DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2006

Substance Abuse and Mental Health Services Administration

Justification of Estimates for Appropriations Committees

March 2005

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 (SAMHSA) fiscal year (FY) 2006 Congressional Justification. This justification integrates budget and performance information, directly supports the President's and HHS's priority initiatives and reflects the goals and objectives in the Department's FY 2004-2009 Strategic Plan. SAMHSA's FY 2006 budget request totals $3,336.0 million, a $56 million reduction from the FY 2005 appropriation.

SAMHSA is realigning its resources towards three priority areas: the Access to Recovery substance abuse treatment voucher program ($150 million, an increase of $50.8 million); the Mental Health State Incentive Grants for Transformation ($26 million, an increase of $6.0 million); and the Strategic Prevention Framework State Incentive Grants ($93.5 million, an increase of $7.9 million). Proposed reductions in Programs of Regional and National Significance primarily reflect reductions in Best Practices activities, further targeting SAMHSA's competitive grant and contract resources to expand service and program provision. Reductions are proposed for both Best Practices and Targeted Capacity Expansion in Mental Health PRNS, but allow for full funding of all continuing grants and contracts. The $2.0 million decrease proposed in program management reflects a one-year mental health data collection activity conducted in FY 2005.

SAMHSA's budget does not include funding for St. Elizabeths Hospital, as the property will be excessed in FY 2005. Funds were included in the U. S. General Services Administration budget.

SAMHSA's performance budget submission is aligned with the agency's three strategic goals, Accountability, Capacity and Effectiveness. Each SAMHSA program tracks back to one of these goals, which also serve as Government Performance and Results Act (GPRA) goals. With a comprehensive set of programmatic goals and measures, SAMHSA has provided a detailed analysis for all programs and selected activities, for a total of 17 performance program areas, including progress on consolidated reporting and outcome indicators. SAMHSA is continuing to implement similar performance measures across all agency programs with common purposes.

By implementing performance management through strategic/GPRA goals, SAMHSA has targeted its resources to expand service capacity and implement evidence-based practices. SAMHSA continues to engage all stakeholders in providing effective services by facilitating access to the latest information on evidence-based practices and accountability standards. To continue to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness, SAMHSA continues to pursue more effective means to measure the agency's achievements and realize further improvements.

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

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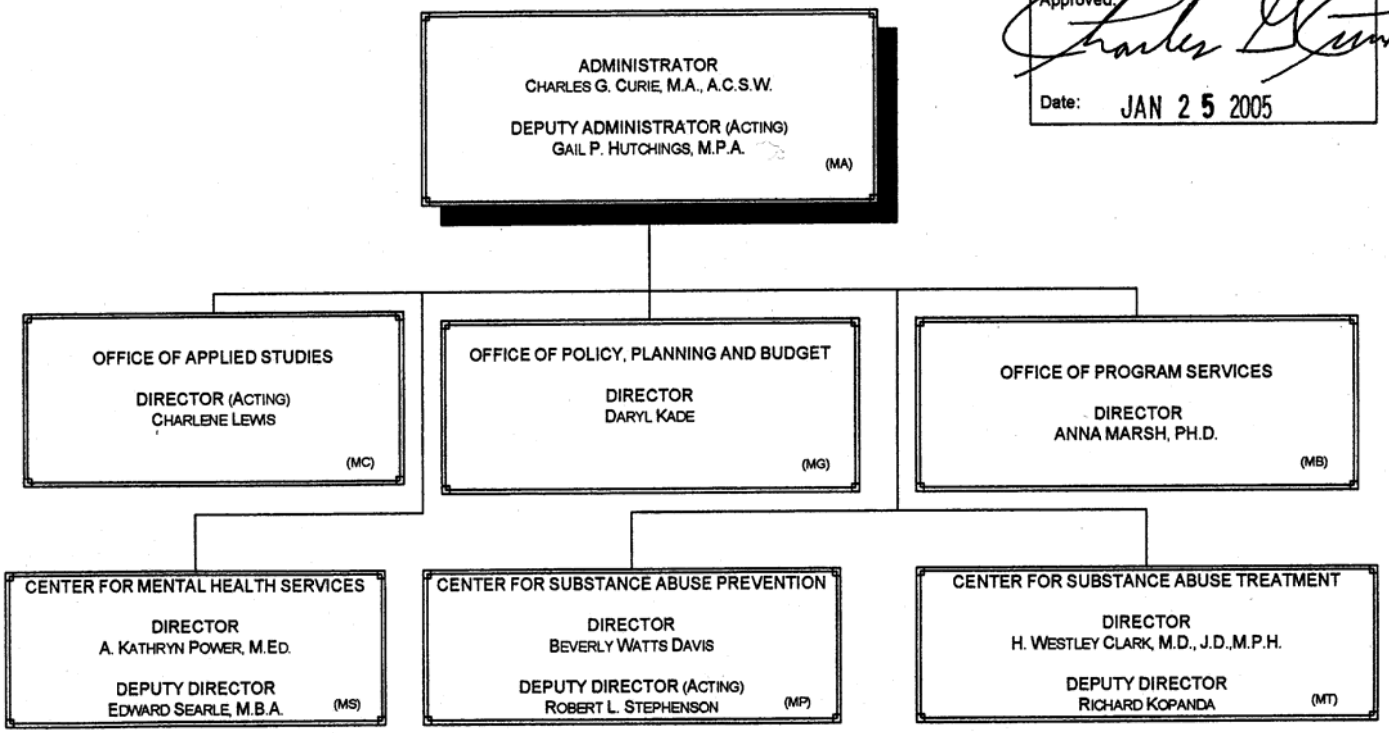
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Approved:

Date: JAN 25 2005



Substance Abuse and Mental Health Services Administration
Performance Budget Overview

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

SAMHSA was established in 1992 and reauthorized in 2000. SAMHSA administers a combination of competitive, formula, and block grant programs and data collection activities. Programs are carried out through the Center for Mental Health Services (CMHS); the Center for Substance Abuse Prevention (CSAP); the Center for Substance Abuse Treatment (CSAT); and the Office of Applied Studies (OAS). Reauthorization for SAMHSA and its programs will be considered in the current 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 Goals - In 2002, SAMHSA began to develop a strategic plan. Agency goals are Accountability, Capacity, and Effectiveness. A chart showing the vision, mission, goals and objectives may be found at the end of this section. Pending broad constituent and public input and HHS approval, SAMHSA intends to issue the new strategic plan in 2005. The FY 2006 performance budget submission continues to be 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 two years. The program categories used in the performance budget submission align with the matrix. The matrix is included at the end of this section. Action plans have been developed for each program priority area, and are displayed on SAMHSA's web site at www.samhsa.gov.

SAMHSA's planning and budget decisions also emphasize alignment with HHS strategic goals. All of SAMHSA's activities directly support HHS strategic objectives 1.4 (Reduce Substance Abuse), 1.5 (Reduce tobacco use, especially among youth), and 3.5 (Expand access to health care services for targeted populations with special health care needs), and all HHS management objectives. A table showing the relationship of SAMHSA's programs to HHS and SAMHSA strategic goals is included in the Supplemental Information section of this submission. A detailed "Budget by Strategic Goal" section is included in the HHS Performance Budget Summary.

In 2003, SAMHSA developed four standard announcements for grant programs that provide a framework for reviewing current Programs of Regional and National Significance (PRNS) programs and developing future activities. These standard announcements were implemented for FY 2004 and FY 2005 grant programs. The four announcements accomplish the necessary steps

to move promising practices through an assessment process and into actual adoption in service settings.

Overview of Agency Performance - Key improvements in this year's GPRA plan include:

- Reviewing and correcting the count of FY 2005 measures and targets in the FY 2005 Congressional Justification.
- Reviewing the FY 2005 "Outcome," and "Efficiency" designations for consistency.
- Continuing to incorporate PART review results, measures, and data collection improvements.
- Adding measures for major new programs that will begin producing performance data in the near future.

SAMHSA's general approach to performance is to use its budget lines as its GPRA programs. SAMHSA has not created separate GPRA goals, but uses its agency-wide strategic goals as its GPRA goals. Each program tracks back to one of SAMHSA's strategic goals: Accountability, Capacity, or Effectiveness. Most programs influence more than one strategic goal, and this is reflected in the inclusion, for example, of performance measures that address both numbers of people served (Capacity) and client outcomes (Effectiveness). However, the primary goal of the program or activity is shown in the program performance tables in the Performance Budget Overview section. Increasingly, SAMHSA is implementing performance measures across all agency programs with similar purposes, rather than using program, activity, or Center-specific measures.

SAMHSA's performance goals and measures are almost exclusively programmatic, with few if any measures specifically addressing exclusively management issues. The President's Management Agenda is addressed separately, in accordance with instructions. That separation came about several years ago as a consequence of directions to reduce the number of measures in GPRA plans and to focus the remaining measures on program outcomes.

SAMHSA has 52 measures in its FY 2006 performance budget, with 70 specific targets for FY 2006. The number of measures and targets necessarily fluctuates as more programs establish performance measures and as better measures replace older ones. For indicators reporting data for FY 2004, 79% (19 out of 24) met or exceeded their targets. Four additional indicators reported baseline data for FY 2004. Programs reporting performance measures for the first time in this submission include Co-Occurring State Incentive Grants, Safe Schools/Healthy Students, Access to Recovery, and Substance Abuse Prevention Programs of Regional and National Significance.

Performance measures, data collection and reporting have largely stabilized for the three programs that received a PART review in FY 2002 for the FY 2004 budget: the Children's Mental Health Program, the PATH Homelessness program; and the Substance Abuse Treatment PRNS program. Final decisions on measures for the CSAT PRNS program have accelerated progress on consolidated reporting of results for Targeted Capacity Expansion activities and Best Practices activities within that budget line. With respect to the programs that were reviewed in FY 2003 for the FY 2005 budget, considerable progress also has been made in obtaining and

reporting data for the Community Mental Health Services Block Grant, with baseline data now available for most measures, and annual data available for several of the outcome indicators. The second program that was reviewed for the FY 2005 budget, the Substance Abuse Prevention and Treatment Block Grant Program, has revised its FY 2005 application to collect additional outcome data. The CSAP PRNS program was reviewed in FY 2004 for the FY 2006 performance budget submission. Revised measures have been incorporated into this submission.

Full cost information is reported in the Supplemental Information section.

Summary of the Budget Request - The request includes a net change of $55,745,000. It includes a net decrease of $64,067,000 for mental health services; a decrease of $14,376,000 for substance abuse prevention; an increase of $24,687,000 for substance abuse treatment; and a decrease of $1,989,000 in program management.

The table below shows the requested changes in the budget:

Request	Amount
CMHS Programs of Regional & National Significance	- $64,084,000
Children's Mental Health Services Program	+ 17,000
CSAP Programs of Regional & National Significance	- 14,376,000
CSAT Programs of Regional & National Significance	+ 24,687,000
Program Management	- 1,989,000
Net Change	- $55,745,000

The $64,084,000 decrease requested for mental health services PRNS reflects a reduction of $31,045,000 in Best Practices and $33,039,000 in Targeted Capacity Expansion. The level will allow for full funding of all continuations as well as new grants in two activities: State Incentive Grants for Transformation and the Minority AIDS Initiative.

The $17,000 increase for Children's Mental Health Services program fully funds grant and contract continuations.

The $14,376,000 decrease requested for substance abuse prevention PRNS reflects the reduction in Best Practices for the SAMHSA Health Information Network of $4,000,000, the termination of the Ecstasy and Methamphetamine programs totaling $8,778,000, and the reduction of other contract activities for $1,598,000.

The $24,687,000 increase requested for substance abuse treatment PRNS reflects a total increase of $50,800,000 for Access to Recovery, an increase in Screening, Brief Intervention, Referral and Treatment of $5,784,000, a reduction in Best Practices of $19,957,000 and a net reduction of $11,940,000 in other Targeted Capacity Programs.

The $1,989,000 decrease requested in program management reflects the one-year mental health data collection activity conducted in FY 2005.

The request will provide the same level of funding as the FY 2005 appropriation for the Projects for Assistance in Transition from Homelessness, Protection and Advocacy for Individuals with Mental Illness, Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant programs.

SAMHSA STRATEGIC PLAN

VISION
A Life in the Community for Everyone

MISSION
Building Resilience and Facilitating Recovery

ACCOUNTABILITY

Measure and report program performance

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

CAPACITY

Increase service availability

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

EFFECTIVENESS

Improve service quality

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

DRAFT 12-19-2002

Substance Abuse and Mental Health Services Administration
Program Assessment Rating Tool Summary

FY 2004

Dollars in Millions				
Program	**FY 2005 Appropriation**	**FY 2006**	**FY 2005 +/- FY 2006**	**Rating**
CMHS Children's MH Services	**$105.1**	**$105.1**	**---**	**Moderately Effective**
CMHS PATH Homelessness	**$ 54.8**	**$54.8**	**---**	**Moderately Effective**
CSAT PRNS	**$422.4**	**$447.1**	**+$24.7**	**Adequate**
All three FY 2004 PART reviews resulted in ratings of "Adequate" or "Moderately Effective." All three programs carry out the Secretary's priority of increasing access to health and long-term care services for persons who are uninsured, underserved, or have health care needs that are not adequately addressed by the private health care system, including health and social services addressing chronic homelessness.				

FY 2005

Dollars in Millions				
Program	**FY 2005 Appropriation**	**FY 2006**	**FY 2005 +/- FY 2006**	**Rating**
MH Block Grant	**$432.8**	**$432.8**	**---**	**Adequate**
SAPT Block Grant	**$1,775.5**	**$1,775.5**	**---**	**Ineffective**
While the SAPT Block Grant program received a rating of "Ineffective" based largely upon difficulties in collecting performance data, this program provides approximately 40% of public funds expended by States for substance abuse prevention and treatment services. Moreover, the program has made substantial progress toward obtaining performance data. Both programs carry out the Secretary's priorities of increasing access to health and long-term care services for persons who are uninsured, underserved, or have health care needs that are not adequately addressed by the private health care system, including health and social services addressing chronic homelessness. The 20% prevention set-aside of the SAPT Block Grant addresses the Secretary's priority of preventing disease/illness.				

FY 2006

Dollars in Millions				
Program	**FY 2005 Appropriation**	**FY 2006**	**FY 2005 +/- FY 2006**	**Rating**
CSAP PRNS	**$198.7**	**$184.3**	**-14.4**	**Moderately Effective**
The CSAP PRNS program, which was the only program reviewed for FY 2006, received a rating of "Moderately Effective." The CSAP PRNS program addresses the Secretary's priority of preventing disease/illness.				

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 [Public Health Service] *PHS* Act with respect to program management, [$3,295,361,000, of which $23,107,000 shall be available for projects and in the amounts specified in the statement of the managers on the conference report accompanying this Act] $3,214,720,000: *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 [Public Health Service] *PHS* Act: (1) $79,200,000 to carry out subpart II *of Part B* of title XIX the [Public Health Service] *PHS* Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II *of Part B* of title XIX; (2) $21,803,000 to carry out subpart I of Part B of title XIX of the [Public Health Services] *PHS* Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of Part B of title XIX; (3) $16,000,000 to carry out national surveys on drug abuse; and (4) [$2,000,000 for mental health data collection; and (5)] $4,300,000 to evaluate substance abuse treatment programs. *(Department of Health and Human Services Appropriations Act, 2005.)*

Substance Abuse and Mental Health Services Administration
Amounts Available for Obligation

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Appropriation:			
Annual……...……			
Labor/HHS/Ed-Annual Appropriation……..	$3,253,763,000	$3,295,361,000	$3,214,720,000
Rescission P.L. 108-7....…….....	-19,856,290	-537,000	---
H.R. 2673 ....……....…….....	---	-26,359,000	---
Subtotal, adjusted budget authority.....…	**3,233,906,710**	**3,268,465,000**	**3,214,720,000**
Offsetting Collections from:			
Federal Sources.....…	116,226,363	126,000,000	126,000,000
Unobligated balance start of year.....	1,416,773	1,085,797	1,100,998
Unobligated balance end of year.….....	1,085,797	1,100,998	-1,118,614
Unobligated balance expiring.....	-10,407,902	---	---
Total obligations.....…	**$3,342,227,741**	**$3,396,651,795**	**$3,340,702,384**

Substance Abuse and Mental Health Services Administration
Summary of Changes

2006 Estimate (Budget Authority)	$3,214,720,000
2005 Appropriation (Budget Authority)	3,268,465,000
Net Change	**-$53,745,000**

	FY 2005 Appropriation FTE	FY 2005 Appropriation Budget Authority	Change from Base FTE	Change from Base Budget Authority [1/]
Increases:				
A. Built-in:				
1. Annualization of 2005 pay costs	--	$54,891,000	--	+480,296
2. Within grade pay increases	--	54,891,000	--	+988,038
3. Increase for January 2006 civilian pay raise at 2.3%	--	54,891,000	--	+946,870
4. Increase for January 2005 Commission Corps pay raise of 3.1%		2,837,000		+65,960
5. Increase in rental payments to GSA	--	5,750,000	--	+69,000
6. Increase Workman's Comp	--	---	--	+59,000
Subtotal, Built-in Increases	--	---	--	**+2,609,164**
B. Program:				
1. Mental Health Programs of Regional and				
a. Programs of Regional and National Significance	--	274,297,000	--	---
b. Children's Mental Health Services	--	105,112,000	--	+17,000
c. PATH Homeless Formula Grants	--	54,809,000	--	---
d. Mental Health Block Grant	--	410,953,000	--	---
Subtotal, Mental Health	--	---	--	**+17,000**
2. Substance Abuse Treatment:				
a. Programs of Regional and National Significance	--	418,065,000	--	+24,687,000
3. Substance Abuse Block Grant	--	1,696,355,000	--	---
4. Program Management:				
a. Unified Financial Management System (UFMS)	--	---	--	+388,000
Subtotal, Program Increases	--	---	--	**+25,092,000**
Total Increases	--	---	--	**+27,701,164**
Decreases:				
A. Built-in:				
Program Management:				
1. One less day of pay in 2006	--	54,891,000	--	-210,233
B. Program:				
1. Mental Health Programs of Regional and				
a. Programs of Regional and National Significance	--	274,297,000	--	-64,084,000
1. Substance Abuse Prevention:				
a. Programs of Regional and National Significance	--	198,725,000	--	-14,376,000
2. Program Management:				
Unified Financial Management System				-226,000
Absorption of Operating Costs				-2,549,931
Subtotal, Program Decreases	--	---	--	-81,235,931
Total Decreases	--	---	--	**-81,446,164**
Net Change, Discretionary Budget Authority	--	---	--	**-$53,745,000**

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

Program Activities	FY 2004 Actual FTE	FY 2004 Actual Amount	FY 2005 Appropriation FTE	FY 2005 Appropriation Amount	FY 2006 Estimate FTE	FY 2006 Estimate Amount
Mental Health:						
Programs of Reg. and Nat. Significance……		$240,796		$274,297		$210,213
Children's Mental Health Services.....		102,353		105,112		105,129
Protection & Advocacy.....		34,620		34,343		34,343
PATH Homeless Formula Grant.....		49,760		54,809		54,809
Mental Health Block Grant.....		412,840		410,953		410,953
PHS Evaluation Funds.....		21,850		21,803		21,803
Subtotal, Mental Health Block Grant.....	16	434,690	17	432,756	17	432,756
Subtotal, Mental Health.....	16	**862,219**	17	**901,317**	17	**837,250**
Substance Abuse Prevention:						
Programs of Reg. and Nat. Significance……		198,458		198,725		184,349
Subtotal, Substance Abuse Prev…...		**198,458**		**198,725**		**184,349**
Substance Abuse Treatment:						
Programs of Reg. and Nat. Significance……		319,809		318,865		292,752
Access to Recovery……		99,410		99,200		150,000
PHS Evaluation Funds.....		---		4,300		4,300
Subtotal, Sub. Abuse Tx PRNS……		**419,219**		**422,365**		**447,052**
Substance Abuse Block Grant.....		1,699,946		1,696,355		1,696,355
PHS Evaluation Funds.....		79,200		79,200		79,200
Subtotal, Substance Abuse Block Grant…	40	1,779,146	40	1,775,555	40	1,775,555
Subtotal, Substance Abuse Treat.....	40	**2,198,365**	40	**2,197,920**	40	**2,222,607**
TOTAL, SUBSTANCE ABUSE……		**2,396,823**		**2,396,645**		**2,406,956**
Program Management.....		75,915		75,806		75,817
PHS Evaluation Funds.....		16,000		18,000		16,000
Subtotal, Program Management..…...	463	**91,915**	501	**93,806**	501	**91,817**
TOTAL, SAMHSA Discretionary PL.....		**$3,350,957**		**$3,391,768**		**$3,336,023**
Less PHS Evaluation Funds.....		*(117,050)*		*(123,303)*		*(121,303)*
TOTAL, SAMHSA Budget Authority...…...		**$3,233,907**		**$3,268,465**		**$3,214,720**
Total, FTEs.....	**519**		**558**		**558**	

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

Object Class	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005
Full-time equivalent employment	486	486	---
Full-time equivalent of overtime and holiday hours	2	2	---
Average SES Salary	$145,635	$151,486	+5,850
Average GS Grade	12.51	12.51	---
Average GS Salary	$89,704	$93,308	+3,603
Average Commissioned Officer Grade,grades established by Act of July 1, 1944 (U.S.C. 207)	5.1	5.1	---
Direct Obligations			
Personnel Compensation:			
Full Time Permanent (11.1)	$41,758	$43,435	+$1,677
Other than Full-Time Permanent (11.3)	2,376	2,471	+95
Other Personnel Compensation (11.5)	808	840	+32
Military Personnel Compensation (11.7)	1,664	1,741	+77
Special Personal Services Pymts (11.8)	149	155	+6
Subtotal, Personnel Compensation	**46,755**	**48,642**	**+1,887**
Civilian Personnel Benefits (12.1)	9,800	10,194	+394
Military Personnel Benefits (12.7)	1,173	1,227	+54
Benefits to Former Personnel (13.0)	---	---	---
Subtotal, Pay Costs	**57,728**	**60,063**	**+2,335**
Travel (21.0)	1,269	1,269	---
Transportation of Things (22.0)	100	96	-4
Rental Payments to GSA (23.1)	6,131	5,750	-381
Rental Payments to Others (23.2)	---	---	---
Comm., Util. and Misc. Charges (23.3)	2,937	2,696	-241
Printing and Reproduction (24.0)	4,270	3,779	-491
Other Contractual Services:			
Advisory & Assistance Services (25.1)	23,381	22,578	-803
Other Services (25.2)	196,036	152,645	-43,391
Purchases from Gov't Accounts (25.3)	110,294	90,657	-19,637
Subtotal, Other Contractual Services	**329,711**	**265,880**	**-63,831**
Supplies and Materials (26.0)	399	379	-20
Equipment (31.0)	2,400	2,177	-223
Grants, Subsidies, and Contributions (41.0)	2,861,992	2,871,043	+9,051
Insurance Claims & Indemnities (42.0)	1,529	1,588	+59
Interest & Dividends (43.0)	---	---	---
Refunds (44.0)	---	---	---
Subtotal, Non-Pay Costs	**3,210,738**	**3,154,657**	**-56,081**
Total, Direct Obligations	**$3,268,466**	**$3,214,720**	**-$53,746**

Substance Abuse and Mental Health Services Administration

Salaries and Expenses

(Dollars in Thousands)

Object Class	FY 2005 Appropriation	FY 2006 Estimate	FY2006 +/- FY 2005
Personnel Compensation:			
Full Time Permanent (11.1).....	$41,758	$43,435	+$1,677
Other than Full-Time Permanent (11.3).....	2,376	2,471	+95
Other Personnel Compensation (11.5).....	808	840	+32
Military Personnel Compensatio (11.7).....	1,664	1,741	+77
Special Personal Services Payments (11.8).....	149	155	+6
**Subtotal, Personnel Compensation …….....	**46,755**	**48,642**	**+1,887**
Civilian Personnel Benefits (12.1).....	9,800	10,194	+394
Military Personnel Benefits (12.7).....	1,173	1,227	+54
Benefits to Former Personnel (13.0).....	---	---	---
Subtotal, Pay Costs ……	**57,728**	**60,063**	**+2,335**
Travel (21.0).....	1,269	1,269	---
Transportation of Things (22.0).....	100	96	-4
Rental Payments to Others (23.2).....	---	---	---
Communications, Util. and Misc.Charges (23.3).....	2,937	2,696	-241
Printing and Reproduction (24.0).....	4,969	3,779	-1,190
Other Contractual Services:			
Advisory & Assistance Services (25.1).....	17,536	16,934	-602
Other Services (25.2).....	193,176	150,911	-42,265
Purchases from Gov't Accounts (25.3).....	23,033	23,800	+767
Operation & Maintenance of Facilities (25.4).....	---	---	---
Research & Development Contracts (25.5).....	---	---	---
Medical Care (25.6).....	---	---	---
Operation & Maintenance of Equipment (25.7).....	---	---	---
Subsistence & Support of Persons (25.8).....	---	---	---
Subtotal, Other Contractual Services……	**233,745**	**191,645**	**-42,100**
Supplies and Materials (26.0).....	399	379	-20
Subtotal Non-Pay Costs……	**243,419**	**199,864**	**-43,555**
Total for Salaries and Expenses……	**$301,147**	**$259,927**	**-$41,220**
Direct FTE……	486	486	---

Substance Abuse and Mental Health Services Administration
Significant Items for the House, Senate and Conference Appropriations Committee Reports

House Report No. 108-636

Item

[Assessment of study identifying teenagers at risk] – The Committee is deeply concerned that 5% to 9% of all children suffer from a mental, behavioral or emotional disorder, which, if undiagnosed and untreated, can substantially interfere with academic achievement, or lead to student dropout, substance abuse, violent behavior, or suicide. In its July 2003 report, the President's New Freedom Commission on Mental Health concluded that greater reliance on early detection, assessment and links with adequate treatment and support systems can help avoid or ameliorate these outcomes. The report concluded that schools are in a unique position to identify mental health problems in their early stages and can provide a link to appropriate services. The report also cited examples of evidence-based screening techniques and tools already being utilized by some schools. The Committee is aware that SAMHSA is overseeing a very promising pilot study utilizing evidence-based screening techniques and tools to screen and identify teenagers who are at risk. The Committee urges SAMHSA to evaluate the effectiveness of that pilot study and, if proven successful, expand to additional sites. The Committee expects SAMSHA to work in collaboration with the Office of Safe and Drug-free Schools, and to report on concrete steps being taken to promote early screening and detection programs available in schools prior to the fiscal year 2006 appropriations hearings. (Page 118)

Action taken or to be taken

SAMHSA is currently overseeing two promising pilot projects utilizing evidence-based school screening programs aimed at suicide prevention. These two pilot programs utilize Screening for Mental Health, Inc.'s Signs of Suicide Program, which in a recent, published study was shown to reduce self-reported suicide attempts, and the Columbia University's TeenScreen program, identified as a model program by the President's New Freedom Commission on Mental Health. Both pilot projects focus on examining how successful these screening programs are in being able to refer to treatment youth identified as being at risk for suicide.

The first pilot project utilizes the Signs of Suicide program and is examining school based referral systems at 20 school sites in five different states to obtain preliminary data regarding the accessibility of treatment for youth identified through screening as being at risk. This pilot project is also obtaining preliminary data regarding parental response to the identification of youths at risk through this screening process. Complete data are not yet available.

The second pilot project is collaboration between the Teen Screen program and the University of South Florida. This pilot project is examining the same issues as the pilot with Signs of Suicide, and is currently identifying methods to strengthen its evaluation of adherence to follow up recommendations for treatment of at risk youth identified in the screening.

In addition, in FY 2005 SAMHSA will issue a Request for Applications for $1,984,000 in competitive grants to further test the use of screening mechanisms and identify evidence-based

practices to facilitate treatment for adolescents at risk for mental disorders and suicide. The models tested will include Signs of Suicide and TeenScreen. These grants will also evaluate whether the models tested are effective in varying settings and/or for different populations. These grants should provide information necessary to determine whether such programs should be promoted as national models in suicide prevention.

Since 1999, HHS/SAMHSA has worked in collaboration with the Departments of Education (Office of Safe and Drug-free Schools) and Justice on the Safe Schools/Healthy Students program. By the end of the 2003-2004 school year, 190 Safe Schools/Healthy Students sites provided services to 182 school districts and approximately 5.6 million students. Through this program, grantees must address within their comprehensive plans, school-based screening and assessment to detect depression and other mental health disorders, appropriate school-based mental health prevention and early intervention services, and referral and follow-up with local public mental health agencies when treatment is indicated. This element of the Safe Schools/Healthy Students comprehensive plan is to provide mental health preventive services early to reduce risk of onset or delay the onset of emotionally and behavioral problems for some children, and to identify those children who already have serious emotional disturbance and to ensure that they receive appropriate referral, treatment and follow-up services.

Item

[Access to Recovery] **–** The Committee provides $100,000,000 for the Access to Recovery (ATR) substance abuse treatment voucher initiative; this is $590,000 more than the fiscal year 2004 level and $100,000,000 below the budget request. The Committee supports the Administration's commitment to increase substance abuse treatment capacity, consumer choice, and comprehensive treatment options and looks forward to hearing from SAMHSA about the various State programs once they have been established. While this is the second year of funding for this program, due to the funding cycle, first year grants have not yet gone out to States. To the extent that data become available, the Committee encourages SAMHSA to report to the Committee regularly on the status of the programs in those States that receive ATR funding. (Page 120)

Action taken or to be taken

SAMHSA will keep the Committee informed on a regular basis regarding the ATR program.

Item

[Services to Asian American and Pacific Islander populations] – The Committee recommends that SAMHSA address the lack of culturally competent substance abuse prevention, education, and treatment services, including co-occurring disorders, for the over 12 million Asian American and Pacific Islander (AAPI) populations in the 50 States and the six Pacific Islander jurisdictions by developing a comprehensive strategic plan with input from an AAPI Workgroup. The majority of the AAPI populations are immigrant, refugee, or indigenous Pacific Islanders with limited access to culturally competent substance abuse services. This SAMHSA strategic plan should implement a special AAPI substance abuse initiative to collect data and document underserved populations, facilitate the development of culturally competent services, including

replication of evidence-based programs whenever AAPI populations are underserved, and to develop a cadre of AAPI substance abuse professionals. In carrying out the strategic plan, SAMHSA should form partnerships with other appropriate HHS agencies as well as the Department of Justice and other agencies with knowledge of or experience with substance abuse. (Page 116)

Action taken or to be taken

In an effort to address the unique needs of all racial and ethnic populations, SAMHSA began developing a strategic plan to address "cultural competency and the elimination of disparities, including Asian American and Pacific Islander populations. This effort began in FY 2004 and includes many of the Committee's suggestions. One of the top priorities of the draft strategic plan is to standardize data collection for all racial and ethnic populations. The establishment of baseline data would enable SAMHSA to determine how well it is meeting its goals and objectives, to reduce and ultimately address cultural competency and eliminate disparities, and to offer better insight into service delivery and development of a cadre of racial/ethnic health professionals. SAMHSA is also addressing development of culturally competent services, especially towards addressing the limited or lack of access of culturally competent substance abuse and mental health services.

SAMHSA is currently in the final stages of adapting/translating several products into five Asian languages (Chinese, Korean, Cambodian, Tagalog, and Vietnamese). Additionally, a new CSAT Treatment Improvement Protocol, "Improving Cultural Competence in Substance Abuse Treatment" will have extensive sections about Asian American and Pacific Islander populations and substance abuse treatment.

In FY 2005-2006, efforts will continue toward addressing substance abuse and mental health workforce issues. Efforts will also continue towards the replication of evidence-based programs through SAMHSA's National Registry of Effective Programs and Practices, which identifies and disseminates information on best practices developed and/or evaluated. SAMHSA will also explore opportunities to engage in partnerships with other appropriate HHS agencies as well as the Department of Justice and other agencies with knowledge of or experience with substance abuse.

SAMHSA has and will continue to work with Asian American and Pacific Islander representatives. A diverse group of stakeholders, including Asian American and Pacific Islander representatives, will be convened for a National Summit on Mental Health Disparities. This Summit will address issues of disparity that influence treatment, recovery, prevention, and resilience for all Americans and will culminate with a National Strategic Plan for the Elimination of Disparities in Mental Health Services. In FY 2004, SAMHSA's Center for Substance Abuse Prevention met with members from the Asian American and Pacific Islander community. The meeting concluded with input on each of SAMHSA matrix priority areas, and began the development of a Logic Model for the Delivery of Culturally Competent Prevention Services. During FY 2005, that input will be used to further develop and provide culturally appropriate services to Asian American and Pacific Islanders.

House Report No. 108-636

Item

[Underage drinking] **–** The Committee commends the establishment of the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) and the issuance of the interim report in development of a coordinated plan for combating underage drinking. The Committee strongly encourages the Secretary to go forward with these and other related efforts, including work currently underway at SAMHSA on a National media campaign to combat underage drinking. (Page 145)

Action taken or to be taken

The Department is committed to maintaining the Interagency Coordinating Committee on the Prevention of Underage Drinking as an integral part of the federal effort to address underage drinking. In consultation with the Interagency Coordinating Committee on the Prevention of Underage Drinking, the Department has developed a draft plan for combating underage drinking. After consultation with interested parties, this plan will be finalized and submitted to the Congress in the spring of 2005 as part of the Department's first annual report on underage drinking. As directed by the Congress, SAMHSA has funded the Ad Council to begin the development of an adult-oriented media campaign to combat underage drinking.

Senate Report No. 108-345

Item

[Mental health services and substance abuse prevention services] – The Committee strongly supports SAMHSA's Federal leadership role to improve the quality and availability of empirically-based prevention and treatment services in the areas of mental health and substance abuse. The Committee commends SAMHSA for its ongoing collaboration with the National Institutes of Health, specifically with the National Institute of Mental Health [NIMH], the National Institute on Drug Abuse [NIDA], and the National Institute on Alcohol Abuse and Alcoholism [NIAAA]. As one example of this partnership, the Committee notes that SAMHSA collaborated with NIDA on the recent NIH Request for Applications [RFA] designed to strengthen the capacity of State Alcohol and Drug Abuse Agencies to support and engage in research that will foster adoption of science-based policies and practices. The Committee urges that SAMHSA and NIH continue its collaboration to reduce the current 15 to 20-year lag between the discovery of an effective treatment or intervention and its availability at the community level. The Committee is particularly interested in recent brain imaging research being conducted and supported by NIH. The Committee believes this research will have a significant impact on the development of new science-based treatment and prevention strategies for those suffering from mental illness and substance abuse. (Page 176)

Action taken or to be taken

SAMHSA greatly appreciates the Committee's strong support both for its efforts to improve the quality and availability of empirically-based interventions to prevent and treat mental and addictive disorders, and for its efforts to work collaboratively with NIH to reduce the current 15-20 year time lag between the discovery of effective forms of treatment and widespread adoption of effective prevention and treatment services into routine patient care. SAMHSA will continue to seek collaborative opportunities with NIMH, NIDA, and NIAAA to advance the science to service goals of translating research into routine practice and improving the quality and

availability of prevention and treatment services. In particular, SAMHSA's continued expansion of its National Registry of Effective Programs and Practices will support these translation efforts by becoming a leading national resource for contemporary and reliable information on the scientific bases and practicality of substance abuse and mental health prevention and treatment interventions. Through the information provided by the National Registry of Effective Programs and Practices, the public will be better informed about both the empirical and practical basis for a range of prevention and treatment interventions, enabling them to make more informed choices regarding such services.

Both SAMHSA and NIH agree with the Committee that brain imaging research can have a significant impact on the development of science based treatment and prevention strategies for those suffering from substance abuse and other disorders, including mental illness. Brain imaging studies have helped us understand how acute and chronic drug abuse alters the structure and function of the human brain. Similarly, such studies may prove useful in understanding how treatment (both behavioral and pharmacological, as well as combination therapy) might affect brain structure and function, and the consequent implications for behavior change. To stimulate research in this area, NIDA recently issued a Request for Application entitled "Neurobiology of Behavioral Treatment: Recovery of Brain Structure and Function." In addition, to ensure the effectiveness of any treatment for drug abuse, one must understand the factors underlying relapse, given the chronic relapsing nature of addiction. NIDA, therefore, recently issued a Request for Applications to solicit applications that further understanding of the neural substrates and neurobiological markers underlying relapse that may be useful for predicting treatment success and the likelihood of sustained abstinence.

The use of imaging technology to understand brain development is also relevant as addiction often begins during childhood and adolescence. NIDA has increased its research in this area. For example, a better understanding of the maturation of the neural circuits that mediate decision-making, motivation and reward may provide insight into the increased vulnerability to drug abuse during this developmental period which could, in turn, lead to improved prevention strategies. In February 2003, NIDA issued a Request for Applications on the neuroimaging of drug abuse during human development to provide a foundation that may ultimately lead to innovative ways of treating and preventing substance abuse in youth. Brain imaging technology continues to provide a greater understanding of the effects of drugs of abuse on the human brain. Through these Requests for Applications and other imaging research studies that NIDA supports, NIDA will continue to improve our ability to prevent and treat drug addiction, as well as other disorders, including mental illness, in the future.

Item

[Data on co-occurring mental health and substance use disorders] – The Committee notes that SAMHSA's 2002 "Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders" found that a "significant lack of prevalence data on co-occurring disorders exist." The Committee encourages SAMHSA to work with NIMH, NIAAA, and NIDA to collaborate with States to develop more recent and accurate

data on persons with co-occurring mental health and substance use disorders, with an emphasis on individuals with mild to moderate mental health disorders. (Page 177)

Action Taken or To Be Taken

SAMHSA continues to collaborate with NIAAA, NIDA, NIMH, and States to develop more recent and accurate data on persons with co-occurring disorders. Activities include:

- The Center for Substance Abuse Treatment synthesized findings from the 2003 National Survey of Drug Use and Health (SAMHSA/Office of Applied Studies) and the 2002 National Epidemiological Survey of Alcohol Related Conditions (NIAAA) for use by SAMHSA presenters and grantees addressing co-occurring mental and substance abuse disorders.
- The SAMHSA-supported Co-Occurring Cross Training Center for Excellence is developing a technical assistance paper on the "Epidemiology of Co-Occurring Disorders," which will be reviewed by NIMH and NIAAA epidemiological researchers.
- The SAMHSA-supported State Incentive Grants for Treatment of Persons with Co-Occurring Substance Related and Mental Disorders initiative is helping States upgrade their Management Information Systems to collect and synthesize data and service information on persons with co-occurring disorders.
- SAMHSA co-sponsored, with NIDA, NIMH, NIAAA, HRSA, and AHRQ, the June 2004 conference on "Complexities of Co-Occurring Conditions," that focused on the use of epidemiological and services research to improve care for mental, substance use, and medical/physical disorders.
- The Center for Substance Abuse Treatment convened an Interagency Collaboration Meeting on co-occurring disorders (in Summer 2004) that included NIAAA, NIDA, NIMH, and SAMHSA participants.
- The SAMHSA/Office of Applied Studies has ongoing collaboration with NIH, and has developed several reports that address issues related to co-occurring disorders.

Item

[National technical assistance centers] – The Committee provides $2,000,000 to continue the current level of funding for the consumer and consumer-supporter national technical assistance centers. The Committee directs CMHS to support multi-year grants to five such national technical assistance centers. (Page 178)

Action Taken or To Be Taken

In FY 2004, SAMHSA funded five consumer and consumer supporter national technical assistance centers. These five grants averaged approximately $350,000 each and have a 3-year project period. In addition, SAMHSA supports an annual Alternatives Conference by providing additional funding to the grantee hosting the conference in a particular year. These grants were awarded to:

- West Virginia Mental Health Consumers Association
- National Mental Health Association
- National Alliance for the Mentally Ill

- Mental Health Association of SE Pennsylvania
- National Empowerment Center, Inc.

The SAMHSA's FY 2005 and FY 2006 budget includes funding of the second and third year of this project.

Item

[Mental illness services for the incarcerated] – The Department of Justice estimates that 16 percent of all inmates in local and state jails suffer from a mental illness. The Committee recognizes that as many as 700,000 persons suffering from a mental illness are jailed each year. Recognizing these troubling statistics, the President's New Freedom Commission on Mental Health called for the adoption of diversion strategies to avoid unnecessary criminalization and incarceration of non-violent offenders with mental illness. The Committee urges SAMHSA to work with the Department of Justice, the law enforcement community, the court system and other appropriate agencies and associations to ensure that funding is utilized to divert inappropriate incarcerations and link individuals with mental illnesses with the support they need to avoid future contact with the criminal justice system. (Page 179)

Action Taken or To Be Taken

SAMHSA continues to work with the Department of Justice, the law enforcement community, the court system and other appropriate agencies and associations. Activities include:

- SAMHSA' Jail Diversion Targeted Capacity Expansion program funds interagency collaboration between local criminal justice, mental health, and substance abuse systems to plan and implement successful jail diversion in 20 grantee communities. It also coordinates activities with the Department of Justice's Mental Health Court Grants Program.
- SAMHSA has partnered with a variety of federal agencies (such as CSAT, National Institutes of Correction, National Institute of Justice, Bureau of Justice Assistance, NIDA, NIMH) and national associations and organizations (such National Association of State Mental Health Program Directors, National Alliance for the Mentally Ill, National Mental Health Association, American Psychological Association) resulting in publications widely in use by the police, courts, corrections personnel and jail staff.
- SAMHSA funded the Council of State Governments to apply directed technical assistance to support the formation of new collaborative Federal/state/local coalitions to address goals contained in the National Consensus Report.
- SAMHSA continues its active partnership with the Department of Justice, Department of Labor, Department of Energy, Housing and Urban Development, and Veterans Affairs in the Serious and Violent Offender Reentry Program, which has invested $100,000,000 in grants.
- SAMHSA provides technical assistance to states and localities about how to maximize state block grant dollars in the criminal justice system. The National GAINS Center (funded by SAMHSA) has trained local teams of community leaders representing substance abuse, mental health, judiciary, policy and corrections on jail diversion, reentry or gender-specific services. A new GAINS Center will concentrate on applying

innovative and promising practices to address the service needs of people with mental illnesses and co-occurring substance use disorders in contact with the justice system.

- The State Incentive Grant for Transformation will assist States to plan and implement the transformation of State mental health services across multiple service systems, including the criminal justice system. 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 the State and local levels, hold State and local governments more accountable, and expand the options and array of available services and supports.

Item

[Training for minority mental health professionals] – The Committee recognizes the urgent need to train increasing numbers of minority mental health professionals, including Native Hawaiians, to provide competent, accessible mental health and substance abuse services for diverse populations. It encourages SAMHSA to provide additional resources for the Minority Fellowship program. (Page 179)

Action taken or to be taken

The goal of the Minority Fellowship Program is to facilitate entry of ethnic minority students into mental health and substance abuse disorders careers and to increase the number of psychology, psychiatry, nursing, and social work professionals trained to teach, administer, conduct services research, and provide direct mental health/substance abuse services to ethnic minority groups. The Minority Fellowship Program has two target populations: (1) the ultimate target populations are ethnic minority persons with mental and/or substance abuse disorders who are presently underserved, including Native Hawaiians; and (2) the intermediary target populations are trainees receiving Minority Fellowship Program support who will, later in their careers, directly and/or indirectly serve the ultimate target populations.

With a funding request of $4,566,000 in FY 2006, SAMHSA intends to supplement funding to the four current grantees, with the following expectations: (1) to increase numbers of Fellows, and (2) to expand innovations to increase applicants into the educational pipeline. One key innovation proposed for all four grantees, either individually, or working together as a consortium, will develop relationships with Historically Black Colleges and Universities, Hispanic Serving Institutions, Tribal Colleges and Universities, Native Hawaiians, Pacific Islanders, and Native Alaskans.

Item

[Training for minority mental health professionals] – The Committee encourages SAMHSA to provide additional funding for training mental health professionals to provide integrated mental health and substance abuse services for persons suffering from HIV/AIDS and co-occurring disorders. (Page 179)

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Action Taken or To Be Taken

SAMHSA supports a Mental Health Care Provider Education Program through awards to three major mental health professional associations, including the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers. These awards train mental health providers in HIV/AIDS related mental health care. As part of the curricula of each of the three associations' training venues, workshops and other training events are offered that cover numerous types of co-morbidity and often tri-morbidity, e.g., HIV/AIDS, mental health, and substance abuse. At a minimum, all training venues must address HIV/AIDS and mental health.

Item

[Samaritan Initiative] – Due to lack of authorizing legislation for the Samaritan Initiative, the Committee has included $10,000,000 in this account for grants to fund services in permanent supportive housing to help end chronic homelessness. The Committee encourages CMHS to award these grants to applicants that operate permanent supportive housing funded by HUD's Homeless Assistance Programs, section 8, or comparable programs administered by States or local governments. (Page 179)

Action Taken or To Be Taken

Although SAMHSA did not receive $10,000,000 in FY05 to fund permanent supportive housing services to grantees of HUD's Homeless Assistance or Section 8 programs or comparable programs administered by States or local governments, SAMHSA will continue to fund two programmatic activities specifically designed to secure permanent housing for the homeless in FY 2005**:**

- Treatment for Homeless Program: SAMHSA has awarded 84 grants to provide substance abuse and mental health services to homeless individuals. The awards ranged from $382,000 to $600,000. With respect to outcomes, nearly 10,000 persons have been served; there has been a 100% increase in persons employed or engaged in productive activities; 46% increase in persons with a permanent place to live**;** and 55% increase in persons who abstained from substance use in the past 30 days.
- Chronic Homeless Initiative: The purpose of this initiative is to fund permanent housing for chronically homeless people as well as increase the use of mainstream resources. SAMHSA, HRSA, HUD and VA are providing funds to 11 communities to coordinate housing, primary health care, mental health and substance abuse services to develop a comprehensive system of services to support chronically homeless persons placed in permanent housing. To date, of the 892 persons enrolled for services, over 86% were housed after three months.

Item

[Workplace action plan] – The Committee recognizes that the effectiveness of alcohol and drug treatment programs and the sustained recovery of individuals require an appropriately trained workforce. The Committee encourages SAMHSA to prioritize the development and implementation of a workforce action plan. This plan could include recommendations, survey instruments, studies, training, and technical assistance, and incentive programs that would

improve the recruitment, training and retention of the alcohol and drug treatment workforce. The Committee requests that SAMSHA consult closely with drug and alcohol programs, States, drug and alcohol recovery organizations, other experts and stakeholders in the development of its recommendations. (Page 181)

Action taken or to be taken

SAMHSA, in collaboration with substance abuse treatment provider organizations, trade associations, clinicians, and the Addictions Technology Transfer Centers, has been working on a workforce development plan since FY 2002. SAMHSA synthesized data on the composition of the current workforce, the nature of treatment services provided by the workforce and the skills needed in the current treatment environment; and, conducted nine focus groups with representatives knowledgeable about the current realities of the workforce infrastructure. Using this information, SAMHSA is in the process of completing a National Workforce Plan that will include recommendations about the roles that can be played by the Federal government in providing leadership on this critical issue. Recommendations also focus on recruitment, retention, education, accreditation, and certification issues that need immediate attention by the Federal government and its State and non-Federal stakeholders. SAMHSA expects that the plan will be published in the early Spring of FY 2005 and will become part of a larger SAMHSA initiative focused on both the substance abuse and mental health workforce.

Item

[Performance Partnership Grant transition] – The Children's Health Act of 2000 made several changes in SAMHSA, including transforming the current Block Grant to a Performance Partnership Grant [PPG], in which States are granted program flexibility and reduced reporting burden in exchange for implementing a set of common performance measures. The Committee is concerned that SAMHSA failed to issue a report to Congress by the October 2002 deadline set in the Children's Health Act outlining a suggested roadmap for the PPG transition. The Committee once again strongly urges SAMHSA to make the PPG implementation its number one priority for substance abuse programming and to allocate commensurate resources to support the transition to reflect this priority status. The Committee's recommendation reflects its continued belief that the most effective and efficient way to support substance abuse programs in every State and territory is to direct the bulk of available new resources into the Block Grant and the PPG. The Committee also continues to express its strong support for preserving the current Block Grant and PPG as the foundation of our publicly funded substance abuse system in every State and territory in the United States. The Committee remains very concerned with any effort that could erode the strength of this vital funding stream. (Page 183)

Action taken or to be taken

Although SAMHSA did not issue a Performance Partnership Grant (PPG) report to Congress by the October 2002 deadline, PPG implementation has been and continues to remain a top priority for the agency. SAMHSA continues to align the measurement of outcomes across ten domains for all discretionary and formula funded programs. These domains or National Outcomes are: 1) Drug/Alcohol Use; 2) Employment/Education; 3) Crime and Criminal Justice; 4) Family and Living Conditions; 5) Access/Capacity; 6) Retention; 7) Social Connectedness; 8) Perception of

Care; 9) Cost effectiveness; and 10) Use of Evidence-Based Practices. During FY 2004 measures for these outcome domains were initiated with the data collection requirements for the Access to Recovery and the Strategic Prevention Framework State Incentive Grant programs. As State data capabilities improve, the corresponding Federal data reporting programs will adjust to the common measures, improved reporting timelines, streamlining reporting requirements, and enhancing data infrastructure capabilities.

States and Territories remain SAMHSA's partners and will serve as focal points for both data compilation from direct service providers and as the source of administrative data sets. On December 2 and 3, 2004, SAMHSA and a planning group of 10 States met and came to agreement on the National Outcome Measures for substance abuse treatment and prevention, identified those expected to be reported during FY 2005, identified those that required developmental work, and agreed on a plan for preparing all States to fully report within three years (by the close of FY 2007). California, Mississippi, Missouri, New Hampshire, New York, Ohio, South Dakota, Texas, Washington, and the District of Columbia participated at this meeting.

Substance Abuse Treatment: Beginning in FY 2005, SAMHSA will initiate the State Outcomes Measurement and Management System (SOMMS) to support expansion of current State data collection efforts to the requirements of the agreed-upon National Outcome Measures. There are two major components of the State Outcomes Measurement and Management System proposal:

- *The State Outcomes Measurement and Management System Central Services* – Services will include data analysis for the National Outcome Measures, expertise to work on the measures identified by SAMHSA and the States as needing development, acquire and analyze NIDA Clinical trials data for determining performance benchmarks, provide systems development planning and integration technical assistance to the non-reporting States to develop their capabilities, and support on-going joint developmental planning with States and appropriate experts to further develop performance measurement and management capabilities.) In FY 2005, the State Outcomes Measurement and Management System Central Services contract will be funded for $5,015,000.
- *State Payments* - Based on State capabilities demonstrated in the Treatment Episode Data Set (TEDS), Access to Recovery and Strategic Prevention Framework State Incentive Grant programs, 30 States are expected to achieve reporting status during FY 2005 and therefore, receive a State Outcomes Measurement and Management System data contract of $150,000 (for a total of $4,985,000). The State Outcomes Measurement and Management System will provide the remaining States with the technical assistance required to bring them to reporting status by the close of FY 2007. An additional 16 States are expected to initiate reporting during FY 2006 bringing the total number of State contracts to 46.

As a result of technical assistance provided by the State Outcomes Measurement and Management System Central Services contract in FY 2006, an additional 16 States are expected to begin reporting National Outcome Measures and qualify for a State Payment (for a total of 46 States). This will increase the State Outcomes Measurement and Management System State Payment funding to $6,900,000. The State Outcomes Measurement and Management System

Central Services contract will decrease to $4,400,000, representing the decreased number of states requiring systems development technical assistance.

Substance Abuse Prevention: During FY 2005, CSAP data collection contracts are being consolidated to provide central services and a single point for State reporting. CSAP resources have been realigned to support epidemiological data collection relevant to the agreed prevention National Outcome Measures by each State. Starting in FY 2005, States not currently funded through the Strategic Prevention Framework State Incentive Grant will receive a data subcontract through this new consolidated contract in the amount of $200,000. Beginning in FY 2005 and carrying forward in FY 2006, $2,000,000 of the funding for this new data contract comes from the SAPT Block Grant Set-Aside. The balance is funded by PRNS to serve the PRNS portfolio.

Mental Health: During FY 2005, States are reporting on the National Outcome Measures for mental health as part of their Community Mental Health Services Block Grant reporting. Their activities are supported by CMHS's discretionary Data Infrastructure Grant program.

Item

[Prevention programs] – With drug use finally dropping among school-aged youth after almost a decade of dramatic increases, the Committee reiterates its support for prevention programs and is pleased that the administration has requested a funding level sufficient to continue SAMHSA's existing programs. The Committee expects SAMHSA to focus its efforts on identifying and diffusing comprehensive community-wide strategies to reduce youth drug use, with an emphasis on increasing the age of first use of alcohol and illicit drugs. (Page 183)

Action taken or to be taken

SAMHSA is focusing a great deal of its efforts on identifying and diffusing comprehensive community-wide strategies to reduce youth drug use, with special emphasis on increasing the age of first use of alcohol and illicit drugs. One example of SAMHSA's efforts is with the Drug Free Communities program. SAMHSA entered into an interagency agreement with ONDCP to administer the Drug Free Communities Program in FY 2004. With Drug Free Communities program, SAMHSA has undertaken a major effort to systematize the process by which community coalitions 1) organize the community to profile needs, including community readiness; 2) mobilize the community and build the capacity to address needs and plan for sustainability; 3) develop the prevention action (evidence-based activities, programs, strategies, and policies); 4) implement the prevention plan; and 5) conduct ongoing evaluation for quality improvement and outcomes. By using this five-step process, the Strategic Prevention Framework, SAMHSA expects to improve the ability of community-based coalitions to implement programs, policies and strategies (using Federal and non-Federal funds) to reduce substance abuse among all age groups and to increase the age of first use of alcohol and illicit drugs. In FY 2005, SAMHSA will award approximately 70 new Drug Free Community coalition grants (for a total of approximately 800 coalition grants) and 20 new mentoring grants (for a total of approximately 40 mentoring grants).

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A second example of SAMHSA's efforts is through the Strategic Prevention Framework State Incentive Grants. By applying the strategic planning process at the State level, in both the planning and execution of substance abuse prevention services and policies, SAMHSA expects to reduce substance abuse and its related consequences as well as make a measurable impact on the age of first use of alcohol and illicit drugs. In FY 2004, SAMHSA awarded Strategic Prevention Framework State Incentive Grants to 21 States and US Jurisdictions. A central component of each of these awards is the creation of epidemiological workgroups that will identify, at a sub-State level, substance abuse rates and other factors that contribute to the use and abuse of substances. With these data, Strategic Prevention Framework State Incentive Grant grantees will have concrete information that they can use for planning and implementing strategies to make change deliberately and effectively, and to ultimately reduce substance abuse and reduce the age of first use of alcohol and illicit drugs. In FY 2005 and FY 2006, three and seven new grants will be awarded respectively.

Item

[Data on mental and behavioral health needs] – The Committee has included $2,000,000 to establish surveillance measures to address the mental and behavioral health needs of the population of the United States. Despite the significant levels of Federal, State, and local funding for mental health services, and a growing consensus that the Nation's mental health care system must be reformed; there are currently no population-based sources of data on the mental and behavioral health needs in this country. The Committee believes that such data would help policymakers implement the recommendations in the President's New Freedom Commission on Mental Health report "Achieving the Promise: Transforming Mental Health Care in America." Therefore, the Committee urges SAMHSA, in consultation with the Centers for Disease Control and Prevention, to develop ways of monitoring the mental health status of the population, the mental and behavioral health risks facing the Nation, and the immediate and long-term impact of emergencies on population mental health and behavior. Such measures could include new survey instruments or enhancements to existing public health surveillance systems that do not currently address mental and behavioral health. The Committee envisions that when these measures are implemented in future years, they will allow SAMHSA and CDC to document the health status of the population and of important subgroups; identify disparities in health status and use of health care by race/ethnicity, socio-economic status, region, and other population characteristics; and monitor trends in health status, access, and health care delivery. (Page 184-5)

Action Taken or To Be Taken

SAMHSA has established a work group composed of Federal, State, County, private and academic representatives to design an efficient and cost-effective survey approach for national, recurrent surveillance and monitoring of mental health status, service needs, and service use. In addition to facilitating mental health system transformation and service planning, such information will also permit the determination of the effects of emergencies. CDC has participated in this work group since its inception.

Work group products will be used to design a FY 2005 contract to begin data collection. Data will be collected from States. A major goal of the project will be to develop ongoing State

infrastructure to carry out the survey work. Survey results will be made available nationally, as well as to the individual States for planning and accountability applications.

Item

[Underage drinking] – The Committee commends the Secretary for establishing the Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD] and applauds the SAMHSA Administrator for taking a strong leadership role. The ICCPUD's interim report describes the steps involved in developing a coordinated plan for combating underage drinking and lists the related current and planned activities by the numerous Federal agencies involved in this effort. The Committee was disappointed to see that the Surgeon General is not engaged in any activities specifically intended to reduce underage drinking, nor does he plan any such activities in the near future. The Committee notes that the Surgeon General has a unique role that involves advocating for effective disease prevention and health promotion programs, as well as providing a highly recognized symbol of national commitment to combating public health threats. The Surgeon General, as the Nation's top doctor, has issued Reports and Calls to Action in the past to focus National attention on important public health issues such as suicide prevention, youth violence and obesity. The Committee believes that the Surgeon General must be fully engaged in the effort to combat childhood drinking. Therefore, the Committee strongly urges the Surgeon General, in coordination with SAMHSA, to issue a Call to Action on the health crisis of underage drinking. (Page 221)

Action taken or to be taken

The Department, in consultation with the Interagency Coordinating Committee on the Prevention of Underage Drinking, has developed a draft plan for combating underage drinking, and the Surgeon General, as a member of the Interagency Coordinating Committee on the Prevention of Underage Drinking, has been involved in the development of that plan. The Surgeon General also addresses underage drinking in speeches and meetings across the country, with a focus on the issue as a public health problem. To help strengthen a national commitment to address the problem of underage drinking, the Department, in partnership with the Interagency Coordinating Committee on the Prevention of Underage Drinking, is planning a national meeting on underage drinking in Washington in the fall of 2005. The Surgeon General, as the nation's leading doctor, and as an Interagency Coordinating Committee on the Prevention of Underage Drinking member, will play an important role in this event.

Senate Report No. 108-345

Item

[Costs regarding data infrastructure] – The Committee remains concerned that SAMHSA has not yet provided to Congress information detailing the resources each State will need for data infrastructure and other needs relating to the transition from the current Block Grant to the emerging PPG. The Committee directs SAMHSA to work with the States to assess the costs regarding data infrastructure needs and report its findings to the Committee. (Page 185)

Action Taken or To Be Taken

Although SAMHSA has not yet provided to Congress information detailing the resources each State will need for data infrastructure, SAMHSA continues to work with the States regarding data infrastructure costs. SAMHSA continues to align the measurement of outcomes across ten domains for all discretionary and formula funded programs. These domains or National Outcomes are: 1) Drug/Alcohol Use; 2) Employment/Education; 3) Crime and Criminal Justice; 4) Family and Living Conditions; 5) Access/Capacity; 6) Retention; 7) Social Connectedness; 8) Perception of Care; 9) Cost effectiveness; and 10) Use of Evidence-Based Practices. During FY 2004 measures for these outcome domains were initiated with the data collection requirements for the Access to Recovery and the Strategic Prevention Framework State Incentive Grant programs. As State data capabilities improve, the corresponding Federal data reporting programs will adjust to the common measures, improved reporting timelines, streamlining reporting requirements, and enhancing data infrastructure capabilities.

States and Territories remain SAMHSA's partners and will serve as focal points for both data compilation from direct service providers and as the source of administrative data sets. On December 2 and 3, 2004, SAMHSA and a planning group of 10 States met and came to agreement on the National Outcome Measures for substance abuse treatment and prevention, identified those expected to be reported during FY 2005, identified those that required developmental work, and agreed on a plan for preparing all States to fully report within three years (by the close of FY 2007). California, Mississippi, Missouri, New Hampshire, New York, Ohio, South Dakota, Texas, Washington, and the District of Columbia participated at this meeting.

Substance Abuse Treatment: Beginning in FY 2005, SAMHSA will initiate the State Outcomes Measurement and Management System (SOMMS) to support expansion of current State data collection efforts to the requirements of the agreed-upon National Outcome Measures. There are two major components of the State Outcomes Measurement and Management System proposal:

- *The State Outcomes Measurement and Management System Central Services* – Services will include data analysis for the National Outcome Measures, expertise to work on the measures identified by SAMHSA and the States as needing development, acquire and analyze NIDA Clinical trials data for determining performance benchmarks, provide

systems development planning and integration technical assistance to the non-reporting States to develop their capabilities, and support on-going joint developmental planning with States and appropriate experts to further develop performance measurement and management capabilities.) In FY 2005, the State Outcomes Measurement and Management System Central Services contract will be funded for $5,015,000.

- *State Payments* - Based on State capabilities demonstrated in the Treatment Episode Data Set (TEDS), Access to Recovery and Strategic Prevention Framework State Incentive Grant programs, 30 States are expected to achieve reporting status during FY 2005 and therefore, receive a State Outcomes Measurement and Management System data contract of $150,000 (for a total of $4,985,000). The State Outcomes Measurement and Management System will provide the remaining States with the technical assistance required to bring them to reporting status by the close of FY 2007. An additional 16 States are expected to initiate reporting during FY 2006 bringing the total number of State contracts to 46.

As a result of technical assistance provided by the State Outcomes Measurement and Management System Central Services contract in FY 2006, an additional 16 States are expected to begin reporting National Outcome Measures and qualify for a State Payment (for a total of 46 States). This will increase the State Outcomes Measurement and Management System State Payment funding to $6,900,000. The State Outcomes Measurement and Management System Central Services contract will decrease to $4,400,000, representing the decreased number of states requiring systems development technical assistance.

Substance Abuse Prevention: During FY 2005, CSAP data collection contracts are being consolidated to provide central services and a single point for State reporting. CSAP resources have been realigned to support epidemiological data collection relevant to the agreed prevention National Outcome Measures by each State. Starting in FY 2005, States not currently funded through the Strategic Prevention Framework State Incentive Grant will receive a data subcontract through this new consolidated contract in the amount of $200,000. Beginning in FY 2005 and carrying forward in FY 2006, $2,000,000 of the funding for this new data contract comes from the SAPT Block Grant Set-Aside. The balance is funded by PRNS to serve the PRNS portfolio.

Mental Health: During FY 2005, States are reporting on the National Outcome Measures for mental health as part of their Community Mental Health Services Block Grant reporting. Their activities are supported by CMHS's discretionary Data Infrastructure Grant program.

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

Program Description/PHS Act:	FY 2005 Amount Authorized	FY 2005 Appropriation	FY 2006 Amount Authorized	FY 2006 Budget Request
Emergency Response Sec. 501	2.5% all disc grants	---	2.5% all disc grants	---
Grants for the Benefit of Homeless Individuals Sec. 506	Expired	$40,068,000	Expired	$34,437,000
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*	Expired	$4,960,000	Expired	---
Residential Treatment Programs for Pregnant and Postpartum Women Sec. 508	Expired	$9,920,000	Expired	$9,920,000
Priority Substance Abuse Treatment Needs of Regional and National Significance Sec. 509*	Expired	$341,996,000	Expired	$370,926,000
Substance Abuse Treatment Services for Children and Adolescents Sec. 514*	Expired	$32,216,000	Expired	$32,216,000
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	$180,027,000	Expired	$174,429,000
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 2005 Amount Authorized	FY 2005 Appropriation	FY 2006 Amount Authorized	FY 2006 Budget Request
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	$9,920,000	Expired	$9,920,000
Prevention of Methamphetamine and Inhalant Abuse and Addiction				
Sec. 519E*……	Expired	$3,818,000	Expired	---
Priority Mental Health Needs of Regional and National Significance				
Sec. 520A*……	Expired	$132,125,000	Expired	$103,786,000
Youth Interagency Research, Training, and Technical Assistance Centers				
Sec. 520C*……	$ 3,000,000	$ 2,976,000	$ 4,000,000	$ 2,976,000
Services for Youth Offenders				
Sec. 520D*……	---	---	---	---
Suicide Prevention for Children and Adolescents				
Sec. 520E1*……	$ 7,000,000	$ 6,944,000	$ 18,000,000	$ 6,944,000
Sec. 520E2*……	$ 5,000,000	$ 1,500,000	$ 5,000,000	1,500,000
Grants for Emergency Mental Health Centers				
Sec. 520F*……	---	---	---	---
Grants for Jail Diversion Programs				
Sec. 520G*……	Expired	$6,944,000	Expired	$3,913,000
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	$54,809,000	Expired	$54,809,000

SSAN = Such Sums as Necessary

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

Program Description/PHS Act:	FY 2005 Amount Authorized	FY 2005 Appropriation	FY 2006 Amount Authorized	FY 2006 Budget Request
Community Mental Health Services for Children with Serious Emotional Disturbances Sec. 565 (f)……	Expired	$105,112,000	Expired	$105,129,000
Children and Violence Program Sec. 581*……	Expired	$77,001,000	Expired	$56,587,000
Grants for Persons who Experience Violence Related Stress Sec. 582 **……	SSAN	$29,760,000	SSAN	$29,760,000
Community Mental Health Services Performance Partnership Block Grants Sec. 1920(a)……	Expired	$410,953,000	Expired	$410,953,000
Substance Abuse Prevention and Treatment Performance Partnership Block Grants Sec. 1935(a)……	Expired	$1,696,355,000	Expired	$1,696,355,000
Data Infrastructure Development Sec. 1971*……	Expired	$10,912,000	Expired	---
Other Legislation/Program Description				
Protection and Advocacy for Individuals with Mental Illness Act P.L. 99-319, Sec. 117……	Expired	$34,343,000	Expired	$34,343,000
Program Management:				
Program Management, Sec. 301……	Indefinite	$74,434,000	Indefinite	$74,438,000
SEH Workers' Compensation Fund P.L. 98-621……	Indefinite	$1,372,000	Indefinite	$1,379,000
Total, Program Management……	---	$75,806,000	---	$75,817,000
TOTAL, SAMHSA Budget Authority….	$15,000,000	$3,268,465,000	$27,000,000	$3,214,720,000

SSAN = Such Sums as Necessary

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

Substance Abuse and Mental Health Services Administration
Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance		Appropriation	
1996	2,244,392,000	1,788,946,000	1,800,469,000	1/	1,854,437,000	2/
1997	2,098,011,000	1,849,946,000	1,873,943,000		2,134,743,000	
1997 Red. P.L. 104-208	---	---	---		-362,001	
1997 Red. P.L. 104-208	---	---	---		-69,000	
1997 Advance Appro. P.L.104-121	---	---	---		+50,000,000	3/
1998	2,155,943,000	2,151,943,000	2,126,643,000		2,146,743,000	
1998 Advance Appro. P.L. 104-121	---	---	---		+50,000,000	3/
1999	2,279,643,000	2,458,005,000	2,151,643,000		2,488,005,000	
2000	2,626,505,000	2,413,731,000	2,750,700,000		2,654,953,000	
2000 P.L.106-113	---	---	---		-3,085,000	4/
2001	2,823,016,000	2,727,626,000	2,730,757,000		2,958,001,000	
2001 P.L.106-554	---	---	---		-645,000	5/
2001 P.L. 107-20	---	---	---		+6,500,000	6/
2002	3,058,456,000	3,131,558,000	3,073,456,000		3,138,279,000	
2002 Res. HR. 3061	---	---	---		-589,000	7/
2002 Res. P.L. 107-216	---	---	---		-1,681,000	8/
2003 P.L. 108-5	3,193,086,000	3,167,897,000	3,129,717,000		3,158,068,000	
2003 P.L. 108-7	---	---	---		-20,521,235	9/
2004 P.L. 108-84	3,393,315,000	3,329,000,000	3,157,540,000		3,253,763,000	
2004 P.L. 108-199					-19,856,290	10/
2005 P.L. 108-447 & P.L. 108-309 as amended	3,428,939,000	3,270,360,000	3,361,426,000		3,295,361,000	
2005 H.R. 4818					-26,895,592	11/

FOOTNOTES: All years exclude PHS Evaluation Funds

1/ Includes $200,000,000 proposed transfer from the Safe and Drug Free Schools Act program of the Dept of Education for youth substance abuse prevention programs in schools and communities.
2/ A regular 1996 appropriation for this amount was not enacted.
3/ Advance appropriation P.L. 104-121 from Social Security Administration to the Substance Abuse Block Grant.
4/ Reflects a rescission mandated by P.L.106-113.
5/ Reflects a rescission mandated by Section 520 of P.L. 106-554.
6/ Reflects a Supplemental Appropriation for Building and Facilities (SEH) P.L. 107-20.
7/ Reflects administrative reduction in Section 516 of the Appropriations Bill (H.R. 3061).
8/ Reflects administrative reduction in P.L. 107-216 (H.R.).
9/ Reflects a rescission mandated by P.L. 108-7.
10/ Reflects SAMHSA's share of the Division E, section 515 reduction on administrative and related expenses and the Division H, section 168(b) rescission of P.L. 108-199.
11/ Reflects SAMHSA's share of the Division F, section 519(a) reduction on administrative related expenses and the Division J, section 122(a) rescission of H.R. 4818.

Substance Abuse and Mental Health Services Administration
Funding by Program Priority Area
(Dollars in Thousands)

Program Priority Area [a/]	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Approp.	FY 2006 Estimate
Co-Occurring Disorders	$6,941	$11,357	$15,935	$20,229	$18,299
Substance Abuse Treatment Capacity	1,533,760	1,565,167	1,675,717	1,680,982	1,712,004
Seclusion & Restraint	1,826	1,845	2,496	2,354	2,354
Strategic Prevention Framework [b/]	509,862	511,933	521,221	532,130	516,492
Children & Families	255,351	266,801	273,694	276,698	246,028
Mental Health System Transformation [c/]	521,444	515,794	515,690	533,895	515,619
Disaster Readiness & Response	4,098	11,824	7,739	1,771	1,771
Homelessness	69,517	89,316	96,104	100,807	91,123
Older Adults	5,000	4,960	4,676	4,960	4,960
HIV/AIDS & Hepatitis [d/]	110,447	112,104	111,986	110,829	106,299
Criminal & Juvenile Justice	26,121	33,708	33,784	33,307	29,257
TOTAL e/	**$3,044,367**	**$3,124,809**	**$3,259,042**	**$3,297,962**	**$3,244,206**

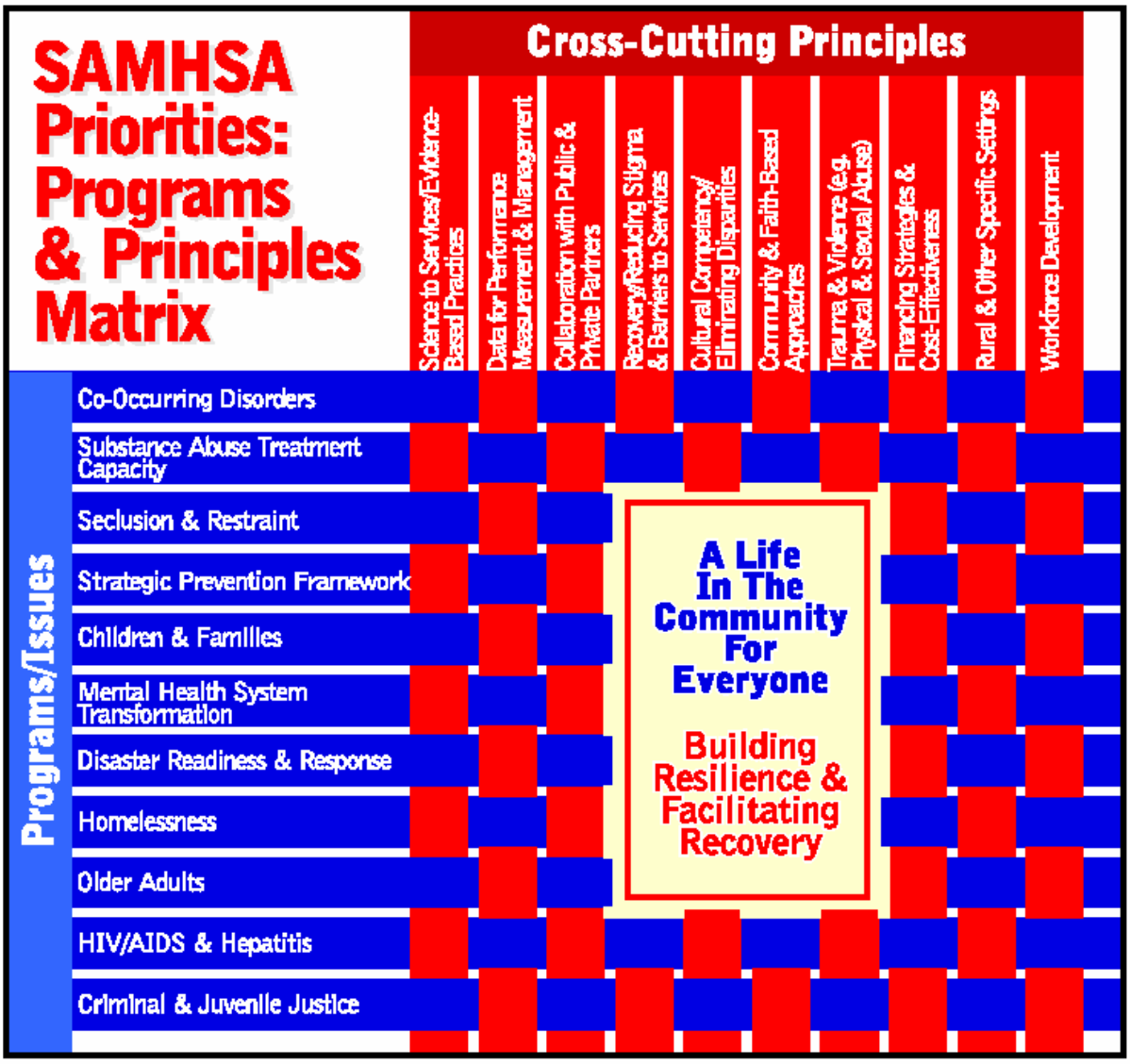
a/ Represents primary program category; may related to other categories: reflects comparable adjustments for Aging change to Older Adults, Criminal Justice change to Criminal & Juvenile Justice.

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

c/ FY 2002 reflects comparable adjustment.

d/ Excludes HIV/AIDS Set-aside from SAPTBG.

e/ Excludes Program Management and PHS Evaluation Funds. Includes PHS Evaluation Funds applicable to PRNS and the SAPTBG.


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

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Center for Mental Health Services
Overview

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
Programs of Regional and National Significance……	$240,796,000	$274,297,000	$210,213,000	-$64,084,000
Children's Mental Health……	102,353,000	105,112,000	105,129,000	+17,000
Protection & Advocacy……	34,620,000	34,343,000	34,343,000	---
PATH……	49,760,000	54,809,000	54,809,000	---
MH Block Grant a/……	434,690,000	432,756,000	432,756,000	---
Total……	**$862,219,000**	**$901,317,000**	**$837,250,000**	**-$64,067,000**

a/ Includes PHS Evaluation funds – Block Grant set-aside: $21.85 million in FY 2004, $21.8 million in FY 2005 and $21.8 million in FY 2006.

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

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

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

The Commission's Report calls for a fundamental overhaul of how mental health care is delivered in America – a change more dramatic than any other likely to be seen in our lifetime. It states decisively that we must integrate programs that are fragmented across many levels of government and among many agencies to truly serve America's families and children. It is a clarion call from the President to officials at the highest levels of the Federal government to work

together with the States to make comprehensive, coordinated, community-based, clinically appropriate and culturally competent care for adults with serious mental illnesses and children with serious emotional disturbances an undisputed reality. SAMHSA has the lead role for HHS in developing an action agenda to incorporate the Report's recommendations into HHS and other Departments' programs.

In FY 2006, SAMHSA proposes $837,250,000 for mental health programs, a decrease of $64,067,000 over the FY 2005 appropriation.

CMHS' competitive programs include Programs of Regional and National Significance (PRNS), proposes a decrease of $64,084,000 over the FY 2005 appropriation; and the Children's Mental Health Services Program proposes an increase of $17,000. CMHS also administers three formula grant programs, all proposed for level funding: the Protection and Advocacy Program; the PATH homelessness program; and the Community Mental Health Services Block Grant program.

The PRNS are a vital link between clinical and services research and the implementation of effective prevention, treatment and/or rehabilitation services. This group of diverse program activities helps to identify effective and efficient recovery-based service models and to provide assistance in applying them in the community. The FY 2006 Budget for CMHS targets resources to support the Center's priority State Incentive Grants for Transformation (+$6,160,000). Funding is included for a new round of grants for the Minority AIDS Initiative (+$5,148,000) as well as grant and contract continuations for other programs. The Mental Health State Data Infrastructure Grant Program will be funded from the Community Mental Health Services Block Grant 5% set-aside.

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 disorder. This program has exceeded its FY 2004 targets for the percentage of children with no law enforcement contacts after six months of receiving services; percentage of children attending school 75% more of the time, increasing numbers of children receiving services and decreasing inpatient care cost. The program was reviewed through the FY 2004 OMB PART process and was found to be "Moderately Effective."

The Protection and Advocacy Program provides formula grant awards to Protection and Advocacy systems in each State, the territories, and the District of Columbia. The purpose is to protect and advocate for the rights of individuals with mental illnesses in public and private facilities; to investigate and monitor incidents of abuse and neglect; including those associated with seclusion and restraint; and to pursue administrative, legal, and other remedies to redress complaints. This program has exceeded the FY 2003 target for persons served and has met the target for the percent of substantiated complaints that are favorably resolved. The program has not yet received an OMB 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 diagnostic 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 2002 target for the number of persons contacted through outreach. The program received an OMB PART review in 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. The program has exceeded the FY 2003 target for the number of persons served by the State mental health system and for consumers/family members reporting positively about adult outcomes. The program received an OMB PART review in 2003 and was found to be "Adequate."

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

Program Priority Area	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
PRNS	$9,199	$14,178	$12,248
Substance Abuse Treatment Capacity	---	---	---
Seclusion & Restraint			
PRNS	2,496	2,354	2,354
Strategic Prevention Framework			
PRNS	9,483	17,718	16,456
Children & Families			
PRNS	135,079	137,747	107,833
Children's M/H Services	102,353	105,112	105,129
Mental Health System Transformation			
PRNS	45,777	66,198	47,922
Protection & Advocacy	34,620	34,343	34,343
Mental Health Block Grant	434,690	432,756	432,756
Disaster Readiness & Response			
PRNS	4,993	1,771	1,771
Homelessness			
PRNS	11,888	12,065	6,624
PATH	49,760	54,809	54,809
Older Adults			
PRNS	4,676	4,960	4,960
HIV/AIDS & Hepatitis			
PRNS	10,362	10,362	6,132
Criminal & Juvenile Justice			
PRNS	6,843	6,944	3,913
TOTAL	**$862,219**	**$901,317**	**$837,250**

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

	FY 2004 Actual		FY 2005 Appropriation		FY 2006 Estimate	
	No.	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Programs of Regional & National Significance						
Best Practices						
Grants/Coop. Agree:						
Continuations	83	$31,683	129	28,509	151	52,608
New/Competing	122	28,952	67	33,146	---	---
Supplements	---	---	---	676	---	---
Subtotal	205	60,635	196	62,331	151	52,608
Contracts:						
Continuations	17	92,186	28	30,401	35	90,199
New	22	17,817	10	82,345	---	---
Subtotal, Contracts	39	110,003	38	112,746	35	90,199
Technical Assistance	---	579	---	579	---	579
Review Cost	---	1,138	---	1,016	---	741
Subtotal	**39**	**111,720**	**38**	**114,341**	**35**	**91,519**
Subtotal, Best Practices	**244**	**172,355**	**234**	**176,672**	**186**	**144,127**
Targeted Capacity Expansion (TCE)						
Grants/Coop. Agree:						
Continuations	94	33,061	133	37,589	65	46,401
New/Competing	111	23,736	77	44,981	14	10,600
Supplements	---	---	---	---	---	---
Subtotal	205	56,797	210	82,570	79	57,001
Contracts:						
Continuations	5	7,234	8	9,429	5	8,078
New	4	3,969	5	5,063	1	548
Subtotal	9	11,203	13	14,492	6	8,626
Technical Assistance	---	---	---	---	---	---
Review Cost	---	441	---	563	---	459
Subtotal	**9**	**11,644**	**13**	**15,055**	**6**	**9,085**
Subtotal, TCE	**214**	**68,441**	**223**	**97,625**	**85**	**66,086**
Total, PRNS	**458**	**$240,796**	**457**	**$274,297**	**271**	**$210,213**

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

	FY 2004 Actual		FY 2005 Appropriation		FY 2006 Estimate	
	No.	Amount	No.	Amount	No.	Amount
CHILDREN'S MENTAL HEALTH						
Grants/Coop. Agree:						
Continuations	48	73,595	31	52,990	52	79,766
New/Competing	5	5,685	23	24,000	---	---
Supplements	(1)	100	---	---	---	---
Subtotal	53	79,380	54	76,990	52	79,766
Contracts:						
Continuations	6	12,908	11	21,503	13	25,111
New	6	9,925	4	6,367	---	---
Subtotal	12	22,833	15	27,870	13	25,111
Technical Assistance	---	89	---	100	---	100
Review Cost	---	51	---	152	---	152
Subtotal	12	22,973	15	28,122	13	25,363
Total, Children's Mental Health	**65**	**102,353**	**69**	**105,112**	**65**	**105,129**
MENTAL HEALTH BLOCK GRANT	**59**	**434,690**	**59**	**432,756**	**59**	**432,756**
(PHS Evaluation Funds: Non-Add)	---	*(21,850)*	---	*(21,803)*	---	*(21,803)*
PATH	**56**	**49,760**	**56**	**54,809**	**56**	**54,809**
PROTECTION AND ADVOCACY	**57**	**34,620**	**57**	**34,343**	**57**	**34,343**
SAMARITAN INITIATIVE	---	---	---	---	---	---
TOTAL, CMHS	**695**	**$862,219**	**698**	**$901,317**	**508**	**$837,250**

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

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

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
Programs of Regional and National Significance				
Best Practices……	$172,355,000	$176,672,000	$144,127,000	-$32,545,000
Targeted Capacity Expansion…	68,441,000	97,625,000	66,086,000	- 31,539,000
Total…….	**$240,796,000**	**$274,297,000**	**$210,213,000**	**-$64,084,000**

Statement of the Budget Request – The FY 2006 budget proposes $210,213,000 for the Programs of Regional and National Significance (PRNS), a decrease of $64,084,000 from the FY 2005 appropriation. This program supports States and communities to carry 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. The first category promotes capacity expansion through services programs, which provide funding to implement a service improvement using a proven evidence based approach; and through infrastructure programs, which identify and implement needed systems changes. Key success indicators for most programs of this type are positive systems changes, enhanced capacity, and improved client outcomes. The second category promotes effectiveness through local best practices programs, which help communities and providers to identify, adapt, implement, and evaluate best practices; and service to science programs, which document innovative practices thought to have potential for broad service improvement. In general, the outcomes of these programs are measured by indicators such as the identification of a practice to be implemented and pilot adoption; satisfaction with information or assistance received; actual changes to practice that have occurred; and client outcome data.

While many activities contribute to CMHS' accomplishments, several major programs account for the majority of funding. The State Incentive Grant for Transformation will be funded at $26,000,000, an increase of $6,160,000 from the FY 2005 appropriation, which will fund eight continuation grants and three new grants for a total of 11. This program, which was initiated in FY 2005, will assist 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 person with mental illnesses and increase the flexibility and efficient use of resources at the State and local levels, hold State and local governments more accountable, and expand the options and array of available services and supports. The program focuses on results: having a clear definition of the intended result, a way to measure progress and performance, and a clear definition of who is being held accountable. This should produce an increase in program performance.

The Co-occurring State Incentive Grants program will be funded at $12,248,000, a decrease of $1,930,000 from the FY 2005 appropriation. This program enables States to develop and enhance their service system infrastructure in order to increase their capacity to serve people with co-occurring substance abuse and mental disorders.

$29,760,000 is expended for the National Child Traumatic Stress Initiative program, which is the same level funding as the FY 2005 appropriation. This program has established 54 treatment development and community service centers to treat children who have experienced trauma. The program also supports the National Center for Child Traumatic Stress, which coordinates a national network of grantees.

$66,813,000 supports the School Violence Prevention initiative, including the Safe Schools/Healthy Students interdepartmental program. This reflects a decrease of $27,427,000 over the FY 2005 appropriation and funds all grant and contract continuations. No new grants will be funded. The program was created in 1999 as a collaborative effort of the Federal Departments of Education, Justice, and Health and Human Services. Local education authorities that apply for the Safe Schools/Healthy Students grants are required to have formal partnerships with local mental health and law enforcement agencies. As a result of these partnerships, comprehensive plans have been developed and implemented with the goals of promoting the healthy development of children and youth, fostering their resilience in the face of adversity, and preventing violence.

$16,456,000 supports the mental health suicide prevention activities, which is the same level funding as the FY 2005 appropriation. This funding level will support the continuation of the Suicide Hotline, Suicide Resource Center, Adolescents at Risk, Youth Suicide Prevention for States and Campuses.

$5,148,000 supports the HIV/AIDS Minority Mental Health Services Program, which increases capacity to provide culturally competent mental health treatment services to individuals and communities of color living with HIV/AIDS. The program promotes a sustained continuum of services in community-based environments.

Additionally in FY 2006, the Mental Health State Data Infrastructure Grants will be funded from the Community Mental Health Services Block Grant 5% data set-aside creating a savings of $10,012,000.

The proposed budget of $210,213,000 will support 271 grants and contracts, consisting of 256 continuations and 15 new/competing.

Performance Analysis – The CMHS PRNS program has not yet been reviewed by the OMB PART process. The PRNS program consists of multiple individual activities, some of which have begun collecting performance data. The Co-occurring State Incentive Grants program, administered jointly with CSAT, is expected to have pilot data by December 2005. The National Child Traumatic Stress Initiative program has exceeded its target in FY 2004 by reaching 51,296 children by improved services. The Safe Schools/Healthy Students program, a collaborative

effort of the Federal Departments of Education, Justice, and Health and Human Services, will have performance data available from this interagency effort in 2006.

Others are in the early stages as grants have not yet been awarded. This includes the State Incentive Grants for Transformation program, which plans to award eight grants for the first time in FY 2005.

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

	Funding	FTEs
2001	$203,390,000	—
2002	229,507,000	—
2003	244,443,000	—
2004	240,796,000	—
2005	274,297,000	—

Rationale for the Budget - The FY 2006 budget proposes $210,213,000, a reduction of $64,084,000 from the FY 2005 appropriation. Best Practices will be reduced by $32,545,000 and Targeted Capacity Expansion by $31,539,000. This budget will allow full funding of all grant and contract continuations and funding for a new cohort of grants in two priority areas: State Incentive Grants for Transformation for $6,000,000 and Minority AIDS Initiative for $5,148,000. The Mental Health State Data Infrastructure Grant Program will be funded from the Community Mental Health Services Block Grant 5% data set-aside.

The Best Practice reductions include School Violence Prevention $27,427,000, Partnership for Youth Transition $2,489,000 and other Best Practices contract activities $2,589,000 coming to an end in FY 2005. Targeted Capacity Expansion reduction includes one-year Congressional projects $11,383,000, State Data Infrastructure Grant program shift to Block Grant set-aside $10,912,000, and $9,244,000 for other grants and contracts coming to a natural end in FY 2005, including the Chronic Homelessness initiative, Minority AIDS initiative and Jail Diversion activities.

The program also supports HHS Strategic Objective 3.5, Expand access to health care services for targeted populations with special health care needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

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

Programs of Regional & National Significance	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Best Practices:			
Suicide Hotline	$3,052	$3,052	$3,052
Suicide Resource Center	2,982	2,976	2,976
Adolescents at Risk	---	1,984	1,984
Youth Suicide Prevention- States	---	6,944	6,944
Youth Suicide Prevention- Campus	---	1,500	1,500
Children's BP Programs	7,961	10,771	8,284
School Violence Prevention	94,295	94,240	66,813
Post Traumatic Stress Disorder	29,823	29,760	29,760
Mental Health Systems Transformation	21,013	14,742	12,791
Consumer and Consumer Supp TA Centers	1,983	1,984	1,984
Workforce Training	1,561	---	---
Minority Fellowship Program	2,660	3,968	3,968
Disaster Response	1,087	1,210	1,210
Homelessness	4,935	2,557	1,877
HIV/AIDS Education	1,003	984	984
Subtotal, Best Practices	**172,355**	**176,672**	**144,127**
Targeted Capacity Expansion:			
Co-Occurring SIG	9,199	14,178	12,248
Seclusion & Restraint	2,496	2,354	2,354
Prevention TCE	3,449	1,262	---
Childrens TCE Programs	3,000	2,976	2,976
SIG for Transformation	---	19,840	26,000
Mental Health System Transformation	2,605	3,369	3,179
Congressional Projects	5,015	11,383	---
State Data Infrastructure	10,940	10,912	---
Disaster Response	3,906	561	561
MH Services to the Homeless (GBHI)	3,301	6,135	4,747
Chronic Homelessness Initiative w/HUD/VA	3,652	3,373	---
Older Adults	4,676	4,960	4,960
HIV/AIDS	9,359	9,378	5,148
Jail Diversion	6,843	6,944	3,913
Subtotal, Targeted Capacity Expansion	**68,441**	**97,625**	**66,086**
TOTAL, PRNS	**$240,796**	**$274,297**	**$210,213**

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

Programs of Regional & National Significance Best Practices	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Substance Abuse Treatment Capacity			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Seclusion & Restraint			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Strategic Prevention Framework			
Grants			
Continuations	2,550	2,200	14,303
New/Competing	2,200	12,103	---
Contracts			
Continuations	100	943	2,153
New/Competing	1,184	1,210	---
Subtotal	6,034	16,456	16,456
Children & Families			
Grants			
Continuations	23,523	17,311	31,434
New/Competing	20,935	20,793	---
Contracts			
Continuations	82,850	16,003	73,423
New/Competing	4,771	80,664	---
Subtotal	132,079	134,771	104,857
Mental Health System Transformation			
Grants			
Continuations	4,373	9,674	6,871
New/Competing	5,817	250	---
Contracts			
Continuations	7,614	8,704	10,552
New/Competing	7,696	471	---
Subtotal	25,500	19,099	17,423

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

Programs of Regional & National Significance Best Practices	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Disaster Readiness & Response			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	1,087	1,210	1,210
New/Competing	---	---	---
Subtotal	1,087	1,210	1,210
Homelessness			
Grants			
Continuations	1,237	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	2,557	1,877
New/Competing	3,698	---	---
Subtotal	4,935	2,557	1,877
Older Adults			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	535	984	984
New/Competing	468	---	---
Subtotal	1,003	984	984
Criminal & Juvenile Justice			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Grants			
Continuations, Subtotal	***31,683***	***29,185***	***52,608***
New/Competing, Subtotal	***28,952***	***33,146***	***----***
Total, Grants	***60,635***	***62,331***	***52,608***
Contracts			
Continuations, Subtotal	***92,186***	***30,401***	***90,199***
New/Competing, Subtotal	***17,817***	***82,345***	***----***
Total, Contracts	***110,003***	***112,746***	***90,199***
Technical Assistance	***579***	***579***	***579***
Review	***1,138***	***1,016***	***741***
Total, Best Practices	**172,355**	**176,672**	**144,127**

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

Programs of Regional & National Significance Targeted Capacity Expansion	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
Grants			
Continuations	3,404	7,805	9,707
New/Competing	3,854	4,227	---
Contracts			
Continuations	1,707	1,376	2,541
New/Competing	234	770	---
Subtotal	9,199	14,178	12,248
Substance Abuse Treatment Capacity			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Seclusion & Restraint			
Grants			
Continuations	---	1,729	1,728
New/Competing	1,892	---	---
Contracts			
Continuations	---	625	626
New/Competing	604	---	---
Subtotal	2,496	2,354	2,354
Strategic Prevention Framework			
Grants			
Continuations	3,399	1,262	---
New/Competing	50	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	3,449	1,262	---
Children & Families			
Grants			
Continuations	---	2,565	2,727
New/Competing	2,761	162	---
Contracts			
Continuations	---	249	249
New/Competing	239	---	---
Subtotal	3,000	2,976	2,976
Mental Health System Transformation			
Grants			
Continuations	---	7,670	20,000
New/Competing	12,501	31,223	6,000
Contracts			
Continuations	3,719	6,048	2,720
New/Competing	1,899	---	---
Subtotal	18,119	44,941	28,720

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

Programs of Regional & National Significance Targeted Capacity Expansion	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Disaster Readiness & Response			
Grants			
Continuations	3,234	---	---
New/Competing	223	---	---
Contracts			
Continuations	449	561	561
New/Competing	---	---	---
Subtotal	3,906	561	561
Homelessness			
Grants			
Continuations	4,585	4,639	4,747
New/Competing	1,600	2,765	---
Contracts			
Continuations	---	470	---
New/Competing	768	1,634	---
Subtotal	6,953	9,508	4,747
Older Adults			
Grants			
Continuations	4,451	---	3,742
New/Competing	---	3,742	---
Contracts			
Continuations	---	100	1,218
New/Competing	225	1,118	---
Subtotal	4,676	4,960	4,960
HIV/AIDS & Hepatitis			
Grants			
Continuations	8,000	8,000	---
New/Competing	---	---	4,600
Contracts			
Continuations	1,359	---	---
New/Competing	---	1,378	548
Subtotal	9,359	9,378	5,148
Criminal & Juvenile Justice			
Grants			
Continuations	5,988	3,919	3,750
New/Competing	855	2,862	---
Contracts			
Continuations	---	---	163
New/Competing	---	163	---
Subtotal	6,843	6,944	3,913
Grants			
Continuations, Subtotal	33,061	37,589	46,401
New/Competing, Subtotal	23,736	44,981	10,600
Total, Grants	56,797	82,570	57,001
Contracts			
Continuations, Subtotal	7,234	9,429	8,078
New/Competing, Subtotal	3,969	5,063	548
Total, Contracts	11,203	14,492	8,626
Technical Assistance	---	---	---
Review	441	563	459
Total, Targeted Capacity Expansion	**68,441**	**97,625**	**66,086**
TOTAL, PRNS	**$240,796**	**$274,297**	**$210,213**

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

Authorizing Legislation - Section 565 of the PHS Act

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
Budget Authority……	$102,353,000	$105,112,000	$105,129,000	+$17,000

Statement of the Budget Request – The FY 2006 budget proposes $105,129,000, an increase of $17,000 over the FY 2005 appropriation. This program funds communities to develop systems of care for children and adolescents with serious emotional disorders.

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

Program funds are available through competitive cooperative agreements to States, political subdivisions of States, Territories, and Indian Tribes or tribal organizations. Funds are used to build on the existing service infrastructure so that the array of services required to meet the needs of the target population is available and accessible. Grants are funded for a total of 6 years, with an increasing non-Federal match requirement over the term of the award. The match requirement is intended to promote sustainability of the local systems of care beyond the grant period. The proposed budget of $105,129,000 will support 52 continuation grants and fund 13 contracts. Funding will also continue support for evaluation, technical assistance, and communications activities.

Performance Analysis - From 1993-2004, CMHS has funded 92 grants in 46 States, and provided services to approximately 54,343 children. The program has served children in 274 or 9% of the 3,142 counties in the United States, representing a small proportion of the country being exposed to these highly successful system-of-care services. Over 18 of the first 22 grant communities initially funded in fiscal years 1993 and 1994 have continued to be sustained as service delivery systems since the federal program funds ended in fiscal years 1999 and 2000.

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

- By FY 2010, 60% of grantees will exceed a 30% improvement in behavioral and emotional symptoms among children receiving services.
- By FY 2008, 80% of systems of care will continue to be sustained at least throughout the first five years after Federal funding has ended.
- By FY 2010, 50% of grantees will decrease inpatient care costs by 10%.

This program has exceeded FY 2004 targets for the percentage of children attending school 75% or more of the time, and with no law enforcement contacts after six months of receiving services. The program is also demonstrating efficiency. It exceeded its 2004 target to reduce inpatient care costs, and 74% of grantees reduced inpatient care costs by 10% or more. The Children's Mental Health Program has invested consistently in program evaluation, and outcomes from the evaluation have been used to monitor program performance.

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

	Funding	FTEs
2001	$91,645,000	—
2002	96,631,000	—
2003	98,053,000	—
2004	102,353,000	—
2005	105,112,000	—

Rationale for the Budget - The FY 2006 budget proposes $105,129,000, an increase of $17,000 over the FY 2005 appropriation. The budget will fully fund 52 grant continuations and 13 contract continuations. No new grants will be funded. The PART review substantiated the effectiveness of the program. The program also supports HHS Strategic Objective 3.5, Expand access to health care services for targeted populations with special health care needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

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

Authorizing Legislation - Section 102 of the PAIMI Act

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
Budget Authority……	$34,620,000	$34,343,000	$34,343,000	$---

Statement of the Budget Request – The FY 2006 budget proposes $34,343,000, same as the FY 2005 appropriation. This formula grant program funds State Protection and Advocacy systems to protect individuals with mental illnesses from abuse, neglect, and civil rights violations.

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

The Protection and Advocacy for Individuals with Mental Illness Program provides formula grant awards to support protection and advocacy systems designated by the governor of each State and the territories, and the Mayor of the District of Columbia. State protection and advocacy systems monitor facility compliance with respect to the rights of individuals through activities that ensure the enforcement of the Constitution and Federal and State laws. State protection and advocacy systems monitor public and private residential care and treatment facilities and non-medical community-based facilities for children and youth. The proposed budget of $34,343,000 will support 57 grants to states and territories.

Performance Analysis - The program has not yet received an 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. Consequently, 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. A new data collection tool was developed and approved by OMB in May 2004. Positive outcomes for FY 2003 include exceeding the target for the number of people served, and meeting the target for the percentage of substantiated incidents of abuse, neglect, and civil rights violations favorably resolved. In FY 2003, 78% or 2,308 incidents of abuse; 86% or 3,136 incidents of neglect; and 78% or 4,371 incidents of civil rights violations were favorably resolved for clients. FY 2004 data are due in July 2005.

In 2001, 31 State protection and advocacy systems reported 1,250 deaths, of which 410 were investigated. In 2002, 27 State protection and advocacy systems reported 1,777 deaths, of which 972 were investigated. Protection and advocacy systems efforts to investigate these incidents were affected by such factors as challenges by public and private facilities to protection and

advocacy access to clients, facilities, and records, which had to be resolved by the court; inadequate information from the reporting facility; and lag time between the fatality and the notice to the protection and advocacy systems. Investigations conducted by State protection and advocacy systems included highly publicized deaths, often brought to their attention by the media (many States had no mandatory death reporting requirements to cover residential care and treatment facilities in effect). Findings substantiated that residential facility staff either used excessive physical restraint or provided inadequate medical care.

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

	Funding	FTEs
2001	$30,000,000	—
2002	32,500,000	—
2003	33,779,000	—
2004	34,620,000	—
2005	34,343,000	—

Rationale for the Budget – The FY 2006 budget proposed $34,343,000, the same level as in FY 2005 appropriation. These funds will serve 23,100 persons, same as FY 2005. 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.

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

STATE/TERRITORY	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Alabama	$451,717	$442,529	$433,753	-$8,776
Alaska	410,000	406,700	406,700	---
Arizona	522,535	526,374	530,835	+4,461
Arkansas	410,000	406,700	406,700	---
California	3,020,131	3,018,683	3,028,919	+10,236
Colorado	410,000	406,700	406,700	---
Connecticut	410,000	406,700	406,700	---
Delaware	410,000	406,700	406,700	---
District of Columbia	410,000	406,700	406,700	---
Florida	1,523,270	1,513,670	1,531,845	+18,175
Georgia	781,801	786,869	791,268	+4,399
Hawaii	410,000	406,700	406,700	---
Idaho	410,000	406,700	406,700	---
Illinois	1,087,647	1,076,683	1,083,159	+6,476
Indiana	580,042	570,935	569,096	-1,839
Iowa	410,000	406,700	406,700	---
Kansas	410,000	406,700	406,700	---
Kentucky	410,000	406,700	406,700	---
Louisiana	452,366	439,561	435,448	-4,113
Maine	410,000	406,700	406,700	---
Maryland	454,820	449,346	446,200	-3,146
Massachusetts	516,349	511,310	509,342	-1,968
Michigan	914,988	900,242	889,377	-10,865
Minnesota	432,781	425,492	428,025	+2,533
Mississippi	410,000	406,700	406,700	---
Missouri	529,730	520,159	521,238	+1,079
Montana	410,000	406,700	406,700	---
Nebraska	410,000	406,700	406,700	---
Nevada	410,000	406,700	406,700	---
New Hampshire	410,000	406,700	406,700	---

New Jersey	689,789	679,429	679,498	+69
New Mexico	410,000	406,700	406,700	---
New York	1,591,793	1,585,388	1,575,939	-9,449
North Carolina	780,442	780,826	779,181	-1,645
North Dakota	410,000	406,700	406,700	---

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

STATE/TERRITORY	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Ohio	1,059,041	1,038,674	1,029,637	-9,037
Oklahoma	410,000	406,700	406,700	---
Oregon	410,000	406,700	406,700	---
Pennsylvania	1,108,368	1,079,974	1,082,380	+2,406
Rhode Island	410,000	406,700	406,700	---
South Carolina	410,000	406,700	406,700	---
South Dakota	410,000	406,700	406,700	---
Tennessee	552,727	545,998	538,824	-7,174
Texas	1,993,897	2,012,841	2,021,681	+8,840
Utah	410,000	406,700	406,700	---
Vermont	410,000	406,700	406,700	---
Virginia	631,678	628,995	628,280	-715
Washington	529,405	523,505	524,415	+910
West Virginia	410,000	406,700	406,700	---
Wisconsin	499,063	489,200	486,495	-2,705
Wyoming	410,000	406,700	406,700	---
Subtotal, States	**$32,184,380**	**$31,934,283**	**$31,932,435**	**-$1,848**
Puerto Rico	644,720	632,396	634,205	+1,809
American Indian Consortia	219,700	217,900	217,900	---
American Samoa	219,700	217,900	217,900	---
Guam	219,700	217,900	217,900	---
Northern Mariana Islands	219,700	217,900	217,900	---
Virgin Islands	219,700	217,900	217,900	---
Subtotal, Territories	**$1,743,220**	**$1,721,896**	**$1,723,705**	**$1,809**

Total States/Territories	**$33,927,600**	**$33,656,179**	**$33,656,140**	**-$39**
SAMHSA Set-Aside	**692,400**	**686,821**	**686,860**	**+39**
TOTAL P&A	**$34,620,000**	**$34,343,000**	**$34,343,000**	**---**

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

Authorizing Legislation - Section 535 of the PHS Act

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
Budget Authority……	$49,760,000	$54,809,000	$54,809,000	$---

Statement of the Budget Request - The FY 2006 budget proposes $54,809,000, the same as the FY 2005 appropriation. The formula grant program funds States to expand the availability of mental health services to homeless individuals with serious mental illnesses.

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

The formula calculates State allotments based on the population living in urbanized areas. These population data are updated after each census. This program requires matching funds of $l to every $3 of federal funds. In the past several years, State and local matching funds exceeded the required amount. The Projects for Assistance in Transition from Homelessness programs have been highly successful in targeting assistance to persons who have the most serious impairments. The proposed budget of $54,809,000 will support 57 grants to states and territories.

Performance Analysis - The program received an OMB PART review in 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 (Five year target: 65%; FY 2000 actual: 44%)
- Increase the percentage of contacted homeless persons with serious mental illness who become enrolled in services (Five year target: 47%; FY 2000 actual: 42%)

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

The program has exceeded the FY 2002 target for persons contacted. FY 2003 data are due in July 2005.

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

	Funding	FTEs
2001	$36,855,000	---
2002	39,855,000	---
2003	43,073,000	---
2004	49,760,000	---
2005	54,809,000	---

Rationale for the Budget - The FY 2006 budget proposes $54,809,000, the same as FY 2005 appropriation. An estimated 154,500 persons will be served in FY 2006, same as in FY 2005. 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.

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

STATE/TERRITORY	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Alabama	$437,000	$487,000	$487,000	---
Alaska	300,000	300,000	300,000	---
Arizona	879,000	980,000	980,000	---
Arkansas	300,000	300,000	300,000	---
California	6,741,000	7,509,000	7,509,000	---
Colorado	723,000	806,000	806,000	---
Connecticut	641,000	714,000	714,000	---
Delaware	300,000	300,000	300,000	---
District of Columbia	300,000	300,000	300,000	---
Florida	3,032,000	3,377,000	3,377,000	---
Georgia	1,128,000	1,256,000	1,256,000	---
Hawaii	300,000	300,000	300,000	---
Idaho	300,000	300,000	300,000	---
Illinois	2,192,000	2,441,000	2,441,000	---
Indiana	768,000	855,000	855,000	---
Iowa	300,000	300,000	300,000	---
Kansas	300,000	303,000	303,000	---
Kentucky	352,000	393,000	393,000	---
Louisiana	571,000	636,000	636,000	---
Maine	300,000	300,000	300,000	---
Maryland	956,000	1,065,000	1,065,000	---
Massachusetts	1,269,000	1,413,000	1,413,000	---
Michigan	1,481,000	1,649,000	1,649,000	---
Minnesota	610,000	680,000	680,000	---
Mississippi	300,000	300,000	300,000	---

Missouri	696,000	775,000	775,000	---
Montana	300,000	300,000	300,000	---
Nebraska	300,000	300,000	300,000	---
Nevada	377,000	420,000	420,000	---
New Hampshire	300,000	300,000	300,000	---
New Jersey	1,745,000	1,944,000	1,944,000	---
New Mexico	300,000	300,000	300,000	---
New York	3,489,000	3,887,000	3,887,000	---
North Carolina	846,000	943,000	943,000	---
North Dakota	300,000	300,000	300,000	---

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

STATE/TERRITORY	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Ohio	1,645,000	1,833,000	1,833,000	---
Oklahoma	334,000	372,000	372,000	---
Oregon	445,000	495,000	495,000	---
Pennsylvania	1,848,000	2,059,000	2,059,000	---
Rhode Island	300,000	300,000	300,000	---
South Carolina	422,000	470,000	470,000	---
South Dakota	300,000	300,000	300,000	---
Tennessee	667,000	743,000	743,000	---
Texas	3,331,000	3,710,000	3,710,000	---
Utah	393,000	438,000	438,000	---

Vermont	300,000	300,000	300,000	---
Virginia	1,061,000	1,182,000	1,182,000	---
Washington	969,000	1,079,000	1,079,000	---
West Virginia	300,000	300,000	300,000	---
Wisconsin	640,000	713,000	713,000	---
Wyoming	300,000	300,000	300,000	---
Subtotal, States	**$46,688,000**	**$51,327,000**	**$51,327,000**	**---**
Puerto Rico	782,000	872,000	872,000	---
American Samoa	50,000	50,000	50,000	---
Guam	50,000	50,000	50,000	---
Northern Mariana Islands	50,000	50,000	50,000	---
Virgin Islands	50,000	50,000	50,000	---
Subtotal, Territories	**$982,000**	**$1,072,000**	**$1,072,000**	---
Total States/Territories	**$47,670,000**	**$52,399,000**	**$52,399,000**	**---**
SAMHSA Set-Aside	**2,090,000**	**2,410,000**	**2,410,000**	**---**
TOTAL, PATH	**$49,760,000**	**$54,809,000**	**$54,809,000**	**---**

Center for Mental Health Services
Community Mental Health Services Block Grant

Authorizing Legislation - Section 1920 of the PHS Act

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
Budget Authority……	$412,840,000	$410,953,000	$410,953,000	$---
PHS Evaluation Funds……	21,850,000	21,803,000	21,803,000	---
Program Level……	**$434,690,000**	**$432,756,000**	**$432,756,000**	**$---**

Statement of the Budget Request – The FY 2006 budget proposes $432,756,000, same as FY 2005 appropriation. The mental health services block grant program 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 Program distributes funds to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. Applications for FY 2006 grants are due September 1, 2005. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. Major provisions of the current law include maintenance of effort requirement for States and a provision that ensures that when the application of the formula results in lowered funding for a particular State, the allotment will not be less than that received in FY 1998.

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

States and territories may expend Block Grant funds only to carry out the annual plan, to evaluate programs and services carried out under the plan, and for planning, administration, and educational activities related to providing services under the plan. The legislation provides a 5% set-aside, which is retained by SAMHSA, to assist the States and Territories in the development of their mental health systems through the support of technical assistance, data collection and evaluation activities. The table on the next page shows planned expenditure of set-aside funds.

In FY 2005, CMHS will analyze the FY 2004 Uniform Reporting System data this spring to prepare a report on National Outcome Measures that will paint State and national pictures of the management of the State mental health agencies, and how clients are doing in these agencies. These activities are financed through the State Data Infrastructure Grants and a related contract support center. This is one more step toward working with the states to more effectively measure and manage performance by systematically collecting and analyzing comparable data across programs.

SAMHSA will also be reviewing specific national surveys and will begin reinventing them to include National Outcome Measures in order to be able to paint a national picture of the entire organized mental health system. These activities will be carried out through the Client/Patient Sample Survey and the Survey of Mental Health Organizations. From the Client/Patient Sample Survey, a picture will be able to be painted of the entire organized mental health system in the Nation. From the Survey of Mental Health Organizations, SAMHSA will be able to add State-by-State pictures of the organized mental health system. Once SAMHSA has these pictures, then SAMHSA will be able to compare the entire organized mental health system with that component operated by the State mental health agencies, both at the national and State levels.

FY 2006 MENTAL HEALTH SERVICES
BLOCK GRANT SET-ASIDE
(Dollars in thousands)

Set-Aside Activities	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
State Data Systems			
State Data Systems Support & TA	699	1,028	3,065
State Data Infrastructure Grants (funded in PRNS in 04 & 05)	---	---	7,958
MHSIP Infrastructure Support & TA	674	800	---
Total State Data Systems	1,373	1,828	11,023
National Data Collection			
2004/2005/2006 Client & MH Org Surveys	1,339	946	741
Medicaid/Medicare Analyses	1,115	1,380	---
Subtotal - National Data Collection	2,454	2,326	741
Technical Assistance (TA)			
State System TA Projects	10,975	11,725	5,537
Organization & Finance TA	433	1,459	942
State Consumer TA	2,233	500	500
Direct TA (FTE Support - 17 FTEs)	2,077	2,117	2,193
Subtotal - Technical Assistance	15,718	15,801	9,172
Program Evaluation			
Expenditure Study-Spending Estimates	388	267	267
Evaluation of State EBP Toolkits	1,167	381	---
Independent Evaluation of the BG	750	1,200	600
Subtotal - Program Evaluation	2,305	1,848	867
TOTAL CMHS	**$21,850**	**$21,803**	**$21,803**

Performance Analysis - The program's overall goal is to move care for adults with serious mental illness and children with serious emotional disturbance from costly and restrictive inpatient hospital care to the community. Funds reached 972 sub-grantees in FY 2002. Beginning in FY 2002, the Community Mental Health Services Block Grant, through the Uniform Reporting System, documented the actual number of persons served in the fiscal year

by each of the State Mental Health Authorities. The total number served by the public mental health system in FY 2003 was 5,125,229.

The program was selected by OMB in FY 2003 for the FY 2005 PART review process. The final rating was "Adequate." The assessment found that the Block Grant is the only Federal program that provides funds to all States and Territories to develop a comprehensive, community-based system of care for individuals with serious mental illness and serious emotional disturbance. States are currently reporting voluntarily on a number of National Outcome Measures on readmission rates and positive consumer reports, and SAMHSA has begun to implement agreed-upon long-term National Outcome Measures. SAMHSA also has initiated funding for a national evaluation of the Block Grant program in response to the OMB findings.

FY 2003 data on the number of people served by the State mental health system exceed the target. FY 2003 data also show an increase in the rate of consumers/family members reporting positively about adult outcomes.

The State Data Infrastructure Grant Program enables States to report data on the characteristics and performance program of their mental health systems. States are adopting common data and information technology standards with a focus on improving information from the local provider sector. 58 States and Territories have received grants, and data resulting from these grants are now being reported for all Block Grant Government Performance and Results Act measures.

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

	Funding	FTE
2001	$420,000,000	17
2002	433,000,000	17
2003	437,140,000	17
2004 a/	434,690,000	16
2005 a/	432,756,000	17

a/ Includes $21.850 million from PHS evaluation funds in FY 2004 and $21.803 million in FY 2005.

Rationale for the Budget - The FY 2006 budget proposes $432,756,000, the same as FY 2005 appropriation. An estimated 5,227,437 persons will be served by the public mental health system in FY 2006. The program supports HHS Strategic Objective 3.5, Expand access to health care services for targeted populations with special health care needs, as individuals with mental illnesses are one of the populations particularly targeted by this objective.

In FY 2006, funding for the Data Infrastructure Grant program has been transferred from PRNS to the Block Grant Set-Aside. This change will not impact the Agency's three year National Outcome Measures implementation plan and further development of state outcomes measurement and management system. Also, SAMHSA plans to have FY 2005 Uniform Reporting System data from the States and anticipates that more States will be able to report on

more of these measures. Preliminary results from the reinvented Client/Patient Sample Survey which will provide an initial national indication of how all clients are doing in the organized mental health system. Results from the Survey of Mental Health Organizations will become available in FY 2007.

Center for Mental Health Services
Community Mental Health Services Block Grant Program

STATE/TERRITORY	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Alabama	$6,333,366	$6,217,429	$6,110,885	-106,544
Alaska	807,349	776,797	814,861	+38,064
Arizona	7,620,939	7,863,945	7,993,271	+129,326
Arkansas	3,942,927	3,899,354	3,863,200	-36,154
California	54,447,176	54,955,073	55,892,446	+937,373
Colorado	5,743,057	5,756,635	5,829,687	+73,052
Connecticut	4,684,743	4,427,225	4,502,751	+75,526
Delaware	968,973	972,665	945,082	-27,583
District of Columbia	944,763	896,557	838,929	-57,628
Florida	26,144,498	26,360,593	26,675,042	+314,449
Georgia	12,840,422	13,063,235	13,090,705	+27,470
Hawaii	1,718,743	1,717,222	2,230,287	+513,065
Idaho	1,788,605	1,818,491	1,852,605	+34,114
Illinois	17,167,710	16,897,228	16,713,077	-184,151
Indiana	8,272,877	8,129,212	8,006,183	-123,029
Iowa	3,744,360	3,699,900	3,634,346	-65,554
Kansas	3,311,655	3,263,548	3,230,540	-33,008
Kentucky	5,755,784	5,815,099	5,578,571	-236,528
Louisiana	6,338,989	6,000,390	5,919,341	-81,049
Maine	1,764,404	1,774,427	1,730,426	-44,001
Maryland	8,320,840	8,269,375	8,238,613	-30,762
Massachusetts	8,598,380	8,426,142	8,184,962	-241,180
Michigan	13,163,041	12,952,196	12,853,093	-99,103
Minnesota	5,983,957	5,988,839	5,958,800	-30,039
Mississippi	4,128,357	4,086,465	4,012,544	-73,921
Missouri	7,114,254	7,086,105	6,992,680	-93,425
Montana	1,262,644	1,248,901	1,250,756	+1,855
Nebraska	2,105,983	2,086,159	2,055,846	-30,313
Nevada	3,231,892	3,408,088	3,588,191	+180,103
New Hampshire	1,469,696	1,486,177	1,472,116	-14,061
New Jersey	12,496,178	12,226,675	12,089,126	-137,549
New Mexico	2,355,414	2,353,002	2,350,687	-2,315
New York	28,990,291	28,325,933	28,187,136	-138,797
North Carolina	10,567,007	10,564,989	10,506,111	-58,878
North Dakota	852,938	822,445	801,499	-20,946

Center for Mental Health Services
Community Mental Health Services Block Grant Program

STATE/TERRITORY	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	Increase or Decrease
Ohio	14,969,400	14,543,753	14,408,499	-135,254
Oklahoma	4,781,491	4,722,554	4,843,312	+120,758
Oregon	4,317,425	4,312,546	4,411,059	+98,513
Pennsylvania	16,277,619	15,832,034	15,571,584	-260,450
Rhode Island	1,426,677	1,429,555	1,405,921	-23,634
South Carolina	5,559,432	5,637,663	5,484,235	-153,428
South Dakota	937,039	911,126	898,131	-12,995
Tennessee	8,137,479	8,049,985	8,021,360	-28,625
Texas	31,983,120	32,486,643	32,506,027	+19,384
Utah	3,002,350	3,127,375	3,097,928	-29,447
Vermont	809,409	803,122	794,135	-8,987
Virginia	11,082,109	10,976,710	10,962,037	-14,673
Washington	8,309,216	8,400,033	8,600,188	+200,155
West Virginia	2,674,605	2,589,813	2,551,056	-38,757
Wisconsin	6,864,509	6,814,203	6,727,242	-86,961
Wyoming	532,914	514,940	511,498	-3,442
State Subtotal	**$406,647,006**	**$404,788,571**	**$404,788,607**	**+$36**
American Samoa	80,781	80,409	80,409	---
Guam	218,278	217,273	217,273	---
Marshall Islands	71,685	71,355	71,355	---
Micronesia	150,883	150,188	150,188	---
Northern Mariana Islands	97,603	97,153	97,153	---
Palau	50,000	50,000	50,000	---
Puerto Rico	5,370,219	5,345,475	5,345,475	---
Virgin Islands	153,145	152,440	152,440	---
Territory Subtotal	**$6,192,594**	**$6,164,293**	**$6,164,293**	**---**
Total States/Territories	**$412,839,600**	**$410,952,864**	**$410,952,900**	**+$36**
SAMHSA Set-Aside	**21,728,400**	**21,629,136**	**21,629,100**	**-36**
Unexpended Setaside 1/	**122,000**	**174,000**	**174,000**	**---**
TOTAL RESOURCES	**$434,690,000**	**$432,756,000**	**$432,756,000**	**---**

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

Center for Substance Abuse Prevention
Overview

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
Programs of Regional and National Significance……	**$198,458,000**	**$198,725,000**	**$184,349,000**	**-$14,376,000**

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

The Strategic Prevention Framework incorporates a five step community development model: 1) organize the community to profile needs, including community readiness; 2) mobilize the community and build the capacity to address needs and plan for sustainability; 3) develop the prevention action (evidence-based activities, programs, strategies, and policies); 4) implement the prevention plan; and 5) conduct ongoing evaluation for quality improvement and outcomes. The Strategic Prevention Framework is based upon the risk and protective factor approach to prevention. For example, family conflict, low school readiness, and poor social skills increase the risk for conduct disorders and depression, which in turn increase the risk for adolescent substance abuse, delinquency, and violence. Protective factors such as strong family bonds, social skills, opportunities for school success, and involvement in community activities can foster resilience and mitigate the influence of risk factors. Current research shows that evidence-based substance abuse prevention is effective in preventing youth from initiating substance use and in reducing the number of individuals who become dependent. The 2004 *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; reduction in substance abuse-related crimes; attainment of employment or enrollment in school; increased stability in family and living conditions; increased access to services; and increased social connectedness.

In FY 2006, SAMHSA proposes $184,349,000 for substance abuse prevention programs, a decrease of $14,376,000 from the FY 2005 appropriation. Best Practices will be reduced by $14,467,000 and Targeted Capacity Expansion will increase by $91,000. Funds continue to be targeted in FY 2006 to implement the Strategic Prevention Framework, using a variety of programs. In FY 2006, SAMHSA will support efforts to enhance implementation of effective

programs at the state and community levels, with an emphasis on the prevention of underage drinking.

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

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

Substance Abuse and Mental Health Services Administration
CSAP Program Priority Areas
(Dollars in thousands)

Program Priority Area a/	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
PRNS	$---	$---	$---
Substance Abuse Treatment Capacity			
PRNS	---	---	---
Seclusion & Restraint			
PRNS	---	---	---
Strategic Prevention Framework			
PRNS	155,909	159,301	144,925
Children & Families			
PRNS	1,757	---	---
Mental Health System Transformation			
PRNS	63	62	62
Disaster Readiness & Response			
PRNS	1,050	---	---
Homelessness			
PRNS	---	---	---
Older Adults			
PRNS	---	---	---
HIV/AIDS & Hepatitis			
PRNS	39,679	39,362	39,362
Criminal & Juvenile Justice			
PRNS	---	---	---
TOTAL b/	**$198,458**	**$198,725**	**$184,349**

a/ Represents primary program category; may relate to other categories: reflects comparable adjustments for Aging change to Older Adults, Criminal Justice change
b/ Excludes all Program Management funds including PHS Evaluation. Includes PHS evaluation funds applicable to PRNS and the SAPT Block Grant.

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

Programs of Regional & National Significance	FY 2004 Actual No.	FY 2004 Actual Amount	FY 2005 Appropriation No.	FY 2005 Appropriation Amount	FY 2006 Estimate No.	FY 2006 Estimate Amount
Best Practices						
Grants/Cooperative Agreements:						
Continuations	13	6,468	17	4,928	2	762
New/Competing	20	2,898	7	1,000	3	48
Supplements	(1)	100	---	---	---	---
Subtotal	33	9,466	24	5,928	5	810
Contracts:						
Continuations	8	13,410	10	30,508	11	23,735
New	22	20,142	15	3,688	1	1,618
Supplements	(---)	---	---	---	---	---
Subtotal	30	33,552	25	34,196	12	25,353
Technical Assistance	---	---	---	---	---	---
Review Cost	---	1,006	---	1,006	---	500
Subtotal	30	34,558	25	35,202	12	25,853
Subtotal, Best Practices	**63**	**44,024**	**49**	**41,130**	**17**	**26,663**
Targeted Capacity Expansion						
Grants/Cooperative Agreements:						
Continuations	132	52,630	127	84,268	166	93,861
New/Competing	57	66,108	73	34,545	25	24,297
Supplements	(43)	3,193	---	---	---	---
Subtotal	189	121,931	200	118,813	191	118,158
Contracts:						
Continuations	15	20,583	12	28,112	14	37,014
New	23	11,470	7	10,670	4	1,758
Supplements	(---)	450	---	---	(1)	756
Subtotal	38	32,503	19	38,782	18	39,528
Technical Assistance	---	---	---	---	---	---
Review Cost	---	---	---	---	---	---
Subtotal	38	32,503	19	38,782	18	39,528
Subtotal, TCE	**227**	**154,434**	**219**	**157,595**	**209**	**157,686**
Total, PRNS	**290**	**$198,458**	**268**	**$198,725**	**226**	**$184,349**

Center for Substance Abuse Prevention
Programs of Regional and National Significance

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

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
Programs of Regional and National Significance……				
Best Practices……	$44,024,000	$41,130,000	$26,663,000	-$14,467,000
Targeted Capacity Expansion..	154,434,000	157,595,000	157,686,000	+91,000
Total…….	**$198,458,000**	**$198,725,000**	**$184,349,000**	**-$14,376,000**

Statement of the Budget – The FY 2006 budget proposes $184,349,000, a decrease of $14,376,000 from the FY 2005 appropriation. PRNS supports a variety of prevention programs and provides the means to implement the Strategic Prevention Framework.

Program Description – In SAMHSA, there are two program categories within Programs of Regional and National Significance. The first category promotes capacity expansion through services programs, which provide funding to implement a service improvement using a proven evidence based approach; and through infrastructure programs, which identify and implement needed systems changes. Key success indicators for most programs of this type are positive systems changes, enhanced capacity, and improved participant outcomes. The second category promotes effectiveness through local best practices programs, which help communities and providers to identify, adapt, implement, and evaluate best practices; and service to science programs, which document innovative practices thought to have potential for broad service improvement. In general, the outcomes of these programs are measured by indicators such as the identification of a practice to be implemented and pilot adoption; satisfaction with information or assistance received; and actual changes to practice that have occurred. While many activities contribute to CSAP's accomplishments, several major programs account for the majority of funding.

CSAP utilizes its new Strategic Prevention Framework State Incentive Grants program to carry out many of its services, infrastructure, and local best practices efforts. The Strategic Prevention Framework State Incentive Grants program, proposed for $93,488,000 in FY 2006, will support States to implement the Strategic Prevention Framework. In FY 2006, CSAP plans to fund a total of 32 grants (25 continuations and seven new), further increasing Strategic Prevention Framework State Incentive Grants network, and to fund an evaluation of the Strategic Prevention Framework State Incentive Grants Epidemiology Workgroups, which comprise the need assessment element of the five-step Strategic Prevention Framework process.

The Substance Abuse Prevention and HIV Prevention in Minority Communities Services Grants program proposes $39,362,000 in FY 2006 which will support 139 grants. This program is

designed to increase prevention services capacity in minority communities, which are disproportionately impacted by HIV disease.

$9,920,000 is proposed in FY 2006, to continue to fund the Fetal Alcohol Spectrum Disorders (FASD formerly FAS/FAE) Center for Excellence and programs for ten states, five judicial venues for adolescents, and 28 communities. Funding supports the building of infrastructure in states, the implementation of evidence-based prevention approaches in the judicial venues, and the overlay of Fetal Alcohol Spectrum Disorders prevention and treatment on existing health systems within communities, especially those in American Indian/Alaska Native communities.

In FY 2006, funding will support 226 grants and contracts, consisting of 193 continuations and 33 new/competing.

Performance Analysis - The CSAP PRNS program was reviewed by OMB in 2004 through the FY 2006 PART process. The PRNS program consists of multiple individual activities. By far the largest programs within PRNS are the State Incentive Grant program (the Strategic Prevention Framework State Incentive Grant had not been awarded at the time of the PART) and the Substance Abuse Prevention and HIV Prevention program. CSAP already was in the process of assessing and proposing major changes to these programs when the PART review began, and this work is reflected in the PART results. The program was found to be "Moderately Effective."

As a result of the PART, long-term and annual measures were established for all PRNS programs. Baseline data for most measures will be available in December 2005. In addition, State-level targets will be set for the long-term outcome measures concerning substance abuse and underage alcohol use.

The original State Incentive Grant program's accomplishments were substantial. The program had funded an estimated 1,300 community based organizations to implement or enhance more than 3,250 local prevention programs. The program consistently exceeded the target of increasing the number of evidence-based programs implemented. However, data collection efforts were less successful with respect to the other outcomes. Data issues have been at the forefront of the Strategic Prevention Framework State Incentive Grant redesign. The PART review has been completed. New measures have been implemented; as a result, baselines and targets are being reestablished for all but one measure – the number of evidence-based policies, practices, and strategies implemented by communities, which continues to report annual data and has exceeded its FY 2004 target.

The Substance Abuse Prevention and HIV Prevention in Minority Communities program is undergoing major review as well, with changes expected as the request for applications is issued for FY 2005. The current program has experienced difficulty collecting data for performance measurement, and as the program is reassessed, data and performance measurement issues will be resolved.

The Centers for the Application of Prevention Technologies funds five regional technical assistance centers, serving CSAP grantees as well as certain Department of Education and

Department of Justice grantees. The Centers for the Application of Prevention Technologies promote state-of-the-art prevention technologies. The program is presently in the process of establishing new baselines associated greatly with a change in funding mechanism from cooperative agreements to contracts. The Centers for the Application of Prevention Technologies exceeded the 2004 target for increasing the number of person provided technical assistance services by employing more efficient, technologically sophisticated technical assistance delivery methods.

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

	Funding	FTE
2001	$174,919,000	—
2002	197,479,000	—
2003	197,111,000	—
2004	198,458,000	—
2005	198,725,000	—

Rationale for the Budget Request - The FY 2006 budget proposes $184,349,000, a decrease of $14,376,000 from the FY 2005 appropriation. Best Practices will be reduced by $14,467,000 and Targeted Capacity Expansion will increase by $91,000. Funds continue to be realigned in FY 2006 to implement the Strategic Prevention Framework, using a variety of programs. In FY 2006, SAMHSA will support efforts to enhance implementation of effective programs at the state and community levels, with an emphasis on the prevention of underage drinking. These efforts will be strengthened in FY 2007.

The Best Practices reduction includes terminating the Ecstasy grants $2,480,000, ending and terminating the Methamphetamine program $1,909,000, reducing the SAMHSA Health Information Network $4,000,000 and other Best Practices contract activity $6,078,000 coming to an end in FY 2005. Funding for Strategic Prevention Framework State Incentive Grants is proposed for $93,488,000, an increase of $7,943,000 over the FY 2005 appropriation. This increase is as a result of terminating the Ecstasy grants $2,480,000, ending and terminating the Methamphetamine program $1,909,000, the end of one-year Congressional projects $3,383,000, and an overall increase in TCE $91,000.

The Strategic Prevention Framework State Incentive Grants program focuses on results. It includes a clear definition of the intended results, a way to measure progress and performance, and a clear definition of whose being held accountable. This will produce an increase in program performance.

The PRNS program supports HHS Strategic Objective 1.4, Reduce substance abuse.

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

Programs of Regional & National Significance	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Best Practices:			
Evidence Based Practices	$2,095	$1,850	$1,400
FAS/FAE (FASD)	9,941	9,920	9,920
Methamphetamine	2,010	1,909	---
Ecstasy	2,485	2,480	---
Dissemination/Training	13,778	15,461	10,163
Best Practices Prog. Coord.	11,994	9,448	5,118
Children & Families	1,658	---	---
Minority Fellowship Prog.	63	62	62
Subtotal, Best Practices	**44,024**	**41,130**	**26,663**
Targeted Capacity Expansion:			
State Incentive Grant Prog.			
Original SIG	40,246	24,443	---
Strategic Prev. Fmwrk SIG	46,084	61,102	93,488
Subtotal:	86,330	85,545	93,488
Congressional Projects	3,589	3,383	---
CAPT	11,541	11,706	11,706
Minority Health	---	---	---
Methamphetamine	2,710	1,909	---
Ecstasy	2,485	2,480	---
Workplace	4,689	6,210	6,125
Children & Families	99	---	---
Disaster Response	1,050	---	---
HIV/AIDS	39,679	39,362	39,362
Program Coordination	2,262	7,000	7,005
Subtotal, TCE	**154,434**	**157,595**	**157,686**
TOTAL PRNS	**$198,458**	**$198,725**	**$184,349**

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

Programs of Regional and National Significance Best Practices	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Substance Abuse Treatment Capacity			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Seclusion & Restraint			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Strategic Prevention Framework			
Grants			
Continuations	4,910	4,866	700
New/Competing	2,835	1,000	48
Contracts			
Continuations	13,410	30,508	23,735
New/Competing	20,142	3,688	1,618
Subtotal	41,297	40,062	26,101
Children & Families			
Grants			
Continuations	1,658	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	1,658	---	---
Mental Health System Transformation			
Grants			
Continuations	---	62	62
New/Competing	63	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	63	62	62

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

Programs of Regional and National Significance Best Practices	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Disaster Readiness & Response			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Homelessness			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Older Adults			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Criminal & Juvenile Justice			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Grants			
Continuations, Subtotal	***6,568***	***4,928***	***762***
New/Competing, Subtotal	***2,898***	***1,000***	***48***
Total, Grants	***9,466***	***5,928***	***810***
Contracts			
Continuations, Subtotal	***13,410***	***30,508***	***23,735***
New/Competing, Subtotal	***20,142***	***3,688***	***1,618***
Total, Contracts	***33,552***	***34,196***	***25,353***
Technical Assistance	---	---	---
Review	***1,006***	***1,006***	***500***
Total, Best Practices	**44,024**	**41,130**	**26,663**

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

Programs of Regional and National Significance Targeted Capacity Expansion	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Substance Abuse Treatment Capacity			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Seclusion & Restraint			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Strategic Prevention Framework			
Grants			
Continuations	28,813	65,180	59,122
New/Competing	54,808	14,421	19,674
Contracts			
Continuations	18,614	27,962	37,770
New/Competing	11,371	10,670	1,758
Subtotal	113,606	118,233	118,324
Children & Families			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	99	---	---
Subtotal	99	---	---
Mental Health System Transformation			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---

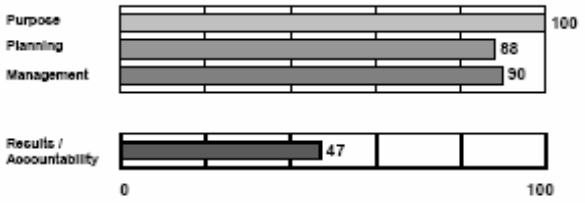
Center for Substance Abuse Prevention
PRNS Program Priority by Type
(Dollars in thousands)

Programs of Regional and National Significance Targeted Capacity Expansion	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Disaster Readiness & Response			
Grants			
Continuations	872	---	---
New/Competing	50	---	---
Contracts			
Continuations	128	---	---
New/Competing	---	---	---
Subtotal	1,050	---	---
Homelessness			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Older Adults			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	26,138	19,088	34,739
New/Competing	11,250	20,124	4,623
Contracts			
Continuations	2,291	150	---
New/Competing	---	---	---
Subtotal	39,679	39,362	39,362
Criminal & Juvenile Justice			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Grants			
Continuations, Subtotal	***55,823***	***84,268***	***93,861***
New/Competing, Subtotal	***66,108***	***34,545***	***24,297***
Total, Grants	***121,931***	***118,813***	***118,158***
Contracts			
Continuations, Subtotal	***21,033***	***28,112***	***37,770***
New/Competing, Subtotal	***11,470***	***10,670***	***1,758***
Total, Contracts	***32,503***	***38,782***	***39,528***
Technical Assistance	---	---	---
Review	---	---	---
Total, Targeted Capacity Expansion	**154,434**	**157,595**	**157,686**
TOTAL, PRNS	**$198,458**	**$198,725**	**$184,349**

One Page PART Summary FY 2004-2005

Program: *Substance Abuse Prevention PRNS*

Agency: *Department of Health and Human Services*
Bureau: *Substance Abuse and Mental Health Services Administration*



Rating: *Moderately Effective*
Program Type: *Competitive Grant*

Program Summary:

The Center for Substance Abuse Prevention' s Programs of Regional and National Significance (CSAP PRNS) awards grants to states and communities to conduct programs to prevent substance use and abuse. CSAP PRNS also provides technical assistance and disseminates information about effective substance abuse prevention strategies.

The assessment found:

- CSAP has developed the Strategic Prevention Framework, a comprehensive community planning and implementation model to guide all CSAP PRNS programs and facilitate coordination between CSAP PRNS and other substance abuse prevention programs.
- Previous evaluations of program components suffered from inadequate data collection at the grantee level. CSAP PRNS responded to these concerns by making outcomes reporting a requirement for grantees. The program will also make performance data more available to the public by posting grantee data on the SAMHSA website.
- The budget does not clearly present the impact of funding decisions on expected performance. The development of an efficiency measure and the availability of data from annual and long-term outcome measures will facilitate the integration of budget and program performance.
- CSAP PRNS has taken steps to improve efficiencies in its grant programs, including consolidating contracts, streamlining the grantmaking process, and contracting for a study of appropriate cost bands for services provided by grantees.

In response to these findings, the Administration will:

1. Develop baselines and targets for long-term outcome measures by December 2005.
2. Develop an efficiency measure and baseline data by December 2005.
3. Post disaggregated program performance data online by December 2005.

Key Performance Measures from Latest PART	*Year*	*Target*	*Actual*
Long-term Measure: 30-day use of alcohol among youth age 12-17. (Baselines and Targets under development).			
Long-term Measure: 30-day use of other illicit drugs age 12 and up. (Baselines and Targets under development).			
Annual Measure: Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great (perception of harm anticipated from substance use is closely correlated with decrease in use).	2004		85%
	2005	90%	
	2006	90%	

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
198	199	185

Center for Substance Abuse Prevention
PART Recommendations FY 2004-2005

CSAP PRNS

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
1.	Refine long-term measures	12/31/05	Y	The first cohort of SPF State incentive grants has been awarded. State epidemiological data will be used to set individual State targets
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Receive data from States and set targets	12/31/05	CSAP	Beverly Watts Davis/Mike Lowther

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
2.	Develop efficiency measure	12/31/05	Y	CSAP has completed the report based on the review of literature on costs of prevention. CSAP's Data Coordinating Center and outside experts will begin deliberations to develop recommendations for cost bands that follow the IOM model of universal selected and indicated prevention.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Receive recommended cost bands from expert panel	06/30/05	CSAP	Beverly Watts Davis/Peggy Thompson
	Pilot cost template and assess validilty of cost bands	09/30/05	CSAP	Beverly Watts Davis/Peggy Thompson

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
3.	Make disaggregated performance data available to the public	12/31/05	Y	Data will be collected from SPF SIGs
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Receive data from SPF SIGS	12/31/05	CSAP	Beverly Watts Davis/Peggy Thompson

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

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	FY 2006 +/- FY 2005 Appropriation
20% SAPTBG (non-add)……	**$355,829,200**	**$355,111,000**	**$355,111,000**	**$---**

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

Statement of the Budget – The FY 2006 budget proposes $355,111,000 for the 20% Prevention set-aside of the SAPT Block Grant, the same level as the FY 2005 appropriation, which supports and expands substance abuse prevention and treatment services.

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

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

In its FY 2005 revision of the Block Grant Application, CSAT and CSAP incorporated the performance measures – or National Outcome Measures – that have been identified for substance abuse treatment and prevention, and States will be reporting on those 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% 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 set-aside chapter. SAMHSA is allocating $10,619,000 to CSAP for its activities. This represents no increase over the FY 2005 appropriation.

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

In response to a PART finding, the program is expediting the posting of disaggregated State specific descriptive data on the Internet so that the data are fully accessible and transparent to the public. Also, the assessment found that SAMHSA faces continuing challenges in collecting performance data. SAMHSA's proposed data driven Block Grant will address this problem over time by implementing new measures, and improving data collection, analysis, and utilization. The assessment developed new performance measures that will be used for making future budget decisions. States will begin reporting voluntary prevention data in FY 2005, with continued assistance for data infrastructure development through the State Incentive Grant program. In addition, SAMHSA has initiated funding for a national evaluation of the Block Grant in response to an OMB finding.

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. Since FY 1997, States have reduced retailer violation rates from an average of 40% to 14% (as reported in FY 2003). In FY 2004, 48 States achieved a retail sales violation rate of 20% or less. These numbers reflect not only a substantial change in retailers' sales patterns but also a swift and dramatic change in tobacco enforcement programs, which in most States and jurisdictions were nonexistent prior to the Synar program.

In addition, the FY 2004 target for increasing satisfaction with technical assistance was exceeded.

Rationale for the Budget - The FY 2006 budget proposes $355,111,000, the same program activity level as the FY 2005 appropriation. A detailed listing of the activities and funding levels for the CSAP portion of the 5% set-aside is provided in the substance abuse set-aside section. The program supports HHS Strategic Objective 1.4, Reduce substance abuse.

Center for Substance Abuse Treatment
Overview

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	+/- FY 2005 Appropriation
Programs of Regional and National Significance a/……	$419,219,000	$422,365,000	$447,052,000	+$24,687,000
SAPT Block Grant b/……	1,779,146,000	1,775,555,000	1,775,555,000	---
TOTAL .....…….	**$2,198,365,000**	**$2,197,920,000**	**$2,222,607,000**	**+$24,687,000**

a/ Includes PHS evaluation funds of $4.3 million in FY 2005 and FY 2006.
b/ Includes PHS Evaluation Funds of $79.2 million in FY 2004, FY 2005 and FY 2006.

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 commensurate with need; to improve and strengthen substance abuse clinical treatment and recovery support organizations and systems; and to transfer knowledge gained from research into effective practices.

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 $294,000,000,000 each year (National Estimates of Expenditures for Substance Abuse Treatment, 1997, CSAT, February, 2001).

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

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

In FY 2006, SAMHSA proposes $2,222,607,000 for substance abuse treatment programs, an increase of $24,687,000 over the FY 2005 appropriation. CSAT administers two major programs: Programs of Regional and National Significance (PRNS), proposed for an increase of $24,687,000 and the Substance Abuse Prevention and Treatment (SAPT) Block Grant, proposed for level funding. The Access to Recovery Program, the cornerstone of the President's Drug Treatment Initiative, is included in PRNS with a proposed increase of $50,800,000.

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

Program Priority Area a/	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
PRNS	$6,736	$6,051	$6,051
Substance Abuse Treatmt Capacity			
PRNS	252,400	260,538	291,560
Block Grant	1,423,317	1,420,444	1,420,444
Seclusion & Restraint			
PRNS	---	---	---
Strategic Prevention Framework b/			
Block Grant	355,829	355,111	355,111
Children & Families			
PRNS	34,505	33,839	33,066
Mental Health System Trans.			
PRNS	540	536	536
Disaster Readiness and Response			
PRNS	1,696	---	---
Homelessness			
PRNS	34,456	33,933	29,690
Older Adults			
PRNS	---	---	---
HIV/AIDS & Hepatitis c/			
PRNS	61,945	61,105	60,805
Criminal & Juvenile Justice			
PRNS	26,941	26,363	25,344
TOTAL	**$2,198,365**	**$2,197,920**	**$2,222,607**

a/ Represents primary program category; may relate to other categories:
reflects comparable adjustments for Aging change to Older Adults,
Criminal Justice change to Criminal & Juvenile Justice

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

c/ Excludes HIV/AIDS Set-aside from SAPTBG

Center for Substance Abuse Treatment

Mechanism Table

(Dollars in thousands)

Programs of Regional & National Significance	FY 2004 Actual No.	FY 2004 Actual Amount	FY 2005 Appropriation No.	FY 2005 Appropriation Amount	FY 2006 Estimate No.	FY 2006 Estimate Amount
Best Practices						
Grants/Coop. Agree.:						
Continuations	26	10,000	22	10,898	15	6,042
New/Competing	11	1,436	4	198	7	3,100
Supplements	---	50	---	---	---	---
Subtotal	37	11,486	26	11,096	22	9,142
Contracts:						
Continuations	41	24,093	32	26,563	44	18,602
New	32	9,722	28	9,195	---	---
Subtotal, Contracts	73	33,815	60	35,758	44	18,602
Technical Assistance	1	1,101	1	992	1	318
Review Cost	---	---	1	173	---	---
Subtotal	**74**	**34,916**	**62**	**36,923**	**45**	**18,920**
Subtotal, Best Practices	**111**	**46,402**	**88**	**48,019**	**67**	**28,062**
Targeted Capacity Expansion						
Grants/Coop. Agree.:						
Continuations	390	179,160	404	277,158	391	277,300
New/Competing	149	151,542	137	52,733	147	99,658
Supplements	---	17	---	---	---	---
Subtotal	539	330,719	541	329,891	538	376,958
Contracts:						
Continuations	36	39,599	52	38,974	38	40,383
New	4	1,004	8	3,911	---	---
Subtotal	40	40,603	60	42,885	38	40,383
Technical Assistance	---	---	---	---	---	---
Review Cost	---	1,495	---	1,570	---	1,649
Subtotal	**40**	**42,098**	**60**	**44,455**	**38**	**42,032**
Subtotal, TCE	**579**	**372,817**	**601**	**374,346**	**576**	**418,990**
(PHS Eval. funds: Non-add	---	---	*(1)*	*(4,300)*	*(1)*	*(4,300)*
Total Progs. of Regional & National Significance	**690**	**419,219**	**689**	**422,365**	**643**	**447,052**
SAPT BG	60	1,779,146	60	1,775,555	60	1,775,555
(SAPT BG SA:Non-add)	---	*(88,957)*	---	*(88,778)*	---	*(88,778)*
(PHS Eval. funds:Non-add)	---	*(79,200)*	---	*(79,200)*	---	*(79,200)*
TOTAL, CSAT	**750**	**$2,198,365**	**749**	**$2,197,920**	**703**	**$2,222,607**

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Center for Substance Abuse Treatment
Programs of Regional and National Significance

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

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	+/- FY 2005 Appropriation
Programs of Regional & National Significance				
Best Practices……	$46,402,000	$48,019,000	$28,062,000	-$19,957,000
TCE ……..……..	372,817,000	374,346,000	418,990,000	+44,644,000
PHS Evaluation (non-add)….	---	*(4,300,000)*	*(4,300,000)*	*(---)*
Total, CSAT	**$419,219,000**	**$422,365,000**	**$447,052,000**	**+$24,687,000**

Statement of the Budget Request – The FY 2006 budget proposes $447,052,000, an increase of $24,687,000 over the FY 2005 appropriation. PRNS provides funding for service improvements and priority needs.

Program Description - In SAMHSA, there are two major program categories within Programs of Regional and National Significance. The first category promotes capacity expansion through services programs, which provide funding to implement a service improvement using a proven evidence based approach; and through infrastructure programs, which identify and implement needed systems changes. Key success indicators for most programs of this type are improved client outcomes, systems changes, and numbers of clients served. The second category promotes effectiveness through local best practice programs, which help communities and providers to identify, adapt, implement, and evaluate best practices; and service to science programs, which document innovative practices thought to have potential for broad service improvement. In general, the outcomes of these programs are measured by indicators such as the identification of a practice to be implemented and pilot adoption; satisfaction with information or assistance received; and actual changes to practice that have occurred.

In FY 2004, CSAT's Targeted Capacity Expansion programs served approximately 30,000 clients. Outcome data show positive results: for example, between FY 2002 and FY 2003, the percentage of adults receiving services who were currently employed or engaged in productive activities rose from 42.9% to 45%; the percentage that had no or reduced involvement with the criminal justice system rose from 94.6% to 95%; and the percentage with no past month substance use rose from 61.1% to 63%.

While many activities contribute to CSAT's accomplishments, several major programs account for the majority of funding. The budget proposes an increase of $50,800,000 for the Access to Recovery treatment voucher program. In FY 2004, the first year of the program, State interest in Access to Recovery was overwhelming: 66 states, territories, and tribal organizations applied for $99,410,000 in grants. In August, CSAT awarded grants to 14 states and one tribal organization.

With these funds, an estimate of 25,000 persons will be served. In FY 2006, proposed funding of $150,000,000 will continue 15 grants and fund 7 new grants, expanding consumer choice and access to effective substance abuse treatment and recovery support services, including from faith-and community-based providers. With these funds, an estimate of 62,500 persons will be served, an increase of 12,500 over the 50,000 expected to be served at the FY 2005 appropriation level.

The Screening, Brief Intervention, Referral, and Treatment Program will be funded at $30,797,000, an increase of $5,784,000 over the FY 2005 appropriation, including $2,000,000 for program evaluation. A third key capacity building program is the Targeted Capacity Expansion – General program, funded at approximately $33,312,000, which provides funds to States and communities to meet emerging and unmet substance abuse treatment needs.

$29,690,000 is expended for programs that address the problem of homelessness among those with substance abuse disorders. As many as half of homeless adults have histories of alcohol abuse or dependence, and one third have histories of drug abuse. Many have a co-occurring mental illness. Accordingly, SAMHSA funds States and communities to provide mental health and substance abuse services specifically for homeless individuals.

$60,805,000 is allocated for capacity expansion programs that provide outreach and substance abuse treatment for African American, Latino/Hispanic, and other racial and ethnic minority populations which have been disproportionately affected by substance abuse and HIV/AIDS. These services help reduce the spread of HIV/AIDS and associated costs in these communities.

$33,066,000 supports programs for children and adolescents, including programs that focus on adolescent use of alcohol, marijuana, and other illicit drugs.

$25,344,000 supports programs that address the substance abuse treatment needs of adults and adolescents who become involved in the criminal justice system. Improved services reduce the number of individuals entering or returning to jail or prison for reasons related to substance use disorders.

$28,062,000, a decrease of $19,957,000 from the FY 2005 appropriation, supports Best Practices programs, which promote effective treatment through the adoption of evidence-based practices.

In FY 2006, funding will support 643 grants and contracts, consisting of 489 continuations and 154 new/competing.

Performance Analysis – Performance measures for CSAT PRNS are reported under Targeted Capacity Expansion and Best Practices. Annual targets for the PRNS program generally have been met or exceeded. The collection of a standard set of performance measures across PRNS programs has been a key improvement to performance measurement and reporting. The CSAT PRNS program was selected in FY 2002 for the FY 2004 OMB PART review. The program was challenging to review because of its complexity and wide variety of component activities. The program was found to be "Adequate" overall, but received a lower score on the "program

results" section than on other sections. Subsequently, baselines have been established and data is being reported.

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

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

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

The OMB PART review was a major impetus behind CSAT's efforts to improve performance monitoring and management of the treatment PRNS portfolio. It continues to have a direct impact in the form of ongoing efforts to improve data collection and reporting for all PRNS programs, including the Access to Recovery initiative.

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

	Funding	FTE
2001	$255,985,000	—
2002	290,567,000	—
2003	317,278,000	—
2004	419,219,000	—
2005	422,365,000	—

Rationale for the Budget Request - The FY 2006 budget of $447,052,000 is an increase of $24,687,000 over the FY 2005 appropriation for the Target Capacity Expansion programs while decreasing activity level for the Best Practices programs.

SAMHSA proposes an increase of $50,800,000 to the Access to Recovery for a total of $150,000,000, an increase of $5,784,000 in Screening Brief Intervention and Referral, a reduction of $19,957,000 in Best Practices and a reduction of $11,940,000 in other Targeted

Capacity Programs. The Access to Recovery Program is the cornerstone of the President's Drug Treatment Initiative.

Funding for Access to Recovery is proposed for $150,000,000, an increase of $50,800,000 over the FY 2005 appropriation. By providing vouchers, Access to Recovery promotes client choice, expands access to a broad range of clinical treatment and recovery support services, and increases substance abuse treatment capacity. Vouchers may be used to access a variety of services, including those provided by faith- and community-based program. Results will be measured by National Outcome Measures in ten domains including decreased or no substance use, no involvement with the criminal justice system, attainment of employment or enrollment in school, family and living conditions, social support, access/capacity, and retention in services. In FY 2005, SAMHSA will initiate the State Outcomes Measurement and Management System to support expansion of current State data collection efforts to the requirements of the agreed-upon National Outcome Measures.

The PRNS program supports HHS Strategic Objective 1.4, Reduce substance abuse.

Center for Substance Abuse Treatment

Summary Listing of Activities

(Dollars in thousands)

Programs of Regional and National Significance	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
BEST PRACTICES:			
Pharmacologic Activities	$5,996	$5,518	$4,245
Addiction Technology Transfer Centers	8,261	8,166	6,606
Women, Children, and Family Activities	2,029	1,623	850
Minority Fellowship Program	540	536	536
HIV/AIDS, Knowledge Application	650	300	---
Rehabilitation and Restitution (CJ)	2,055	2,381	2,000
Criminal Justice Activities	922	638	---
Special Initiatives/Outreach	6,197	7,207	2,516
Support to States	4,214	3,863	3,863
Knowledge Application Program (KAP)	3,800	3,869	2,232
Prog Coord. and Evaluation	10,637	12,926	4,896
Technical Assistance	1,101	992	318
Subtotal, Best Practices	**46,402**	**48,019**	**28,062**
TARGETED CAPACITY EXPANSION:			
Co-occurring SIGs	6,241	6,051	6,051
Pharmacologic Actitivies	2,354	4,266	4,595
State TCE - SBIRT a/	23,444	25,013	30,797
TCE - General	33,581	33,312	33,312
Congressional Projects	6,293	8,156	---
Pregnant & Postpartum Women	9,848	9,920	9,920
Strength. Treatmt. Access and Ret.	3,854	3,823	3,823
Recovery Comm. Svs Program	9,572	9,495	9,495
Access to Recovery Program (ATR)	99,410	99,200	150,000
Children & Adolescent Programs	32,476	32,216	32,216
State Capacity for Emergency Response	1,696	---	---
Homelessness	29,929	29,690	29,690
Joint NOFA to End Chrnc Homlsness	4,277	4,243	---
Minority AIDS Initiative (MAI)	61,295	60,805	60,805
Criminal Justice Activities	23,964	23,344	23,344
Prog Coord. and Evaluation b/	19,516	19,732	19,396
Clinical Technical Assistance	5,067	5,080	5,546
Subtotal, TCE	**372,817**	**374,346**	**418,990**
Total, Substance Abuse Treatment	**$419,219**	**$422,365**	**$447,052**

a/ FY 2005 & FY 2006 include $2.0 million from PHS evaluation funds for the SBIRT contract.

b/ FY 2005 & FY 2006 include $2.3 million from PHS evaluation funds for the SAIS IT contract.

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

Programs of Regional and National Significance Best Practices	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	495	---	---
Subtotal	495	---	---
Substance Abuse Treatment Capacity			
Grants			
Continuations	8,650	8,662	4,006
New/Competing	696	198	3,100
Contracts			
Continuations	20,104	24,449	17,252
New/Competing	8,910	8,067	---
Subtotal	38,360	41,376	24,358
Seclusion & Restraint			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Strategic Prevention Framework			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Children & Families			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	2,029	1,326	850
New/Competing	---	297	---
Subtotal	2,029	1,623	850
Mental Health System Transformation			
Grants			
Continuations	---	536	536
New/Competing	540	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	540	536	536

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

Programs of Regional and National Significance Best Practices (continued)	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Disaster Readiness and Response			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Homelessness			
Grants			
Continuations	---	---	---
New/Competing	250	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	250	---	---
Older Adults			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	483	300	---
New/Competing	167	---	---
Subtotal	650	300	---
Criminal & Juvenile Justice			
Grants			
Continuations	1,350	1,700	1,500
New/Competing	---	---	---
Contracts			
Continuations	1,477	488	500
New/Competing	150	831	---
Subtotal	2,977	3,019	2,000
Grants			
Continuations, Subtotal	***10,000***	***10,898***	***6,042***
New/Competing, Subtotal	***1,486***	***198***	***3,100***
Total, Grants	***11,486***	***11,096***	***9,142***
Contracts			
Continuations, Subtotal	***24,093***	***26,563***	***18,602***
New/Competing, Subtotal	***9,722***	***9,195***	***---***
Total, Contracts	***33,815***	***35,758***	***18,602***
Technical Assistance	***1,101***	***992***	***318***
Review	***---***	***173***	***---***
Total, Best Practices	**46,402**	**48,019**	**28,062**

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

Programs of Regional and National Significance Targeted Capacity Expansion	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Co-Occurring Disorders			
Grants			
Continuations	4,000	4,028	1,285
New/Competing	---	---	2,700
Contracts			
Continuations	2,241	2,023	2,066
New/Competing	---	---	---
Subtotal	6,241	6,051	6,051
Substance Abuse Treatment Capacity			
Grants			
Continuations	55,486	159,769	165,624
New/Competing	127,450	25,805	68,317
Contracts			
Continuations	28,263	26,942	31,294
New/Competing	245	3,911	---
Subtotal a/	211,444	216,427	265,235
Seclusion & Restraint			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Strategic Prevention Framework			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Children & Families			
Grants			
Continuations	21,667	20,376	18,946
New/Competing	6,407	6,756	9,747
Contracts			
Continuations	4,142	5,084	3,523
New/Competing	260	---	---
Subtotal	32,476	32,216	32,216
Mental Health System Transformation			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---

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

Programs of Regional and National Significance Targeted Capacity Expansion (Continued)	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Disaster Readiness and Response			
Grants			
Continuations	1,696	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	1,696	---	---
Homelessness			
Grants			
Continuations	20,543	21,494	22,548
New/Competing	11,863	9,260	4,142
Contracts			
Continuations	1,301	3,179	3,000
New/Competing	499	---	---
Subtotal	34,206	33,933	29,690
Older Adults			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	60,295	60,805	51,374
New/Competing	---	---	9,431
Contracts			
Continuations	1,000	---	---
New/Competing	---	---	---
Subtotal	61,295	60,805	60,805
Criminal & Juvenile Justice			
Grants			
Continuations	15,490	10,686	17,523
New/Competing	5,822	10,912	5,321
Contracts			
Continuations	2,652	1,746	500
New/Competing	---	---	---
Subtotal	23,964	23,344	23,344
Grants			
Continuations, Subtotal	***179,177***	***277,158***	***277,300***
New/Competing, Subtotal	***151,542***	***52,733***	***99,658***
Total, Grants	***330,719***	***329,891***	***376,958***
Contracts			
Continuations, Subtotal	***39,599***	***38,974***	***40,383***
New/Competing, Subtotal	***1,004***	***3,911***	---
Total, Contracts	***40,603***	***42,885***	***40,383***
Technical Assistance	---	---	---
Review	***1,495***	***1,570***	***1,649***
Total, Targeted Capacity Expansion	**372,817**	**374,346**	**418,990**
TOTAL, PRNS	**$419,219**	**$422,365**	**$447,052**

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

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

Authorizing Legislation - Section 1921 of the Public Health Services Act

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	+/- FY 2005 Appropriation
SAPT Block Grant……	$1,699,946,000	$1,696,355,000	$1,696,355,000	$---
PHS Evaluation……	79,200,000	79,200,000	79,200,000	---
Subtotal	**$1,779,146,000**	**$1,775,555,000**	**$1,775,555,000**	$---

Statement of Budget Request – The FY 2006 budget proposes $1,775,555,000, the same as the FY 2005 appropriation, which supports and expands substance abuse prevention and treatment services through block grants to States and Territories.

Program Description - The SAPT 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 2006 grants are due October 1, 2005. Applications must include an annual plan that contains detailed provisions for complying with each funding agreement specified in the legislation, and describes how the applicant intends to expend the grant. The current law includes specific provisions and funding set-asides, such as a 20% prevention set-aside; an HIV/AIDS early intervention set-aside; requirements and potential reduction of the Block Grant allotment with respect to sale of tobacco products to those under the age of 18; a maintenance of effort requirement; and provisions that limit fluctuations in allotments as the total appropriation changes from year to year.

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

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

In 2001, the Block Grant accounted for approximately 40% of public funds expended by States for prevention and treatment. Twenty states and territories reported that greater than 50% of their total funding for substance abuse prevention and treatment programs came from the Federal block grant. Twelve states and territories reported block grant funding at greater than 60% of the total spent, while eleven states and territories reported over 70%. Over 10,500 community-based

organizations receive Block Grant funding from the States. In FY 2002, an estimated 1.9 million persons were served.

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

Identifying appropriate and feasible performance measures for the Block Grant program and working with States to develop data systems that can support such measurement efforts have been key areas of focus over the past five years. Current measures related to funds distributed to the States include the number of persons served and the number of States voluntarily reporting performance measures in their SAPT Block Grant application.

A series of pilot studies funded by CSAT was successful in collecting outcome data, but sustained data collection has not occurred at the State level. Client outcome data for the SAPT Block Grant no longer are included in SAMHSA's Government Performance and Results Act report because the data submitted voluntarily were not based upon consistent methodologies and definitions.

In its FY 2005 revision of the Block Grant Application, CSAT and CSAP incorporated the performance measures - or National Outcome Measures - that have been identified for substance abuse treatment and prevention, and States will be reporting on those measures.

The legislation provides a 5% set-aside for data collection, technical assistance, and evaluation which is retained by SAMHSA for these purposes. The 5% Set-aside provides funding to support State Data Systems, National Data Collection, Technical Assistance and Program Evaluation. A detailed listing of those activities and funding levels is provided in the Set-aside chapter. SAMHSA is allocating a total of $15,995,000 for CSAT activities.

Support for State Outcomes Measurement and Management Systems is essential to implement needed data collection and performance measures. In FY 2006, data infrastructure support for treatment measures will be funded at $6,900,000, an increase of $1,915,000 over FY 2005.

Performance Analysis - Based upon the most recent data available, FY 2002 targets for persons served have been met. The targets for States expressing satisfaction with technical assistance provided and for increasing the percentage of TA events that result in systems, program, or practice change were not met. CSAT will be examining their technical assistance to further assess the reasons for the missed targets. Baseline data on long-term outcome measures are expected in late 2005. Further information may be found in the Supplemental Information section of the budget.

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

In response to a PART finding, the program is expediting the posting of disaggregated State specific descriptive data on the Internet so that the data are fully accessible and transparent to the public. Also, the PART assessment found that SAMHSA faces continuing challenges in collecting performance data. SAMHSA will address this problem over time by implementing new measures, and improving data collection, analysis, and utilization. The assessment developed new performance measures that will be used for making future budget decisions. SAMHSA also has initiated funding for a national evaluation of the Block Grant in response to an OMB finding. The PART review continues to have a direct impact in the form of ongoing efforts to improve data collection and reporting for the SAPT Block Grant Program.

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

	Funding	FTE
2001	$1,665,000,000	40
2002	1,725,000,000	40
2003 a/	1,753,932,000	40
2004 b/	1,779,146,000	40
2005 b/	1,775,555,000	40

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

Rationale for the Budget Request - The FY 2006 budget proposes $1,775,555,000, same as FY 2005 appropriation. A detailed listing of the activities and funding levels for the CSAT portion of the 5% set-aside is provided in the substance abuse set-aside section. The program supports HHS Strategic Objective 1.4, Reduce substance abuse.

Substance Abuse and Mental Health Services Administration
Substance Abuse Prevention and Treatment Block Grant

STATE/TERRITORY	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Request	Increase or Decrease
Alabama	$24,056,022	$24,007,464	$24,007,464	---
Alaska	4,686,203	4,676,744	4,676,744	---
Arizona	31,921,461	31,857,026	31,857,026	---
Arkansas	13,450,399	13,423,249	13,423,249	---
California	252,961,061	252,450,447	252,450,447	---
Colorado	24,024,384	23,975,890	23,975,890	---
Connecticut	16,954,098	16,919,875	16,919,875	---
Delaware	6,671,798	6,658,331	6,658,331	---
District of Columbia	6,671,798	6,658,331	6,658,331	---
Florida	95,483,056	95,290,319	95,290,319	---
Georgia	50,960,438	50,857,572	50,857,572	---
Hawaii	7,233,141	7,218,541	7,218,541	---
Idaho	6,967,132	6,953,069	6,953,069	---
Illinois	70,477,454	70,335,192	70,335,192	---
Indiana	33,595,920	33,528,105	33,528,105	---
Iowa	13,641,441	13,613,905	13,613,905	---
Kansas	12,397,788	12,372,763	12,372,763	---
Kentucky	20,843,571	20,801,497	20,801,497	---
Louisiana	26,074,047	26,021,415	26,021,415	---
Maine	6,671,798	6,658,331	6,658,331	---
Maryland	32,256,241	32,191,130	32,191,130	---
Massachusetts	34,324,684	34,255,398	34,255,398	---
Michigan	58,399,248	58,281,367	58,281,367	---
Minnesota	21,879,689	21,835,524	21,835,524	---
Red Lake Indians	539,254	538,165	538,165	---
Mississippi	14,381,386	14,352,357	14,352,357	---
Missouri	26,384,412	26,331,154	26,331,154	---
Montana	6,671,798	6,658,331	6,658,331	---
Nebraska	7,961,106	7,945,036	7,945,036	---
Nevada	13,022,667	12,996,380	12,996,380	---
New Hampshire	6,671,798	6,658,331	6,658,331	---
New Jersey	47,346,939	47,251,367	47,251,367	---
New Mexico	8,790,186	8,772,443	8,772,443	---
New York	116,511,310	116,276,127	116,276,127	---
North Carolina	38,953,858	38,875,228	38,875,228	---

Substance Abuse and Mental Health Services Administration
Substance Abuse Prevention and Treatment Block Grant

STATE/TERRITORY	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Request	Increase or Decrease
North Dakota	5,199,042	5,188,548	5,188,548	---
Ohio	67,237,227	67,101,506	67,101,506	---
Oklahoma	17,867,220	17,831,154	17,831,154	---
Oregon	16,414,806	16,381,672	16,381,672	---
Pennsylvania	59,598,254	59,477,952	59,477,952	---
Rhode Island	6,671,798	6,658,331	6,658,331	---
South Carolina	20,752,671	20,710,781	20,710,781	---
South Dakota	4,807,663	4,797,959	4,797,959	---
Tennessee	30,005,380	29,944,813	29,944,813	---
Texas	137,162,139	136,885,271	136,885,271	---
Utah	17,282,985	17,248,099	17,248,099	---
Vermont	5,140,414	5,130,038	5,130,038	---
Virginia	43,461,008	43,373,280	43,373,280	---
Washington	35,280,442	35,209,227	35,209,227	---
West Virginia	8,785,675	8,767,941	8,767,941	---
Wisconsin	25,991,370	25,938,905	25,938,905	---
Wyoming	3,340,190	3,333,448	3,333,448	---
Subtotal, States	**$1,664,835,870**	**$1,661,475,329**	**$1,661,475,329**	---
American Samoa	331,958	331,288	331,288	---
Guam	896,979	895,168	895,168	---
Marshall Islands	294,580	293,985	293,985	---
Micronesia	620,031	618,779	618,779	---
Northern Mariana Islands	401,084	400,274	400,274	---
Puerto Rico	22,068,035	22,023,492	22,023,492	---
Palau	110,838	110,614	110,614	---
Virgin Islands	629,325	628,055	628,055	---
Subtotal, Territories	**$25,352,830**	**$25,301,655**	**$25,301,655**	---
Total States/Territories	**$1,690,188,700**	**$1,686,776,984**	**$1,686,776,984**	---
SAMHSA Set-Aside	**88,957,300**	**88,778,016**	**88,778,016**	---
TOTAL, SAPT Block Grant	**$1,779,146,000**	**$1,775,555,000**	**$1,775,555,000**	---

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

(Dollars in thousands)

Authorizing Legislation - Section 1935 of the Public Health Service Act

	FY 2004 Actuals	FY 2005 Appropriation	FY 2006 Estimate
Funding Sources			
Budget Authority:			
SAPT Block Grant 5% Setaside	$9,757	$9,578	$9,578
PHS Evalution Funds:			
SAPT Block Grant	79,200	79,200	79,200
Program Management	16,000	16,000	16,000
Total Program Level	$104,957	$104,778	$104,778
SAMHSA Component			
Office of Applied Studies	$80,145	$77,188	$78,164
Budget Authority (non-add)	*(3,034)*	*(200)*	*(3,222)*
PHS Evaluation SAPTBG (non-add)	*(61,111)*	*(60,988)*	*(58,942)*
PHS Evalution Program Mgmt (non-add)	*(16,000)*	*(16,000)*	*(16,000)*
Center for Substance Abuse Treatment	14,193	16,971	15,995
Budget Authority (non-add)	*(3,079)*	*(3,467)*	*(2,565)*
PHS Evaluation SAPTBG (non-add)	*(11,114)*	*(13,504)*	*(13,430)*
PHS Evalution Program Mgmt (non-add)	*(---)*	*(---)*	*(---)*
Center for Substance Abuse Prevention	10,619	10,619	10,619
Budget Authority (non-add)	*(3,644)*	*(5,911)*	*(3,791)*
PHS Evaluation SAPTBG (non-add)	*(6,975)*	*(4,708)*	*(6,828)*
PHS Evalution Program Mgmt (non-add)	*(---)*	*(---)*	*(---)*
Total, SAMHSA	**$104,957**	**$104,778**	**$104,778**
Budget Authority (non-add)	*(9,757)*	*(9,578)*	*(9,578)*
PHS Evaluation SAPTBG (non-add)	*(79,200)*	*(79,200)*	*(79,200)*
PHS Evalution Program Mgmt (non-add)	*(16,000)*	*(16,000)*	*(16,000)*

Center for Substance Abuse Treatment

(Dollars in thousands)

Set-Aside Activities	FY 2004 Actuals	FY 2005 Appropriation	FY 2006 Estimate
State Data Systems			
State Data Infra. Grants (FY 2002-2004)	$3,355	$ ---	$ ---
Block Grant Management Information	921	780	780
NASADAD State/PPG Infras. Planning Grants	500	500	---
Web Information Technology	2,971	---	---
Subtotal, State Data Systems	7,747	1,280	780
National Data Collection			
State Outcomes Measurement and Management System (SOMMS)	---	4,985	6,900
Subtotal - National Data Collection	---	4,985	6,900
Technical Assistance			
State Systems TA Projects (SSTAP)	---	3,400	2,965
Treatment Improvement Exchange (TIE)	1,227	2,100	1,735
State Health Care Reform TA	1,100	---	---
FTE Support	2,897	3,467	2,565
Subtotal, Technical Assistance	5,224	8,967	7,265
Program Evaluation			
Financing, Access and Cost Study	396	291	---
Integrated Data Analyses and Tech. Asst.	438	431	---
SAPTBG Program Evaluation Assessment	---	750	750
Dev. of spending Estimates for MH/SAT	388	267	300
Subtotal, Program Evaluation	1,222	1,739	1,050
TOTAL CSAT	**$14,193**	**$16,971**	**$15,995**

Center for Substance Abuse Prevention

(Dollars in thousands)

Set-Aside Activities	FY 2004 Actuals	FY 2005 Appropriation	FY 2006 Estimate
State Data Systems			
SOMMS	$2,000	$2,000	$2,000
Subtotal, State Data Systems	2,000	2,000	2,000
Technical Assistance			
State Reviews, TA and Analytic Support	3,550	3,550	3,550
Synar Program Analysis	740	740	740
Perf. Partnership Grants and State Activities	981	981	981
Knowledge Dissemination	1,500	1,500	1,500
FTE Support	1,848	1,848	1,848
Subtotal, Technical Assistance	8,619	8,619	8,619
TOTAL CSAP	**$10,619**	**$10,619**	**$10,619**

Office of Applied Studies

(Dollars in thousands)

Set-Aside Activities	FY 2004 Actuals	FY 2005 Appropriation	FY 2006 Estimate
Program Totals			
DAWN	$12,770	$17,000	$17,000
NSDUH (Household Survey)	44,896	51,339	46,595
DASIS	19,659	---	6,295
SOMMS - Central Services	---	5,015	4,400
Data Archive	393	800	840
Other FTE/Operations	2,427	3,034	3,034
TOTAL OAS	**$80,145**	**$77,188**	**$78,164**

Statement of the Budget Request - Funding for substance abuse set-aside activities totals $104,778,000, including $9,578,000 from direct funding for the block grant and $95,200,000 from PHS evaluation fund. The 5% set-aside of the Substance Abuse Prevention and Treatment (SAPT) Block Grant supports data collection, technical assistance, and program evaluation activities in CSAT, CSAP, and OAS. The SAPT Block Grant set-aside also supports State data, technical assistance and evaluation activities. SAMHSA's national data portfolio includes the National Household Survey on Drug Use and Health, Drug Abuse Warning Network, and Drug and Alcohol Services Information System. Respectively, these data sets are the major sources of national information in the United States on the extent and nature of substance abuse, the abuse liability of drugs and the adverse reactions associated with their abuse, the supply of services for treating substance abuse, and the number and characteristics of persons in treatment. These data programs are supported by the set-aside and are used by the Department of Health and Human Services, the White House Office of National Drug Control Policy, the Drug Enforcement Agency, the Food and Drug Administration, and State and local agencies to plan and evaluate programs to address health and social problems.

State Outcomes Measurement and Management System: Program Overview

Consistent with SAMHSA's data strategy vision, SAMHSA continues to align the measurement of treatment outcomes variables across ten domains for all discretionary and formula funded programs. The goal is to enhance SAMHSA's accountability while simultaneously reducing reporting requirements for States and community-based organizations. These domains or National Outcomes are: 1) Drug/Alcohol Use; 2) Employment/Education; 3) Crime and Criminal Justice; 4) Family and Living Conditions; 5) Access/Capacity; 6) Retention; 7) Social Connectedness; 8) Perception of Care; 9) Cost effectiveness; and 10) Use of Evidence-Based Practices. During FY 2004, measures for these National Outcomes were initiated with the data collection requirements for the Access to Recovery Program and the Strategic Prevention Framework State Incentive Grant Program. As State data capabilities improve, the corresponding Federal data reporting programs will adjust to the common measures, improved reporting timelines, streamlining reporting requirements, and enhancing data infrastructure capabilities.

States and Territories remain SAMHSA's partners and will serve as focal points for both data compilation from direct service providers and as the source of administrative data sets. On December 2 and 3, 2004, SAMHSA and a planning group of 10 States met and came to agreement on the National Outcome Measures for substance abuse treatment and prevention, identified those expected to be reported during FY 2005, identified those that required developmental work, and agreed on a plan for preparing all States to fully report within three years (by the close of FY 2007). California, Mississippi, Missouri, New Hampshire, New York, Ohio, South Dakota, Texas, Washington, and the District of Columbia participated at this meeting.

Beginning in FY 2005, SAMHSA will initiate the State Outcomes Measurement and Management System to support expansion of current State data collection efforts to the requirements of the agreed-upon National Outcome Measures. Based on State capabilities demonstrated in the Treatment Episode Data Set, Access to Recovery, and Strategic Prevention

Framework State Incentive Grant programs, 30 States are expected to achieve reporting status during FY 2005 and therefore, receive a State Outcomes Measurement and Management System data contract of $150,000. The State Outcomes Measurement and Management System will provide the remaining States with the technical assistance required to bring them to reporting status by the close of FY 2007. An additional 16 States are expected to initiate reporting during FY 2006 bringing the total number of State contracts to 46.

State Outcomes Measurement and Management System: Significant achievements made in FY 2005:

On December 2 and 3, 2004, SAMHSA reached agreement with a representative body of States on the proposed National Outcome Measures for treatment and prevention. SAMHSA and the States also committed to achieving full reporting by all States on all measures by the close of FY 2007.

Prevention is now incorporated in the overall national outcomes design. During FY 2005, CSAP data collection contracts are being consolidated to provide central services and a single point for State reporting. CSAP resources have been realigned to support epidemiological data collection relevant to the agreed prevention National Outcome Measures by each State. This support for prevention data collection will be initiated in FY 2005 through the new consolidated CSAP data collection contract. Starting in FY 2005, States not currently funded through the Strategic Prevention Framework State Incentive Grants will receive a data subcontract through this new consolidated contract in the amount of $200,000. Beginning in FY 2005 and carrying forward in FY 2006, $2,000,000 of the funding for this new data contract comes from the SAPT Block Grant Set-Aside. The balance is funded by PRNS to serve the PRNS portfolio.

SAMHSA and the States agreed to initiate reporting in FY 2005, building on current State capabilities and on existing SAMHSA data from Treatment Episode Data Set and the National Household Survey on Drug Use and Health relevant to the agreed National Outcome Measures. The analysis will be done by OAS and taken to the State level.

Because the Drug and Alcohol Services Information System/Treatment Episode Data Set contract is in place and the existing Statement of Work supports data collection by States, it is likely that during FY 2005 SAMHSA will modify the Statement of Work to initiate the State Outcomes Measurement and Management System state reporting requirements for treatment. Our Division of Contracts Management will advise how soon we can convert to a new State Outcomes Measurement and Management System contract mechanism.

The State Outcomes Measurement and Management System Central Services contract will be procured in FY 2005 to provide:

- Data analysis for National Outcome Measures,
- Expertise to work on the measures identified by SAMHSA and the States as needing development,
- Acquire and analyze NIDA Clinical trials data for determining performance benchmarks,
- Provide systems development planning and integration technical assistance to the non-reporting States to develop their capabilities, and

- Support on-going joint developmental planning with States and appropriate experts to further develop performance measurement and management capabilities.

In FY 2005, the State Outcomes Measurement and Management System Central Services contract is funded by OAS at $5,015,000. If the Drug and Alcohol Services Information System cannot be modified to support the State Outcomes Measurement and Management System State payments, SAMHSA will implement them in FY 2005 through the State Outcomes Measurement and Management System Central Services contract.

This represents a refinement of the mission of OAS to include analyses of general interest as well as analyses to support initiation of performance management at the Federal and State levels. This refinement was initiated by SAMHSA's Data Strategy efforts, which established joint OAS/CSAP/CSAT planning groups to develop an action plan to implement the agreements reached with the States at the December 2004 meeting on the National Outcome Measures. SAMHSA executives expect such joint planning between services program managers and OAS managers to be on-going in support of SAMHSA's overall mission and performance management initiative and will guide future investments. In accordance with SAMHSA's data strategy, the vision is that ultimately all data operations will be consolidated into a single organizational unit providing the States with a single reporting point of contact, data standards and consistently defined measures for all programs. Similarly, SAMHSA will have a single data warehouse from which analytic files may be extracted and used by program analysts at any programmatic unit.

State Outcomes Measurement and Management System: Activities proposed for FY 2006:

During FY 2006, as a result of technical assistance provided by the State Outcomes Measurement and Management System Central Services contract, an additional 16 States are expected to begin reporting National Outcome Measures and qualify for a State Payment. This will increase CSAT State Outcomes Measurement and Management System funding to $6,900,000. The OAS State Outcomes Measurement and Management System Central Services contract will decrease to $4,400,000 representing the decreased number of states requiring systems development technical assistance. The prevention State Outcomes Measurement and Management System program will continue level set-aside funding of $2,000,000 by CSAP in FY 2006.

Rationale for the Budget - The FY 2006 budget requests $104,778,000, which maintains the same level of activities as the FY 2005 appropriation. This includes $9,578,000 from SAPT Block Grant budget authority plus two transfers from the PHS evaluation fund: $16,000,000 to program management for national surveys and $79,200,000 to the SAPT Block Grant for data, technical assistance and evaluation activities. Funding from the PHS evaluation fund will account for approximately 91% of set-aside activities in FY 2006.

Program Management

Authorizing Legislation - Section 301 of the Public Health Service Act

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate	+/- FY 2005 Appropriation
Current Law B.A……	$75,915,000	$75,806,000	$75,817,000	+$11,000
PHS Evaluation Funds…….	16,000,000	18,000,000	16,000,000	-2,000,000
Total, Program Level	**$91,915,000**	**$93,806,000**	**$91,817,000**	**-$1,989,000**
FTE (Total)	519	558	558	---
(Program Management)	(468)	(501)	(501)	---
(Block Grant Set-aside)	(51)	(57)	(57)	---

2006 Authorization…….Indefinite

Statement of the Budget – The FY 2006 budget of $91,817,000, a decrease of $1,989,000 from the FY 2005 appropriation, will support the same number of FTEs as in FY 2005, the pay raise, additional rent expenses and operating costs. The pay and operations cost increase totals $2,997,164, of which $2,986,164 will be absorbed by program. The decrease of $2,000,000 in PHS Evaluation funds is due to the one-year mental health data collection activity in FY 2005.

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.

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

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

	Funding[1]	FTEs[2]
FY 2001	67,130,000	540
FY 2002	70,342,000	526
FY 2003	73,983,000	504
FY 2004	75,915,000	492
FY 2005	75,806,000	528

[1]Excludes the following amounts for data collection activities which are shown elsewhere in the budget: 2002, $21.0 million; 2003, $12.0 million; 2004, $16.0 million, 2005, $18.0 million.
[2]Includes direct FTEs supported by the two Block Grant set-asides, and excludes FTEs at St. Elizabeth's Hospital. Includes 12 additional FTEs for Drug Free Communities Program.

***Rationale for the Budget*.....**

The FY 2006 budget proposes $91,817,000, a decrease of $1,989,000 over the FY 2005 appropriation. The decrease of $2,000,000 in PHS Evaluation funds is due to the one year mental health data collection activity in FY 2005. A net increase of $11,000 is associated with salaries and expenses.

HHS Information Technology System

SAMHSA proposes funding to support the President's Management Agenda Expanding E-Gov initiatives and Departmental enterprise information technology initiatives. Agency funds will be combined with resources in the Information Technology Security and Innovation Fund to finance specific information technology initiatives identified through the HHS strategic planning process and approved by the HHS Information Technology Investment Review Board. These enterprise information technology initiatives promote collaboration in planning and project management and achieve common goals such as secure and reliable communications and lower costs for the purchase and maintenance of hardware and software. Examples of HHS enterprise initiatives currently being funded are Enterprise Architecture, Enterprise E-mail, Network Modernization, and Public Key Infrastructure.

Unified Financial Management System

The Unified Financial Management System is being implemented to replace five legacy accounting systems currently used across the HHS Agencies. The Unified Financial Management System 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, the Unified Financial Management System, 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. SAMHSA requests $1,023,983 to support these efforts in FY 2006.

The Program Management Office and the Program Support Center have commenced Operations and Maintenance activities for the Unified Financial Management System in FY 2004. The Program Management Office and the Program Support Center will provide the Operations and Maintenance activities to support the Unified Financial Management System. The scope of proposed Operations and Maintenance 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 Unified Financial Management System production and development environments, on-going development support, and backup and disaster recovery services. SAMHSA requests $446,559 to support these efforts in FY 2006.

Facility Relocation/GSA Rent Costs

SAMHSA completed the move to the new facility in October 2004. The FY 2006 budget request includes increased rental payments to be made to GSA consistent with the 10-year building lease arrangement.

The FY 2006 budget does not include additional funding at HHS for St. Elizabeths Hospital. In FY 2005, the property will be excessed to GSA. Funds are included in the GSA budget in FY 2005 and FY 2006 for St. Elizabeths.

Staffing and Personnel Compensation

The FY 2006 budget will support the same FTE level as the FY 2005 appropriation level.

In FY 2005, reorganizations will occur within CSAP and some relatively small realignments of specific functions may occur in other areas of the agency. CSAP's reorganizations result from ONDCP Policy June 2004 decision to transfer administration of the Drug Free Communities Program to SAMHSA/CSAP. The transfer of the program began in late FY 2004 and was completed in FY 2005. An additional 12 FTEs were required in FY 2005 to maintain the ratio of project officers to grants of 1:30 in accordance with ONDCP guidelines. The FY 2006 FTE level will remain the same. After acquiring this program, CSAP further reviewed its FTE allocations and proposed additional restructuring to more effectively organize its human capital resources.

- SAMHSA has been supportive of HHS administrative consolidations as well as the HHS commitment to reduce administrative FTEs and to reallocate resources, where possible, from administrative to mission-critical activities. From FY 2002 to FY 2004, SAMHSA's Human Resources Management, EEO, and Information Technology infrastructure support functions were consolidated with other HHS offices. SAMHSA is also participating in discussions about additional administrative consolidations, as well as

working to support consolidations of automated grants and contracts management systems.

- SAMHSA's competitive sourcing program has ensured the annual FAIR Act inventory carefully accounts for all SAMHSA FTEs as either commercial or inherently governmental, in accordance with the guidance provided by OMB and the Office of the Secretary, HHS. SAMHSA also has a multi-year competitive sourcing plan that projects when the various "commercial, suitable for competition" positions in the agency will be evaluated to determine if the function will continue to be performed in-house or outsourced. In FY 2003, the grants review function was outsourced as a result of a streamlined competitive sourcing study. In FY 2005, secretarial and office automation assistant positions at the branch level (and below) were consolidated in a new Most Efficient Organization, which was created as a result of a streamlined competitive sourcing study completed near the end of FY 2004. Another streamlined competitive sourcing study is also projected for FY 2006, and it is expected to focus on a small number of administrative support positions.

- SAMHSA is also participating in (and, where appropriate, has developed agency-specific efforts to support) HHS strategic human capital initiatives, such as those focusing on succession planning, reducing average hiring times, and development of a new performance appraisal system.

Summary of Changes:

Increases:

Built-in:	
Annualization of the 2005 pay raise	+480,296
Within Grade Increase	+988,038
Increase for January 2006 pay raise (2.3%)	+946,870
Increase for January 2006 Commissioned Corps pay raise (3.1%)	+65,960
Increase St. Elizabeths Hospital Workman's Compensation	+59,000
Increase in rental payments	+69,000
Subtotal, Built-in	+2,609,164
Program:	
Operations and Maintenance, Unified Financial Management System	+388,000
Subtotal, Program	+388,000
Total, Increases	+2,997,164

Decreases:

Built-in:	
One fewer days of pay	-210,233
Program:	
Unified Financial Management System	- 226,000
Absorption of operating costs	-2,549,931
Mental Health data collection activity	-2,000,000
Subtotal, Program	-4,775,931
Total, Decreases	-4,986,164
Net Change	- $1,989,000

Detail of Full-Time Equivalent Employment (FTE)

	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
Organizational Component			
Office of the Administrator	29	30	30
Office of Policy, Planning & Budget	37	40	40
Office of Applied Studies	30	32	32
Office of Program Services	76	101	101
Center for Mental Health Services	111	114	114
Center for Substance Abuse Prevention	102	105	105
Center for Substance Abuse Treatment	107	106	106
Subtotal, SAMHSA	492	528	528
Ceiling exempt:			
St. Elizabeths Hospital	27	30	30
Total, SAMHSA FTEs	519	558	558

	Average Grade for overall SAMHSA
2001……	12
2002……	12
2003……..	12
2004……	12
2005……	12

Detail of Positions by Grade

	FY 2004 Actual	FY 2005 Appropriation	FY2006 Estimate
Executive Level I	---	---	---
Executive Level II	---	---	---
Executive Level III	---	---	---
Executive Level IV	1	1	1
Executive Level V	---	---	---
Subtotal	1	1	1
Total - Exec Level Salaries	$136,900	$143,838	$149,616
SES	11	13	13
Subtotal	11	13	13
Total, SES salaries	$1,663,327	$1,747,624	$1,817,826
GM/GS-15	70	72	72
GM/GS-14	116	117	117
GM/GS-13	135	154	154
GS-12	34	34	34
GS-11	20	20	20
GS-10	2	2	2
GS-09	17	18	18
GS-08	17	17	17
GS-07	28	33	33
GS-06	12	12	12
GS-05	2	3	3
GS-04	1	2	2
GS-03	---	---	---
GS-02	1	1	1
GS-01	---	---	---
Subtotal	455	485	485
Total, GS salaries	$42,529,221	$47,392,088	$49,303,614
CC-08/09			
CC-07	---	---	---
CC-06	16	20	20
CC-05	10	5	5
CC-04	8	2	2
CC-03	5	1	1
CC-02	---	1	1
CC-01	---	---	---
Subtotal	39	29	29
Total, CC salaries	$3,411,552	$3,584,449	$3,749,943
Average ES level	ES IV	ES IV	ES IV
Average ES salary	$136,900	$143,838	$149,616
Average SES level	ES -3	ES -3	ES -3
Average SES salary	$138,610	$145,635	$151,485
Average GS grade	12.5	12.5	12.5
Average GS salary	$85,377	$89,704	$93,307
Average CC level	5.1	5.1	5.1
Average CC salaries	$71,164	$77,922	$81,520

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

I. RESOURCE SUMMARY

(Budget Authority in Millions)

	2004 Final	2005 Enacted	2006 Request
Drug Resources by Function [1]			
Prevention	$572.670	$572.597	$557.823
Treatment	1,916.068	1,917.854	1,940.950
Total	$2,488.738	$2,490.451	$2,498.773
Drug Resources by Decision Unit [1]			
Programs of Regional & National Significance			
Prevention	$198.458	$198.725	$184.349
Treatment	419.219	422.365	447.052
Access to Recovery (non-add)	*99.410*	*99.200*	*150.000*
Substance Abuse Block Grant [2]	1,779.146	1,775.555	1,775.555
Program Management [3]	91.915	93.806	91.817
Total	$2,488.738	$2,490.451	$2,498.773
Drug Resources Personnel Summary			
Total FTEs (direct only)	470	486	486
Information			
Total Agency Budget	$3,351.0	$3,391.8	$3,336.0
Drug Percentage	74.3%	73.4%	74.9%

[1] Includes both Budget Authority and PHS Evaluation funds. PHS Evaluation Fund levels are as follows: $95.2 million in FY 2004, $101.5 million in FY 2005, and $99.5 million in FY 2006.

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

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

II. PROGRAM SUMMARY

- The Substance Abuse and Mental Health Services Administration (SAMHSA) supports the Strategy through a broad range of programs focusing on prevention and treatment of the abuse of illicit drugs. These programs, which include Substance Abuse Prevention and

Treatment (SAPT) Block Grant funding as well as funding from the competitive Programs of Regional and National Significance, are administered through the Center for Substance Abuse Prevention (CSAP) and the Center for Substance Abuse Treatment (CSAT).

Center for Substance Abuse Prevention

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

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

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

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

Center for Substance Abuse Treatment

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

with need; 2) improve and strengthen substance abuse clinical treatment and recovery support organizations and systems; and 3) promote and sustain evidence-based practices.

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

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

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

III. BUDGET SUMMARY

2005 Program

- The total drug control budget supported by the FY 2005 enacted level is $2.5 billion.

Prevention

- A total of $198.7 million is available for Prevention Programs of Regional and National Significance (PRNS) activities, the same level as FY 2004. In FY 2005 SAMHSA proposes to:

  - Expand the *Strategic Prevention Framework State Incentive Grant* program begun in FY 2004 in order to increase states' capacity to evaluate the progress and utilization of funds. Two more states will be funded at approximately $5.8 million.

  - Continue focusing on underage drinking initiatives, including a new Service to Science *Strategic Prevention Framework State Incentive Grant* program focusing on underage drinking, and expansion of the *Reach Out Now* program for the prevention of underage drinking among 5th and 6th graders.

Treatment

- A total of $422.4 million is available for treatment PRNS activities and $1.776 billion is available for the SAPT Block Grant.

  - Targeted Capacity Expansion programs: The FY 2005 level continues several important services programs at the prior year level, including the *Access to Recovery* voucher program and the *Screening, Brief Intervention, Referral and Treatment* program. CSAT also expects to invest approximately $40.6 million from expiring projects to: expand the *Young Offender Reentry* program; establish a *State Adolescent Substance Abuse Treatment Coordination* grant program to help build infrastructure/capacity in states to provide effective, accessible, and affordable substance abuse treatment for youth and their families; and award a limited number of new grants in several existing TCE services programs.

  - SAPT Block Grant: A total of $1.776 billion is available for the SAPT Block Grant. This represents a decrease of approximately $3.6 million from the FY 2004 level.

Program Management

- The FY 2005 enacted budget provides a total of $93.8 million for program management activities.

2006 Request

- A total of $2.5 billion is requested for the drug control budget in FY 2006, including $631.4 million for Prevention and Treatment PRNS funding, $1.776 billion for the Substance Abuse Prevention and Treatment Block Grant (SAPT) Block Grant, and $91.8 for Program Management. The request reflects a net increase of $8.3 million over the FY 2005 enacted level.

Prevention

- The FY 2006 request for Prevention PRNS is $184.3 million, reflecting a program reduction of $14.4 million compared to the FY 2005 enacted amount. At this level, SAMHSA proposes to:

  - Expand the *Strategic Prevention Framework State Incentive* Grant program, with the proposed award of approximately five new SPF SIG grants ($12.5 million). The funds will be used to implement the five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors that are built on a community-based risk and protective factors approach to prevention.

Treatment

- The FY 2006 request for Treatment PRNS funds of $447.1 million reflects an increase of $24.7 million compared to the FY 2005 enacted level. The SAPT Block Grant in FY 2006 is maintained at the FY 2005 enacted level.

  - Within the total for PRNS, $150 million is for the *Access to Recovery (ATR)* program, an increase of $51 million over the FY 2005 enacted amount. This increase in ATR funding will support approximately seven additional grants in FY 2006 for a total of 22 active grantees.

  - Also within the PRNS total, *Screening, Brief Intervention, Referral, and Treatment* will receive a $5.8 million increase over the FY 2005 enacted level for a total of $30.8 million. This increase will support approximately two additional grants in FY 2006 for a total of nine program grantees.

Program Management

- A Program Management funding level of $91.8 million is requested for FY 2006, a decrease of approximately $2.0 million compared to the FY 2005 enacted level. This decrease will be in the area of non-substance abuse data collection.

IV. PERFORMANCE

Summary

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

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

- SAMHSA continues to assist states in developing their data infrastructures. SAMHSA is also working with the states to improve state accountability for the Substance Abuse Prevention and Treatment Block Grant program while increasing state flexibility by collecting data on the National Outcome Measures through the block grant application. SAMHSA expects to develop baselines for cost bands for different types of prevention and treatment programs by December 2005. The TCE program's web-based performance measurement system enables them to demonstrate considerable success in achieving desired treatment outcomes. Other programs are exploring similar web-based systems.

CSAP Program Accomplishments

- The major programs are the 20 percent prevention set-aside from the SAPT Block Grant and the Programs of Regional and National Significance. These programs are highlighted in the following sections.

SAPT Block Grant 20 Percent Prevention Set-aside

Selected Measures of Performance				
PART Review				
Purpose	80	FY 2005 Rating: *Ineffective*. Without uniformly-defined and collected outome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness.		
Planning	50			
Management	89			
Results	8			
Outcome-Oriented Measures			**FY 2004**	
			Target	**Actual**
a. 30-day drug use/non-use among program participants (targets under development)			----	----
b. Perception of harm of drug use among program participants (targets under development)			----	----
c. Past year drug use (targets under development)			----	----
Selected Output Measures			**FY 2004**	
			Target	**Actual**
a. Percent of states satisfied with technical assistance (measure of program quality)			90%	92%

Discussion

- The PART review recognized that the SAPT Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services. The PART review concluded that the program's primary shortcoming was the lack of outcome measures and long-term targets, making it difficult to demonstrate results. It also noted that the program is developing new outcome measures. At present, states are not collecting uniformly defined information on the results or outcomes of the program.

- Some states are monitoring their own progress toward prevention outcomes, and notable progress is apparent in some cases. For example, in Washington state, the percent of youth using marijuana in the past 30 days is decreasing among 8th and 10th graders (decreased from approximately 22.5% in 2000 to 18.3% in 2002 among 10th graders) and is holding steady among 12th graders. Findings are available online at: http://www1.dshs.wa.gov/pdf/hrsa/ dasa/2004TrendsPrevalence.pdf. Nebraska is developing a statewide data collection and needs assessment system to collect local, regional, and state-level data on risk and protective factors, risk behaviors, and social indicators. Findings, which are available online at http://nebraskaprevention.gov/state_and_local_data.htm,will enable local communities to develop appropriate and effective prevention programming.

- SAMHSA is moving toward a data-driven block grant, which will implement new National Outcome Measures and improve data collection, analysis, and utilization. Three of the outcome domains – cost effectiveness, use of evidence-based practices, and client perception of care – resulted from the PART review recommendations. States will begin reporting data in FY 2005. In addition, SAMHSA has initiated funding for a national evaluation of the Block Grant with results expected in late 2006. It is also expediting the posting of disaggregated state-specific data on the Internet.

- The program is also developing an efficiency measure – services provided within identified cost bands. Targets and baselines are under development.

CSAP PRNS

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

Outcome-Oriented Measures	**FY 2004 Target**	**Actual**
a. 30-day use of alcohol among youth age 12-17	*	----
b. 30-day use of other illicit drugs age 12 and up	*	----
c. Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great	**	61%
d. Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong	***	----

Selected Output Measures	**FY 2004 Target**	**Actual**
a. Number of evidence-based policies, practices, and strategies implemented by communities	1,300	1,450
b. Number of practices reviewed and approved through the National Registry of Effective Programs (NREP) process	***	153

* Long-term measure-- no target set for FY 2004

** Baseline developed-- no target set for FY 2004

*** No target set for FY 2004

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

- CSAP awarded 21 Strategic Prevention Framework (SPF) State Incentive Grants in FY 2004. The funds will be used to implement a five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors. The five steps are: (1) conduct needs assessments; (2) build state and local capacity; (3) develop a comprehensive strategic plan; (4) implement evidence-based prevention policies, programs and practices; and (5) monitor and evaluate program effectiveness, sustaining what has worked well. The success of the SPF will be measured by specific national outcomes, including abstinence from drug use and alcohol abuse, reduction in substance abuse-related crimes, attainment of employment or enrollment in school, increased stability in family and living conditions, increased access to services, and increased social connectedness. A comprehensive evaluation also will be performed.

- The program has set baselines and targets for FY 2010 for its long-term measures, part of the National Outcome Measures for prevention. Baselines and targets may be revised based on improved state epidemiological data that will be required from grantees. Evaluations suggest that some CSAP PRNS components are achieving these long-term goals.

- The program continues to make progress in achieving annual performance output goals, such as the large increase in state adoption of evidence-based policies, practices, and strategies. The number of science-based programs implemented by local sub-recipients in SIG states for FY 2004 was 1,450, exceeding the target of 1,300.

- The program has initiated steps to improve efficiencies. A number of small CSAP data and evaluation contracts are being consolidated into one larger contract, leading to efficiencies in administration and oversight. SAMHSA has also streamlined the grants application process. The program is moving away from having many small grant programs to having a few larger, longer-term programs. The agency is contracting for a cost bands study; when it is completed, CSAP and its grantees will be able to better monitor and control program costs.

CSAT Program Accomplishments

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

The SAPT Block Grant – Treatment

Selected Measures of Performance		
PART Review		
Purpose	80	FY 2005 Rating: *Ineffective.* Without uniformly-defined and collected outome information from each state, the program (including prevention and treatment) could not demonstrate its effectiveness.
Planning	50	
Management	89	
Results	8	

Outcome-Oriented Measures	**FY 2003***	
	Target	**Actual**
a. Percent technical assistance events that result in systems, program, or practice change	95%	91%
b. Percent clients reporting change in abstinence at discharge from treatment (targets under development)	----	----

Selected Output Measures	**FY 2002****	
	Target	**Actual**
# clients served	1,751,537	1,882,584

* Baseline data to be reported September 2005

** FY 2003 results to be reported September 2005, and FY 2004 results in FY 2006

Discussion

- The PART review stated that the Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services. It also noted that the program was developing new outcome measures. At present, states vary considerably in their ability to provide outcome information. SAMHSA and the states have, since, finalized the National Outcome Measures (NOMs) for treatment. These were included in the FY 2005 revision of the Block Grant application: hence, states will be reporting on them in FY 2005. SAMHSA will continue to work with the states to improve data collection, analysis, and utilization.

- Evidence shows that some states are achieving notable progress toward outcomes. For example, in Maryland, FY 2003 data show that for the top five drugs of abuse (alcohol, marijuana, crack, other cocaine, and heroin), reported substance abuse was reduced from

65.5% at admission to 44.8% by discharge. Treatment reduced arrest rates by over 80% for patients who completed treatment successfully. Employment increased 30% among treatment completers. Washington state reported that more than 60% of adults completing chemical dependency treatment became gainfully employed in the year following discharge.

- In its FY 2005 revision of the Block Grant application, performance measures (National Outcome Measures) were included, and 21 states reported on one or more of the voluntary treatment performance measures in their FY 2005 applications, October 1, 2004. SAMHSA will continue to work with the states to improve data collection, analysis, and utilization.

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

- State utilization of CSAT's technical assistance has continued to be high, with over 90 percent reporting change in systems, programs, or practice as a result of the assistance provided.

CSAT PRNS

Selected Measures of Performance				
PART Review of a group of programs funded under PRNS				
Purpose	80	FY 2004 Rating: *Adequate*. While a 1997 study documented the effectiveness of the national program, PART recommended funding incentives and reductions based on grantee performance.		
Planning	86			
Management	64			
Results	33			
Outcome-Oriented Measures			**FY 2004**	
			Target	**Actual**
Percent adults clients who:				
a. were currently employed/engaged in productive activities			45%	45%
b. had permanent place to live			89%	86.3%
c. had no/reduced involvement with criminal justice system			96%	95.1%
d. experienced no/reduced substance use-related consequences			83%	81.6%
e. had no past month substance use			63%	63%
Selected Output Measures			**FY 2004**	
			Target	**Actual**
# TCE clients served			29,567	30,217

Discussion

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

- The 1997 *National Treatment Improvement Evaluation Study* indicated that the program's demonstration grants were effective. No evaluation has been undertaken since. However,

evaluations of other major programs, such as the *Screening and Brief Intervention, Referral and Treatment* program and the *Access to Recovery* program, are being initiated.

- The chart above reflects success in meeting most of the FY 2004 targets. TCE's web-based system to collect and report outcome information from its grantees is a useful model for other SAMHSA programs.

- The PART review did not include the new *Access to Recovery* program initiated in FY 2004. The ATR program seeks to provide services to individuals through a voucher system so they may better access the care they require. Awards were made in August 2004 to 14 states and one Tribal organization. Baseline data will be reported in December 2005. Accountability is a key component of this program – this program will further strengthen the link between performance and the budget.

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

Performance Program Area (PPA)	Page Number	FY 2004 Actual	FY 2005 Approp.	FY 2006 Estimate
MENTAL HEALTH SERVICES				
Programs of Regional & National Significance				
MENTAL HEALTH SIGs for TRANSFORMATION	SI -4	$---	$19.8	$26.0
CO-OCCURRING SIGs	SI -4	9.2	14.2	12.2
CHILD TRAUMATIC STRESS INITIATIVE	SI -4	29.8	29.8	29.8
SAFE SCHOOLS/HEALTHY STUDENTS	SI -5	68.5	66.1	48.09
SUB-TOTAL		107.5	129.9	116.1
Children's Mental Health Services				
COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN & THEIR FAMILIES	SI -7	102.4	105.1	105.1
Mental Health Services Protection & Advocacy				
PROTECTION & ADVOCACY FOR INDIV. W/MENTAL ILLNESS	SI -10	34.6	34.3	34.3
PATH				
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)	SI -11	49.8	54.8	54.8
SUBTOTAL				
Mental Health Services Block Grant				
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT	SI -13	434.7	432.8	432.8

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

Performance Program Area (PPA)	Page Number	FY 2004 Actual	FY 2005 Approp.	FY 2006 Estimate
SUBSTANCE ABUSE PREVENTION				
Programs of Regional & National Significance				
STATE INCENTIVE GRANTS (SIGs) [1/]	**SI -19**	**40.2**	**22.6**	**---**
CENTERS FOR APPLICATION OF PREVENTION TECHNOLOGIES (CAPTs)	**SI -19**	**11.5**	**11.7**	**11.7**
SUBSTANCE ABUSE PREVENTION and HIV PREVENTION IN MINORITY COMMUNITIES	**SI - 20**	**39.7**	**39.4**	**39.4**
SUBTOTAL		**91.4**	**73.7**	**51.1**
SUBSTANCE ABUSE TREATMENT				
Programs of Regional & National Significance				
CSAT TARGETED CAPACITY EXPANSION (Less ATR & SBIRT)	**SI -24**	**250.0**	**250.1**	**238.2**
SUBTOTAL				
ACCESS TO RECOVERY	**SI -26**	**99.4**	**99.2**	**150.0**
SCREENING, BRIEF INTERVENTION, REFERRAL & TREATMENT	**SI -27**	**23.4**	**25.0**	**30.8**
SUBTOTAL, CSAT TCE		**372.8**	**374.3**	**419.0**
CSAT BEST PRACTICES PROGRAMS	**SI -27**	**46.4**	**48.0**	**28.1**
SUBTOTAL		**419.2**	**422.3**	**447.1**

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

Performance Program Area (PPA)	Page Number	FY 2004 Actual	FY 2005 Approp.	FY 2006 Estimate
Substance Abuse Prevention & Treatment Block Grant	**SI -30**			
SYNAR AMENDMENT		---	---	---
20% PREVENTION	**SI - 21**			
SUBTOTAL		**355.8**	**355.1**	**355.1**
80% TREATMENT				
SUBTOTAL		**1,423.3**	**1,420.4**	**1,420.4**
SUBTOTAL		**1,779.1**	**1,775.6**	**1,775.6**
BG SETASIDE NATIONAL SURVEYS [5/]	**SI -32**	**80.8**	**77.2**	**78.1**
SAMHSA TOTAL REQUEST		**$3,018.7**	**$3,028.5**	**$3,016.8**

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

Substance Abuse and Mental Health Services Administration
Detail of Performance Analysis

Mental Health Services – Programs of Regional and National Significance

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

This new program is expected to award grants for the first time in FY 2005. A description of the program and funding may be found in the justification of estimates. Performance measures currently are under development, and a performance table will be included in the FY 2007 budget submission.

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

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Increase the number of persons with co-occurring disorders served.	FY 06: TBD 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	**HHS #1.4, 3.5**
2. Increase the percentage of treatment programs that (O) (a) Screen for co-occurring disorders (b) Assess for co-occurring disorders (c) Treat co-occurring disorders through collaborative, consultative, and integrated models of care.	FY 06: TBD 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	
3. Increase percentage of clients who experience reduced impairment from their co-occurring disorders following treatment. (O)	FY 06: TBD 12/05 FY 05:Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	

This program is jointly administered by CMHS and CSAT. For a brief description of the program and its funding, see the CMHS section. Baseline data are expected in December 2005.

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

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Increase the number of children and adolescents reached by improved services.	FY 06: 56,550 FY 05: 53,860 FY 04: 42,255 FY 03: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: 51,296 FY 03: 40,000	**HHS # 2, 3.5**
2. Improve children's outcomes (O) (Developmental)	FY 06: TBD 12/06 FY 05: TBD 12/05 FY 04: Establish baseline FY 03: Establish baseline	FY 06: TBR 12/07 FY 05: TBR 12/06 FY 04: TBR 12/05 FY 03: Partial data collected, see narrative	

Performance Analysis -

Measure 1: Increase the number of children and adolescents reached by improved services - The number of clients who directly and indirectly receive improved services is an important measure of program success as the purpose of the program is to provide services for children and adolescents who have experienced trauma. The annual number is based upon quarterly counts that are not unduplicated, so the annual figure is an estimate. Once an accurate cumulative total number served becomes available, targets may need to be reset. FY 2006 target: 56,550, representing a steady increase over actual performance. The FY 2004 target was exceeded, and targets for future years adjusted upward.

Measure 2: Improve Children's Outcomes - The outcome measure is developmental, but will be critical in determining the effect of the program on the children and adolescents served. The measure will be fully defined, and targets will be set when baseline data are available. FY 2006 target will be set in December 2006. Pilot data collection at selected sites began June 2004. Because data collection was still in progress at the end of FY 2004, the FY 2004 baseline will be set in FY 2005.

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

Performance Measures (Capacity)	**Targets**	**Actual Performance**	**Reference**
1. Increase the number of children served	FY 06: Establish new baseline	FY 06: TBR 10/06 FY 03: 1,052,021 FY 02: 1,147,695 FY 01: 1,009,464 See narrative	**HHS # 2, 3.5**
2. Improve student outcomes and systems outcomes: (a) Decrease the number of violent incidents at schools (For FY 01-03: Percentage of students involved with violence at school in last 30 days) (b) Decrease students' substance use (For FY 01-03: Percentage of students using cigarettes, alcohol, or marijuana at school in last 30 days) (c) Improve students' school attendance (For FY 01-03): Percentage of students skipping zero days of school in last 30 days) (d) Increase mental health services to students and families (For FY 01-03: Number of children served in reporting period)	FY 06: Establish new baseline	FY 06: TBR 10/06 FY 03: 54.2 FY 02: 53.3 FY 01: 55.2 FY 03: 11.7 FY 02: 11.9 FY 01: 12.6 FY 03: 76.7 FY 02: 76.8 FY 01: 75.6 FY 03: 121,362 FY 02: 143,115 FY 01: 112,599	

Performance Analysis -

Although data collection for this program is just beginning, some data from an earlier evaluation are available. These data were collected on a stratified sample of Safe School/Healthy Students grantees, and no GPRA targets were set. Because the data collection methods will change with the new grantees, new baselines will be set in FY 2006. However, the evaluation data show that the program has positive results, and that results improved between FY 2001 and FY 2003 for most measures.

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

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Increase number of children receiving services	FY 06: 9,120 FY 05: 9,120 FY 04: 8,000 FY 03: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: 10,521 FY 03: 7,032	**HHS # 3.5** **HP 18-07, 18-10**
2. Improve children's outcomes and systems outcomes: (a) Increase percentage attending school 75% or more of time after 12 months (O)	FY 06: 84% FY 05: 83% FY 04: 80% FY 03: 82.6% FY 02: 82.6%	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: 90.9% FY 03: 86.5% FY 02: 83.5%	
b) Increase percentage with no law enforcement contacts at 6 months (O)	FY 06: 53% FY 05: 53% FY 04: 50% FY 03: 47% FY 02: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: 67.6% FY 03: 50.5% FY 02: 46.5%	
(c) Decrease average days of inpatient facilities among children served in systems of care (at 6 months) (O)	FY 06: -3.65 FY 05: -3.65 days FY 04: -3.65 days FY 03: -3.00 days FY 02: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: -2.03 FY 03: -3.48 FY 02: -2.95	
(d) Decrease inpatient care costs (E)	FY 06: -$6,642,402 FY 05: -$6,642,402 FY 04: -$6,326,097 FY 03: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: -$6,923,310 FY 03: -$6,024,855	
3. Percent of systems of care that are sustained 5 years post Federal funding (O) Same as third long-term measure	FY 08: 80% FY 04: Establish baseline	FY10: TBR 12/09 FY 04: 100%	
<u>Long-Term Measures</u> 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. (O)	FY 10: 60%	FY 10: TBR 12/11 FY 01: 30%	
Percent of grantees that decrease inpatient care costs by 10% or more (E)	FY 10: 50% FY 04: Establish baseline	FY 10: TBR 12/11 FY 04: 74%	
Percent of systems of care that are sustained 5 years post Federal funding (O) Same as third annual measure	FY 08: 80% FY 04: Establish baseline	FY10: TBR 12/09 FY 04: 100%	

<u>Performance Analysis</u> -

The program was reviewed by OMB through the PART process in 2002 for the FY 2004 budget, and was found to be "moderately effective."

The reporting date has been changed from October of each year to December because it was discovered that the October reporting date was resulting in the reporting of partial data for each fiscal year.

Annual Measures

Measure 1: Increase number of children receiving services - The number of individuals served is a key measure for all SAMHSA programs that fund services. FY 2006 target: 9,120, the same as the target FY 2005. Although FY 2004 performance exceeded this target, fewer grantees will be active in FY 2005 and 2006. In FY 2004 only four additional awards were made, and in FY 2005, grant funding will end for 22 grantees. Newly funded grant sites do not generate large numbers of children served until their third or fourth years of funding, after the sites have had time to develop new systems and services.

Measure 2: Improve children's outcomes and systems outcomes – This measure is critical to evaluating the change resulting from the program.

(a) *Increase percentage of children attending school 75% or more of the time after 12 months* - FY 2006 target: 84%. Although performance in FY 2003 and 2004 was higher, setting a higher target would exceed national average for school attendance. National statistics of school attendance for 8^{th}, 10^{th}, and 12^{th} grades show four-week school attendance of 75% of the time or more to range from 79% to 87% in 2000. Since children served through this program generally have greater difficulty attending school regularly than school children as a whole, the FY 2006 target of 84% places them in the middle of the range for all school children and represents an ambitious target for this population. The FY 2004 target was exceeded and future targets revised upward.

(b) *Increase percentage of children with no law enforcement contacts at 6 months* - FY 2006 target: 53%. The higher actual performance in FY 2004 falls above projections for the population of children as a whole served by this program; staff are examining the data and the program to determine what accounts for this aberration. It is not believed to represent a trend. Grantees vary in the targeting of their programs. Grantees who target high-risk and/or older children are less able to achieve reductions in law enforcement contacts. Targets may be reconsidered after additional years of data become available. The FY 2004 target was exceeded.

(c) *Decrease average days of inpatient facilities among children serviced in system of care at 6 months* - FY 2006 target: -3.65 days. This is an ambitious target because the program has not yet met this level. The FY 2004 target was not met. The target had been increased previously based on FY 2003 data. Because funding for some grantees in earlier cycles ended and new grantees were funded during the past few years, the mix of communities, types of children served, and program focus within communities has changed. It is speculated that declines in this measure are related to changes in the specific characteristics of children served across the varying cohorts of communities represented in each fiscal year. Additional analytic work will be conducted to identify the specific child characteristics that may be related to inpatient hospital utilization.

(d) *Decrease inpatient care costs - FY 2006 target:* -6,642,402. Although the FY 2004 level was higher, the FY 2006 target has been kept at the FY 2005 target until additional years of data are available. The FY 2004 target was exceeded.

Measure 3: Percent of systems of care that are sustained 5 years post Federal funding - This is an important measure of sustainability for this program. This measure has been moved from the long-term section to the annual section because it was identified in the PART review as an annual measure. However, no additional data will become available until December 2009. A new baseline was set in FY 2004 because that was the first year that data were available on grants five years after the end of Federal funding (grants initially funded in 1993). A five-year follow-up is not planned for the grantees funded in FY 1994, and no grants were awarded in FY 1995 and 1996. The next cohort, funded in FY 1997, was funded for six years; thus assessment at five years post funding for these grantees will occur in FY 2008. FY 2004 baseline data are available. Although the baseline was 100%, the data were based on only four grants initially funded in 1993, and thus the target has not been raised.

Long Term Measures

Percent of grantees that exceed a 30% improvement in outcomes - Baseline corrected to reflect 2001 data as reported in the PART review. Data are expected in December 2011.

P*ercent of grantees that decrease inpatient care costs by 10%* - Measure reworded for clarity. A baseline of 74% was set in FY 2004. This measure is expected to be refined to increase the sophistication and rigor of measuring cost decreases. As additional years of data are received, the targets may be adjusted.

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

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Increase the number of persons served	FY 06: 23,500 FY 05: 23,100 FY 04: 22,050 FY 03: 20,000 FY 02: 19,000	FY 06: TBR 7/07 FY 05: TBR 7/06 FY 04: TBR 7/05 FY 03: 21,747 FY 02: 18,566 FY 01: Baseline 17,620	**HHS # 3.5**
2. Increase the percentage of substantiated incidents of abuse, neglect, or rights violations that are favorably resolved (O)	FY 06: 86% FY 05: 84% FY 04: 82% FY 03: 80% FY 02: 77% FY 01: 76% FY 00: 75%	FY 06: TBR 7/07 FY 05: TBR 7/06 FY 04: TBR 7/05 FY 03: 80% FY 02: 86% FY 01: 88% FY 00: 84% FY 99: Baseline: 75%	

Performance Analysis -

Measure 1: Increase the number of persons served - The number of individuals served is a key measure for all SAMHSA programs that fund services. FY 2006 target: 23,500. FY 2004-FY 2006 targets were adjusted upward at approximately a 5% increment each year, based on FY 2003 data. The FY 2003 target was exceeded. FY 2004 data are expected in July 2005.

Measure 2: Increase the percentage of substantiated incidents of abuse, neglect, or rights violations that are favorably resolved - This is a measure of the outcome of the program. FY 2006 target: 86%. The program met its FY 2003 target.

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

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Increase number of homeless persons contacted	FY 06: 155,500 FY 05: 154,500 FY 04: 147,000 FY 03: 137,000 FY 02: 132,500 FY 01: 124,000 FY 00: 117,000 FY 99: 102,000	FY 06: TBR 7/08 FY 05: TBR 7/07 FY 04: TBR 7/06 FY 03: TBR 7/05 FY 02: 133,657 FY 01: 125,730 FY 00: 109,000 FY 99: 123,000 FY 98: 115,000 FY 97: 105,000 FY 96: Baseline 105,000	**HHS # 3.5**
2. Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services (O) Same as second long-term measure	FY 06: 48% FY 05: 47% FY 04: 46% FY 03: 45% FY 02: 44% FY 01: 35% FY 00: 33% FY 99: 30%	FY 06: TBD 7/08 FY 05: TBR 7/07 FY 04: TBR 7/06 FY 03: TBR 7/05 FY 02: 42% FY 01: 43% FY 00: 42% FY 99: 36% FY 98: 37% FY97: 41% FY96: Baseline 41%	**HP-18-3**
Long Term Measures Increase the percentage of enrolled homeless persons who receive community mental health services (O)	FY 05: 65%	FY 05: TBR 7/07 FY 00 Baseline: 44%	
Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services (O) Same as annual measure #2	FY 05: 47%	FY 05: TBR 7/07	
Maintain the average Federal cost of enrolling a homeless person with serious mental illness in services. (E)	FY 05: $668.00	FY 05: TBR 12/07 FY 03 Baseline: $668.00	

Performance Analysis –

The Projects for Assistance in Transition from Homelessness program was reviewed by OMB through the PART process in 2002 for the FY 2004 budget, and was found to be "moderately effective". During this process, the program developed the long-term measures addressing outcomes and cost efficiency.

Annual Measures

Measure 1: *Increase number of homeless persons contacted* - The number of individuals served is a key measure for all SAMHSA programs that fund services. For the Projects for Assistance in Transition from Homelessness program, outreach to homeless individuals creates the opportunity for appropriate services. FY 2006 target: 155,500. This target, although equal to the FY 2005 target, is still set well above performance levels. The target for this measure was exceeded for FY 2002. As data reporting methods improve, the reported number of persons contacted has become more accurate. The program is taking several steps to improve the accuracy of reported data, including improvements in software, strengthened verification of questionable numbers, and increased training of State and local Projects for Assistance in Transition from Homelessness -funded staff.

Measure 2: Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services - This measure reflects the Projects for Assistance in Transition from Homelessness 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 wording of the measure has been slightly modified to reflect the wording in the PART review. FY 2006 target: 48%, which reflects a steady increase. The percentage of persons contacted who actually enrolled in services decreased slightly, from 43% in FY 2001 to 42% in FY 2002, missing the FY 2002 target of 44%. This drop appears to be related to significant cuts in State funding for mental health and related homelessness services. FY 2002 results still demonstrate that Projects for Assistance in Transition from Homelessness 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.

Long Term Measures

Baselines and targets have been set for the three long-term measures agreed upon during the PART review. The wording of the measures and the order in which they appear have been corrected to agree with the PART review.

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

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

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Increase number of people served by the public mental health system	FY 06: 5,253,574 FY 05: 5,227,437 FY 04: 5,175,681 FY 03: 4,318,584 FY 02: Establish baseline	FY 06: TBR 9/07 FY 05: TBR 9/06 FY 04: TBR 9/05 FY 03: 5,125,229 FY 02: 4,728,316	**HHS # 3.5**
2. Reduce rate of readmissions to State psychiatric hospitals (a) within 30 days; and, (b) within 180 days. (O) (Same as first long-term measure)	FY 06: TBD 9/05 FY 05 Adults: (a) 7.6% (b) 17% Children/Adolescents: (a) 6.4% (b) 12.9% FY 04 Adults: (a) 7.8% (b) 17% Children/Adolescents: (a) 6.4% (b) 13.0% FY 03 Adults: (a) 8% (b) 18% Children/Adolescents: Establish Baseline FY 00 Adults: Establish Baseline	FY 06: TBR 9/07 FY 05: TBR 9/06 FY 04: TBR 9/05 FY 03 Adults: (a) 8.7% (b) 19.8% FY 03 Children/ adolescents: (a) 6.4% (b) 13.0% FY 02 Adults: (a) 8.20% (b) 18.10%	
3. Increase rate of consumers/family members reporting positively about outcomes (O) (a) Adults (b) Children/adolescents (Same as second long-term measure)	FY 06: TBD 9/05 FY 05: (a) 73% (b) 65% FY 04: (a) 71% (b) 64% FY 03: (a) 70.5% (b) 63.5% FY 02: Establish baseline	FY 06: TBR 9/07 FY 05: TBR 9/06 FY 04: TBR 9/05 FY 03: (a) 72% (b) 60% FY 02: (a) 70% (b) 63%	
4. Increase the number of (a) SAMHSA-identified evidence-based practices (EPBs) in each state and (b) the percentage of service population coverage for each EPB. (E) (Developmental)	FY 06: TBD 9/05 FY 05: TBD 9/05 FY 04: Establish baseline FY 03: Establish baseline	FY 06: TBR 9/07 FY 05: TBR 9/06 FY 04: TBR 9/05 FY 03: Preliminary data collected.	

Long-Term Measures Reduce rate of readmissions to State psychiatric hospitals (a) within 30 days; and, (b) within 180 days. (O) (Same as annual measure #2)	FY 08 Adults (a) 5% (b) 15.1% Children/adolescents: (a) 6.1% (b) 12.2%	FY 08: TBR 9/09 FY 02 Adult baseline: (a) 8.20%; (b) 18.10% FY 03 Children/Adolescent baseline: (a) 6.4%; (b) 13.0%	
Increase rate of consumers/family members reporting positively about outcomes (O) (a) Adults (b) Children/adolescents (Same as annual measure #3)	FY 08 (a) 75% (b) 68%	FY 08: TBR 9/09 FY 02 baseline: (a) 70% (b) 63%	

Performance Analysis –

Annual Measures

Measure 1: Increase number of people served by the public mental health system – The number of individuals served is a key measure for all SAMHSA programs that fund services. FY 2006 target: 5,253,574. The FY 2003 target was exceeded. Previously, the number of persons served by the Block Grant funds was estimated; now, accurate data are reported through the Uniform Reporting System. Because many States are experiencing funding constraints as the result of budget deficits, and because States as a whole also are increasingly required to prioritize service delivery to those most in need, it is very possible that the number of persons served will actually decline over the next several years. However, future targets have been raised based upon the FY 2003 data.

Measure 2: Reduce rate of readmissions to State psychiatric hospitals (a) within 30 days; and (b) within 180 days - It is recognized that because of the cyclical nature of serious mental illness, there will be times when a brief stay in an inpatient facility may be required to achieve stabilization and return to the community. However, 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. This measure is also a long-term measure. FY 2006 target: To be determined in September 2005.

The FY 2003 target for adults was not met. Readmission rates were slightly above target levels. Note that for this measure, successful performance is lower than (or equal to) the target. A FY 2003 baseline for adolescents has now been set as well. The readmission rates were lower than for adults.

Measure 3: Increase rate of consumers/family members reporting positively about outcomes - 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. FY 2006 target will be determined in September 2005. For FY 2003, the target for adults was exceeded. Although the target for children was missed, the FY 2004 and 2005 targets have remained at an ambitious level.

Measure 4: Increase the number of (a) SAMHSA-identified evidence-based practices (EBPs) in each state and (b) the percentage of service population coverage for each EBP - One of the goals of the Report of the President's Commission on Mental Health is to encourage timely implementation in the field of proven mental health practices. This measure is designed to determine progress toward that goal. The increased use of evidence-based practices will enhance the quality of services and result in more cost effective service delivery systems since resources will be directed to those services that have been demonstrated to be effective. FY 2006 target to be determined in September 2005.

Although collection of baseline data began in FY 2003, the reporting rate was too low to establish a valid baseline. An increase in the reporting rate is expected in FY 2004 as a result of ongoing efforts by the Data Infrastructure Work Group to modify the collection methodology for evidence-based practices in the Uniform Reporting System. Baseline data are now expected in September 2005.

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

Long Term Measures

The two long-term measures agreed upon during the PART review parallel annual measures.

Data note: The reporting date has been changed from April to September of each year to allow time for State directors to review and approve the data. Several measures and targets have been corrected to reflect those in the PART review. Some FY 2003 data has been updated based on more current information.

Data issues have been challenging for this program since its inception. CMHS has worked with States to improve data collection and reporting, including efforts to develop participant counts and characteristics, types and numbers of services, performance measures, and other program data. A number of these measures were piloted in the 16-State Project, designed to develop uniform data and unduplicated counts of people served by the State Mental Health Authority.

The Children's Health Act of 2000 included a requirement to provide a minimum of $6,000,000 in PRNS funding for the enhancement of the States' and Territories' data infrastructure. 49 States have now received grants to improve their ability to develop data standards for uniform, comparable, high-quality data on mental health services administered with Block Grant funds. Although States still vary somewhat in their ability to report data depending upon their data

infrastructure and reporting capacity, data that are the result of these grants are now being reported for all GPRA measures.

Substance Abuse Prevention – Programs of Regional and National Significance

1. **Substance Abuse Prevention: CSAP PRNS** (Strategic Prevention Framework Priority Area)

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great (O)[1]	FY 06: 90%[2] FY 05: 90%[3] FY 04: Establish Baseline	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: 90% (preliminary)[4]	
2. Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong (O)[5]	FY 06: 92% FY 05: 92% FY 04: No target set	FY 06: TBR 12/06 FY 05:TBR 12/05 FY 04: 89% (preliminary) FY 03: 91% FY 02 baseline: 81%	
3. Efficiency measure for cost of services (developmental)(E)	FY 06: TBR 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: 12/05	
4. Increase number of evidence-based policies, practices, and strategies implemented by communities[6]	FY 06: 1,700 FY 05: 1,600 FY 04: 1,300	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: 1,450 FY 03: 1,301 FY 02: 977	
5. Number of practices reviewed and approved through the NREP process	FY 06: 169 FY 05: 161 FY 04: Establish baseline	FY 06: TBR 12/06 FY 05: TBR: 12/05 FY 04: 153	
Long-term measures 30-day use of alcohol among youth age 12-17 (under review) (O)	 FY 10: TBR 12/05 FY 05: Establish baseline	 FY 10: TBR 12/11 FY 05: TBR 12/05	
30-day use of other illicit drugs age 12 and up (under review) (O)	FY 10: TBR 12/05 FY 05: Establish baseline	FY 10: TBR 12/11 FY 05: TBR 12/05	

Performance Analysis -

The PRNS program was reviewed by OMB through the PART process in 2004 for the FY 2006 budget, and received a "moderately effective" rating. A number of annual and long term measures were established for activities across the CSAP PRNS program. Most current PRNS activities have already been collecting data on these measures. The data currently available have been aggregated and reported in the table above. Several FY 2004 performance data have been updated from the ones appearing in the PART based on additional reporting from grantees, and

[1] Data from CSAP Community Initiated Prevention Programs and original State Incentive Grant program
[2]Revised upward from PART figure based on additional information from grantees.
[3] Revised upward from PART figure based on additional information from grantees.
[4]Matched pretest-posttest. Revised upward from PART figure based on additional information from grantees. Preliminary data.
[5] Data from CSAP Community Initiated Prevention Programs and original State Incentive Grant program
[6] Original State Incentive Grant program only.

future targets adjusted accordingly. The data show that CSAP PRNS programs are showing evidence of strengthening perceived risk and negative attitudes about substance use among 12-17 year old participants, and that evidence-based prevention programs are increasing.

It is expected that once data become available under the Strategic Framework State Incentive Grants, individual State-level targets will be set and the measures changed to reflect the number of States meeting their targets.

Measure 1: Percent of program participants age 12-17 that rate the risk of substance abuse as moderate or great – Perception of harm from substance abuse is inversely correlated with levels of use. FY 2006 target: 90%. The current baseline, which is preliminary, was computed from current State Incentive Grant and Community Initiated Prevention Initiative grantees, which will be ending in the next few years. Because data were computed on a subset of grantees, the baseline may not represent true performance of the program; future targets have been set at a high level but not at a higher level than the preliminary baseline. As more and different grantees begin reporting, performance may change. The 2006 target represents a very high level of performance.

Measure 2: Percent of program participants age 12-17 that rate substance abuse as wrong or very wrong – This measure represents attitudes about substance abuse. A high value on this measure is associated with low levels of use. FY 2006 target: 92%. The current baseline, which is preliminary, was computed from current State Incentive Grant and Community Initiated Prevention Initiative grantees, which will be ending in the next few years. As more and different grantees begin reporting, performance may change. The 2006 target represents a very high level of performance.

Measure 3: Efficiency measure for cost of services - CSAP is developing an efficiency measure based on cost bands for prevention services. A report based on the review of literature on costs of prevention has been completed, and outside experts will begin to develop recommendations for cost bands that follow the Institute of Medicine model of universal selected and indicated prevention. These recommendations and a cost template are expected to be submitted to CSAP at the beginning of April 2005. SAMHSA hopes to pilot the template and assess the validity of the cost bands between April and June 2005. Baseline data and FY 2006 target are expected in December 2005.

Measure 4: Increase the number of evidence-based policies, practices and strategies being implemented by communities - This measure is important in increasing the effectiveness of prevention services. Data come from local subrecipients of current State Incentive Grant program. FY 2006 target: 1,700, representing a steady and ambitious increase. In FY 2004, this measure was exceeded. FY 2004 and 2005 targets have been revised based on actual data on the number of subrecipients funded. In addition to these results on the measures, State Incentive Grant States have been successful in identifying and leveraging prevention funds. Preliminary information shows that some State Incentive Grant States have coordinated up to 10 times the federal grant amount through matching funds. The new Strategic Prevention Framework State Incentive Grants will further promote the implementation of evidence-based prevention.

Long-term measures

Two long-term measures have been established, 30-day use of alcohol among youth age 12-17, 30-day use of other illicit drugs age 12 and up. These measures will enable SAMHSA to identify the impact of CSAP PRNS programs. Both of these measures under review, and are expected to be replaced by State-level measures and targets once data from the Strategic Prevention Framework State Incentive Grants becomes available. Preliminary data show a 96.6% non-user stability rate and a 31% decrease in use among users (FY 2003 data from Community-Initiated Prevention Interventions, HIV, Starting Early Starting Smart, and original State Incentive Grant program.)

Data note: Most current PRNS activities have already been collecting data on these measures. The data currently available have been aggregated and reported in the table above. Several FY 2004 performance data have been updated from the ones appearing in the PART based on additional reporting from grantees, and future targets adjusted accordingly.

2. **State Incentive Grants** (Strategic Prevention Framework Priority Area)

The current State Incentive Grant programs are being replaced by the Strategic Prevention Framework State Incentive Grant program, which awarded its first grants in FY 2004. Data will no longer be reported separately for the current State Incentive Grant program, but are being merged with other PRNS data in the CSAP PRNS table above.

3. **Centers for the Application of Prevention Technologies** (Strategic Prevention Framework Priority Area)

Performance Measures (Effectiveness)	Targets	Actual Performance	Reference
1. Increase the number of persons provided TA services	FY 06: 24,000 FY 05: 21,900 FY 04: 12,000 FY 03: Refine baseline FY 02: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05 FY 04: 19,911 FY 03: 20,275 FY 02: 18,207	**HHS # 1.4**
2. Increase the percent of clients reporting that CAPT services substantively enhanced their ability to carry out their prevention work (O)	FY 06: TBD 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05 TBR 12/05	

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).

Performance Analysis -

Measure 1: Increase the number of persons provided TA services – This is a direct measure of the reach of the Centers for the Application of Prevention Technologies program. FY 2006

target: 24,000. The FY 2004 target was exceeded. In addition, the program provided services to approximately 31,000 individuals through two satellite videoconferences. The Centers for the Application of Prevention Technologies are considering planning additional videoconferences in addition to their regular technical assistance services.

Measure 2: Increase the percent of clients reporting that CAPT services substantively enhanced their ability to carry out their prevention work - This measure reflects the effectiveness of Centers for the Application of Prevention Technologies services. It replaces the previous measure, "Increase the number of systemic change outcomes in prevention systems." The new measure more accurately reflects the effect of the Centers for the Application of Prevention Technologies' technical assistance and training on States' and communities' ability to implement and sustain effective prevention systems. The previous measure counted the number of systemic change outcomes. However, it became evident that variables unrelated to the purpose of the measure, such as the number and maturity of grant awards, were distorting the results. A new baseline will be established in December 2005. FY 2006 target will be determined in December 2005.

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

Performance Measures (Capacity)	Targets	Actual Performance	Reference
Measures to be re-evaluated	FY 06: Re-establish baseline	FY 06: TBR 12/06	**HHS #1.4, 3.5** **HP** **26-10** **26-11d** **26-14** **26-15**

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

Performance Analysis -

Data collection efforts for the first cohorts of this program were problematic due to unforeseen changes in funding for a contractor to assist the program with these activities, and the high level of need for local evaluation technical assistance. Thus, no data are available for the program to date. However, despite the issues with data collection, there are indications that the program has resulted in the implementation of local strategies for integrating substance abuse prevention and HIV prevention services with minority populations.

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

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

Performance Measures (Accountability)	Targets	Actual Performance	Reference
1. Increase number of States* whose retail sales violations is at or below 20% (O) *States include the 50 States, the District of Columbia, and Puerto Rico	FY 06: 52 States FY 05: 52 States FY 04: 50 States FY 03: 50 States FY 02: 35 States FY 01: 26 States FY 00: 26 States	FY 06: TBR 7/06 FY 05: TBR 7/05 FY 04: 48 States FY 03: 46 States FY 02: 42 States FY 01: 30 States FY 00: 25 States FY 99: 21 States FY 98: 12 States FY 97 Baseline: 4 States	**HHS #1.5**

Performance Analysis -

Measure 1: Increase number of States whose retail sales violations is at or below 20% - FY 2006 target: 52 States, which represents a steady increase and a doubling of the FY 2000 level. In FY 2004, the target was not met; 48 States/Territories achieved a sales violation rate of 20% or less. The upward trend continues, so targets have not been revised downward; in retrospect, the FY 2003 target was overly ambitious. In addition to the reported results, five additional States/Territories with violation rates slightly above the 20% target were found in compliance with the law by SAMHSA because their reported rates were within the required 95% confidence level of +/- 3 percentage points. Further, 41 States/Territories reported sales violation rates of 15% or under, showing that those States achieved significantly better results than those required by law. States that did not achieve the Synar goal of 20% or below reported that they experienced problems in implementing Synar due in part to budget reductions, which resulted in limited resources for program implementation and reductions in staff support.

2. **20% Prevention Set-aside**

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Increase satisfaction with technical assistance	FY 06: Maintain at 90% FY 05: Maintain at 90% FY 04: Maintain at 90% FY 03: Maintain at 90% FY 02: Establish baseline	FY 06: TBR 11/06 FY 05: TBR 11/05 FY 04: 92% FY 03: 94% satisfied FY 02: 90% satisfied FY 01: revised survey	**HHS SP -1**
2. Increase services provided within cost bands (E) (Developmental)	FY 06: TBD 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	
3. Increase perception of harm of drug use among program participants (O) (Developmental)	FY 06: TBD 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	
4. Improvements in non-use and in use among program participants in the past 30 days (O)	FY 06: TBD 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	

(Developmental) Same as long-term measure			
Long-Term Measure Improvements in non-use and in use among program participants in the past 30 days (O) (Developmental) Same as annual measure #4	FY 08: TBD 12/05 FY 05: Establish baseline	FY 08: TBR 12/08 FY 05: TBR 12/05	

Annual Measures

Measure 1: Increase satisfaction with technical assistance – This measure assesses the effectiveness of the program's technical assistance activities. FY 2006 target is 90%. Although the FY 2006 target is lower than the FY 2004 level, we are now expecting performance to have stabilized at about 90%, still a very high level. Performance was 92% in FY 2004, exceeding the target.

Measure 2: Increase services provided within cost bands - CSAP is developing an efficiency measure based on cost bands for prevention services. A report based on the review of literature on costs of prevention has been completed, and outside experts will begin to develop recommendations for cost bands that follow the Institute of Medicine model of universal selected and indicated prevention. These recommendations and a cost template are expected to be submitted to CSAP at the beginning of April. SAMHSA hopes to pilot the template and assess the validity of the cost bands between April and June 2005. Baseline data and FY 2006 target are expected in December 2005.

Measure 3: Increase perception of harm of drug use among program participants - Perception of harm from substance abuse is inversely correlated with levels of use. Data on this measure is being solicited through the Block Grant application. FY 2006 target will be set in December 2005, when baseline data are expected.

Measure 4: Improvements in non-use and in use among program participants in the past 30 days (Developmental) - Prevention programs often include those who have not yet used substances, as well as those who have begun using. Thus, the programs aim not only to reduce use, but also to prevent or delay use among those who have not yet started. This measure will reflect the percentage of participants whose use of substances either declined or stayed the same after completing a prevention program. This measure replaces last year's Measure 3, which was a developmental measure. This measure is also a long-term measure. FY 2006 target will be set in December 2005, when baseline data are expected.

Long Term Measure

The long-term measure, which has been selected based upon the PART review, parallels annual Measure 4. Baseline data are expected in December 2005.

Data note: On December 2 and 3, 2004, SAMHSA and a planning group of 10 States met and came to agreement on the National Outcome Measures for substance abuse treatment and prevention, identified those expected to be reporting during FY 2005, identified those that required developmental work, and agreed on a plan for preparing all States to fully report within three years (by the close of FY 2007). Beginning in FY 2005, SAMHSA will initiate the State Outcomes Measurement and Management System to support expansion of current State data collection efforts to the requirements of the agreed-upon National Outcome Measures.

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

Measure 3 was reclassified as both an annual and a long-term measure, and "Increase numbers served" was removed from the long-term measures section (it appears as an annual measure only), to reflect the PART review.

1. **Targeted Capacity Expansion** (Treatment Capacity Priority Area)

Performance Measures (Capacity)	**Targets**	**Actual Performance**	**Reference**
1. Increase the number of clients served.	FY 06: 31,376 FY 05: 30,761 FY 04: 29,567 FY 03: Maintain at 21,000	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 30,217 FY 03: 28,988	**HHS #1.4**
2.Increase percentage of adults receiving services who: (O) (a) Were currently employed or engaged in productive activities;	FY 06: 49% FY 05: 47% FY 04: 45% FY 03: Establish new baseline	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 45% FY 03: 42.9%	**HP 26-10c**
(b) Had a permanent place to live in the community;	FY 06: 92% FY 05: 91% FY 04: 89% FY 03: Establish new baseline	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 86% FY 03: 87.4%	
c) Had no/reduced involvement with the criminal justice system.	FY 06: 98% FY 05: 98% FY 04: 96% FY 03: Establish new baseline	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 95% FY 03: 94.6%	
(d) Experienced no/reduced alcohol or illegal drug related health, behavioral, social, consequences	FY 06: 87% FY 05: 85% FY 04: 83% FY 03: Establish new baseline	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 82% FY 03: 81.5%	
(e) Had no past month substance use Same as first long-term measure	FY 06: 67% FY 05: 65% FY 04: 63% FY 03: Establish new baseline	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 63% FY 03: 61.1%	
3. Increase the percentage of grantees in appropriate cost bands (E) Same as second long-term measure	FY 06: 80% FY 05: 80% FY 04: 80% FY 03: Establish baseline	FY 06: TBR 10/07 FY 05: TBR 10/06 FY 04: TBR 10/05 FY 03: 79%	
Long-term Increase the number of people who report no past month substance use (O) (Developmental) Same as annual measure 2(e)	FY 06: 65%	FY 06: TBR: 10/06 FY 03: Baseline 61.1%	
Increase the percentage of grantees in appropriate cost bands (E)) Same as annual measure 3	FY 06: 80% FY 03: Establish baseline	FY 06: TBR 10/06 FY 03: 79%	

Annual Measures

Measure 1: Increase the number of clients served - The number of people served reflects the extent to which CSAT funding has supported the provision of substance abuse treatment services. The number of people served is measured through the GPRA Core Client Outcome Tool. FY 2006 target is 31,376. The target of 29,567 set for FY 2004 was exceeded, with an actual performance level of 30,217.

Measure 2: Outcome Indicators –These measures directly reflect the outcomes of the program. FY 2006 targets vary (see table), but have all been set at an ambitious level. The targets for the employment and no past month substance use indicators were met in FY 2004. The targets were not met in FY 2004 for having a permanent place to live, having no or reduced involvement with the criminal justice system, and experiencing no/reduced alcohol or illegal drug related health, behavioral, social, consequences. In all cases, these targets were very narrowly missed.

Measure 3: Increase the percentage of grantees in appropriate cost bands. – This is an efficiency measure. FY 2006 target: 80%. The target has been set based on one year of baseline data; it may be re-examined based on data from additional years. The FY 2004 baseline is 79%. Note that although this measure is used for both Targeted Capacity Expansion and Best Practices, the actual cost bands are different, and thus the data and targets vary.

Long term Measures

Increase the number of people who report no past month substance use - The FY 2006 target for this long-term measure is currently set at 65%. Data are expected in October FY 2006.

Increase the percentage of grantees in appropriate cost bands. - See discussion under Annual Measures, measure #3.

Data note: CSAT has made considerable effort to move in the direction of coordinating performance and budget data by the introduction of an automated Government Performance and Results Act data collection and reporting system across all of its discretionary programs. With the introduction of the current Government Performance and Results Act data entry and reporting system, all data are now collected and reported near real time by summary to date as well as by fiscal years. Given the implementation of this new system, all of the Targeted Capacity Expansion services program tables included in this report were revised for the FY 2005 budget submission.

As several major new substance abuse treatment programs are implemented, CSAT plans each year to select programs of special interest for additional descriptive reporting. The FY 2004 Access to Recovery and Screening, Brief Intervention, Referral and Treatment programs appears in this submission.

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

Targeted Capacity Expansion Programs Included in this Budget Line

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

2. **Access to Recovery** (Treatment Capacity Priority Area)

Performance Measures (Capacity)	**Targets ***	**Actual Performance ***	**Reference**
1. Increase the number of clients gaining access to treatment	FY 06: TBR 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	**HHS #1.4**
2. Increase the percentage of adults receiving services who:			
(a) had no past months substance use	FY 06: TBR 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	
(b) had improved family and living conditions	FY 06: TBR 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	
(c) had no/reduced involvement with the criminal justice system.	FY 06: TBR 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	
(d) had improved social support	FY 06: TBR 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	
(e) were currently employed or engaged in productive activities	FY 06: TBR 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	
(f) had increased retention in treatment	FY 06: TBR 12/05 FY 05: Establish baseline	FY 06: TBR 12/06 FY 05: TBR 12/05	

* Initial Access to Recovery grants were made in August 2004, close to the end of FY 2004. Services are not necessarily provided in the same year Federal funds are obligated. Thus, although the baseline to be reported for FY 2005 will represent people served in FY 2005, most of the funding will consist of FY 2004 dollars. It is estimated that approximately 25,000 clients will be served with FY 2004 funds, 50,000 with FY 2005 funds and 62,500 with FY 2006 funds.

Performance Analysis –

Access to Recovery grants will provide people seeking drug and alcohol treatment with vouchers for a range of appropriate community- and faith-based services. Baseline data for this new program will be reported in December 2005.

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

Performance Measures (Capacity)	**Targets**	**Actual Performance**	**Reference**
1. Increase the number of clients served.	FY 06: 77,806 FY 05: 70,544 FY 04: Establish baseline FY 03: Establish baseline	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 69,161 FY 03: Data collected	**HHS #1.4**
2. Increase the percentage of clients receiving services who: had no past month substance use (O)	FY 06: TBD 10/05 FY 05: Establish baseline FY 04: Establish baseline FY 03: Establish baseline	FY 06: TBR 10/07 FY 05: TBR 10/06 FY 04: See narrative FY 03: See narrative	

Performance Analysis –

Screening, Brief Intervention, Referral and Treatment awarded its first grants at the end of FY 2003

Measure 1: Increase the number of clients served - This is a measure of the reach of the program. The FY 2006 target: 77,806, an ambitious increase over the baseline. This increase is predicated partly on an expected budget increase in FY 06. FY 2004 baseline has been established at 69,161.

Measure 2: Increase the percentage of clients receiving services who had no past month substance use - This measure assesses the outcome of the program. FY 2006 target will be determined in October 2005. Baseline data will also be reported in October 2005. There is no FY 2003 baseline for this measure as awards were not made until the end of 2003. Full implementation of the program began on April 1, 2004. Since this measure requires the use of six month follow up data, there is also no baseline reported for FY 2004.

4. **Best Practices** (Treatment Capacity Priority Area)

Performance Measures (Effectiveness)	**Targets**	**Actual Performance**	**Reference**
1. Increase the number of individuals trained per year.	FY 06: 36,799 FY 05: 36,077 FY 04: 21,714 FY 03: Establish baseline	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 35,370 FY 03: 21,289	**HHS SP -1**
2. Increase the percentage of drug treatment professionals trained by the program who: (O)			

(a) Would rate the quality of the events as good, very good, or excellent (b) Shared any of the information from the events with others (c) Report implementing improvements in treatment methods on the basis of information and training provided by the program Same as long-term measure	FY 06: 94% FY 05: 93% FY 04: 83.4% FY 03: 80% FY 02: 70% FY 06: 88% FY 05: 86% FY 04: 20.98%* FY 03: 80% FY 02: 70% FY 06 87% FY 05: 85% FY 04: 18.7%* FY 03: 80% FY 02: 70%	FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 93.2% FY 03: 81.4% FY 02: 86.3% FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 84% FY 03: 84% FY 02: 86.3% FY 06: TBR 10/06 FY 05: TBR 10/05 FY 04: 83% FY 03: 84% FY 02: 86.3%	
3. Increase the percentage of grantees in appropriate cost bands (E)	FY 06: 100% FY 05: 100% FY 04: 100% FY 03: Establish Baseline	FY 06: TBR 10/07 FY 05: TBR 10/06 FY 04: TBR 10/05 FY 03: 100%	
<u>Long-term Measure</u> 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 Same as measure 2 (c)	FY 06: 87%	FY 06: TBR 10/06 FY 03 baseline: 84%	

*Note: Due to a data error in FY 2003, FY 04 targets for some measures were set at low levels. The 2003 actual data have been corrected in this submission 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.

Best Practices Programs Included in this Budget Line

American Indian/Alaska Native Planning Grants	Knowledge Application Program
Addiction Technology Transfer Centers	Practice Improvement Collaboratives
Community Action Grants	Recovery Community Support Programs
Faith Based Initiatives	Strengthening Treatment Access and Retention

Performance Analysis -

Annual Measures

Measure 1: Increase the number of individuals trained per year - This is a key measure tracking CSAT's mission of promoting effective treatment through the adoption of evidence-based practices. Tracking the number of individuals trained is critical in documenting the delivery of service and dissemination of relevant information to the field. This is measured through the Core Government Performance and Results Act Customer Satisfaction Training Tool. The FY 2004 target was exceeded.

Measure 2: Increase percentage of drug treatment professionals trained by the program who (a) would rate the quality of the events as good, very good, or excellent; (b) shared any of the information from the events with others; (c) report implementing improvements in treatment methods on the basis of information and training provided by the program - All FY 2003 and 2004 targets were exceeded. See also data note below table.

Measure 3: Increase the percentage of grantees in appropriate cost bands – Baseline data show that 100% of grantees are in appropriate cost bands. Note that although this measure is used for both Targeted Capacity Expansion and Best Practices, the actual cost bands are different, and thus the data and targets vary.

Long Term Measure

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 – See Measure 2c.

Data note: The wording of measure 2 and of the long-term measure have been clarified to show that they are measuring the same thing. Data have been corrected for FY 2003, and several targets have been adjusted upward based on FY 2004 data

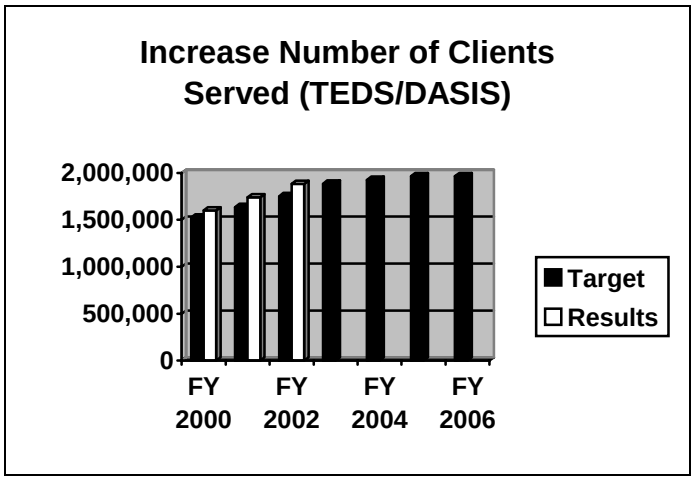
Substance Abuse Treatment - Substance Abuse Prevention and Treatment Block Grant

Performance Measures (Capacity)	Targets	Actual Performance	Reference
1. Number of Clients served: Note: Baseline, targets, and proxy performance data currently provided by Treatment Episode Data Set (see text), which reports admissions data.	FY 06: 1,983,490 FY 05: 1,963,851 FY 04: 1,925,345 FY 03: 1,884,654 FY 02: 1,751,537 FY 01: 1,635,422 FY 00: 1,525,688	FY 06: TBR 10/08 FY 05: TBR 10/07 FY 04: TBR 10/06 FY 03: TBR 10/05 FY 02: 1,882,584 FY 01: 1,739,796 FY 00: 1,599,701 FY 99: 1,587,510 FY 98: 1,564,156 FY 97: 1,537,143	**HHS SP -1**
2. Increase the number of States and Territories voluntarily reporting performance measures in their SAPT Block Grant application. (O)	FY 06: 30 FY 05: 30 FY 04: 30 FY 03: 30 FY 02: 25 FY 01: 25 FY 00: Establish baseline	FY 06: TBR 10/07 FY 05: TBR 10/06 FY 04: TBR 10/05 FY 03: 21 FY 02: 26 FY 01: 25 FY 00: 24 FY 99: 0	
3. Increase the percentage of States and Territories that express satisfaction with Technical Assistance (TA) provided	FY 06: 97% FY 05: Maintain at 97% FY 04: Maintain at 97% FY 03: Maintain at 97% FY 02: Maintain at 97% FY 01: 97% FY 00: 90% FY 99: Establish baseline	FY 06: TBR 10/07 FY 05: TBR 10/06 FY 04: TBR 10/05 FY 03: 87% FY 02: 92% FY 01: 97% FY 00: 97% FY 99: 96%	
4. Increase the percentage of TA events that result in systems, program or practice change.(O)	FY 06: 95% FY 05: Maintain at 95% FY 04: Maintain at 95% FY 03: Maintain at 95% FY 02: 95% FY 01: 85% FY 00: 70% FY 99: Establish baseline	FY 06: TBR 10/07 FY 05: TBR 10/06 FY 04: TBR 10/05 FY 03: 91% FY 02: 97% FY 01: 96% FY 00: 84% FY 99: 66%	
5. Increase the percentage of States in appropriate cost bands (E) Same as second long-term measure	FY 06: TBD 10/05 FY 05: 60% FY 04:Establish Baseline	FY 06: TBR 10/07 FY 05: TBR 10/05 FY 04: TBR 10/05 (See narrative discussion)	
<u>Long Term Measure</u> Percentage of clients reporting change in abstinence at discharge (O)	FY 08: TBD 10/05 FY 05:Establish Baseline	FY 08; TBR 10/08 FY 05: TBR 10/05	
Increase the percentage of States in appropriate cost bands (E) Same as annual measure #5	FY 08: TBD 10/05 FY 05: Establish Baseline	FY 08: TBR 10/08 FY 05: TBR 10/05	

Performance Analysis

Annual Measures

Measure 1: Number of clients served - The number of individuals served is a key measure for all SAMHSA programs that fund services. FY 2006 target: 1,983,490. The FY 2006 target is 1% above the FY 2005 target and well above current performance. The FY 2002 target was exceeded. An estimated 1,882,584 clients were served. Future targets have been adjusted upward.



The number of client admissions reported is counted annually in the fiscal year being reported. The availability of Treatment Episode Data Set data, like other major public health data sets such as births and deaths, reflects a two-year lag period. Tracking numbers served is a critical component of any cost-benefit analysis.

Reporting of the exact number of clients served in Block Grant funded facilities remains under development. Tracking the unduplicated number of clients served by each State, which is the ideal way of reporting these data, requires that systems employ a unique client identifier. States are working toward providing unduplicated counts. Twenty-three States and Territories were able to report unduplicated counts in FY 2002. Some States are unable to report this information due to laws prohibiting the use of unique client identifiers and data system limitations. Therefore, the targets projected for the SAPT Block Grant continue to be based on the number of client admissions reported by Treatment Episode Data Set source.

Measure 2: Increase the number of States and territories voluntarily reporting performance measures in their SAPT Block Grant application – This measure enables SAMHSA and the States to determine performance. FY 2006 target: 30, well above current levels. The FY 2003 target was missed. One measure, numbers served, was made mandatory this year; since this was a voluntary measure in previous years, this could account for the decrease.

Measure 3: Increase percentage of States and Territories that express satisfaction with technical assistance provided - Customer satisfaction is a good measure of the responsiveness and utility of SAMHSA's technical assistance provided over the past 12 months. FY 2006 target:

97%; a very high level. The FY 2003 target was missed. SAMHSA will be examining their technical assistance to further assess the reasons for the decline in satisfaction.

Measure 4: Increase the percentage of technical assistance events that result in systems, program or practice change – This measure assesses the outcome of the program's technical assistance activities. FY 2006 target: 95%, a very high level. The FY 2003 target was missed. We have modified our technical assistance approval process that prioritizes technical assistance that focuses on program improvements and systems change as a top priority. We expect that the performance will improve to previous target levels.

Measure 5: Increase the percentage of States in appropriate cost bands - This is an efficiency measure. FY 2006 target will be determined in October 2005. The cost bands were estimated based on guidance provided by an expert panel looking at a series of national studies. The baseline was estimated to be approximately 54%, however, there is no empirical program data to support the estimate. The program data is expected to be captured by the FY 2005 application. Although this measure was designated as a long-term measure in the PART review, data will also be collected and reported annually.

Long-term Measures

CSAT is in the process of determining baselines for both long-term measures. Data are expected in October 2005.

Data note: On December 2 and 3, 2004, SAMHSA and a planning group of 10 States met and came to agreement on the National Outcome Measures for substance abuse treatment and prevention, identified those expected to be reporting during FY 2005, identified those that required developmental work, and agreed on a plan for preparing all States to fully report within three years (by the close of FY 2007). Beginning in FY 2005, SAMHSA will initiate the State Outcomes Measurement and Management System to support expansion of current State data collection efforts to the requirements of the agreed-upon National Outcome Measures.

Reporting month has changed from September to October to allow for collection of complete information from Block Grant applications.

SAPT Block Grant Set-aside: National Surveys

Significant Changes – None.

Performance Goals (Accountability)	Targets	Actual Performance	Reference
1: Availability and timeliness of data for the: (a) National Survey on Drug Use and Health (b) Drug Abuse Warning Network (c) Drug and Alcohol Services Information System	FY 06: (a) 8 months; (b) 9 months; (c) 16 months FY 05: (a) 8 months; (b) 9 months; (c) 16 months FY 04: (a) 8 months; (b) 9 months; (c) 16 months FY 03: (a) 8 months; (b) 9 months; (c) 16 months FY 02: (a) 8 months; (b) 9 months; (c) 16 months FY 01: (a) 8 months; (b) 9 months; (c) 16 months	FY 06: TBR 9/06 FY 05: TBR 9/05 FY 04: (a) 8 months; (b) 8 months; (c) 11 months FY 03: (a) 8 months; (b) 8 months; (c)11months FY 02: (a) 8 months; (b) 8 months; (c) 13 months FY 01: (a) 8 months; (b) 7 months; (c) 12 months FY 98: Baseline: (a) 8 months (b) 12 months; (c) 13 months	**HHS #1.4** **HP 26 – Multiple objectives**

Performance Analysis –

Measure 1: Availability and timeliness of data for the: (a) National Survey on Drug Use and Health (b) Drug Abuse Warning Network, (c) Drug and Alcohol Services Information System – This measure assesses whether the surveys are made available to the public in a timely manner. FY 2006 targets: (a) 8 months; (b) 9 months; (c) 16 months respectively; these targets are ambitious because it takes this amount of time to adequately analyze the data. In FY 2004, the target was met for one surveys and exceeded for two.

Substance Abuse and Mental Health Services Administration
Detail of Full Cost

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 SAMHSA's directly 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, nor 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.

Full Cost Summary Table

(Dollars in Millions)

Performance Program Area	FY 2004	FY 2005	FY 2006
MENTAL HEALTH SIGs [1/]	**$---**	**$47.0**	**$47.7**
CO-OCCURRING SIGs [1/]	**9.9**	**16.4**	**16.6**
CHILD TRAUMATIC STRESS INITIATIVE	**32.2**	**32.1**	**33.0**
1. Increase the number of children and adolescents reached by improved services.	*32.2*	*32.1*	*33.0*
SAFE SCHOOLS/HEALTHY STUDENTS [1/]	**82.9**	**82.3**	**84.0**
COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN & THEIR FAMILIES [1/]	**104.8**	**107.6**	**107.6**
1. Increase the number of children served	*62.9*	*64.6*	*64.6*
2. Improve children's outcomes and systems outcomes	*41.9*	*43.0*	*43.0*
PROTECTION & ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI)	**35.5**	**35.2**	**35.2**
1. Increase number of persons served	*17.8*	*17.6*	*17.6*
2. Increase the percentage of substantiated incidents that are favorably resolved	*17.8*	*17.6*	*17.6*
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS	**50.8**	**55.9**	**55.9**
1. Increase number of homeless persons contacted	*25.4*	*28.0*	*27.9*
2. Increase percentage of homeless persons contacted who become enrolled in services	*25.4*	*28.0*	*27.9*
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT [1/]	**445.3**	**443.6**	**443.4**
1. Increase number of people served by the public mental health system	*267.2*	*266.2*	*266.0*
2. Reduce rate of readmissions to State psychiatric hosp	*89.1*	*88.7*	*88.7*
3. Increase rate of consumers/family members reporting positively about outcomes	*89.1*	*88.7*	*88.7*
SUBSTANCE ABUSE PREVENTION PRNS [2/]	**44.3**	**25.1**	**---**
2. Percent of program participants that rate substance abuse as wrong or very wrong	*22.1*	*12.6*	*---*
4. Number of evidence-based policies, practices, and strategies implemented by communities	*22.1*	*12.6*	*---*
CENTERS FOR APPLICATION OF PREVENTION TECHNOLOGIES (CAPTs) [1/]	**12.8**	**13.0**	**13.1**
SUBSTANCE ABUSE PREVENTION and HIV PREVENTION IN MINORITY COMMUNITIES [1/]	**44.0**	**43.8**	**44.0**

Full Cost Summary Table

(Dollars in Millions)

Performance Program Area	FY 2004	FY 2005	FY 2006
CSAT TARGETED CAPACITY EXPANSION	**262.7**	**263.1**	**249.6**
1. Increase the number of clients served.	*210.2*	*210.5*	*199.7*
2. Improve adult outcomes	*52.5*	*52.6*	*49.9*
ACCESS TO RECOVERY [1/]	**104.5**	**104.3**	**157.2**
SCREENING, BRIEF INTERVENTION, REFERRAL & TREATMENT [1/]	**24.6**	**26.3**	**32.3**
CSAT BEST PRACTICES PROGRAMS	**48.8**	**50.5**	**29.4**
1. Increase the number of individuals trained per year.	*19.5*	*20.2*	*11.8*
2. Increase the percentage of participants who rate the quality of the events as high; share or use information	*19.5*	*20.2*	*11.8*
3. Increase the percentage of grantees in appropriate cost bands.	*9.8*	*10.1*	*5.8*
Substance Abuse Prevention & Treatment Block Grant	**1,790.2**	**1,818.2**	**1,823.4**
SYNAR AMENDMENT [3/]	---	---	---
20% PREVENTION [1/]	**358.2**	**368.8**	**374.0**
1. Increase satisfaction with technical assistance	*358.2*	*368.8*	*374.0*
80% TREATMENT	**1,432.0**	**1,449.4**	**1,449.4**
1. Number of Clients served:	*1,002.4*	*1,014.6*	*1,014.6*
measures	*143.2*	*144.9*	*144.9*
3. Increase the percentage of States and Territories that express satisfaction with Technical Assistance (TA) provided	*143.2*	*144.9*	*144.9*
4. Increase the percentage of TA events that result in systems, program or practice change.	*143.2*	*144.9*	*144.9*
BG SETASIDE NATIONAL SURVEYS [4/]	**80.1**	**68.5**	**69.6**
1. Availability and timeliness of data	***80.1***	***68.5***	***69.6***
FULL COST TOTAL	**$3,093.4**	**$3,164.5**	**$3,172.4**

FOOTNOTES:

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. Measures 1, 3, 5: 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*"

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

General:

- Performance information has been presented in accordance with instructions for the new HHS Performance Budget Request.
- In order to keep the submission at a manageable length, SAMHSA continues to exclude activities that are less than $10,000,000; where possible, results for these smaller activities are aggregated with larger efforts.
- SAMHSA generally does not include performance tables for new activities until grants have been awarded and data collection is underway.
- The wording of several measures has been corrected to reflect the wording in the PART reviews.
- Designation as Outcome or Efficiency has changed for some measures.

Center for Mental Health Services	
Mental Health State Incentive Grants for Transformation	Brief description of program added
Co-Occurring State Incentive Grants	Program added. Specific performance measures have been included, with dates of data availability
Safe Schools/Healthy Students	Specific performance measures have been included, with dates of data availability
HIV/AIDS Minority Mental Health Services	Program and measures dropped from FY 2006 plan; funding <$10 million

Changes and Improvements over Previous Years

Comprehensive Community Mental Health Services for Children and their Families	Measure 2(c): FY 2005 CJ wording: *Decrease utilization of inpatient facilities at 12 months.* FY 2006 CJ wording: *Decrease average days of inpatient facilities among children served in systems of care (at 6 months).* Wording of measure modified to reflect PART review; timing of follow-up changed to 6 months. Measure 3: FY 2005 CJ wording*: Increase percent of systems of care sustained post Federal funding (80% of systems of care will be sustained post-funding).* FY 2006 CJ wording: *Percent of systems of care that are sustained 5 years post Federal funding*. Wording of measure modified to reflect PART review; measure moved from long-term to annual section because it was identified as an annual measure in PART review. First long-term measure: FY 2005 CJ wording: *Improve children's outcomes (60% of grantees will exceed a 30% improvement in outcomes).* FY 2006 CJ wording: *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.* Wording of measure modified to reflect PART review Second long-term measure: FY 2005 CJ wording: *Percentage of grantees that decrease inpatient care costs (25% of systems of care will exceed a 10% decrease in inpatient care).* FY 2006 CJ wording: *Percent of grantees that decrease inpatient care costs by 10% or more.*

Changes and Improvements over Previous Years

Programs for Assistance in Transition from Homelessness	Measure 1: FY 2005 CJ wording: *Increase number of persons contacted.* FY 2006 CJ wording: *Increase number of homeless persons contacted*. Wording of measure modified to reflect PART review Measure 2: FY 2005 CJ wording: *Increase percentage of persons contacted who become enrolled in services*. FY 2006 CJ wording: *Increase percentage of contacted homeless persons with serious mental illness who become enrolled in services*. Wording of measure modified to reflect PART review Long-term measures: Order of measures changed to agree with PART review First long-term measure (corresponds with measure 4 in FY 2005 CJ): FY 2005 CJ wording: *Increase the percentage of enrolled homeless persons with serious mental illnesses who receive community mental health services.* FY 2006 CJ wording: *Increase the percentage of enrolled homeless persons who receive community mental health services.* Wording of measure modified to reflect PART review Second long-term measure: This measure replaces Measure 3 in the FY 2005 CJ. The FY 2006 CJ contains the correct wording, data, and targets for the measure as shown in the PART review. Third long-term measure (corresponds with measure 5 in FY 2005 CJ) FY 2005 CJ wording: *Maintain cost of enrolling a person in services*. FY 2006 CJ wording: *Maintain the average Federal cost of enrolling a homeless person with serious mental illness in services.* Wording of measure modified to reflect PART review

Changes and Improvements over Previous Years

Community Mental Health Services Block Grant	Measure 1: FY 2005 CJ wording: *Number of people served*. FY 2006 CJ wording: *Increase number of people served by the public mental health system.* Long-term measures are listed separately. The first long-term measure is the same as annual measure #2, and the second long-term measure is the same as annual measure #3.
Center for Substance Abuse Prevention	
CSAP Programs of Regional and National Significance	Measures, targets, and data for this program are reported in the aggregate for this program for the first time in the FY 2006 CJ.
State Incentive Grants	The original State Incentive Grant programs are being replaced by the Strategic Prevention framework State Incentive Grant program, which awarded its first grants in FY 2004. Data will no longer be reported separately for the original State Incentive Grant program, but are being merged with other PRNS data in the CSAP PRNS table.
Centers for the Application of Prevention Technologies	Measure 1: FY 2005 CJ wording: *Increase the number of persons served.* FY 2006 CJ wording: *Increase the number of persons provided TA services*. Measure clarified. Measure 2: Previous measure, *Increase the number of systemic change outcomes in prevention systems,* replaced by *Increase the percent of clients reporting that CAPT services substantively enhanced their ability to carry out their prevention work.* New measure more accurately reflects the effect of the Centers for the Application of Prevention Technologies' technical assistance and training on States' and communities' ability to implement and sustain effective prevention systems.
Substance Abuse Prevention and HIV Prevention in Minority Communities	Measures to be re-evaluated. Program being redesigned.

Changes and Improvements over Previous Years

20% Prevention Set-aside	Measure 4, *Improvements in non-use and use among program participants in the last 30 days*, replaces previous measure 3, *Youth who have not used illicit substances in the past year*. Measure shown as both a long-term and an annual measure per the PART review. Measure is developmental.
Center for Substance Abuse Treatment	
Access to Recovery	Specific performance measures have been included, with dates of data availability
Screening, Brief Intervention, Referral, and Treatment	Specific performance measures and some data have been included, with dates of data availability
Best Practices	Previous measure 1(b) dropped Measure 2(c): FY 2005 CJ wording: *Increase the percentage of participants who shared any of the information from the events with others*. FY 2006 CJ wording: *Increase the percentage of participants who report implementing improvements in treatment methods on the basis of information and training provided by the program.* Wording of measure modified to reflect PART review. Long-term measure: Same as Measure 2(b)
Substance Abuse Prevention and Treatment Block Grant	Previous measures 5, 6, and 7 dropped. Previous measure 8 identified as both a long-term and an annual measure; and previous measure 9 identified as a long-term measure, to reflect PART review.

Substance Abuse and Mental Health Services Administration
Links to HHS and Agency Strategic Plans
(Dollars in thousands)

HHS STRATEGIC OBJECTIVE	FY 2004 Actual	FY 2005 Appropriation	FY 2006 Estimate
GOAL 1: Reduce the major threats to the health and well-being of Americans			
Objective 1.4 Reduce substance abuse			
Substance Abuse Block Grant[1] SAMHSA Goal: Capacity	**$1,779,146**	**$1,775,555**	**$1,775,555**
CSAT PRNS[1] SAMHSA Goals: Capacity, Effectiveness	**$419,219**	**$422,365**	**$447,052**
CSAP PRNS[1] SAMHSA Goals: Capacity, Effectiveness	**$198,458**	**$198,725**	**$184,349**
SAPT Block Grant Set-Aside (National Surveys) SAMHSA Goal: Accountability			
Objective 1.5 Reduce tobacco use, especially among youth	Part of SAPT Block Grant	Part of SAPT Block Grant	Part of SAPT Block Grant
Synar Amendment Implementation SAMHSA Goal: Capacity			
GOAL 3: Increase the percentage of the Nation's children and adults who have access to regular health care and expand consumer choices			
Objective 3.5 Expand access to health care services for populations with special needs			
CMHS Block Grant SAMHSA Goal: Capacity	**$434,690**	**$432,756**	**$432,756**
CMHS PRNS SAMHSA Goals: Capacity, Effectiveness	**$240,796**	**$274,297**	**$210,213**
Children's Mental Health Services SAMHSA Goal: Capacity	**$102,353**	**$105,112**	**$105,129**
Protection & Advocacy for Indiv. w/Mental Illness SAMHSA Goal: Capacity	**$34,620**	**$34,343**	**$34,343**
Projects for Assistance in Transition from Homelessness (PATH) SAMHSA Goal: Capacity	**$49,760**	**$54,809**	**$54,809**
Total:	**$ 3,259,042**	**$ 3,485,574**	**$ 3,244,206**

[1] Note: the Substance Abuse Block Grant and CSAT/CSAP PRNS addresses both 1.4 and 1.5, as well as other objectives. Multiple objectives are met by SAMHSA funding lines, but a best fit to one objective has been implemented in the table.

Substance Abuse and Mental Health Services Administration
Partnerships and Coordination

SAMHSA shares responsibility for long-term performance outcomes, such as reduction in the national rates of substance abuse, with many different Federal, State, Community and non-profit partners. SAMHSA's established networks with its grantees and external partners contribute significantly to the effectiveness of the agency. Partners and stakeholders include multiple sectors:

- State and local governments, which administer the public mental health and substance abuse service systems;
- Non-profit treatment providers, such as community mental health clinics, substance abuse clinics and other community organizations;
- Other grantees or interested parties, such as hospitals, universities, community agencies and research institutes;
- Foundations, such as the Robert Wood Johnson Foundation, the Casey Family Foundation, and the Kaiser Family Foundation;
- Current or former consumers/clients and their families;
- Faith-based and Community based Organizations.

Examples of key Federal partners include:

The Office of National Drug Control Policy (ONDCP), which coordinates the Federal agencies involved in the national drug control effort. CSAP has entered into an interagency agreement with ONDCP to administer the Drug Free Communities Support Program. This change will further the CSAP mission of bringing prevention to every community as the Federal agency responsible for the 720 Drug Free Communities grants.

National Institutes of Health (NIH) - NIH Institutes closely work with SAMHSA and are vital partners in the "Science to Services" initiative. Primary links are with the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health. SAMHSA works closely with the Institutes to identify interventions demonstrated to be effective through research and evaluation. The Science to Service process brings together researchers, service providers, consumers and families, and government officials at all levels to speed the introduction of evidence-based practices into the community. It also brings these groups together to identify areas where clinical service needs are great and where research presently does not give adequate direction, thereby providing focus for Institute research agendas and SAMHSA Science to Service transmission activities.

Department of Education (DOE) - DOE provides leadership for disseminating evidence based strategies in elementary, secondary and post-secondary education for reducing youth and young adult substance abuse. This includes ensuring that professional counseling programs integrate science-based material into the curriculum. DOE has formed a collaboration with SAMHSA and other partners called the "The Safe and Drug-Free Schools Program." This program is designed to prevent violence in and around schools, and to strengthen programs that prevent the illegal use of alcohol, tobacco, and drugs.

Department of Justice (DOJ) – The DOJ is involved in interdiction and prosecutions relating to the supply of illegal drugs, but is also responsible for providing services for substance abuse or mental illness within correctional facilities. Preventing recidivism as a result of substance abuse or mental illness is another area of Substance Abuse and Mental Health Services Administration

Substance Abuse and Mental Health Services Administration
Data Verification and Validation

CMHS	
National Child Traumatic Stress Initiative	The data source for Measure 1 is reports from grantees. These reports generally are considered reliable, and are subject to project officer review. Measure 2 remains developmental.
Safe Schools/Healthy Students	Data from 2001-2003 on numbers served came from surveys of grantee project directors. The item asked the respondent to indicate for the reporting period the number of students that participated in group or individual activities supported by the Safe Schools/Healthy Students Initiative. Student outcomes (attendance, substance use, and violence) were obtained from student surveys conducted in grades 7, 9, and 11. The surveys were conducted annually for three years in sampled classrooms and included all students for whom parental consent was obtained. Items used in this reporting were drawn from validated instruments including the Monitoring the Future (MTF) survey, the Youth Risk Behavior Surveillance (YRBS) survey, and the Victimization Scale (from Nadel, Spellman, Avarez-Canino et al., 1996).
Comprehensive Community Mental Health Services for Children and Their Families	The number of children served is obtained from grantees. The scale used to assess inpatient-residential treatment was an adapted version of the Restrictive of Living Environments Scale and Placement Stability Scale (ROLES) developed by Hawkins and colleagues (1992). 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%. Data on children's outcomes are collected from a multi-site outcome study. Delinquency is reported using a self-report survey. 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 ($p = .000$). 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). 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).

Substance Abuse and Mental Health Services Administration
Data Verification and Validation

Protection and Advocacy for Individuals with Mental Illness	Data sources for all Protection and Advocacy for Individuals with Mental Illness measures are the annual Program Performance Reports and Advisory Council Reports submitted annually by each of the protection and advocacy systems as required by the Protection and Advocacy for Individuals with Mental Illness Act. The information provided in the annual reports is checked for reliability during on-site Protection and Advocacy for Individuals with Mental Illness program visits, annual reviews, and budget application reviews.
Projects for Assistance in Transition from Homelessness	The source of the information is data submitted annually to CMHS by States, which obtain the information from local human service agencies that provide services. To improve the quality of the data, CMHS has developed additional error checks to screen data and contacts States and local providers concerning accuracy when data is reported outside expected ranges. CMHS has also issued guidance to all States and localities on data collection and monitors compliance with data collection through increased site visits to local Projects for Assistance in Transition from Homelessness -funded agencies. The Projects for Assistance in Transition from Homelessness adopted quality control measures have eliminated much double counting of clients and will continue to improve data quality.
Community Mental Health Services Block Grant	New measures have been implemented on data reported through the annual Block Grant implementation report. States have been supported by Data Infrastructure Grants, which provide common definitions and standards.

Substance Abuse and Mental Health Services Administration
Data Verification and Validation

CSAP	
CSAP Programs of Regional and National Significance	Data shown are aggregated from several PRNS programs. 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 includes items from other validated instruments such as Monitoring the Future and the National Survey on Drug Use and Health. Data are carefully collected, cleaned, analyzed and reported through a data coordinating center. Data on evidence-based practices are collected from reports from grantees.
Centers for the Application of Prevention Technologies (CAPTs)	The national CAPT data collection system reflects a number of critical decisions about the most accurate and effective way to assess the work of the CAPTs. For example, the Technical Assistance data base now focuses on overall TA services provided, and includes selected client ratings (satisfaction with and utility of CAPT services provided.) The Even data base also allows examination of participant ratings. The new Systemic Outcomes data base captures information on substantive changes that are related to the work of the CAPTs. 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.
Substance Abuse Prevention and HIV Prevention Initiative Program	As indicated in the performance narrative, data collection for this program is being reassessed.
Synar Amendment Implementation Activities	Analyses of compliance rates are performed each year based on data reported in the SAPT Block Grant applications. The data source is the Synar report, part of the SAPT Block Grant application submitted annually by each State. 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.
20% Prevention Block Grant Set-Aside	Technical assistance data are collected through surveys of technical assistance recipients. Outcome data are collected from client tools, which includes items from other validated instruments such as Monitoring the Future and the National Survey on Drug Use and Health. Data are carefully collected, cleaned, analyzed and reported through a data coordinating center.

Substance Abuse and Mental Health Services Administration
Data Verification and Validation

CSAT	
Targeted Capacity Expansion (including Access to Recovery and Screening, Brief Intervention, Referral and Treatment)	Data are submitted through an online reporting system and are subject to project officer review.
Best Practices	Data are colleted through technical assistance/training data collection instruments and are subject to project officer review.
Substance Abuse Prevention and Treatment Block Grant	The number of clients served is a critical measure for the Block Grant program, particularly in light of the national goal to narrow the substance abuse treatment gap. 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. 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. Adoption by the States of these measures, following further developmental work, is an appropriate current measure for this critical activity. Data are collected from State block grant applications. Customer satisfaction with technical assistance is a good measure of the responsiveness and utility of SAMHSA's technical assistance. CSAT conducts 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. An effective measure of the impact of technical assistance is positive changes that result and are maintained in those systems, programs or practices addressed during the course of the technical assistance activity. 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.

Substance Abuse and Mental Health Services Administration
Performance Measurement Linkages

SAMHSA's performance goals and measures reflected in most sections of this budget submission are exclusively programmatic while management measures have been included in the President's Management Agenda. While full cost estimates for each program provide cost linkages to other areas such as information technology and evaluation, SAMHSA's Government Performance and Results Act measures do not apply to these supportive activities.

Substance Abuse and Mental Health Services Administration
PART Summaries FY 2004-2005

Program: *Childrens Mental Health Services*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Rating: *Moderately Effective*

Program Type: *Competitive Grant*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	*Year*	*Target*	*Actual*
Long-term Measure: Percent of funded sites that will exceed a 30 percent improvement in behavioral and emotional symptoms among children receiving services for six months	2001		30%
	2010	60%	
Long-term Measure: Percent of systems of care that are sustained five years after Federal program funding has ended	2004		100%
	2008	80%	
Annual Measure: Average reduction in the number of days per client spent in inpatient/residential treatment	2004	-3.65	-2.03
	2005	-3.65	
	2006	-3.65	

Recommended Follow-up Actions	*Status*
Proposes an increase of $10 million above the 2003 Budget to extend the reach of the program and help additional communities provide effective services to children with serious emotional disturbance.	Completed
Will determine if the program is making lasting improvements in the care of children with serious emotional disturbance. The program will track how well children's behavioral and emotional symptoms improve and how well funded communities sustain their systems of care beyond the period of federal funding.	Action taken, but not completed

Update on Follow-up Actions:

Congress provided half of the funding increase for CMHS that was proposed in the 2004 Budget. The program set baselines for long-term measures in December 2004. The program exceeded its annual targets for increasing school attendance, decreasing law enforcement contacts, and decreasing inpatient costs in 2003. The program revised its measure of utilization of inpatient facilities to better reflect the change in utilization for participating children and youth.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
102	105	105

Substance Abuse and Mental Health Services Administration
PART Summaries FY 2004-2005

Program: *Projects for Assistance in Transition from Homelessness*

Rating: *Moderately Effective*

Program Type: *Block/Formula Grant*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	*Year*	*Target*	*Actual*
Long-term Measure: Percentage of enrolled homeless persons who receive community mental health services	2000		44%
	2005	65%	
Annual Measure: Percentage of contacted homeless persons with serious mental illness who are enrolled in services	2001	35%	45%
	2002	44%	42%
	2005	47%	
	2006	48%	
Long-term Measure: Average federal cost for enrolling a homeless person with serious mental illness into services	1999		$579
	2000		$668
	2005	$668	

Recommended Follow-up Actions	*Status*
Proposes a $3 million increase above the 2003 Budget, which is a 26% increase above 2002.	Completed
Will track and improve program performance using newly developed long-term outcome and efficiency measures.	Action taken, but not completed

Update on Follow-up Actions:

The funding increase proposed in the 2004 Budget was enacted. The program has set the baseline for measuring long-term performance and efficiency outcomes; updated performance data will be available in 2007. The program met its targets for number of homeless persons contacted but did not meet its target percentage of contacted individuals who are enrolled in mental health services in 2002.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
50	55	55

Substance Abuse and Mental Health Services Administration
PART Summaries FY 2004-2005

Program: *Community Mental Health Services Block Grant*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Rating: *Adequate*

Program Type: *Block/Formula Grant*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	*Year*	*Target*	*Actual*
Long-term Measure: Rate of readmission to State psychiatric hospitals (a) within days (b) within 180 days	2000		8.2/18.1
	2005	7.5/17	
	2006		
	2008	5/15.1	
Long-term Measure: Rate of consumers/family members reporting positively abou outcomes for (a) adults and (b) children/adolescents.	2002		70/63
	2005	73/65	
	2006		
	2008	75/68	
Annual Measure: Number of SAMHSA-identified, evidence-based practices in each state and the percentage of service population covera for each practice.			

Recommended Follow-up Actions from Latest PART	*Status*
Proposes to fund competitive planning grants to states to more rapidly facilitate needed changes in the mental health system, in response to the report from the President's New Freedom Commission on Mental Health.	Completed
Will continue to work with states to facilitate the transition from the Block Grant to performance partnerships to provide states additional flexibility in exchange for program performance.	Action taken, but not completed
Will develop an efficiency measure and begin collecting data in the next year.	Action taken, but not completed

Update on Follow-up Actions:

The Administration requests $26 million in 2006 for State Incentive Grants for Transformation in the Mental Health Programs of Regional and National Significance budget line to continue implementation of recommendations from the New Freedom Mental Health Report. SAMHSA continues to work with states to develop capacity and expertise to report on performance measures. The program developed outcome measures on which states were asked to voluntarily report in their 2005 Block Grant applications. Additionally, the program commissioned a study to assess the use of evidence-based practices as an efficiency measure, which is expected to be available in December 2005.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
435	433	433

Substance Abuse and Mental Health Services Administration
PART Summaries FY 2004-2005

Program: *Substance Abuse Treatment Programs of Regional and National*

Rating: *Adequate*

Agency: *Department of Health and Human Services*

Program Type: *Competitive Grant*

Bureau: *Substance Abuse and Mental Health Services Administration*

Last Assessed: *2 years ago*

Key Performance Measures from Latest PART	*Year*	*Target*	*Actual*
Long-term Measure: Individuals who have received drug treatment services that show no past month substance use six months after admission to treatment	2003		61%
	2004	63%	
	2005	65%	
	2006	67%	
Annual Measure: Grantees that provide drug treatment services within approved cost per person guidelines by the type of treatment, such as inpatient, outpatient or methadone.	2003		60%
	2004	68%	79%
	2005	80%	
	2006	80%	
Annual Measure: Drug treatment professionals trained by the program that adopt proven treatment methods (Adopting proven methods ultimately improves drug treatment outcomes.)	2004	83%	83%
	2005	85%	
	2006	87%	

Recommended Follow-up Actions	*Status*
Proposes $200 million as part of the President's drug treatment initiative to expand access to treatment using vouchers. Vouchers will enable individuals to determine where they will receive treatment. The initiative will involve a variety of settings, including criminal justice and health care systems, to reach out to those in need of treatment and determine the type and level of services needed.	Completed
Proposes to redirect $8 million from research related activities and other efforts lacking evidence of effectiveness to drug treatment services grants.	Completed
Will further improve the effectiveness of services grants by introducing grant funding incentives and reductions based on performance.	Action taken, but not completed

Update on Follow-up Actions:

Congress funded half of the Administration's 2004 and 2005 requests for the Access to Recovery (ATR) drug treatment voucher program. CSAT PRNS made the first round of ATR grants to 14 states and one tribal organization in August 2004, and expect to receive first quarter performance data in early 2005. As proposed by the Administration, Congress redirected funds from research to treatment services grants. The program has implemented requirements for grantees not meeting performance targets to submit corrective action plans and established a review board which reviews the corrective action plans and makes determinations about continued funding for low-performing grantees.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
419	422	448

Substance Abuse and Mental Health Services Administration
PART Summaries FY 2004-2005

Program: *Substance Abuse Prevention and Treatment Block*

Rating: *Ineffective*

Program Type: *Block/Formula Grant*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*

Last Assessed: *1 year ago*

Key Performance Measures from Latest PART	*Year*	*Target*	*Actual*
Long-term Measure: Percentage of clients reporting change in abstinence at discharge from treatment			
Long-term Measure: Percentage of states that provide drug treatment services within approved cost per person bands by the type of treatment including outpatient non-methadone; outpatient methadone; and residential treatment services (treatment)			
Annual Measure: Perception of harm of drug use among program participants (prevention)			

Recommended Follow-up Actions	*Status*
Will continue to work with states to facilitate the transition from the Block Grant to performance partnerships to provide states additional flexibility in exchange for program performance.	Action taken, but not completed
Will continue to develop new outcome measures for substance abuse prevention focused on age of initiation, total drug use, and/or other indicators of prevention effectiveness.	Action taken, but not completed
Will establish baselines and set targets for treatment and prevention performance measures.	Action taken, but not completed

Update on Follow-up Actions:

SAMHSA continues to work with states to develop their capacity and expertise to report on performance measures. SAMHSA has developed a standard set of outcome measures on which states were asked to voluntarily report in their 2005 Block Grant applications. Baselines for new outcome measures will be available in late 2005 and performance data in late 2006.

Program Funding Level (in millions of dollars)

2004 Actual	2005 Estimate	2006 Estimate
1,779	1,775	1,775

Substance Abuse and Mental Health Services Administration
PART Recommendations FY 2004-2005

CMHS Children's Mental Health Services

1.

Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
Develop data for long-term measures	Ongoing	Y	Completed. Baseline data reported in FY 2006 budget. No adjustments in long-term targets necessary at present.

Next Milestone	Next Milestone Date	Lead Organization	Lead Official
1. Baseline data for long term measures available	Completed	CMHS	Mark Jacobsen
2. Collection and reporting of additional data	12/31/05	CMHS	Mark Jacobsen
3. Revision of long term targets according to actual baseline and additional data, if necessary	12/31/05	CMHS	Mark Jacobsen

2)

Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
Improved efficiency data are needed	Ongoing	Y	Long-term efficiency measure and target included in the FY 2005 budget submission. Baseline data reported in FY 2006 budget.

Next Milestone	Next Milestone Date	Lead Organization	Lead Official
1. Analysis of efficiency data for tracking long-term target	03/31/05	CMHS	Mark Jacobsen
2. Revision of long term target according to actual baseline, if necessary	09/30/05	CMHS	Mark Jacobsen

Substance Abuse and Mental Health Services Administration
PART Recommendations FY 2004-2005

PATH

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
1.	Develop data for long-term measures	07/31/07	Y	Program has developed and implemented new long-term measures. Baseline data has been collected for all three measures and targets have been set. Final data to be reported in 2007.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Report data on long-term measures	07/31/07	CMHS	Mark Jacobsen

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
2.	Improved efficiency data are needed	12/31/07	Y	Program has developed and implemented annual and long-term efficiency measures. Final data on long term efficiency measure to be reported in 2007.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Report data on efficiency measure	12/31/07	CMHS	Mark Jacobsen

Substance Abuse and Mental Health Services Administration
PART Recommendations FY 2004-2005

Community Mental Health Services Block Grant Program

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
1.	Grantee performance data are currently only available to the public at the national level and not disaggregated by state.	Ongoing	Y	FY 2002 data is available on website. Additional data will be posted as it is collected and cleaned.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	PlaceFY 03 data on SAMHSA websites	06/30/05	CMHS	CMHS/Ron Manderscheid

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
2.	The program has not yet had evaluations meeting the standard for this question that are at the national program level.	09/30/06	Y	An evaluability assessment of the CMHS Block Grant Program was completed in 2004. A complete evaluation is in progress.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	1. Completion of Evaluability Assessment	Completed	CMHS	Ronald Manderscheid
	3. Completion of national evaluation	09/30/06	CMHS	Ronald Manderscheid

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
3.	Develop data for long-term measures	12/01/07	Y	Baseline data collected
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Additional data to be reported	09/30/05	CMHS	Ronald Manderscheid

Substance Abuse and Mental Health Services Administration
PART Recommendations FY 2004-2005

CSAT PRNS

1.

Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
Develop data for performance measures.	10/01/06	Y	Grantees have all been informed of CSAT's cost bands. We have implemented the SAIS system and improved the data collection from our grantees. We are currently in the process of improving and expanding the functionality of SAIS. Cost bands have been developed and implemented.
Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
1. Implement cost measures with grantees.	Completed	CSAT	Kevin Mulvey
2. Improved data collection amongst grantees	Completed	CSAT	Kevin Mulvey
3. Implemented and improved collection and reporting system	Completed	CSAT	Kevin Mulvey
4. Expand functionality of data reporting system	10/01/06	CSAT	Kevin Mulvey

2.

Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
Fund independent and comprehensive program evaluation of the national program	10/01/06	Y	Proposed in 2005 budget
Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
Design an Evaluation of ATR	10/01/05	CSAT	Kevin Mulvey

3.

Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
The program needs incentive and disincentive procedures in place to improve efficiency and cost effectiveness in program execution	09/30/04	Y	Guidelines outlining types of delinquencies and potential actions along with submitting corrective action plans. Implemented. Feasibility tests conducted Mar-July 2003 with 2nd to 3rd yr grantees, all delinquent grants reached minimal level of performance by grantees. CSAT will incrementally raise minimal levels-additional milestones added
Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
1. Completed development of incentive decisions process	Completed	CSAT	Kevin Mulvey
2. Designed Guidelines for process	Completed	CSAT	Kevin Mulvey
3. Piloted Guidelines for Negative Sanctions	Completed	CSAT	Kevin Mulvey
4. Fully implement Continuation review process (negative sanctions) across all CSAT discretionary Grants	Completed	CSAT	Kevin Mulvey
5. Explore "incentives" with Grants Management	Completed	CSAT	Kevin Mulvey

Substance Abuse and Mental Health Services Administration
PART Recommendations FY 2004-2005

Substance Abuse Prevention & Treatment Block Grant

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
1.	Develop data for performance measures.	09/01/05	Y	Some Statesbegan to report data in FY 2005 Uniform Application for SAPTBG.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Establish baselines for long-term measures	10/31/05	CSAT	John Campbell

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
2.	Conduct independent and comprehensive program evaluation of the national program	10/01/06	Y	Evaluability report completed. Plans for comprehensive evaluation are in progress.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	1. Design of comprehensive evaluation	06/30/05	CSAT/CSAP	Anne Herron/Mike Lowther
	2. Completion of comprehensive evaluation	09/30/06	CSAT/CSAP	Anne Herron/Mike Lowther

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
3.	Present performance information disaggregated by State on the website	09/30/05	Y	Contractor has scheduled this task, however, this is being cleared through SAMHSA management first.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	1. Refining beta site for posting on the web.	06/30/05	OPPB/CSAT/CSAP	Susan Becker/Anne Herron
	2. Post data on the web.	09/30/05	OPPB/CSAT/CSAP	Susan Becker/Anne Herron

Substance Abuse and Mental Health Services Administration
Summary of Measures Table

For FY 2006, the method for counting targets changed significantly. Values reported below cannot be compared to those reported in earlier years:

- Beginning with the current report, both long-term and annual measures were included. This is a change from earlier years, when only annual measures were included. Measures that are identified as both annual and long-term were counted only once.
- The table counts each individual *target* as a measure. Many measures contain multiple indictors, each with its own individual target. Thus, the 70 targets shown for FY 2006 represent only 52 measures as shown in the Detail of Performance Analysis.
- This table includes only measures reported on in the current Congressional Justification. This values reported on this table do not necessarily represent an increase in the number of measures or targets, and cannot be compared with totals for previous years. Many measures that were in place in previous years have not been included in the FY 2006 Congressional Justification because:
    - The measure has been achieved and no longer needs to be reported
    - The measure has been eliminated
    - The program no longer exists
    - The program is no longer reported separately in the Congressional Justification
- The assignment of measures to outcome, output, and efficiency categories changed in 2006.

SAMHSA continues to reduce and streamline measurement and reporting. On December 2 and 3, 2004, SAMHSA and a planning group of 10 States met and came to agreement on the National Outcome Measures for substance abuse treatment and prevention, identified those expected to be reporting during FY 2005, identified those that required developmental work, and agreed on a plan for preparing all States to fully report within three years (by the close of FY 2007). Beginning in FY 2005, SAMHSA will initiate the State Outcomes Measurement and Management System to support expansion of current State data collection efforts to the requirements of the agreed-upon National Outcome Measures.

	Total Measures in Budget	Outcome Measures	Output Measures	Efficiency Measures	Results Met	Results Not Met
2002*	25	12	13	0	15	2
2003*	45	23	17	5	15	6
2004*	49	23	20	6	19	5
2005	70	41	20	9	Not yet available	Not yet available
2006	70	40	23	7	Not yet available	Not yet available

*Number of measures with baseline-only data: 2002: 8; 2003: 16; 2004: 5

Substance Abuse and Mental Health Services Administration
Research Coordination Council
FY 2003 – FY 2006
(Dollars in Thousands)

Research Coordination Council

While SAMHSA does conduct evaluation studies to determine the effectiveness of its programs, the agency no longer conducts research and/or demonstration projects. Because SAMHSA's programs are designed to address Secretarial and Presidential priorities, the evaluation studies also address those priorities. SAMHSA participates as a member of the Research Coordination Council, which provides an additional forum for discussion of Secretarial and Presidential priorities, as well as opportunities for collaboration in the evaluation arena.

SAMHSA's current evaluation priorities correspond directly with the research themes and priority research areas established for HHS.

Research Priority	FY 2005	FY 2006
I. Working Toward Independence		
II. Rallying the Armies of Compassion	6,662	2,122
III. No Child Left Behind		
IV. Promoting Active Aging and Improving Long-Term Care		
V. Protecting and Empowering Specific Populations	11,200	5,841
VI. Helping the Uninsured and Increasing Access to Health Insurance		
VII. Realizing the Possibilities of 21st Century Health Care		
VIII. Ensuring Our Homeland is Prepared to Respond to Health Emergencies		
IX. Understanding Health Differences and Disparities – Closing the Gaps		
X. Preventing Disease, Illness and Injury	1,500	6,850
XI. Agency-Specific Priorities		
Total RD&E	19,362	14,813

Because SAMHSA's mission is no longer heavily research focused, its participation on the Research Coordination Council is somewhat limited. Nonetheless, the Research Coordination Council has provided critical opportunities for development of SAMHSA's Science to Service agenda. Moreover, important evaluation partnerships have developed through SAMHSA's participation on the Research Coordination Council. For example, SAMHSA is partnering with NIDA to conduct an evaluation of SAMHSA's new Strategic Prevention Framework State Incentive Grants program. This program is a major new SAMHSA initiative, and SAMHSA's ability to partnership with NIDA will greatly enhance the value and visibility of the evaluation and its findings.

SAMHSA's evaluation studies are a critical aspect of the Agency's efforts to achieve its mission. Evaluation provides the scientific basis for improving both the quality and capacity of services for the Nation. Further, evaluation complements Government Performance and Results Act

performance measurement in allowing broader questions to be answered for specific programs, approaches or administrative systems.

In FY 2006, SAMHSA will be conducting evaluation activities related to several of its major programs, including the Strategic Prevention Framework State Incentive Grants, the Access to Recovery program, the Comprehensive Community Mental Health Services for Children and Their Families program, the Screening Brief Intervention and Referral to Treatment program, the Comprehensive Community Mental Health Services Block Grant program, and the Projects for Assistance in Transition from Homelessness program.