-07 |
| | *2006* | 40% | 73.2% |
| | *2005* | Baseline | 72.3% |
| Improvements in non-use (percent ages 12 and older who report that they have never used illicit substances) and in use (30-day use) (same as long-term measure) *(outcome)*[1] | *2008* | 56%/6.9% | Dec-08 |
| | *2007* | 56%/6.9% | Dec-07 |
| | *2006* | 55%/7.4% | 53.9%/8.1% |
| | *2005* | Baseline | 54.2%/7.9% |
| Number of evidence-based policies, practices, and strategies implemented (output) | 2008 | Dec-08 | Dec-09 |
| | 2007 | Baseline | Dec-08 |
| Number of participants served in prevention programs (output) | 2008 | Dec-08 | Dec-09 |
| | 2007 | Baseline | Dec-08 |

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

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

**Cross Reference:** HHS #1.4

* FY2005 NSDUH does not report composite results. CSAP's Data Coordination and Consolidation Center therefore recalculated the baseline and FY 2006 results as the mean of the separate NSDUH results for each drug of the percent of respondents reporting perceived moderate to great risk of any of the drugs.

****** Preliminary data

[1] FY 2008 targets adjusted from Expectmore.gov to reflect performance trends

**NOTE FOR 20% Prevention Set-Aside**: Starting in FY 2008, States are required to submit National Outcome Measures as part of their application for the Substance Abuse Prevention and Treatment Block Grant. The budget enhances accountability and improves performance by requiring States to submit data on NOMS. Many States have been reporting on measures since 2002. States that do not report on NOMS will not receive more than 95 percent of their block grant allocation. States may receive an increase to their allocation if all States do not report. This will require new baselines and targets for some measures. For example, the new measure

for alcohol requests information on days of use as opposed to occasions of use. The new measure for illicit drugs requests information on a single global question as opposed to multiple questions about specific substances. There are slight wording differences also for disapproval of substance abuse. Therefore, new baseline and target values will have to be calculated.

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

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

Currently, the National Survey on Drug Use and Health reports on perception of harm only for youth and by particular substance. CSAP's Data Coordination and Consolidation Center developed a composite of the National Survey on Drug Use and Health data for each drug.

The technical assistance measure has been designated as Retiring because a very small amount of the 20 percent set-aside is devoted to technical assistance activities, and this measure does not reflect the program's objectives. In addition, the program has added two National Outcome Measures: Number of evidence-based policies, practices, and strategies implemented, and Number of people served in prevention programs. These measures are directly related to the program goals and objectives.

| **Efficiency Measure** | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Result** |
| Percent of services within cost bands for universal, selected, and indicated interventions (OMB approved) | *2008* | 50% | Dec-08 |
| | *2007* | Baseline | Dec-07 |
| **Data Source:** Data will be reported by States | | | |
| **Data Validation:** Data are subject to project officer review | | | |
| **Cross Reference:** HHS #1.4 | | | |

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

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

**Capacity Programs Included in this Budget Line**

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

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

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

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

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase the number of clients served *(output)*[1] | *2008* | 35,334 | Oct-08 |
| | *2007* | 35,334 | Oct-07 |
| | *2006* | 34,300 | 35,334 |
| | *2005* | 30,761 | 34,014 |
| | *2004* | 29,567 | 30,217 |
| | *2003* | 21,000 | 28,988 |
| Increase percentage of adults receiving services who: *(outcome)* | *2008* | 52% | Oct-08 |
| | *2007* | 52% | Oct-07 |
| | *2006* | 49% | 52% |
| a) Were currently employed or engaged in productive activities | *2005* | 47% | 48.9% |
| | *2004* | 45% | 45% |
| | *2003* | New baseline | 42.9% |
| b) Had a permanent place to live in the community | *2008* | 51% | Oct-08 |
| | *2007* | 53% | Oct-07 |
| | *2006* | 51% | 49.3% |
| | *2005* | New baseline | 49.2%* |
| c) Had no/reduced involvement with the criminal justice system | *2008* | 96% | Oct-08 |
| | *2007* | 96% | Oct-07 |

| | | | |
|---|---|---|---|
| | *2006* | 98% | 96% |
| | *2005* | 98% | 96% |
| | *2004* | 96% | 95% |
| | *2003* | New baseline | 94.6% |
| d) Experienced no/reduced alcohol or illegal drug related health, behavioral or social, consequences | *2008* | 67% | Oct-08 |
| | *2007* | 67% | Oct-07 |
| | *2006* | 67% | 67% |
| | *2005* | 85% | 65% |
| | *2004* | 83% | 82% |
| | *2003* | New baseline | 81.5% |
| e) Had no past month substance use (same as long term measure)[2] | *2008* | 63% | Oct-08 |
| | *2007* | 63% | Oct-07 |
| | *2006* | 67% | 63% |
| | *2005* | 65% | 64.1% |
| | *2004* | 63% | 63% |
| | *2003* | New baseline | 61.1% |
| **Data Source:** Data are collected through standard instruments and submitted through an online reporting system (SAIS) | | | |
| **Data Validation:** All data are automatically checked as they are input into SAIS. Validation and verification checks are run on the data as they are being entered. The system will not allow any data that are out of range or violate skip patters to be saved into the database. | | | |
| **Cross Reference:** HHS #1.4, HP 26-10c; Secretary's 500-day plan: Supporting community-based approaches to closing the health-care gap, particularly among racial and ethnic minority populations, including American Indians and Alaska Natives. | | | |

*CSAT has tightened the definition of having a permanent place to live in the community to include only those who own or rent a home, to more accurately reflect those who have a permanent place to live in the community. Data before 2005 are not comparable.
[1]Target raised from FY 2007Congressional Justification
[2] 2006 result differs from Expectmore.gov to reflect final data. 2007 and 2008 targets changed to reflect performance trends.

The number of people served reflects the extent to which CSAT funding has supported the provision of substance abuse treatment services. The program has exceeded the target for this measure for the past five years, and the targets have been raised.

The outcome measures directly reflect the results of the program. The target for the employment measure was exceeded and the target for no/reduced alcohol or illegal drug related health, behavioral, social, consequences was met. The targets for housing, reduced criminal justice involvement and for no past month substance use were slightly missed. Performance in these areas, however, still continues to show good results. CSAT will continue to monitor grantees' performance in these areas.

| Efficiency Measure | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Increase the percentage of grantees in appropriate cost bands (80% by FY 2006) (OMB approved) [1] | *2008* | 80% | Oct-09 |
| | *2007* | 80% | Oct-08 |
| | *2006* | 80% | Oct-07 |
| | *2005* | 80% | 81% |
| | *2004* | 80% | 80% |
| | *2003* | Baseline | 79% |
| **Data Source:** Data are reported by grantees | | | |
| **Data Validation:** Data are subject to project officer review | | | |
| **Cross Reference:** HHS #1.4 | | | |

[1] 2006 result differs from Expectmore.gov to reflect final data

The target of 80 percent for FY 2004 was met. Note that although this measure is used for both Capacity and Science to Service, the actual cost bands are different, and thus the data and targets vary.

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

| **Long Term Goal:** See CSAT/Capacity | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Increase the number of clients gaining access to treatment *(output)* [1] | *2008* | 25,000 | Nov-08 |
| | *2007* | 50,000 | Dec-07 |
| | *2006* | 50,000 | 96,959 |
| | *2005* | Baseline | 23,138 |
| Increase the percentage of adults receiving services who: *(outcome)* | *2008* | Nov-07 | Nov-08 |
| | *2007* | 81% | Dec-07 |
| | *2006* | 79% | 81.4% |
| a) had no past month substance use | *2005* | Baseline | 78% |
| b) had improved family and living conditions | *2008* | Nov-07 | Nov-08 |
| | *2007* | 52%% | Dec-07 |
| | *2006* | 63% | 51% |
| | *2005* | Baseline | 62% |
| c) had no/reduced involvement with the criminal justice system | *2008* | Nov-07 | Nov-08 |
| | *2007* | 97% | Dec-07 |
| | *2006* | 95% | 96.8% |
| | *2005* | Baseline | 95% |
| d) had improved social support | *2008* | Nov-07 | Nov-08 |
| | *2007* | 90% | Dec-07 |
| | *2006* | 90% | 90% |
| | *2005* | Baseline | 89% |
| e) were currently employed or engaged in productive activities | *2008* | Nov-07 | Nov-08 |
| | *2007* | 50% | Dec-07 |
| | *2006* | 57% | 50% |
| | *2005* | Baseline | 56% |
| f) had improved retention in treatment | *2008* | Nov-07 | Nov-08 |
| | *2007* | 31% | Dec-07 |

| | | | |
|---|---|---|---|
| | *2006* | 24% | 30.2% |
| | *2005* | Baseline | 22.8% |
| **Data Source:** CSAT's Automated Services Accountability Improvement System (SAIS) | | | |
| **Data Validation:** All data are automatically checked as they are input into SAIS. Validation and verification checks are run on the data as they are being entered. The system will not allow any data that are out of range or violate skip patters to be saved into the database. | | | |
| **Cross Reference:** HHS #1.4; Secretary's 500 day plan: Increasing the commitment to faith-and community-based grants, including Access to Recovery. | | | |

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

1. The first cohort of grantees ends in FY 2007. The second cohort of ATR grantees will begin in FY 2008. Targets for 2008 are lower to allow the new grantees to develop the appropriate infrastructure.

Access to Recovery grants provide people seeking drug and alcohol treatment with vouchers for a range of appropriate community- and faith-based services. Grantees have begun to report data through the Services Accountability Improvement System. This program has far exceeded its target of clients to be served in FY 2006. Over 96,000 clients received services in FY 2006. The target for FY 2007 has not changed due to the fact that targets were pre-set for this program upon its funding and first-cohort grantees are held responsible for serving 125,000 individuals over the 3-year period of the grant.

A new cohort of grantees is expected to be funded by the end of FY 2007. The new cohort is expected to serve 135,000 individuals over the three-year period of the grant. The target for the first year of the grant is 25,000; targets for the second and third years will be 55,000. Targets for the outcome measures will be determined in November 2007 based on the mix of clients and the types of populations the grantees target to serve.

All data shown on outcomes are those collected at discharge. The percentages shown for each outcome represent the percent of clients at discharge who reported a positive outcome for each measure. Targets have been met or exceeded on most measures including abstinence from use, criminal justice involvement, social connectedness, and retention in treatment. The housing and employment measures were not met for this reporting period. CSAT will continue to work with the grantees on these measures.

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

**Long Term Goal:** See CSAT PRNS/Capacity

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase the number of clients served *(output)* | *2008* | 184,697 | Oct-08 |
| | *2007* | 184,597 | Oct-07 |
| | *2006* | 156,820 | 182,770 |
| | *2005* | 70,544 | 155,267 |
| | *2004* | Baseline | 69,161 |
| Increase the percentage of clients receiving services who had | *2008* | 48% | Oct-08 |

| | | | |
|---|---|---|---|
| no past month substance use *(outcome)* | *2007* | 48% | Oct-07 |
| | *2006* | 41.8% | 47.5% |
| | *2005* | Baseline | 39.8% |
| **Data Source:** Quarterly reports from grantees | | | |
| **Data Validation:** Data are subject to project officer review | | | |
| **Cross Reference:** HHS #1.4 | | | |

Screening, Brief Intervention, Referral and Treatment awarded its first grants at the end of FY 2003. Full implementation of the program began on April 1, 2004. Both targets have been exceeded. Future targets have been adjusted upward.

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

**Science to Service Programs Included in this Budget Line**

| | |
|---|---|
| Knowledge Application Program | Addiction Technology Transfer Centers |
| Faith Based Initiatives | SAMHSA Conference Grants |
| Strengthening Treatment Access and Retention | |

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

| Measures | FY | Target | Result |
|---|---|---|---|
| Increase the number of individuals trained per year *(output)* | *2008* | 23,141 | Oct-08 |
| | *2007* | 23,141 | Oct-07 |
| | *2006* | 28,916 | 23,141 |
| | *2005* | 36,077 | 28,630 |
| | *2004* | 21,714 | 35,370 |
| | *2003* | Baseline | 21,289 |
| Increase the percentage of drug treatment professionals trained by the program who | *2008* | 96% | Oct-08 |
| | *2007* | 96% | Oct-07 |
| | *2006* | 96% | 96% |
| a) Would rate the quality of the events as good, very good, or excellent *(output)* | *2005* | 93% | 95% |
| | *2004* | 83.4% | 93.2% |
| | *2003* | 80% | 81.4% |
| b) Shared any of the information from the events with others *(output)* | *2008* | 90%% | Oct-08 |
| | *2007* | 90%% | Oct-07 |
| | *2006* | 88% | 87% |
| | *2005* | 86% | 86% |
| | *2004* | 20.98%* | 84% |
| | *2003* | 80% | 84% |
| c) Report implementing improvements in | *2008* | 93% | Oct-08 |

| | | | | |
|---|---|---|---|---|
| treatment methods on the basis of information and training provided by the program (same as long-term measure) *(outcome)*[1] | *2007* | 93% | Oct-07 |
| | *2006* | 89% | 93% |
| | *2005* | 85% | 87% |
| | *2004* | 18.7%* | 83% |
| | *2003* | 80% | 84% |
| | *2002* | 70% | 86.3% |
| **Data Source:** Data are colleted through technical assistance/training data collection instruments (SAIS) | | | |
| **Data Validation:** All data are automatically checked as they are input into SAIS. Validation and verification checks are run on the data as they are being entered. The system will not allow any data that are out of range or violate skip patters to be saved into the database. | | | |
| **Cross Reference:** HHS #1.4 | | | |

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

[1] 2006 result differs from Expectmore.gov to reflect final data. 2007 and 2008 targets raised to reflect performance trends.

The number of individuals trained declined because several programs previously in the number of programs in the PRNS Science-to-Service portfolio either ended or were changed to the Capacity portfolio. Specifically, the Community Action Grants ended, and the Conference Grants began reporting. The latter are a much smaller program which trains fewer people. Targets have been adjusted to reflect this change. The percentage that shared any of the information from the events with others missed the targets slightly, but still increased from the previous year. The percent reporting implementing improvements exceeded the target.

| **Efficiency Measure** | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Results** |
| Increase the percentage of grantees in appropriate cost bands | *2008* | 100% | Oct-09 |
| | *2007* | 100% | Oct-08 |
| | *2006* | 100% | Oct-07 |
| | *2005* | 100% | 100% |
| | *2004* | 100% | 100% |
| | *2003* | Baseline | 100% |
| **Data Source:** Data are reported by grantees | | | |
| **Data Validation:** Data are subject to project officer review | | | |
| **Cross Reference:** HHS #1.4 | | | |

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

## Substance Abuse Treatment - Substance Abuse Prevention and Treatment Block Grant

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

| Measures | FY | Target | Result |
|---|---|---|---|
| Number of Clients served *(output)* | *2008* | 1,995,244 | Oct-10 |
| | *2007* | 2,003,324 | Oct-09 |
| | *2006* | 1,983,490 | Oct-08 |
| | *2005* | 1,963,851 | Oct-07 |
| | *2004* | 1,925,345 | 1,875,026 |
| | *2003* | 1,884,654 | 1,840,275 |
| | *2002* | 1,751,537 | 1,882,584 |
| Increase the number of States and Territories voluntarily reporting performance measures in their SAPT Block Grant application. *(output)* | *2008* | 42 | Oct-09 |
| | *2007* | 42 | Oct-08 |
| | *2006* | 40 | Oct-07 |
| | *2005* | 36 | 37 |
| | *2004* | 30 | 36 |
| | *2003* | 30 | 21 |
| | *2002* | 25 | 26 |
| Increase the percentage of States and Territories that express satisfaction with Technical Assistance (TA) provided *(output)* | *2008* | 97% | Oct-09 |
| | *2007* | 97% | Oct-08 |
| | *2006* | 97% | Oct-07 |
| | *2005* | 97% | Oct-07 |
| | *2004* | 97% | 88% |
| | *2003* | 97% | 87% |
| | *2002* | 97% | 92% |
| Increase the percentage of TA events that result in systems, program or practice change *(outcome)* | *2008* | Retiring | |
| | *2007* | Retiring | |
| | *2006* | 95% | Oct-07 |
| | *2005* | 95% | Oct-07 |
| | *2004* | 95% | 82% |
| | *2003* | 95% | 91% |
| | *2002* | 95% | 97% |

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

Technical assistance data are collected through an annual customer satisfaction survey with the States/Territories on the block grant activities. The survey supports service improvements and helps the Block Grant program to be more responsive to customer needs. Reliability and validity were assessed as part of survey development, and implementation, and were determined to be high.

**Data Validation:** SAMHSA has been working intensively with the Office of National Drug Control Policy to improve estimation methodology for the number of clients served, while efforts with States focus on improving their ability to collect unduplicated client counts. While still developmental, data for the planned outcome measures will be collected by community-based providers using standard instruments, which will be administered to clients by trained interviewers. Data will be forwarded to the States for analysis and subsequent reporting to CSAT, using the Annual Block Grant Application as a reporting vehicle.

| |
|---|
| Selected measures have been included in a tracking system used with those receiving CSAT technical assistance. The validity and quality of data were assessed in the survey design and development process and found to be high. |
| |
| **Cross Reference:** HHS #1.4 |

The FY 2004 target for numbers served was missed slightly. Treatment Episode Data Set is a proxy for this measure, representing treatment admissions rather than the total number served. FY 2004 is the most recent year for which data are currently available for this measure, because of the time required for states to report data on the number of admissions in any given year. The 2008 target has been reduced slightly (less than 1% below the 2007 target) due to the increasing costs of substance abuse treatment in the face of level funding.

This measure is one of SAMHSA's National Outcome Measures, which, when fully implemented by the end of FY 2007, will provide more direct and accurate data on number of clients served by reporting an unduplicated count of clients. The unduplicated reporting will be phased in among the States. As States begin to report unduplicated counts, Treatment Episode Data Set might show that that the number of admissions has gone down, since readmissions of the same individual in the reporting period would be counted as a single client served. Targets may be adjusted to reflect this change.

The number of States and territories voluntarily reporting performance measures in their SAPT Block Grant application enables SAMHSA and the States to determine performance. The FY 2005 target was exceeded.

The technical assistance measures assess the responsiveness, utility, and outcomes of the program's technical assistance activities. The FY 2005 data is delayed due to an interruption of the survey process because of procurement delays. A subsequent contract has been awarded and surveying will begin again in 2007. CSAT is committed to providing the States and Territories with technical assistance that is responsive to their needs, and will produce survey results for FY 2006 in October 2007.

The program is proposing to retire the second technical assistance measure, Number of TA events that resulted in systems, program, or process change. The program's limited technical assistance resources are being diverted to NOMS implementation, not systems change. Further, technical assistance is not the main purpose of the program.

Measures and targets will be reconsidered when the National Outcome Measures are fully implemented in FY 2008

| Efficiency Measure | | | |
|---|---|---|---|
| **Measure** | **FY** | **Target** | **Result** |
| Increase the percentage of States in appropriate cost bands (OMB approved) | *2008* | 100% | Oct-08 |
| | *2007* | 100% | Oct-08 |
| | *2006* | 100% | Oct-07 |
| | *2005* | Baseline | 100% |
| **Data Source:** Data are reported by States in the SAPT Block Grant application | | | |
| **Data Validation:** Data are subject to project officer review | | | |
| **Cross Reference:** HHS #1.4 | | | |

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

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

| **Long Term Goal:** None | | | |
|---|---|---|---|
| **Measures** | **FY** | **Target** | **Result** |
| Availability and timeliness of data for the: *(output)* | *2008* | 8 mos. | Sept-08 |
| | *2007* | 8 mos. | Sept-07 |
| a) National Survey on Drug Use and Health (NSDUH) | *2006* | 8 mos. | 8 mos. |
| | *2005* | 8 mos. | 8 mos. |
| | *2004* | 8 mos. | 8 mos. |
| | *2003* | 8 mos. | 8 mos. |
| | *2002* | 8 mos. | 8 mos. |
| b) Drug Abuse Warning Network (DAWN) | *2008* | 10 mos. | Oct-08 |
| | *2007* | 12 mos. | 14 mos. |
| | *2006* | 15 mos. | 16 mos. |
| | *2005* | 9 mos. | 12 mos. |
| | *2004* | 9 mos. | 8 mos. |
| | *2003* | 9 mos. | 8 mos. |
| | *2002* | 9 mos. | 8 mos. |
| c) Drug and Alcohol Services Information System (DASIS) | *2008* | 15 mos. | Sept-08 |
| | *2007* | 15 mos. | Sept-07 |
| | *2006* | 15 mos. | 9 mos. |
| | *2005* | 16 mos. | 13 mos. |
| | *2004* | 16 mos. | 11 mos. |
| | *2003* | 16 mos. | 11 mos. |
| | *2002* | 16 mos. | 13 mos. |
| **Data Source:** Program reports on the number of months between the end of data collection and the release of data. DAWN data represent the survey of emergency departments; DASIS data represent the data report of the National Survey of Substance Abuse Treatment Services. | | | |
| **Data Validation:** Not applicable | | | |
| **Cross Reference:** HHS #1.4; HP 26-multiple objectives | | | |

The 2006 target for the National Survey on Drug Use and Health and Drug and Alcohol Services Information System were met. The Drug Abuse Warning Network data collection was redesigned in 2003 and a new contract awarded, resulting in a delay in the release of data in 2005. Data are expected to be release in 12 months or less beginning in 2007.

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

## Substance Abuse and Mental Health Services Administration
### Changes and Improvement over Previous Years

| Program | Change from 2007 Congressional Justification |
|---|---|
| Mental Health Programs of Regional and National Significance | Client functioning baseline reporting date changed to December 2007 |
| Mental Health State Incentive Grants for Transformation | Performance table added |
| Co-Occurring State Incentive Grants | Reporting date for baseline on first two measures changed to November 2007 |
| National Child Traumatic Stress Initiative | Wording of former measure "Increase the number of children and adolescents reached by improved services" slightly modified to "Increase the number of children and adolescents receiving trauma-informed services."<br><br>OMB-approved interim efficiency measure added<br><br>Added measure, *Increase percentage of child-serving professionals who report implementing trauma-informed practices and services after receiving training (outcome*), to better reflect scope of program |
| Comprehensive Community Mental Health Services for Children and their Families | Targets for law enforcement measure for 2006 and 2007 have been corrected<br><br>Revised OMB-approved efficiency measure included; replaces two previous measures |
| Protection and Advocacy for Individuals with Mental Illness | 2007 targets for the neglect and civil rights measures changed |
| Community Mental Health Services Block Grant | 2007 targets for readmission rates and evidence-based practices measures changed |

| | |
|---|---|
| | OMB-approved efficiency measure added; evidence-based practice measure retained as an output measure |
| CSAP Programs of Regional and National Significance | Explanation of NOMs-related changes added<br><br>OMB-approved changes to measures included.<br><br>OMB-approved efficiency measure added |
| Strategic Prevention Framework State Incentive Grants | OMB-approved changes to measures included. |
| Substance Abuse Prevention and HIV Prevention in Minority Communities | New measure added: Number of individuals exposed to substance abuse/hepatitis education services<br><br>OMB-approved changes to measures included.<br><br>OMB-approved efficiency measure added |
| 20% Prevention Set-Aside | Technical assistance measure to be retired in 2007.<br><br>Two National Outcome Measures added, *Number of evidence-based policies, practices, and strategies implemented,* and *Number of participants served in prevention programs.* |
| Substance Abuse Prevention and Treatment Block Grant | Second technical assistance measure, *Increase the percentage of TA events that result in systems, program or practice change*, is proposed to be retired. |
| Substance Abuse Treatment Programs of Regional and National Significance—Capacity Programs | List of programs included in the budget line changed |
| Substance Abuse Prevention and Treatment Block Grant | Second technical assistance measure proposed to be retired. |

# Substance Abuse and Mental Health Services Administration
## Program Assessment Rating Tool (PART) Summary Table and Narrative
*(Dollars in millions)*

| Program | FY 2007 Estimate | FY 2008 Estimate | | Narrative Rating |
|---|---|---|---|---|
| | | Total | +/- FY 2007 Estimate | |
| **CY 2002 PARTs** | | | | |
| CMHS Children's MH Service | $104.1 | 104.1 | --- | Moderately Effective |
| CMHS PATH Homelessness | $54.3 | $54.3 | --- | Moderately Effective |
| CSAT PRNS | $399.0 | $352.1 | -$46.9 | Adequate |
| **CY 2003 PARTs** | | | | |
| MH Block Grant | $428.3 | $428.3 | --- | Adequate |
| SAPT Block Grant | $1,758.6 | $1,758.6 | --- | Ineffective |
| **CY 2004 PARTs** | | | | |
| CSAP PRNS | $192.9 | $156.5 | -$36.4 | Moderately Effective |
| **CY 2005 PARTs** | | | | |
| CMHS PRNS | $263.2 | $186.6 | -$76.6 | Results Not Demonstrated |
| Protection and Advocacy for Individuals with Mental Illness (PAIMI) | $34.0 | $34.0 | --- | Moderately Effective |
| **CY 2006 PARTs** | | | | |
| SAMHSA did not have any programs undergo a PART review in CY 2006. | --- | --- | --- | Not Applicable |

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**Substance Abuse and Mental Health Services Administration**
**Supplemental Material**

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**Supplemental Materials**

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

| | Detail of Full-Time Equivalents (Workyears) | | |
|---|---|---|---|
| | **FY 2006 Actual** | **FY 2007 Cont.Res** | **FY 2008 Pres.Budget** |
| **1. Ceiling FTE** | | | |
| Direct: Program Management | | | |
| a. CMHS | 89 | 92 | 92 |
| b. CSAP | 85 | 80 | 80 |
| c. CSAT | 82 | 82 | 82 |
| d. OA | 27 | 28 | 28 |
| e. OPPB | 38 | 39 | 39 |
| f. OAS | 24 | 26 | 26 |
| g. OPS | 94 | 93 | 93 |
| Direct: Block Grant Set-Aside | 27 | 40 | 40 |
| Total, Direct Ceiling FTE | 466 | 480 | 480 |
| Reimbursable: | | | |
| a. Program Management - CMHS | 4 | 4 | 4 |
| b. Mental Health Block Grant (PHS Eval. Funds) | 15 | 17 | 17 |
| c. Drug Free Communities (DFC) | 18 | 19 | 19 |
| Total, Reimbursable Ceiling FTE | 37 | 40 | 40 |
| Total, Ceiling FTE | 503 | 520 | 520 |
| **2. Statutory Exempt FTE** | | | |
| Direct | --- | --- | --- |
| Reimbursable: | | | |
| a. St. Elizabeth's Hospital (DC Gov't) | 21 | 20 | 20 |
| Total Reimb. Stat Exempt FTE | 21 | 20 | 20 |
| Total, Statutory Exempt FTE | 21 | 20 | 20 |
| Total Direct FTE | 466 | 480 | 480 |
| Total Reimbursable FTE | 58 | 60 | 60 |
| Total SAMHSA FTE | 524 | 540 | 540 |

| Average GS Grade | |
|---|---|
| 2003 | 12.5 |
| 2004 | 12.5 |
| 2005 | 12.5 |
| 2006 | 12.5 |
| 2007 | 12.5 |

## Substance Abuse and Mental Health Services Administration
## Detail of Positions

| | FY 2006 Actual | FY 2007 Cont. Res | FY 2008 Pres. Budget |
|---|---|---|---|
| **Executive Level I** | --- | --- | --- |
| **Executive Level II** | --- | --- | --- |
| **Executive Level III** | --- | --- | --- |
| **Executive Level IV** | 1 | 1 | 1 |
| **Executive Level V** | --- | --- | --- |
| **Subtotal** | 1 | 1 | 1 |
| **Total - Exec Level Salaries** | **$143,000** | **$145,400** | **$149,762** |
| | | | |
| **SES 1/** | 13 | 15 | 15 |
| **Subtotal 1/** | 13 | 15 | 15 |
| **Total, SES salaries** | **$1,958,320** | **$2,339,748** | **$2,409,940.00** |
| | | | |
| **GM/GS-15** | 71 | 71 | 71 |
| **GM/GS-14** | 123 | 125 | 125 |
| **GM/GS-13** | 139 | 140 | 130 |
| **GS-12** | 29 | 30 | 30 |
| **GS-11** | 25 | 29 | 29 |
| **GS-10** | 2 | 2 | 2 |
| **GS-09** | 26 | 24 | 24 |
| **GS-08** | 18 | 18 | 18 |
| **GS-07** | 21 | 21 | 21 |
| **GS-06** | 13 | 14 | 14 |
| **GS-05** | --- | 1 | 1 |
| **GS-04** | 1 | --- | --- |
| **GS-03** | --- | --- | --- |
| **GS-02** | 1 | 1 | 1 |
| **GS-01** | --- | --- | --- |
| **Subtotal** | 469 | 476 | 466 |
| **Total, GS salaries** | **$42,535,625** | **$44,288,566** | **$44,627,223** |
| | | | |
| **CC-08/09** | 1 | 1 | 1 |
| **CC-07** | --- | --- | --- |
| **CC-06** | 16 | 16 | 18 |
| **CC-05** | 4 | 6 | 9 |
| **CC-04** | 4 | 7 | 9 |
| **CC-03** | --- | 3 | 5 |
| **CC-02** | --- | 3 | 4 |
| **CC-01** | --- | --- | |
| **Subtotal 2/** | 25 | 36 | 46 |
| **Total, CC salaries** | **$2,499,676** | **$3,909,586** | **$4,026,873** |
| | | | |
| **Average ES level** | ES IV | ES | ES |
| **Average ES salary** | $143,000 | $145,400 | $149,762 |
| **Average SES level** | SES | SES | SES |
| **Average SES salary** | $149,871 | $155,983 | $160,663 |
| **Average GS grade** | 12.5 | 12.5 | 12.5 |
| **Average GS salary** | 88756 | $91,099 | $93,832 |
| **Average CC level** | 5.6 | 5.2 | 5.2 |
| **Average CC salaries** | $119,032 | $122,174 | $125,839 |

1/ SES allocation for FY 2006 was increased to 15

2/ FTE numbers for Commissioned Corps do not include reimbursable FTEs for Officers detailed to D.C. Government i.e., 30 reimbursable FTEs allocated in FY 2006; 20 allocated in FY 2007/2008.

# Substance Abuse and Mental Health Services Administration
# Performance Budget Crosswalk

*(Dollars in Thousands)*

| Performance Program Area (PPA) | Page Number | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud |
|---|---|---|---|---|
| ***MENTAL HEALTH SERVICES*** | | | | |
| **Programs of Regional & National Significance** | | | | |
| MENTAL HEALTH SIGs for TRANSFORMATION | **PD-5** | **26,012** | **26,012** | **19,796** |
| CO-OCCURRING SIGs | **PD-5** | **11,955** | **7,618** | **2,113** |
| CHILD TRAUMATIC STRESS INITIATIVE | **PD-6** | **29,418** | **29,418** | **28,068** |
| SAFE SCHOOLS/HEALTHY STUDENTS | **PD-9** | **80,912** | **80,868** | **68,468** |
| **SUB-TOTAL** | | **148,297** | **143,916** | **118,445** |
| **Children's Mental Health Services** | | | | |
| COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN & THEIR FAMILIES | **PD-10** | **104,006** | **104,078** | **104,078** |
| **Mental Health Services Protection & Advocacy** | | | | |
| PROTECTION & ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS | **PD-13** | **34,000** | **34,000** | **34,000** |
| **PATH** | | | | |
| PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) | **PD-16** | **54,223** | **54,261** | **54,261** |
| **Mental Health Services Block Grant** | | | | |
| COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT | **PD-19** | **427,974** | **428,256** | **428,256** |

# Substance Abuse and Mental Health Services Administration
# Performance Budget Crosswalk

*(Dollars in Thousands)*

| Performance Program Area (PPA) | Page Number | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud |
|---|---|---|---|---|
| ***SUBSTANCE ABUSE PREVENTION*** | | | | |
| **Programs of Regional & National Significance** | | | | |
| SPF STATE INCENTIVE GRANTS (SIGs) | **PD-25** | **105,844** | **105,462** | **95,389** |
| CENTERS FOR APPLICATION OF PREVENTION TECHNOLOGIES (CAPTs) | **PD-27** | **8,098** | **9,430** | **---** |
| SUBSTANCE ABUSE PREVENTION and HIV PREVENTION IN MINORITY COMMUNITIES | **PD-28** | **39,385** | **39,385** | **39,385** |
| **SUBTOTAL** | | **153,327** | **154,277** | **134,774** |

| Performance Program Area (PPA) | Page Number | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud |
|---|---|---|---|---|
| ***SUBSTANCE ABUSE TREATMENT*** | | | | |
| **Programs of Regional & National Significance** | | | | |
| CSAT CAPACITY (Less ATR & SBIRT) | **PD-33** | **241,553** | **241,827** | **199,881** |
| **SUBTOTAL** | | | | |
| ACCESS TO RECOVERY | **PD-35** | **98,208** | **98,208** | **98,000** |
| SCREENING, BRIEF INTERVENTION, REFERRAL & TREATMENT | **PD-36** | **29,624** | **29,624** | **41,151** |
| **SUBTOTAL, CSAT CAPACITY** | | **369,385** | **369,659** | **339,032** |
| CSAT SCIENCE TO SERVICE PROGRAMS | **PD-37** | **29,290** | **29,290** | **13,058** |
| **SUBTOTAL** | | **398,675** | **398,949** | **352,090** |

# Substance Abuse and Mental Health Services Administration
# Performance Budget Crosswalk

*(Dollars in Thousands)*

| Performance Program Area (PPA) | Page Number | FY 2006 Actual | FY 2007 Cont.Res | FY 2008 Pres.Bud |
|---|---|---|---|---|
| **Substance Abuse Prevention & Treatment Block Grant** | | | | |
| 20% PREVENTION | **PD-31** | **351,485** | **351,718** | **351,718** |
| 80% TREATMENT | **PD-39** | **1,405,940** | **1,406,873** | **1,406,873** |
| **SUBTOTAL** | | **1,757,425** | **1,758,591** | **1,758,591** |
| NATIONAL SURVEYS (reflects Option #1 in 2008) **SUBTOTAL** | **PD-41** | **77,962** | **75,481** | **78,512** |
| **SAMHSA TOTAL REQUEST** | | **3,077,927** | **3,076,328** | **2,984,495** |

# Substance Abuse and Mental Health Services Administration
# Full Cost Summary

Description of Methodology- Each program is reporting full cost information using the HHS standard methodology. SAMHSA's application of the methodology involves assigning Program Management dollars across budget lines based upon the number of FTEs directly assigned to the program.

Reporting full cost information includes two types of information. First, the full cost for each program is reported along with the requested budget amount. Second, SAMHSA has estimated the percentage of full cost that is attributable to each performance program area and the associated measures. Cost is not attributed to measures for which annual data are not yet available, or is cost attributed to long-term measures. Full cost information for GPRA performance programs is contained in a full cost table that follows each performance table.

Because SAMHSA does not report GPRA data for activities smaller than $10,000,000, PRNS full cost information will not total the entire appropriation. However, full-cost information is provided for most of SAMHSA appropriated dollars.

# Substance Abuse and Mental Health Services Administration
# Full Cost Summary
*(Dollars in Millions)*

| Performance Program Area | FY 2006 | FY 2007 | FY 2008 |
|---|---|---|---|
| **MENTAL HEALTH Transformation SIGs** [1/] | **27,679** | **27,679** | **21,608** |
| **CO-OCCURRING SIGs** [1/] | **12,721** | **8,106** | **2,306** |
| **CHILD TRAUMATIC STRESS INITIATIVE** | **31,303** | **31,303** | **30,637** |
| *Increase the number of children and adolescents reached by improved services.* | **31,303** | **31,303** | **30,637** |
| **SAFE SCHOOLS/HEALTHY STUDENTS** [1/] | **86,096** | **86,049** | **74,735** |
| **COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN & THEIR FAMILIES** [1/] | **106,278** | **106,351** | **106,380** |
| *Increase the number of children served* | *63,767* | *63,811* | *63,828* |
| *Improve children's outcomes and systems outcomes* | *42,511* | *42,540* | *42,552* |
| **PROTECTION & ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)** | **34,856** | **34,857** | **34,867** |
| *Increase percentage of complaints of alleged abuse and neglect, substantiated and not withdrawn by the client, that resulted in positive change for the client in his/her environment, community, or facility, as a result of PIAMI involvement* | *10,457* | *10,457* | *10,460* |
| *Increase percentage of complaints of alleged rights violations, substantiated and not withdrawn by the client, that resulted in positive change for the client in his/her environment, community, or facility, as a result of PIAMI involvement* | *10,457* | *10,457* | *10,460* |
| *Increase in the number of people served by the PAIMI program* | *10,457* | *10,457* | *10,460* |
| *Ratio of persons served/impacted per activity/intervention* | *1,743* | *1,743* | *1,743* |
| *Cost per 1,000 individuals served/impacted* | *1,743* | *1,743* | *1,743* |
| **PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS** | **55,474** | **55,513** | **55,529** |
| *Increase number of homeless persons contacted* | *27,737* | *27,756* | *27,764* |
| *Increase percentage of homeless persons contacted who become enrolled in services* | *27,737* | *27,756* | *27,764* |
| **COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT** [1/] | **438,477** | **438,765** | **438,899** |
| *Increase number of people served by the public mental health system* | *263,086* | *263,259* | *263,339* |
| *Reduce rate of readmissions to State psychiatric hosp* | *87,695* | *87,753* | *87,780* |
| *Increase rate of consumers/family members reporting positively about outcomes* | *87,695* | *87,753* | *87,780* |

# Substance Abuse and Mental Health Services Administration
# Full Cost Summary
*(Dollars in Millions)*

| Performance Program Area | FY 2006 | FY 2007 | FY 2008 |
|---|---|---|---|
| **SUBSTANCE ABUSE PREVENTION PRNS** [2/] | **44,357** | **43,440** | **25,063** |
| *Percent of program participants that rate the risk of substance abuse as moderate or great* | *11,089* | *10,860* | *6,266* |
| *Percent of program participants that rate substance abuse as wrong or very wrong* | *11,089* | *10,860* | *6,266* |
| *Increase number of evidence-based policies, practices, and strategies implemented by communities* | *11,089* | *10,860* | *6,266* |
| *Number of practices reviewed and approved through the NREPP process* | *11,089* | *10,860* | *6,266* |
| **STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANTS** | **119,041** | **118,609** | **110,238** |
| **CENTERS FOR APPLICATION OF PREVENTION TECHNOLOGIES (CAPTs)** [1/] | **9,108** | **10,606** | **---** |
| *Increase the number of persons provided TA services* | *4,554* | *5,303* | **---** |
| *Increase the percent of clients reporting that CAPT srvices substantively enhanced their ability to carry out their prevention work.* | *4,554* | *5,303* | **---** |
| **SUBSTANCE ABUSE PREVENTION and HIV PREVENTION IN MINORITY COMMUNITIES** [1/] | **44,296** | **44,295** | **45,516** |
| **CSAT CAPACITY** | **389,213** | **389,500** | **359,914** |
| *Increase the number of clients served.* | *311,371* | *311,600* | *287,931* |
| *Improve adult outcomes* | *77,843* | *77,900* | *71,983* |
| **ACCESS TO RECOVERY** [1/] | **103,480** | **103,479** | **104,036** |
| **SCREENING, BRIEF INTERVENTION, REFERRAL & TREATMENT** [1/] | **31,214** | **31,214** | **43,686** |
| **CSAT SCIENCE TO SERVICE PROGRAMS** | **30,862** | **30,862** | **13,862** |
| *Increase the number of individuals trained per year.* | *12,345* | *12,345* | *5,545* |
| *Increase the percentage of participants who rate the quality of the events as high; share or use information* | *12,345* | *12,345* | *5,545* |
| *Increase the percentage of grantees in appropriate cost bands.* | *6,173* | *6,172* | *2,772* |
| **Substance Abuse Prevention & Treatment Block Grant** | **1,772,241** | **1,773,415** | **1,773,605** |
| SYNAR AMENDMENT [3/] | --- | --- | --- |
| **20% PREVENTION** [1/] | **354,448** | **354,683** | **354,721** |
| *Increase satisfaction with technical assistance* | *354,448* | *354,683* | *354,721* |
| **80% TREATMENT** | **1,417,793** | **1,418,732** | **1,418,884** |
| *Number of Clients served:* | *992,455* | *993,113* | *993,219* |
| *Increase the number of States and Territories voluntarily reporting performance measures* | *141,779* | *141,873* | *141,888* |
| *Assistance (TA) provided* | *141,779* | *141,873* | *141,888* |
| *change.* | *141,779* | *141,873* | *141,888* |
| **BG SETASIDE NATIONAL SURVEYS** [4/] ***NON-ADD*** | **78** | **75** | **79** |
| *Availability and timeliness of data* | *78* | *75* | *79* |
| **FULL COST TOTAL** | **3,217,654** | **3,215,432** | **3,130,644** |

1. The amount shown represents the total full cost of the program. Full cost will be allocated to the individual measures as measures are developed and/or as data become available.

2. Displays the original State Incentive Grant (SIG) for CSAP. Full cost will be allocated as data become available.

3. Full costs are included within the 20% set-aside table

4. This program is funded out of the 5% set-aside of the SAPTBG, therefore full costs are assigned to the block grant program

5. The measures shown under each PPA are displayed as "*non-adds*"

**Financial Management Systems**

UFMS Development and Implementation

The Unified Financial Management System (UFMS) is being implemented to replace five legacy accounting systems currently used across the Operating Divisions (Agencies). The UFMS will integrate the Department's financial management structure and provide HHS leaders with a more timely and coordinated view of critical financial management information. The system will also facilitate shared services among the Agencies and thereby, help management reduce substantially the cost of providing accounting service throughout HHS. Similarly, UFMS, by generating timely, reliable and consistent financial information, will enable the component agencies and program administrators to make more timely and informed decisions regarding their operations. UFMS has been in production for the CDC and FDA for over a year, with new functionality releases of Grants and IVR in October 2005 and eTravel in April 2006. The PSC implementation was moved to production on October 16, 2006.

UFMS Operations and Maintenance (O&M)

The PSC has the responsibility for ongoing Operations and Maintenance (O&M) activities for UFMS. The scope of O&M services includes post deployment support and ongoing business and technical operations services. Post-deployment services include supplemental functional support, training, change management and technical help-desk services. On-going business operation services involve core functional support, training and communications, and help desk services. On-going technical services include the operations and maintenance of the UFMS production and development environments, on-going development support, and backup and disaster recovery services. In accordance with Federal and HHS policy, the UFMS application is under an approval to operate through February 16, 2007 by the designated Certifying Authority and Designated Approving Authority (DAA). The UFMS application will be approved for operation for 1 year after this date. After October 2007, when all OPDIVs will be operational on UFMS, then a 3-year certification will be completed. This approval to operate assures that the necessary security controls have been properly reviewed and tested as required by the Federal Information Security Management Act (FISMA). SAMHSA requests $717,506 to support these efforts in FY 2008.

Administrative Systems

With the implementation of a modern accounting system, HHS has efforts underway to consolidate and implement automated administrative systems that share information electronically with UFMS. These systems will improve the business process flow within the Department, improve Funds Control and provide a state of the art integrated Financial Management System encompassing Finance, Budget, Acquisition, Travel and Property. As the UFMS project is nearing completion, the integration of administrative systems is the next step in making these processes more efficient and effective. SAMHSA requests $43,685 to support these efforts in FY 2008.

**HHS Consolidated Acquisition System**

The HHS Consolidated Acquisition System (HCAS) initiative is a Department-wide contract management system that will integrate with the Unified Financial Management System (UFMS). The applications within the HCAS are Compusearch PRISM and a portion of the Oracle Compusearch Interface (OCI). PRISM is a federalized contract management system that helps streamline the procurement process. The implementation of PRISM includes the functionality of contract writing, simplified acquisitions, electronic approvals and routing, pre-award tracking, contract monitoring, post award tracking, contract closeout and reporting. Major functions once integrated with the UFMS include transfer of iProcurement requisition for commitment accounting and funds verification to PRISM and transmission of the award obligation from PRISM to Oracle Financials.

Benefits:
The following benefits will be realized by the Department and the individual OPDIVs/STAFFDIVs once the HCAS system is fully implemented and integrated with UFMS:

• Commitment Accounting
• Integration to other HHS Administrative Systems
• Decreased Operational Costs
• Increased Efficiency and Productivity
• Improved Decision Making – Unified systems
– Data Integrity
– Reporting
– Performance Measurement
– Financial Accountability
• Standardization
– Business Processes
– Information Technology
• Consistent Customer Service Levels
• Refocus personnel efforts on value-added tasks
• Knowledge Sharing
• System Enabled Work
– HHS Acquisition Personnel – contracting
– Customers in requirement preparation – requisitioning
• Meets Organizational Drivers and Goals (President's Management Agenda, One-HHS, OMB Line of Business)

The HCAS team is working closely with the UFMS PMO and HHS PMO to ensure a smooth roll out of both PRISM and iProcurement. An integrated team, including personnel from UFMS, Acquisition and Assets has been formed to ensure maximum utilization of in-house expertise. SAMHSA requests $243,699 to support these efforts in FY 2008.

**ENTERPRISE INFORMATION TECHNOLOGY FUND**

The SAMHSA contribute $311,977 of its FY 2008 budget to support Department enterprise information technology initiatives as well as the President's Management Agenda (PMA) Expanding E-Government initiatives. Operating Division contributions are combined to create an Enterprise Information Technology (EIT) Fund that finances both the specific HHS information technology initiatives identified through the HHS Information Technology Capital Planning and Investment Control process and the PMA initiatives. These HHS enterprise initiatives meet cross-functional criteria and are approved by the HHS IT Investment Review Board based on funding availability and business case benefits. Development is collaborative in nature and achieves HHS enterprise-wide goals that produce common technology, promote common standards, and enable data and system interoperability. The HHS Department initiatives also position the Department to have a consolidated approach, ready to join in PMA initiatives.

Of the amount specified above, $65,206 is allocated to support the President's Management Agenda Expanding E-Government initiatives for FY 2008. This amount supports the PMA E-Government initiatives as follows:

| PMA e-Gov Initiative | FY 2007 Allocation | FY 2008 Allocation |
|---|---|---|
| Business Gateway | $6,509 | $3,928 |
| E-Authentication | $0 | $2,717 |
| E-Rulemaking | $0 | $0 |
| E-Travel | $0 | $2,619 |
| Grants.Gov | $34,979 | $36,028 |
| Integrated Acquisition | $12,027 | $12,395 |
| Geospatial LOB | $0 | $0 |
| Federal Health Architecture LoB | $0 | $0 |
| Human Resources LoB | $1,094 | $1,094 |
| Grants Management LoB | $1,846 | $3,644 |
| Financial Management LoB | $753 | $1,290 |
| Budget Formulation & Execution LoB | $677 | $768 |
| IT Infrastructure LoB | $722 | $722 |
| **TOTAL** | $58,607 | $65,206 |