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

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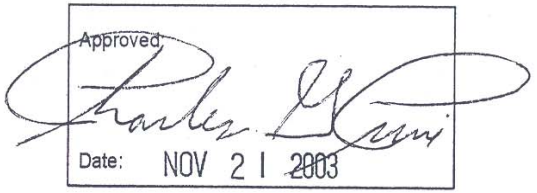
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration



Substance Abuse and Mental Health Services Administration
Appropriation Language

For carrying out titles V and XIX of the Public Health Service Act with respect to substance abuse and mental health services, the Protection and Advocacy for Individuals with Mental Illness Act [of 1986], and section 301 of the Public Health Service Act with respect to program management, $3,418,939,000 provided: Provided, That in addition to amounts provided herein, [$79,200,000] the following amounts shall be available from amounts available under section 241 of the Public Health Service Act (1) $79,200,000 to carry out subpart II of title XIX the Public Health Services 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 title XIX [Provided further, That in addition to the amounts provided $21,850,000 shall be available from amounts available under Section 241 of the Public Health Services Act]; (2) $21,803,000 to carry out subpart I of Part B of title XIX of the Public Health Services 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 [Provided further, That in addition to amounts provided herein,]; (3) $16,000,000 [shall be available from amounts available under Section 241 of the Public Health Service Act] to carry out national surveys on drug abuse; and (4) $4,300,000 for substance abuse treatment programs. (Division E, H.R. 2673, Consolidated Appropriations Bill, FY 2004.)

Legislative proposal

The Administration will submit legislation for the Samaritan Initiative, a new competitive grant program that supports the Administration's efforts to end chronic homelessness within a decade. The budget includes $10 million in the Department of Health and Human Services for this proposal. Together with the Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs (VA), HHS will support the most promising local collaborative strategies to move chronically homeless persons from the streets to safe, permanent housing with supportive services. HHS funds provided for the Samaritan initiative will support the services component of grantee projects, including substance abuse treatment and mental health services integrated with primary health care.

Substance Abuse and Mental Health Services Administration
Amounts Available for Obligation

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Appropriation:			
Annual……			
Labor/HHS/Ed-Annual Appropriation……....	$3,158,068,000	$3,253,763,000	$3,428,939,000
Rescission P.L. 108-7....…….....	-20,527,443	-663,000	---
H.R. 2673 ....……...…….....	---	-19,193,290	---
Subtotal, adjusted budget authority.....…	**3,137,540,557**	**3,233,906,710**	**3,428,939,000**
Offsetting Collections from:			
Federal Sources.....…	115,526,123	121,407,000	125,815,000
Unobligated balance start of year.....	6,358,215	1,416,772	1,421,022
Unobligated balance end of year….....	-1,416,772	-1,421,022	-1,506,284
Unobligated balance expiring.....	-1,288,555	---	---
Total obligations.....…	**$3,256,719,568**	**$3,355,309,460**	**$3,554,668,738**

Substance Abuse and Mental Health Services Administration
Summary of Changes

2005 Estimate (Budget Authority)	$3,428,939,000
2004 Final Conference (Budget Authority)	-3,233,907,000
Net Change	$195,032,000

	FY 2004 Final Conference		Change from Base	
	FTE	Budget Authority	FTE	Budget Authority 1/
Increases:				
A. Built-in:				
1. Annualization of 2004 pay costs	--	$52,424,000	--	+ 537,000
2. Within grade pay increases	--	52,424,000	--	+ 667,000
3. Increase for January 2004 civilian pay raise at 1.5%	--	52,424,000	--	+ 668,000
4. Increase for January 2004 Commission Corps pay raise of 3.5%	--	2,657,000	--	+ 93,000
5. Increase in rental payments to GSA	--	4,826,000	--	+ 926,000
6. Increase in overhead charges	--	---	--	+ 1,000,000
Subtotal, Built-in Increases	--	---	--	3,891,000
B. Program:				
1. Mental Health:				
a. Programs of Regional and National Significance	--	240,796,000	--	+ 29,752,000
b. Children's Mental Health Services	--	102,353,000	--	+ 3,660,000
c. PATH Homeless Formula Grants	--	49,760,000	--	+ 5,491,000
d. Samaritan Initiative	--	---	--	+ 10,000,000
e. Mental Health Block Grant	--	412,840,000	--	+ 1,427,000
Subtotal, Mental Health	--	---		+ 50,330,000
2. Substance Abuse Treatment:				
a. Programs of Regional and National Significance	--	419,219,000	--	+ 93,513,000
3. Substance Abuse Block Grant	--	1,699,946,000	--	+ 53,089,000
4. Program Management:				
a. Unified Financial Management System (UFMS)	--	---	--	+ 1,011,000
b. HHS Information Technology Systems	--	---	--	+ 213,000
Subtotal, Program Increases	--	---	--	+ 198,156,000
Total Increases	--	---	--	+ 202,047,000
Decreases:				
A. Built-in:				
Program Management:				
1. One less day of pay in 2005	--	52,424,000	--	-211,000
B. Program:				
1. Substance Abuse Prevention:				
a. Programs of Regional and National Significance	--	198,458,000	--	-2,440,000
2. Program Management:				
a. Absorption of built-in and program increases	--	---	--	-4,364,000
Subtotal, Program Decreases	---	---	---	-6,804,000
Total Decreases	--	---	--	-7,015,000
Net Change, Discretionary Budget Authority	--	---	--	$195,032,000

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

Substance Abuse and Mental Health Services Administration
Budget Authority by Center
(Dollars in thousands)

Program Activities	FY 2003 Actual FTE	FY 2003 Actual Amount	FY 2004 Final Conference FTE	FY 2004 Final Conference Amount	FY 2005 Estimate FTE	FY 2005 Estimate Amount
Mental Health:						
Programs of Regional and National Signif.…		$244,443		$240,796		$270,548
Children's Mental Health Services.....		98,053		102,353		106,013
Protection & Advocacy.....…….		33,779		34,620		34,620
PATH Homeless Formula Grant.....……		43,073		49,760		55,251
Samaritan Initiative……..……		---		---		10,000
Mental Health Block Grant.….....….....		437,140		412,840		414,267
PHS Evaluation Funds.....……....		---		21,850		21,803
Subtotal, Mental Health Block Grant.....		437,140		434,690		436,070
**Subtotal, Mental Health.....…….....		**856,488**		**862,219**		**912,502**
Substance Abuse Prevention:						
Programs of Regional and National Signif.…		197,111		198,458		196,018
**Subtotal, Substance Abuse Prev…...…		**197,111**		**198,458**		**196,018**
Substance Abuse Treatment:						
Programs of Regional and National Signif.…		317,278		419,219		512,732
PHS Evaluation Funds.....….....		---		---		4,300
Subtotal		**317,278**		**419,219**		**517,032**
Substance Abuse Block Grant.....		1,691,732		1,699,946		1,753,035
PHS Evaluation Funds.....		62,200		79,200		79,200
Subtotal, Substance Abuse Block Grant….		1,753,932		1,779,146		1,832,235
**Subtotal, Substance Abuse Treatment....		**2,071,210**		**2,198,365**		**2,349,267**
TOTAL, SUBSTANCE ABUSE		**2,268,321**		**2,396,823**		**2,545,285**
**Program Management.....….....		73,983		75,915		76,455
PHS Evaluation Funds.....….....		12,000		16,000		16,000
**Subtotal, Program Management..….....		**85,983**		**91,915**		**92,455**
**Building and Facilities (SEH).....….....		**949**		**---**		**---**
**TOTAL, SAMHSA Discretionary PL.....		**$3,211,741**		**$3,350,957**		**$3,550,242**
Less PHS Evaluation Funds…….		*(74,200)*		*(117,050)*		*(121,303)*
**TOTAL, SAMHSA Budget Authority...……		**$3,137,541**		**$3,233,907**		**$3,428,939**
**Total, FTEs.....…….....….....	**534**		**546**		**546**	

Substance Abuse and Mental Health Services Administration
Budget Authority by Object Class
(Dollars in thousands)

Object Class	FY 2004 Final Conference	FY 2005 Estimate	FY 2005 +/- FY 2004
Full-time equivalent employment	510	510	---
Full-time equivalent of overtime and holiday hours	2	2	---
Average SES salary	$149,244	$149,799	+ 555
Average GS grade	12.40	12.40	---
Average GS salary (excluding benefits)	$81,921	$82,226	+ 305
Average Commissioned Officer grade, grades established by Act of July 1, 1944 (USC 207)	5.8	5.8	---
(Dollars in thousands)			
Personnel Compensation:			
Full Time Permanent (11.1)	$40,070	$41,500	+ 1,430
Other than Full-Time Permanent (11.3)	2,226	2,305	+ 79
Other Personnel Compensation (11.5)	757	784	+ 27
Military Personnel Compensatio (11.7)	1,558	1,614	+ 56
Subtotal, Personnel Compensation	**44,611**	**46,203**	**+ 1,592**
Civilian Personnel Benefits (12.1)	9,371	9,705	+ 334
Military Personnel Benefits (12.7)	1,099	1,138	+ 39
Subtotal, Pay Costs	**55,081**	**57,046**	**+ 1,965**
Travel (21.0)	1,468	1,468	---
Transportation of Things (22.0)	150	150	---
Rental Payments to GSA (23.1)	4,826	5,752	+ 926
Communications, Utilities and Misc. Charges (23.3)	1,299	1,299	---
Printing and Reproduction (24.0)	2,605	2,605	---
Other Contractual Services:			
Advisory & Assistantce Services (25.1)	17,765	15,765	-2,000
Other Services (25.2)	184,376	190,973	+ 6,597
Purchases from Gov't Accounts (25.3)	114,410	115,634	+ 1,224
Subtotal, Other Contractual Services	**316,551**	**322,372**	**+ 5,821**
Supplies and Materials (26.0)	367	367	---
Equipment (31.0)	810	810	---
Grants, Subsidies, and Contributions (41.0)	2,848,975	3,035,295	+ 186,320
Insurance Claims & Indemnities	1,775	1,775	---
Subtotal Non-Pay Costs	**3,178,826**	**3,371,893**	**+ 193,067**
Total, Budget Authority by Object Class	**$3,233,907**	**$3,428,939**	**+ 195,032**

Substance Abuse and Mental Health Services Administration
Salaries and Expenses

(Dollars in thousands)

Object Class	FY 2004 Final Conference	FY 2005 Estimate	FY2005 +/- FY 2004
Personnel Compensation:			
Full Time Permanent (11.1)	$39,927	$41,355	+ $1,428
Other than Full-Time Permanent (11.3)	2,226	2,305	+ 79
Other Personnel Compensation (11.5)	757	784	+ 27
Military Personnel Compensatio (11.7)	1,558	1,614	+ 56
Special Personal Services Payments (11.8)	143	145	+ 2
Subtotal, Personnel Compensation (11.9)	**44,611**	**46,203**	+ 1,592
Civilian Personnel Benefits (12.1)	9,371	9,705	+ 334
Military Personnel Benefits (12.7)	1,099	1,138	+ 39
Subtotal, Pay Costs	**55,081**	**57,046**	**+ 1,965**
Travel (21.0)	1,468	1,468	---
Transportation of Things (22.0)	150	150	---
Communications, Utilities and Misc. Charges (23.3)	1,299	1,299	---
Printing and Reproduction (24.0)	2,605	2,605	---
Other Contractual Services:			
Advisory & Assistance Services (25.1)	17,765	13,765	-4,000
Other Services (25.2)	106,412	107,180	+ 768
Purchases from Gov't Accounts (25.3)	114,410	115,634	+ 1,224
Subtotal, Other Contractual Services	**238,587**	**236,579**	**-2,008**
Supplies and Materials (26.0)	367	367	---
Subtotal Non-Pay Costs	**244,476**	**242,468**	**-2,008**
Total for Salaries and Expenses	**$299,557**	**$299,514**	**- $43**

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

House Report No. 108-188

Item

[Mental health services for school-aged youth] --Suicide continues to be the third leading cause of death for teens, but only one-third of youth with mental illness, one of the major risk factors for suicide, are identified and are in treatment. Evidence-based screening tools to detect at-risk youth are available. Some school districts have taken advantage of this and offer students a voluntary, school-based mental health check-up. Such screening should occur with parental and youth consent, and with a commitment to make treatment available for those found to be at-risk. The Committee urges SAMHSA to make these efforts more widely known and to collaborate with other Federal agencies, specifically the Department of Education and the Department of Justice, as well as public and private entities, to provide voluntary mental health check-ups to all school-aged youth. The Committee directs SAMHSA to report on steps being taken to promote this effort prior to the fiscal year 2005 appropriations hearings. (Page 100).

Action taken or to be taken

The Committee requested a report on the steps being taken to promote this activity before the 2005 appropriations hearings. The information is provided below.

SAMHSA is currently supporting the development of school-based suicide prevention guidelines in response to a set of objectives given by the National Strategy for Suicide Prevention. These guidelines provide information on how to create comprehensive, suicide prevention programs. The guide also offers descriptions of over 30 exemplary, school-based suicide prevention programs, including several screening programs utilizing evidence-based screening tools. SAMHSA plans to work in collaboration with the Department of Education, the Department of Justice, CDC and other pertinent agencies to promote dissemination of these guidelines.

SAMHSA will meet with NIMH, CDC, and other Federal partners, to discuss the requirements, feasibility, advisability, and necessary next steps to promote widespread implementation of screening programs for teenagers.

The program components of the Safe Schools/Healthy Students (SS/HS) initiative include screening for mental illness, substance abuse, and other risk factors for danger to self or others. The SS/HS initiative is an interagency effort involving the Federal Departments of Education, Justice, and Health and Human Services. SAMSHA will collaborate with the Department of Education to develop and disseminate school-based suicide prevention guidelines that incorporate evidence- based youth screening programs.

SAMSHA will provide a report on the activities to promote availability of evidence-based mental health screening tools.

House Report No. 108-188

Item

[Access to Recovery] – The Committee provides $100,000,000 for the "Access to Recovery" substance abuse treatment voucher initiative rather than $200,000,000 as requested. The Committee supports the Administration's commitment to increase substance abuse treatment capacity, consumer choice, and comprehensive treatment options. The Committee is concerned, however, that SAMHSA has not previously piloted the program on a smaller scale and recommends that the funding provided be used to establish the program in States that have the necessary infrastructure to administer this new and innovative program. To the extent that data are available, the Committee encourages SAMHSA to report to the Committee regularly on the status and continued design and enhancement of the program. (Page 102)

Action taken or to be taken

SAMHSA will encourage applicants to propose strategies for ensuring the use of assessment and placement criteria developed by national experts, and for holding all providers that receive funding under the voucher program to the same standards of care, licensure, and certification requirements as other programs that deliver similar services in their respective States. SAMHSA will report to the House and Senate Committees on Appropriation 30 days after Access to Recovery funds are distributed regarding the States that applied for and received grants, the amount awarded to each state and the services each State will provide with these funds.

Item

[Performance measurement] -- The Committee emphasizes the importance of the development and implementation of performance measures and expects that performance measurement will be an integral part of all substance abuse treatment programs. The Committee is pleased that SAMHSA is developing the new treatment voucher program with performance as an important component. It is the Committee's expectation that SAMHSA will begin integrating performance measurement into the Substance Abuse Prevention and Treatment Block Grant in fiscal year 2004 as States prepare to move to the Performance Partnership Grant program. As data become available on the development of performance guidelines and of the actual performance of these programs, the Committee strongly urges SAMHSA to provide the Congress periodic updates. SAMHSA should be prepared to testify on the performance of these programs at the fiscal year 2005 appropriations hearing. (Pages 101-102).

Action taken or to be taken

SAMHSA's PPG Report to Congress, as well as its Reauthorized proposal that contains the statutory changes needed to implement PPG's, are nearing final preparations for submission to the Department.

Both SAMHSA and the States have made considerable progress toward PPG implementation. With regard to the Mental Health Block Grant, CMHS has been working with the States to establish and implement the "Uniform Reporting System" (URS), which contains all the core

PPG Measures proposed for mental health. Regarding the SAPT Block Grant, well over half the States have established performance measurement and reporting systems that will enable them to incorporate and report on the proposed PPG measures for substance abuse in their program management and reporting processes.

In addition, both the FY2005 mental health and substance abuse Block Grant applications are in the final stages of being revised, as follows:

1. **CMHS Block Grant Application**: The notice that the new FY2005-2007 CMHS Block Grant application is available for review was published in the ***Federal Register*** on December 16, 2003. This application contains the core PPG measures on which States will be expected to report, and incorporates other key features of PPGs, including permission to do a multi-year plan and State flexibility to include their own performance measures. With OMB approval of this application, it will become the CMHS PPG Application.

2. **SAPT Block Grant Application**: The FY2005 SAPT Block Grant application is being revised to become a "uniform application" for both prevention and treatment. It will include the PPG Core Measures for substance abuse, to be reported on a voluntary basis. However, because there are existing regulations implementing current statutory provisions, SAMHSA's Reauthorization proposal will need to be enacted before full implementation of PPGs – with multi-year plans and required reporting – can take place. We anticipate that notice of the revised application will be published in the Federal Register shortly after the first of the year. Also, although we will be requesting three-year approval for this application, we plan to submit a subsequent revision – depending upon submission of our Report to Congress and passage of Reauthorization – that will fully become the SAPT PPG Application.

Item

[Health disparities] – According to Healthy People 2010, the rapidly growing and diverse Asian American and Pacific Islander (AAPI) populations on the U.S. mainland, Hawaii, and Pacific Regions, are experiencing a number of critical health disparities. The increased incidence of substance use and abuse among AAPI youth and adults has gone unaddressed due to the lack of relevant data and research, culturally competent service programs, and the lack of awareness among constituent communities. The Committee urges SAMHSA to increase its work with the network of AAPI community-based organizations, constituents, and other community members to create greater awareness about substance abuse and to improve substance abuse services for the AAPI communities. (Page 102)

House Report No. 108-188

Action taken or to be taken

SAMHSA's FY 2004 Annual Plan for the Minority Initiatives is in response to the Department of Health and Human Services' Initiative on Eliminating Health Disparities for Racial and Ethnic Populations and regarding Executive Order 12876: Historically Black Colleges and Universities (HBCUs); Executive Order 12900: Hispanic Agenda for Action/Hispanic Serving Institutions (HAA/HSIs); Executive Order 13125: Asian-Americans and Pacific Islanders (AAPIs); and Executive Order 13201: Tribal Colleges and Universities (TCUs).

Using SAMHSA's matrix of priority programs and principles, mission, and vision as a guide, four goals were developed for SAMHSA's FY 2004 Annual Plan for the Minority Initiatives. Listed under each goal is an example of a SAMHSA strategy to reach these goals.

1) Translating science to services by synthesizing information on evidence-based practices and accelerating the process whereby effective mental health and substance abuse treatments and interventions are identified and translated into widespread practice.

   - Use the National Registry of Effective Programs (NREP) to identify and disseminate substance abuse prevention and treatment interventions that are specifically applicable to minority communities.

2) Increase access to, and use of, Federal resources and services by minority institutions and minority entities by strengthening the knowledge, skills, and abilities of these organizations and entities to be competitive for Federal resources.

   - Provide assistance to minority institutions and minority entities in securing Federal and other external funds. This includes obtaining funding to support the Executive Development Leadership Institute (EDL) program that will target training and technical assistance to minority community based entities.

3) Increase access and eliminate barriers to services by standing on the principle that regardless of race, gender, ethnicity, or geographic location, all culturally diverse populations should have access to quality and available mental health and substance abuse services.

   - Identify ethnic-specific prevention access to service and service delivery disparities and needed resources to develop culturally appropriate strategies to facilitate the elimination of existing disparities. This includes increasing the availability of non-English language informational materials, increasing the availability of professionals who are culturally competent to work with minority and/or limited English proficiency populations, and increasing the amount of anti-stigma information materials and approaches used by minority institutions and minority entities.

4) Institutionalize and develop SAMHSA's infrastructure by identifying and committing designated staff and fiscal resources to implement, monitor and evaluate objectives set forth in the White House Initiatives on Historically Black Colleges and Universities (HBCUs),

House Report No. 108-188

Hispanic Agenda for Action/Hispanic Serving Institutions (HAA/HSIs), Asian-Americans and Pacific Islanders (AAPIs), and Tribal Colleges and Universities (TCUs).

- Provide SAMHSA with a Geographic Information System (GIS) System that will enable SAMHSA Program Administrators to analyze the concentration of ethnic populations and identify SAMHSA activities targeted to these ethnic groups.

Item

[Treatment voucher program] – The Committee is very interested in the innovative treatment voucher initiative and understands that the State of Maine has been implementing a voucher program with their State funds for five years. As the voucher system is developed, the Committee urges SAMHSA to examine ways in which to promote this funding option and to encourage States to incorporate vouchers into their State plans. (Page 103)

Action taken or to be taken

SAMHSA will support a voucher program that is designed to give individuals the choice of treatment and/or recovery support options that best meets their needs.

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

Senate Report No. 108-81

Item

[Adolescent mental health screening public awareness campaign] – Between 7 million to 10 million teenagers suffer from a mental health condition which, for many, may lead to serious behavioral problems including dropping out of school, substance abuse, violence, and suicide. The Committee is aware that some school districts, juvenile justice facilities, and community-based clinics have taken advantage of relatively simple screening tools now available to detect depression, the risk of suicide, and other mental disorders in teenagers. The Committee believes that screening should occur with the consent of the adolescent and his or her parents or guardian, and with a commitment by the screener to make counseling and treatment for those found to be at-risk. The Committee strongly urges SAMHSA to make the availability of these screening programs more widely known, and to collaborate with the Department of Education, Department of Justice, CDC, HRSA, and other pertinent agencies to encourage implementation of similar teenage screening programs. The Committee expects to receive a report on steps being taken to promote this effort prior to the fiscal year 2005 appropriations hearings. (Pages 179-180).

Action taken or to be taken

The Committee requested a report on the steps being taken to promote this activity before the 2005 appropriations hearings. The information is provided below.

SAMHSA is currently supporting the development of school-based suicide prevention guidelines in response to a set of objectives given by the National Strategy for Suicide Prevention. These guidelines provide information on how to create comprehensive, suicide prevention programs. The guide also offers descriptions of over 30 exemplary, school-based suicide prevention programs, including several screening programs utilizing evidence-based screening tools. SAMHSA plans to work in collaboration with the Department of Education, the Department of Justice, CDC and other pertinent agencies to promote dissemination of these guidelines.

SAMHSA will meet with NIMH, CDC, and other Federal partners, to discuss the requirements, feasibility, advisability, and necessary next steps to promote widespread implementation of screening programs for teenagers.

Item

[Resources required to establish State infrastructure supporting transition to performance partnership] The Committee is concerned that SAMHSA has not yet provided Congress information detailing the resources each State will need for data infrastructure and other needs to support a transition to a performance partnership grant as called for in the Children's Health Act of 2000. The Committee expects SAMHSA to work with the State and local substance abuse

community in order to accurately determine the resources needed for the new and expanded data collection requirements and to report this information to Congress expeditiously. (Pages 186-187)

Action taken or to be taken

SAMHSA is planning to assess individual State needs in this area. For example, it plans to use technical assistance funds of the Center for Substance Abuse Treatment (CSAT) to assess State capacity to report substance abuse treatment data. In general, however, over the past several years, SAMHSA and the States have prepared for performance measurement and management. SAMHSA's block grant set-asides are the key source of funding available to both SAMHSA and the States for consensus building, data collection, data analysis, technology support, technical assistance, and evaluation. Activities funded by the set-aside sustain and advance the action steps identified in the PPG implementation plan described in the next section of this report.

Another key source of support that will enable States to transition more easily to PPGs comes through SAMHSA's State Incentive Grants (SIG). Because they are designed to give the States the ability to plan comprehensively, leverage funds across systems and departments to address certain priorities and use evidence-based practices, SAMHSA SIGs work in much the same way as the proposed PPGs. At a minimum, they work in tandem with PPGs. The CSAT Access To Recovery initiative, a SIG, is also consistent and supportive of developing the state data infrastructure essential in measuring and monitoring PPG activities.

SAMHSA will continue its specific support to the States for data collection and reporting through grant and contract programs. CMHS is providing support for States through the Data Infrastructure Grants (DIG) program to report on the URS measures, supporting web-based reporting, and refining measures and methodologies for recording and reporting. It is also providing support to National Association of State Mental Health Directors (NASMHPD) to synthesize this data into state specific and national reports. In addition to the general support for performance measurement like activities through the SIG program, CSAP's SIG Enhancement grants will enable States to strengthen their data infrastructure for gathering and reporting performance data. This program is funded from SAMHSA discretionary funding. CSAT has been funding State Data Infrastructure and State Treatment Needs Assessment program from block grant set-aside funds.

In addition, because PPGs will need to rely on an IT architecture that will enable easy access and use of performance data, SAMHSA will continue its efforts to develop web-based systems. Efforts developing three separate systems are currently supported through contracts and funded through the block grant set-side funds, but will need to be reassessed in terms of whether one or multiple systems are needed, within the broader agency-wide Data Strategy. CMHS is funding the Decision Support System 2000+ (DSS 2000+). CSAP supports the development of State Management Information Systems through its state Data Systems contracts, including specific funding for MIS development. CSAT supports the Web Information for Treatment Services program (WITS).

With respect to staff training, CSAT has been funding the PPG Technical Assistance Coordinating Center (PPG TACC) to provide trainings and materials for States on performance measurement and performance management. In addition, CSAT is working with its ATTCs on various aspects of PPG implementation, including the identification of State workforce and training needs related to PPGs. CMHS is supporting technical assistance for the States through its National Treatment Assistance Center and held a conference on performance data issues for the States in late May 2003. Analytic and TA support to CSAP staff is provided through CSAP's SPAS and Performance Partnership Models (PPM) projects. CSAP provides TA to the States primarily through its Centers for the Advancement of Prevention Technology.

Information on these activities and estimates of funding needed to continue them have been provided to SAMHSA's Data Strategy Group and will be addressed as the Administrator finalizes and implements SAMHSA's Data Strategy.

Item

[Substance abuse in rural and Native American communities] -- The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and Native Hawaiian communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. Therefore, the Committee has provided sufficient funds to fund projects to increase knowledge about effective ways to deliver services to rural and native communities. (Page 176)

Action taken or to be taken

Through collaborative efforts of SAMHSA's Centers for Substance Abuse Prevention (CSAP) and Substance Abuse Treatment (CSAT), SAMHSA is addressing the substance abuse prevention and treatment issues of rural and Native American Communities. Both Centers recognize the need for funding to increase knowledge about effective ways to deliver services to rural and native communities, and are committed to providing culturally competent services to members of all communities, including rural communities, American Indian, Alaska Native (AI/AN), and Native Hawaiian communities. In response to this issue, CSAP and CSAT fund alcohol and drug abuse service programs under Programs of Regional and National Significance (PRNS) and Substance Abuse Prevention and Treatment Block Grant (SAPTBG) allocations.

Specific examples of activities focusing on rural and Native American Communities include:

- During FY 2003, CSAP supported approximately $24,262,000 American Indian/Alaska Native grant activities through its PRNS and SAPT BG programs.

- For several fiscal years, CSAT has targeted funding for treatment services in rural, native, and tribal communities where little or no treatment capability exists. In FY 2003, CSAT provided approximately $35 million, or almost 11% of its total Programs of Regional and

National Significance (PRNS) discretionary funds, to support services for American Indian, Alaskan Native, and Hawaiian Native populations.

- The 20 percent prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant (SABG) substantially increases states' capacity to build and enhance their prevention and treatment services and systems to address the needs of rural communities and Native American/Alaskan Native populations.

- CSAP is continuing to implement the Fetal Alcohol Syndrome Disorder (FASD) project in Alaska to prevent alcohol-related birth defects and improve services to individuals throughout the State.

- In FY 2003, a $3 million, three-year award, with equal contributions from CSAT and CSAP, established a National American Indian/Alaska Native Resource Center, built on the concepts of CSAT's Addiction Technology Transfer Centers (ATTCs) and CSAP's Centers for the Application of Prevention Technology (CAPTs). The focus of the AI/AN Resource Center is identification and dissemination of effective evidence-based and traditional prevention and treatment services and to enhance communication, technical assistance, and other information sharing among rural and native populations nationwide.

Item
[SAMHSA and NIH collaboration] – The Committee continues to strongly support the ongoing collaboration between SAMHSA and the National Institutes of Health, specifically the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism. The Committee urges SAMHSA to make concerted efforts 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. (Page 176)

Action taken or to be taken
In FY 2002 and 2003, SAMHSA's Administrator took the first step to advance the SAMHSA/NIH collaboration by prioritizing Science to Services as a SAMHSA effort; articulating a vision for the collaboration; and identifying a senior level staff person to serve as a focal point for the initiative. The following additional steps have been taken:

- The SAMHSA Administrator, the Center Directors and the Acting Institute Directors met to formally launch the Science to Services initiative.
- SAMHSA established and filled a Science to Services Coordination position.
- A Science to Service Implementation Work Group was established, and has been meeting regularly. Membership includes representatives from the NIAAA, NIDA, NIMH and each of SAMHSA's Centers. An internal SAMHSA Science to Services work group was also organized to coordinate SAMHSA efforts.
- Each of SAMHSA's three Centers (Center for Mental Health Services [CMHS], Center for Substance Abuse Treatment [CSAT], and Center for Substance Abuse Prevention [CSAP])

has identified appropriate Science to Services activities that support the larger NIH/SAMHSA initiative.

- To implement the vision of the Science to Services initiative, the Work Group has conceptualized a Science to Services cycle that identifies specific inter-related steps of the process.
- In July 2002, a training and technical assistance session on the Science to Services Initiative was held for SAMHSA staff. The purpose of the session was to provide SAMHSA project officers with information and tools to help their grantees to apply for Institute grants. Senior staff from the three Institutes provided the training. The session was well received by SAMHSA staff.
- In April 2003, a training and technical assistance session on the Science to Services Initiative was held for current SAMHSA grantees. The purpose of the session was to provide these grantees with information and tools to help them apply for Institute grants. Senior staff from the three Institutes provided the training, which was well received by participants.
- In an effort to reach consensus on mechanisms for collaboration, the Implementation Work Group is sharing information related to the Institutes effective clinical interventions, SAMHSA's effective program interventions and an inventory of current SAMHSA/NIH collaborations.
- Transition of research responsibilities in FY 2004 and FY 2005 will continue, and additional steps within SAMHSA will accelerate the translation of research findings into the delivery of services, as evidenced by the following:
- Expansion of SAMHSA's National Registry of Effective Programs (NREP) is underway and will involve the review and identification of effective or evidence-based programs in the core areas of mental health treatment and prevention, and substance abuse treatment, to add to programs already identified in substance abuse prevention. Many of the current NREP model programs began as NIH-funded interventions, and it is likely that NREP expansion will identify additional NIH-funded interventions for recognition as model, effective and promising programs.
- SAMHSA's efforts to create standardized discretionary grant mechanisms will enable targeted investments in services, infrastructure, best practices, and service-to-science grants that will promote the expansion and adoption of evidence-based practices.
- Exploration with NIH to identify how existing Institute grant mechanisms may be aligned with SAMHSA's new standard grant mechanisms to promote coordinated or collaborative funding of research and services in specific priority areas.
- Planning efforts to reach out and engage mental health and substance abuse providers and training institutions to develop curriculum and educational programs that will reinforce the use of effective and evidence-based practices.

Item

[Review of report on underage drinking] – The Committee is troubled by SAMHSA's letter to the National Academy of Sciences Institute of Medicine recommending that it include traditional advocacy groups and the alcoholic beverage industry as peer reviewers for the NAS/IOM report on a national strategy to reduce and prevent underage drinking prior to the report's release. The

Committee provided funding to the NAS for this report in fiscal year 2002 because it values the NAS's reputation for objectivity, independence, and competence, and it has confidence that the NAS will offer the most appropriate science-based findings and recommendations. SAMHSA

should not recommend the involvement of groups with potential conflicts of interest in the peer review process. The Committee believes the NAS has developed appropriate policies for the conduct of the peer review process that will ensure a balanced, objective and science-based report. (Pages 176-177)

Action taken or to be taken
The NAS report has been issued, and it is SAMHSA's understanding that no groups with potential conflicts of interest were involved in the peer review process. Consistent with the conference report, SAMHSA looks forward to having a key role in establishing an interagency committee on the prevention of underage drinking, issuing an annual report summarizing all Federal agency activities concerning this issue, and coordinating with NIAAA on a plan for combating underage drinking.

Item
[Mental health counselors] – The Committee continues to support funding for mental health counselors for school-age children, as part of an effort to reduce the incidence of youth violence.

The Committee intends that $95,000,000 be used for counseling services for school-age youth. Among other things, the Committee believes that mental health counseling for troubled youth can help prevent violent acts, and therefore is providing continued funding to help schools in that effort. It is again expected that SAMHSA will collaborate with the Departments of Education and Justice to continue a coordinated approach. (Page 178)

Action taken or to be taken
The goals of the SAMHSA's Safe Schools/Healthy Students initiative include interagency collaboration with the Departments of Education and Justice as well as within communities to address issues related to violence prevention. In FY 2004, SAMHSA will continue support for the interagency collaboration through a new competition for grant awards.

Item
[Jail diversion grant program] – The Committee supports $6,059,000 for the jail diversion grant program. The Committee recognizes that up to 1 million individuals with mental illnesses will spend time either in jail or prison during the current year. This is a most unfortunate statistic, when individuals could be more appropriately treated in a community health setting. Therefore, 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)

Senate Report No. 108-81

Action taken or to be taken
In FY 2002, CMHS funded a new Jail Diversion program in the amount of $4 million. In FY 2003, an additional $2 million supported 7 new grants for a total of $6 million with continued funding expected in FY 2004. This program is coordinated with the Department of Justice

solicitation 'Mental Health Court Grant Program' to divert individuals with mental illness from the criminal justice system to mental health treatment and other support services.

Item
[Post-traumatic stress disorder] – The Committee remains concerned about the ongoing problem of post-traumatic stress disorder among the refugee immigrant population in Hawaii, and it urges vigorous attention to the mental health problems of these future citizens. (Page 179)

Action Taken or to be Taken
SAMHSA's Refugee Mental Health Program is gathering information on the status and needs of refugees in Hawaii. This information will be used to complete a white paper on refugees resettled in Hawaii as a support for program planning and development.

Item
Training minority health professionals **--** The Committee also recognizes the urgency of training additional minority mental health professionals, including Native Hawaiians, and it encourages SAMHSA to provide additional resources to the Minority Fellowship Program. (p.179)

Action Taken or to be Taken
In FY 2004, SAMHSA will continue to support the Minority Fellowship Program to facilitate entry of minority students into mental health and substance abuse disorders careers. The target populations for this program as identified in the Request for Applications are ethnic minority groups, including Native Hawaiians. Grantees are encouraged to include all under-represented groups in program activities such as the recently convened National SAMHSA Minority Fellowship Program Conference: Cultural Competence and Reducing Health Disparities.

Item
[States' eligibility for targeted capacity expansion grants] – The Committee is concerned that States have been declared ineligible to apply for certain targeted capacity expansion grants. The Committee expects SAMHSA to submit to the Committee a plan in the fiscal year 2005 budget request to address this issue for all TCE and other appropriate grants. (Page 184)

Action taken or to be taken
In FY 2004, all new funding announcements for TCE grant programs include States as eligible applicants, unless the statutory authority limits eligibility to entities other than the States (e.g., section 506 of the PHS limits eligibility to community-based organizations) or there is a compelling reason for limiting eligibility in such a way that States are not included. Only the

following anticipated FY 2004 TCE grant announcements are expected to limit eligibility to entities that do not include the States:

- Homeless Services Grants – the authorizing statute (section 506 of the PHS Act) limits eligibility to community-based organizations.
- HIV Prevention and Substance Abuse Prevention Planning Grants – this program is part of a larger initiative (the Minority AIDS Initiative) designed to empower community-level organizations in communities of color to respond to the HIV epidemic.
- Testing for Hepatitis C and Rapid HIV Testing in Substance Abuse Treatment Programs – This program will be limited to current HIV and Substance Abuse Treatment grantees because it is intended to give them a small amount of supplemental funding to enhance their programs to include new testing capabilities.
- Drug Addiction Treatment Act of 2000 (DATA) Physician Clinical Support Program – Eligibility will be limited to the national professional organizations authorized to carry out training as specified in the DATA.

Item

[Workforce recruitment] – The Committee recognizes the need for a qualified and stable workforce to staff treatment centers. The unmet need for treatment services is exacerbated by a workforce crisis in the field of addictions treatment and prevention. The Committee urges SAMHSA to evaluate workforce recruitment, training shortages and retention. (Page 184)

Action taken or to be taken

SAMHSA has initiated several actions to address the unmet need for treatment services due to workforce crisis in the addictions treatment and prevention fields. To begin to define the appropriate role for the federal government in workforce development for the addictions field, in the second and third quarters of FY 2004 SAMHSA will sponsor a series of meetings with seasoned leaders in the field, the affiliated trade associations, representatives of colleges and universities offering both degree and certificate programs in addictions, and representatives from other federal agencies. These meetings will result in a list of operational definitions for the personnel comprising the workforce so that the language used in workforce documents is consistent across the field, setting parameters to distinguish between full time clinical and prevention professionals and adjunct professionals who provide intervention and referral services, and treatment professionals who may manage medication assisted treatment, but not provide therapy.

Additionally, it is important to understand how federal resources are used in other professional fields for training, education, management and clinical supervision education, curriculum development, research, and disseminating clinical guidelines, and how in other disciplines the federal government organizes opportunities for health professionals, faculty and trainers. SAMHSA will gather information for dissemination on private and public sector resources

currently available for those seeking to enter the addictions field, and explore the barriers preventing the expansion of the addictions workforce.

The National Office of the SAMHSA Addictions Technology Transfer Network is piloting a workforce survey on addictions treatment providers. If determined useful and informative, SAMHSA's intent is to survey the addictions workforce nationwide. In addition, SAMHSA's Partners for Recovery Initiative will join with the ATTC Network to sponsor a series of Leadership Development Institutes to enhance the management and leadership capabilities in the field. It is believed that these activities will result in a greater understanding of the recruitment and retention problems of the field, and also provide a basis for appropriate actions to impact the current workforce crisis, including development of a national workforce improvement plan.

Item
[Implementation of performance partnership grant (PPG)] -- The Committee wishes to express its strong support for preserving the current block grant and future PPG as the foundation of our publicly funded substance abuse system in every State and territory in the United States. Similarly, the Committee is concerned with any effort that could erode the strength of the current and future block grant. At a time when States are facing fiscal crises, with some cutting substance abuse services, the maintenance of treatment infrastructure and capacity at the local level is extremely important. The Committee encourages SAMHSA to make the implementation of the PPG its number one priority for substance abuse programming and to allocate commensurate resources to support the transition to reflect this priority status. (Pages 184-185)

Action taken or to be taken
SAMHSA's PPG Report to Congress, as well as the Reauthorization proposal that contains the statutory changes needed to implement PPGs, are nearing final preparation for submission to HHS.

Both SAMHSA and the States have made considerable progress toward PPG implementation. With regard to the Mental Health Block Grant, CMHS has been working with the States to establish and implement the "Uniform Reporting System" (URS), which contains all the core PPG Measures proposed for mental health. Regarding the SAPT BG, well over half the States have established performance measurement and reporting systems that will enable them to incorporate and report on the proposed PPG measures for substance abuse in their program management and reporting processes.

In addition, both the FY2005 mental health and substance abuse Block Grant applications are in the final stages of being revised, as follows:

1. **CMHS Block Grant Application**: The notice that the new FY2005-2007 CMHS Block Grant application is available for review was published in the ***Federal Register*** on December 16, 2003. This application contains the core PPG measures "on which States will be expected to report", and incorporates other key features of PPGs, including permission to do

a multi-year plan and State flexibility to include their own performance measures. With OMB approval of this application, it will become the CMHS PPG Application.

2. **SAPT Block Grant Application**: The FY2005 SAPT Block Grant application is being revised to become a "uniform application" for both prevention and treatment. It will include, as voluntary, the PPG Core Measures for substance abuse. However, because there are existing regulations implementing current statutory provisions, SAMHSA's Reauthorization proposal will need to be enacted before full implementation of PPGs – with multi-year plans

   and required reporting – can take place. We anticipate that notice of the revised application will be published in the Federal Register shortly after the first of the year. Also, although we will be requesting three-year approval for this application, we plan to submit a subsequent revision – depending upon submission of our Report to Congress and passage of Reauthorization – that will fully become an SAPT PPG Application.

Item

[Funding to reduce youth drug use] – The Committee is concerned that the trend of the administration to request insufficient funding levels for CSAP not only endangers recent drug prevention efforts, it also hampers the ability of SAMHSA to plan for and fund longer-term grants, especially in critical areas such as emerging drug trends. With the restored funding, the Committee expects CSAP 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 185)

Action taken or to be taken

The Committee expressed concern regarding short-term and insufficient funding levels for the Center for Substance Abuse Prevention (CSAP). Discretionary funding levels must be seen within the context of other, larger funding sources such as the SAPT Block Grant and other federal allocations for prevention. Within this larger context SAMHSA/CSAP is using multiple mechanisms to identify effective programs and to communicate that information to States and communities. In this way, effective programming can be identified and disseminated nationwide regardless of funding source.

In previous fiscal years, CSAP has devised and implemented strategies to best utilize available funds, such as funding some1-year planning grants. CSAP is anticipating the advent of 5-year grant programs for selected discretionary grant programs beginning in FY 2004. With this increase in length of discretionary grant programming, CSAP can focus on long-term efforts to identify and disseminate comprehensive community-wide strategies to reduce/prevent drug use. This increased timeframe will also allow CSAP and its grantee partners the opportunity to systematically evaluate programs and identify those that are most effective.

Senate Report No. 108-81

Item

[Emerging drug use issues] – The Committee notes that over the past 10 years there has been an alarming increase in the use and availability of ecstasy and other club drugs among our Nation's

youth. According to SAMHSA's Drug Abuse Warning Network, ecstasy-related emergency room admissions in the United States increased significantly from 253 in 1994 to 5,542 in 2001. The Committee urges SAMHSA to pay close attention to this and other emerging drug use issues. The Committee has included $5,000,000 to continue and expand on the program funded last year. (Page 186)

Action taken or to be taken

CSAP has focused on responding to the emerging Ecstasy and other club drugs issue since FY 2002, and will continue to fund prevention programs focusing on this issue throughout FY 2004. As noted in the Committee Report, Ecstasy and other club drugs are powerfully addictive substances whose use can lead to serious health and behavioral problems, including memory loss, aggression, violence, psychotic behavior, and potential heart and neurological damage. Their use also contributes to increased transmission of infectious diseases, especially hepatitis and HIV/AIDS. Use is increasing among young adults who attend "raves" or private clubs; homeless and runaway youth; men who have sex with men and use other drugs; and male and female commercial sex workers.

For the past two years under the Children's Health Act of 2000 (Public law 106-310), SAMHSA/CSAP has funded a number of ecstasy infrastructure development and prevention intervention cooperative agreements addressing these drugs. In FY 2002, 14 one-year ecstasy prevention grants were awarded. These included 7 prevention intervention and 7 ecstasy infrastructure development grants. Program funds are used for planning, establishing, or administering ecstasy and other club drug prevention programs and/or training of State and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions, and parents, especially in traditional and non traditional venues such as clubs where raves are held and for non-traditional populations such as the gay, lesbian, bisexual and questioning community, other young adults and law enforcement personnel.

In FY 2003, 12 additional one-year ecstasy grants were awarded that focused on either or both interventions and infrastructure development. The CSAP FY 2004 budget allocates $5,000,000 to fund additional grants that, for the first time, are proposed for up to 5 years. This change in approach reflects growing recognition that the Ecstasy and other club drug issue requires a sustained, long-term, focused effort of ever-increasing importance.

Item

[Data system] – In an effort to reach a more accurate assessment of the substance abuse treatment gap, the Committee expects SAMHSA to encourage other Federal agencies that fund substance abuse treatment services to participate in a client level data system administered by SAMHSA. (Page 187)

Senate Report No. 108-81

Action taken or to be taken

SAMHSA estimates 75% of direct service providers participate in our Drug Abuse Services Information System (DASIS) program. SAMHSA has encouraged other federal agencies such as the Department of Justice and the Veterans Administration to participate. Some pilot work has begun; however, relating data from large data sets designated for other purposes to SAMHSA's data set has been a challenging task. Also, data owned by other Federal government contractors would have to be purchased.

Substance Abuse and Mental Health Services Administration
Reports Required by the Conference Committee

Conference Report No. 108-401

Item

[Distribution of Access to Recovery funds] – Within funds provided, $100,000,000 is for the new drug and alcohol treatment voucher initiative as proposed by the House. The Senate did not include funding for this program. The conferees applaud the Administration for proposing this initiative, the Access to Recovery program, which will provide much-needed funds to increase capacity and expand access to alcohol and drug treatment. The conferees expect that the new voucher program will support evidenced-based practice and will provide medically appropriate treatment for individuals needing care. To this end, the conferees expect that States and providers receiving funds under this program will use assessment and placement criteria developed by national experts, such as the American Society of Addiction Medicine. The conferees support the Administration's goal of opening new pathways to treatment. At the same time however, the conferees direct that all providers participating in the Access to Recovery program should be held accountable to the same standards of care, performance, licensure and certification requirements as other licensed or certified drug and alcohol programs in their respective States. **The conferees direct SAMHSA to report to the House and Senate Committees on Appropriations 30 days after Access to Recovery funds are distributed regarding the States that applied for and received grants, the amount awarded to each State, and the services each State will provide with these funds.** Furthermore, no funds shall be expended under this Act for the implementation of the Access to Recovery voucher program other than those funds specifically provided for by the conferees. (pages 779-880)

Action taken or to be taken

SAMHSA will encourage applicants to propose strategies for ensuring the use of assessment and placement criteria developed by national experts, and for holding all providers that receive funding under the voucher program to the same standards of care, licensure, and certification requirements as other programs that deliver similar services in their respective States. SAMHSA will report to the House and Senate Committees on Appropriation 30 days after Access to Recovery funds are distributed regarding the States that applied for and received grants, the amount awarded to each state and the services each State will provide with these funds.

Item

[Underage drinking] – The conferees are concerned about underage drinking and the need to take immediate steps to better coordinate Federal efforts combating this problem facing our Nation. The conferees are aware of recommendations that the Secretary of Health and Human Services (HHS) establish an interagency committee on the prevention of underage drinking and issue an annual report summarizing all Federal agency activities concerning this issue, including key surveillance data and progress being made in reducing underage drinking.

The conferees direct the Secretary to take immediate steps to implement these recommendations. In addition, the conferees direct the Secretary, in coordination with agencies such as SAMHSA and NIAAA, to prepare a plan for combating underage drinking, including the projected costs and next steps to be taken, and report progress on such a plan 90 days after enactment of this Act. (Page 801)

Action taken or to be taken

SAMHSA will establish an interagency committee on the prevention of underage drinking, and issue an annual report summarizing all Federal agency activities concerning this issue, including key surveillance data and progress being made in reducing underage drinking. SAMHSA will also, in coordination with NIAAA, prepare a plan for combating underage drinking, including the projected costs and next steps to be taken, and report progress on such a plan 90 days after the enactment of the Act.

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

Program Description/PHS Act:	FY 2004 Amount Authorized	FY 2004 Final Conference	FY 2005 Amount Authorized	FY 2005 Estimate
Emergency Response				
Sec. 501	2.5% all disc grants	2.5% all disc grants	2.5% all disc grants	---
Data Collection				
Sec. 505 (Program Mgmt funds)	Expired	---	Expired	---
Grants for the Benefit of Homeless Individuals				
Sec. 506	Expired	$37,252,000	Expired	$40,161,000
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	$5,000,000	Expired	$5,000,000
Residential Treatment Programs for Pregnant and Postpartum Women				
Sec. 508	Expired	$2,941,000	Expired	$2,941,000
Priority Substance Abuse Treatment Needs of Regional and National Significance				
Sec. 509*	Expired	$350,491,000	Expired	$443,979,000
Substance Abuse Treatment Services for Children and Adolescents				
Sec. 514*	Expired	$31,835,000	Expired	$31,835,000
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	$175,378,000	Expired	$174,018,000
Prevention, Treatment and Rehabilitation Model Projects for High Risk Youth				
Sec. 517	Expired	$1,554,000	---	---
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 2004 Amount Authorized	FY 2004 Final Conference	FY 2005 Amount Authorized	FY 2005 Estimate
Services for Individuals with Fetal Alcohol Syndrome (FAS)				
Sec. 519C*.....	---	---	---	---
Centers of Excellence on Services for Individuals with FAS and Alcohol-related Birth Defects and Treatment for Individuals with Such Conditions and Their Families				
Sec. 519D*.....	Expired	$11,799,000	Expired	$12,000,000
Prevention of Methamphetamine and Inhalant Abuse and Addiction				
Sec. 519E*.....	Expired	$4,727,000	Expired	$5,000,000
Priority Mental Health Needs of Regional and National Significance				
Sec. 520A*.....	Expired	$106,679,000	Expired	$133,429,000
Youth Interagency Research, Training, and Technical Assistance Centers				
Sec. 520C*.....	---	---	---	---
Services for Youth Offenders				
Sec. 520D*.....	---	---	---	---
Suicide Prevention for Children and Adolescents				
Sec. 520E*.....	---	---	---	---
Grants for Emergency Mental Health Centers				
Sec. 520F*.....	---	---	---	---
Grants for Jail Diversion Programs				
Sec. 520G*.....	Expired	$6,959,000	Expired	$3,935,000
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	$49,760,000	Expired	$55,251,000

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

Program Description/PHS Act:	FY 2004 Amount Authorized	FY 2004 Final Conference	FY 2005 Amount Authorized	FY 2005 Estimate
Community Mental Health Services for Children with Serious Emotional Disturbances Sec. 565 (f)……	Expired	$102,353,000	Expired	$106,013,000
Children and Violence Program Sec. 581*……	Expired	$83,035,000	Expired	$86,000,000
Grants for Persons who Experience Violence Related Stress Sec. 582 **……	SSAN	$29,823,000	SSAN	$30,000,000
Community Mental Health Services Performance Partnership Block Grants Sec. 1920(a)……	Expired	$412,840,000	Expired	$414,267,000
Substance Abuse Prevention and Treatment Performance Partnership Block Grants Sec. 1935(a)……	Expired	$1,699,946,000	Expired	$1,753,035,000
Data Infrastructure Development Sec. 1971*……	Expired	$11,000,000	Expired	$11,000,000
Other Legislation/Program Description				
Protection and Advocacy for Individuals with Mental Illness Act P.L. 99-319, Sec. 117……	Expired	$34,620,000	Expired	$34,620,000
Program Management:				
Program Management, Sec. 301……	Indefinite	$74,533,000	Indefinite	$75,073,000
SEH Workers' Compensation Fund P.L. 98-621……	Indefinite	$1,382,000	Indefinite	$1,382,000
Total, Program Management……	---	$75,915,000	---	$76,455,000
Samaritan Initiative ***……	N. A.	N. A.	N. A.	$10,000,000
TOTAL, SAMHSA Budget Authority……	$0	$3,233,907,000	$0	$3,428,939,000

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

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

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

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

Substance Abuse and Mental Health Services Administration
Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1995	2,365,874,000 1/	2,166,148,000	2,164,179,000 2/	2,181,407,000 3/
1995 Red. P.L. 103-333	---	---	---	-33,000
1995 Red.P.L. 103-133	---	---	---	-44,000
1995 Resc.P.O. 104-19	---	---	---	-662,000
1996	2,244,392,000	1,788,946,000	1,800,469,000 4/	1,854,437,000 5/
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
P.L.104-121	---	---	---	50,000,000 6/
1998	2,155,943,000	2,151,943,000	2,126,643,000	2,146,743,000
P.L. 104-121	---	---	---	50,000,000 6/
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 7/
2001	2,823,016,000	2,727,626,000	2,730,757,000	2,958,001,000
2001 P.L.106-554	---	---	---	-645,000 8/
2001 P.L. 107-20	---	---	---	6,500,000 9/
2002	3,058,456,000	3,131,558,000	3,073,456,000	3,138,279,000
2002 Res. HR. 3061	---	---	---	-589,000 10/
2002 Res. P.L. 107-216	---	---	---	-1,681,000 11/
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 12/
2004	3,393,315,000	3,329,000,000	3,157,540,000	

FOOTNOTES: All years exclude PHS Evaluation Funds

1/ Excludes $45,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.

2/ Excludes $25,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund.

3/ Excludes $14,000,000 proposed to be transferred from the ONDCP Special Forfeiture Fund. Reflects $44,000 in SLUC and $33,000 in performance awards reductions mandated by the appropriation bill and a rescission in the amount of $662,000.

4/ 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.

5/ A regular 1996 appropriation for this amount was not enacted.

6/ Advance appropriation P.L. 104-121 from Social Security Administration to the Substance Abuse Block Grant.

7/ Reflects a rescission mandated by P.L.106-113.

8/ Reflects a rescission mandated by Section 520 of P.L. 106-554.

9/ Reflects a Supplemental Appropriation for Building and Facilities (SEH) P.L. 107-20.

10/ Reflects administrative reduction in Section 516 of the Appropriations Bill (H.R. 3061).

11/ Reflects administrative reduction in P.L. 107-216 (H.R.).

12/ Reflects a rescission mandated by P.L. 108-7.

Substance Abuse and Mental Health Services Administration
RESEARCH COORDINATION COUNCIL

Research Priority	FY 2005 Budget Request ($ in 000s)
I. Working Toward Independence	
II. Rallying the Armies of Compassion	$6,662
III. No Child Left Behind	
IV. Promoting Active Aging and Improving Long-Term Care	
V. Protecting and Empowering Specific Populations	$11,200
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
XI. Agency-specific Priorities	
Total RD&E	$19,362

Overview

SAMHSA no longer conducts research or demonstration, but has several evaluation studies that contribute to HHS priorities. Evaluation provides the scientific basis for improving the quality, capacity and efficiency of SAMHSA's services to the Nation. SAMHSA's current evaluation priorities for 2004 and future years contribute directly to several of the research themes and priority research areas established by HHS.

SAMHSA is continuing to participate in planning with the RCC through the regular submission of its completed, ongoing and planned evaluation programs for organization in the ASPE PIC. SAMHSA also participates in providing "Early Alerts" to the RCC for coordinating communication on evaluation findings to the public. These activities have facilitated SAMHSA's collaboration with other HHS OPDIVs. For example, CSAT is collaborating in conducting evaluation for the Family Court Drug Treatment program with the Drug Court Program Office (DCPO) at the Department of Justice. In the Family Drug Treatment Courts program, substance abuse treatment, combined with intervention and support services for the child and the entire family, are integrated with the legal processing of the family's case. This evaluation supports the priority theme of Protecting and Empowering Specific Populations. The sharing of information on evaluation through the RCC has also facilitated the identification of content experts across HHS. Expertise and knowledge on specific evaluation methods and practice are more readily available across HHS through the efforts of the RCC. For example, SAMHSA has been able to informally access evaluation expertise at HRSA and CDC. RCC leadership on evaluation has also raised its importance across HHS and at SAMHSA.

Substance Abuse and Mental Health Services Administration
General Statement/Overview

(Dollars in thousands)

Program/Activity	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conference
Center for Mental Health Services……	856,488	862,219	912,502	+50,283
Center for Substance Abuse Prevention…….	197,111	198,458	196,018	-2,440
Center for Substance Abuse Treatment……	2,071,210	2,198,365	2,349,267	+150,902
Program Management.....……..	85,983	91,915	92,455	+540
Building & Facilities (SEH)……	949	---	---	---
TOTAL, SAMHSA Discretionary PL……	**$3,211,741**	**$3,350,957**	**$3,550,242**	**+$199,285**
Less PHS Evaluation Funds……	*(74,200)*	*(117,050)*	*(121,303)*	*+(4,253)*
TOTAL, SAMHSA Budget Authority……	**$3,137,541**	**$3,233,907**	**$3,428,939**	**+$195,032**
FTE's……	**534**	**546**	**546**	

Agency Overview

Background

SAMHSA's vision as an agency of the Federal Government is "A Life in the Community for Everyone." SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. SAMHSA was established in 1992 and reauthorized in 2000. SAMHSA administers a combination of competitive, formula, and block grant programs and data collection activities. Programs are carried out through the Center for Mental Health Services (CMHS); the Center for Substance Abuse Prevention (CSAP); the Center for Substance Abuse Treatment (CSAT); and the Office of Applied Studies (OAS). Reauthorization for SAMHSA and its programs will be considered in the next Congressional session.

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

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 2004. The FY 2004 and FY 2005 budget submissions align the budget request with the three goals.

SAMHSA's matrix of program priorities and cross-cutting principles has guided the agency's daily operations and overall program and management decisions for the past two years. The program categories used in the FY 2004 and FY 2005 budget requests align with the matrix. The updated matrix is included at the end of this section. Action plans are under development for each program priority area.

SAMHSA's planning and budget decisions also emphasize alignment with HHS goals. All of SAMHSA's activities directly support HHS strategic objectives 1.4, 1.5, and 3.5, and all management objectives.

In 2003, SAMHSA developed four standard announcements for grant programs that provide a framework for reviewing current PRNS programs and developing future activities. These standard announcements are being implemented for FY 2004 grant programs. The four mechanisms accomplish the necessary steps to move promising practices through an assessment process and into actual adoption in service settings.

Current Initiatives

The FY 2005 budget request is focused primarily upon four areas:

- President's Drug Treatment Initiative – FY 2005 is the fourth year of this five year initiative to increase substance abuse treatment capacity.

- Mental Health Systems Transformation – Implementation of the findings of the President's New Freedom Commission on Mental Health, including a proposed *State Incentive Grants for Transformation* program.

- Strategic Prevention Framework – A new approach to identifying and implementing improved prevention services.

- Performance Partnership Grants – Transformation of the current Block Grants in order to improve State and federal accountability and increase State flexibility in use of funds.

Further detail on each of these areas may be found in the budget narrative.

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 individuals with serious mental illness or serious emotional disturbance. President Bush directed the Commission to study the problems and gaps in the mental health system and make concrete recommendations for immediate improvements. The Commission's conclusions are described in the CMHS section of this narrative. 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 direct response to the Commission's findings, CMHS is proposing to implement a new program in FY

2005: *State Incentive Grants for Transformation*. The new program will support development of a comprehensive State mental health plan and far-reaching improvements to the mental health services infrastructure.

SAMHSA's Strategic Prevention Framework has been developed recently, based upon SAMHSA's goals of Accountability, Capacity, and Effectiveness. Through the Strategic Prevention Framework, which is described in the CSAP section of this narrative, SAMHSA builds capacity within States and the prevention field to promote resiliency and decrease risk factors in individuals, families, and communities. Funds were realigned in FY 2004 to implement the Framework, using a variety of programs. The State Incentive Grants (SIG) program will continue to be a major tool to help States and communities expand and improve services. In FY 2004 and 2005, prevention efforts will include a major emphasis on the prevention of underage drinking.

Summary of the Budget Request

The request includes a net increase of $50.0 million for mental health services; a net decrease of $2 million for substance abuse prevention services; a net increase of $151 million for substance abuse treatment services; and level funding for program management. Increases are recommended in direct support of two Presidential priorities. The table below shows the requested changes in the budget:

(dollars in millions)

Request:	Amount
Mental Health PRNS	$30
Children's MH	4
PATH Homeless	5
Mental Health Block Grant	1
Samaritan Initiative	10
Substance Abuse Prevention PRNS	- 2
Substance Abuse Treatment PRNS	98
Substance Abuse Block Grant	53
Net change	$199

The $30 million increase requested for mental health services Programs of Regional and National Significance (PRNS) reflects investment in a new *State Incentive Grants for Transformation* program, supporting the recommendations of the President's New Freedom Commission on Mental Health. This program will increase the number of persons served as well as improving outcomes for program participants. Specific targets have not been set, pending award of grants and collection of baseline data.

The $4 million increase requested for the Children's Mental Health Services Program will support the award of additional grants to implement comprehensive, community based systems of care for children and adolescents with serious emotional disturbance. Outcomes of this

program (e.g., school performance; rate of arrests; problem behaviors) have been consistently positive.

The $5 million increase requested for the PATH program will result in 7,500 more homeless individuals with serious mental illness being contacted through outreach efforts, and an increase from 44% to 47% in those contacted who become enrolled in community based services.

The $1 million increase requested for the Mental Health Block grant will help to maintain the current level of services, which, according to new data, reach a system-wide total of about 4,276,000 individuals. This total includes those served in the public mental health system, which includes other funding sources such as Medicaid dollars.

The $10 million request for the Samaritan Initiative will fund the HHS contribution to this interagency initiative, which will permit States and localities to access the full range of services that chronically homeless people need.

The $98 million increase requested for substance abuse treatment services PRNS will provide most of the funding needed to bring total funding for the *Access to Recovery* program to $200 million in FY 2005. The requested increase supports the President's Drug Treatment Initiative.

The $53 million increase requested for the Substance Abuse Prevention and Treatment (SAPT) Block Grant will maintain current services. The requested increase supports the fourth year of the President's Drug Treatment Initiative, and will result in an estimated total of 1,950,000 individuals served through Block Grant funds.

FY 2006 Plans for Budget/Performance Integration

SAMHSA is prepared to submit a fully integrated performance budget for FY 2006. SAMHSA is in the process of incorporating performance planning and reporting within its budget plan. Mental health services, substance abuse prevention, and substance abuse treatment will remain SAMHSA's performance program areas. Each performance program area will contain goals, measures, and indicators consistent with SAMHSA's strategic goals: Accountability, Capacity, and Effectiveness.

A number of agency activities are facilitating SAMHSA's transition to a fully integrated performance budget. In 2002, SAMHSA developed and implemented a new statement of vision, mission, goals, and objectives, which was included in the FY 2004 budget submission. In applying that framework, SAMHSA developed standard grant announcements for its discretionary grants and mapped out a transition from the current substance abuse and mental health block grant programs to performance partnerships with States that emphasize flexibility and accountability. Concurrently, SAMHSA has been examining its program measures and developing a consolidated set, which will be applied, to the extent possible, across competitive and block/formula grant programs. These efforts have enabled SAMHSA to meet short term objectives such as reducing the number of measures in performance plans and including an efficiency measure for each program.

Substance Abuse and Mental Health Services Administration
Funding by Program Priority Area

(Dollars in thousands)

Program Priority Area a/	FY 2003	FY 2004	FY 2005 - Estimate	
			Amount	+/- > FY04
Co-Occurring Disorders	11,357	15,810	21,810	+$6,000
Substance Abuse Treatment Capacity	1,565,167	1,679,010	1,820,955	+141,945
Seclusion & Restraint	1,845	2,500	2,500	---
Strategic Prevention Framework b/	511,933	521,516	530,170	+8,654
Children & Families	266,801	272,166	277,911	+5,745
Mental Health System Transformation	515,794	517,036	551,773	+34,737
Disaster Readiness & Response	11,824	6,303	389	-5,914
Homelessness	89,316	95,731	111,247	+15,516
Aging	4,960	4,970	---	-4,970
HIV/AIDS & Hepatitis c/	112,104	111,442	111,498	+56
Criminal Justice	33,708	32,558	29,534	-3,024
TOTAL d/	$3,124,809	$3,259,042	$3,457,787	+$198,745

a/ Represents primary program category; may relate to other categories: reflects comparable adjustments for Prevention/Early Intervention; change to Strategic Prevention Framework and New Freedom Initiative; change to Mental Health System Transformation.

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

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

d/ Excludes all Program Management funds including PHS Evaluation. Includes PHS evaluation funds applicable to PRNS and the SAPT Block Grant. Excludes St. Elizabeth's funding for FY 2003.

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

"Built on the principle that people of all ages, with or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends."

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

Accountability
Capacity
Effectiveness

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Mental Health Services
Overview

(Dollars in thousands)

	FY 2003 Actual	FY 2004 Final Conference [a/]	FY 2005 Estimate [a/]	+/- FY 2004 Final Conf.
Programs of Regional and National Significance……..	$244,443	$240,796	$270,548	+$29,752
Children's Mental Health……	98,053	102,353	106,013	+3,660
Protection & Advocacy……	33,779	34,620	34,620	---
PATH……	43,073	49,760	55,251	+5,491
MH Block Grant……	437,140	434,690	436,070	+1,380
Samaritan Initiative……	---	---	10,000	+10,000
Total……	**$856,488**	**$862,219**	**$912,502**	**+$50,283**

a/ Includes PHS Evaluation funds – Block Grant $21.85 million in FY 2004 and $21.8 million in FY 2005

SAMHSA's Center for Mental Health Services (CMHS), established by the 1992 ADAMHA Reorganization Act, 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. President Bush 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 2005, SAMHSA proposes $912.502 million for mental health programs, an increase of $50 million over the final conference level.

CMHS' discretionary programs include Programs of Regional and National Significance (PRNS), proposed for an increase of $30 million; and the Children's Mental Health Services Program, proposed for an increase of $4 million. CMHS also administers three formula grant programs: the Protection and Advocacy Program, proposed for level funding; the PATH homelessness program, proposed for an increase of $5 million; and the Community Mental Health Services Block Grant program, proposed for an increase of $1 million. $10 million is proposed for the HHS contribution to an interdepartmental Homelessness initiative, the Samaritan Initiative.

Programs of Regional and National Significance 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 $30 million increase requested for PRNS will provide the majority of the funding for *State Incentive Grants for Transformation* to implement the Commission's findings. Funds will support development of a comprehensive State mental health plan and improve the mental health services infrastructure.

The Children's Mental Health Services program, proposed for an increase of $4 million, has shown decreased utilization of inpatient services and improvement in school attendance. These improvements have occurred through multi-agency, multi-disciplinary planning. Several States have passed legislation mandating the system of care approach for the treatment of children with SED.

The Protection and Advocacy (P&A) program, proposed for level funding, provides formula grant awards to P&A 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 targets for the percent of substantiated complaints that are favorably resolved.

The PATH program, proposed for an increase of $5 million, 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. Increased funding will result in 7,500 more persons contacted through outreach, and an increase from 42% to 47% in those contacted who become enrolled in community based services.

The Community Mental Health Services Block Grant, proposed for an increase of $1 million, 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. Increased funding will help maintain the current number of persons served.

The Samaritan Initiative is proposed for $10 million in FY 2005. The Initiative is jointly administered with the Departments of Housing and Urban Development, and Veterans Affairs. Through this initiative, States and localities will be able to access the full range of services that chronically homeless people need including housing, outreach and support services such as mental health services, substance abuse treatment and primary health care. Priority will be given to grantees who seek to expand access to mainstream Federal programs for those who experience chronic homelessness.

Substance Abuse And Mental Health Services Administration
CMHS Program Priority Areas

(Dollars in thousands)

Program Priority Area a/	FY 2003	FY 2004	FY 2005 - Estimate	
			Amount	+/- > FY04
Co-occurring Disorders				
PRNS	$4,668	$9,200	$15,200	+$6,000
Substance Abuse Treatment Capacity	---	---	---	---
Seclusion & Restraint				
PRNS	1,845	2,500	2,500	---
Strategic Prevention Framework				
PRNS	14,662	9,503	7,332	-2,171
Children & Families				
PRNS	134,384	134,460	138,198	+3,738
Children's MH Services	98,053	102,353	106,013	+3,660
Mental Health System Transformation				
PRNS	44,245	47,126	80,483	+33,357
Protection & Advocacy	33,779	34,620	34,620	---
Mental Health Block Grant	437,140	434,690	436,070	+1,380
Disaster Readiness and Response				
PRNS	9,134	3,623	389	-3,234
Homelessness				
PRNS	12,090	12,019	12,019	---
PATH	43,073	49,760	55,251	+5,491
Samaritan Initiative	---	---	10,000	+10,000
Aging				
PRNS	4,960	4,970	---	-4,970
HIV/AIDS & Hepatitis				
PRNS	10,498	10,436	10,492	+56
Criminal Justice				
PRNS	7,957	6,959	3,935	-3,024
TOTAL	**$856,488**	**$862,219**	**$912,502**	**+$50,283**

a/ Represents primary program category; may relate to other categories: reflects comparable adjustments for Prevention/Early Intervention change to Strategic Prevention Framework and New Freedom Initiative change to Mental Health System Transformation

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

	FY 2003 Actual		FY 2004 Final Conference		FY 2005 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Programs of Regional & National Significance						
Best Practices						
Grants/Cooperative Agreements:						
Continuations	210	53,476	84	27,181	140	34,414
New/Competing	49	14,128	130	29,548	49	21,502
Supplements	(4)	1,058	---	---	---	---
Subtotal	259	68,662	214	56,729	189	55,916
Contracts:						
Continuations	37	94,714	30	90,095	44	104,994
New	12	5,898	18	18,387	3	901
Subtotal, Contracts	49	100,612	48	108,482	47	105,895
Technical Assistance	3	6,245	2	8,093	2	7,250
Review Cost	---	276	---	253	---	253
Subtotal, Contracts and Other	**52**	**107,133**	**50**	**116,828**	**49**	**113,398**
Subtotal, Best Practices	**311**	**175,795**	**264**	**173,557**	**238**	**169,314**
Targeted Capacity Expansion						
Grants/Cooperative Agreements:						
Continuations	130	35,712	94	33,953	138	40,542
New/Competing	44	13,298	86	20,413	25	46,749
Supplements	(2)	538	---	---	---	---
Subtotal	174	49,548	180	54,366	163	87,291
Contracts:						
Continuations	7	6,736	6	4,304	8	7,933
New	30	10,217	26	5,615	2	3,000
Subtotal, Contracts	37	16,953	32	9,919	10	10,933
Technical Assistance	1	1,647	1	1,454	1	1,510
Review Cost	---	500	---	1,500	---	1,500
Subtotal, Contracts and Other	**38**	**19,100**	**33**	**12,873**	**11**	**13,943**
Subtotal, Targeted Capacity Expansion	**212**	**68,648**	**213**	**67,239**	**174**	**101,234**
Total, Regional and National Significance	**523**	**$244,443**	**477**	**$240,796**	**412**	**$270,548**

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

	FY 2003 Actual		FY 2004 Final Conference		FY 2005 Estimate	
	No.	**Amount**	**No.**	**Amount**	**No.**	**Amount**
CHILDREN'S MENTAL HEALTH						
Grants/Cooperative Agreements:						
Continuations	55	71,198	48	75,487	30	52,365
New/Competing	7	6,991	3	4,000	24	24,000
Supplements	(1)	226	(1)	225	(1)	225
Subtotal	62	78,415	51	79,712	54	76,590
Contracts:						
Continuations	11	17,456	11	19,951	11	21,773
New	1	2,134	2	2,639	4	7,500
Subtotal, Contracts	12	19,590	13	22,590	15	29,273
Technical Assistance	---	---	---	---	---	---
Review Cost	---	48	---	51	---	150
Subtotal, Contracts and Other	12	19,638	13	22,641	15	29,423
Total, Children's Mental Health	**74**	**98,053**	**64**	**102,353**	**69**	**106,013**
MENTAL HEALTH BLOCK GRANT	**59**	**437,140**	**59**	**434,690**	**59**	**436,070**
(PHS Evaluation Funds: Non-Add)	---	---	---	*(21,850)*	---	*(21,803)*
PATH	**56**	**43,073**	**56**	**49,760**	**56**	**55,251**
PROTECTION AND ADVOCACY	**57**	**33,779**	**57**	**34,620**	**57**	**34,620**
SAMARITAN INITIATIVE	**---**	**---**	**---**	**---**	**---**	**10,000**
TOTAL, CMHS	**769**	**$856,488**	**713**	**$862,219**	**653**	**$912,502**

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

(Dollars in thousands)

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

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
Programs of Regional and National Significance				
Best Practices……	$175,795	$173,557	$169,314	-$4,243
Targeted Capacity Expansion……	68,648	67,239	101,234	+33,995
Total…….	**$244,443**	**$240,796**	**$270,548**	**+$29,752**

2005 Authorization (Sections 501, 506, 520A, 520G, 581 and 1971).....Expired
2005 Authorization (Section 582)..... Such sums as necessary

***Purpose and Method of Operation*.....**

The PRNS budget proposal accounts for the majority of the CMHS discretionary budget. The proposed PRNS increase is $30 million above the FY 2004 final conference level. The proposed budget will support 412 grants and contracts, consisting of 330 continuations and 82 new/competing.

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 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.

As mentioned previously, the PRNS increase will be utilized to initiate a *State Incentive Grants for Transformation* program to implement the Mental Health Commission's findings. A description of this program, which is proposed to be funded at $43.8 million dollars in FY 2005, may be found later in this section.

Approximately $15 million are expended for the Co-occurring State Incentive Grants Program, administered jointly with CSAT. 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.

$30 million are expended for the National Child Traumatic Stress Initiative program. 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. Approximately 40,000 children and adolescents were served by this program in 2003.

$95 million support the School Violence initiative, including the Safe Schools/Healthy Students interdepartmental program. 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 SS/HS 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.

$11 million support State Data Infrastructure grants, which are enabling States to report data on the characteristics and performance 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.

The CMHS PRNS program has not yet been reviewed by the OMB PART review process.

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

	Funding	FTEs
2000	$136,733,000	—
2001	203,390,000	—
2002	229,507,000	—
2003	244,443,000	—
2004	240,796,000	—

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

Mental Health Systems Transformation Priority Area

Capacity: Mental Health State Incentive Grants for Transformation Program (Total funding: $43.8 million, including $30 million from the PRNS increase)

The goal of this new program is to create comprehensive State mental health plans that will enhance the use of existing resources to serve persons with mental illnesses. These plans will increase the flexibility of resources at the State and local levels, hold State and local level of

government more accountable, and expand the option and array of available services and supports.

In the first year, the development of the plan will require Statewide planning efforts across multiple service systems and State agencies to help the State better meet the complex needs of individuals with serious mental illnesses and children with serious emotional disturbances and their families. In subsequent years, States will be permitted to use a portion of the funds to support the work of community-based programs as outlined by the State plan, while the remaining funds will continue to support State planning and coordination activities. With an optimally effective State infrastructure and plan in place, federal, State and local resources can be utilized and leveraged in the most effective way to improve mental health services. For example, by facilitating systems change, States could use Block grant funds more effectively. Over time, the goal would be to award a grant to each State. In FY 2005, it is expected that 14 grants will be awarded.

Measures of success for the State Incentive Grant program will include development and implementation of the State plan; an increase in the number of evidence-based practices implemented, particularly those implemented State-wide; better use of technology in the keeping of health records and the dissemination of mental health information and services; increased flexibility for the funding of services; increased accountability by States for helping consumers to achieve positive outcomes; and a reduction in racial and ethnic disparities . These measures of success are consistent with the values set out in the President's Mental Health Commission Final Report.

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

Programs of Regional and National Significance Best Practices	FY 2003 Actual	FY 2004 Final Conference	FY 2005 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	1,845	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	1,845	---	---
Strategic Prevention Framework			
Grants			
Continuations	5,395	2,550	2,845
New/Competing	---	2,827	2,550
Contracts			
Continuations	225	225	675
New/Competing	---	432	---
Subtotal	5,620	6,034	6,070
Children & Families			
Grants			
Continuations	33,524	19,951	23,747
New/Competing	12,141	20,623	18,702
Contracts			
Continuations	87,075	88,001	92,149
New/Competing	1,644	2,885	600
Subtotal	134,384	131,460	135,198
Mental Health System Transformation			
Grants			
Continuations	9,702	3,443	7,822
New/Competing	1,987	6,098	250
Contracts			
Continuations	8,889	9,069	15,867
New/Competing	4,254	10,747	301
Subtotal	24,832	29,357	24,240

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

Programs of Regional and National Significance Best Practices (continued)	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Disaster Readiness and Response			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	1,139	389	389
New/Competing	---	---	---
Subtotal	1,139	389	389
Homelessness			
Grants			
Continuations	4,068	1,237	---
New/Competing	---	---	---
Contracts			
Continuations	2,919	---	2,435
New/Competing	---	4,098	---
Subtotal	6,987	5,335	2,435
Aging			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	988	982	982
New/Competing	---	---	
Subtotal	988	982	982
Criminal Justice			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Grants			
Continuations, Subtotal	***54,534***	***27,181***	***34,414***
New/Competing, Subtotal	***14,128***	***29,548***	***21,502***
Total, Grants	***68,662***	***56,729***	***55,916***
Contracts			
Continuations, Subtotal	***101,235***	***98,666***	***112,497***
New/Competing, Subtotal	***5,898***	***18,162***	***901***
Total, Contracts	***100,612***	***108,482***	***105,895***
Technical Assistance	***6,245***	***8,093***	***7,250***
Review	***276***	***253***	***253***
Total, Best Practices	**175,795**	**173,557**	**169,314**

Center for Mental Health Services
PRNS Program Priority by Type

(Dollars in thousands)

Programs of Regional and National Significance Targeted Capacity Expansion	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Co-occurring Disorders			
Grants			
Continuations	---	3,400	7,900
New/Competing	3,368	4,500	6,000
Contracts			
Continuations	---	1,300	1,300
New/Competing	1,300	---	---
Subtotal	4,668	9,200	15,200
Substance Abuse Treatment Capacity			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Seclusion & Restraint			
Grants			
Continuations	---	---	2,200
New/Competing	---	2,200	---
Contracts			
Continuations	---	---	300
New/Competing	---	300	---
Subtotal	---	2,500	2,500
Strategic Prevention Framework			
Grants			
Continuations	7,711	3,469	1,262
New/Competing	1,194	---	---
Contracts			
Continuations	137	---	---
New/Competing	---	---	---
Subtotal	9,042	3,469	1,262
Children & Families			
Grants			
Continuations	---	---	3,000
New/Competing	---	3,000	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	3,000	3,000
Mental Health System Transformation			
Grants			
Continuations	5,260	---	8,250
New/Competing	---	8,250	38,505
Contracts			
Continuations	5,236	4,504	6,488
New/Competing	8,917	5,015	3,000
Subtotal	19,413	17,769	56,243

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

Programs of Regional and National Significance Targeted Capacity Expansion (Continued)	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Disaster Readiness and Response			
Grants			
Continuations	6,374	3,234	---
New/Competing	1,621	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	7,995	3,234	---
Homelessness			
Grants			
Continuations	---	4,784	5,995
New/Competing	5,103	1,600	2,244
Contracts			
Continuations	---	---	1,345
New/Competing	---	300	---
Subtotal	5,103	6,684	9,584
Aging			
Grants			
Continuations	4,960	4,970	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	4,960	4,970	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	8,000	8,000	8,000
New/Competing	---	---	---
Contracts			
Continuations	1,510	1,454	1,510
New/Competing	---	---	---
Subtotal	9,510	9,454	9,510
Criminal Justice			
Grants			
Continuations	3,945	6,096	3,935
New/Competing	2,012	863	---
Contracts			
Continuations	2,000	---	---
New/Competing	---	---	---
Subtotal	7,957	6,959	3,935
Grants			
Continuations, Subtotal	***36,250***	***33,953***	***40,542***
New/Competing, Subtotal	***13,298***	***20,413***	***46,749***
Total, Grants	***49,548***	***54,366***	***87,291***
Contracts			
Continuations, Subtotal	***8,883***	***7,258***	***10,943***
New/Competing, Subtotal	***10,217***	***5,615***	***3,000***
Total, Contracts	***16,953***	***9,919***	***10,933***
Technical Assistance	***1,647***	***1,454***	***1,510***
Review	***500***	***1,500***	***1,500***
Total, Targeted Capacity Expansion	**68,648**	**67,239**	**101,234**
TOTAL, PRNS	**$244,443**	**$240,796**	**$270,548**

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

Programs of Regional & National Significance	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Best Practices:			
Seclusion & Restraint	$1,845	$---	$---
Suicide Hotline	3,070	3,052	3,070
Suicide Resource Center	2,550	2,982	3,000
Children's BP Programs	10,197	7,198	10,198
Youth Violence	94,382	94,439	95,000
Post Traumatic Stress Disorder	29,805	29,823	30,000
Mental Health Systems Transformation	17,092	23,228	19,580
Community Action Grants	1,527	---	---
Consumer and Consumer Supporter TA Centers	1,987	1,988	2,000
Workforce Training	1,566	1,481	---
Minority Fellowship Program	2,660	2,660	2,660
Disaster Response	1,139	389	389
Homelessness	6,987	4,835	1,935
State Policy Academy on Homelessness	---	500	500
HIV/AIDS Education	988	982	982
Subtotal, Best Practices	**175,795**	**173,557**	**169,314**
Targeted Capacity Expansion:			
Co-Occurring SIG	4,668	9,200	15,200
Seclusion & Restraint	---	2,500	2,500
Prevention TCE	9,042	3,469	1,262
Childrens TCE Programs	---	3,000	3,000
SIG for Transformation	---	---	43,782
Mental Health System Transformation	2,329	1,819	1,461
Congressional Projects	8,917	5,015	---
State Data Infrastructure	8,167	10,935	11,000
Disaster Response	7,995	3,234	---
MH Services to the Homeless (GBHI)	1,681	3,300	6,184
Chronic Homelessness Initiative w/HUD/VA	3,422	3,384	3,400
Elderly Mental Health	4,960	4,970	---
HIV/AIDS	9,510	9,454	9,510
Jail Diversion	5,957	6,959	3,935
Re-Entry Project w/DOJ, DOL	2,000	---	---
Subtotal, Targeted Capacity Expansion	**68,648**	**67,239**	**101,234**
TOTAL, PRNS	**$244,443**	**$240,796**	**$270,548**

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

(Dollars in thousands)

Authorizing Legislation - Section 565 of the PHS Act

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
B.A. ……..	$98,053	$102,353	$106,013	+$3,660

2005 Authorization .....Expired

***Purpose and Method of Operation*.....**

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's Agenda 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 limited to a total of 6 years, with an increasing non-Federal matching requirement over the term of the award. The matching requirement is intended to promote sustainability of the local systems of care beyond the grant period. It is estimated that 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.

From 1993-2003, 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. Given the demonstrated services need and the positive outcomes in funded sites, continued support of this program is a clear priority.

Accomplishments

CMHS-funded communities:

- Have made an impact on local and State policy reform
- Apply system-of-care principles to a greater extent than non-funded communities
- Improve the functional and clinical outcomes of children and their families
- Increase involvement of families and youth
- Better understand how culture influences care for children and their families

The Children's Mental Health Program has invested consistently in program evaluation. Outcomes from the evaluation have been used to monitor program performance. Cumulative results document a solid record of positive outcomes, maintained over the life of the program to date.

(TBR: To be reported)	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Funding ($ in millions)	$91.645	$96.631	$98.053	$102.353	$106.013
Decrease days of utilization of inpatient facilities at 12 months	New baseline in FY 2002	Target: Establish new baseline Actual: -2.95	Target: -3.00 Actual: -3.48	Target: -3.65 Actual: TBR 10/04	Target: -3.65 Actual: TBR 10/05
Increase percentage of children attending school 75% or more of the time after 12 months (FY 97 baseline 70%)	Target: 82.6% Actual: 80%	Target: 82.6% Actual: 76.7%	Target: 82.6% Actual: 75%	Target: 80% Actual: TBR 10/04	Target: 80% Actual: TBR 10/05

In addition, results through 2002 from the 23 grant cohort funded in 1997 and 1998 show that:

- The rate of school suspensions declined dramatically from 41.4% at intake, to 35.9% at six months, to 30.4% at 12 months, and to 28.7% at 18 months.
- The percentage of children with a "D" grade average or below declined from 43.7% at intake to 32.2% at 18 months.
- The rate of arrests decreased from 12% at intake, to 9.3% at six months, to 7.4% at 12 months, and to 6.5% at 18 months.
- 92.5% of the children improved or remained stable in their problem behaviors and emotions after six months.

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

	Funding	FTEs
2000	$82,763,000	—
2001	91,645,000	—
2002	96,631,000	—
2003	98,053,000	—
2004	102,353,000	—

Rationale for the Budget Request.....

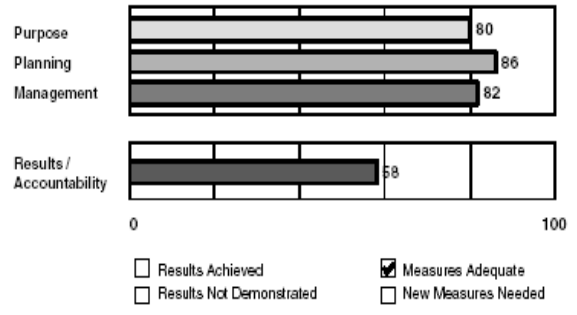
The FY 2005 budget proposes $106 million, an increase of approximately $4 million over the final FY 2004 conference level. This amount will support the continuation of 30 grants and the award of 24 new grants. Funding also will continue support for evaluation, technical assistance, and communication activities.

The Children's Mental Health Services Program was one of the SAMHSA programs selected for review with the OMB Program Assessment Rating Tool (PART) reported in the FY 2004 budget. The program scored well and was considered "Moderately Effective". As a component of this assessment, SAMHSA established, with DHHS and OMB, several long-term measures for the program that will be used to track and improve performance:

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

Program: *Childrens Mental Health Services*

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



Key Performance Measures	*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 (New measure)	2001		30%
	2010	60%	
Long-term Measure: Percent of systems of care that are sustained five years after Federal program funding has ended (New measure, baseline under development)	2008	80%	
Annual Measure: Average days of inpatient/residential treatment among children with serious emotional disturbance in grantee communities over the past year (Measure and targets to be refined)	1999	212	144
	2000	212	149
	2001	159	152
	2004	151	

Rating: *Moderately Effective*

Program Type: *Competitive Grants*

Program Summary:

The Children's Mental Health Services program makes competitive grants to state and local governments to support services for children with serious emotional disturbance.

The assessment found:
1. The Children's Mental Health Services program is making a unique contribution to improve care for children with serious emotional disturbance, but reaches a limited number of communities and the national impact is not fully known.
2. The program purpose is clear and commonly held by interested parties.
3. The program supports an annual evaluation to demonstrate improvements in services and outcomes for children with serious emotional disturbance in funded communities.
4. While accountability for results could be improved, the program uses performance information to improve annual outcomes.
5. The program has limited data related to the newly adopted long-term performance measures, but is meeting most of the annual targets.
6. A recent evaluation indicates the program is effective at improving the care and well being of children with serious emotional disturbance. After two years of services, 42 percent of the children showed a significant reduction in severe behavioral and emotional problems and an additional 48 percent of the children were stabilized.

Based on these findings, the Administration:
1. 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.

2. 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.

Program Funding Level (in millions of dollars)

2002 Actual	2003 Estimate	2004 Estimate
96	97	107

PART Corrective Action Plan

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
1.	The program does not provide a budget presentation that clearly ties the impact of funding decisions on expected performance or explains why the requested performance and resource mix is appropriate.	9/31/04	Y	Complete integration of performance and budget will occur in the 2006 budget cycle when OMB and HHS publish new budget guidance.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Submission of OMB budget	09/30/04	CMHS/OPPB	Anita Sweetman

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
2.	Develop data for long-term measures	12/01/07	Y	Final revision of three long-term measures are included in the FY 2005 budget submission
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
		09/30/04	OPPB	Mark Jacobsen

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
3.	Improved efficiency data are needed	12/01/07	Y	This a long-term initiative to gather cost data. Annual and long-term efficiency measures and targets are included in the FY 2005 Budget submission. The specific measure "Percentage of grantees that decrease inpatient care costs" was included to focus on cost reduction.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Analysis of FY 2005 efficiency data for tracking long-term target	11/30/04	CMHS	Mark Jacobsen

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Center For Mental Health Services
Protection and Advocacy Program

(Dollars in thousands)

Authorizing Legislation - Section 102 of the PAIMI Act

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
B. A. ……	$33,779	$34,620	$34,620	---

2005 Authorization .....Expired

***Purpose and Method of Operation*.....**

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program provides formula grant awards to support protection and advocacy (P&A) systems designated by the governor of each State and the territories, and the Mayor of the District of Columbia. State P&A 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 P&A systems monitor public and private residential care and treatment facilities and non-medical community-based facilities for children and youth. The program primarily supports SAMHSA's Capacity goal by expanding the availability of protection and advocacy services. The program directly supports the Mental Health System Transformation priority area and the Seclusion and Restraint priority area.

Accomplishments

State P&A systems:
- Increased the number of clients served since the program's inception
- Used media to increase public awareness, greatly increasing the number of individuals reached
- Increased the number of favorable resolutions for violations involving abuse, neglect, or rights

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, with a plan to refine the measures to increase the ability to assess the effectiveness of the P&A system programs' performance. The measures expired in November 2003. Revised measures will be included at a future date.

TBR: To be reported	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Funding ($ in millions)	$30.0	$32.5	$33.8	$34.6	$34.6
Number Served	17,620	18,566	Target:20,000	Target:20,000	Target:20,000
Increase percent of substantiated incidents of abuse, neglect, and civil rights violations favorably resolved (FY 99 baseline 75%)	Target: 76% Actual: 88%	Target: 77% Actual: 86%	Target: 80% Actual: TBR 7/04	Target: 82% Actual: TBR 7/05	Target: 84% Actual: TBR 7/06

The number of persons served increased from FY 2001 to FY 2002. Expanded capacity to address substantiated reports of incidents of abuse, neglect, or rights violations met or exceeded the projected 77% performance levels in FY 2002; 77% or 2,921 incidents of abuse; 82% or 3,405 incidents of neglect and 88% or 5,480 incidents of civil rights violations were favorably resolved for clients.

In 2001, 31 State P&A systems reported 1250 deaths, of which 410 were investigated. In 2002, 27 State P&A systems reported 1,777 deaths, of which 972 were investigated. P&A systems efforts to investigate these incidents were affected by such factors as challenges by public and private facilities to P&A 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 P&A systems. Investigations conducted by State P&A 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
2000	$24,903,000	---
2001	30,000,000	---
2002	32,500,000	---
2003	33,779,000	---
2004	34,620,000	---

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

The FY 2005 budget proposes $34.6 million, the same as the FY 2004 final conference level. These funds will serve an estimated 20,000 persons, the same as in FY 2004. Existing funding will support awards to the 57 P&A systems. Funding will also support investigation and community expansion provisions for individuals with mental illness.

Although the proposed funding is the same as FY 2004, the allotments to individual States differ because source data for the formula (State population and per capita estimates) were different in the two fiscal years.

Center for Mental Health Services

Protection and Advocacy for Individuals with Mental Illness

STATE/TERRITORY	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	Increase or Decrease
Alabama	$440,763	$451,717	$446,082	-5,635
Alaska	400,000	410,000	410,000	---
Arizona	509,864	522,535	530,599	+8,064
Arkansas	400,000	410,000	410,000	---
California	2,946,899	3,020,131	3,042,917	+22,786
Colorado	400,000	410,000	410,000	---
Connecticut	400,000	410,000	410,000	---
Delaware	400,000	410,000	410,000	---
District of Columbia	400,000	410,000	410,000	---
Florida	1,486,333	1,523,270	1,525,822	+2,552
Georgia	762,843	781,801	793,186	+11,385
Hawaii	400,000	410,000	410,000	---
Idaho	400,000	410,000	410,000	---
Illinois	1,061,273	1,087,647	1,085,326	-2,321
Indiana	565,977	580,042	575,519	-4,523
Iowa	400,000	410,000	410,000	---
Kansas	400,000	410,000	410,000	---
Kentucky	400,000	410,000	410,000	---
Louisiana	441,397	452,366	443,090	-9,276
Maine	400,000	410,000	410,000	---
Maryland	443,791	454,820	452,954	-1,866
Massachusetts	503,828	516,349	515,414	-935
Michigan	892,802	914,988	907,469	-7,519
Minnesota	422,287	432,781	428,908	-3,873
Mississippi	400,000	410,000	410,000	---
Missouri	516,885	529,730	524,334	-5,396
Montana	400,000	410,000	410,000	---
Nebraska	400,000	410,000	410,000	---
Nevada	400,000	410,000	410,000	---
New Hampshire	400,000	410,000	410,000	---
New Jersey	673,062	689,789	684,883	-4,906
New Mexico	400,000	410,000	410,000	---
New York	1,553,195	1,591,793	1,598,115	+6,322
North Carolina	761,518	780,442	787,094	+6,652
North Dakota	400,000	410,000	410,000	---

Center for Mental Health Services

Protection and Advocacy for Individuals with Mental Illness

STATE/TERRITORY	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	Increase or Decrease
Ohio	1,033,361	1,059,041	1,047,012	-12,029
Oklahoma	400,000	410,000	410,000	---
Oregon	400,000	410,000	410,000	---
Pennsylvania	1,081,492	1,108,368	1,088,644	-19,724
Rhode Island	400,000	410,000	410,000	---
South Carolina	400,000	410,000	410,000	---
South Dakota	400,000	410,000	410,000	---
Tennessee	539,324	552,727	550,381	-2,346
Texas	1,945,549	1,993,897	2,028,999	+35,102
Utah	400,000	410,000	410,000	---
Vermont	400,000	410,000	410,000	---
Virginia	616,360	631,678	634,045	+2,367
Washington	516,568	529,405	527,707	-1,698
West Virginia	400,000	410,000	410,000	---
Wisconsin	486,962	499,063	493,127	-5,936
Wyoming	400,000	410,000	410,000	---
Subtotal, States	**$31,402,333**	**$32,184,380**	**$32,191,627**	**+7,247**
Puerto Rico	629,087	644,720	637,473	-7,247
American Indian Consortia	214,400	219,700	219,700	---
American Samoa	214,400	219,700	219,700	---
Guam	214,400	219,700	219,700	---
Northern Mariana Islands	214,400	219,700	219,700	---
Virgin Islands	214,400	219,700	219,700	---
Subtotal, Territories	**$1,701,087**	**$1,743,220**	**$1,735,973**	**-7,247**
Total States/Territories	**$33,103,420**	**$33,927,600**	**$33,927,600**	**---**
SAMHSA Set-Aside	**675,580**	**692,400**	**692,400**	**---**
TOTAL P&A	**$33,779,000**	**$34,620,000**	**$34,620,000**	**---**

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

(Dollars in thousands)

Authorizing Legislation - Section 535 of the PHS Act

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
B. A. ……...……...…… .	$43,073	$49,760	$55,251	+$5,491

2005 Authorization .....Expired

***Purpose and Method of Operation*.....**

The PATH formula grant program, established in 1991, supports SAMHSA's Capacity goal by expanding the availability of services to homeless individuals with serious mental illnesses. The program directly supports the Secretary's Initiative as well as SAMHSA's Homelessness priority area.

PATH is designed to provide community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. PATH 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.

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 FY 2001, State and local matching funds were more than three times the required amount. PATH programs have been highly successful in targeting assistance to persons who have the most serious impairments.

Accomplishments

Existing funds will 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.

(TBR: To be reported)	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Funding ($ in millions)	$30.883	$36.855	$39.855	$43.073	$49.760	$55.251
Increase persons contacted (FY96 baseline 105,000)	Target: 117,000 Actual: 109,000	Target: 124,000 Actual: 125,730	Target: 132,500 Actual: TBR 7/04	Target: 137,000 Actual: TBR 7/05	Target: 147,000 Actual: TBR 7/06	Target: 154,500 Actual: TBR 7/07
Increase percent contacted enrolled (FY96 baseline 41%)	Target 33% Actual:42%	Target 35% Actual:43%	Target 39% Actual: TBR 7/04	Target 41% Actual: TBR 7/05	Target: 44% Actual: TBR 7/06	Target: 47% Actual: TBR 7/07

Program data indicate that 419 local agencies and/or counties utilized FY 2001 PATH funding. Adults in the age range 18-64 comprised 96 percent of the clients enrolled in services. 33 percent were African-American; 9 percent were of Hispanic origin. 50 percent of clients who were homeless at first contact had been homeless for more than 30 days. Clients receiving PATH-funded services reach individuals with some of the most disabling mental disorders. For the States reporting diagnostic information, the most common diagnoses were schizophrenia and other psychotic disorders (41 percent), and affective disorders (41 percent) including severe depression and bipolar disorder. 57 percent of clients had co-occurring serious mental illness and substance use disorders.

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

	Funding	FTEs
2000	$30,883,000	---
2001	36,855,000	---
2002	39,855,000	---
2003	43,073,000	---
2004	49,760,000	---

Rationale for the Budget Request.....

The FY 2005 budget proposes $55.251 million, an increase of approximately $5 million over the final FY 2004 conference level. Each State will receive a minimum of $300,000 and each Territory will receive a minimum of $50,000. As a result of increased program funding and successful program performance, the target for individuals to be served in FY 2005 has been raised from 147,000 to 154,500 (7,500 additional individuals contacted) and the target for those contacted who become enrolled in services has been raised from 44% to 47%.

The PATH Program was one of the SAMHSA programs selected for review with the OMB Program Assessment Rating Tool (PART) reported in the FY 2004 budget. The program scored well and was considered "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 contacted homeless persons with serious mental illnesses who are enrolled in services (Five year target: 47%; FY 2000 actual: 42%)
- Increase the percentage of enrolled homeless persons with serious mental illness who receive community mental health services (Five year target: 65%; FY 2000 actual: 44%)
- Maintain the cost for enrolling a person into services (Five year target: $668.00; FY 2000 actual: $668.00)

Center for Mental Health Services

Projects for Assistance in Transition from Homelessness (PATH)

STATE/TERRITORY	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	Increase or Decrease
Alabama	$369,000	$437,000	$492,000	+55,000
Alaska	300,000	300,000	300,000	---
Arizona	744,000	879,000	991,000	+112,000
Arkansas	300,000	300,000	300,000	---
California	5,704,000	6,741,000	7,595,000	+854,000
Colorado	612,000	723,000	815,000	+92,000
Connecticut	542,000	641,000	722,000	+81,000
Delaware	300,000	300,000	300,000	---
District of Columbia	300,000	300,000	300,000	---
Florida	2,566,000	3,032,000	3,416,000	+384,000
Georgia	955,000	1,128,000	1,271,000	+143,000
Hawaii	300,000	300,000	300,000	---
Idaho	300,000	300,000	300,000	---
Illinois	1,854,000	2,192,000	2,469,000	+277,000
Indiana	650,000	768,000	865,000	+97,000
Iowa	300,000	300,000	300,000	---
Kansas	300,000	300,000	306,000	+6,000
Kentucky	300,000	352,000	397,000	+45,000
Louisiana	483,000	571,000	643,000	+72,000
Maine	300,000	300,000	300,000	---
Maryland	809,000	956,000	1,077,000	+121,000
Massachusetts	1,073,000	1,269,000	1,429,000	+160,000
Michigan	1,253,000	1,481,000	1,668,000	+187,000
Minnesota	516,000	610,000	688,000	+78,000
Mississippi	300,000	300,000	300,000	---
Missouri	589,000	696,000	784,000	+88,000
Montana	300,000	300,000	300,000	---
Nebraska	300,000	300,000	300,000	---
Nevada	319,000	377,000	425,000	+48,000
New Hampshire	300,000	300,000	300,000	---
New Jersey	1,476,000	1,745,000	1,966,000	+221,000
New Mexico	300,000	300,000	300,000	---
New York	2,952,000	3,489,000	3,932,000	+443,000
North Carolina	716,000	846,000	954,000	+108,000
North Dakota	300,000	300,000	300,000	---

Center for Mental Health Services

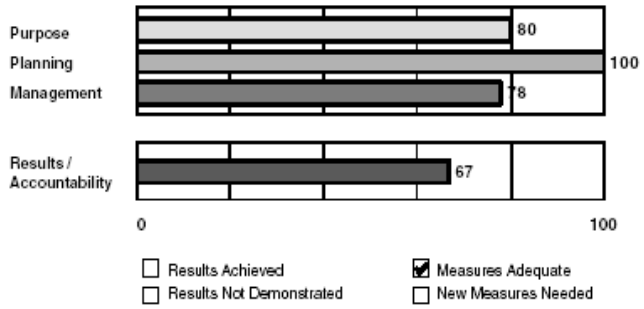
Projects for Assistance in Transition from Homelessness (PATH)

STATE/TERRITORY	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	Increase or Decrease
Ohio	1,392,000	1,645,000	1,854,000	+209,000
Oklahoma	300,000	334,000	376,000	+42,000
Oregon	376,000	445,000	501,000	+56,000
Pennsylvania	1,563,000	1,848,000	2,082,000	+234,000
Rhode Island	300,000	300,000	300,000	---
South Carolina	357,000	422,000	475,000	+53,000
South Dakota	300,000	300,000	300,000	---
Tennessee	565,000	667,000	752,000	+85,000
Texas	2,818,000	3,331,000	3,752,000	+421,000
Utah	333,000	393,000	443,000	+50,000
Vermont	300,000	300,000	300,000	---
Virginia	897,000	1,061,000	1,195,000	+134,000
Washington	820,000	969,000	1,091,000	+122,000
West Virginia	300,000	300,000	300,000	---
Wisconsin	541,000	640,000	721,000	+81,000
Wyoming	300,000	300,000	300,000	---
Subtotal, States	**$40,444,000**	**$46,688,000**	**$51,847,000**	**+5,159,000**
Puerto Rico	662,000	782,000	882,000	+100,000
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	**$862,000**	**$982,000**	**$1,082,000**	**$100,000**
Total States/Territories	**$41,306,000**	**$47,670,000**	**$52,929,000**	**+5,259,000**
SAMHSA Set-Aside	**1,767,000**	**2,090,000**	**2,322,000**	**+232,000**
TOTAL, PATH	**$43,073,000**	**$49,760,000**	**$55,251,000**	**+$5,491,000**

Program: *Projects for Assistance in Transition from Homelessness*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*



Key Performance Measures	Year	Target	Actual
Long-term Measure: Percentage of enrolled homeless persons who receive community mental health services (New measure)	2000		61%
	2005	75%	
Annual Measure: Percentage of contacted homeless persons with serious mental illness who are enrolled in services	1997		37%
	1998	30%	36%
	1999	33%	42%
	2000	41%	
Long-term Measure: Average federal cost for enrolling a homeless person with serious mental illness into services (New measure)	1999		$579
	2000		$668
	2004	$668	
	2005	$668	

Rating: *Moderately Effective*

Program Type: *Block/Formula Grants*

Program Summary:

Projects for Assistance in Transition from Homelessness (PATH) makes formula grants to states to provide outreach, mental health and other supportive services to homeless individuals with serious mental illness.

The assessment indicates:
1. PATH is not entirely unique, but is designed to have a significant impact.
2. The program purpose is clear and commonly held by interested parties.
3. As required by the authorizing legislation, PATH supports an evaluation every three years to ensure expenditures are consistent with the authorization and to recommend changes in program design and operations.
4. Evaluations have found PATH succeeds at targeting homeless individuals with serious mental illness. For example, the 2000 evaluation found 35% of clients who received funded services were diagnosed with schizophrenia or some other psychotic disorder and an additional 30% were diagnosed with an effective disorder such as major depression or bipolar disorder.
5. The program has adopted useful and ambitious long-term and annual performance measures and is managed well overall.
6. The program's existing data indicate progress toward meeting newly adopted long-term performance measures.
7. The program can take additional steps to improve administrative efficiency, but operates with a relatively limited number of employees and has some procedures in place to be more efficient, such as electronic application and grantee reporting.

In response to these findings, the Administration:
1. Proposes a $3 million increase above the 2003 Budget, which is a 26% increase above 2002.
2. Will track and improve program performance using newly developed long-term outcome and efficiency measures.

Program Funding Level (in millions of dollars)

2002 Actual	2003 Estimate	2004 Estimate
40	47	50

PART Corrective Action Plan

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
1.	The program does not provide a budget presentation that clearly ties the impact of funding decisions on expected performance or explains why the requested performance and resource mix is appropriate.	9/31/04	Y	Complete integration of performance and budget will occur in the 2006 budget cycle when OMB and HHS publish new budget guidance.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Submission of integrated 2006 budget	09/30/04	CMHS/OPPB	OPPB/Anita Sweetman
	Recommendation	**Completion Date**	**On Track? (Y/N)**	**Comments on Status**
2.	Develop data for long-term measures	12/01/07	Y	Program has developed and implemented new long-term measures. Baseline data has been collected for all three measures and targets have been set.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Consistent with our GPRA targets, target data to be reported in 9/05	09/30/05	OPPB	Mark Jacobsen
	Recommendation	**Completion Date**	**On Track? (Y/N)**	**Comments on Status**
3.	Improved efficiency data are needed	12/01/07	Y	Program has both an annual and long-term efficiency measures.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Consistent with our GPRA targets, annual target data to be reported in 9/04 and long-term target data to be reported in 9/05	09/30/04	CMHS	Mark Jacobsen

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Center For Mental Health Services
Community Mental Health Services Block Grant
(Dollars in thousands)

Authorizing Legislation - Section 1920 of the PHS Act

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
Budget Authority……	$437,140	$412,840	$414,267	+$1,427
PHS Evaluation Funds……	---	21,850	21,803	-47
Program Level……	$437,140	$434,690	$436,070	+$1,380

2005 Authorization ..... Expired

***Purpose and Method of Operation*.....**

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 2005 grants are due September 1, 2004. Applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED). Major provisions of the current law include a maintenance of effort requirement for States and a provision that ensures that when the application of the formula results in lowered funding for a particular State, the allotment will not be less than that received in FY 1998.

The program's overall goal is to move care for adults with SMI and children with SED from costly and restrictive inpatient hospital care to the community. 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 for data collection, technical assistance, and evaluation which is retained by SAMHSA for these purposes.

Funds Distributed through Formula

95% of the funds allocated to the Block Grant program are distributed to States through a formula prescribed by the authorizing legislation. States are required to use the funds to carry out the annual Plan submitted with the Block Grant application. 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. Variation in allotments from FY 2004 is the result of the program increase and changes in the source data.

Funds reached 972 subgrantees in FY 2002. The number of persons served by the mental health block grant funding is derived from the amount of Block Grant funding and the average Medicaid client cost for outpatient care:

	FY 2003	FY 2004	FY 2005
Number of persons served	230,000	223,000	220,000
Average claimant cost	$1,808	$1,850	$1,885

Transition to Performance Partnerships

The Children's Health Act of 2000 required the development and submission to Congress of a report on plans for transforming SAMHSA's two block grants into Performance Partnerships. The draft Report to Congress, which is in final review, includes:

- The flexibility that would be given to the States under the plan;
- The common set of performance measures that would be used for accountability;
- The definitions of the data elements to be used under the plan;
- The obstacles to implementation of the plan and the manner in which such obstacles would be resolved;
- The resources needed to implement the performance partnerships under the plan; and
- An implementation strategy, complete with recommendations for any necessary legislation.

The Children's Health Act provided the means for CMHS to fund State Date Infrastructure grants beginning in FY 2001. The States submitted the first set of data reports to CMHS in December 2002. Data submitted in December 2003 is being used to report on new GPRA measures. States are moving toward adopting common data and information technology standards, with a focus on improving information from the local provider sector.

5% Set-aside for Data Collection, Technical Assistance, and Evaluation

Five percent of the annual allocation of MHBG funds are designated for CMHS 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.

Mental health block grant set-aside funding supports several critical survey activities, including the Survey of Mental Health Organizations, the Client/Patient Sample Survey and the Decision Support 2000+ Data Standards ($2.8 million total). $15.395 million supports several technical assistance efforts, including the National Technical Assistance Center, which provides assistance to State mental health agencies to improve the design, delivery, and evaluation of services; the Targeted Technical Assistance Project, which provides assistance to other stakeholders in State mental health systems; and the Technical Assistance Center for the Evaluation of Adult Mental Health Systems Change.

CMHS Block Grant Set-aside Funding

	FY 2003	FY 2004	FY2005
State Data Systems	$2,665,000	$2,785,000	$2,785,000
Program Evaluation	1,339,000	3,623,000	3,623,000
Technical Assistance	17,853,000	15,442,000	15,395,000
Total, Set-aside	**$21,857,000**	**$21,850,000**	**$21,803,000**

PART Review

The Community Mental Health Services Block Grant was selected by OMB for the PART review process in FY 2003. 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 outcome measures, and SAMHSA has begun to implement agreed-upon long-term outcome measures. SAMHSA also has initiated funding for a national evaluation of the Block Grant program in response to the OMB findings.

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

	Funding	FTE
2000	$356,000,000	17
2001	420,000,000	17
2002	433,000,000	17
2003	437,140,000	17
2004 a/	434,690,000	17

a/ Includes $21.850 million from PHS evaluation funds.

Rationale for the Budget Request.....

The FY 2005 budget proposes an increase of approximately $1.4 million for this program, which will contribute toward maintaining current services. $21.8 million of the funding is provided through PHS Evaluation funds. All allotments remain at or above the minimum (FY 1998) level in accordance with the Public Health Service Act, Section 1918(b).

Center for Mental Health Services

Community Mental Health Services Block Grant Program

STATE/TERRITORY	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	Increase or Decrease
Alabama	$6,292,914	$6,333,366	$6,267,562	-65,804
Alaska	822,980	807,349	783,060	-24,289
Arizona	7,465,088	7,620,939	7,927,354	+306,415
Arkansas	3,891,676	3,942,927	3,930,796	-12,131
California	55,596,604	54,447,176	55,398,192	+951,016
Colorado	5,625,743	5,743,057	5,803,053	+59,996
Connecticut	4,695,703	4,684,743	4,462,923	-221,820
Delaware	986,561	968,973	980,507	+11,534
District of Columbia	947,422	944,763	903,786	-40,977
Florida	26,635,631	26,144,498	26,573,146	+428,648
Georgia	12,621,267	12,840,422	13,168,568	+328,146
Hawaii	1,774,176	1,718,743	1,731,068	+12,325
Idaho	1,801,576	1,788,605	1,833,154	+44,549
Illinois	16,827,805	17,167,710	17,033,475	-134,235
Indiana	8,367,122	8,272,877	8,194,760	-78,117
Iowa	3,704,898	3,744,360	3,729,734	-14,626
Kansas	3,305,048	3,311,655	3,289,863	-21,792
Kentucky	5,855,670	5,755,784	5,861,988	+106,204
Louisiana	6,401,225	6,338,989	6,048,773	-290,216
Maine	1,774,759	1,764,404	1,788,735	+24,331
Maryland	8,378,786	8,320,840	8,336,054	+15,214
Massachusetts	8,502,548	8,598,380	8,494,085	-104,295
Michigan	13,241,980	13,163,041	13,056,634	-106,407
Minnesota	5,986,196	5,983,957	6,037,129	+53,172
Mississippi	4,030,688	4,128,357	4,119,415	-8,942
Missouri	7,091,959	7,114,254	7,143,243	+28,989
Montana	1,265,017	1,262,644	1,258,971	-3,673
Nebraska	2,099,881	2,105,983	2,102,981	-3,002
Nevada	3,279,098	3,231,892	3,435,569	+203,677
New Hampshire	1,456,587	1,469,696	1,498,160	+28,464
New Jersey	12,656,338	12,496,178	12,325,262	-170,916
New Mexico	2,325,437	2,355,414	2,371,975	+16,561
New York	29,692,427	28,990,291	28,554,334	-435,957
North Carolina	10,778,281	10,567,007	10,650,177	+83,170
North Dakota	852,974	852,938	829,077	-23,861

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

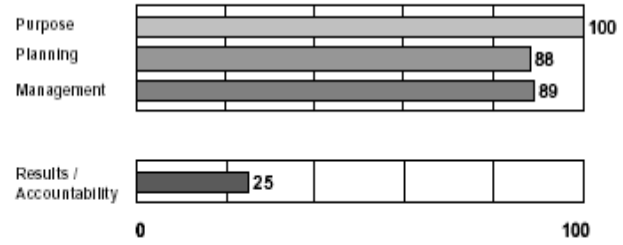
STATE/TERRITORY	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	Increase or Decrease
Ohio	14,945,817	14,969,400	14,661,023	-308,377
Oklahoma	4,775,657	4,781,491	4,760,633	-20,858
Oregon	4,457,361	4,317,425	4,347,320	+29,895
Pennsylvania	16,782,207	16,277,619	15,959,692	-317,927
Rhode Island	1,531,371	1,426,677	1,441,081	+14,404
South Carolina	5,586,529	5,559,432	5,683,121	+123,689
South Dakota	937,227	937,039	918,473	-18,566
Tennessee	8,316,649	8,137,479	8,114,894	-22,585
Texas	31,399,461	31,983,120	32,748,593	+765,473
Utah	2,939,256	3,002,350	3,152,592	+150,242
Vermont	815,129	809,409	809,597	+188
Virginia	10,872,471	11,082,109	11,065,219	-16,890
Washington	8,597,232	8,309,216	8,467,765	+158,549
West Virginia	2,658,108	2,674,605	2,610,696	-63,909
Wisconsin	6,867,742	6,864,509	6,869,148	+4,639
Wyoming	539,473	532,914	519,092	-13,822
State Subtotal	**$409,053,755**	**$406,647,006**	**$408,052,502**	**+$1,405,496**
American Samoa	81,263	80,781	81,063	+282
Guam	219,581	218,278	219,039	+761
Marshall Islands	72,113	71,685	71,935	+250
Micronesia	151,784	150,883	151,409	+526
Northern Mariana Islands	98,185	97,603	97,943	+340
Palau	50,000	50,000	50,000	---
Puerto Rico	5,402,260	5,370,219	5,388,930	+18,711
Virgin Islands	154,059	153,145	153,679	+534
Territory Subtotal	**$6,229,245**	**$6,192,594**	**$6,213,998**	**+21,404**
Total States/Territories	**$415,283,000**	**$412,839,600**	**$414,266,500**	**+$1,426,900**
SAMHSA Set-Aside 1/	**21,857,000**	**21,728,400**	**21,803,500**	**+75,100**
Unexpended Setaside	**---**	**122,000**	**---**	**-122,000**
TOTAL RESOURCES	**$437,140,000**	**$434,690,000**	**$436,070,000**	**+$1,380,000**

1/ The FY 2004 column reflects a reduction of $122,000 from the proposed budget of $434,690,000 which includes $21,850,000 from PHS Evaluation funds. In accordance with legislative authority the PHS Evaluation funds can only support the setaside activities. Based on the statutory formula for this program, the setaside can not exceed 5% of the program level and therefore only $21,728,400 of the $21,850,000 will be available for expenditure.

Program: *Community Mental Health Services Block Grant*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*



Key Performance Measures	Year	Target	Actual
Long-term Measure: Rate of readmission to State psychiatric hospitals (a) within 30 days (b) within 180 days	2000		8.2/18.1
	2008	5/15.1	
Annual Measure: Number of SAMHSA-identified, evidence-based practices in each state and the percentage of service population coverage for each practice.			
Annual Measure: Rate of consumers/family members reporting positively about outcomes for (a) adults and (b) children/adolescents.	2000		70/63
	2005	73/65	

Rating: *Adequate*

Program Type: *Block/Formula*

Program Summary:

The Community Mental Health Services Block Grant provides funds to states by formula to support community mental health services for adults with serious mental illness and children with serious emotional disturbance.

The assessment found:

• The Block Grant is the only federal program that provides funds to every state to develop a comprehensive, community-based system of care for individuals with serious mental illness (SMI) and serious emotional disturbance (SED) who are uninsured or who have no mental health coverage.

• The formula for distributing funds to states does not use prevalence of SMI and SED. However, state surveys confirm that the Block Grant is serving low-income individuals with SMI and the maintenance of effort requirement guards against supplantation.

• As a part of the transition to performance partnerships, the program has adopted new long-term outcome measures for states to report on in exchange for additional flexibility. The program does not yet have multiple years of data to measure pr ogress on all newly-adopted long-term outcomes.

• The program will undergo the first of three consecutive independent evaluation studies this year.

• The program does not provide a budget presentation that clearly ties the impact of funding decisions on expected performance. Having new outcome measures in place will enable the agency to better understand the impact of changes in funding and make budget decisions based on program performance.

In response to these findings, the Administration:

1. 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.
2. 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.
3. Will develop an efficiency measure and begin collecting data in the next year.
4. Will identify baselines and targets for the number of SAMHSA-identified, evidence-based practices in each state and the percentage of service population coverage for each practice.

Program Funding Level (in millions of dollars)

2003 Actual	2004 Estimate	2005 Estimate
437	435	436

PART Corrective Action Plan

	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.	03/01/04	Y	States have been informed that FY2002 and subsequent year data tables will be placed on the SAMHSA web site. Contractor is now reviewing these 2002 tables with the States. Placement of these data on the web is undergoing management review.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Place data on SAMHSA websites	04/01/04	CMHS	OPPB/Dr. George Fitzelle
	Recommendation	**Completion Date**	**On Track? (Y/N)**	**Comments on Status**
2.	The program does not provide a budget presentation that clearly ties the impact of funding decisions on expected performance or explains why the requested performance and resource mix is appropriate.	09/30/04	Y	Complete integration of performance and budget will occur in the 2006 budget cycle when OMB and HHS publish new budget guidance.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Submission of 2006 integrated budget.	09/30/04	CMHS/OPPB	OPPB/Anita Sweetman
	Recommendation	**Completion Date**	**On Track? (Y/N)**	**Comments on Status**
3.	The program has not yet had evaluations meeting the standard for this question that are at the national program level.	09/30/04	Y	A contract was awarded to conduct an Evaluability Assessment of the CMHS Block Grant Program on October 31, 2003. Plans for a national evaluation are developing.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Completion of Evaluability Assessment	06/15/04	CMHS	Dr. Ron Manderscheid
	Recommendation	**Completion Date**	**On Track? (Y/N)**	**Comments on Status**
4.	Develop data for long-term measures	12/01/07	Y	As part of the PPG process, 10 core national measures have been identified. These measures are included in the proposed FY 2005-FY 2007 MHBG application. A Federal Register Notice was published on12/16/03. Incorporated in the application is a discussion on the transition from the MHBG to PPG measures and the expectation that States will report on the Core Measures once they are finalized and built into their planning process.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Submit PPG report to the Congress	06/01/04	OPPB	Winnie Mitchell

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Center For Mental Health Services
Samaritan Initiative
(Dollars in thousands)

Authorizing Legislation - Pending

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
B.A. ……..	$---	$---	$10,000	+$10,000

2005 Authorization ..... Pending

***Purpose and Method of Operation*.....**

The Samaritan Initiative is a new program jointly administered with the Departments of Housing and Urban Development, and Veterans Affairs. Through this initiative, States and localities will be able to access the full range of services that chronically homeless people need including housing, outreach and support services such as mental health services, substance abuse treatment and primary health care. Priority will be given to grantees who seek to expand access to mainstream Federal programs for those who experience chronic homelessness.

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

	Funding	FTE
2000	$---	---
2001	---	---
2002	---	---
2003	---	---
2004	---	---

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

The President's Budget proposes a budget of $10 million for this new program.

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Substance Abuse Prevention
Overview

(Dollars in thousands)

	FY 2003 Actual	FY 2004 Final Conference	2005 Estimate	+/- FY 2004 Final Conf.
Programs of Regional and National Significance……	**$197,111**	**$198,458**	**$196,018**	**-$2,440**

The mission of the Center for Substance Abuse Prevention is to bring effective substance abuse prevention to every community. That mission will be accomplished through the recently developed Strategic Prevention Framework, which incorporates SAMHSA's goals of Accountability, Capacity, and Effectiveness.

The objectives of the Strategic Prevention Framework are to promote the use of performance measures and evaluation tools by substance abuse prevention providers; to increase substance abuse prevention programming throughout the United States; and to support the implementation of effective prevention programs in States and communities. Through the Strategic Prevention Framework, CSAP builds capacity within States and the prevention field to promote resiliency and decrease risk factors in individuals, families, and communities.

Funds were realigned in FY 2004 to implement the Strategic Prevention Framework, using a variety of programs. In FY 2005, SAMHSA will support efforts to enhance implementation of effective programs at the community level, with an emphasis on the prevention of underage drinking.

Current research shows that science-based substance abuse prevention is effective not only in preventing youth from initiating substance use in the first place, but also in reducing the number of individuals who become dependent. Recently identified model prevention programs show, on the average, a 25 percent reduction in substance use by program participants. According to the *Monitoring the Future* survey of eighth, tenth, and twelfth graders, illicit drug use between 2001 and 2003 among students declined 11 percent (from 19.4 percent to 17.3 percent), representing 400,000 fewer drug users over two years.

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.

CSAP administers two major programs: Programs of Regional and National Significance (PRNS), proposed for a decrease of $2.4 million, and the 20% Prevention Set-aside of the SAPT Block Grant. The funding increase proposed for the Substance Abuse Prevention and Treatment (SAPT) Block Grant would result in a $10.6 million increase for prevention funding for States through the 20% Prevention Set-aside, sufficient to maintain current services.

Substance Abuse and Mental Health Services Administration
CSAP Program Priority Areas

(Dollars in thousands)

Program Priority Area a/	FY 2003	FY 2004	FY 2005 - Estimate	
			Amount	+/- > FY04
Co-occurring Disorders				
PRNS	$---	$---	$---	$---
Substance Abuse Treatment Capacity				
PRNS	---	---	---	---
Seclusion & Restraint				
PRNS	---	---	---	---
Strategic Prevention Framework				
PRNS	146,485	156,184	156,391	+207
Children & Families				
PRNS	9,743	1,653	---	-1,653
Mental Health System Transformation				
PRNS	90	63	63	---
Disaster Readiness and Response				
PRNS	994	994	---	-994
Homelessness				
PRNS	---	---	---	---
Aging				
PRNS	---	---	---	---
HIV/AIDS & Hepatitis				
PRNS	39,799	39,564	39,564	---
Criminal Justice				
PRNS	---	---	---	---
TOTAL	**$197,111**	**$198,458**	**$196,018**	**-$2,440**

a/ Represents primary program category; may relate to other categories: reflects comparable adjustments for Prevention/Early Intervention change to Strategic Prevention Framework and New Freedom Initiative change to Mental Health System Transformation.

Center for Substance Abuse Prevention
Mechanism Table

(Dollars in thousands)

	FY 2003 Actual		FY 2004 Final Conference		FY 2005 Estimate	
	No.	Amount	No.	Amount	No.	Amount
Programs of Regional & National Significance						
Best Practices						
Grants/Cooperative Agreements:						
Continuations	62	23,522	13	5,532	16	4,187
New/Competing	26	7,466	26	6,723	4	575
Supplements	(5)	445	---	---	---	---
Subtotal	88	31,433	39	12,255	20	4,762
Contracts:						
Continuations	18	31,577	8	13,830	12	32,072
New	6	2,632	9	24,612	9	8,029
Supplements	---	---	(1)	300	---	---
Subtotal, Contracts	24	34,209	17	38,742	21	40,101
Technical Assistance	---	---	---	---	---	---
Review Cost	---	903	---	1,335	---	1,000
Subtotal, Contracts and Other	**24**	**35,112**	**17**	**40,077**	**21**	**41,101**
Subtotal, Best Practices	**112**	**66,545**	**56**	**52,332**	**41**	**45,863**
Targeted Capacity Expansion						
Grants/Cooperative Agreements:						
Continuations	98	70,210	60	48,482	146	81,865
New/Competing	61	28,938	127	70,713	69	24,572
Supplements	(7)	2,250	(2)	250	---	---
Subtotal	159	101,398	187	119,445	215	106,437
Contracts:						
Continuations	10	12,564	6	13,205	16	30,969
New	5	16,604	8	13,476	7	12,749
Subtotal, Contracts	15	29,168	14	26,681	23	43,718
Technical Assistance	---	---	---	---	---	---
Review Cost	---	---	---	---	---	---
Subtotal, Contracts and Other	**15**	**29,168**	**14**	**26,681**	**23**	**43,718**
Subtotal, Targeted Capacity Expansion	**174**	**130,566**	**201**	**146,126**	**238**	**150,155**
Total, Programs of Regional and National Significance	**286**	**$197,111**	**257**	**$198,458**	**279**	**$196,018**

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Center for Substance Abuse Prevention
Programs of Regional and National Significance

(Dollars in thousands)

Authorizing Legislation - Sections 506B, 516, 517, 519C, 519D, 519E, and 1971 of the PHS Act

	FY 2003 Actual	FY 2004 Final Conference	2005 Estimate	+/- FY 2004 Final Conf.
Programs of Regional and National Significance……				
Best Practices……	$66,545	$52,332	$45,863	-$6,469
Targeted Capacity Expansion……	130,566	146,126	150,155	+4,029
Total……	**$197,111**	**$198,458**	**$196,018**	**-$2,440**

2005 Authorization .....Expired

Purpose and Method of Operations**.....**

Programs of Regional and National Significance (PRNS) account for CSAP's entire discretionary budget, supporting a variety of prevention programs and providing the means to implement the Strategic Prevention Framework. Funding will support 279 grants and contracts, consisting of 190 continuations and 89 new.

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; actual changes to practice that have occurred; and participant outcome data. While many activities contribute to CSAP's accomplishments, two major programs account for the majority of funding.

CSAP utilizes its State Incentive Grants (SIG) program ($85.1 million in FY 2005) to carry out many of its services, infrastructure, and local best practices efforts. In FY 2004, the $47.8 million is available for new SIG grants of which $30 million will emphasize prevention of underage drinking. In FY 2005, CSAP will expand the program to include Service to Science Grants for underage drinking prevention and 'Reach Out Now' which distributes messages on underage drinking prevention to fifth and sixth graders. Consistent with the Strategic Prevention Framework, FY 2005 SIG funding will expand data infrastructure development to support data collection and reporting, and the assessment of promising practices to determine readiness for consideration for the National Registry of Effective Programs. A total of 44 States received a

basic SIG award by FY 2003. By 2004, an estimated 1300 community based organizations will be funded that will implement or enhance more than 3250 local prevention programs.

In addition, the SPF SIG program will support States that have previously been awarded an original SIG grant to implement the Strategic Prevention Framework. The three-part goal of this grant program is (1) preventing the onset of substance abuse; (2) reducing the progression of substance use and abuse through early intervention among those who have already begun; and (3) reducing substance abuse-related problems in communities.

The Substance Abuse Prevention and HIV Prevention in Minority Communities: Services Grants program ($39.6 million in FY 2005, the same as FY 2004) will award a new cohort of approximately 55 grants, using funds from grants that expire in FY 2004. This program is designed to increase prevention services capacity in minority communities which are disproportionately impacted by HIV disease. In FY 2003, 108 service programs that integrated substance abuse prevention and HIV prevention services were funded.

$10 million will continue to fund the Fetal Alcohol Spectrum Disorders (FASD formerly FAS/FAE) Center for Excellence and programs for 10 states, 5 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 FASD prevention and treatment on existing health systems within communities, especially those in American Indian/Alaska Native communities.

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

	Funding	FTE
2000	$146,705,000	—
2001	174,919,000	—
2002	197,479,000	—
2003	197,111,000	—
2004	198,458,000	—

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

The request provides for a $2.4 million decrease for CSAP PRNS programs. The decrease has been absorbed from the completion of one-time projects.

Center for Substance Abuse Prevention
PRNS Program Priority by Type

(Dollars in thousands)

Programs of Regional and National Significance Best Practices	FY 2003 Actual	FY 2004 Final Conference	FY 2005 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	15,137	5,313	5,124
New/Competing	7,466	6,660	575
Contracts			
Continuations	30,674	12,795	31,072
New/Competing	2,632	24,612	8,029
Subtotal	55,909	49,380	44,800
Children & Families			
Grants			
Continuations	9,643	1,554	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	9,643	1,554	---
Mental Health System Transformation			
Grants			
Continuations	90	63	63
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	90	63	63

Center for Substance Abuse Prevention
PRNS Program Priority by Type

(Dollars in thousands)

Programs of Regional and National Significance Best Practices	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Disaster Readiness and Response			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Homelessness			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Aging			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Criminal Justice			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Grants			
Continuations, Subtotal	***24,870***	***6,930***	***5,187***
New/Competing, Subtotal	***7,466***	***6,660***	***575***
Total, Grants	***32,336***	***13,590***	***5,762***
Contracts			
Continuations, Subtotal	***30,674***	***12,795***	***31,072***
New/Competing, Subtotal	***2,632***	***24,612***	***8,029***
Total, Contracts	***33,306***	***37,407***	***39,101***
Technical Assistance	---	---	---
Review	***903***	***1,335***	***1,000***
Total, Best Practices	**66,545**	**52,332**	**45,863**

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

Programs of Regional and National Significance Targeted Capacity Expansion	FY 2003 Actual	FY 2004 Final Conference	FY 2005 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	41,955	29,133	62,450
New/Competing	20,349	51,654	8,399
Contracts			
Continuations	10,765	11,305	29,436
New/Competing	16,604	13,377	10,306
Subtotal	89,673	105,469	110,591
Children & Families			
Grants			
Continuations	100	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	99	---
Subtotal	100	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 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Disaster Readiness and Response			
Grants			
Continuations	---	994	---
New/Competing	994	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	994	994	---
Homelessness			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Aging			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	30,405	18,605	19,415
New/Competing	7,595	19,059	16,173
Contracts			
Continuations	1,799	1,900	2,533
New/Competing	---	---	1,443
Subtotal	39,799	39,564	39,564
Criminal Justice			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Grants			
Continuations, Subtotal	***72,460***	***48,732***	***81,865***
New/Competing, Subtotal	***28,938***	***70,713***	***24,572***
Total, Grants	***101,398***	***119,445***	***106,437***
Contracts			
Continuations, Subtotal	***12,564***	***13,205***	***31,969***
New/Competing, Subtotal	***16,604***	***13,476***	***11,749***
Total, Contracts	***29,168***	***26,681***	***43,718***
Technical Assistance	---	---	---
Review	---	---	---
Total, Targeted Capacity Expansion	**130,566**	**146,126**	**150,155**
TOTAL, PRNS	**$197,111**	**$198,458**	**$196,018**

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

Programs of Regional & National Significance	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Best Practices:			
Prevention Framework			
Evidence Based Practices	$13,839	$3,650	$4,050
FAS/FAE (FASD)	9,489	9,941	10,000
Methamphetamine	2,478	2,013	1,924
Ecstacy	2,077	2,485	2,500
Dissemination/Training	11,943	14,571	14,228
Best Practices Program Coordination	16,986	18,055	13,098
Subtotal, Prevention Framework	**56,812**	**50,715**	**45,800**
Children	9,643	1,554	---
Minority Fellowship Program	90	63	63
Subtotal, Best Practices	**66,545**	**52,332**	**45,863**
Targeted Capacity Expansion			
State Incentive Grant Program			
Current SIG	65,371	39,016	22,769
Strategic Prevention Framework SIG	---	12,269	18,050
Under Age Drinking (UAD)	---	30,000	36,667
State Data Infrastructure	---	2,400	7,636
Subtotal, SIG	**65,371**	**83,685**	**85,122**
CAPT	10,484	11,104	11,800
Minority Health	---	1,409	1,409
Methamphetamine	2,477	2,714	1,924
Ecstacy	2,077	2,485	2,500
Workplace	9,264	4,072	7,836
Subtotal Prevention Framework	**89,673**	**105,469**	**110,591**
Children	100	99	---
Disaster Response	994	994	---
HIV/AIDS	39,799	39,564	39,564
Subtotal, Targeted Capacity Expansion	**130,566**	**146,126**	**150,155**
TOTAL PRNS	**$197,111**	**$198,458**	**$196,018**

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

(Dollars in thousands)

	FY 2003 Actual	FY 2004 Final Conference	2005 Estimate	+/- FY 2004 Final Conf.
20% SAPTBG (non-add)……	**$350,786**	**$355,829**	**$366,447**	**+$10,618**

NOTE: The SAPTBG is also discussed in the CSAT SAPTBG section and in the separate SAPTBG Set-aside section.

***Purpose and Method of Operation*.....**

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

Funds Distributed through Formula

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. SAPT 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.

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 40.1 percent to 16.3 percent (as reported in FY 2002). In FY 2003, 46 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.

Development and implementation of performance measures continues to be an area of highest priority for CSAP. Following pilot studies and other measurement development efforts carried out in part through the State Incentive Grants program, CSAP has been working closely with NASADAD and the States to reach consensus on common outcome and process measures, data

definitions, data collection and reporting methods, and ways to achieve greater flexibility and accountability. CSAP is continuing to work with a State group focusing on policy and an expert group focusing on data methodology, and will be working with this group and CSAP's Data Coordinating Center to finalize environmental measures. CSAP will also continue to provide assistance to the States for data infrastructure development through the State Incentive Grants program.

Transition to Performance Partnerships

The Children's Health Act of 2000 required the development and submission to Congress of a report on plans for transforming SAMHSA's two block grants into Performance Partnerships. The draft Report to Congress, which is in final review, is to include:

- The flexibility that would be given to the States under the plan;
- The common set of performance measures that would be used for accountability;
- The definitions of the data elements to be used under the plan;
- The obstacles to implementation of the plan and the manner in which such obstacles would be resolved;
- The resources needed to implement the performance partnerships under the plan; and
- An implementation strategy, complete with recommendations for any necessary legislation.

Essential to the transition to PPGs is support for State data infrastructure to implement needed data collection and performance measures. One of the permissible uses for the Strategic Prevention Framework SIG grants (within the PRNS budget line) is for data infrastructure support, which will be funded at $7.6 million in FY 2005.

5% Set-aside for Data Collection, Technical Assistance, and Evaluation

The 5% Set-aside 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 $10.6 million for CSAP activities. This represents no increase over FY 2004.

PART Review

The SAPT Block Grant, including the 20% Prevention Set-aside, was reviewed by OMB in 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 that were not finalized until late in FY 2003 as part of the PPG process. States are heavily dependent upon the SAPTBG funding for substance abuse services that are urgently needed.

The PART review was helpful to SAMHSA in identifying the need for specific management actions. For example, 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 Performance Partnerships 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 has made significant progress with the States in determining performance measures for the SAPT Block Grant program and States will begin reporting data in FY 2005. In addition, SAMHSA has initiated funding for a national evaluation of the Block Grant in response to an OMB finding.

Rationale for the Budget Request.....

Funding for the 20% Prevention set-aside is dependent upon the funding for the SAPT block Grant as a whole. The requested funding increase for the SAPT Block Grant ($53 million) would generate $10.6 million increase for the 20% Prevention set-aside, over the FY 2004 Conference Action. This amount is sufficient to maintain current services. A detailed listing of those activities and funding levels for the CSAP portion of the 5% set-aside is provided in the set-aside chapter.

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Center for Substance Abuse Treatment
Overview

(Dollars in thousands)

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
Programs of Regional and National Significance a/…….….	$317,278	$419,219	$517,032	+$97,813
SAPT Block Grant b/……	1,753,932	1,779,146	1,832,235	+53,089
**TOTAL .....…….....	**$2,071,210**	**$2,198,365**	**$2,349,267**	**+$150,902**

a/ FY 2005 includes $4.3 million from PHS evaluation funds.

b/ The SAPT Block Grant includes PHS Evaluation Funds of $62.2 million (FY 2003), $79.2 million (FY 2004) and $79.2 million (FY 2005)

The mission of the Center for Substance Abuse Treatment 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 billion each year (National Estimates of Expenditures for Substance Abuse Treatment, 1997, CSAT, February, 2001).

Results from the National Treatment Improvement Evaluation Study (NTIES) 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, NTIES 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%.

CSAT administers two major programs: Programs of Regional and National Significance (PRNS), proposed for an increase of $98 million, and the Substance Abuse Prevention and Treatment (SAPT) Block Grant, proposed for an increase of $53 million.

The President's Drug Treatment Initiative (PDTI), a commitment to expand clinical treatment and recovery support services over five years, began in FY 2002 with a $94.6 million investment and continued in FY 2003 with a $55.6 million increase. These increases supported the *Targeted*

Capacity Expansion program, the Substance Abuse Prevention and Treatment Block Grant, and a new FY 2003 *Screening, Brief Intervention, Referral, and Treatment Program (SBIRT)*. In FY 2004, $99.4 million will launch a new drug and alcohol treatment voucher program (*Access to Recovery*) targeted to States. This program will complement the SBIRT Program, allowing individuals seeking clinical treatment and recovery support services to exercise choice among qualified community provider organizations, including those that are faith-based. An additional 190,000 people have received treatment services since the inception of the President's Drug Treatment Initiative.

In FY 2005, CSAT proposes to continue these major new investments, and to devote new funding to three areas: increase funds for the ATR Program to a total of $200 million; fund an evaluation of the SBIRT program ($2 million), and increase funds for the Substance Abuse Prevention and Treatment (SAPT) Block Grant by $53 million, which will maintain current services.

Substance Abuse and Mental Health Services Administration
CSAT Program Priority Areas

(Dollars in thousands)

Program Priority Area a/	FY 2003	FY 2004	FY 2005 - Estimate	
			Amount	+/- > FY04
Co-occurring Disorders				
PRNS	$6,689	$6,610	$6,610	---
Substance Abuse Treatment Capacity				
PRNS	162,021	255,693	355,167	+99,474
Block Grant	1,403,146	1,423,317	1,465,788	+42,471
Seclusion & Restraint				
PRNS	---	---	---	---
Strategic Prevention Framework b/				
Block Grant	350,786	355,829	366,447	+10,618
Children & Families				
PRNS	24,621	33,700	33,700	---
Mental Health System Transformation				
PRNS	540	537	537	---
Disaster Readiness and Response				
PRNS	1,696	1,686	---	-1,686
Homelessness				
PRNS	34,153	33,952	33,977	+25
Aging				
PRNS	---	---	---	---
HIV/AIDS & Hepatitis c/				
PRNS	61,807	61,442	61,442	---
Criminal Justice				
PRNS	25,751	25,599	25,599	---
TOTAL d/	**$2,071,210**	**$2,198,365**	**$2,349,267**	**+$150,902**

a/ Represents primary program category; may relate to other categories: reflects comparable adjustments for Prevention/Early Intervention change to Strategic Prevention Framework and New Freedom Initiative change to Mental Health System Transformation

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

c/ Excludes HIV/AIDS Set-aside from SAPTBG

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

Center for Substance Abuse Treatment
Mechanism Table

(Dollars in thousands)

Programs of Regional & National Significance	FY 2003 Actual No.	FY 2003 Actual Amount	FY 2004 Final Conference No.	FY 2004 Final Conference Amount	FY 2005 Estimate No.	FY 2005 Estimate Amount
Best Practices						
Grants/Cooperative Agreements:						
Continuations	29	11,745	17	10,156	21	10,692
New/Competing	12	598	14	1,034	10	497
Supplements	(4)	704	---	---	---	---
Subtotal	41	13,047	31	11,190	31	11,189
Contracts:						
Continuations	34	31,236	36	23,492	45	27,270
New	45	7,926	44	12,415	28	7,965
Subtotal, Contracts	79	39,162	80	35,907	73	35,235
Technical Assistance	3	591	5	1,292	1	1,500
Review Cost	1	531	---	---	1	505
Subtotal, Contracts and Other	83	40,284	85	37,199	75	37,240
Subtotal, Best Practices	**124**	**53,331**	**116**	**48,388**	**106**	**48,429**
Targeted Capacity Expansion						
Grants/Cooperative Agreements:						
Continuations	292	136,534	367	181,323	392	281,739
New/Competing	186	86,958	144	152,215	124	149,230
Supplements	(4)	333	---	---	---	---
Subtotal	478	223,825	511	333,538	516	430,969
Contracts:						
Continuations	26	34,008	27	30,815	29	32,217
New	3	3,948	21	4,182	2	3,200
Subtotal, Contracts	29	37,956	48	34,997	31	35,417
Technical Assistance	---	---	---	---	---	---
Review Cost	4	2,166	2	2,295	2	2,217
Subtotal, Contracts and Other	**33**	**40,122**	**50**	**37,292**	**33**	**37,634**
Subtotal, Targeted Capacity Expansion	**511**	**263,947**	**561**	**370,830**	**549**	**468,603**
(PHS Evaluation funds: Non-add)	---	---	---	---	*(1)*	*(4,300)*
Total, Regional and National Significance	**635**	**317,278**	**677**	**419,219**	**655**	**517,032**
Substance Abuse Block Grant	60	1,753,932	60	1,779,146	60	1,832,235
(Block Grant Set-aside: Non-add)	---	*(87,697)*	---	*(88,957)*	---	*(91,612)*
(PHS Evaluation funds: Non-add)	---	*(62,200)*	---	*(79,200)*	---	*(79,200)*
TOTAL, CSAT	**695**	**$2,071,210**	**737**	**$2,198,365**	**715**	**$2,349,267**

Center for Substance Abuse Treatment
Programs of Regional and National Significance

(Dollars in thousands)

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

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
Programs of Regional and National Significance				
Best Practices……	$53,331	$48,388	$48,429	+$41
Targeted Capacity Expansion……	263,947	370,831	468,603	+97,772
PHS Evaluation (non-add)……	---	---	*(4,300)*	*+(4,300)*
Total, CSAT	**$317,278**	**$419,219**	**$517,032**	**+$97,813**

2005 Authorization .....Expired

***Purpose and Method of Operation*.....**

Programs of Regional and National Significance include CSAT's entire discretionary budget. These resources are CSAT's primary tool to focus Federal funding on particular service improvements and priority needs. Proposed funding reflects an increase of $98 million above the 2004 final Conference level. Funding will support 655 grants and contracts, with 491 continuation grants/contracts and 164 new/competing grants/contracts. Funds for all programs will continue to support evaluation and technical assistance.

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; actual changes to practice that have occurred; and participant outcome data. In FY 2003, CSAT's Targeted Capacity Expansion programs served approximately 30,000 clients. Outcome data show positive results (see page GPRA 38). While many activities contribute to CSAT's accomplishments, several major programs account for the majority of funding.

As mentioned previously, an increase of $100.6 million is proposed for the *Access to Recovery* program for a total of $200 million in FY 2005. The SBIRT program will be funded at $25.7 million in FY 2005, including a $2 million increase for program evaluation. A description of these programs may be found later in this section.

Approximately $34 million are 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.

Approximately $61 million are 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 can reduce the spread of HIV/AIDS in these communities.

Approximately $26 million support programs that address the substance abuse treatment needs of adults and adolescents who become involved in the criminal justice system. Improved services can reduce the number of individuals entering or returning to jail or prison for reasons related to substance use disorders.

The CSAT PRNS program was selected for OMB PART review in FY 2004. The program was challenging to review because it is really a set of complex programs, many of which are relatively new. The program was found to be "Adequate" overall, but received a lower score on the "program results" section than on other sections. A corrective action plan focusing on that section as well as improving elements of other sections was developed and approved.

The corrective action plan focuses on the elements within each section of the PART which received low scores. The corrective action plan includes a PRNS management plan using GPRA 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.

Over the past year, several changes have been implemented consistent with the corrective action plan. Web based data systems have been implemented to improve data collection, analysis, and reporting. To support new data systems and implement cost band measures, 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 new ATR and SBIRT 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.

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

	Funding	FTE
2000	$214,390,000	—
2001	255,985,000	—
2002	290,567,000	—
2003	317,278,000	—
2004	419,219,000	—

Rationale for the Budget Request.....

Treatment Capacity Priority Area

Capacity: Access to Recovery (Total funding: $200 million, of which $98 million is from the PRNS increase.)

In FY 2004, $99.4 million will fund approximately 13 grants to States to support the new Access to Recovery (ATR) program. As envisioned, ATR will be a voucher program administered through the States. The initiative would allow individuals seeking clinical treatment and recovery support services to exercise choice among qualified community provider organizations, including those that are faith-based. An initial assessment will be conducted for each individual to determine the appropriate level of services for that individual, which would include a range of possibilities including recovery support services, brief interventions, and more intensive clinical treatment. In FY 2005, funding is proposed to total $200 million, half of which will be from the proposed PRNS increase. The increased funding is expected to support 13 additional grants.

The program's emphasis is on results – measured by outcomes in seven 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. The same domains will be used for the Performance Partnership (Block) Grants. At the proposed funding level, approximately 100,000 people will receive services through this program in FY 2005.

Capacity: Screening, Brief Intervention, Referral, and Treatment (Total funding: $25.7 million, of which $2 million is from PHS Evaluation funds.)

In FY 2003, $22 million were awarded for 7 grants to States and one technical assistance contract to increase treatment capacity and to improve treatment systems by expanding the continuum of care available in communities. Improvements are expected to result in increased access to clinically appropriate treatment matched to the person's stage of illness and problem severity. This investment will be continued in FY 2004.

In FY 2005, $2 million in PHS Evaluation funds are proposed to fund a contract for a major evaluation of SBIRT which will build on CSAT's data collection and reporting for Government Performance and Results Act purposes by addressing issues in the implementation of funded

projects and their fidelity to grantee plans. The evaluation will document activities, accomplishments, and outcomes at the State level, the sub-recipient community level, and the provider agency level. Both a process and an outcome evaluation would be conducted. The process evaluation would focus on the number of clients screened, the population served, and the settings where services are performed. The outcome evaluation would focus on discerning the outcomes for the four covered population groups (screened only; screened and received brief intervention; screened and received brief treatment; and screened and received full treatment.) The results will allow SAMHSA to make any needed improvements in the program and to recommend the appropriate level of future investments in the program.

Center for Substance Abuse Treatment
PRNS Program Priority by Type

(Dollars in thousands)

Programs of Regional and National Significance Best Practices	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Co-occurring			
Grants			
Continuations	40	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	40	---	---
Substance Abuse Treatment Capacity			
Grants			
Continuations	8,219	8,171	8,170
New/Competing	598	497	497
Contracts			
Continuations	27,077	20,344	24,466
New/Competing	7,811	12,057	7,264
Subtotal	43,705	41,069	40,397
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	942	1,507	1,865
New/Competing	706	358	---
Subtotal	1,648	1,865	1,865
Mental Health System Transformation			
Grants			
Continuations	490	---	537
New/Competing	---	537	---
Contracts			
Continuations	50	---	---
New/Competing	---	---	---
Subtotal	540	537	537

Center for Substance Abuse Treatment
PRNS Program Priority by Type

(Dollars in thousands)

Programs of Regional and National Significance Best Practices (continued)	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Disaster Readiness and Response			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
Homelessness			
Grants			
Continuations	2,100	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	2,100	---	---
Aging			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	298	296	296
New/Competing	---	---	---
Subtotal	298	296	296
Criminal Justice			
Grants			
Continuations	1,600	1,985	1,985
New/Competing	---	---	---
Contracts			
Continuations	2,278	1,344	643
New/Competing	---	---	701
Subtotal	3,878	3,329	3,329
Grants			
Continuations, Subtotal	***12,449***	***10,156***	***10,692***
New/Competing, Subtotal	***598***	***1,034***	***497***
Total, Grants	***13,047***	***11,190***	***11,189***
Contracts			
Continuations, Subtotal	***30,645***	***23,492***	***27,270***
New/Competing, Subtotal	***8,517***	***12,415***	***7,965***
Total, Contracts	***39,162***	***35,907***	***35,235***
Technical Assistance	***591***	***1,292***	***1,500***
Review	***531***	---	***505***
Total, Best Practices	**53,331**	**48,388**	**48,429**

Center for Substance Abuse Treatment
PRNS Program Priority by Type

(Dollars in thousands)

Programs of Regional and National Significance Targeted Capacity Expansion	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Co-occurring			
Grants			
Continuations	---	3,975	3,975
New/Competing	3,956	---	---
Contracts			
Continuations	---	2,634	2,635
New/Competing	2,693	---	---
Subtotal	6,649	6,610	6,610
Substance Abuse Treatment Capacity			
Grants			
Continuations	44,387	57,134	162,366
New/Competing	43,419	127,171	118,600
Contracts			
Continuations	27,222	24,534	26,382
New/Competing a/	---	2,197	3,200
Subtotal	115,028	211,036	310,548
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	16,897	22,119	21,487
New/Competing	5,290	7,355	8,848
Contracts			
Continuations	786	2,361	1,500
New/Competing	---	---	---
Subtotal	22,973	31,835	31,835
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 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Disaster Readiness and Response			
Grants			
Continuations	---	---	---
New/Competing	1,696	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	1,686	
Subtotal	1,696	1,686	---
Homelessness			
Grants			
Continuations	20,734	20,643	21,812
New/Competing	10,064	11,724	10,465
Contracts			
Continuations	---	1,285	1,700
New/Competing	1,255	299	---
Subtotal	32,053	33,952	33,977
Aging			
Grants			
Continuations	---	---	---
New/Competing	---	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	---	---	---
HIV/AIDS & Hepatitis			
Grants			
Continuations	43,730	61,146	61,146
New/Competing	17,779	---	---
Contracts			
Continuations	---	---	---
New/Competing	---	---	---
Subtotal	61,509	61,146	61,146
Criminal Justice			
Grants			
Continuations	11,119	16,305	10,953
New/Competing	4,754	5,965	11,317
Contracts			
Continuations	6,000	---	---
New/Competing	---	---	---
Subtotal	21,873	22,270	22,270
Grants			
Continuations, Subtotal	***136,867***	***181,323***	***281,739***
New/Competing, Subtotal	***86,958***	***152,215***	***149,230***
Total, Grants	***223,825***	***333,538***	***430,969***
Contracts			
Continuations, Subtotal	***34,008***	***30,815***	***32,217***
New/Competing, Subtotal	***3,948***	***4,182***	***3,200***
Total, Contracts	***37,956***	***34,997***	***35,417***
Technical Assistance	---	---	---
Review	***2,166***	***2,295***	***2,217***
Total, Targeted Capacity Expansion	**263,947**	**370,831**	**468,603**
TOTAL, PRNS	**$317,278**	**$419,219**	**$517,032**

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

Programs of Regional & National Significance	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
BEST PRACTICES:			
Co-occurring, Other	$40	$---	$---
Pharmacologic Activities	5,071	6,539	6,539
Addiction Technology Transfer Centers	8,219	8,171	8,171
Women, Children, and Family Activities	1,648	1,865	1,865
Minority Fellowship Program	540	537	537
Homeless Families	2,100	---	---
HIV/AIDS, Knowledge Application	298	296	296
Rehabilitation and Restitution (CJ)	2,444	2,686	2,686
Criminal JusticeActivities	1,434	643	643
Special Initiatives/Outreach	7,107	7,065	7,065
Support to States	3,930	4,151	5,000
Knowledge Application Program (KAP)	4,780	4,473	4,500
Program Coordination and Evaluation	8,641	9,182	8,347
Technical Assistance	7,079	2,780	2,780
Subtotal, Best Practices	**53,331**	**48,388**	**48,429**
TARGETED CAPACITY EXPANSION:			
Co-occurring SIGs	6,649	6,610	6,610
Pharmacologic Actitivies	3,918	2,397	3,670
State TCE - SBIRT a/	21,732	23,667	25,667
TCE - General	39429	34,794	34,794
Congressional Projects	8,875	6,293	---
PPW	2,992	9,941	9,941
Strengthening Treatment Access and Retention	6,401	3,852	3,852
Recovery Community Services Program	9,588	9,225	9,225
Access to Recovery Program (ATR)	---	99,410	200,000
Youth - Outpatient	8,820	11,087	19,127
Youth - Residential	8,077	8,040	---
Adolescent Alcohol Activities	5,290	9,726	9,726
Children's SIG	---	2,982	2,982
State Capacity for Emergency Response	1,696	1,686	---
Grants for Benefit of Homeless Individuals	28,053	29,677	29,677
Joint NOFA w/HUD to End Chronic Homelessness	4,000	4,275	4,300
Minority AIDS Initiative (MAI)	61,509	61,146	61,146
Violent Offender Reentry Program, w/DOJ/DOL	6,000	---	---
Drug Courts	15,373	15,808	15,808
Adolescent Reentry Program	---	5,965	5,965
Criminal Justice Activities	500	497	497
Program Coordination and Evaluation b/	17,245	16,539	18,359
Clinical Technical Assistance	7,800	7,214	7,257
Subtotal, Targeted Capacity Expansion	**263,947**	**370,831**	**468,603**
Total, Substance Abuse Treatment	**$317,278**	**$419,219**	**$517,032**

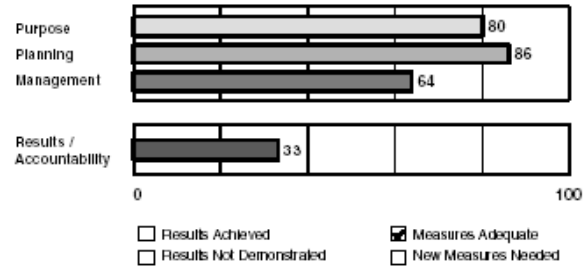
a/ FY 2005 includes $2.0 million from PHS evaluation funds.

b/ FY 2005 includes $2.3 million for SAIS IT contract.

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

Agency: Department of Health and Human Services

Bureau: Substance Abuse and Mental Health Services Administration



☐ Results Achieved ☑ Measures Adequate

☐ Results Not Demonstrated ☐ New Measures Needed

Key Performance Measures	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 (New measure; baseline under development)	2006	42%	
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 (New measure; approved cost range and baseline under development)	2000		60%
	2004	68%	
Annual Measure: Drug treatment professionals trained by the program that adopt proven treatment methods (Adopting proven methods ultimately improves drug treatment outcomes.) (New measure; target to be refined)	2001		40%
	2004	44%	

Rating: *Adequate*

Program Type: *Competitive Grants*

Program Summary:

Substance Abuse Treatment Programs of Regional and National Significance is comprised of a variety of grants and activities intended to improve the quality and availability of drug treatment services.

The assessment indicates:

1. The overall purpose of the program is clear, but the relationship between activities to expand access to drug treatment and activities to improve the quality of drug treatment, such as training, communications and regulatory efforts, is less clear.
2. Grant awards are based on merit and competition is open.
3. The program has not regularly used performance information to improve outcomes and some activities have never been evaluated. The program also lacks data to indicate progress on newly adopted performance benchmarks.
4. A previous evaluation of drug treatment services grants indicates an impact. The 1997 National Treatment Improvement Evaluation Study indicates the program's treatment services demonstration grants were effective. Key findings include drug use declined from 73% to 38% one year after treatment, selling drugs declined 78%, arrests declined 64%, employment increased from 51% to 60%, and alcohol/drug-related medical visits declined 53%.
5. Evidence of impact is not available for research related activities and other efforts.

In response to these findings, the Administration:

1. 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.
2. Proposes $50 million at the 2003 Budget level for performance-based grants to states.
3. Proposes to redirect $8 million from research related activities and other efforts lacking evidence of effectiveness to drug treatment services grants.
4. Will increase support for the National Treatment Outcome Monitoring System to provide current data on the effectiveness of drug treatment services.
5. Will further improve the effectiveness of services grants by introducing grant funding incentives and reductions based on performance.

Program Funding Level (in millions of dollars)

2002 Actual	2003 Estimate	2004 Estimate
291	358	557

PART Corrective Action Plan

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
1.	Develop data for performance measures.	10/01/06	Y	Grantees have all be 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.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Implement cost measures with grantees.	06/01/04	OPPB/CSAT	Kevin Mulvey
	Improve data collection among grantees	10/01/04	OPPB/CSAT	
	Implement and improve collection and reporting system	01/01/04	OPPB/CSAT	
	Expand functionality of data reporting system	10/01/06	OPPB/CSAT	
	Recommendation	**Completion Date**	**On Track? (Y/N)**	**Comments on Status**
2.	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
	Recommendation	**Completion Date**	**On Track? (Y/N)**	**Comments on Status**
3.	The program does not provide a budget presentation that clearly ties the impact of funding decisions on expected performance or explains why the requested performance and resource mix is appropriate.	9/31/04	Y	Complete integration of performance and budget will occur in the 2006 budget cycle when OMB and HHS publish new budget guidance.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Submission of the 2006 integrated performance budget	09/30/04	CSAT/OPPB	Anita Sweetman
	Recommendation	**Completion Date**	**On Track? (Y/N)**	**Comments on Status**
4.	The program needs incentive and disincentive procedures in place to improve efficiency and cost effectiveness in program execution	9/31/04	Y	Guidelines outlining types of delinquencies and potential actions along with submitting corrective action plans were implemented. Feasibility tests conducted Mar-July 2003 with 2nd to 3rd yr grantees, and all delinquent grants reached minimal level of performance. CSAT will incrementally raise minimal levels of performance by grantees.

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Center for Substance Abuse Treatment
Substance Abuse Prevention and Treatment Block Grant

(Dollars in thousands)

Authorizing Legislation - Section 1921 of the Public Health Services Act

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	+/- FY 2004 Final Conf.
SAPT Block Grant……	$1,691,732	$1,699,946	$1,753,035	+$53,089
PHS Evaluation……	62,200	79,200	79,200	---
Subtotal	**$1,753,932**	**$1,779,146**	**$1,832,235**	**+$53,089**

2005 Authorization .....Expired

***Purpose and Method of Operation*.....**

The Substance Abuse Prevention and Treatment (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 2005 grants are due October 1, 2004. 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 numerous specific provisions and funding set-asides, including 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. The legislation provides a 5% set-aside for data collection, technical assistance, and evaluation which is retained by SAMHSA for these purposes.

In 2001, the SAPT Block Grant accounted for approximately 40% of public funds expended by States for prevention and treatment. Sixteen States reported that greater than 50% of their total funding for substance abuse prevention and treatment programs came from the Federal block grant. Eight States reported block grant funding at greater than 60% of the total spent, while seven States reported over 70%. Over 10,500 community-based organizations receive SAPT Block Grant funding from the States. Since FY 2002, increases to the SAPT Block Grant have been included in the President's Drug Treatment Initiative. In FY 2001, an estimated 1.7 million persons were served.

Funds Distributed through Formula

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.

Substance Abuse Prevention

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

Substance Abuse Treatment

CSAT is responsible for administering the treatment funding aspects of the SAPT Block Grant program. States and Territories annually submit a report and plan to the Federal government describing how they expended Block Grant funds and how they intend to obligate Block Grant funds being made available in the current fiscal year. Targeted technical assistance is available to the States and territories through CSAT's State Systems Development Program (SSDP) and State Systems Technical Assistance Project (SSTAP).

Identifying appropriate and feasible performance measures for the Block Grant program (and for the forthcoming PPG 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. These measures will be retained for the PPG program.

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 GPRA report because the data submitted voluntarily were not based upon consistent methodologies and definitions.

Transition to Performance Partnerships

The Children's Health Act of 2000 required the development and submission to Congress of a report on plans for transforming SAMHSA's two block grants into Performance Partnerships. The draft Report to Congress, which is in final review, includes:

- The flexibility that would be given to the States under the plan;
- The common set of performance measures that would be used for accountability;
- The definitions of the data elements to be used under the plan;
- The obstacles to implementation of the plan and the manner in which such obstacles would be resolved;
- The resources needed to implement the performance partnerships under the plan; and
- An implementation strategy, complete with recommendations for any necessary legislation.

Essential to the transition to PPGs is support for State data infrastructure to implement needed data collection and performance measures. Data infrastructure support for treatment measures will be funded at $8.6 million in FY 2005.

5% Set-aside for Data Collection, Technical Assistance, and Evaluation

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 $28.457 million for CSAT activities, including an increase of $3.1 million associated with the overall increase in funding for the SAPT Block Grant.

PART Review

The SAPT Block Grant was reviewed by OMB in 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 as part of the PPG process. States are heavily dependent upon the SAPTBG funding for substance abuse services that are urgently needed.

The PART review was helpful to SAMHSA in identifying the need for specific management actions. For example, 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 Performance Partnerships 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 has made significant progress with the States in determining performance measures for the SAPT Block Grant program and States will begin reporting data on the measures developed to date in FY 2005. In addition, SAMHSA has initiated funding for a national evaluation of the Block Grant in response to an OMB finding.

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

	Funding	FTE
2000	$1,600,000,000	40
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

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 2005 budget proposes an increase of $53 million for this program. $79.2 million in PHS Evaluation funds continue to be provided as part of the total funding in FY 2005. The requested increase would result in an increase of about 5,000 admissions. The FY 2005 budget proposal will result in no States losing any funds as compared to their FY 2004 allotment. A detailed listing of those activities and funding levels is provided in the Set-aside chapter.

Substance Abuse and Mental Health Services Administration

Substance Abuse Prevention and Treatment Block Grant

STATE/TERRITORY	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	Increase or Decrease
Alabama	$23,950,492	$24,056,022	$24,276,034	+$220,012
Alaska	4,492,456	4,686,203	5,105,706	+419,503
Arizona	30,548,743	31,921,461	34,056,247	+2,134,786
Arkansas	12,638,833	13,450,399	14,005,800	+555,401
California	251,851,368	252,961,061	255,274,603	+2,313,542
Colorado	23,366,008	24,024,384	25,040,971	+1,016,587
Connecticut	16,879,723	16,954,098	17,109,157	+155,059
Delaware	6,577,245	6,671,798	6,870,881	+199,083
District of Columbia	6,466,664	6,671,798	6,870,881	+199,083
Florida	95,064,189	95,483,056	101,190,221	+5,707,165
Georgia	47,462,679	50,960,438	53,535,677	+2,575,239
Hawaii	7,201,410	7,233,141	7,299,294	+66,153
Idaho	6,787,163	6,967,132	7,498,616	+531,484
Illinois	67,994,327	70,477,454	71,994,162	+1,516,708
Indiana	33,448,541	33,595,920	33,903,183	+307,263
Iowa	12,915,707	13,641,441	14,401,259	+759,818
Kansas	12,343,401	12,397,788	12,576,367	+178,579
Kentucky	20,752,134	20,843,571	21,288,391	+444,820
Louisiana	25,959,665	26,074,047	26,312,516	+238,469
Maine	6,577,245	6,671,798	6,870,881	+199,083
Maryland	32,114,739	32,256,241	33,831,224	+1,574,983
Massachusetts	34,174,108	34,324,684	35,120,622	+795,938
Michigan	58,143,061	58,399,248	58,933,358	+534,110
Minnesota	21,783,707	21,879,689	23,014,406	+1,134,717
Red Lake Indians	536,888	539,254	567,221	+27,967
Mississippi	14,139,924	14,381,386	14,948,256	+566,870
Missouri	26,268,668	26,384,412	27,543,613	+1,159,201
Montana	6,577,245	6,671,798	6,870,881	+199,083
Nebraska	7,926,182	7,961,106	8,404,456	+443,350
Nevada	12,860,149	13,022,667	13,919,177	+896,510
New Hampshire	6,577,245	6,671,798	6,870,881	+199,083
New Jersey	47,139,236	47,346,939	47,845,372	+498,433
New Mexico	8,614,912	8,790,186	9,407,916	+617,730
New York	116,000,196	116,511,310	117,851,388	+1,340,078
North Carolina	38,135,024	38,953,858	39,995,231	+1,041,373

Substance Abuse and Mental Health Services Administration

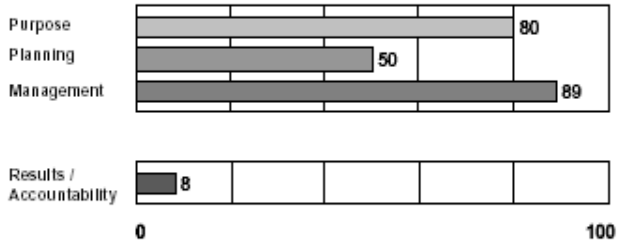
Substance Abuse Prevention and Treatment Block Grant

STATE/TERRITORY	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	Increase or Decrease
North Dakota	4,984,093	5,199,042	5,664,454	+465,412
Ohio	66,942,269	67,237,227	67,852,168	+614,941
Oklahoma	17,788,840	17,867,220	18,586,062	+718,842
Oregon	16,098,174	16,414,806	17,055,914	+641,108
Pennsylvania	59,336,807	59,598,254	61,002,618	+1,404,364
Rhode Island	6,577,245	6,671,798	6,870,881	+199,083
South Carolina	20,661,633	20,752,671	21,867,330	+1,114,659
South Dakota	4,608,895	4,807,663	5,238,039	+430,376
Tennessee	29,391,224	30,005,380	30,649,211	+643,831
Texas	133,331,132	137,162,139	144,623,000	+7,460,861
Utah	16,914,130	17,282,985	17,858,164	+575,179
Vermont	4,927,888	5,140,414	5,600,578	+460,164
Virginia	42,526,592	43,461,008	45,613,929	+2,152,921
Washington	35,125,673	35,280,442	35,603,111	+322,669
West Virginia	8,678,554	8,785,675	8,901,574	+115,899
Wisconsin	25,877,350	25,991,370	27,282,819	+1,291,449
Wyoming	3,202,093	3,340,190	3,639,200	+299,010
Subtotal, States	**$1,641,241,869**	**$1,664,835,870**	**$1,714,513,901**	**+$49,678,031**
American Samoa	327,254	331,958	341,864	+9,906
Guam	884,267	896,979	923,744	+26,765
Marshall Islands	290,405	294,580	303,370	+8,790
Micronesia	611,244	620,031	638,533	+18,502
Northern Mariana Islands	395,400	401,084	413,052	+11,968
Palau	109,267	110,838	114,146	+3,308
Puerto Rico	21,755,288	22,068,035	22,726,536	+658,501
Virgin Islands	620,406	629,325	648,104	+18,779
Subtotal, Territories	**$24,993,531**	**$25,352,830**	**$26,109,349**	**+$756,519**
Total States/Territories	**$1,666,235,400**	**$1,690,188,700**	**$1,740,623,250**	**+$50,434,550**
SAMHSA Set-Aside	**87,696,600**	**88,957,300**	**91,611,750**	**+2,654,450**
TOTAL, SAPT Block Grant	**$1,753,932,000**	**$1,779,146,000**	**$1,832,235,000**	**+$53,089,000**

Program: *Substance Abuse Prevention and Treatment Block Grant*

Agency: *Department of Health and Human Services*

Bureau: *Substance Abuse and Mental Health Services Administration*



Key Performance Measures	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)			

Rating: *Ineffective*

Program Type: *Block/Formula*

Program Summary:

The Substance Abuse Prevention and Treatment Block Grant provides funding to states by formula to plan, carry out, and evaluate activities to prevent and treat substance abuse.

The assessment found:

The Block Grant is the only federal program that provides funds to every state to support statewide substance abuse treatment and prevention services.

The formula for distributing funds does not correspond with the prevalence of substance abuse. While states target funds to appropriate populations and the maintenance of effort requirement guards against supplantation, the likelihood of receiving federal support through the Block Grant for treatment varies by state.

Existing annual measures provide information on outputs (i.e. number of states expressing satisfaction with the agency's technical assistance). These measures do not demonstrate progress toward achieving long-term outcome goals.

While states currently report voluntarily on a number of outcome measures, states will be required to report on outcome and other performance data in exchange for additional flexibility under the performance partnerships.

The program has not been evaluated at the national level.

The program does not provide a budget presentation that clearly ties the impact of funding decisions on expected performance. The agency is developing new outcome measures that will enable the agency to better understand the impact of changes in funding and make budget decisions based on program performance.

In response to these findings, the Administration:

1. Proposes increased funding to continue the President's commitment to provide an additional $1.6 billion for substance abuse treatment over five years.
2. 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.
3. Will establish baselines and set targets for treatment and prevention performance measures.
4. 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.

Program Funding Level (in millions of dollars)

2003 Actual	2004 Estimate	2005 Estimate
1,754	1,779	1,832

PART Corrective Action Plan

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
1.	Develop data for performance measures.	09/01/05	Y	States will begin to report data in 2005; SAMHSA/CSAT to submit FY 2005 Uniform Application for SAPTBG to OMB for review and approval of data collection. The proposed addtions to the data reporting requirenments will be change in substance use/abstinence (effectiveness), unduplicated number of persons served (capacity), and cost band data (efficiency) by service level. Performance and outcome data will be collected in FY 2006 subject to approval under reauthorization.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Submission of PPG report to Congress.	04/30/04	OPPB	Winnie Mitchell

	Recommendation	Completion Date	On Track? (Y/N)	Comments on Status
2.	Conduct independent and comprehensive program evaluation of the national program	TBD	Y	FY 2005 SAPTBG Set-Aside; Evaluation proposal included in FY 2004 Spending Plan which is currently under review. Draft RFC to be developed in 2nd quarter of fiscal year.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Develop proposal for RFC to be awarded during FY 2005 subject to availability of funds	04/30/04	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	04/30/04	Y	Contractor has scheduled this task, however, this is being cleared through SAMHSA management first.
	Next Milestone	**Next Milestone Date**	**Lead Organization**	**Lead Official**
	Refining beta site for posting on the web.	04/30/04	OPPB/CSAT/CSAP	Susan Becker/Anne Herron

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

(Dollars in thousands)

Authorizing Legislation - Section 1935 of the Public Health Service Act

	FY 2003 Actuals	FY 2004 Final Conference	FY 2005 Estimate
Funding Sources			
Budget Authority:			
SAPT Block Grant 5% Setaside	$25,497	$9,757	$12,412
PHS Evalution Funds:			
SAPT Block Grant	62,200	79,200	79,200
Program Management	12,000	16,000	16,000
Total Program Level	$99,697	$104,957	$107,612
SAMHSA Component			
Office of Applied Studies	$63,469	$68,971	$68,536
Budget Authority (non-add)	*(14,926)*	*(3,034)*	*(2,749)*
PHS Evaluation SAPTBG (non-add)	*(36,543)*	*(49,938)*	*(49,787)*
PHS Evalution Program Mgmt (non-add)	*(12,000)*	*(16,000)*	*(16,000)*
Center for Substance Abuse Treatment	26,840	25,367	28,457
Budget Authority (non-add)	*(6,710)*	*(3,079)*	*(3,567)*
PHS Evaluation SAPTBG (non-add)	*(20,130)*	*(22,288)*	*(24,890)*
PHS Evalution Program Mgmt (non-add)	*(---)*	*(---)*	*(---)*
Center for Substance Abuse Prevention	9,388	10,619	10,619
Budget Authority (non-add)	*(3,861)*	*(3,644)*	*(6,096)*
PHS Evaluation SAPTBG (non-add)	*(5,527)*	*(6,974)*	*(4,523)*
PHS Evalution Program Mgmt (non-add)	*(---)*	*(---)*	*(---)*
Total, SAMHSA	**$99,697**	**$104,957**	**$107,612**
Budget Authority (non-add)	*(25,497)*	*(9,757)*	*(12,412)*
PHS Evaluation SAPTBG (non-add)	*(62,200)*	*(79,200)*	*(79,200)*
PHS Evalution Program Mgmt (non-add)	*(12,000)*	*(16,000)*	*(16,000)*

Center for Substance Abuse Treatment

(Dollars in thousands)

Set-Aside Activities	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
State Data Systems			
State Needs Assessments	$2,369	$ ---	$ ---
State Data Capacity Development:			
State Data Infrastructure Grants (FY 2002-2004)	3,400	3,450	---
Block Grant Management Information	708	740	740
NASADAD State/PPG Infrastrucutre Planning Grants	---	500	500
Web Technology	2,031	1,380	---
Integration of State and Federal Data Systems	---	2,000	2,000
State Data Strategy	---	500	5,350
Subtotal, State Data Systems	8,508	8,570	8,590
National Data Collection			
NTOMS Contract Termination Costs	1	---	---
Replacement for NTOMS	---	11,174	11,174
Subtotal - National Data Collection	1	11,174	11,174
Technical Assistance			
State Systems TA Projects	---	---	3,121
Logistics Analytical Support	---	1,227	1,530
Tech. Assist.to States for Performance Partnership Program	14,888	---	---
FTE Support	2,629	3,079	3,567
Subtotal, Technical Assistance	17,517	4,306	8,218
Program Evaluation			
Financing, Access and Cost Study	314	341	44
Integrated Data Analyses and Technical Assistance	---	438	431
SAPTBG Program Evaluation Assessment	---	150	
NASADAD Contract	500	---	---
Development of spending Estimates for MH/SAT	---	388	---
Subtotal, Program Evaluation	814	1,317	475
TOTAL CSAT	**$26,840**	**$25,367**	**$28,457**

Center for Substance Abuse Prevention

(Dollars in thousands)

Set-Aside Activities	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
State Data Systems			
SPS/MIS	$1,812	$2,000	$2,000
Subtotal, State Data Systems	1,812	2,000	2,000
Technical Assistance			
State Reviews, TA and Analytic Support	2,440	3,550	3,550
Synar Program Analysis	764	740	740
Performance Partnership Grants and State Activities	1,026	981	981
Knowledge Dissemination	1,807	1,500	1,500
FTE Support	1,539	1,848	1,848
Subtotal, Technical Assistance	7,576	8,619	8,619
TOTAL CSAP	**$9,388**	**$10,619**	**$10,619**

Office of Applied Studies

(Dollars in thousands)

Set-Aside Activities	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate
Program Totals			
DAWN	$11,633	$12,770	$13,111
NSDUH (Household Survey)	39,633	44,682	43,953
DASIS	8,511	8,485	7,820
Data Archive	890	---	904
Other FTE/Operations	2,802	3,034	2,749
TOTAL OAS	**$63,469**	**$68,971**	**$68,536**

***Purpose and Method of Operation…*.....**

Funding for set-aside activities totals $107.612 million, including $12.412 million from direct funding for the block grant and $95.200 million from PHS evaluation fund. The 5% set-aside of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) supports data collection, technical assistance, and program evaluation activities in CSAT, CSAP, and OAS. The SAPTBG set-aside also supports State activities for State data, State technical assistance and State evaluation. SAMHSA is the major source of national information in the United States on the extent and nature of substance abuse, the supply and cost of services for treating substance abuse, and the number and characteristics of persons in treatment. Information from SAMHSA surveys and other activities supported by the set-aside is used by the Department of Health and Human Services, the Office of National Drug Control Policy, the Drug Enforcement Agency, and State and local agencies to plan and evaluate programs to address health and social problems.

The growth in national data activities and other necessary projects continues to outpace the growth of the block grant set-aside. SAMHSA continues to prepare for implementation of performance partnership grants that are heavily dependent on data collection and analysis at both the state and national levels. To meet multiple needs as efficiently and economically as possible, SAMHSA is ensuring that to the extent possible, data requirements are aligned across programs. Nonetheless, it has become necessary for SAMHSA to draw upon multiple funding sources to accomplish activities that in theory could be funded by the set-aside. These sources have included, varying from year to year, Public Health Services Evaluation funds; program management funds; and PRNS funds in addition to block grant set-aside funds.

Consistent with SAMHSA's data strategy vision, SAMHSA will invest in measuring treatment outcomes for seven outcome domains consistently across all discretionary and formula funded programs employing a pre/post design. States and Territories will remain the key partner serving as a focal point for data compilation from direct service providers located within their jurisdiction or as the source of administrative data sets from which data will be extracted. As State data capabilities improve, the corresponding Federal data reporting programs will adjust to the common measures, improved reporting timelines, and other capabilities.

During FY 2003, SAMHSA initiated actions to implement the Vision. A complete review of the agency's data programs employing both internal and external workgroups was initiated. While the effort is not completed, substantial progress has been made. There is agreement with regard to addiction treatment that data collected from both the PPG/Block Grant and the discretionary programs must be uniform and well integrated, and work together to give a complete picture of treatment success and efficiency. Further agreement has been reached that treatment outcomes should be measured for seven domains: Drug/Alcohol Use, Employment/Education, Crime and Criminal Justice, Family and Living Conditions, Social Support, Access/Capacity, Retention. Specific measures for each of the seven outcome domains have been defined and will be published as Appendix C to the new Access to Recovery Program. Beginning in FY 04, CSAT and OAS will begin bringing their existing treatment data sets into alignment with the seven outcome measures and the pre/post design.

As acknowledged in the data vision, Federal reporting programs such as TEDS are constructed from State administrative data sets. To achieve the improvements in measurement, timeliness, and a pre/post design that SAMHSA desires, State data definitions, collection protocols, computer software, and analysis capabilities must be improved.

CSAT will have the lead in developing the required improvements for State data systems. The Technical Assistance to States for Performance Partnership project and other mechanisms as appropriate to individually assess the current capabilities of States and develop a plan to bring their data capabilities to the performance levels required by SAMHSA. These capabilities would include the seven common outcome measures and the ability to match records across programs and over time. CSAT's Web Technology contract has completed development of software for States to use to collect and manage data from their funded direct service providers thus expanding the information technology choices available to States. This software supports implementation of the outcome measures and a pre/post evaluation design. The Web Technology program offers the States an additional option to improve software capabilities to collect, compile, and manage data from direct service providers on admission and discharges in near real time. These resources should significantly increase the number of States that can report discharge data and the timeliness with which States can report to SAMHSA. FY 2005 program efforts will shift from development and testing to installation and operational support within States through the continuing Web Technology program and the State Data Capacity program.

OAS' DASIS/TEDS program will need to be brought into alignment with the seven common outcome measures as States implement the measures and the data management software. OAS is beginning to anticipate these developments in project management and planning.

Following termination of the original NTOMS contract, as part of the comprehensive review of all data programs, SAMHSA convened an outside group of senior scientists knowledgeable of the addiction outcome scientific literature, measurement, research designs, and sampling. ONDCP and SAMHSA agreed to the composition of the group. The group was charged with reviewing competing research designs for a national addiction treatment outcome monitoring system and developing a consensus recommendation for a research design for the Administrators consideration. The group is nearing completion of their final report. Approximately $22 million will be reserved for implementation of the design ultimately selected for a national outcome monitoring program for the next two years.

Rationale for the Budget Request.....

Funding available for set-aside activities will increase by $2.655 million over the FY 2004 Final Conference Action, from $104.957 million to $107.612 million. The OAS activities will decrease by $.435 million and CSAT activities will increase by $3.090 million. Funding from direct appropriation increases by $2.655, from $9.757 million to $12.412 million. Total funding of $95.200 million from the PHS evaluation fund is the same level as the FY 2004 Final Conference Action. This includes two transfers from the PHS evaluation fund: $16 million to program management for national surveys and $79.200 million to the SAPT block grant for data, technical assistance and evaluation activities. Funding from the PHS evaluation fund will account for approximately 88% of set-aside activities in FY 2005.

Accountability: Substance Abuse State Data Capacity Program. The FY 2005 Budget set-aside allocation to CSAT includes a total of $8.6 million for a State Data Capacity Program, which includes $6.6 million for State Data Strategy and continues Integration of State and Federal Data Systems begun in FY 2004. Because PART, GPRA, and the transition to Performance Partnership grants place new demands on data collection beyond descriptive statistics, States need infrastructure support to collect data that are sufficiently reliable and valid to be used for budget and other program management decisions at the State and Federal levels.

The proposed program will allow SAMHSA to support States in measuring treatment outcomes for seven outcome domains consistently across all discretionary and formula funded programs using a pre/post design. This program will be carried out via contracts, not grants. States and Territories will remain the key partner serving as a focal point for data compilation from direct service providers located within their jurisdiction or as the source of administrative data sets from which data will be extracted. As State data capabilities improve, the corresponding Federal data reporting programs will adjust to the common measures, improved reporting timelines, and other capabilities.

During FY 2004, CSAT and OAS will begin to bring their existing treatment data sets into alignment with the seven outcome measures and the pre/post design. In FY 2005, SAMHSA will begin to award contracts to implement needed systems and to obtain the data.

Program Management

(Dollars in thousands)

Authorizing Legislation - Section 301 of the Public Health Service Act

	FY 2003 Actual	FY 2004 Final Conference	FY 2005 Estimate	FY 2005 +/- Final Conference
Current Law B.A……..	$73,983	$75,915	$76,455	+$540
PHS Evaluation Funds…..	12,000	16,000	16,000	---
Total, Program Level	**$85,983**	**$91,915**	**$92,455**	**+$540**
FTE (Total)	534	546	546	---
(Program Management)	(486)	(489)	(489)	---
(Block Grant Set-aside)	(48)	(57)	(57)	---

2005 Authorization ..... Indefinite

***Purpose and Method of Operation*.....**

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 request. Staff not financed directly through the Program Management budget 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.

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

	Funding[1]	FTEs[2]
FY 2000	59,054,000	541
FY 2001	67,130,000	540
FY 2002	70,342,000	526
FY 2003	73,983,000	504
FY 2004	75,915,000	516

[1] Excludes the following amounts for data collection activities which are shown elsewhere in the budget: 2001 and 2003, $12.0 million; 2002, $21.0 million; 2004, $16.0 million.

[2] Includes direct FTEs supported by the two Block Grant set-asides and excludes FTEs at St. Elizabeth's Hospital.

Rationale for the Budget Request.....

The budget request includes a net increase of $.5 million for built in and program increases, offset by savings from one fewer days of pay. The budget requests that SAMHSA's staffing complement remain level at 516 FTEs given the consolidations, reductions, and FTE savings already achieved. A description of certain of the cost increases and a discussion of the staffing proposal follow.

HHS Unified Financial Management System (+$1,011,000)

The Unified Financial Management System (UFMS) is being implemented to replace five legacy accounting systems currently used across the Operating Divisions. The UFMS will integrate the Department's financial management structure and provide HHS leaders with a more timely and coordinated view of critical financial management information. The system will also facilitate shared services among the OPDIVs and thereby, help management reduce substantially the cost of providing accounting service throughout HHS. Similarly, UFMS, by generating timely, reliable and consistent financial information, will enable the component agencies and program administrators to make more timely and informed decisions regarding their operations. SAMHSA requests $1.193 million to support this effort in FY 2005.

HHS Information Technology System (+$213,000)

SAMHSA request includes funding to support the President's Management Agenda E-Gov initiatives and Departmental enterprise information technology initiatives identified through the HHS strategic planning process. Agency funds will be combined with resources in the Information Technology Security and Innovation Fund to promote collaboration in planning and project management and to achieve common goal such as secure and reliable communication and lower costs for the purchase and maintenance of hardware and software. The enterprise IT investments enable HHS programs to carry-out their missions more securely and at a lower cost. Examples of HHS enterprise initiatives currently being funded are Enterprise E-mail, Network Modernization, and Public Key Infrastructure.

Facility Relocation/GSA Rent Costs (+$926,000)

Plans to move to a new facility are on schedule for FY 2004. The FY 2005 budget request includes increased rental payments to be made to GSA consistent with the 10 year building lease arrangement. The move has been supported by the Administration and adequate funding continues to be provided by Congress. The agency will move to its new facility by July 2004. No additional funds have been requested for the move in FY 2005.

Staffing and Personnel Compensation

Even though the SAMHSA budget proposes a 6 percent increase in the dollars, the FTE level will remain at the FY 2004 Final Conference level. This plan reflects at least a 15 percent reduction in administration and management FTEs. They incorporate the following reductions from the FY 2003 level:

- Administrative Management: The 2005 request reflects a 26 percent reduction in staffing of the Office of Program Services, from 92 FTEs in 2003 to only 70 FTEs at the 2005 request level. The reduction has been achieved by outsourcing information technology, clerical, and grant review positions; transferring vacant budget positions to direct program operations; eliminating other vacant positions in administrative services, equal employment opportunity, and grant and contract management, and restructuring administrative and management responsibilities as a single office, which will eliminate the need for some management positions.
- SAMHSA will be working in concert with the HHS-wide administrative management consolidation efforts in 2004 and 2005.
- The St. Elizabeths FTEs will be reduced by 15 FTEs from 45 in FY 2003 to 30 in 2004 and 2005.

Summary of Changes:

Increases:

Built-in:	
Annualization of 2004 pay raise (1.5%)	+$537,000
Within grade pay increases	+667,000
Increase for January 2005 pay raise at 2.0%	+668,000
Increase for January Commissioned Corps pay raise at 3.5%	+93,000
Increase in rental payments to GSA	+926,000
Increased cost for new building operations (security, maintenance, etc)	+1,000,000
Subtotal, Built-in	+3,891,000
Program:	
Unified Financial Management System (UFMS)	+1,011,000
HHS Information Technology Systems	+213,000
Subtotal Program	+1,224,000
Total, Increases	+5,115,000

Decreases:

Built-in:	
One fewer days of pay	-211,000
Program:	
Absorption of increases	-4,364,000
Total, Decreases	-4,575,000
Net Change	+$540,000

Full Time Equivalent (FTEs)

	FY 2003	FY 2004	FY 2005
Funding Source:			
Program Management	486	489	489
Mental Health Block Grant	17	17	17
SAPT Block Grant	31	40	40
Total, FTEs	534	546	546
Organizational Component			
Direct:			
CMHS	102	101	101
CSAP	105	105	105
CSAT	112	115	115
OA	26	30.5	30.5
OPPB	34	40.5	40.5
OAS	29	33	33
OPS	92	70	70
Subtotal	500	495	495
Reimbursable:			
CMHS	4	21 [1/]	21 [1/]
Subtotal, FTEs	504	516	516
Ceiling exempt:			
St. Elizabeths	30	30	30
Total, FTEs	534	546	546

[1/] Includes 17 FTEs funded with PHS Evaluation funds under the Mental Health Block Grant Program and 4 FTEs funded from other federal sources under Program Management. Excludes one FTE detailed to DOD.

Substance Abuse and Mental Health Services Administration
Detail of Positions

	FY 2003 Actual	FY 2004 Conference	FY 2005 Estimate
Executive Level I	---	---	---
Executive Level II	---	---	---
Executive Level III	---	---	---
Executive Level IV	1	1	1
Executive Level V	---	---	---
Subtotal	1	1	1
ES-6	2	2	1
ES-5	2	2	2
ES-4	1	1	2
ES-3	4	4	3
ES-2	0	1	2
ES-1	4	3	3
Subtotal	13	13	13
GM/GS-15	72	72	72
GM/GS-14	115	115	115
GM/GS-13	142	146	146
GS-12	30	33	33
GS-11	23	21	21
GS-10	1	1	1
GS-09	17	18	18
GS-08	15	15	15
GS-07	31	34	34
GS-06	8	10	10
GS-05	5	5	5
GS-04	1	2	2
GS-03	0	0	0
GS-02	1	1	1
GS-01	0	0	0
Subtotal	461	473	473
CC-08/09			
CC-07	0	0	0
CC-06	18	20	20
CC-05	4	5	5
CC-04	2	2	2
CC-03	1	1	1
CC-02	0	1	1
CC-01	0	0	0
Subtotal	25	29	29
Total FTE 1/	500	516	516
FTE usage	505	516	516
Average GS-Grade	12.49	12.40	12.40

1/ FTE's do not include 30 reimbursable FTE.

Average GS Salary FY 03	$	81,410
Average ES Salary FY 03	$	148,312

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SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

I. RESOURCE SUMMARY

(Program Level in Millions)

	2003 Final	2004 Program	2005 Request
Drug Resources by Function			
Prevention	$565.094	$572.670	$580.956
Treatment	1,789.210	1,916.068	2,056.784
Total	$2,354.304	$2,488.738	$2,637.740
Drug Resources by Budget Decision Unit			
Programs of Regional & National Significance			
Prevention	197.111	198.458	196.018
Treatment	317.278	419.219	517.032
Substance Abuse Block Grant [1]	1,753.932	1,779.146	1,832.235
Program Management [2]	85.983	91.915	92.455
Total [3]	$2,354.304	$2,488.738	$2,637.740
Drug Resources Personnel Summary			
Total FTEs (direct only)	527	512	512
Information			
Total Agency Budget [4]	$3,211.741	$3,350.958	$3,550.242
Drug Percentage	73.3%	74.3%	74.3%

[1] 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.

[2] Consistent with ONDCP guidance, all SAMHSA Program Management funding is included. Program Management is distributed 20 percent to Prevention and 80 percent to Treatment.

[3] Total FY 2005 Drug Control Funds shown reflect an increase of $97.813 million in CSAT PRNS, a decrease in CSAP PRNS of $2.440 million, an increase in the Substance Abuse Prevention and Treatment Block Grant of $53.089 million, and a program management increase of $0.540 million. Includes funds provided from the PHS Evaluation program, as follows: $74.2 million in FY 2003, $95.2 million in FY 2004, and $99.5 million in FY 2005.

[4] Includes PHS Evaluation funds.

II. PROGRAM SUMMARY

SAMHSA supports the *National Drug Control Strategy* through a broad range of programs focusing on prevention and treatment of the abuse of illicit drugs. These programs, which include Block Grant funding as well as funding from the discretionary 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 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 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. CSAP is in the process of realigning its programs to support the Strategic Prevention Framework.

  - Capacity: In addition to funds provided from the 20% 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 State Incentive Grants (SIGs), and especially the new Strategic Prevention Framework SIG, are designed to address the specific and immediate prevention service capacity needs within States and communities. SIG grants represent a comprehensive effort to improve the quality and availability of effective evidence-based prevention services and help 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 (NREP). 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 evaluation of prevention programs to demonstrate their outcomes. The SAPT Block Grant set-aside supports the development of State data infrastructure and also supports oversight of Synar Amendment implementation requiring States to enact and enforce laws to reduce the availability of tobacco products to minors by prohibiting the sale and distribution of tobacco products to persons under 18.

Center for Substance Abuse Treatment

- In partnership with other federal agencies and organizations, state and local governments, and faith-based and community-based substance abuse treatment and primary care 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) transfer knowledge gained from research into effective 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 rapid and 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 unmet need.

- Effectiveness: CSAT promotes effectiveness through best practice programs, which help communities and providers to identify, adapt, implement, and evaluate best practices. Programs include activities to bridge the gap between knowledge and practice by promoting the adoption of best 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 and the Office of Applied Studies (OAS) spend approximately 80 percent of the SAPT Block Grant federal set-aside for the collection and analysis of national data, the development of state data systems (including the development and maintenance of baseline data on incidence and prevalence as well as the development of outcome measures on the effectiveness of treatment programs), technical assistance, and program evaluations.

III. METHODOLOGY - This section does not apply to SAMHSA.

IV. BUDGET SUMMARY

2004 PROGRAM

The total drug control budget supported by the FY 2004 Conference Action is $2.49 billion.

Prevention

- A total of $198.5 million is available for prevention Programs of Regional and National Significance (PRNS) activities. This represents an increase of $1.3 million from the previous fiscal year. CSAP will realign resources based upon the Strategic Prevention Framework (SPF), utilizing a variety of programs. Examples of priorities for the new funding and for reinvesting funds from expiring projects include:

  - Strategic Prevention Framework State Incentive Grants (SPF SIG), which will support States in their efforts to implement the five step Strategic Prevention Framework community development model.

  - An Underage Alcohol Use initiative, supporting a comprehensive approach through the State Incentive Grants program. The initiative will involve public and private partners. Epidemiological data will guide the effort, which will implement proven approaches.

- Start the SPF SIG State Infrastructure program to assist States in their ability to collect data.

Treatment

- A total of $419.2 million is available for treatment PRNS activities and $1.78 billion is available for the SAPT Block Grant.

  - Targeted Capacity Expansion programs: The FY 2004 Conference Action reflects a PRNS net increase of $102.0 million over the previous fiscal year, most of which ($99.4 million) will be used to support the new Access to Recovery (ATR) program. As envisioned, ATR will be a voucher program administered through the States. The initiative would allow individuals seeking clinical treatment and recovery support services to exercise choice among qualified community provider organizations, including those that are faith-based. An initial assessment will be conducted for each individual to determine the appropriate level of service for that individual, which would include a range of possibilities including recovery support services, brief interventions, and more intensive clinical treatment.

  - SAPT Block Grant: A total of $1.78 billion is available for the SAPT Block Grant. This represents an increase of $25.2 million over the previous fiscal year. This will provide modest increases in all State and territory allocations, and an increase of $1.3 million for the federal set-aside.

2005 Request

A total of $2.64 billion is requested for the drug control budget in FY 2005, including $713.1 million for SAMHSA/CSAP/CSAT PRNS funding, $1.83 billion for the Substance Abuse Prevention and Treatment Block Grant (SAPT) Block Grant, and $92.46 for SAMHSA Program Management. This represents a net increase of $149.0 million over FY 2004.

Prevention

- The FY 2005 request for SAMHSA/CSAP PRNS is $196.0 million, reflecting a program reduction of $2.4 million over FY 2004. Since no new PRNS funding is requested for FY 2004, CSAP proposes to reinvest funds from expiring projects as follows:

  - In FY 05, CSAP intends to continue to focus strongly on underage drinking initiatives, including a new Service to Science grant program and expansion of 'Reach Out Now'.

  - In order to increase States' capacity to evaluate the progress and utilization of their Programs of Regional and National Significance funds and their Substance Abuse Prevention Block Grant funds, CSAP plans to expand the SPF SIG State Infrastructure program begun in FY 2004.

Treatment

- The FY 2005 request reflects an increase of $97.8 million in SAMHSA/CSAT PRNS funds and a $53.1 million increase for the SAPT Block Grant.

  - Funding for the Access to Recovery initiative that began in FY 2004 will be increased to $200 million in FY 2005. The new PRNS funding will be combined with $99.4 million in continuation funds from the FY 2004 ATR base, and $2.8 million from other expiring CSAT grants.

  - $53.1 million in SAPT Block Grant funds will provide increases for all States and territories, and an additional $2.7 million for the federal set-aside. Data infrastructure support for States will be a priority.

V. PERFORMANCE

Summary

This section is drawn from the FY 2005 Budget Submission and Performance Plan, the FY 2003 Performance Report, and the FY 2004 and FY 2005 PART reviews. The table 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 determined that the substance abuse programs play an important role in supporting substance abuse treatment and prevention services in States, territories and communities. The primary criticism generated by the PART reviews was the lack of outcome measures and targets, without which programs could not demonstrate effectiveness. SAMHSA, recognizing that many States do not collect outcome information in a consistent manner, is working with them to identify common outcome and process measures as well as common methodologies for data collection. SAMHSA also continues to assist States in developing their data infrastructures. The new plan for the Block Grant program - Performance Partnership Grants – should improve State accountability while increasing State flexibility. This model requires States to collect data on core client outcome indicators. SAMHSA also expects to develop baselines for cost bands for different types of prevention and treatment programs by October 2005. CSAT's Targeted Capacity Expansion program's web-based performance measurement system has now enabled that program to demonstrate considerable success in achieving desired treatment outcomes.

CSAP Program Accomplishments: CSAP programs include the 20% Prevention Set-aside from the Substance Abuse Prevention and Treatment (SAPT) Block Grant, and Programs of Regional and National Significance.

SAPT Block Grant 20% Prevention Set-aside

Selected Measures of Performance		
PART Review		
Purpose Planning Management Results	80% 50% 89% 8%	FY05 Rating: Ineffective Without uniformly-defined and collected outcome information from each State, the program could not demonstrate its effectiveness.
Outcome-oriented Measures Changes in non-use and in use among program participants in the past 30 days (Targets under development) Perception of harm of drug use among program participants (Targets under development)		
Long-Term Measure		
Past year drug use (Targets under development)		
Key Output Measure Percentage of States satisfied with technical assistance FY 2003: Target: 90% Actual Results: 94% FY 2002: Target: 90% Actual Results: 90%		
Efficiency Measure Increase services provided within cost bands (Targets under development)		

Discussion

- The FY 2005 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. It also noted that the program is developing new outcome measures. The PART review concluded that the SAPT Block Grant's primary shortcoming was the lack of outcome measures and long-term targets, making it difficult to demonstrate results. At present, States are not collecting uniformly-defined information on the results or outcomes of the program.

- Proposed changes for the Block Grant will increase State flexibility and accountability through the Performance Partnership Grants (PPGs). PPGs would mandate State collection of core outcome measures, including drug use. SAMHSA is working with States to identify and implement common outcome measures and consistent data collection techniques.

PRNS Programs

CSAP PRNS programs have not yet been reviewed through the PART process. The largest PRNS program is the State Incentive Grants (SIG) program, CSAP's mechanism for building prevention capacity. The number of science-based programs implemented by local sub-recipients in SIG states is the key program performance measure: increases in such programs are expected to lead to greater effectiveness of prevention services. The number of evidence-based programs implemented by the SIG program for FY 02 was 1055, slightly higher than the target (977). This performance is based on 29 States reporting. SIG states have also been successful in leveraging prevention funds: some states have leveraged, through matching funds, up to 10 times the Federal grant amount.

CSAT Program Accomplishments: CSAT programs include the Substance Abuse Prevention and Treatment Block Grant and Programs of Regional and National Significance.

SAPT Block Grant – Treatment

Selected Measures of Performance

PART Review

Purpose	80%	FY05 Rating: Ineffective
Planning	50%	Without uniformly-defined and collected outcome
Management	89%	information from each state, the program could not
Results	8%	demonstrate its effectiveness

Outcome-oriented Measures

Annual Measures

Increase the percentage of technical assistance events that result in systems, practice or program change

Targets	**Results**
FY 04: Maintain at 95%	FY 04: TBR 9/05
FY 03: Maintain at 95%	FY 03: TBR 9/04
FY 02: 95%	FY 02: 97%
FY 01: 85%	FY 01: 96%
FY 00: 70%	FY 00: 84%

Long-term Measures

Percentage of clients reporting change in abstinence at discharge from treatment
(Targets under development)

Output Measure

Number of clients served

Targets	Results
FY 05: 1,963,851	FY 05: TBR 9/07
FY 04: 1,925,345	FY 04: TBR 9/06
FY 03: 1,884,654	FY 03: TBR 9/05
FY 02: 1,751,537	FY 02: TBR 9/04
FY 01: 1,635,422	FY 01: 1,739,796
FY 00: 1,525,688	FY 00: 1,599,701

Efficiency Measure

Decrease the number of states reporting treatment costs exceeding maximum cost bands (Targets under development)

Discussion

- The FY 2005 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. It also noted that the program has adopted new long-term outcome measures and annual outcome and output measures. The primary shortcomings identified through the PART review of the SAPTBG were the lack of outcome measures and long-term targets. While CSAT is funding incentives to States to improve these data, States vary considerably in their ability to provide outcome data.

- SAMHSA is undergoing a transition to Performance Partnership Grants (PPGs), in which all States will be required to provide outcome information that can be aggregated to monitor program performance. The draft PPG Report to Congress, which is nearing final preparation for submission to HHS, lists a small set of core measures for substance abuse treatment and prevention. These will be used for increased accountability.

- An efficiency measure has been developed to monitor and improve cost effectiveness.

- State satisfaction levels with CSAT's customer service continue to be high, with data showing 91% in FY 00, 91% in FY 01, and 95% in FY 02.

CSAT PRNS Program

Selected Measures of Performance
PART Review - review of a group of programs funded under Programs of Regional and National Significance (PRNS)

Purpose	80%	FY04 Rating: *Adequate*
Planning	86%	While a 1997 study documented the effectiveness of the
Management	64%	program, PART recommended funding incentives
Results	33%	and reductions based on grantee performance.

Outcome-oriented Measures	**FY03**	
	Target	**Actual**
Percent adult clients who		
a. were currently employed/engaged in productive activities	35%	42.9%
b. had permanent place to live	35%	87.4%
c. had no/reduced involvement with criminal justice system	35%	94.6%
d. experienced no/reduced substance use-related consequences	35%	81.5%
e. had no past month substance use	35%	61.1%

Selected Output Measures	**FY03**	
	Target	**Actual**
Increase number of TCE clients served	21,000	28,988

Discussion

- The PART review found that the PRNS makes a unique contribution, as PRNS service programs are designed specifically to fill gaps. While State and local governments support drug treatment, neither focuses on regional or emerging problems. PRNS programs 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 conducted since this study. However, evaluations of the Screening and Brief Intervention, Referral and Treatment Program and Access to Recovery programs are being initiated to continue evaluation of major CSAT PRNS programs.

- The table above reflects success in meeting FY 2003 targets. Target numbers have been increased for FY 2004 and FY 2005 from the FY 2003 levels. The program'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 (ATR) program that will begin in FY 2004.

Substance Abuse Treatment
Estimate of Persons Served (Admissions)
FY 2003 – FY 2005

Average Cost	FY 2003 Actual	FY 2004 Conference	FY 2005 Estimate	
Youth Residential	$7,120	$7,241	$7,371	
Youth Non-Residential	2,121	2,157	2,196	
SBIRT	750	763	776	
Access to Recovery	NA	2,000	2,000	
All Other Discretionary	2,121	2,157	2,196	
SAPT Block Grant	2,121	2,157	2,196	
Estimated Admissions				Inc / Dec
Youth Residential	1,134	1,110	NA	-1,110
Youth Non-Residential	6,652	11,031	14,497	+3,466
SBIRT	30,667	31,029	30,480	-549
Access to Recovery	NA	49,705	100,000	+50,295
All Other Discretionary	115,706	111,309	106,109	-5,200
SAPT Block Grant	421,714	420,626	425,518	+4,892
TOTAL	**575,873**	**624,810**	**676,604**	**+51,794**

Footnotes:

[1] Youth Residential average cost per admission was developed by CSAT for the FY 2002 President's Budget. It has been increased by inflation for each subsequent fiscal year, using the updated CPI-U (percent change, year over year, seasonally adjusted CPI for all urban customers) based on the FY 2004 President's Budget, Mid-Session Review, July 15, 2003.

[2] Youth Non-Residential, All Other Discretionary, and SAPT Block Grant average costs per admission reflect the average cost from the Alcohol and Drug Services Study (Revised), released by OAS, SAMHSA, on August 12, 2003. The outyear average admission costs have been inflated by the CPI-U from the FY 1997 base year of the study through FY 2005.

[3] An expert panel convened by CSAT in October 2002 developed an average cost per admission for the Screening, Brief Intervention, Referral, and Treatment (SBIRT) program. This cost has been increased for inflation in the outyears. In an effort to maximize early start-up and minimize start-up delays for this new program, the RFA included award criteria favoring those already implementing or those who could quickly start-up Screening, Brief Intervention, Referral and Treatment programs.

[4] Average cost per admission for the FY 2004 Access to Recovery (ATR) program was derived from the OMB estimate that a $200 million program would support treatment for 100,000 persons. This same estimate has been used in FY 2005.

[5] Estimated admissions have been determined by "scoring" program funds as follows:

Best Practices: 50%
Discretionary Treatment Programs (TCE): 100%
SAPT Block Grant: 51%

[6] CSAT has continued to assess methods to improve the predictability between funding and the number of persons served (admissions) and development of implementing strategies as they are identified. In FY 2003, CSAT work in this area focused on devising a formula by which costs per person supported by discretionary grants could be estimated. CSAT has published cost bands for the major modalities funded by CSAT, as well as the formula for estimation of per person costs. In addition, CSAT has implemented a performance accountability data system which includes estimates of per person costs and has designed and implemented guidelines for project officers related to the monitoring of costs and number of persons to be served. Early in FY 2004, CSAT should be able to produce estimates of costs per person served by its discretionary portfolio in the major modalities directly from grantee data. CSAT has also proposed including these cost bands as part of the FY 2004 block grant applications for states.

[7] CSAT is aware that part of the lack of predictability of the number of persons to be served by the budget line is related to the lack of clarity about the extent to which services delivered to each person are wholly supported by CSAT discretionary dollars or multiple types of funding streams, including CSAT funding. In FY 2004, CSAT plans to test the feasibility of estimating the likelihood of multiple funding streams, and if feasible methods can be identified, a pilot test of the methods will be considered.

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Substance Abuse and Mental Health Services Administration
HIV/AIDS Programs
Overview

HIV/AIDS and Hepatitis is one of SAMHSA's matrix program priority areas. SAMHSA plays a critical Federal role in reducing the HIV/AIDS epidemic as a result of the link between substance abuse and the spread of HIV/AIDS. Since the epidemic began, injection drug use (IDU) has directly and indirectly accounted for more than one-third (36%) of AIDS cases in the United States. This trend appears to be continuing, with 28% of new cases reported in 2000 being IDU related. Racial-ethnic minorities populations in the U.S. have been more heavily affected by IDU-associated AIDS. In 2000, IDU associated AIDS accounted for 26% of all AIDS cases among African American and 31% among Hispanic adults and adolescents compared with 19% among white adults/adolescents. 57% of all cases among women have been attributed to IDU or sex with partners who inject drugs, compared with 31% among men. Substance abuse prevention and treatment are key HIV prevention strategies.

The goals of SAMHSA's HIV/AIDS programs are to:

- improve access to substance abuse prevention and treatment services through increasing capacity and outreach to populations in communities of color disproportionately affected by the HIV epidemic;

- strengthen community capacity and infrastructure to develop an integrated system of care that includes HIV prevention, substance abuse prevention, substance abuse treatment, mental health treatment, and primary care, including Hepatitis C;

- translate science to services through the dissemination of effective models and programs.

Providing mental health treatment services to individuals at high risk for HIV is an effective HIV prevention approach, as well as an often essential component of care to individuals with HIV/AIDS. Access to prevention and treatment services, and the quality of those services, are improved when substance abuse prevention, HIV prevention, substance abuse treatment, mental health care, and primary care are linked and coordinated.

SAMHSA's participation in the National Minority AIDS Initiative (NMAI) has been instrumental in providing prevention, treatment and mental health services programs for identified minority populations at risk for HIV or living with HIV/AIDS. These include African American and Hispanic men (including men who have sex with men), women, and young people. SAMHSA has also been working with HRSA and CDC on the development of more effective services to integrate HIV prevention and care, substance abuse prevention and treatment, and mental health services.

SAMHSA's three surveys and Integration Meeting (1998 through 2002) examined the extent to which States are coordinating their activities among substance abuse services, mental health services, and HIV services. The resulting recommendations included: 1) the importance of interfacing with the criminal justice system, especially related to persons being discharged to the

community; 2) the need for support and incentives to local service delivery agencies to integrate HIV/substance abuse/mental health services delivery; 3) identification of best practices related to integration of services; 4) the need for flexibility in use of grant funds; 4) ensuring integrated, seamless services to the client; and, 5) further expansion of Federal, State, and national association collaboration to improve integration of services.

Center for Mental Health Services

The Center for Mental Health Services is requesting $10.492 million (level funding) to use in FY 2005 for HIV/AIDS activities, and plans to continue 1) the Mental Health HIV Service Collaborative Program and 2) best practices HIV education activities.

In FY 2001, Congress appropriated $7 million to CMHS as part of the National Minority AIDS Initiative for HIV/AIDS for the treatment of mental health disorders related to HIV disease including dementia, clinical depression, and the chronic, progressive neurological disabilities that often accompany HIV disease. This 5-year grant program was designed to expand and strengthen the capacity of community-based entities to provide culturally appropriate mental health treatment services targeted to African Americans, Hispanics/Latinos, and/or other racial, ethnic minorities living with HIV/AIDS. Direct services grants were awarded to 21 community-based providers that operate in traditional and non-traditional settings. Funding for these projects was continued in FY 2003 - FY 2004, and will be continued in FY 2005.

Since 1998, CMHS has had the lead responsibility for the HIV/AIDS Treatment Adherence/ Health Outcome and Costs Study. Results will be reported in December 2003. This landmark effort reflects the collaboration of six Federal entities—the Center for Mental Health Services; the Center for Substance Abuse Treatment; the HIV/AIDS Bureau in the Health Resources and Services Administration; and the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. It is the first Federal initiative designed to study integrated mental health, substance abuse use, and primary medical HIV treatment interventions and to determine if an integrated approach to care improves treatment adherence, produces better health outcomes, and reduces the overall costs associated with HIV treatment. The findings from this joint study are expected to have a substantial impact on practice, policy and future interventions related to persons with HIV/AIDS and co-morbid mental health and substance abuse disorders.

In FY 2005, CMHS also proposes to continue Mental Health Care Provider Education, which began in the mid-1980s. The program currently consists of contracts with three major professional mental health care provider associations: the American Psychiatric Association, the American Psychological Association, and the National Association of Social Workers. Each of the three groups is required to develop and implement HIV/AIDS related mental health treatment training/education programs and workshops for 1000 individuals/year in their discipline (not necessarily in their membership).

Virtually every year, each of the associations has exceeded, and in some cases significantly exceeded, these goals. As a result of CMHS coordination, the three associations also frequently provide joint training to multi-disciplinary trainees.

The three associations have developed numerous curricula. Of note are the American Psychiatric Association's "Neuropsychiatry Curriculum" and a new curriculum, "The Brain and Behavior," a neuropsychiatry curricula for non-physicians; the American Psychological Association's multi disciplinary "Ethical Issues and HIV/AIDS," and the National Association of Social Workers' "Mental Health, Substance Abuse, and HIV/AIDS" curricula. In addition, the three associations will jointly develop a basic mental health and HIV/AIDS curriculum for use in community based organizations who serve HIV positive individuals who also have a diagnosed mental illness.

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) is requesting level funding of $39.6 million in FY 2005. $20.1 million is recycled funds from expiring grants that will be invested in a new cohort of approximately 55 grants in FY 2005. The remaining portion of the CSAP funds will continue an estimated 62 grants.

In FY 2003 and 2004, CSAP began to focus the HIV program on 5-year projects, with the first year supporting a comprehensive planning process. These grants are intended to address minority health care disparities and the disproportionate impact of HIV infection in minority communities by expanding the capacity of community-based organizations to provide effective, integrated substance abuse prevention and HIV prevention services. The comprehensive planning in the first year includes efforts such as coalescing resources, networking, and selecting and adapting (to be culturally appropriate for the target minority population and the community) prevention interventions that reduce risk and enhance resiliency. The subsequent four years are for implementation and evaluation.

Center for Substance Abuse Treatment

CSAT is requesting $61.442 million in FY 2005 to continue grants for the Targeted Capacity Expansion HIV/AIDS Services Program and related technical assistance and evaluation activities. This program, initiated in FY 1999 in response to Congressional language, seeks to address critical gaps in substance abuse treatment capacity and to increase the availability and accessibility of substance abuse treatment and HIV/AIDS services. The program emphasis rapid, strategic responses for substance abuse treatment and related HIV/AIDS services (including sexually transmitted diseases, tuberculosis, and hepatitis B and C) specifically targeted toward racial and ethnic minority populations (e.g., African American, Hispanic/Latino) in Metropolitan Statistical Areas in which the annual AIDS case rate is 20/100,000, or States in which the rate is 10/100,000. In FY 2001, CSAT added an additional eligibility standard that gave priority to metropolitan areas with high minority AIDS rates (25/100,000 or greater) that had not previously received funding under the National Minority AIDS Initiative.

The program goal is ultimately to reduce the spread of substance-abuse-related HIV/AIDS and other infectious diseases in identified high-risk communities. The program is designed to help improve the health of substance abusers through linkages among primary health care, HIV/AIDS, substance abuse and mental health treatment services. The program also expands and enhances the capabilities of substance abuse treatment programs to provide effective services for their clients and to expand their organizational capacity through well-defined linkages with other organizations/providers.

Significant performance has been achieved to date. The 102 Targeted Capacity Expansion-HIV grants awarded during the period FY 1999-2001 have accounted for approximately 13,325 clients having been served. In addition, CSAT has supported an active HIV/AIDS Outreach program during this period, awarding 25 Outreach grants (grant funding for a separate outreach portfolio ended September 30, 2002) through which 508,620 potential clients have been contacted. The two groups of grants have served approximately 46,203 clients. Six months into FY 2003, 608,460 potential clients have been contacted; 29,243 clients have received an HIV test; and 12,980 clients have been referred to treatment.

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

The PHS Act has required that 2% - 5% of the block grant allocation must be spent on HIV/AIDS-related substance abuse programs in States with an AIDS case rate of 10 per 100,000 population. HIV/AIDS funding from the SAPT block grant is as follows:

FY 2001 …….$55.9 million
FY 2002……57.9 million
FY 2003……57.9 million
FY 2004……59.1 million
FY 2005……60.5 million

Substance Abuse and Mental Health Services Administration
HIV/AIDS Programs

	FY 2003 Actual	FY 2004 Final Conf.	FY 2005 Request
Programs of Regional and National Significance:	$112,104	$111,442	$111,498
Mental Health (Non-add)	*(10,498)*	*(10,436)*	*(10,492)*
Substance Abuse Prevention (Non-add)	*(39,799)*	*(39,564)*	*(39,564)*
Substance Abuse Treatment (Non-add)	*(61,807)*	*(61,442)*	*(61,442)*
Substance Abuse Block Grant (Set-aside)	57,910	59,076	60,495
Program Management	600	600	600
Total, SAMHSA Funds	$170,614	$171,118	$172,593
Total by Center/Program Management:			
Mental Health Services	$10,498	$10,436	$10,492
Substance Abuse Prevention	39,799	39,564	39,564
Substance Abuse Treatment	$61,807	$61,442	$61,442
Substance Abuse Block Grant	$57,910	$59,076	$60,495
Program Management	600	600	600
Total, SAMHSA	$170,614	$171,118	$172,593

Substance Abuse and Mental Health Services Administration
HIV/AIDS by Functional Category

	FY 2003 Actual	FY 2004 Final Conf.	FY 2005 Request
II. Risk Assessment and Prevention:			
C. Information and Education/Preventive Services:			
1. High risk or infected persons:			
a. Health education/risk reduction	$39,799	$39,564	$39,564
Subtotal, High Risk or Infected Persons	$39,799	$39,564	$39,564
5. Health-care workers and providers	988	982	982
Subtotal, Information and Educ./Preventive Services	988	982	982
Total, Risk Assessment and Prevention	40,787	40,546	40,546
IV. Clinical Health Services Research and Delivery:			
A. Services:			
1. Community and mental health center services	9,510	9,454	9,510
2. Substance abuse treatment improvement program	120,317	121,118	122,537
Total, Clinical Health Services Res. and Delivery	129,827	130,572	132,047
Total, SAMHSA	**$170,614**	**$171,118**	**$172,593**