DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2021

Substance Abuse and Mental Health Services Administration

Justification of Estimates for Appropriations Committees

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SAMHSA
Substance Abuse and Mental Health Services Administration
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Letter from the Assistant Secretary for Mental Health and Substance Use

I am pleased to present the Substance Abuse and Mental Health Services Administration (SAMHSA) fiscal year (FY) 2021 Budget Request. SAMHSA is requesting a total of $5.7 billion. As the primary federal agency responsible for addressing the mental and substance use disorders that affect millions of Americans, SAMHSA takes seriously its responsibility to ensure that the best, most evidence-based care is reaching all communities in our nation. Now, more than ever, we must ensure individuals living with these conditions gain access to high quality prevention, treatment, and recovery services.

SAMHSA's budget demonstrates a commitment to evidenced-based services to address pressing public health challenges, including the opioids crisis and serious mental illness (SMI). This budget aligns with the Administration's priorities to address mental and substance use issues for children, adults, families, and communities. Through a sustained focus on implementing effective practices, SAMHSA's budget aims to improve the lives of people across the country.

SAMHSA's FY 2021 budget request includes investments to:

- Expand access to care for opioid use disorders (OUD) through continued investment in FDA-approved pharmacotherapies for OUD in conjunction with psychosocial supports, expanded community supports, and strategies to prevent opioid abuse through evidence-based prevention approaches, including the use of the life-saving opioid overdose antidote, naloxone
- Prioritize ensuring that individuals with SMI gain access to care over incarceration through increased investments in evidence-based programs, such as Assertive Community Treatment (ACT) and Assisted Outpatient Treatment (AOT), jail diversion programs, and a focus on addressing the needs of those experiencing mental health crises through the Community Mental Health Services Block Grant
- Expand Certified Community Behavioral Health Clinic (CCBHC) services that provide integrated mental health, substance use, and physical healthcare to those living with SMI, offer 24/7 crisis intervention services and provide access to wrap-around, evidence-based interventions that will support community living for those affected by mental and substance use disorders
- Make critical investments in children's mental health programs, including essential school-based supports, to ensure our nation's schools provide a positive and safe learning environment for America's youth
- Improve access to suicide prevention services and strategies for youth, transition-aged youth, and adults at risk for suicide

In FY 2021, SAMHSA maintains a strong commitment to enhancing the delivery of clinically sound, evidence-based, effective services. SAMHSA continues to streamline its business operations, including the provision of technical assistance and training, to ensure an optimization of service provision across America's communities. The work SAMHSA does is vital to the health of this country. I am confident this budget will enable SAMHSA to achieve its mission to reduce the impact of substance misuse and mental illness on America's communities.

Elinore F. McCance-Katz, M.D., Ph.D.
Assistant Secretary for Mental Health
and Substance Use

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

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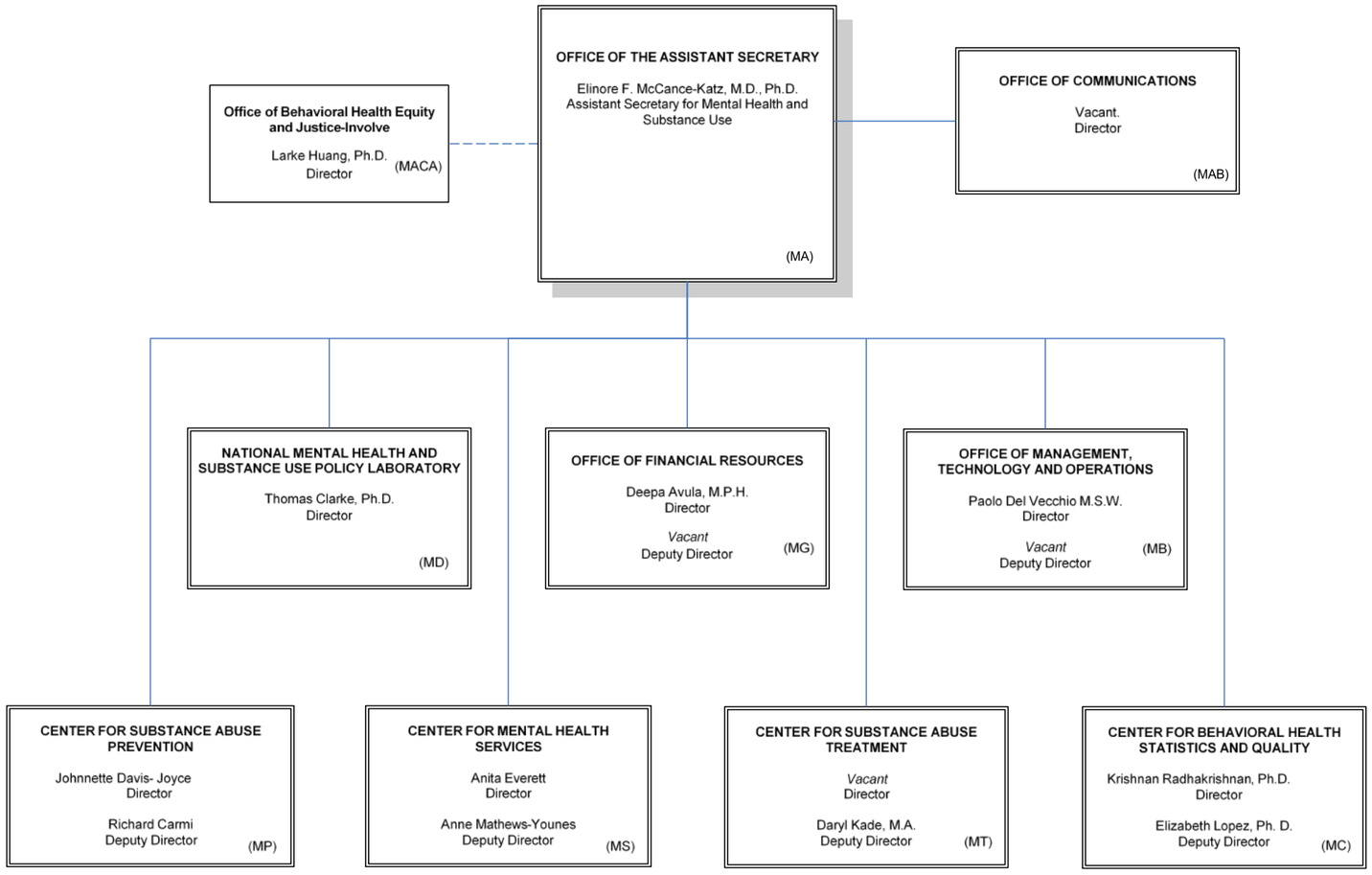
Organizational Structure: Substance Abuse and Mental Health Services Administration (SAMHSA)



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Introduction

Prevention, treatment, and support to help people recover from mental and/or substance use disorders are essential strategies for the health and prosperity of individuals, families, communities, and the country. Individuals and families across the nation are struggling with the consequences of living with mental and substance use disorders. In 2018, National Survey on Drug Use and Health (NSDUH) data estimated 31.9 million Americans aged 12 or older, or 11.7 percent were current (past month) illicit drug users. In addition, an estimated 19.1 percent of adults ages 18 and older had any mental illness in the past year (47.6 million) and 4.6 percent (11.4 million) of adults had serious mental illness. The nation can do better. SAMHSA has a unique responsibility to focus on these preventable and treatable problems, which, if unaddressed, lead to significant individual, societal, and economic consequences.

Mission

SAMHSA's mission is to reduce the impact of substance misuse and mental illness on America's communities. SAMHSA accomplishes this through providing leadership and resources – programs, policies, information and data, funding, and personnel – to advance mental and substance use disorder prevention, treatment, and recovery services in order to improve individual, community, and public health.

Overview of Budget Request

The FY 2021 Budget Request is $5.74 billion, a decrease of $142 million from the FY 2020 Enacted Budget. The budget request aims to address critical national priorities including: combating the nation's opioid crisis, addressing serious mental illness, developing and implementing strategies to prevent suicide, and expanding school-based mental health services.

Key Budget Highlights

State Opioid Response Grants

The FY 2021 Budget Request is $1.59 billion, an increase of $85.0 million from the FY 2020 Enacted. This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding was established to award grants to states and territories via formula. The program also includes a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The program also includes a $50 million set-aside for tribes. Given the varying nature of substance misuse across the United States, the budget continues to expand the use of State Opioid Response grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. States and communities across the country are dealing with rising rates of stimulant use and its negative health, social, and economic consequences, including some states which the latest data indicates are currently experiencing more overdose deaths from methamphetamine than opioids. SAMHSA continues to support the expansion of the use of this funding to provide states flexibility to address their greatest need.

Community Mental Health Services Block Grant (MHBG)

The FY 2021 Budget Request is $757.6 million, which is $35 million above the FY 2020 Enacted. This funding continues to serve as a safety net for mental health services for some of the nation's most vulnerable populations. By statute, MHBG funds must be used to address the needs of adults with serious mental illness (SMI) and children with serious emotional disturbances (SED). SAMHSA will maintain the ten percent set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The set-aside helps reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of serious mental illness. The proposed increase of $35 million will support state efforts to build much needed crisis systems to address the needs of individuals in mental health crisis in a high quality, expeditious manner. The development of these services will promote 24/7 access to well-trained mental health professionals in the time of acute mental health crisis.

Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants

The FY 2021 Budget Request is $225.0 million, which is $25 million above the FY 2020 Enacted. While effective treatment and supportive services exist, many individuals with mental/substance use disorders do not receive the help they need. When they do try to access services, they may face significant delays and/or get connected to incomplete, disconnected, or uncoordinated care. Even people who receive some services, such as medication or psychotherapy, often do not have

access to the complete range of supports they need, such as help to get them through a crisis, manage co-occurring physical health problems, find and sustain employment, and maintain a safe place to live in the community.

Data from intake to most recent reassessment for individuals served in the CCBHC program demonstrate that as of January 2020, clients have 61.6 percent reduction in hospitalization and 62.1 percent reduction in Emergency Department (ED) visits. Additionally, the data demonstrates that 15.2 percent had an increase in employment or started going to school, 30.4 percent increase in mental health functioning in everyday life.

This grant program expands service capacity of the organizations created by Congress in the Protecting Access to Medicare Act of 2014. The Act directed the creation of CCBHCs and support for them to provide a comprehensive, coordinated range of services to their communities. Through this program, HHS has established criteria for clinics to be certified as CCBHCs. These criteria cover six areas that CCBHCs must address to be certified: (1) staffing; (2) availability and accessibility of services; (3) care coordination; (4) scope of services; (5) quality and other reporting; and (6) organizational authority. The CCBHC Expansion program is designed to increase access to and improve the quality of community mental and substance use disorder treatment services. CCBHCs funded under this program must provide access to services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid use disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring mental and substance use disorders. SAMHSA expects that this program will improve the mental health of individuals across the nation by providing comprehensive community-based mental and substance use disorder services; treatment of co-occurring disorders; advance the integration of mental/substance use disorder treatment with physical health care; assimilate and utilize evidence-based practices on a more consistent basis, and promote improved access to high quality care.

Project AWARE

The FY 2021 Budget Request is $125 million. This program, along with Healthy Transitions, is being requested in support of the Federal Commission on School Safety which is aimed at reducing the incidences of school violence across the country and increasing school-based mental health services. Project AWARE is comprised of the Project AWARE State Education Agency (SEA) grants and the Mental Health Awareness Training (MHAT) grants. Project AWARE SEA grants are awarded to State Education Agency/Authorities to promote comprehensive, coordinated, and integrated state efforts to make schools safer and increase access to mental health services. The MHAT grants train school personnel, emergency first responders, law enforcement, veterans, armed services members and their families to recognize the signs and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious emotional disturbances (SED). Project AWARE supports several strategies for addressing mental health in schools: supports for mental wellness in education settings, building awareness of mental health issues, and early intervention with coordinated supports. The program includes a focus on the specific needs affecting rural communities. These communities struggle with access to mental health services in schools and access to qualified health professionals to provide such services.

Suicide Prevention Activities

The FY 2021 Budget Request is $93.0 million. SAMHSA's budget requests is an increase of $3.0 million to expand Zero Suicide initiatives to focus on adult suicide prevention and also allow communities and states to tailor strategies to prevent suicide in their local jurisdictions. Suicide is

the 10th leading cause of death in the United States; according to most recent data, suicide deaths approximate deaths due to opioids, however, the fewer resources are dedicated to addressing suicide prevention. Suicide has been increasing in the United States, particularly in adults and older adults. The CDC (2018) has recently reported that suicide has risen nearly 30 percent during 1999-2016 and has increased in 49 of the 50 states with 25 states experiencing increases over 30 percent.[1] With the rising rates of suicide among adults, particularly middle-aged and older adults, focusing on preventing suicide among adults is urgently required in order to reduce suicide nationally. The baby boomer generation has had higher than average rates of suicide throughout its lifecycle and is entering the stage of life that has historically had the highest rate of suicide. Without significant targeted intervention toward adults, the number of suicides in the United States could continue to increase.

Suicide is a critical public health issue involving multiple psychological and social factors. Suicide rates have increased steadily for individuals of all ages. SAMHSA supports a full complement of programs which address the nation's alarming rates of suicide. These include: the National Strategy for Suicide Prevention, which focuses on adult suicide prevention, the Garrett Lee Smith State an Tribal and Campus Suicide Programs, which address youth and young adult suicide, and the Tribal Training and Technical Assistance Center, which aims to provide needed training and TA to tribal communities to develop comprehensive suicide prevention strategies. Through the implementation of the 21st Century Cures Act, SAMHSA currently supports the Zero Suicide initiative aimed at reducing the rates of adult suicide prevention through the fundamental premise that suicide is preventable for individuals involved in the healthcare system. Since 2007, SAMHSA has been a partner with the U.S. Department of Veterans Affairs (VA) to enable use of the National Suicide Prevention Lifeline as a single entry point to help meet the special needs of veterans in crisis. Callers to SAMHSA's 800-273-TALK number can press "1" to be connected to the VA's Veterans Crisis Line. The number is also promoted to active duty personnel, reservists, and their families under the name "Military Crisis Line."

Assertive Community Treatment (ACT) for Adults with SMI

The FY 2021 Budget Request is $25.0 million. ACT is an evidence-based practice, designed as an integrated care approach to provide a comprehensive array of services, including medication management and other supportive services, directly rather than through referrals. Funding will support the needs of those living with SMI through technical assistance and evaluation activities.

Assisted Outpatient Treatment (AOT) for Individuals with SMI

The FY 2021 Budget Request is $25.0 million. AOT is the practice of delivering outpatient treatment under court order to adults with SMI who meet specific criteria, such as a prior history of repeated hospitalizations or arrest. AOT involves petitioning local courts through a civil process to order individuals to enter and remain in treatment within the community for a specified period of time. Funding will help to identify evidence-based AOT practices that support improved outcomes, including outreach and engagement, clinical treatment and supportive services, and due process protections.

[1]Center for Disease Control and Prevention, Mortality and Morbidity Weekly Report; "Vital Signs: Trends in State Suicide Rates-United States, 1999-2016 and Circu7mstances Contributing to Suicide -27 States, 2015, Stone, D.M et all, June 8, 2018.

Overview of Performance

Consistent with the Government Performance and Results Modernization Act of 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA) continues to refine its use of performance and evaluation data to measure impact and mitigate risk. Data-driven performance reviews help SAMHSA leadership analyze outcome data and learn the extent to which strategies work or need improvement. As impact is measured and reported, SAMHSA seeks to identify the conditions that foster success, address barriers, enable collaboration across programs, and promote overall efficiency.

SAMHSA collects critical performance data on both output and outcome measures. Data on services programs include: diagnoses, abstinence from substance use, mental health functioning, overall physical health, criminal justice involvement, stable housing, social connectedness, and employment. Additionally, SAMHSA collects data on the number of people served, the number trained, and the number of training events held.

SAMHSA also maintains its commitment to utilize these performance data to manage and monitor its robust portfolio of grants. In FY 2017, SAMHSA reconfigured its approach to uniform data collection with the successful launch and implementation of SAMHSA's Performance Accountability and Reporting System (SPARS). This system provides a common data and reporting system for all SAMHSA discretionary grantees and allows for programmatic technical assistance on use of the data to enhance grantee performance monitoring and improve the quality of service delivery. In FY 2018, SAMHSA strengthened its internal evaluation ability through the creation of an Office of Evaluation in the Center for Behavioral Health Statistics and Quality. This Office partners with the National Mental Health and Substance Use Policy Laboratory to ensure that all SAMHSA programs are evaluated for effectiveness and that findings related to the most effective evidence-based practices to treat mental illness and substance use disorders are disseminated to the field. SAMHSA will continue its efforts to improve upon data collection to better inform service delivery.

Substance Abuse and Mental Health Services Administration
All-Purpose Table

(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020
Mental Health				
Programs of Regional and National Significance	$453,222	$529,661	$509,793	-19,868
Children's Mental Health Services	125,000	125,000	125,000	-
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*12,500*	*12,500*	*12,500*	-
Projects for Assistance in Transition from Homelessness	64,635	64,635	64,635	-
Protection and Advocacy for Individuals with Mental Illness	36,146	36,146	14,146	-22,000
Tribal Behavioral Health Formula Grants	--	--	--	
Community Mental Health Services Block Grant	722,571	722,571	757,571	35,000
Budget Authority (non-add)	*701,532*	*701,532*	*736,532*	
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*	
Certified Community Behavioral Health Clinics	150,000	200,000	225,000	25,000
Total, Mental Health	**1,551,574**	**1,678,013**	**1,696,145**	**18,132**
Budget Authority (non-add)	*1,518,535*	*1,644,974*	*1,675,106*	*30,132*
Prevention and Public Health Fund (non-add)	*12,000*	*12,000*	--	*-12,000*
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*	-
Substance Abuse Prevention				
Programs of Regional and National Significance	205,469	206,469	96,985	-109,484
Total, Substance Abuse Prevention	**205,469**	**206,469**	**96,985**	**-109,484**
Substance Abuse Treatment				-
Programs of Regional and National Significance	458,531	479,677	364,677	-115,000
State Targeted Response to the Opioid Crisis Grants	--	--	--	-
State Opioid Response Grants	1,500,000	1,500,000	1,585,000	85,000
Set-Aside for Tribes (non-add)			*50,000*	-
Substance Abuse Prevention and Treatment Block Grant	1,858,079	1,858,079	1,858,079	-
Budget Authority (non-add)	*1,778,879*	*1,778,879*	*1,778,879*	-
PHS Evaluation Funds (non-add)	*79,200*	*79,200*	*79,200*	-
Total, Substance Abuse Treatment	**3,816,610**	**3,837,756**	**3,807,756**	**-30,000**
SAT Budget Authority (non-add)	*3,735,410*	*3,756,556*	*3,728,556*	*-28,000*
SAT PHS Evaluation Funds (non-add)	*81,200*	*81,200*	*79,200*	*-2,000*
Health Surveillance and Program Support				-
Health Surveillance and Program Support	126,258	126,258	106,885	-19,373
Data Request and Publications User Fees	1,500	1,500	1,500	--
Public Awareness and Support	13,000	13,000	11,572	-1,428
Performance and Quality Information Systems	10,000	10,000	10,000	--
Behavioral Health Workforce Data and Development	1,000	1,000	1,000	-
PHS Evaluation Funds (non-add)	*1,000*	*1,000*	*1,000*	-
Drug Abuse Warning Network	10,000	10,000	10,000	-
PHS Evaluation Funds (non-add)		--	*10,000*	-
Total, Health Surveillance and Program Support	**161,758**	**161,758**	**140,957**	**-20,801**
HSPS Budget Authority (non-add)	*128,830*	*128,830*	*97,004*	-31,826
HSPS PHS Evaluation Funds (non-add)	*31,428*	*31,428*	*42,453*	11,025
Data Request and Publications User Fees(non-add)	*1,500*	*1,500*	*1,500*	-
TOTAL, SAMHSA Program Level	**5,735,411**	**5,883,996**	**5,741,843**	**-142,153**
Nonrecurring Expenses Fund (NEF)	**3,000**	--		--
Less Funds from Other Sources:				-
Prevention and Public Health Fund (non-add)	*-12,000*	*-12,000*	--	*12,000*
PHS Evaluation Funds	*-133,667*	*-133,667*	*-142,692*	*-9,025*
Data Request and Publications User Fees	*-1,500*	*-1,500*	*-1,500*	-
TOTAL, SAMHSA Budget Authority	**5,588,244**	**5,736,829**	**5,597,651**	**-139,178**

SAMHSA
Budget Exhibits
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Appropriation Language

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

MENTAL HEALTH

For carrying out titles III, V, and XIX of the PHS Act with respect to mental health, and the Protection and Advocacy for Individuals with Mental Illness Act, [$1,644,974,000] *$1,675,106,0000*: *Provided,* [That of the funds made available under this heading, $68,887,000 shall be for the National Child Traumatic Stress Initiative: *Provided further,*]That notwithstanding section 520A(f)(2) of the PHS Act, no funds appropriated for carrying out section 520A shall be available for carrying out section 1971 of the PHS Act: *Provided further,* That in addition to amounts provided herein, $21,039,000 shall be available under section 241 of the PHS Act *to supplement funds otherwise available for mental health activities and* to carry out subpart I of part B of title XIX of the PHS Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of part B of title XIX*: Provided further, That $35,000,000 of the amounts appropriated for subpart I of part B of title XIX shall be available to support evidence-based crisis systems: Provided further,* That up to 10 percent of the amounts made available to carry out the Children's Mental Health Services program may be used to carry out demonstration grants or contracts for early interventions with persons not more than 25 years of age at clinical December 16, 2019 (3:33 p.m.) high risk of developing a first episode of psychosis: [*Provided further,* That section 520E(b)(2) of the PHS Act shall not apply to funds appropriated in this Act for fiscal year 2021: *Provided further,* That States shall expend at least 10 percent of the amount each receives for carrying out section 1911 of the PHS Act to support evidence based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset:] *Provided further*, That [$200,000,000] *$225,000,000* shall be available until September 30, [2022] 2023 for grants to communities and community organizations who meet criteria for Certified Community Behavioral Health Clinics pursuant to section 223(a) of Public Law 113–93: *Provided further*, That none of the funds provided for section 1911 of the PHS Act shall be subject to section 241 of such Act: *Provided further*, That of the funds made available under this heading, [$19,000,000] *$25,000,000* shall be to carry out section 224 of the Protecting Access to Medicare Act of 2014 (Public Law 113–93; 42 U.S.C. 290aa 22 note).

SUBSTANCE ABUSE TREATMENT

For carrying out titles III and V of the PHS Act with respect to substance abuse treatment and title XIX of such Act with respect to substance abuse treatment and prevention, and the SUPPORT for Patients and Communities Act, [$3,756,556,000] *$3,728,556,000*: *Provided,* That [$1,500,000,000] *$1,585,000,000* shall be for State Opioid Response Grants for carrying out activities pertaining to opioids and stimulants undertaken by the State agency responsible for administering the substance abuse prevention and treatment block grant under subpart II of part B of title XIX of the PHS Act (42 U.S.C. 300x–21 et seq.): *Provided further,* That of such amount $50,000,000 shall be made available to Indian Tribes or tribal organizations: *Provided further,* That 15 percent of the remaining amount shall be for the States with the highest mortality rate related to

opioid use disorders: *Provided further,* That of the amounts provided for State Opioid Response Grants not more than 2 percent shall be available for Federal administrative expenses, training, technical assistance, and evaluation: *Provided further*, That of the amount not reserved by the previous three provisos, the Secretary shall make allocations to States, territories, and the District of Columbia according to a formula using national survey results that the Secretary determines are the most objective and reliable measure of drug use and drug-related deaths: [*Provided further*, That the Secretary shall submit the formula methodology to the Committees on Appropriations of the House of Representatives and the Senate not less than 15 days prior to publishing a Funding Opportunity Announcement:] *Provided further*, That prevention and treatment activities funded through such grants may include education, treatment (including the provision of medication), behavioral health services for individuals in treatment programs, referral to treatment services, recovery support, and medical screening associated with such treatment: *Provided further*, That each State, as well as the District of Columbia, shall receive not less than $4,000,000: *Provided further*, That in addition to amounts provided herein, [the following amounts] *$79,200,000* shall be available under section 241 of the PHS Act [: (1) $79,200,000] *to supplement funds otherwise available for substance abuse treatment activities* to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX [; and (2) $2,000,000 to evaluate substance abuse treatment programs]: *Provided further,* That none of the funds provided for section 1921 of the PHS Act or State Opioid Response Grants shall be subject to section 241 of such Act.

SUBSTANCE ABUSE PREVENTION

For carrying out titles III and V of the PHS Act with respect to substance abuse prevention, [$206,469,000] *$96,985,000*.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

For program support and cross-cutting activities that supplement activities funded under the headings ‘‘Mental Health’’, ‘‘Substance Abuse Treatment’’, and ‘‘Substance Abuse Prevention’’ in carrying out titles III, V, and XIX of the PHS Act and the Protection and Advocacy for Individuals with Mental Illness Act in the Substance Abuse and Mental Health Services Administration, [$128,830,000] *$97,004,000*: *Provided*, That in addition to amounts provided herein, [$31,428,000] *$42,453,000* shall be available under section 241 of the PHS Act to supplement funds available to carry out national surveys on drug abuse and mental health, to collect and analyze program data, and to conduct public awareness and technical assistance activities: *Provided further*, That, in addition, fees may be collected for the costs of publications, data, data tabulations, and data analysis completed under title V of the PHS Act and provided to a public or private entity upon request, which shall be credited to this appropriation and shall remain available until expended for such purposes: *Provided further,* That amounts made available in this Act for carrying out section 501(o) of the PHS Act shall remain available through September 30, [2021] *2022*: *Provided further,* That funds made available under this heading may be used to supplement program support funding provided under the headings ‘‘Mental Health’’, ‘‘Substance Abuse Treatment’’, and ‘‘Substance Abuse Prevention’’.

Language Analysis

Language Provision	Explanation
For carrying out titles III, V, and XIX of the PHS Act with respect to mental health, and the Protection and Advocacy for Individuals with Mental Illness Act *$1,675,106,000*:	Identifies the purpose for which funds can be used for mental health. Language regarding the National Child Traumatic Stress Initiative is removed because a separate funding proviso is unnecessary and duplicative.
Provided further, That in addition to amounts provided herein, $21,039,000 shall be available under section 241 of the PHS Act *to supplement funds otherwise available for mental health activities and* to carry out subpart I of part B of title XIX of the PHS Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of part B of title XIX: : *Provided further, That $35,000,000 of the amounts appropriated for subpart I of part B of title XIX shall be available to support evidence-based crisis systems:*	Sets the amount of Public Health Service Evaluation Fund dollars allocated to supplement the budget authority for programs for mental health activities and programs authorized under title XIX as well as under titles III and V. In addition, set amount for evidence-based crisis systems.
[*Provided further,* That section 520E(b)(2) of the PHS Act shall not apply to funds appropriated in this Act for fiscal year 2021: *Provided further,* That States shall expend at least 10 percent of the amount each receives for carrying out section 1911 of the PHS Act to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset:]	Language is removed because a separate funding proviso is unnecessary and duplicative.

Language Analysis (continued)

Provided further, That in addition to amounts provided herein, the following amounts $79,200,000 shall be available under section 241 of the PHS Act *to supplement funds otherwise available for substance abuse treatment activities and* [: (1) $79,200,000] to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX[; and (2) $2,000,000 to evaluate substance abuse treatment programs]:	Sets the amount of Public Health Service Evaluation Fund dollars allocated to supplement the budget authority available for programs and activities authorized under title XIX, titles III and V, and substance abuse treatment activities.

Amounts Available for Obligation

(Whole dollars)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
General Fund Discretionary Appropriation:			
Appropriation	$5,596,829,000	$5,736,829,000	$5,597,651,000
Across-the-board reductions	-- -	---	-- -
Subtotal, Appropriation	5,596,829,000	5,736,829,000	5,597,651,000
Rescission	-- -	---	-- -
Subtotal, adjusted appropriation	5,596,829,000	5,736,829,000	5,597,651,000
Transfer Out to ACF	(8,585,688)	---	-- -
Subtotal, adjusted appropriation	5,588,243,312	5,736,829,000	5,597,651,000
Total, Discretionary Appropriation	**5,588,243,312**	**5,736,829,000**	**5,597,651,000**
Mandatory Appropriation:			
Transfer from the Prevention and Public Health Funds	12,000,000	12,000,000	-- -
Subtotal, adjusted mandatory appropriation	12,000,000	12,000,000	-- -
Offsetting collections from:			
Federal Source	133,667,000	133,667,000	142,692,000
Data Request and Publications User Fees	1,500,000	1,500,000	1,500,000
Unobligated balance, start of year	-- -	---	-- -
Unobligated balance, end of year	-- -	---	-- -
Unobligated balance, lapsing	-- -	---	-- -
Total obligations	**$5,735,410,312**	**$5,883,996,000**	**$5,741,843,000**

Summary of Changes

(Whole dollars)

2020 Enacted	
Total estimated budget authority	$5,736,829,000
(Obligations)	5,736,829,000
2021 President's Budget	
Total estimated budget authority	$5,597,651,000
(Obligations)	5,597,651,000
Net Change	**-$139,178,000**

	FY 2020 Final	FY 2021 PB FTE	FY 2021 PB BA	FY 2021 +/- FY 2021 FTE	FY 2021 +/- FY 2021 BA
Increases:					
A. Built-in:					
1. Annualization of 2020 commissioned corps pay increase...	$6,324,007	$	$6,687,232	---	+363,225
2. Annualization of 2020 civilian pay increase...	87,816,536	0	89,035,370	---	+1,218,834
Subtotal, Built-in Increases...	**94,140,543**	**---**	**95,722,602**	**---**	**+1,582,059**
A. Program:					
1. Drug Free Communities...	---	---	---	---	---
2. Mental Health...	1,644,974,000	---	1,675,106,000	---	+30,132,000
3. Substance Abuse Prevention...	206,469,000	---	---	---	-206,469,000
Subtotal, Built-in Increases...	1,851,443,000	**0**	1,675,106,000	**---**	**-176,337,000**
Total Increases...	**---**	**---**	**---**	**---**	**-174,754,941**
Decreases:					
A. Built-in:					
1. Absorption of built-in increases ...				---	-1,582,059
Subtotal, Built-in Decreases...				**---**	**-1,582,059**
B. Program:					
1. Health Surveillance and Program Support...	128,830,000	---	97,004,000	---	-31,826,000
2. Mental Health...	---	---	---	---	---
3. Substance Abuse Prevention...	---	---	96,985,000	---	+96,985,000
4.Substance Abuse Treatment ...	3,756,556,000	---	3,728,556,000	---	-28,000,000
Subtotal, Program Decreases...	**3,885,386,000**	**---**	**3,922,545,000**	**---**	**+37,159,000**
Total Decreases...	**---**	**---**	**---**	**---**	**+35,576,941**
Net Change...	---	$---	$---	**$---**	**-$139,178,000**

Budget Authority by Activity

(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Mental Health			
Programs of Regional and National Significance	$453,222	$529,661	$509,793
Children's Mental Health Services	125,000	125,000	125,000
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*12,500*	*12,500*	*12,500*
Projects for Assistance in Transition from Homelessness	64,635	64,635	64,635
Protection and Advocacy for Individuals with Mental Illness	36,146	36,146	14,146
Tribal Behavioral Health Formula Grants	--	--	--
Community Mental Health Services Block Grant	722,571	722,571	757,571
Budget Authority (non-add)	*701,532*	*701,532*	*736,532*
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*
Certified Community Behavioral Health Clinics	150,000	200,000	225,000
Total, Mental Health	**1,551,574**	**1,678,013**	**1,696,145**
Substance Abuse Prevention			
Programs of Regional and National Significance	205,469	206,469	96,985
Total, Substance Abuse Prevention	**205,469**	**206,469**	**96,985**
Substance Abuse Treatment			
Programs of Regional and National Significance	458,531	479,677	364,677
State Targeted Response to the Opioid Crisis Grants	--	--	--
State Opioid Response Grants	1,500,000	1,500,000	1,585,000
Set-Aside for Tribes (non-add)			*50,000*
Substance Abuse Prevention and Treatment Block Grant	1,858,079	1,858,079	1,858,079
Budget Authority (non-add)	*1,778,879*	*1,778,879*	*1,778,879*
PHS Evaluation Funds (non-add)	*79,200*	*79,200*	*79,200*
Total, Substance Abuse Treatment	**3,816,610**	**3,837,756**	**3,807,756**
Health Surveillance and Program Support			
Health Surveillance and Program Support	126,258	126,258	106,885
Data Request and Publications User Fees	1,500	1,500	1,500
Public Awareness and Support	13,000	13,000	11,572
Performance and Quality Information Systems	10,000	10,000	10,000
Behavioral Health Workforce Data and Development	1,000	1,000	1,000
PHS Evaluation Funds (non-add)	*1,000*	*1,000*	*1,000*
Drug Abuse Warning Network	10,000	10,000	10,000
PHS Evaluation Funds (non-add)		--	*10,000*
Total, Health Surveillance and Program Support	**161,758**	**161,758**	**140,957**
TOTAL, SAMHSA Program Level	**5,735,411**	**5,883,996**	**5,741,843**
Nonrecurring Expenses Fund (NEF)	**3,000**	**--**	
Less Funds from Other Sources:			
Prevention and Public Health Fund (non-add)	*-12,000*	*-12,000*	--
PHS Evaluation Funds	*-133,667*	*-133,667*	*-142,692*
Data Request and Publications User Fees	*-1,500*	*-1,500*	*-1,500*
TOTAL, SAMHSA Budget Authority	**5,588,244**	**5,736,829**	**5,597,651**
FTEs	**491**	**606**	**615**

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

(Dollars in Thousands)

Activity	FY 2020 Amount Authorized	FY 2020 Amount Appropriated	FY 2021 Amount Authorized	FY 2021 President's Budget
1. Grants for the Benefit of Homeless PHS Act, Section 506	$ 41,304,000	$ 36,386,000	$ 41,304,000	$ 36,386,000
2. Residential Treatment Programs for Pregnant and Postpartum Women PHS Act, Section 508	$ 29,931,000	$ 31,931,000	$ 29,931,000	$ 31,931,000
3. Priority Substance Abuse Treatment Needs of Regional and National Significance PHS Act, Section 509	$ 333,806,000	$ 479,677,000	$ 333,806,000	$ 364,677,000
4. Substance Abuse Treatment Services for Children and Adolescents PHS Act, Section 514	$ 29,605,000	$ 29,605,000	$ 29,605,000	$ 29,605,000
5. Priority Substance Abuse Prevention Needs of Regional and National Significance PHS Act, Section 516	$ 211,148,000	$ 206,469,000	$ 211,148,000	$ 96,985,000
6. Sober Truth on Preventing Underage Drinking PHS Act, Section 519B	$ 7,000,000	$ 9,000,000	$ 7,000,000	$ 9,000,000
7. Priority Mental Health Needs of Regional and National Significance PHS Act, Section 520A	$ 394,550,000	$ 441,774,000	$ 394,550,000	$ 415,906,000
8. Suicide Prevention Technical Assistance Center PHS Act, Section 520C	$ 5,988,000	$ 7,988,000	$ 5,988,000	$ 7,988,000
9. Youth Suicide Early Intervention and Prevention Strategies PHS Act, Section 520E	$ 30,000,000	$ 35,427,000	$ 30,000,000	$ 35,427,000
10. Mental Health and Substance Use Disorder Services on Campus PHS Act, Section 520E-2	$ 7,000,000	$ 6,488,000	$ 7,000,000	$ 6,488,000
11. National Suicide Prevention Lifeline Program PHS Act, Section 520E-3	$ 7,198,000	$ 19,000,000	$ 7,198,000	$ 19,000,000

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

(Dollars in Thousands)

Activity	FY 2020 Amount Authorized	FY 2020 Amount Appropriated	FY 2021 Amount Authorized	FY 2021 President's Budget
12. Grants for Jail Diversion Programs PHS Act, Section 520G.....	$ 4,269,000	$ 6,269,000	$ 4,269,000	$ 9,269,000
13. Mental Health Awareness Training PHS Act, Section 520J.....	$ 14,693,000	$ 22,963,000	$ 14,693,000	$ 21,963,000
14. Promoting Integration of Primary and Behavioral Health Care PHS Act, Section 520K.....	$ 51,878,000	$ 51,868,000	$ 51,878,000	$ -
15. Adult Suicide Prevention PHS Act, Section 520L.....	$ 30,000,000	$ 18,200,000	$ 30,000,000	$ 21,200,000
16. Assertive Community Treatment Grant Program PHS Act, Section 520M.....	$ 5,000,000	$ 7,000,000	$ 5,000,000	$ 25,000,000
17. Projects for Assistance in Transition From Homelessness PHS Act, Section 535(a).....	$ 64,635,000	$ 64,635,000	$ 64,635,000	$ 64,635,000
18. First Responder Training PHS Act, Section 546.....	$ 36,000,000	$ 41,000,000	$ 36,000,000	$ 41,000,000
19. Building Communities of Recovery PHS Act, Section 547.....	$ 5,000,000	$ 8,000,000	$ 5,000,000	$ 8,000,000
20. Community Mental Health Services for Children with Serious Emotional Disturbances PHS Act, Section 565(f)(1).....	$ 119,026,000	$ 125,000,000	$ 119,026,000	$ 125,000,000
21. Grants to Address the Problems of Persons Who Experience Violence Related Stress PHS Act, Section 582.....	$ 63,887,000	$ 68,887,000	$ 63,887,000	$ 68,887,000

Substance Abuse and Mental Health Services Administration
Authorizing Legislation

(Dollars in Thousands)

Activity	FY 2020 Amount Authorized	FY 2020 Amount Appropriated	FY 2021 Amount Authorized	FY 2021 President's Budget
22. Community Mental Health Services Block Grants PHS Act, Section 1911.....	$ 532,571,000	$ 722,571,000	$ 532,571,000	$ 757,571,000
23. Substance Abuse Prevention and Treatment Block Grants PHS Act, Section 1921.....	$ 1,858,079,000	$ 1,858,079,000	$ 1,858,079,000	$ 1,858,079,000
24. Assisted Outpatient Treatment Grant Program for Individuals With SMI Section 224 of the Protecting Access to Medicare Act of 2014……	$ 19,000,000	$ 19,000,000	$ 18,000,000	$ 25,000,000
25. Protection and Advocacy for Individuals with Mental Illness* Section 117 of the Protection and Advocacy of Mentally Ill Individuals Act of 1986……	$ -	$ 36,146,000	$ -	$ 14,146,000
26. Heath Surveillance PHS Act, Section 501, 505.....	Permanent	$ 126,258,000	Permanent	$ 106,885,000
27. Public Awareness and Support PHS Act, Section 501, 509, 516, 520A.....	Indefinite	$ 13,000,000	Indefinite	$ 11,572,000
28. Performance and Quality Improvement Systems PHS Act, Section 501, 509, 516, 520A.....	Indefinite	$ 10,000,000	Indefinite	$ 10,000,000
* Sunset date: 2003				

Substance Abuse and Mental Health Services Administration
Appropriation History Table

(Whole dollars)

Appropriation History Table

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation	
FY 2010					
General Fund Appropriation:					
Base P.L. 111-117	$3,393,882,000	$3,429,782,000	$3,419,438,000	$3,431,116,000	/1
Subtotal	$3,393,882,000	$3,429,782,000	$3,419,438,000	$3,431,116,000	
FY 2011					
General Fund Appropriation:					
Base P.L. 112-10	$3,541,362,000	$3,565,360,000	$3,576,184,000	$3,386,311,000	
Subtotal	$3,541,362,000	$3,565,360,000	$3,576,184,000	$3,386,311,000	
FY 2012					
General Fund Appropriation:					
Base P.L. 112-74	$3,386,903,000	$3,096,914,000	$3,354,637,000	$3,347,020,000	/2
Subtotal	$3,386,903,000	$3,096,914,000	$3,354,637,000	$3,347,020,000	
FY 2013					
General Fund Appropriation:					
Base S.R. 112-176	$3,151,508,000	---	$3,472,213,000	$3,172,154,778	/3
Subtotal	$3,151,508,000	---	$3,472,213,000	$3,172,154,778	
FY 2014					
General Fund Appropriation:					
Base S.R. 113-071	$3,347,951,097	---	$3,529,944,000	$3,434,935,000	/4
Subtotal	$3,347,951,097	---	$3,529,944,000	$3,434,935,000	
FY 2015					
General Fund Appropriation:					
Base P.L. 113-235	$3,297,669,000	---	$3,431,878,000	$3,474,045,000	/5
Subtotal	$3,297,669,000	---	$3,431,878,000	$3,474,045,000	
FY 2016					
General Fund Appropriation:					
Base P.L. 114-113	$3,395,663,000	$3,642,710,000	$3,314,817,000	$3,634,269,000	/6
Subtotal	$3,395,663,000	$3,642,710,000	$3,314,817,000	$3,634,269,000	
FY 2017					
General Fund Appropriation:					
21st Century Cures Act				$500,000,000	/7
Base P.L. 115-31	$3,488,783,000	$4,211,603,000	$3,739,577,000	$3,611,003,000	/8
Subtotal	$3,488,783,000	$4,211,603,000	$3,739,577,000	$4,111,003,000	

Substance Abuse and Mental Health Services Administration
Appropriation History Table Cont'd

(Whole dollars)

Appropriation History Table (cont'd)

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation	
FY 2018					
General Fund Appropriation:					
21st Century Cures Act.....				$500,000,000	/7
Base P.L. 115-141.....	$3,770,668,000	$4,193,936,000	$4,279,092,000	$4,513,327,000	/9
Subtotal.....	$3,770,668,000	$4,193,936,000	$4,279,092,000	$5,013,327,000	
FY 2019					
General Fund Appropriation:					
Base P.L. 115-245.....	$3,425,887,000	$5,319,561,000	$5,592,827,000	$5,596,829,000	/10
Subtotal.....	$3,425,887,000	$5,319,561,000	$5,592,827,000	$5,596,829,000	
FY 2020					
General Fund Appropriation:					
Base.....	$5,534,908,000	$5,870,996,000	$5,856,496,000	$5,736,829,000	/11
Subtotal.....	$5,534,908,000	$5,870,996,000	$5,856,496,000	$5,736,829,000	
FY 2021					
General Fund Appropriation:					
Base.....	$5,597,651,000	---	---	---	/12
Subtotal.....	$5,597,651,000	---	---	---	

1/ Reflects a $508 thousand transfer to HHS.
2/ Reflects a 0.189 percent across-the-board Rescission from the P.L. 112-74, and $953,809 Ryan White transfer.
3/ Reflects the annualized level provided by the continuing resolution.
4/ Reflects the whole year appropriation.
5/ Reflects the whole year appropriation.
6/ Reflects the whole year appropriation.
7/ Reflects the additional amount provided to the Secretary of Health and Human Services to carry out the authorizations in the 21st Century Cures Act
(Public Law 114–67), at a rate for operations of $500,000,000."
8/ Reflects the whole year appropriation.
9/ Reflects the Annualized Continuing Resolution.
10/ Reflects the whole year appropriation.
11/ Reflects the whole year appropriation.
12/ Reflects the whole year appropriation.

Substance Abuse and Mental Health Services Administration
Appropriations Not Authorized by Law

(Whole dollars)

Program	Last Year of Authorization	Authorization Level	Appropriation in Last Year of Authorization	Appropriation in FY 2020
Protection and Advocacy for Individuals with Mental Illness Act P.L. 99-319, Sec. 117.....	2003	$ 19,500,000	$ 36,146,000	$ 36,146,000
TOTAL, SAMHSA Budget Authority.....		$ 19,500,000	$ 36,146,000	$ 36,146,000

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SAMHSA
Mental Health
Table of Contents

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Mental Health Appropriation

(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Programs of Regional and National Significance.....	453,222	529,661	509,793	-19,868
Prevention and Public Health Fund (non-add).....	*12,000*	*12,000*	-	*-12,000*
Children's Mental Health Services.....	125,000	125,000	125,000	---
Projects for Assistance in Transition From Homelessness.....	64,635	64,635	64,635	---
Protection and Advocacy For Individuals with Mental Illness.	36,146	36,146	14,146	*-22,000*
Certified Community Behavioral Health Clinics.....	150,000	200,000	225,000	25,000
Community Mental Health Services Block Grant.....	722,571	722,571	757,571	35,000
PHS Evaluation Funds (non-add).....	*21,039*	*21,039*	*21,039*	---
Total, Mental Health.....	**$1,551,574**	**$1,678,013**	**$1,696,145**	**$18,132**

The Mental Health FY 2021 President's Budget is $1.696 billion, an increase of $18.1 million from the FY 2020 Enacted level. The request includes $1.675 billion in Budget Authority and $21.0 million in Public Health Service (PHS) Evaluation funds.

Programs of Regional and National Significance (PRNS)
Mental Health Appropriation

(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020
Capacity				
National Child Traumatic Stress Network	63,887	68,887	68,887	-
Project AWARE	71,001	102,001	103,001	1,000
Project AWARE: State Grants(non-add)	*61,001*	*92,001*	83,001	
Project AWARE: Civil Unrest(non-add)	*10,000*	*10,000*	10,000	
Project AWARE: Rural (non-add)	--	--	10,000	10,000
Mental Health Awareness Training	20,963	22,963	21,963	-1,000
Healthy Transitions	25,951	28,951	30,951	2,000
Children and Family Programs	7,229	7,229	7,229	-
Consumer and Family Network Grants	4,954	4,954	4,954	-
Project LAUNCH	23,605	23,605	23,605	-
MH System Transformation and Health Reform	3,779	3,779	3,779	-
Primary and Behavioral Health Care Integration	43,438	49,877	-	-49,877
Suicide Prevention Programs	74,034	90,034	93,034	3,000
National Strategy for Suicide Prevention	*11,200*	*18,200*	*21,200*	*3,000*
Zero Suicide (non-add)	*9,200*	*16,200*	*19,200*	3,000
Zero Suicide AI/AN(non-add)	*2,200*	*2,200*	*2,200*	-
All Other National Strategy for Suicide Prevention (non-add)	*2,000*	*2,000*	*2,000*	-
GLS - Youth Suicide Prevention - States	35,427	35,427	35,427	-
Budget Authority (non-add)	*23,427*	*23,427*	*35,427*	12,000
Prevention and Public Health Fund (non-add)	*12,000*	*12,000*	-	*-12,000*
GLS - Youth Suicide Prevention - Campus	*6,488*	*6,488*	*6,488*	-
GLS - Suicide Prevention Resource Center	*5,988*	*7,988*	*7,988*	-
Suicide Lifeline	*12,000*	*19,000*	*19,000*	-
AI/AN Suicide Prevention Initiative	*2,931*	*2,931*	*2,931*	-
Homelessness Prevention Programs	30,696	30,696	30,696	-
Minority AIDS	9,224	9,224	9,224	-
Criminal and Juvenile Justice Programs	4,269	6,269	9,269	3,000
Seclusion & Restraint	1,147	1,147	1,147	-
Assisted Outpatient Treatment for Individuals with SMI	15,000	19,000	25,000	6,000
Assertive Community Treatment for Individuals with SMI	5,000	7,000	25,000	18,000
Comprehensive Opioid Recovery Centers	--	2,000	2,000	-
Tribal Behavioral Health Grants	20,000	20,000	20,000	-
Infant and Early Childhood Mental Health	5,000	7,000	7,000	-
Subtotal, Capacity	**429,177**	**504,616**	**486,739**	**-17,877**
Science and Service:				-
Primary and Behavioral Health Care Integration TTA	1,991	1,991	-	-1,991
Practice Improvement and Training	7,828	7,828	7,828	-
Consumer and Consumer Support TA Centers	1,918	1,918	1,918	-
Disaster Response	1,953	1,953	1,953	-
Homelessness	2,296	2,296	2,296	-
MH Minority Fellowship Program	8,059	9,059	9,059	-
Subtotal, Science and Service	**24,045**	**25,045**	**23,054**	**-1,991**
Total, PRNS	**453,222**	**529,661**	**509,793**	**-19,868**

National Child Traumatic Stress Network

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
National Child Traumatic Stress Network.....	$63,887	$68,887	$68,887	$---

Authorizing Legislation ..... ……Section 582 of the Public Health Service Act
FY 2021 Authorization $63,887,000
Allocation Method ..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.....States, Local Governments, Tribes, Institutions of Higher Education, and Community Organizations

Program Description and Accomplishments

Child traumatic stress is a pervasive and potentially life changing experience that affects tens of thousands of children each year, and is a serious public health challenge. Child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations that overwhelm their ability to cope with what they have experienced. Child traumatic stress can interfere with a wide range of childhood developmental capabilities, including social and educational functioning. There is strong evidence that the negative impact of child trauma progresses into adulthood and increases the likelihood of later adverse physical and behavioral health outcomes if not recognized and addressed early in life.[2] Studies show estimates as high as 80 percent of children and adolescents are exposed to traumatic events, with many exposed to multiple traumatic events.[3] While the effects of trauma and exposure to violence are found in all child and adolescent populations and service sectors, it is particularly prominent among youth with mental illness and/or drug/alcohol addiction involved in the child welfare, and juvenile justice systems. Studies show that youth in foster care can have rates of Post-Traumatic Stress Disorder that are nearly double those of combat veterans. [4]

Established in 2000, the National Child Traumatic Stress Initiative (NCTSI) aims to improve behavioral health services and interventions for children and adolescents exposed to traumatic events. SAMHSA has provided funding for a national network of grantees known as the National Child Traumatic Stress Network (NCTSN) to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The NCTSN has grown

[2] Kerker, B.D., Zhang, J., Nadeem, E., Stein, R.E., Hurlburt, M.S., Heneghan, A., Landsverk, J., McCue Horwitz S (2015). Adverse childhood experiences and mental health, chronic medical conditions, and development in young children. Academy of Pediatrics, 13(15), 00173-00174.
[3] Fairbank, J.A. (2008). The epidemiology of trauma, and trauma related disorders in children and youth. PTSD Research Quarterly, (10), 1050-1835.
[4] Pecora, P.J. Kessiler, R.C., Williams, J. O'Brien, K., Downs, A.C., English E., Holmes, K. (2005). Improving family foster care: Findings from the northwest foster care alumni study. Casey Family Programs, Retrieved from https;/www.casey.org/resources/publications/ImprovingFamilyCare.htm.

from a collaborative network of 17 centers to 100 funded and over 150 affiliate centers located nationwide in universities, hospitals, and a range of diverse community-based organizations with thousands of national and local partners. The NCTSN's mission is to raise the standard of care and improve access to evidence-based services for children experiencing trauma, their families, and communities. A component of this work has been the development of resources and delivery of training and consultation to support the development of trauma-informed child-serving systems. Network members work together within and across diverse settings, including a wide variety of governmental and non-governmental organizations.

Data collected in FY 2019 demonstrate that the current NCTSN grantees provided screening to over 60,000 individuals and evidence-based treatment to over 59,000 children, adolescents, and family members. Seventy percent reported positive functioning at six months. In addition, thousands more youth and families have benefited indirectly from the training and consultation provided by NCTSN grantees to organizations not receiving direct NCTSN funding enabling these organizations to deliver evidence-based trauma interventions.

The NCTSN continues to be a principal source of child-trauma information and training for the nation. In FY 2019, NCTSN grantee sites provided trauma-informed training to over 254,000 individuals. Since its inception, the NCTSN has provided training on best practices and other aspects of child trauma to over 1.5 million participants throughout the country. The NCTSI Learning Center now has over 250,000 users accessing evidence-based child trauma resources.

In FY 2018, SAMHSA awarded 14 new grants and supported 86 grant continuations. SAMHSA will continue to ensure that grantees disseminate information regarding evidence-based interventions for the prevention and treatment of childhood trauma so more children can benefit from proven practices.

In FY 2019, SAMHSA supported 100 grant continuations and provided supplemental awards for mental health services for unaccompanied alien children, with a special focus on children who were separated from a parent or family unit and subsequently classified as unaccompanied alien children; mental health services for children in Puerto Rico; and expanded access to tribal populations. In FY 2020, SAMHSA will fund a 100 grant continuations, award a new cohort of 14 grants, provide supplemental funding for mental health services for unaccompanied alien children, and provide supplemental funding to the NCTSI Coordinating Center for increased coordination of training in evidence-based and trauma informed treatments and practices and dissemination of evidence-based and trauma-informed interventions and treatments.

Funding History

Fiscal Year	Amount
FY 2017	$48,887,000
FY 2018	$53,887,000
FY 2019	$63,887,000
FY 2020	$68,887,000
FY 2021	$68,887,000

Budget Request

The FY 2021 President's Budget is $68.9 million, level with the FY 2020 Enacted level. This funding will support 32 continuation grants and 91 new grants for the improvement of mental disorder treatment, services, and interventions for children and adolescents exposed to traumatic events and provide trauma-informed services for children and adolescents as well as training for the child-serving workforce.

Outputs and Outcomes Table

Program: National Child Traumatic Stress Network

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.2.02a Percentage of children receiving trauma informed services who report positive functioning at 6 month follow-up (Outcome)	FY 2019: 76.7 % Target: 74.8 % (Target Exceeded)	76.7 %	76.7 %	Maintain
3.2.23 Unduplicated count of the number of children and adolescents receiving trauma-informed services (Outcome)	FY 2019: 68,177 Target: 47,108 (Target Exceeded)	68,177	68,177	Maintain
3.2.24 Number of child-serving professionals trained in providing trauma-informed services (Outcome)	FY 2019: 354,800 Target: 276,791 (Target Exceeded)	354,800	354,800	Maintain

Project AWARE

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Project AWARE and MHAT	$91,964	$124,964	$124,964	$---
Project AWARE	$71,001	$102,001	$103,001	$1,000
Project AWARE State Grants (non-add)	*61,001*	*92,001*	*83,001*	*-9,000*
Project AWARE - Civil Unrest (non-add)	*10,000*	*10,000*	*10,000*	*---*
Project AWARE: Rural (non-add)	-	-	*10,000*	*10,000*
Mental Health Awareness Training	20,963	22,963	21,963	-1,000

Authorizing Legislation ..... Sections 520A, and 520J of the Public Health Service Act
FY 2021 Authorization ..... Project AWARE: $394,550,000; MHAT: $14,693,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities..... State and Local Education Agencies, Local Governmental Entities, Community Organizations and Provider Organizations, Community Colleges, Networks, National Non-Profit Organizations, States and Tribes

Program Description and Accomplishments

In any given year the percentage of young people with mental, emotional, behavioral (MEB) disorders is estimated to be between 14 and 20 percent. MEB disorders among young people interfere with their ability to accomplish normal developmental tasks such as healthy interpersonal relationships, succeeding in school, and transitioning to the workforce (IOM 2007). Project AWARE is designed to identify children and youth in need of mental health services, increase access to mental health treatment, and promote mental health literacy among teachers and school personnel.

Project AWARE is made up of three components: Project AWARE State Education Agency (SEA) grants, Mental Health Awareness Training (MHAT) Grants, and Resilience in Communities After Stress and Trauma (ReCAST) grants. Project AWARE SEA grants are awarded to State Education Agencies/Authorities to promote comprehensive, coordinated, and integrated state efforts to make schools safer and increase access to mental health services. The program also includes a focus on the specific needs affecting rural communities. These communities struggle with access to mental health services in schools and access to qualified health professionals to provide such services.

In FY 2019, Project AWARE grantees trained more than 57,000 teachers, parents, first responders, school resource officers, and other adults who interact with youth to recognize and respond to the signs of mental health and substance use issues. In FY 2019, Project AWARE grantees in their first year of grant activities trained 21,494 individuals in the mental health and related professions. Over the course of this program over 250,000 at-risk youth have been identified and referred for mental health services and supports.

The MHAT grants train school personnel, emergency first responders, law enforcement, veterans, armed services members and their families to recognize the signs and symptoms of mental disorders, particularly serious mental illness (SMI) and/or serious emotional disturbances (SED).

In FY 2019, MHAT grantees trained 29,763 individuals in mental health or related professions in mental health literacy programs. Grantees provided mental health literacy training to 43,466 community members. Due to increased awareness of mental health issues, over 42,000 individuals have been referred to mental health services and supports as a result of the MHAT grant.

ReCAST grants assist high-risk youth and families and promote resilience in communities that have recently faced civil unrest through implementation of evidence-based violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services. ReCAST grantees developed culturally responsive approaches to build capacity with community based partners.

In FY 2019, ReCAST grantees trained, 3,113, members of the mental health workforce in trauma informed approaches. Nearly 22,000 community stakeholders were trained in trauma-informed approaches, including violence prevention and mental health literacy. ReCAST grantees provided 18,496 at-risk youth and their family members with high-quality trauma-informed mental health services. Nearly 3,000 new partnerships were established among local municipal organizations and community agencies to support high-risk youth and their families.

In FY 2018, SAMHSA awarded 24 new AWARE-SEA grants, 138 MHAT grants, 2 ReCAST grants, and supported the continuation of 16 grants (8 AWARE-SEA and 8 ReCAST grants). The Program also supported technical assistance to develop school-based mental health models.

In FY 2019, SAMHSA awarded 6 new AWARE-SEA and 18 new MHAT grants and supported the continuation of 173 grants, (24 AWARE, 138 MHAT, and 11 ReCAST grants).

In FY 2020, SAMHSA anticipates funding 197continuation grants, (30 AWARE, 156 MHAT, and 11 ReCAST grants) and a new cohort of 32 grants (17 AWARE and 15 MHAT grants).

Funding History

Fiscal Year	Amount
FY 2017	$68,964,000
FY 2018	$90,964,000
FY 2019	$91,964,000
FY 2020	$124,964,000
FY 2021	$124,964,000

Budget Request

The FY 2021 President's Budget is $124.9 million, level with the FY 2020 Enacted level. Funding for this program will support Project AWARE, ReCAST, MHAT grants, and technical assistance on the provision of school-based mental health services. The Federal Commission School Safety's (FCSS) listening sessions, site visits, and Commission meetings, learned that mental health supports and services are lacking in schools across the country. SAMHSA is proposing to use this funding to continue much needed services, supports, and training related to school-based mental health service provision. In addition, the funding will be used to continue an expansion of the AWARE model to rural communities. These funds will support increased access to services in rural schools through telehealth models, use of behavioral health aides, and linkages to services. Funds would also be used to develop trainings in rural communities to for school personnel to recognize the signs and symptoms of mental illness in students.

Outputs and Outcomes Table

Program: Project AWARE

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.2.39 Number of individuals who have received training in prevention or mental health promotion (Outcome)	FY 2019: 177,086.0[5] Target: 59,186.0 (Target Exceeded)	177,086.0	194,795.0	+17,705
3.2.51 Number of individuals referred to mental health or related interventions (Output)	FY 2019: 107,744.0 Target: 70,000.0 (Target Exceeded)	107,744.0	118,518.0	+10,774

[5]Measure was unfunded for FY2019

Healthy Transitions

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Healthy Transitions.....	$25,951	$28,951	$30,951	$2,000

Authorizing Legislation……Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities ..... States and Tribes

Program Description and Accomplishments

Youth and young adults with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI), along with those with co-occurring mental illness and drug/alcohol addiction, face a more difficult transition to adulthood than do their peers. Nearly 20 percent of young adults aged 18 to 25 living in U.S. households had a diagnosable mental health condition in the past year. Of these, more than 1.3 million had a disorder so serious, such as schizophrenia, bipolar disorder, and major depression, that it compromised their ability to function. Compared to their peers, these young people were significantly more likely to experience homelessness,[6] be arrested,[7] drop out of school,[8] and be unemployed.[9] It is important to identify these young people, develop appropriate outreach and engagement processes, and facilitate access to effective clinical and supportive interventions. Outreach and engagement are essential to these youth and young adults, and their families, as many are disconnected from social and other community supports.

The Healthy Transitions program provides grants to states and tribes to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition. Grantees use these funds to provide services and supports to address serious mental health conditions, co-occurring disorders, and risks for developing serious mental health conditions among youth 16 – 25 years old. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care and evidence-informed treatment for this age group. Healthy Transitions will increase awareness about early indications of signs and symptoms for serious mental health concerns; identify action strategies to use when a serious mental health concern is detected; provide training to provider and community groups to improve services and supports

[6] Embry, L. E., Vander Stoep, A., Evens, C., Ryan, K. D., & Pollock, A. (2009). Risk factors for homelessness in adolescents released from psychiatric residential treatment. Journal of the American Academy of Child and Adolescent Psychiatry, 39(10), 1293-1299.
[7] Davis, M., Banks, S. M., Fisher, W. H., Gershenson, B.,& Grudzinskas, A. J. (2007). Arrests of adolescents clients of a public mental health system during adolescence and young adulthood. Psychiatric Services, 58(11), 1454-1460.
[8] Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., Kemp, J. (2008). The condition of education 2008 (NCES 2008-031).
[9] Newman, L., Wagner, M., Cameto, R., & Knokey, A. M. (2009). *The post-high school outcomes of youth with disability up to 4 years after high school: A report from the national longitudinal transition study-2 (NLTSC)* (NCSER 2009-3017). Menlo Park, CA: SRI International.

specific to this age group; enhance peer and family supports, and develop effective services and interventions for youth, young adults and their families as these young people transition to adult roles and responsibilities. Since 2014, a total of 9,097 youth have been served to date.

FY 2019 data showed a 7.3 percent decrease in psychological distress characteristics, a 23.8 percent improvement in functional outcomes, an increase in being in excellent or very good health, and an increase in rates of employment (full or part-time). In addition, from baseline to 6-month follow-up there was a 14.6 percent decrease in the number of nights young adults reported being homeless.

In FY 2018, SAMHSA awarded 10 new Healthy Transitions grants and 16 continuation grants. In FY 2019, SAMHSA awarded 15 new Healthy Transitions grants and 10 continuation grants. In FY 2020, SAMHSA will fund 25 continuation grants and award two new grants.
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Funding History

Fiscal Year	Amount
FY 2017	$19,951,000
FY 2018	$25,951,000
FY 2019	$25,951,000
FY 2020	$28,951,000
FY 2021	$30,951,000

Budget Request

The FY 2021 President's Budget is $30.9 million, an increase of $2.0 million from the FY 2020 Enacted level. This funding will improve access to mental disorder treatment and related support services for young people age 16 to 25 who either have, or are at risk of developing, a serious mental health condition. SAMHSA's budget request will support 27 continuation grants and award a new cohort of two grants focused on students with or at risk of serious mental illness in rural areas, trade schools, colleges, including community colleges and universities.

Outputs and Outcomes Table

Program: Healthy Transitions

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.2.34 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2019: 58.7 % Target: 66.1 % (Target Not Met)	58.7 %	66.1 %	+7.4%
3.2.35 Percentage of clients receiving services who had a permanent place to live in the community at 6 month follow-up. (Outcome)	FY 2019: 35 % Target: 52 % (Target Not Met)	35 %	52 %	+17%
3.2.36 Percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2019: 61 % Target: 66.8 % (Target Not Met)	61 %	66.8 %	+7.8%

Children and Family Programs

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Children and Family Programs.....	$7,229	$7,229	$7,229	$---

Authorizing Legislation……Section 520A of the Public Health Service Act
FY 2021 Authorization.....$394,550,000
Allocation Method.....Competitive Grants/Contracts/ Interagency Agreements
Eligible Entities .....Tribes

Program Description and Accomplishments

Without early identification, intervention, treatment, and support, children with Serious Emotional Disturbances (SED) are likely to face challenges at home, in school, and in their psychosocial development. It is a public health priority that these children and their families have access to effective, evidence-based services, and support.

SAMHSA's Children and Family Programs provide funding for the Circles of Care grant program. Initially funded in 1998, the Circles of Care Program is a three-year infrastructure/planning grant that seeks to promote mental disorder treatment equity by providing American Indian/Alaska Native (AI/AN) communities with tools and resources to design and sustain their own culturally competent system of care approach for children. The Circles of Care program reflects the unique history and needs of individual AI/AN communities and promotes the idea of building on cultural strengths. The program increases capacity and community readiness to address the mental health issues of children and their families through the provision of evidence-based treatment services and supports. This grant program is of critical importance as there are significant mental health needs in AI/AN communities. For example, suicide is the second leading cause of death for Indian youth ages 15 to 24.

Through Circles of Care, SAMHSA has improved the availability, accessibility, and acceptability of behavioral health services for native youth. In FY 2019, 1,100 individuals received training in mental health practices and activities that aligned with the goals of the program. In addition, 288 organizations collaborated and coordinated resources with other organizations.

In FY 2018, SAMHSA awarded 1 new and 13 Circles of Care continuation grants, and technical assistance activities. In FY 2019, SAMHSA supported 14 Circles of Care continuation grants. In FY 2020, SAMHSA will fund a new cohort of 13 Circles of Care grants and one continuation grant.

Funding History

Fiscal Year	Amount
FY 2017	$7,229,000
FY 2018	$7,229,000
FY 2019	$7,229,000
FY 2020	$7,229,000
FY 2021	$7,229,000

Budget Request

The FY 2021 President's Budget is $7.2 million, level with the FY 2020 Enacted level. SAMHSA requests funding to enhance and improve the quality of existing services and promote the use of culturally competent services and support for children and youth with, or at risk for, serious mental health conditions and their families. This funding will be used to support 13 Circles of Care continuation grants and provide supplemental funding for the school based mental health services.

The output and outcome measures for Children and Family Programs are part of the Mental Health - Other Capacity Activities Outputs and Outcomes table shown on page 87.

Consumer and Family Network Grants

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Consumer and Family Network Grants.....	$4,954	$4,954	$4,954	$---

Authorizing Legislation……Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities..... Community Organizations

Program Description and Accomplishments

Across the healthcare arena, there is growing recognition and evidence that patient-centered care positively influences an individual's health outcomes, improves quality and efficacy of care received, and provides feedback to drive service and systems improvements. As with other health disciplines, people with SMI and their family members should have meaningful involvement in all aspects of their health care and treatment, including behavioral health care.

The Consumer and Family Network Programs provide consumers, families, and youth with opportunities to participate meaningfully in the development of policies, programs, and quality assurance activities related to mental health systems across the United States. The Consumer and Family Network Programs support two primary grant activities: the Statewide Consumer Network (SCN) Program and the Statewide Family Network (SFN) Program.

The SCN grant program focuses on the needs of adults (18 years and older) with SMI by strengthening the capabilities of statewide consumer-run organizations. These entities serve an important role in engaging consumers of mental health services, caregivers, policy makers, and providers in improving and transforming the mental health and related systems in their states. This network is a sustainable mechanism for integrating the consumer voice in state mental health and allied systems to: 1) expand service system capacity; 2) support policy and program development; and 3) enhance peer support. This program promotes skill development with an emphasis on leadership and business management as well as coalition/partnership-building and economic empowerment as part of the recovery process for consumers.

The SFN grant program provides education and training to increase family organizations' capacity for policy and service development. This is accomplished by: 1) strengthening organizational relationships and business management skills; 2) fostering leadership skills among families of children and adolescents with SED; and 3) identifying and addressing the technical assistance needs of children and adolescents with SED and their families. The SFN program focuses on families, parents, and the primary caregivers of children, youth, and young adults.

In FY 2019, SCN grantees trained 5,896 individuals of the mental health and related workforce and engaged over 100,000 individuals in mental health awareness activities, and trained over 1,00 members of the public.

In FY 2019, SFN grantees trained 12,260 individuals in the mental health and related workforce and 12,191 consumers and family members were involved in ongoing mental health-related planning and advocacy activities.

In FY 2018, SAMHSA supported 10 SCN continuations and 13 new grants, 22 SFN continuations and 10 new grants. In FY 2019, SAMHSA supported 14 SCN continuations and 8 new grants, 11 SFN continuations and 18 new grants. In FY 2020, SAMHSA will fund 21 SCN and 28 SFN continuation grants.

Funding History

Fiscal Year	Amount
FY 2017	$4,954,000
FY 2018	$4,954,000
FY 2019	$4,954,000
FY 2020	$4,954,000
FY 2021	$4,954,000

Budget Request

The FY 2021 President's Budget is $4.9 million, level with the FY 2020 Enacted level. SAMHSA requests funding for 10 new SFN, 13 new SCN, and 26 continuation grants that promote consumer, family, and youth participation in the development of policies, programs, and quality assurance activities related to mental health systems reform across the United States.

The output and outcome measures for Consumer and Family Network Programs are part of the Mental Health - Other Capacity Activities Outputs and Outcomes table shown on page 87.

Project LAUNCH

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Project LAUNCH.....	$23,605	$23,605	$23,605	$---

Authorizing Legislation……...Section 520A of the Public Health Act
FY 2021 Authorization.....$394,550,000
Allocation Method..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities ..... States and Tribes

Program Description and Accomplishments

Researchers estimate that between 9.5 percent and 14.2 percent of children from birth to age five experience an emotional or behavioral disturbance. Studies also show that half of all lifetime cases of mental illness begin before age 14.[10] Young children experiencing mental, emotional or behavioral challenges are at high risk for preschool expulsion. In fact, preschool expulsion rate is more than three times the expulsion rate of students in kindergarten through 12th grade. Boys are more than four times as likely to be expelled as girls; and African American preschoolers are almost twice as likely to be expelled as Caucasian preschoolers.[11] School suspensions and expulsions have shown to increase the likeliness of later life negative outcomes. Research has shown that prevention and early treatment of mental disorders is more beneficial and cost-effective than waiting to address these issues later in life. Integrating behavioral health into primary care and child care settings, increasing screening for developmental and social/emotional issues, and training people who interact with young children to promote optimal development and mental health are all critical elements to ensure children start life with the tools and skills needed to succeed.

Established in 2008, Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a national initiative that has funded a total of 90 grantees in nine cohorts: this includes communities in 38 states; 23 tribal entities; 4 US territories; 3 Alaska/native communities; and the District of Columbia. Project LAUNCH Expansion grantees are five alumni states that are engaged in replication of successful Project LAUNCH prevention strategies in new communities within each state. All grantees are funded for a total of four or five years. The purpose of the Project LAUNCH initiative is to promote the wellness of young children from birth to eight years of age by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Project LAUNCH pays particular attention to the social and emotional development of young children and works to ensure that the systems that serve them (including childcare and education, home visiting, and primary care) are equipped to promote and monitor healthy social and emotional development. The program also ensures that the systems intervene to prevent, recognize early signs of, and address mental, emotional, and behavioral disorders in early childhood and into the early elementary grades**.**

[10] Brauner, Cheryl, and Cheryll Stephens. "Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations." Public Health Reports 121.3 (2006): 303-10.
[11] Gilliam, W. (2005). Pre-kindergarteners left behind: Expulsion rates in state prekindergarten systems. Foundation for Child Development.

Program Evaluation

As of 2019, cumulative performance data for the program (2008-2019) indicate that more than 241,000 children and parents have been screened or assessed for behavioral health concerns across a range of diverse settings (e.g., primary care, child care, and home visiting); Child screenings are a critical step in the early recognition of social emotional concerns and create a pathway to prevention and treatment services. Adult screenings include screening for perinatal depression, substance use, and a range of social needs; More than 100,000 community providers have been trained on milestones of social/emotional development, early detection of behavioral health issues, and best practices for mental health treatment. Over 203,000 children and parents/caregivers have received evidence-based mental health-related services through the grant program, and approximately 10,500 new partnerships have been developed between organizations in order to improve care coordination and access to quality mental health services for young children and families.

A multi-site evaluation of Project LAUNCH was completed in 2018 (https://www.acf.hhs.gov/opre/research/project/cross-site-evaluation-of-project-launch-linking-actions-for-unmet-needs-in). Phase one of the evaluation used a meta-analytical approach to assess the implementation of the program. The findings indicated that grantees successfully improved community and state-level child and family-serving systems. In addition, grantees demonstrated improved social and academic functioning among young children, and 78 percent reported decreases in problem behaviors. Phase two of the multi-site evaluation involved a quasi-experimental design exploring whether children in 10 communities served by Project LAUNCH differed in social and emotional wellbeing from children in 10 socio-demographically matched communities. Results indicated that children living in Project LAUNCH communities received more developmental screening and supports than children living in matched comparison communities. Additionally, children served in LAUNCH communities had less need for early intervention services related to attachment, initiative and other indicators of resilience, particularly for young children ages birth to three. Parents in Project LAUNCH communities reported more involvement with their children and less parenting frustrations.

In FY 2018, SAMHSA awarded 18 continuation grants, including 13 grants to states, tribes and territories implementing Project LAUNCH in one target community, and 5 grants that had previously successfully implemented Project LAUNCH in one community, and are now engaged in a project to replicate that work more widely. In addition, SAMHSA awarded 14 new grants to American Indian and Alaskan Native communities and U.S. Territories.

In FY 2019, SAMHSA supported 14 Project LAUNCH continuation grants and 16 new Project LAUNCH grants. In addition, SAMHSA awarded the National Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE-IECMHC) to advance the implementation of high quality IECMHC across the nation through the development of tools, resources, training, and mentorship to the infant and early childhood mental health field.

In FY 2020, SAMHSA will fund 30 Project LAUNCH grant continuations and the CoE-IECMHC grant.

Funding History

Fiscal Year	Amount
FY 2017	$23,605,000
FY 2018	$23,605,000
FY 2019	$23,605,000
FY 2020	$23,605,000
FY 2021	$23,605,000

Budget Request

The FY 2021 President's Budget is $23.6 million, level with the FY 2020 Enacted level. This funding will support 30 continuation grants and the CoE-IECMHC grant that will improve health outcomes for young children and support children at high risk for mental illness and their families in order to prevent future disability. This funding request will provide continued screening, prevention, early intervention for behavioral health issues and referrals to high quality treatment for children and families in 30 communities across the U.S. through the Center of Excellence.

Outputs and Outcomes Table

Program: Mental Health-Project LAUNCH

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.3.94 Number of persons served (Output)	FY 2019: 23,809 Target: 14,421 (Target Exceeded)	23,809	23,809	Maintain
2.3.95 Number of persons trained in mental illness prevention or mental health promotion (Outcome)	FY 2019: 9,458 Target: 8,765 (Target Exceeded)	9,458	9,458	Maintain
2.4.00 Number of 0-8 year old children screened for mental health or related interventions (Outcome)	FY 2019: 23,809 Target:18,554 (Target Exceeded)	27,824	27,824	Maintain
2.4.01 Number of 0-8 year old children referred to mental health or related interventions (Outcome)	FY 2019: 7,321 Target: 3,652 (Target Exceeded)	7,340	7,340	Maintain

Mental Health System Transformation and Health Reform

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Mental Health System Transformation and Health Reform.....	$3,779	$3,779	$3,779	$---

Authorizing Legislation……Section 520A of the Public Health Service Act
FY 2021 Authorization..... $394,550,000
Allocation Method..... Competitive Grants/Contracts
Eligible Entities ..... States and Tribes

Program Description and Accomplishments

There is a significant gap between the number of people with SMI, such as schizophrenia, bipolar disorder, and major depression, who want to work (66 percent) and the number of people who are actually employed (less than 20 percent). The benefits of steady competitive employment are substantial and include increased income, improved adherence with treatment for mental illness, enhanced self-esteem, reduced use of substances, and improved quality of life.[12] The Transforming Lives through Supported Employment Grant program is the remaining component of the Mental Health System Transformation program. This program was implemented to help states foster the adoption and implementation of permanent transformative changes in how public mental health services are organized, managed, and delivered throughout the United States.

The program began in FY 2014 as a focused effort to enhance state and community capacity to provide evidence-based supported employment programs for adults and youth with SMI/SED. These grants help people with SMI achieve their goals for competitive employment, building paths to self-sufficiency and recovery. They also support treatment and service providers and employers to prioritize employment as a standard of care by developing and maintaining sustained competitive employment opportunities for people with SMI, primarily using the evidence-based Individual Placement and Support (IPS) model of supported employment. The grant program helps states to identify and implement the structural and financing changes that are essential to make evidence-based supported employment programs sustainable statewide.

FY 2019 program data show that 4,371 members in the mental health and related workforce were trained and 518 programs or organizations implemented mental health practices consistent with program goals. In addition, over 50 percent of individuals served by the program were employed or in school at six-month follow-up; while, 61 percent reported positive functioning and 68 percent had a permanent place to live. Across the five years of the program, the number of individuals employed increased by over 110 percent.

In FY 2018 SAMHSA awarded seven continuation grants and related technical assistance activities. In FY 2019, SAMHSA awarded seven new Transforming Lives through Supported Employment grants. In FY 2020, SAMHSA will fund seven grant continuations and related technical assistance activities.

IPS Supported Employment: The Evidence-based Practice for Employment. (n.d.). Retrieved August 4, 2015

Funding History

Fiscal Year	Amount
FY 2017	$3,779,000
FY 2018	$3,779,000
FY 2019	$3,779,000
FY 2020	$3,779,000
FY 2021	$3,779,000

Budget Request

The FY 2021 President's Budget is $3.7 million, level with the FY 2020 Enacted level. SAMHSA requests funding to support the continuation of seven Transforming Lives through Supported Employment grants that will enhance state and community capacity to provide evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for adults and youth with SMI/SED and co-occurring mental and substance use disorders.

Outputs and Outcomes Table

Program: Mental Health System Transformation Grants and Health Reform

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.11 Number of persons in the mental health and related workforce trained in specific mental-health related practices/activities as a result of the grant (Outcome)	FY 2018: 2,010 Target: 5,262 (Target Not Met)	2,010	2,010	Maintain
1.2.21 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2018: 67.1 % Target: 74.0 % (Target Not Met)	67.1 %	67.1 %	Maintain
1.2.22 Percentage of clients receiving services who had a permanent place to live in the community at 6 month follow-up. (Outcome)	FY 2018: 66.4 % Target: 66 % (Target Exceeded)	66 %	66 %	Maintain
1.2.23 Percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2018: 52.8 % Target: 55 % (Target Not Met)	52.8 %	52.8 %	Maintain

Primary and Behavioral Health Care Integration

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Total Primary and Behavioral Health Care Integration	$45,429	$51,868	---	-51,868
Primary and Behavioral Health Care Integration.....	43,438	49,877	---	-49,877
Primary and Behavioral Health Care Integration TTA.....	1,991	1,991	---	-1,991

Authorizing Legislation……Section 520K of the Public Health Service Act
FY 2021 Authorization ..... …..$51,878,000
Allocation Method .....Competitive Grants/Cooperative Agreements
Eligible Entities.....Qualified Community Mental Health Programs, States or State Agency

Program Description and Accomplishments

Adults with SMI, such as schizophrenia, bipolar disorder, and major depression, experience high rates of morbidity and mortality. These rates are due, in large part, to elevated incidence and prevalence of cardiovascular disease, obesity, diabetes, hypertension, and dyslipidemia in people with SMI.[13] Physical health problems among people with SMI affect an individual's quality of life and contribute to premature death. Empirical findings indicate the clear link between early mortality among people with SMI and the lack of access to primary care services.[14]

The Primary and Behavioral Health Care Integration (PBHCI) Portfolio began in FY 2009 to address specifically this intersection between primary care and treatment for mental illness and co-occurring drug/alcohol addiction. The program supports grants to community mental health centers and states. This program supports the coordination and integration of primary care services and publicly funded community behavioral health services for individuals with SMI or co-occurring mental illness and drug/alcohol addiction served by the public mental health system. The PBHCI program seeks to improve health outcomes for people with SMI and co-occurring mental illness and drug/alcohol addiction by encouraging grantees to engage in necessary collaboration, expand infrastructure, and increase the availability of primary healthcare and wellness services for individuals with SMI or co-occurring mental illness and drug/alcohol addiction.

In FY 2018, SAMHSA supported 59 PBHCI continuation grants and awarded three new Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grants at $2.0 million per year to states, consistent with the 21st Century Cures Act. In addition, the population of focus was expanded to children with SED, individuals with drug/alcohol addiction and adults with any mental illness. The PIPBHC grant also focuses on bi-directional integration, providing support to onsite primary care within a behavioral health setting and onsite behavioral health care within a primary care setting.

[13] Forman-Hoffman, Muhuri, Novak, Pemberton, Ault, and Mannix (August 2014) CBHSQ Data Review: Psychological Distress and Mortality among Adults in the U.S. Household Population.
[14] E. Chesney et al., Risks of all-cause and suicide mortality in mental disorders: a meta-review, World Psychiatry; 2014: 13:1153-160.

In FY 2019, SAMHSA continued support for 15 PBHCI, 13 PIPBHC, and awarded 6 new PIPBHC grants. In FY 2020, SAMHSA will fund one PBHCI, 19 PIPBHC continuation grants, and four new PIPBHC grants.

Program Evaluation

SAMHSA, in collaboration with Mathematica, conducted a cross-site grantee evaluation of PBHCI cohorts 1 - 8. Health outcome data indicated substantial improvements in physical health among clients. Diabetes and hypertension were comparable to national benchmarks. Clients also showed improvement in functioning and psychological distress. At 18 months of program participation, approximately 75 percent of clients had stable housing, 80 percent reported feeling socially connected and approximately 55 percent reported feeling healthy overall. Emergency room visits for psychiatric or emotional problems and feelings of severe psychological distress were reduced. There was some improvement in substance misuse however, rates of tobacco use remained high.

The evaluation found that nearly 90 percent of grantees in cohorts 6-8 implemented screenings for physical health conditions and at least 80 percent provided preventative services and referrals for psychosocial services. Peer support staff played an important role in helping to integrate supportive care functions within agency settings. Wellness, physical and/or primary care, and mental health/substance use disorder services were provided by peer staff to clients. Wellness services included tobacco cessation, nutrition and/or exercise, and chronic disease self-management programming.

Funding History

Fiscal Year	Amount
FY 2017	$51,868,000
FY 2018	$51,868,000
FY 2019	$45,429,000
FY 2020	$51,868,000
FY 2021	---

Budget Request

The FY 2021 President's Budget is $0.0 million, a decrease of $51.8 million from the FY 2020 Enacted level. SAMHSA has eliminated this program due to other funding sources available for integrated care. SAMHSA will continue to disseminate the lessons learned from this program.

Outputs and Outcomes Table

Program: Primary & Behavioral Health Care Integration (PBHCI)

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.2.41 Increase the percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2018: 57.8 % Target: 54.6 % (Target Exceeded)	Discontinued	Discontinued	N/A
3.2.42 Increase the percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2018: 27.7 % Target: 24.1 % (Target Exceeded)	Discontinued	Discontinued	N/A
3.2.43 Increase the percentage of clients receiving services who had a permanent place to live in the community at 6 month follow-up. (Outcome)	FY 2018: 70.1 % Target: 71 % (Target Not Met)	Discontinued	Discontinued	N/A

Suicide Prevention Programs

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Suicide Prevention	$74,034	$90,034	$93,034	$3,000
Suicide Lifeline (non-add)	12,000	19,000	19,000	---
GLS - Youth Suicide Prevention - States (non-add)	35,427	35,427	35,427	---
Budget Authority (non-add)	*23,427*	*23,427*	*35,427*	12,000
Prevention & Public Health Fund (non-add)	*12,000*	*12,000*	-	*-12,000*
GLS - Youth Suicide Prevention - Campus (non-add)	*6,488*	*6,488*	*6,488*	---
GLS - Suicide Prevention Resource Center (non-add)	*5,988*	*7,988*	*7,988*	---
AI/AN Suicide Prevention Initiative (non-add)	*2,931*	*2,931*	*2,931*	---
National Strategy for Suicide Prevention (non-add)	*11,200*	*18,200*	*21,200*	$3,000
Zero Suicide (non-add)	*9,200*	*16,200*	*19,200*	---
Zero Suicide -AI/AN (non-add)	*2,200*	*2,200*	*2,200*	---
add)	*2,000*	*2,200*	*2,200*	---

Program Description and Accomplishments

SAMHSA supports the goals and objectives of the National Strategy for Suicide Prevention (NSSP) through the Suicide Prevention Programs highlighted below. Research has shown that implementing comprehensive public health approaches that make suicide prevention a priority within health and community systems can reduce the rates of death by suicide as well as suicide attempts. The NSSP supports this type of comprehensive approach and is an important step toward reducing suicide.

Approximately 47,173 Americans died by suicide in 2017. From 1999 through 2017, the age adjusted suicide rate increased 33 percent from 10.5 to 14.0 per 100,000. According to the CDC Director Robert R. Redfield, "the latest CDC data show that the U.S. life expectancy has declined over the past few years. Tragically, this troubling trend is largely driven by deaths from drug overdose and suicide". In 2008, suicide became the 10th leading cause of death in the United States and has remained so through 2017. Suicide is the second leading cause of death between age 10-34 and the fourth leading cause of death for ages 35-54. The 2018 National Survey on Drug Use and Health reported that approximately 1.4 million Americans age 18 and over attempted suicide, 10.7 million seriously considered suicide, and 3.3 million made a plan. While youth have the highest rate of suicide attempts, middle-aged adults have the highest number of deaths by suicide nationwide, and middle aged and older adult men have the highest rates of death by suicide. The nation's suicide prevention efforts must address the issues of suicidal thoughts, plans, attempts, and deaths among adults and youth to reduce suicide in America.

National Strategy for Suicide Prevention

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
National Strategy for Suicide Prevention	$11,200	$18,200	$21,200	$3,000
Zero Suicide (non-add)	*9,200*	*16,200*	*19,200*	*3,000*
Zero Suicide -AI/AN (non-add)	*2,200*	*2,200*	*2,200*	$---
All Other National Strategy for Suicide Prevention (non-add)	*2,000*	*2,000*	*2,000*	$---

Authorizing Legislation .....Section 520L of the Public Health Service Act
FY 2021 Authorization $30,000,000
Allocation Method .....Competitive Grants
Eligible Entities..... Community –based primary care or behavioral health entity, Federally Recognized, American Indian/Alaska Native tribe or tribal organizations, State mental health or public health agency

Program Description and Accomplishments

Suicide has been increasing in the United States, particularly in adults and older adults. The CDC (2018) has recently reported that suicide has risen nearly 30 percent during 1999-2016 and has increased in 49 of the 50 states with 25 states experiencing increases over 30 percent.[15] With the rising rates of suicide among adults, particularly middle-aged and older adults, focusing on preventing suicide among adults is urgently required in order to reduce suicide nationally. The baby boomer generation is the group that has had high rates of suicide throughout its lifecycle and is entering the stage of life that has historically had the highest rate of suicide. There is a risk that without significant targeted intervention toward adults, the number of suicides in the United States could continue to increase.

The 2012 National Strategy for Suicide Prevention (NSSP) seeks to reduce the overall suicide rate and number of suicides in the U.S. nationally. The NSSP grant program supports states' efforts to implement the NSSP. While the NSSP addresses all age groups and populations with specific needs, the goals and objectives of the NSSP grants focus on preventing suicide and suicide attempts among adults over the age of 25 who comprised more than 40,000 of the more than 47,000 suicides in the United States in 2017. States use NSSP funding to support efforts such as raising suicide awareness, establishing emergency room referral processes, and improving clinical care practice standards.

The Zero Suicide model is a comprehensive, multi-setting approach to suicide prevention in health systems. The purpose of this program is to implement suicide prevention and intervention programs for individuals who are 25 years of age or older by systematically applying evidence-based approaches to screening and risk assessment, developing care protocols, collaborating for safety planning, providing evidence-based treatments, maintaining continuity of care during high risk

[15]Center for Disease Control and Prevention, Mortality and Morbidity Weekly Report; "Vital Signs: Trends in State Suicide Rates-United States, 1999-2016 and Circu7mstances Contributing to Suicide -27 States, 2015, Stone, D.M et all, June 8, 2018.

periods, and improving care and outcomes for such individuals who are at risk for suicide being seen in health care systems.

In FY 2019, the Zero Suicide grant program trained 9,455 individuals in mental health related practices and activities, 112,176 individuals were screened for mental health or related interventions, and 61,384 individuals were referred to mental health services. In FY 2018, SAMHSA provided support for 5 NSSP continuation grants, and awarded 15 new Zero Suicide grants. In FY 2019, SAMHSA supported the continuation of 5 NSSP grants and 15 Zero Suicide continuation grants. In FY 2020, SAMHSA will fund 15 Zero Suicide continuation grants, a new cohort of five NSSP grants, and a new cohort of 14 Zero Suicide grants.

Funding History

Fiscal Year	Amount
FY 2017	$11,000,000
FY 2018	$11,000,000
FY 2019	$11,200,000
FY 2020	$18,200,000
FY 2021	$21,200,000

Budget Request

The FY 2021 President's Budget is $21.2 million, an increase of $3.0 million from the FY 2020 Enacted level. This funding will support a new cohort of 4 Zero Suicide grants, 29 Zero Suicide continuation grants, and five NSSP continuation grants. This funding level will screen an additional 550,000 individuals for suicide risk. The grants support states in implementing the NSSP goal to prevent suicide. States use NSSP funding to support efforts such as raising suicide awareness, establishing emergency room referral processes, and improving clinical care practice standards.

Garrett Lee Smith Youth Suicide Prevention – State/Tribal and Campus

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
GLS - Youth Suicide Prevention - States	$35,427	$35,427	$35,427	$12,000
Prevention & Public Health Fund (non-add)	*12,000*	*12,000*	---	*-12,000*
GLS - Youth Suicide Prevention - Campus	6,488	6,488	6,488	$---

Authorizing Legislation .....Sections 520E and 520E-2 of the Public Health Service Act
FY 2021 Authorization $30,000,000; $7,000,000
Allocation Method ..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... States and Tribes

Program Description and Accomplishments

In the fall of 2003, Garrett Lee Smith, son of Sen. Gordon and Sharon Smith, died by suicide in his apartment in Utah where he attended college. He was one day shy of 22 years old. Like most suicides, Garrett's came unexpectedly. As many families have tragically experienced, depression is not rare or peculiar, but can be deadly. It affects one in six Americans at some point. Hardly a family goes untouched.[16]

The Garrett Lee Smith (GLS) Memorial Act authorizes SAMHSA to manage two significant youth suicide prevention programs and one resource center. The GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program has awarded 230 grants to 50 states and the District of Columbia, 63 unique tribes/tribal organizations, and two territories. These grants develop and implement youth suicide prevention and early intervention strategies involving public-private collaboration among youth-serving institutions. The GLS Campus Suicide Prevention program has awarded 293 grants to 265 institutions of higher education, including tribal colleges and universities, to prevent suicide and suicide attempts. Grantees use their funds to prevent suicide in their communities, often through providing trainings and activities aimed at identifying youth at risk for suicide..

Performance Evaluation Information

SAMHSA's evaluation of national youth suicide prevention efforts (age 10 to 24) have shown that counties implementing SAMHSA funded GLS youth suicide prevention activities have lower rates of youth suicide deaths than matched counties not implementing such activities. This impact is maintained for two years and the impact appears directly related to years of continued funding. Approximately 50 percent of the counties in America have received at least one year of funding since the program started in 2005.
Recent evaluation results have shown that counties who implemented GLS supported activities had lower suicide rates than matched counties that did not in the two years following suicide prevention activities.

Since 2005 over 1.6 million individuals' participated in over 39,000 training events or educational seminars provided by grantees. In FY 2019, 195,000 youth were screened for suicide risk, 30,362

[16] http://www.jaredstory.com/garrett_smith.html

youth were referred to services, and over 261,000 individuals were contacted through program outreach efforts. Grantees' efforts are reducing the likelihood of at-risk youth falling through the gaps in the system.

In FY 2019, SAMHSA supported the continuation of 19 GLS State/Tribal grants and 41 GLS Campus grants, and awarded 31 new GLS State and Tribal grants and 22 new GLS Campus grants. In FY 2020, SAMHSA will fund 38 GLS State and Tribal continuation grants [32 with direct budget authority and six with Prevention and Public Health Funds (PPHF], 46 GLS Campus continuation grants, award a new cohort of 10 GLS State and Tribal grants with PPHF, and 16 GLS Campus grants.

Funding History

Fiscal Year	Amount
FY 2017	$41,915,000
FY 2018	$41,915,000
FY 2019	$41,915,000
FY 2020	$41,915,000
FY 2021	$41,915,000

Budget Request

The FY 2021 President's Budget is $41.9 million, level with the FY 2020 Enacted level. SAMHSA requests direct budget authority funding for the continuation of 44 GLS State and Tribal grants and 38 GLS Campus grants and a new cohort of three GLS State and Tribal and 22 GLS Campus grants to continue developing and implementing youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions.

Garrett Lee Smith Suicide Prevention Resource Center

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
GLS - Suicide Prevention Resource Center.....	$5,988	$7,988	$7,988	$---

Authorizing Legislation……....Section 520C of the Public Health Service Act
FY 2021 Authorization $5,988,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities..... Domestic Public and Private Nonprofit Entities, Tribal and Urban Indian Organizations, Community and Faith-Based Organizations

Program Description and Accomplishments

In addition to the above programs that build suicide prevention capacity, SAMHSA also supports the Suicide Prevention Resource Center (SPRC). The purpose of this program is to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist states, tribes, organizations, and SAMHSA grantees to develop suicide prevention strategies (including programs, interventions, and policies that advance the National Strategy for Suicide Prevention (NSSP), with the overall goal of reducing suicides and suicidal behaviors in the nation. This work includes support of the public-private National Action Alliance for Suicide Prevention, and working to advance high-impact objectives of the NSSP.

Recent data shows that nearly 38,000 individuals where exposed to mental health awareness messages and over 31,000 individuals were trained in prevention and mental health promotion.

In FY 2018 and FY 2019, SAMHSA supported the continuation grant. In FY 2020, SAMHSA will fund one new grant to promote the implementation of the NSSP and enhance the nation's mental health infrastructure. In addition, funding will support the development and dissemination of resources for families and friends of individuals at risk of suicide, as well as the development of specialized training for LGBTQ youth.

Funding History

Fiscal Year	Amount
FY 2017	$5,988,000
FY 2018	$5,988,000
FY 2019	$5,988,000
FY 2020	$7,988,000
FY 2021	$7,988,000

Budget Request

The FY 2021 President's Budget is $7.9 million, level with the FY 2020 Enacted level. This funding will support one continuation grant. The Suicide Prevention Resource Center will provide states, tribes, government agencies, private organizations, colleges and universities, and suicide survivors and mental health consumer groups with access to information and resources that support program development, intervention implementation, and adoption of policies that prevent suicide.

Suicide Lifeline

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Suicide Lifeline	$12,000	$19,000	$19,000	$---

Authorizing Legislation ..... Section 520E-3 of the Public Health Service Act
FY 2021 Authorization $7,198,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities..... States, Tribes, Community Organizations

Program Description and Accomplishments

To prevent death and injury as the result of suicide attempts, individuals need rapid access to suicide prevention and crisis intervention services. Launched in 2005, the National Suicide Prevention Lifeline (Lifeline), 1-800-273-TALK, coordinates a network of 171 crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help at any time, day or night.

The Lifeline routes calls from anywhere in the country to a network of certified local crisis centers that can then link callers to local emergency, mental health, and social services resources. In calendar year 2018, the National Suicide Prevention Lifeline answered calls from over 2.2 million Americans.

In FY 2018, the Lifeline averaged 185,367 calls per month for a total of 2,224,408 calls answered. In FY 2019, call volume averaged 179,575 per month for a total of 2,154,903 calls answered.

Since FY 2007, SAMHSA has collaborated with the Department of Veterans Affairs (VA) to ensure that veterans, service members, and their families who call the Lifeline and "press 1" have 24/7 access to the VA's Veterans Crisis Line.

SAMHSA evaluation studies have found that when a sample of suicidal callers who received follow-up calls from the Lifeline are asked, "…to what extent did calling the crisis hotline stop you from killing yourself?" A total of 82 percent responded either "a lot" (59 percent) or "a little" (22 percent).

Lifeline evaluations have been the primary vehicle for collaborating with the crisis centers to adopt standards and guidelines based on evaluation results. These evaluation-driven standards and guidelines have, to date, focused on suicide risk assessment, imminent risk protocols, emergency intervention, and follow-up procedures and have advanced improvements in practice that are

lifesaving. Hotline evaluation efforts will continue to focus on imminent risk and follow up for suicidal callers and suicidal persons accessing the crisis chat service.

In addition, FY 2019 data for the Crisis Center Follow-up grant program indicates, 58,132 individuals were screened for mental health and suicidal concerns of which 67.5 percent required services.

In FY 2018, SAMHSA awarded a new Suicide Lifeline grant and supported the continuation of six Crisis Center Follow-up grants. In FY 2019, SAMHSA supported the continuation of the Suicide Lifeline grant and provided $5.4 million in supplemental funding to enhance access to the Lifeline and strengthen the capacity of the Lifeline network to answer calls as rapidly as possible. In addition, SAMHSA awarded two new Crisis Center Follow-up grants to provide an integrated hub that: (1) ensures systematic follow-up of suicidal persons who contact a NSPL Crisis Center; (2) provides enhanced coordination of crisis stabilization, crisis respite, and hospital emergency department services; and (3) enhances coordination with mobile on-site crisis response. In effect, with the resources provided, the hub should not lose track of a person in a suicidal crisis as they interface with crisis systems. It is expected that this program will promote continuity of care to safeguard the well-being of individuals who are at risk of suicide.

In FY 2020, SAMHSA will fund the continuation of the Suicide Lifeline and provide $7 million in supplemental funding to continue to enhance and increase the capacity and strengthen the Lifeline Network especially in states with highest need. In addition, SAMHSA will fund the continuation of two Crisis Center Follow-up grants.

Funding History

Fiscal Year	Amount
FY 2017	$7,198,000
FY 2018	$7,198,000
FY 2019	$12,000,000
FY 2020	$19,000,000
FY 2021	$19,000,000

Budget Request

The FY 2021 President's Budget is $19.0 million, level with the FY 2020 Enacted level. SAMHSA is requesting funding for the continuation of the National Suicide Prevention Lifeline, which routes calls from anywhere in the country to a network of certified local crisis centers that can then link callers to local emergency, mental health, and social services resources. In addition, the funding will support the continuation of two National Suicide Prevention Lifeline Crisis Center Follow-up grants to focus on providing follow-up to suicidal people discharged from emergency rooms and inpatient units, and will support a crisis chat system.

American Indian/Alaska Native Suicide Prevention Initiative

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
American Indian/Alaska Native Suicide Prevention Initiative..	$2,931	$2,931	$2,931	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Contracts
Eligible Entities..... Not applicable

Program Description and Accomplishments

The Tribal Training and Technical Assistance Center (Tribal TTA Center) is an innovative training and technical assistance project that helps tribal communities facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce violence, bullying, substance abuse, and suicide among American Indian/Alaska Native (AI/AN) youth. These plans mobilize tribal communities' existing social and educational resources to meet their goals.

From 2015 to 2019, 381 tribal communities have received specialized technical assistance and support in suicide prevention and related areas. In addition, more than 18,522 members of these communities received training in prevention and mental health promotion.

In FY 2018, SAMHSA awarded a new contract to support this activity and awarded one Mental Health Transfer Technology Center (MHTTC) for Tribal Affairs to develop and maintain a collaborative network to support resource development and dissemination, training and technical assistance, and workforce development to the field and CMHS grant recipients. The MHTTC Tribal Affairs Center will coordinate and manage CMHS's national efforts to ensure that high-quality, effective mental health disorder treatment and recovery support services, and evidence based practices are available for all individuals with mental disorders including, in particular, those with serious mental illness.

In FY 2019, SAMHSA continued support for this activity through the existing contract and the continuation of the MHTTC Tribal Affairs Center. In FY 2020, SAMHSA will fund the existing contract and the continuation of the MHTTC Tribal Affairs Center.

Funding History

Fiscal Year	Amount
FY 2017	$2,931,000
FY 2018	$2,931,000
FY 2019	$2,931,000
FY 2020	$2,931,000
FY2021	$2,931,000

Budget Request

The FY 2021 President's Budget is $2.9 million, level with the FY 2020 Enacted level. This funding will support the continuation of the MHTTC Tribal Affairs Center and continuation of the contract to provide comprehensive, broad, focused, and intensive training and technical assistance to federally recognized tribes and other AI/AN, communities in order to address and prevent mental illness and alcohol/other drug addiction, prevent suicide, and promote mental health through the contract continuation.

Outputs and Outcomes Table

Program: Suicide Prevention

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.3.59 Number of individuals trained in youth suicide prevention (Outcome)	FY 2019: 226,573 Target: 77,306 (Target Exceeded)	226,573	226,573	Maintain
2.3.60 Number of youth screened (Output)	FY 2019: 195,547 Target: 62,542 (Target Exceeded)	195,547	195,547	Maintain
2.3.61 Number of calls answered by the suicide hotline (Output)	FY 2019: 2,154,903 Target: 1,877,020 (Target Exceeded)	2,154,903	2,154,903	Maintain
3.1.01 Number of individuals screened for mental health or related interventions (Intermediate Outcome)	FY 2019: 142,082.0 Target: 194,142.0 (Target Not Met)	142,082.0	142,082.0	Maintain
3.1.02 Number of individuals referred to mental health or related services (Intermediate Outcome)	FY 2019: 68,603.0 Target: 2,715.0 (Target Exceeded)	68,603.0	68,603.0	Maintain
3.1.03 Number of organizations that establish management information/information technology system links across multiple agencies (Intermediate Outcome)	FY 2019: 3.0 Target: 25.0 (Target Not Met)	3.0	3.0	Maintain
3.1.04 Number of organizations or communities that demonstrate improved readiness to change their systems (Intermediate Outcome)	FY 2019: 215.0 Target: Maintain Target (Target Exceeded)	215.0	215.0	Maintain
3.2.37 Number of youth referred to mental health or related services (Output)	FY 2019: 30,362 Target: 13,950 (Target Exceeded)	30,362	30,362	Maintain
3.5.11 Number of respondents who say calling the lifeline stopped you from killing yourself a lot or a little (Outcome)	FY 2018: 82.0 Target: 82.0 (Baseline)	82.0	82.0	Maintain

Homelessness Prevention Programs

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Total Homelessness	$32,992	$32,992	$32,992	$---
Homelessness Prevention Programs	30,696	30,696	30,696	---
Homelessness	2,296	2,296	2,296	---

Authorizing Legislation…….Sections 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities.....States, Domestic Public and Community Organizations, Private Nonprofit Entities, and Community-based Public or Nonprofit Entities

Program Description and Accomplishments

While significant progress has been made over the last decade to reduce homelessness in specific communities and with specific populations, the number of people experiencing homelessness has remained relatively flat between 2017 and 2018, increasing by just 0.3 percent or (1,834 people). The slight increase in overall homelessness can be attributed to an increase in the number of unsheltered individuals. Many factors contribute to homelessness, including lack of affordable housing, foreclosures, rising housing costs, job loss, underemployment, mental illness, and addiction. Services are needed to link individuals to permanent housing and coordinate benefits, treatment, and supportive services. According to the U.S. Department of Housing and Urban Development, 552,830 individuals experienced homelessness on a given night in 2018 in the United States. The number of individuals experiencing chronic homelessness increased by two percent (or by 1,935 people) between 2017 and 2018. The number of veterans experiencing homelessness decreased by five percent (or 2,142 people) between 2017 and 2018. [17] About 20 percent of individuals experiencing homelessness have an SMI and 15 percent struggle with chronic substance use and misuse.[18]

In FY 2018, SAMHSA initiated the CMHS-funded Treatment for Individuals Experiencing Homelessness (TIEH) program, to support the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness, serious emotional disturbance, or co-occurring disorder (i.e., a serious mental illness [SMI] and substance use disorder [SUD] or a serious emotional disturbance [SED] and SUD) who are experiencing homelessness.

The goal of this program is to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable permanent housing.

[17] The 2018 Annual Homeless Assessment Report (AHAR) to Congress. (December 2018.). Retrieved December 9, 2019, from https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf

[18] The U.S. Department of Housing and Urban Development, 2017 CoC Homeless Populations and Subpopulations Reports. Available at https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2017.pdf

FY 2019 data show that at six-month follow-up, 40 percent of individuals reported positive functioning; 28 percent were employed; and 40 percent had a permanent place to live. SAMHSA also supported a technical assistance contract to provide training and support to the general public, constituent groups, service providers, grantees, and other stakeholders.

In FY 2018, SAMHSA supported 46 Cooperative Agreement to Benefit Homeless Individuals (CABHI) continuation grants, 24 new TIEH grants, and technical assistance activities. In FY 2019, SAMHSA supported 16 CABHI and 24 TIEH grant continuations, awarded 19 new TIEH grants, and technical assistance activities. In FY 2020, SAMHSA will fund 43 TIEH continuation grants, five new TIEH grants, and technical assistance activities.

Funding History

Fiscal Year	Amount
FY 2017	$32,992,000
FY 2018	$32,992,000
FY 2019	$32,992,000
FY 2020	$32,992,000
FY 2021	$32,992,000

Budget Request

The FY 2021 President's Budget is $32.9 million, level with the FY 2020 Enacted level. With this funding SAMHSA will support 48 continuation grants and technical assistance activities to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable and permanent housing.

Outputs and Outcomes Table

Program: Homelessness Prevention Programs

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.4.23 The number of clients served (Output)	FY 2019: 3521 Target: 4600 (Target Not Met)	3521	3521	Maintain
3.4.24 Percentage of homeless clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2019: 34.4 % Target: 20 % (Target Exceeded)	34.4 %	34.4 %	Maintain
3.4.25 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2019: 31.1 % Target: 70 % (Target Not Met)	31.1 %	31.1 %	Maintain

Minority AIDS

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Minority AIDS	9,224	9,224	9,224	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.....Community and faith-based organizations, Tribes, Urban, Indian organizations, Hospitals, Public and private universities and colleges

Program Description and Accomplishments

The Minority AIDS Initiative - Service Integration grant is designed to meet the health needs of some of America's most vulnerable. Adults with Serious Mental Illness (SMI) receiving public specialty mental health services are not tested for HIV regularly (Mangurian, 2017). MAI-SI makes HIV testing and treatment, PrEP and PEP, and Hepatitis vaccination and treatment available to this underserved population. Some grantees are HIV/AIDS providers expanding mental health services to their clients. Others, mental health providers bring HIV/AIDS services to their clients.

The Centers for Disease Control and Prevention (CDC) reports significantly higher rates of HIV/AIDS among racial/ethnic minorities compared with the general population.[19] Only approximately 7 percent of people with severe mental illness receive HIV testing. Significant racial disparities: Asians/Pacific Islanders were 53 percent less likely and blacks were 82 percent more likely to be tested (ibid). African Americans accounted for 45 percent and Hispanics accounted for 23 percent of all HIV/AIDS cases diagnosed in 2013.[20] Psychiatric and psychosocial complications are frequently not diagnosed nor addressed at the time of HIV diagnosis or through the course of the disease process. When untreated, these complications are associated with increased morbidity and mortality, impaired quality of life, and numerous medical issues such as non-adherence with the treatment regimen.

The Minority AIDS program enhances and expands the provision of effective, culturally competent, HIV/AIDS-related mental health services in racial and ethnic minority communities for people living with or at high risk for HIV/AIDS. More than 4,600 individuals received services in FY 2017. The MAI program, along with many other HIV/AIDS programs across HHS, contributes to the goals of a new initiative to eliminate new HIV infections in our nation. *Ending the HIV Epidemic: A Plan for America* will be supported by this program through its continued assistance to vulnerable populations.

[19] Centers for Disease Control and Prevention. HIV Surveillance Report. (2013); vol. 25. Published February 2015. Accessed May 8, 2015 from http://www.cdc.gov/hiv/library/reports/surveillance.
[20] Centers for Disease Control and Prevention. HIV Surveillance Report. (2013); vol. 25. Published February 2015. Accessed May 8, 2015 from http://www.cdc.gov/hiv/library/reports/surveillance.

In FY 2018, SAMHSA awarded a new cohort of 18 grants focused on integrated evidence-based, culturally competency mental and substance use disorder treatment with HIV primary care and prevention services. The population of focus is individuals with a serious mental illness or co-occurring disorder living with or at risk for HIV and/or hepatitis in at-risk populations, including racial and ethnic minority communities. The expected outcome from this grant program is to reduce the incidence of HIV and improve overall health outcomes for individuals with Serious Mental Illness or co-occurring disorder.

Required activities under this grant include HIV and hepatitis prevention services to include screening, risk assessment, prevention counseling, rapid testing, PrEP and hepatitis vaccination within a behavioral health setting. Provide evidence-based mental and substance use disorder treatment and practices that are trauma-informed and recovery-oriented. Implement outreach strategies to inform individuals of available behavioral health services and HIV and hepatitis primary care and prevention services. Offer peer support and case management services to coordinate all aspects of care.

Grantees collect data at baseline, 6-month reassessment, and discharge. FY 2019 reassessment data show 53 percent of individuals receiving services are not experiencing serious psychological distress; 62 percent reported an increase in everyday functioning; and 29 percent of individuals were being retained in the community.

In FY 2019, SAMHSA continued support for 18 continuations grants. In FY 2020, SAMHSA will fund 18 continuation grants.

Funding History

Fiscal Year	Amount
FY 2017	$9,224,000
FY 2018	$9,224,000
FY 2019	$9,224,000
FY 2020	$9,224,000
FY 2021	$9,224,000

Budget Request

The FY 2021 President's Budget is $9.2 million, level with the FY 2020 Enacted level. SAMHSA will support 18 continuations grants focused on individuals with mental disorders and/or co-occurring disorders living with or at risk for HIV/AIDS.

Outputs and Outcomes Table

Program: Minority AIDS Initiative Service Integration

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.5.02 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2019: 62.1 Target: 75.0 (Target Not Met)	62.1	62.1	Maintain
3.5.03 Percentage of clients receiving services who had a permanent place to live in the community at six-month follow-up. (Outcome)	FY 2019: 58.8 Target: 39.0 (Target Exceeded)	58.8	58.8	Maintain
3.5.04 Percentage of clients receiving services who are currently employed at six-month follow-up. (Outcome)	FY 2019: 35.5 Target: 39.0 (Target Not Met)	35.5	35.5	Maintain

Criminal and Juvenile Justice Programs

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Criminal and Juvenile Justice Programs.....	$4,269	$6,269	$9,269	$---

Authorizing Legislation……Sections 520G of the Public Health Service Act
FY 2021 Authorization $4,269,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities.....Tribal Court Administrator, the Administrative Office of the Courts, the Single State Agency for Alcohol and Drug Abuse, the State Mental Health Agency, the Designated State Drug Court Coordinator, and Local Governmental Unit

Program Description and Accomplishments

Data indicate that a significant number of individuals that come in contact with law enforcement and the criminal justice system have a mental or substance use disorder. More than half of all prison and jail inmates (i.e., people in state and federal prisons and local jails) meet criteria for having a mental health problem; 6 in 10 meet criteria for a substance abuse problem; and more than one-third meet criteria for having both a substance abuse and mental health problem.[21] Approximately 250,000 individuals with serious mental illness (SMI) are incarcerated at any given time—about half arrested for non-violent offenses, such as trespassing or disorderly conduct. In addition, during street encounters, police officers are almost twice as likely to arrest someone who appears to have a mental illness. A Chicago study of thousands of police encounters found that 47 percent of people with a mental illness were arrested, while only 28 percent of individuals without a mental illness were arrested for the same behavior.[22] The costs associated with incarceration are high: state corrections budgets alone account for $39.0 billion in taxpayer costs.[23,24] There is a clear and largely unmet need for effective behavioral health services and supports that are accessible before, during, and after incarceration and continue in the community as needed for this high-risk, population.

SAMHSA completed an evaluation of the first cohort of Behavioral Health Treatment Courts Collaborative (BHTCC) grantees in September 2014. Findings of the evaluation demonstrate that grantees built multi-agency workgroups or collaborative to oversee programs. Because of the grant funding, all grant recipients expanded access to specialty courts. Most grant recipients anticipated

[21] U.S. Department of Justice, Office of Justice Programs. (2006) *Mental health problems of prison and jail inmates*. Retrieved, March 25, 2011, from http://bjs.ojp.usdoj.gov/content/pub/pdf/mhppji.pdf
[22] The Role of Mental Health Courts in System Reform. The Bazelon Center for Mental Health Law. http://heinonline.org/HOL/LandingPage?handle=hein.journals/udclr7&div=10&id=&page=
[23] Pew Center on the States. (2011). State of recidivism: The revolving door of America's prisons. Washington, DC: The Pew Charitable Trusts. http://www.pewtrusts.org/en/research-and-analysis/reports/0001/01/01/state-of-recidivism
[24] Henrichson, C., & Delaney, R. (2012). The price of prisons: What incarceration costs taxpayers. New York: Vera Institute of Justice.

continuing new screening and assessment processes addressing a broader array of behavioral health needs after grant funding ended. Program innovations were divided into four main groups, including court and treatment provider collaboration, court and community case management, unified cross-court screening and referral, and meaningful peer involvement. BHTCC served over 2,997[17] individuals, with 77 percent of them identified as having co-occurring mental illness and drug/alcohol addiction and with nearly two thirds reporting violence or trauma exposure in their lives. Based on performance data reporting, alcohol and other drug use by program participants declined by 53 percent at six months[18]. Nearly 79 percent of participants either maintained good physical health or reported physical health improvements in the same time period. In addition, employment rates increased from 29 percent to 45 percent over the first six months, with monthly mean income increasing by $217.

In FY 2019, Early Diversion grantees screened over 1,400 clients and referred over 1,000 individuals to mental health services.

In FY 2018, SAMHSA awarded a new cohort of 12 Law Enforcement Behavioral Health Partnerships for Early Diversion (Short Title: Early Diversion) grants, which divert adults with an SMI or a co-occurring disorder from the criminal justice system to community-based services prior to arrest and booking. In addition, SAMHSA continued support for the technical assistance and evaluation contracts. In FY 2019, SAMHSA continued support for 11 Early Diversion grant continuations grants and technical assistance and evaluation activities. In FY 2020, SAMHSA will fund 11 continuation grants, award a new cohort of six grants, and technical assistance activities.

Funding History

Fiscal Year	Amount
FY 2017	$4,269,000
FY 2018	$4,269,000
FY 2019	$4,269,000
FY 2020	$6,269,000
FY 2021	$9,269,000

Budget Request

The FY 2021 President's Budget is $9.2 million, an increase of $3.0 million from the FY 2020 Enacted level. SAMHSA will support the continuation of 17 grants, award a new cohort of eight grants and a new technical assistance center. The increased funding will specifically address the needs of those with Serious Mental Illness. Individuals with SMI are more likely to become involved in the criminal justice system than those with mental illness. Focusing on SMI will reduce

[17]Cohort 2 data through November 15, 2017[18] Calculated as the change in percentage of individuals reporting alcohol or drug use from baseline to six-month follow-up.

[18] Calculated as the change in percentage of individuals reporting alcohol or drug use from baseline to six-month follow-up.

costly and counterproductive involvement in the criminal justice system and support better outcomes for these individuals by connecting them with needed services.

Outputs and Outcomes Table

Program: Criminal and Juvenile Justice

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.5.06 Percentage of clients receiving services who report positive functioning at 6 month follow-up (Outcome)	FY 2019: 47.6 Target: 50.0 (Target Not Met)	47.6	50	+2.4%
3.5.07 Percentage of clients receiving services who had a permanent place to live in the community at six-month follow-up. (Outcome)	FY 2019: 23.8 Target: 50.0 (Target Not Met)	23.8	50	+26.8%
3.5.09 Number of individuals screened for mental health or related interventions. (Output)	FY 2019: 1,438.0 Target: 945.0 (Target Exceeded)	1,438.0	4,745	+3,307

Practice Improvement and Training

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Practice Improvement and Training.....	$7,828	$7,828	$7,828	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities..... 105 Nationally Recognized Historically Black Colleges and Universities

Program Description and Accomplishments

SAMHSA facilitates health integration by engaging in activities that support mental health system transformation. The Practice Improvement and Training programs address the need for disseminating key information, such as evidence-based mental health practices, to the mental health delivery system.

The purpose of the Historically Black Colleges and Universities-Center for Excellence (HBCU-CFE) program is to network the 105 HBCUs throughout the United States and promote behavioral health workforce development through expanding knowledge of best practices, developing leadership, and encouraging community partnerships that enhance the participation of African Americans in substance use disorder treatment and mental health professions. The comprehensive focus of the HBCU-CFE program simultaneously expands service capacity on campuses and in other treatment venues.

SAMHSA has worked to strengthen its clinical and science-based approach to addressing serious mental illness. In FY 2018, SAMHSA developed a Clinical Support Services TA Center to address SMI. This TA Center focuses specifically on the clinical treatment of SMI, including the use of medications.

In FY 2019, SAMHSA continued support for the HBCU grant program and the Clinical Support Services TA Center. In FY 2020, SAMHSA will fund the HBCU grant program and the Clinical Support Services TA Center.

Funding History

Fiscal Year	Amount
FY 2017	$7,828,000
FY 2018	$7,828,000
FY 2019	$7,828,000
FY 2020	$7,828,000
FY 2021	$7,828,000

Budget Request

The FY 2021 President's Budget is $7.8 million, level with the FY 2020 Enacted level. Funding will support the continuation of the HBCU program, the continuation of the Clinical Support Services TA Center for SMI.

The output and outcome measures for Practice Improvement and Training are part of the Mental Health - Science and Service Activities Outputs and Outcomes table shown on page 69.

Consumer and Consumer-Supporter TA Centers

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Consumer and Consumer-Supporter Technical Assistance Centers..	$1,918	$1,918	$1,918	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method .....Competitive Grants
Eligible Entities..... Community Organizations

Program Description and Accomplishments

Consumer-centered services and supports, such as peer specialists, are vital to improving the quality and outcomes of health and behavioral healthcare services for people with mental disorders including SMI. First funded in 1992, the purpose of Consumer and Consumer-Supporter Technical Assistance (TA) Centers is to provide technical assistance to facilitate quality improvement of the mental health system by specific promotion of consumer-directed approaches for adults with SMI.

Such approaches maximize consumer self-determination, promote long-term recovery, and assist individuals with SMI to increase their community involvement through work, school, and social connectedness. This program also improves collaboration among consumers, families, providers, and administrators. It helps to transform community mental health services into a more consumer and family driven model.

In FY 2019, the Consumer and Consumer-Supporter TA Centers provided training to approximately 16,000 people. These trainings covered a range of topics, including peer support, the Wellness Recovery Action Plan, Emotional CPR, financial literacy, and collaborative leadership. In addition, the Consumer and Consumer-Supporter TA Centers provided support and expertise to consumer organizations that led to these organizations obtaining over $2.62 million in funding (non-grant). Due to this grant, 162 consumers and family members holding positions within consumer or family organizations participated in mental health-related planning and systems improvement.

In FY 2018, and FY 2019 SAMHSA supported the continuation of five grants. In FY 2020, SAMHSA anticipates funding a new cohort of five grants.

Funding History

Fiscal Year	Amount
FY 2017	$1,918,000
FY 2018	$1,918,000
FY 2019	$1,918,000
FY 2020	$1,918,000
FY 2021	$1,918,000

Budget Request

The FY 2021 President's Budget is $1.9 million, level with the FY 2020 Enacted level. SAMHSA's funding request will support five continuation grants to provide technical assistance to facilitate the quality improvement of the mental health system by promoting consumer-directed approaches for adults with SMI.

The output and outcome measures for Consumer and Consumer-Supporter TA Centers are part of the Mental Health - Science and Service Activities Outputs and Outcomes table shown on page 69.

Disaster Response

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Disaster Response	$1,953	$1,953	$1,953	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities..... Domestic Public or Private Non-Profit Entities

Program Description and Accomplishments

Natural and human caused disasters and emergent events like hurricanes, wildfires, floods, tornados, and mass shootings; strike without warning. These unexpected disasters and events leave individuals, families, and whole communities struggling to rebuild.

SAMHSA helps ensure that the nation is prepared to address the behavioral health needs that follow these disasters or events. SAMHSA focuses on three major programs: the Crisis Counseling Assistance and Training Program (CCP), the Disaster Distress Helpline (DDH), and Disaster Behavioral Health. These programs use appropriated funds to support survivors of natural and man-made disasters.

SAMHSA, through an interagency agreement with the Federal Emergency Management Agency (FEMA), operates the CCP. This program assists individuals and communities in recovering from presidentially declared disasters through the provision of community-based behavioral health outreach and psycho-educational services. SAMHSA provides technical assistance, program guidance and monitoring, and oversight of the CCP. SAMHSA and FEMA jointly fund a Disaster Technical Assistance Center (DTAC) designed to provide additional technical assistance, strategic planning, consultation, and logistical support. SAMHSA provides Disaster Behavioral Health expertise around emerging public health initiatives to develop and disseminate innovative consultation and technologies to communities, federal partners, and other stakeholders.

In FY 2019, the CCP Online Data Collection and Evaluation System showed the following contacts and encounters funded by 36 CCP grants:

- 978,267 in-person brief educational supportive contacts;
- 57,641telephone contacts and 30,847 e-mail contacts.
- 229,303 individual and family crisis counseling encounters (lasting 15 to 60 minutes or more) serving 306,508 individuals; and
- 19,099 group encounters (public education and group counseling) serving 413,643 individuals.

Individual and family crisis counseling encounters were most often conducted with adults ages 40 to 64 (43 percent) followed by adults ages 65 and older (31 percent) and children and adults ages 18-39 (16 percent). Individual and family encounters occurred most often with female (57 percent) disaster survivors and most (66 percent) were conducted in Spanish due to the large CCP grant running in Puerto Rico. The five most common risk factors reported by counseling participants were other financial loss (23 percent), home damaged or destroyed (17 percent), vehicle or major property loss (9 percent), past trauma (10 percent), and preexisting physical disability (8 percent). Across the four major health concern categories (behavioral, emotional, physical, and cognitive), the highest number of reported disaster event reactions fell within the emotional category and included "anxious, fearful" (n = 123,747) and "sadness, tearful" (n =101,632). The next most prevalent reaction was “preoccupied with death/destruction” (n= 90,366) under the cognitive category.

SAMHSA’s Disaster Distress Helpline is a toll-free, multilingual crisis systems service available 24/7 via telephone (1-800-985-5990) and Short Message Service (SMS) (text ‘TalkWithUs’ to 66746) to residents in the United States and its territories who are experiencing emotional distress resulting from disasters. In FY 2018, SAMHSA responded to over 11,800 calls and received over 18,400 text messages through these services. In FY 2014, SAMHSA’s first Disaster app was created on Apple and Android platforms. The Disaster App provided evidence-informed and evidence-based resources in the Disaster Kit, along with additional partner resources and information on local mental health and substance use treatment facilities. It has the ability to share content anonymously and can function with limited Internet connectivity.

In FY 2018, SAMHSA awarded a new jointly funded National Suicide Prevention Lifeline and National Disaster Distress Helpline and continued support for the DTAC.

In FY 2019, SAMHSA continued support for the National Disaster Distress Helpline and awarded a new DTAC contract. In FY 2020, SAMHSA anticipates funding the National Disaster Distress Helpline and the DTAC contract.

Funding History

Fiscal Year	Amount
FY 2017	$1,953,000
FY 2018	$1,953,000
FY 2019	$1,953,000
FY 2020	$1,953,000
FY 2021	$1,953,000

Budget Request

The FY 2021 President's Budget is $1.9 million, level with the FY 2020 Enacted level. SAMHSA is requesting funding to continue support for the National Disaster Distress Helpline and the Disaster Technical Assistance Center.

The output and outcome measures for Disaster Response are part of the Mental Health - Science and Service Activities Outputs and Outcomes table shown on page 69.

Seclusion and Restraint

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Seclusion and Restraint	$1,147	$1,147	$1,147	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Contracts
Eligible Entities ..... Not Applicable

Program Description and Accomplishments

People die because of the inappropriate use of seclusion and restraint practices; countless others are injured; and many are traumatized by coercive practices. Children with emotional and behavioral issues are more frequently subjected to restraints in schools than students with other disabilities, often leading to serious physical injuries and emotional trauma for both students and staff. Coercive practices, such as seclusion and restraint, impede recovery and well-being.

In FY 2018, SAMHSA has utilized funding to contribute to a regionally-based TA effort focusing on issues related to the provision of services and supports for those living with mental disorders and/or SMI.

In FY 2019, SAMHSA supported the continuation for the 11 MHTTC grants. In FY 2020, SAMHSA will fund 11 MHTTC continuation grants.

Funding History

Fiscal Year	Amount
FY 2017	$1,147,000
FY 2018	$1,147,000
FY 2019	$1,147,000
FY 2020	$1,147,000
FY 2021	$1,147,000

Budget Request

The FY 2021 President's Budget is $1.1 million, level with the FY 2020 Enacted level. SAMHSA's funding request will provide support for the continuation of the 11 MHTTC grants.

Assertive Community Treatment for Individuals with Serious Mental Illness

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Assertive Community Treatment for Adults with SMI.....	$5,000	$7,000	$25,000	$18,000

Authorizing Legislation ..... ……..……Sections 520M of the Public Health Service Act
FY 2021 Authorization ..... …..$5,000,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities.....States, local governments, Indian tribes or tribal organizations, mental health systems, or health care facilities

Program Description and Accomplishments

The Assertive Community Treatment (ACT) for Individuals with SMI program is authorized under the 21st Century Cures Act. ACT is an evidence-based practice considered to be one of the most effective approaches to deliver services to individuals with the most severe impairments associated with SMI[25] and has been disseminated by SAMHSA for widespread use through its Evidence-based Toolkit series[26] beginning in 2008. ACT was developed to reduce re-hospitalization and improve outcomes in community settings. ACT is designed as an integrated care approach to provide a comprehensive array of services, including medication management and other supportive services, directly rather than through referrals. The ACT team is composed of 10-12 multidisciplinary behavioral health staff, including psychiatrists, nurses, social workers, addiction counselors, employment/vocational supports, and peer specialists. These practitioners work together to deliver comprehensive, individualized, and recovery-oriented treatment and case management services to approximately 100 people with SMI in community settings. Caseloads are approximately one staff member to every 10 individuals. Services are provided 24 hours, 7 days a week and as long as needed, wherever they are needed. Teams often find they can anticipate and avoid crises.

In FY 2018, SAMHSA awarded seven new grants to develop and/or expand fidelity-based ACT services to meet the needs of individuals with SMI, and reduce hospitalization, homelessness, and involvement in the criminal justice system while improving health and social outcomes of participants in the program.

FY 2019 data indicated that the number of individuals served by the program who used emergency rooms for behavioral health concerns decreased 22 percent, the number of individuals who were homeless decreased 18.8 percent, and the rate of improvement in social connectedness increased by almost 50 percent. Data also showed that 598 individuals received evidence-based mental health related services and 426 individuals in the mental health workforce received training in mental health practices consistent with the goals of the program.

[25] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3589962/
[26] http://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4345

In FY 2019, SAMHSA supported seven continuation grants. In FY 2020, SAMHSA will fund seven continuation grants and award two new ACT grants.

Funding History

Fiscal Year	Amount
FY 2017	$---
FY 2018	$ 5,000,000
FY 2019	$ 5,000,000
FY 2020	$ 7,000,000
FY 2021	$25,000,000

Budget Request

FY 2021 President's Budget is $25.0 million, an increase of $18.0 million from the FY 2020 Enacted level. This funding will support a new cohort of 24 grants and the continuation of nine grants to advance the ACT approach to address the needs of those living with SMI.

Outputs and Outcomes Table

Program: Assertive Community Treatment Grants

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.4.13 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2019: 49.4 Target: 66.0 (Target Not Met)	49.4	66	+16.6%
3.4.14 Percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2019: 28.2 Target: 39.0 (Target Not Met)	28.2	39	+10.8%
3.4.15 Percentage of clients receiving services who have a permanent place to live in the community at 6 month follow-up. (Outcome)	FY 2019: 60.7 Target: 74.0 (Target Not Met)	60.7	74	+13.3%

Assisted Outpatient Treatment for Individuals with Serious Mental Illness

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Assisted Outpatient Treatment for Individuals with Serious Mental Illness..	$15,000	$19,000	$25,000	$6,000

Authorizing Legislation .....Section 224 of the Protecting Access to Medicare Act of 2014,
FY 2021 Authorization $18,000,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities……States and communities

Program Description and Accomplishments

Recent data show that one in 25 Americans live with a SMI, such as schizophrenia, bipolar disorder and major depression. Less than half of adults with diagnosable mental disorders receive the treatment they need. Without access to and receipt of evidence-based mental health services, mental health issues can negatively affect all areas of a person's life.

In an effort to increase access to evidence-based mental health services for individuals with SMI, in April 2014, Congress passed the Protecting Access to Medicare Act of 2014 (PAMA), which authorized a four-year pilot program to award grants for Assisted Outpatient Treatment (AOT) programs for individuals with SMI. This authorization was extended in the 21st Century Cures Act. AOT is the practice of delivering outpatient treatment under court order to adults with SMI who meet specific criteria, such as a prior history of non-adherence to treatment repeated hospitalizations or arrest. AOT involves petitioning local courts through a civil process to order individuals to enter and remain in treatment within the community for a specified period of time. This program will help to identify evidence-based AOT practices that support improved outcomes, including outreach and engagement, clinical treatment and supportive services, and due process protections.

In FY 2016, SAMHSA implemented the AOT grant program and awarded 17 grants to eligible entities, such as a county, city, mental health system, mental health court, or any other entity with authority under the law of the state in which the grantee is located. This four-year pilot program is intended to implement and evaluate new AOT programs and identify evidence-based practices in order to reduce the incidence and duration of psychiatric hospitalization, homelessness, incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a SMI. This program is designed to work with families and courts to allow these individuals to obtain treatment while continuing to live in the community and their homes. Grants were awarded to applicants that have not previously implemented an AOT program.

SAMHSA will continue to consult with the National Institute of Mental Health, the Attorney General, and the Administration for Community Living on this pilot program. In addition, SAMHSA will work with families and courts in the implementation of this program.

Grantee performance data from SAMHSA's Performance Accountability Reporting System (SPARS) was used to capture outcomes in the four areas listed below:

1. Cost savings and public health outcomes including substance abuse, hospitalization, and use of services
    - 9.8 percent of AOT program participants reported spending at least one day in the hospital for mental health care in the past 30 days at their most recent reassessment compared to 65.3 percent at intake.
    - 7.3 percent of AOT program participants reported spending at least one day in the emergency department for a psychiatric or emotional problem in the past 30 days at their most recent reassessment compared to 33.2 percent at intake.
    - 25 percent of AOT program participants reported using illegal substances 30 days before their most recent reassessment compared to 33.3 percent at intake.
2. Rates of Incarceration
    - 7.1 percent of AOT program participants reported spending one or more nights in a correctional facility in the past 30 days at their most recent reassessment compared to 12.7 percent at intake.
3. Rates of Homelessness
    - 7.0 percent of AOT program participants reported spending one or more homeless nights in the past 30 days at their most recent reassessment compared to 13.6 percent at intake.
4. Patient and family satisfaction with program participation
    - 91.8 percent of AOT program participants agreed or strongly agreed with the statement "I liked the services I received here" at their most recent reassessment.

In FY 2018, SAMHSA supported 15 continuation grants, 3 new grants, and technical assistance and evaluation activities. In FY 2019, SAMHSA funded 18 continuation grants. In FY 2020, SAMHSA anticipates funding a new cohort of 15 grants and four continuation grants.

Funding History

Fiscal Year	Amount
FY 2017	$15,000,000
FY 2018	$15,000,000
FY 2019	$15,000,000
FY 2020	$19,000,000
FY 2021	$25,000,000

Budget Request

The FY 2021 President's Budget is $25.0 million, an increase of $6.0 million from the FY 2020 Enacted level. This funding will support a new cohort of six grants and 18 grant continuations to improve the health and social outcomes for individuals with SMI.

Outputs and Outcomes Table

Program: Assisted Outpatient Treatment for Individuals with Serious Mental Illness

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.4.06 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2019: 70.3 Target: 72.3 (Target Not Met)	70.3	72.3	+2.0%
3.4.07 Percentage of clients receiving services who are maintained at six-month follow-up. (Outcome)	FY 2019: 80.9 Target: 82.3 (Target Not Met)	80.9	82.3	+1.4%
3.4.08 Number of people in the mental health and related workforce trained in mental health-related practices/activities. (Output)	FY 2019: 2,180.0 Target: 2,519.0 (Target Not Met)	2,180.0	3,618	+1,439
3.4.09 Number of consumers/family members who provide mental health-related services. (Output)	FY 2019: 67.0 Target: 94.0 (Target Not Met)	67.0	111	+44

* Trained consumer/family members providing mental health-related services can assist in the attainment of treatment goals and promote improved role functioning in the home and in community settings. The number of consumers/family members providing mental-health related services reflects the AOT program's access to these services, which could be a potential indicator of overall positive AOT outcomes for individuals with serious mental illness.

Outputs and Outcomes Table

Program: Mental Health – Other Capacity Activities [1]

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.5.00 Number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant (Output)	FY 2019: 13,370.0 Target: 10,349.0 (Target Exceeded)	13,370.0	13,370.0	Maintain
3.5.01 Number of consumers/family members representing consumer/family organizations who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant (Output)	FY 2019: 6,987.0 Target: 11,536.0 (Target Not Met)	6,987.0	6,987.0	Maintain

[1] Includes the following: Children and Family, Consumer and Family Network, Consumer and Consumer-Supporter TA Centers, Practice Improvement Training, and Disaster Response.

Outputs and Outcomes Table

Program: Mental Health - Science and Service Activities

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.4.06 Number of people trained by CMHS Science and Service Programs (Output)	FY 2019: 19,356 Target: 46,113 (Target Not Met)	19,356	19,356	Maintain
1.4.14 Number of calls answered by the Disaster Distress Hotline (Output)	FY 2019: 11,820 Target: 10,732 (Target Exceeded)	11,820	11,820	Maintain
1.4.15 Number of text messages answered by the Disaster Distress Hotline (Output)	FY 2019: 18,468 Target: 18,168 (Target Exceeded)	18,468	18,468	Maintain

Tribal Behavioral Health Grants

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Tribal Behavioral Health Grants.....	$20,000	$20,000	$20,000	$---

Authorizing Legislation……..Section 520A of the Public Health Service Act
FY 2021 Authorization $394,550,000
Allocation Method ..... Competitive Grants/Contracts Eligible Entities Tribes

Program Description and Accomplishments

Suicide is the second leading cause of death among American Indian/Alaska Native (AI/AN) youth ages eight to 24 years.[27] Further, AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students.[28] These behaviors include serious thoughts of suicide, suicide plans, suicide attempts, and medical attention for a suicide attempt. However, the risk of suicide is not the same in all AI/AN youth demographic groups. For instance, AI/AN youth raised in urban settings have a smaller risk of having thoughts of suicide than AI/AN youth raised on tribal reservations (21 percent and 33 percent, respectively).[29]

Consistent with the goals of the Tribal Behavioral Health Agenda, the Tribal Behavioral Health Grant (TBHG) program addresses the high incidence of substance use and suicide among AI/AN populations. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance abuse, trauma, and suicide and by promoting the mental health of AI/AN young people.

The first cohort of TBHG grants was provided to 20 tribes or tribal organizations with high rates of suicide. These five-year grants help grantees develop and implement a plan that addresses suicide and substance abuse, thereby promoting mental health among tribal youth. In addition, SAMHSA's Tribal Training and Technical Assistance Center (http://www.samhsa.gov/tribal-ttac) provides training and education to AI/AN grantees and organizations serving AI/AN populations to support their ability to achieve their goals.

This initiative takes a comprehensive, culturally appropriate approach to help improve the lives of and opportunities for AI/AN youth. In addition to the Department of Health and Human Services, multiple agencies, including the Departments of Interior, Education, Housing and Urban

[27] Centers for Disease Control and Prevention. Fatal injury data, 2010. Web-based Injury Statistics Query and Reporting System. Available at www.cdc.gov/injury/wisqars/fatal.html. Accessed May 27, 2014.
[28] Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Available at http://www.cdc.gov/healthyyouth/yrbs/index.htm. Accessed May 27, 2014.
[29] Freedenthal, S. & Stiffman, A. R. (2004). Suicidal Behavior in Urban American Indian Adolescents: A Comparison with Reservation Youth in a Southwestern State. Suicide and Life-Threatening Behavior, 34(2), 160-171.

Development, Agriculture, Labor, and Justice, are working collaboratively with tribes to address issues facing AI/AN youth.

In FY 2016, SAMHSA expanded activities through the braided TBHG ($15.0 million in the Substance Abuse Prevention appropriation and $15.0 million in Mental Health appropriation) to allow tribes the flexibility to implement community-based strategies to address trauma, prevent substance abuse, and promote mental health and resiliency among youth in tribal communities. The additional FY 2016 funding expanded these activities to approximately 90 tribes and tribal entities. With the expansion of the TBHG program, SAMHSA's goal is to reduce substance use and the incidence of suicide attempts among AI/AN youth and to address behavioral health conditions that affect learning in the Bureau of Indian Education-funded schools.

In FY 2018, SAMHSA supported 80 grant continuations, 46 new grants, and technical assistance activities. In FY 2019, SAMHSA supported 109 grant continuations, 26 new grants, and technical assistance activities. In FY 2020, SAMHSA will fund 121 grant continuations, 14 new grants, and technical assistance activities.

Funding History

Fiscal Year	Amount
FY 2017	$15,000,000
FY 2018	$15,000,000
FY 2019	$20,000,000
FY 2020	$20,000,000
FY 2021	$20,000,000

Budget Request

The FY 2021 President's Budget is $20.0 million, level with the FY 2020 Enacted level. This request, combined with $20.0 million in the Substance Abuse Prevention will support technical assistance activities and 99 continuation grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

As a braided activity, SAMHSA will track separately any amounts spent or awarded under Tribal Behavioral Health Grants through the distinct appropriations and ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.

Outputs and Outcomes Table

Program: Tribal Behavioral Health

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.4.12 Percentage of youth age 10 - 24 who received mental health or related services after screening, referral or attempt (Output)	FY 2019: 43 Target: 56 (Target Not Met but Improved)	43	43	Maintain
2.4.13 Number of programs/organizations that implemented specific mental-health related practices/activities as a result of the grant (Outcome)	FY 2019: 7,219 Target: 5,670 (Target Exceeded)	7,219	7,219	Maintain

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Minority Fellowship Program.....	$8,059	$9,059	$9,059	$---

Authorizing Legislation…….Section 597 of the PHS Act
FY 2021 Authorization $12,669,000
Allocation Method .....Grants/Contracts
Eligible Entities... ……Organizations that represent individuals obtaining post-baccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling

Program Description and Accomplishments

SAMHSA's Minority Fellowship Program (MFP) increases behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The program provides stipends to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance use disorder treatment services for minority populations that are underserved. Since 1973, the program has helped to enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, and psychology. In 2006, the program expanded to include marriage and family therapists and later added professional counselors. Professional guilds receive competitively awarded grants, and then competitively award the stipends to post-graduate students pursuing a degree in that professional field. The MFP program has had a variety of focus including youth and addiction counselors.

In FY 2018, SAMHSA awarded a new cohort of seven MFP grants and a new technical assistance contract. In FY 2019, SAMHSA supported seven continuation grants and the technical assistance contract. In FY 2020, SAMHSA will fund seven continuation grants, supplemental funds to increase the mental health workforce, and the technical assistance contract.

Funding History

Fiscal Year	Amount
FY 2017	$8,059,000
FY 2018	$8,059,000
FY 2019	$8,059,000
FY 2020	$9,059,000
FY 2021	$9,059,000

Budget Request

The FY 2021 President's Budget is $9.0 million, level with FY 2020 Enacted level. SAMHSA requests funding to support seven continuation grants and the technical assistance contract.

Infant and Early Childhood Mental Health

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Infant and Early Childhood Mental Health.....	$5,000	$7,000	$7,000	$---

Authorization Legislation ..... Section 399Z-2 of the Public Health Service Act
FY 2021 Authorization $20,000,000
Allocation Method .....Competitive Grants
Eligible Entities……Human Services Agencies and Non-profit Institutions

Program Description and Accomplishments

Nearly one in seven US children aged 2 to 8 years has a mental, behavioral, or developmental disorder.[30] It is also estimated that approximately 9.5 percent–14.2 percent of children birth to 5 years old experience emotional, relational, or behavioral disturbance.[31] Without proper intervention, these early childhood disorders can have negative impacts on all areas of a child's development. Young children whose social and emotional development is compromised are at higher risk for school problems and juvenile delinquency later in life.[32] Rising rates of substance-exposure in infants also require more intensive early childhood services to help improve the trajectories of the families where substance misuse is present.

The authorization for this program was added to the Public Health Service Act by an amendment in the 21st Century Cures Act. The first funding for this program was provided in FY 2018. The purpose of this program is to improve outcomes for children, from birth to 12 years of age, who are at risk for, show early signs of, or have been diagnosed with a mental illness, including a serious emotional disturbance. Grantees improve outcomes for children through training early childhood providers and clinicians to identify and treat behavioral health disorders of early childhood, including in children with a history of in utero exposure to substances such as opioids, stimulants

[30] Bitsko, RH, Holbrook, JR, Kaminski, J, Robinson, LR, Ghandour, R, Smith, C, Peacock, G. (2016) Health-care, Family and Community Factors associated with Mental, Behavioral and Developmental Disorders in Early Childhood – United States, 2011-2012. MMWR.; 65(9); 221-226. Available from https://www.cdc.gov/ncbddd/childdevelopment/features/key-finding-factors-mental-behavioral-developmental-early-childhood.html.
[31] Brauner, C. B., & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. Public Health Reports, 121(3), 303–310. Available from www.ncbi.nlm.nih.gov/pmc/articles/PMC1525276
[32] Jones, D. E., Greenberg, M., & Crowley, M. (2015). Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness. American Journal of Public Health, 105(11), 2283–2290. http://doi.org/10.2105/AJPH.2015.302630

or other drugs that may impact development, and through the implementation of evidence-based multigenerational treatment approaches that strengthen caregiving relationships.
SAMHSA expects this program will increase access to a range of evidence-based and culturally-appropriate infant and early childhood mental health services, and will aid in addressing the national shortage of mental health professionals with infant and early childhood expertise.
Because the wellbeing of caregivers dramatically impacts the development of infants and young children, this program also promotes a multigenerational approach that supports caregivers and other family members of infants and young children.

In the first year of program funding (FY 2018-2019), grantees:

- Trained more than 1,500 clinicians and early childhood providers on evidence-based mental health treatments for infants and young children;
- Screened and assessed over 2,000 young children for developmental and behavioral disorders (including screening parents for behavioral health issues such as depression and substance misuse);
- Referred approximately 900 children and parents for treatment. More than 75% of these referrals resulted in successful engagement in treatment; and
- Provided infant and early childhood mental health treatment (including multigenerational therapies) to approximately 944 children and families.

In FY 2018, SAMHSA awarded nine new grants for five-years. In FY 2019, SAMHSA supported the continuation of nine grants. In FY 2020, SAMHSA anticipates funding nine continuation grants and awarding a new cohort of four grants.

Funding History

Fiscal Year	Amount
FY 2017	$---
FY 2018	$5,000,000
FY 2019	$5,000,000
FY 2020	$7,000,000
FY 2021	$7,000,000

Budget Request

The FY 2021 President's Budget is $7.0 million, level with the FY 2020 Enacted level. SAMHSA requests funding to support 13 continuation grants to increase access to a range of evidence-based and culturally-appropriate infant and early childhood mental health services.

Outputs and Outcomes Table

Program: Infant and Early Childhood Mental Health

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.4.16 Number of children screened for mental health or related interventions (Output)	FY 2019: 2,000.0 Target: 1,200.0 (Target Exceeded)	2,000.0	2,000.0	Maintain
3.4.17 Number of children referred to mental health or related interventions (Output)	FY 2019: 931.0 Target: 400.0 (Target Exceeded)	931.0	931.0	Maintain
3.4.18 Number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the program. (Output)	FY 2019: 1,656.0 Target: 450.0 (Target Exceeded)	1,656.0	1,656.0	Maintain

Comprehensive Opioid Recovery Centers

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Comprehensive Opioid Recovery Centers.....	$0	$2,000	$2,000	$---

Authorizing Legislation .....…Section 7121 of the SUPPORT Act (Section 552 of the PHS Act)
FY 2021 Authorization $2,000,000
Allocation Method .....Competitive Grants
Eligible Entities . Public and private nonprofit entities (that provide treatment for individuals with substance use disorders).

Program Description and Accomplishments

For individuals with opioid use disorders, there is an increasing need for access to coordinated, comprehensive care services, including long-term care and support services, that utilize the full range of FDA-approved medications and evidence-based treatments.

This program provides grants to nonprofit substance use disorder treatment organizations to operate of comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. The funding represent the first year of a four year project period. Grantees are required to provide outreach and the full continuum of treatment services including MAT; counseling; treatment for mental disorders; testing for infectious diseases, residential rehabilitation, and intensive outpatient programs; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and family support services such as child care, family counseling, and parenting interventions. Grantees must utilize third party and other revenue to the extent possible. Grantees will be required to report client-level data, including demographic characteristics, substance use, diagnosis, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing.

Funding History

Fiscal Year	Amount
FY 2017	---
FY 2018	---
FY 2019	---
FY 2020	$2,000,000
FY 2021	$2,000,000

Budget Request

The FY 2021 President's Budget level is $2.0 million, level with the FY 2020 Enacted.

Outputs and Outcomes Table

Program: Comprehensive Opioid Recovery Centers

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
TBD. Number of people served from receiving counseling, recovery housing, pharmacy and toxicology services, community-based and peer recovery support services (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain
TBD. Number of people receiving on the job training, job placement assistance, and continuing education assistance to support, and reintegration into the workforce. (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain
TBD. Number train and supervise outreach staff to work with healthcare providers to identify and respond to community needs. (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain

SAMHSA/Mental Health
PRNS Mechanism Table Summary

(Dollars in thousands)

Program Activity	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Programs of Regional & National Significance						
Grants/Cooperative Agreements						
Continuations	684	294,698	766	352,560	588	331,781
	193	103,578	165	118,216	320	135,695
Supplements*	24	7,119	---	20,290	---	1,897
Subtotal	877	405,395	931	491,066	908	469,373
Contracts						
Continuations	7	32,713	6	37,687	5	36,363
New/Competing	9	15,114	1	908	2	4,057
Subtotal	16	47,827	7	38,595	7	40,420
Total, Mental Health PRNS	**893**	**$453,222**	**938**	**$529,661**	**915**	**$509,793**

* Excluding Supplements number count to avoid duplication.

SAMHSA/Mental Health
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Capacity:						
National Child Traumatic Stress Network						
Grants						
Continuations	100	$50,547	100	$51,028	35	$17,001
New/Competing	4	10,000	17	8,400	91	47,931
Supplements*	---	---	---	6,000	---	---
Subtotal	104	60,547	117	65,428	126	64,931
Contracts						
Continuations	---	3,340	---	3,459	---	3,956
New/Competing	---	---	---	---	---	---
Subtotal	---	3,340	---	3,459	---	3,956
Total ,National Child Traumatic Stress Network	**104**	**63,887**	**117**	**68,887**	**126**	**68,887**
Project AWARE						
Grants						
Continuations	173	74,373	197	85,432	83	85,451
New/Competing	24	12,793	32	32,982	136	32,262
Supplements*	8	275	---	275	---	75
Subtotal	197	87,441	229	118,689	219	117,788
Contracts						
Continuations	---	4,519	---	6,275	---	7,176
New/Competing	---	4	---	---	---	---
Subtotal	---	4,523	---	6,275	---	7,176
Total, Project AWARE	**197**	**91,964**	**229**	**124,964**	**219**	**124,964**
Healthy Transitions						
Grants						
Continuations	10	10,498	25	24,921	27	27,487
New/Competing	15	14,355	2	2,576	2	1,686
Supplements*	---	---	---	---	---	---
Subtotal	25	24,852	27	27,497	29	29,174
Contracts						
Continuations	---	1,099	---	1,454	---	1,777
New/Competing	---	---	---	---	---	---
Subtotal	---	1,099	---	1,454	---	1,777
Total, Healthy Transitions	**25**	**25,951**	**27**	**28,951**	**29**	**30,951**

SAMHSA/Mental Health
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Children and Family Programs						
Grants						
Continuations	14	5,459	1	375	13	5,434
New/Competing	---	---	13	5,492	---	---
Subtotal	14	5,459	14	5,867	13	5,434
Contracts						
Continuations	---	1,770	---	1,362	---	1,795
New/Competing	---	---	---	---	---	---
Subtotal	---	1,770	---	1,362	---	1,795
Total, Children and Family Programs	**14**	**7,229**	**14**	**7,229**	**13**	**7,229**
Consumer and Family Network Grants						
Grants						
Continuations	25	2,368	49	4,647	26	2,466
New/Competing	26	2,468	---	---	23	2,203
Subtotal	51	4,836	49	4,647	49	4,670
Contracts						
Continuations	---	118	---	307	---	284
New/Competing	---	---	---	---	---	---
Subtotal	---	118	---	307	---	284
Total, Consumer and Family Network Grants	**51**	**4,954**	**49**	**4,954**	**49**	**4,954**
Project LAUNCH						
Grants						
Continuations	14	8,789	31	22,420	31	22,218
New/Competing	17	13,565	---	---	---	---
Supplements*	---	---	---	---	---	---
Subtotal	31	22,355	31	22,420	31	22,218
Contracts						
Continuations	---	1,250	---	1,185	---	1,356
New/Competing	---	---	---	---	---	31
Subtotal	---	1,250	---	1,185	---	1,387
Total, Project LAUNCH	**31**	**23,605**	**31**	**23,605**	**31**	**23,605**
Mental Health System Transformation and Health Reform						
Grants						
Continuations	---	---	3	3,589	3	2,941
New/Competing	3	2,687	---	---	---	---
Supplements*	---	---	---	---	---	---
Subtotal	3	2,687	3	3,589	3	2,941
Contracts						
Continuations	---	1,092	---	190	---	838
New/Competing	---	---	---	---	---	---
Subtotal	---	1,092	---	190	---	838
Total, Mental Health System Transformation and Health Reform	**3**	**3,779**	**3**	**3,779**	**3**	**3,779**

SAMHSA/Mental Health
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Primary and Behavioral Health Care Integration						
Grants						
Continuations	28	29,513	20	39,686	---	---
New/Competing	---	---	4	7,687	---	---
Supplements*	---	---	---	---	---	---
Subtotal	28	29,513	24	47,372	---	---
Contracts						
Continuations	---	2,043	---	2,505	---	---
New/Competing	6	11,881	---	---	---	---
Subtotal	6	13,924	---	2,505	---	---
Total, PBHCI	**34**	**43,438**	**24**	**49,877**	**---**	**---**
National Strategy for Suicide Prevention						
Grants						
Continuations	20	10,150	15	7,792	34	16,836
New/Competing	---	---	19	9,044	4	2,696
Supplements*	---	450	---	450	---	450
Subtotal	20	10,600	34	17,286	38	19,983
Contracts						
Continuations	---	596	---	914	---	1,217
New/Competing	---	4	---	---	---	---
Subtotal	---	600	---	914	---	1,217
Total, National Strategy for Suicide Prevention	**20**	**11,200**	**34**	**18,200**	**38**	**21,200**
GLS - Youth Suicide Prevention - States						
Grants						
Continuations	19	12,328	38	26,459	44	31,189
New/Competing	31	21,397	10	6,989	3	2,214
Subtotal	50	33,725	48	33,448	47	33,403
Contracts						
Continuations	---	1,697	---	1,979	---	2,024
New/Competing	---	5	---	---	---	---
Subtotal	---	1,702	---	1,979	---	2,024
Total, GLS - States	**50**	**35,427**	**48**	**35,427**	**47**	**35,427**
GLS - Youth Suicide Prevention - Campus						
Grants						
Continuations	41	3,946	46	4,526	38	3,739
New/Competing	22	2,206	16	1,498	22	2,302
Subtotal	63	6,152	62	6,024	60	6,040
Contracts						
Continuations	---	332	---	464	---	448
New/Competing	---	4	---	---	---	---
Subtotal	---	336	---	464	---	448
Total, GLS - Campus	**63**	**6,488**	**62**	**6,488**	**60**	**6,488**

SAMHSA/Mental Health
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
GLS - Suicide Prevention Resource Center						
Grants						
Continuations	1	5,634	---	---	1	7,529
New/Competing	---	---	1	7,587	---	---
Subtotal	1	5,634	1	7,587	1	7,529
Contracts						
Continuations	---	354	---	401	---	459
New/Competing	---	---	---	---	---	---
Subtotal	---	354	---	401	---	459
Total, GLS - Suicide Prevention Resource Center	**1**	**5,988**	**1**	**7,988**	**1**	**7,988**
Suicide Lifeline						
Grants						
Continuations	1	5,302	3	5,969	2	667
New/Competing	2	664	---	---	1	17,242
Supplements*	1	5,414	---	12,077	---	---
Subtotal	3	11,379	3	18,046	3	17,909
Contracts						
Continuations	---	621	---	954	---	1,091
New/Competing	---	---	---	---	---	---
Subtotal	---	621	---	954	---	1,091
Total, Suicide Lifeline	**3**	**12,000**	**3**	**19,000**	**3**	**19,000**
AI/AN Suicide Prevention Initiative						
Grants						
Continuations	1	500	1	500	1	500
New/Competing	---	---	---	---	---	---
Subtotal	1	500	1	500	1	500
Contracts						
Continuations	1	2,431	1	2,431	---	168
New/Competing	---	---	---	---	1	2,263
Subtotal	1	2,431	1	2,431	1	2,431
Total, AI/AN	**2**	**2,931**	**2**	**2,931**	**2**	**2,931**
Homelessness Prevention Programs						
Grants						
Continuations	40	17,090	43	23,572	48	26,836
New/Competing	19	10,316	5	3,500	---	---
Supplements*	---	80	---	---	---	---
Subtotal	59	27,486	48	27,071	48	26,836
Contracts						
Continuations	---	1,159	1	3,625	1	3,860
New/Competing	1	2,051	---	---	---	---
Subtotal	1	3,210	1	3,625	1	3,860
Total, Homelessness Prevention Programs	**60**	**30,696**	**49**	**30,696**	**49**	**30,696**

SAMHSA/Mental Health
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Comprehensive Opioid Recovery Centers						
Grants						
Continuations	---	---	---	---	---	1,885
New/Competing	---	---	---	1,900	---	---
Subtotal	---	---	---	1,900	---	1,885
Contracts						
Continuations	---	---	---	100	---	---
New/Competing	---	---	---	---	---	115
Subtotal	---	---	---	100	---	115
Total, Comprehensive Opioid Recovery Centers	**---**	**---**	**---**	**2,000**	**---**	**2,000**
Minority AIDS						
Grants						
Continuations	18	8,683	18	8,754	18	8,694
New/Competing	---	---	---	---	---	---
Subtotal	18	8,683	18	8,754	18	8,694
Contracts						
Continuations	---	541	---	470	---	530
New/Competing	---	---	---	---	---	---
Subtotal	---	541	---	470	---	530
Total, Minority AIDS	**18**	**9,224**	**18**	**9,224**	**18**	**9,224**
Criminal and Juvenile Justice Programs						
Grants						
Continuations	11	3,448	11	3,543	17	5,437
New/Competing	---	---	6	1,903	8	2,683
Subtotal	11	3,448	17	5,446	25	8,120
Contracts						
Continuations	1	821	1	823	1	1,149
New/Competing	---	---	---	---	---	---
Subtotal	1	821	1	823	1	1,149
Total, Criminal and Juvenile Justice Programs	**12**	**4,269**	**18**	**6,269**	**26**	**9,269**
Seclusion and Restraint						
Grants						
Continuations	11	1,087	11	1,089	11	1,080
New/Competing	---	---	---	---	---	---
Subtotal	11	1,087	11	1,089	11	1,080
Contracts						
Continuations	---	60	---	58	---	67
New/Competing	---	---	---	---	---	---
Subtotal	---	60	---	58	---	67
Total, Seclusion and Restraint	**11**	**1,147**	**11**	**1,147**	**11**	**1,147**

SAMHSA/Mental Health
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Assertive Community Treatment for Individuals with SMI						
Grants						
Continuations	7	4,733	7	4,740	9	6,652
New/Competing	---	---	2	1,909	24	16,912
Subtotal	7	4,733	9	6,648	33	23,564
Contracts						
Continuations	---	267	---	352	---	1,436
New/Competing	---	---	---	---	---	---
Subtotal	---	267	---	352	---	1,436
Total, Assertive Community Treatment for Individuals with Serious Mental Illness	**7**	**5,000**	**9**	**7,000**	**33**	**25,000**
Assisted Outpatient Treatment for Individuals with SMI						
Grants						
Continuations	19	13,515	4	2,849	18	17,563
New/Competing	---	---	15	15,403	6	6,527
Supplements*	15	450	---	100	---	75
Subtotal	19	13,965	19	18,353	24	24,165
Contracts						
Continuations	---	1,035	---	491	---	835
New/Competing	---	---	---	156	---	---
Subtotal	---	1,035	---	647	---	835
Total, AOT for Individuals with SMI	**19**	**15,000**	**19**	**19,000**	**24**	**25,000**
Tribal Behavioral Health Grants						
Grants						
Continuations	109	8,971	121	10,176	99	17,094
New/Competing	26	8,228	14	7,257	---	---
Subtotal	135	17,199	135	17,433	99	17,094
Contracts						
Continuations	1	2,793	1	2,567	---	1,258
New/Competing	---	8	---	---	1	1,648
Subtotal	1	2,801	1	2,567	1	2,906
Total, Tribal Behavioral Health Grants	**136**	**20,000**	**136**	**20,000**	**100**	**20,000**
Infant and Early Childhood Mental Health						
Grants						
Continuations	9	4,299	9	4,431	13	6,595
New/Competing	---	---	4	2,217	---	---
Subtotal	9	4,299	13	6,648	13	6,595
Contracts						
Continuations	---	701	---	352	---	405
New/Competing	---	---	---	---	---	---
Subtotal	---	701	---	352	---	405
Total, Infant and Early Childhood Mental Health	**9**	**5,000**	**13**	**7,000**	**13**	**7,000**
Subtotal, Capacity	**870**	**$429,177**	**917**	**$504,616**	**895**	**$486,739**

SAMHSA/Mental Health
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Science and Service:						
Primary and Behavioral Health Care Integration TA						
Grants						
Continuations	---	---	1	1,889	---	---
New/Competing	---	1,889	---	---	---	---
Supplements*	---	---	---	---	---	---
Subtotal	---	1,889	1	1,889	---	---
Contracts						
Continuations	---	102	---	102	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	102	---	102	---	---
Total, PBHCI TA	**---**	**1,991**	**1**	**1,991**	**---**	**---**
Practice Improvement & Training						
Grants						
Continuations	1	2,643	5	5,084	5	6,485
New/Competing	4	2,864	---	50	---	---
Supplements*	---	450	---	---	---	---
Subtotal	5	5,957	5	5,134	5	6,485
Contracts						
Continuations	2	1,653	1	2,694	1	1,343
New/Competing	1	217	---	---	---	---
Subtotal	3	1,871	1	2,694	1	1,343
Total, Practice Improvement & Training	**8**	**7,828**	**6**	**7,828**	**6**	**7,828**
Consumer and Consumer-Supporter TA Centers						
Grants						
Continuations	5	1,804	---	---	5	1,808
New/Competing	---	---	5	1,822	---	---
Subtotal	5	1,804	5	1,822	5	1,808
Contracts						
Continuations	---	114	---	96	---	110
New/Competing	---	---	---	---	---	---
Subtotal	---	114	---	96	---	110
Total, CCSTAC	**5**	**1,918**	**5**	**1,918**	**5**	**1,918**

SAMHSA/Mental Health
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Disaster Response						
Grants						
Continuations	---	828	---	828	---	---
New/Competing	---	---	---	---	---	1,037
Subtotal	---	828	---	828	---	1,037
Contracts						
Continuations	---	185	1	1,125	1	916
New/Competing	1	940	---	---	---	---
Subtotal	1	1,125	1	1,125	1	916
Total, Disaster Response	**1**	**1,953**	**1**	**1,953**	**1**	**1,953**
Homelessness						
Grants						
Continuations	---	1,356	---	1,428	---	1,361
New/Competing	---	146	---	---	---	---
Subtotal	---	1,502	---	1,428	---	1,361
Contracts						
Continuations	1	794	---	115	1	935
New/Competing	---	---	1	752	---	---
Subtotal	1	794	1	868	1	935
Total, Homelessness	**1**	**2,296**	**1**	**2,296**	**1**	**2,296**
Minority Fellowship Program						
Grants						
Continuations	7	6,833	7	6,833	7	6,833
New/Competing	---	---	---	---	---	---
Supplements*	---	---	---	1,388	---	1,297
Subtotal	7	6,833	7	8,221	7	8,130
Contracts						
Continuations	1	1,226	---	838	---	929
New/Competing	---	---	---	---	---	---
Subtotal	1	1,226	---	838	---	929
Total, Minority Fellowship Program	**8**	**8,059**	**7**	**9,059**	**7**	**9,059**
Subtotal, Science and Service	**23**	**24,045**	**21**	**25,045**	**20**	**23,054**
Total, Mental Health PRNS	**893**	**$453,222**	**938**	**$529,661**	**915**	**$509,793**

***** Excluding Supplements number count to avoid duplication.

Grant Awards Table

(Whole dollars)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	877	931	908
Average Awards	$462,252	$527,461	$516,930
Range of Awards	$15,000 - $6,000,000	$15,000 - $6,000,000	$15,000 - $6,000,000

Children's Mental Health Services

(Dollars in thousands)

Program	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Children's Mental Health Services.....	$125,000	$125,000	$125,000	$---

Authorizing Legislation .....Sections 561 of the Public Health Service Act
FY 2021 Authorization $119,026,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities…….States, Tribes, Communities, Territories

Program Description and Accomplishments

It is estimated that over 7.4 million children and youth in the United States have a serious mental disorder. Unfortunately, only 41 percent of those in need of mental health services actually receive treatment.[33] Created in 1992, SAMHSA's Children's Mental Health Initiative (CMHI) addresses this gap by supporting "systems of care" (SOC) for children and youth with serious emotional disturbances and their families to increase their access to evidence-based treatment and supports. The 21st Century Cures Act reauthorized the CMHI through FY 2022. Approximately 9-13 percent of America's youth are estimated to have a serious emotional disturbance (SED), the term analogous to serious mental illness when applied to children. CMHI provides grants to assist states, local governments, tribes, and territories in their efforts to deliver services and supports to meet the needs of children and youth with SED.

CMHI supports the development, implementation, expansion, and sustainability of comprehensive, community-based services that use the SOC approach. SOC is a strategic approach to the delivery of services and supports that incorporates family-driven, youth-guided, strength-based, and culturally and linguistically competent care in order to meet the physical, intellectual, emotional, cultural, and social needs of children and youth throughout the U.S. The SOC approach helps prepare children and youth for successful transition to adulthood and assumption of adult roles and responsibilities. Services are delivered in the least restrictive environment with evidence-supported treatments and interventions. Individualized care management ensures that planned services and supports are delivered with an appropriate, effective, family-driven, and youth-guided approach. This approach has demonstrated improved outcomes for children at home, at school, and in their communities. For example, CMHI grantee data show that suicide attempt rates significantly decreased within 12 months after children and youth accessed CMHI-related SOC services. The proportion of children and youth who received good grades (defined as an average grade of C or better on the previous report card) significantly increased after 12 months of services, and arrest rates significantly decreased after 12 months of children and youth beginning SOC-related services and supports.[34]

[33] Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2016 National Survey on Drug Use and Health.

[34] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, (2016). *The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Program, Report to Congress 2016*. https://store.samhsa.gov/shin/content//PEP18-CMHI2016/PEP18-CMHI2016.pdf.

In addition, the CMHI program seeks to address behavioral health disparities for children and youth with SED/Serious Mental Illness (SMI) from racial and ethnic minorities by promoting clear and culturally competent strategies to improve their access, use of services, and outcomes.

SAMHSA funding ensures that grantees will continue to expand and sustain CMHI SOC values, principles, infrastructure, and services throughout their states, tribes, and territories. A central focus of these efforts is ensuring collaboration between the CMHI SOC and other child-and youth- serving systems (e.g., Child Welfare, Juvenile Justice, and Education). SAMHSA also strongly encourages efforts by CMHI SOC grantees to coordinate with other SAMHSA programs, such as those supported by the Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block Grant (SABG).

CMHI is in the final year of the national evaluation contract for the 2015 cohort, which is designed to provide information on: 1) the mental health outcomes of children and youth, and their families; 2) the implementation, process, and sustainability of SOC; and 3) critical and emerging issues in children's and youth's mental health. The evaluation includes an SOC assessment that describes the infrastructure and an assessment of outcomes derived from direct SOC services. A service experience study evaluates: 1) change in service use patterns of children and their families; 2) differences in client satisfaction between groups of children (and their families) in the SOC communities who receive an evidence- based treatment and those who do not; and 3) retention in services.

The Annual Report to Congress for this program provides national data indicating that CMHI SOCs are successful and result in many favorable outcomes for children, youth, and their families, including:

- 62.7 percent increase in everyday functioning from intake to follow-up;
- 17.5 percent improvement in psychological distress;
- 9.3 increase in school attendance and achievement;
- 10.4 percent increase in community retention: and
- 16.5 percent increase in social connectedness.

In FY 2018, SAMHSA supported 62 continuation grants, 6 new grants, and 2 contracts. In FY 2019, SAMHSA supported 49 continuation grants, 28 new grants, and 2 contracts. In FY 2020, SAMHSA will support 45 continuation grants and award a new cohort of 21 grants, and a new technical assistance center.

Set-aside for Early Intervention Demonstration Program for Youth and Young Adults at Clinical High Risk for Psychosis

In FY 2018, SAMHSA implemented the Community Programs for Outreach with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P) often referred to as the "prodrome phase;" which is when a disease process has begun but is not yet diagnosable or inevitable. SAMHSA awarded 21 grants funded from a 10 percent set-aside of the base program (CMHI).

This program will address whether community-based intervention during this phase can prevent the development of psychosis. Grantees will focus on youth and young adults who are identified to be at clinical high risk for developing a fist episode of psychosis. Grantees will focus on this population in order to support the development and implementation of evidence-based programs providing community outreach and psychosocial interventions for youth and young adults in the prodrome phase of psychotic illness.

In FY 2019, SAMHSA funded 21 continuation grants funded from the 10 percent set-aside. In FY 2020, SAMHSA anticipates funding 21 continuation grants and a new cohort of nine grants.

Funding History

Fiscal Year	Amount
FY 2017	$119,026,000
FY 2018	$125,000,000
FY 2019	$125,000,000
FY 2020	$125,000,000
FY 2021	$125,000,000

Budget Request

The FY 2021 President's Budget is $125.0 million, level with the FY 2020 Enacted. The budget request will support the continuation of 30 demonstration grants under the 10 percent set-aside. In addition, funding will also support 55 continuation grants, a new cohort of 15 SOC grants, and the continuation of the technical assistance center. This funding will provide training to over 103,858 people in the mental health and related workforce and serve over 13,483 children with serious emotional disturbances.

Outputs and Outcomes Table

Program: Children's Mental Health Initiative

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.2.16 Number of children with severe emotional disturbance that are receiving services from the Children's Mental Health Initiative (Output)	FY 2019: 12,690 Target: 13,483 (Target Not Met)	12,690	12,690	Maintain
3.2.25 Percentage of children receiving services who report positive social support at 6 month follow-up (Outcome)	FY 2019: 87.1 % Target: 87.7 % (Target Not Met)	87.1 %	87.1 %	Maintain
3.2.26 Percentage of children receiving Systems of Care mental health services who report positive functioning at 6 month follow-up (Outcome)	FY 2019: 65.0 % Target: 62.9 % (Target Exceeded)	65.0 %	65.0 %	Maintain
3.2.27 Number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the program (Output)	FY 2019: 71,968 Target: 103,858 (Target Not Met)	71,968	71,968	Maintain

SAMHSA/Mental Health
Children's Mental Health Services
Mechanism Table

(Dollars in thousands)

Program Activity	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Children's Mental Health Services						
Grants/Cooperative Agreements						
Continuations	62	$77,408	66	$79,003	86	$92,774
New/Competing	28	39,611	31	39,645	15	24,973
Subtotal	90	117,019	97	118,648	101	117,747
Contracts						
Continuations	---	293	---	6,352	---	7,253
New/Competing	---	---	---	---	---	---
Subtotal	---	293	---	6,352	---	7,253
Technical Assistance	1	7,688	---	---	---	---
Total, Children's Mental Health Services	**91**	**$125,000**	**97**	**$125,000**	**101**	**$125,000**

* Totals may not add due to rounding.

Grant Awards Table

(Whole dollars)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	90	97	101
Average Awards	$1,300,211	$1,223,176	$1,165,810
Range of Awards	$330,000 - $2,000,000	$330,000 - $2,000,000	$330,000 - $2,000,000

Projects for Assistance in Transition from Homelessness

(Dollars in thousands)

Program	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
PATH	$64,635	$64,635	$64,635	$---

Authorizing Legislation ..... Section 535(a) of the Public Health Service Act
FY 2021 Authorization $64,635,000
Allocation Method ..... Formula Grants
Eligible Entities ..... States and Territories

Program Description and Accomplishments

In 2018, an estimated 553,742 individuals experienced homelessness on an average night.[35] Data suggest that approximately 20 percent of individuals experiencing homelessness have a serious mental illness (SMI),[36] Mental illness affects individuals' abilities to maintain stable relationships, perform daily living activities, and maintain stable employment. Symptoms of mental disorders also often cause individuals to become estranged from family members and caregivers, leaving them without a support system. As a result, individuals with a mental illness are more likely to experience homelessness than those without mental illness and experience homelessness longer than the rest of the homeless population.

PATH program's efforts to identify primary care, behavioral disorder treatment, and housing for individuals who experience chronic homelessness is two to three times more cost effective than having them in the criminal justice system or treating them via other costly healthcare settings (e.g., emergency rooms, critical care units).

In 1990, the Stewart B. McKinney Homeless Assistance Amendments Act authorized the PATH program to provide services to individuals who are experiencing homelessness and SMI. The PATH program supports 56 grants to the 50 states, the District of Columbia, Puerto Rico, Guam, American Samoa, the United States Virgin Islands, and the Northern Mariana Islands, as well as centralized activities such as technical assistance and evaluation. PATH was reauthorized by the 21st Century Cures Act in December 2016. PATH funds community-based outreach, mental illness and substance abuse treatment services, case management, assistance with accessing housing, and other supportive services. PATH helps to engage people with SMI into mental disorder treatment as well as persons with SMI with a co-occurring substance use disorder. PATH outreach workers are specialized in engaging those who are most vulnerable in their communities and who are least likely to seek out services on their own. PATH's primary goal is to bring the most vulnerable into

[35] The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2018). The 2018 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Available at: https://www.files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf
[36] The U.S. Department of Housing and Urban Development, 2018 CoC Homeless Populations and Subpopulations Reports. Available at https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2018.pdf

the service system and to connect them with the mainstream resources and supportive services that they need in order to access and sustain stable housing, build social connections, and access treatment and services to support their recovery.

Government wide efforts to target the most vulnerable, including people experiencing chronic homelessness and veterans, may have served to reduce the number of people on the streets. In 2010, 106,107 of the people identified in the Point in Time (PIT) survey administered annually by the U.S. Department of Housing and Urban Development (HUD) were experiencing chronic homelessness. By 2018, this number had declined to 96,913. At its lowest, in 2016, the number of people experiencing chronic homelessness was 86,132. The number was up to 95,419 in 2017 and up again to 96,913 in 2018. Veterans were first tracked in the 2011 Continuum of Care Homeless Assistance Programs report on homeless populations and subpopulations. That year, 65,455 veterans were identified during the PIT. By 2018, that number had dropped to 37,878 or by 42 percent. This may be attributed to the additional resources created at the federal level to address veteran homelessness.

These efforts may also have reduced the number of PATH–eligible people on the streets. In FY 2018, PATH program staff contacted 147,952 persons experiencing homelessness; of those 70,792 (47.8%) were actively enrolled in PATH at some point during the reporting period.

Of the 70,792 people who were actively enrolled in PATH in 2018, 40.9 percent (28,945) were experiencing co-occurring drug/alcohol use disorders. Of those enrolled in PATH, 46,230 were receiving community mental health services, 6,723 received substance abuse treatment and 9,317 received referrals to substance abuse treatment services in the community. PATH provided housing moving assistance to 2,854 individuals, housing eligibility determination services to 16,218 individuals and one-time rent eviction to 1,207 individuals. In addition, 17,246 PATH clients were referred to permanent housing and of those, 8,623 were able to attain permanent housing. Of the 8,664 PATH clients who were referred to temporary housing, 5,393 attained the temporary housing. Services provided by the PATH program fill gaps in existing community resources and play a crucial role in communities' strategic plans to end homelessness.

Funding History

Fiscal Year	Amount
FY 2017	$64,635,000
FY 2018	$64,635,000
FY 2019	$64,635,000
FY 2020	$64,635,000
FY 2021	$64,635,000

Budget Request

The FY 2021 President's Budget is $64.6 million, level with the FY 2020 Enacted. This formula- based funding to states will continue PATH services in over 500 communities that the states provide funding to in order to support outreach workers and mental health specialists that engage with individuals who are living with SMI or those living with both SMI and drug/alcohol addiction and are homeless or at imminent risk of becoming homeless. The services provided by the program help ensure that these individuals have an opportunity to access stable housing, improve their health and wellness, lead self-directed lives, and achieve their full potential.

Outputs and Outcomes Table

Program: Projects for Assistance in Transition from Homelessness

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.4.15 Percentage of enrolled homeless persons in the Projects for Assistance in Transition from Homelessness (PATH) program who receive community mental health services (Intermediate Outcome)	FY 2018: 65 % Target: 54 % (Target Exceeded)	65 %	65 %	Maintain
3.4.16 Number of homeless persons contacted (Outcome)	FY 2018: 121,561 Target: 174,978 (Target Not Met but Improved)	120,048	120,048	Maintain
3.4.17 Percentage of contacted homeless persons with serious mental illness who become enrolled in services (Outcome)	FY 2018: 58 % Target: 57 % (Target Exceeded)	58 %	58 %	Maintain
3.4.20 Number of Projects for Assistance in Transition from Homelessness (PATH) providers trained on SSI/SSDI Outreach, Access, Recovery (SOAR) to ensure eligible homeless clients are receiving benefits (Output)	FY 2019: 2,214 Target: 2,647 (Target Not Met)	2,214	2,214	Maintain

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2021 PATH Formula Grant Final Allotments
Appropriation Amount $64,635,000, State-Territory Total $61,338,872
CFDA # 93.150

State/Territory	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Alabama	$613,144	$613,087	$610,239	-$2,848
Alaska	300,000	300,000	300,000	---
Arizona	1,349,474	1,349,348	1,343,081	-6,267
Arkansas	303,984	303,956	302,544	-1,412
California	8,814,326	8,813,505	8,772,565	-40,940
Colorado	1,019,261	1,019,165	1,014,432	-4,733
Connecticut	799,483	799,408	795,695	-3,713
Delaware	300,000	300,000	300,000	---
District of Columbia	300,000	300,000	300,000	---
Florida	4,334,938	4,334,533	4,314,401	-20,132
Georgia	1,670,242	1,670,086	1,662,329	-7,757
Hawaii	300,000	300,000	300,000	---
Idaho	300,000	300,000	300,000	---
Illinois	2,705,569	2,705,316	2,692,751	-12,565
Indiana	1,011,644	1,011,549	1,006,851	-4,698
Iowa	334,605	334,573	333,020	-1,553
Kansas	377,443	377,407	375,655	-1,752
Kentucky	468,968	468,924	466,747	-2,177
Louisiana	733,147	733,078	729,674	-3,404
Maine	300,000	300,000	300,000	---
Maryland	1,271,711	1,271,592	1,265,686	-5,906
Massachusetts	1,559,081	1,558,935	1,551,695	-7,240
Michigan	1,729,806	1,729,644	1,721,611	-8,033
Minnesota	811,099	811,023	807,256	-3,767
Mississippi	300,000	300,000	300,000	---
Missouri	893,903	893,819	889,668	-4,151
Montana	300,000	300,000	300,000	---
Nebraska	300,000	300,000	300,000	---
Nevada	616,023	615,965	613,104	-2,861
New Hampshire	300,000	300,000	300,000	---

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2021 PATH Formula Grant Final Allotments
Appropriation Amount $64,635,000, State-Territory Total $61,338,872
CFDA # 93.150

State/Territory	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
New Jersey	2,138,448	2,138,248	2,128,317	-9,931
New Mexico	300,000	300,000	300,000	---
New York	4,223,719	4,223,324	4,203,708	-19,616
North Carolina	1,379,802	1,379,673	1,373,265	-6,408
North Dakota	300,000	300,000	300,000	---
Ohio	1,986,772	1,986,586	1,977,359	-9,227
Oklahoma	452,895	452,853	450,750	-2,103
Oregon	631,098	631,039	628,108	-2,931
Pennsylvania	2,367,227	2,367,006	2,356,013	-10,993
Rhode Island	300,000	300,000	300,000	---
South Carolina	680,315	680,251	677,092	-3,159
South Dakota	300,000	300,000	300,000	---
Tennessee	909,896	909,811	905,586	-4,225
Texas	4,996,262	4,995,795	4,972,591	-23,204
Utah	591,558	591,503	588,756	-2,747
Vermont	300,000	300,000	300,000	---
Virginia	1,472,418	1,472,281	1,465,443	-6,838
Washington	1,329,353	1,329,229	1,323,055	-6,174
West Virginia	300,000	300,000	300,000	---
Wisconsin	836,768	836,690	832,804	-3,886
Wyoming	300,000	300,000	300,000	---
Puerto Rico	891,244	891,161	887,021	-4,140
Guam	50,000	50,000	50,000	---
Virgin Islands	50,000	50,000	50,000	---
American Samoa	50,000	50,000	50,000	---
Northern Mariana Islands	50,000	50,000	50,000	---

Protection and Advocacy for Individuals with Mental Illness (PAIMI)

(Dollars in thousands)

Program	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
PAIMI.....	$36,146	$36,146	$14,146	-$22,000

Authorizing Legislation……...The PAIMI Act, 42 U.S.C. 10801 et seq.
FY 2021 Authorization $19,500,000
Allocation Method .....Formula Grants
Eligible Entities……...States and Territories

Program Description and Accomplishments

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) program ensures that the most vulnerable individuals with serious mental illness, especially those residing in public and private residential care and treatment facilities, are free from abuse, including inappropriate restraint and seclusion, neglect, and rights violations while receiving appropriate mental disorder treatment and discharge planning services.

The Protection and Advocacy for Individuals with Mental Illness Act of 1986, as amended by the Children's Health Act of 2000, extended the protections of the Developmental Disabilities (DD) Assistance Act of 1975 to individuals with significant mental illness (adults) and significant emotional impairments (children/youth) at risk for abuse, neglect, and rights violations while residing in public and private care treatment facilities. The PAIMI Act authorized the same governor-designated state protection and advocacy (P&A) systems established under the DD Act of 1975 to receive PAIMI Program formula grant awards from SAMHSA. The PAIMI Program supports legal-based advocacy services that are provided by the 57 governor-designated P&A systems, which include states, territories, and the District of Columbia. Each system is mandated to: 1) ensure that the rights of individuals with mental illness who are at risk for abuse, neglect, and rights violations while residing in public or private care or treatment facilities are protected; 2) protect and advocate for the rights of these individuals through activities that ensure the enforcement of the Constitution and federal and state statutes; and 3) investigate incidents of abuse and/or neglect of individuals with mental illness.

In FY 2018, the 57 state PAIMI Programs:

- Served 9,507 PAIMI-eligible individuals/clients: 1,877 children and youth (ages 0 to 18), 6,946 adults (ages 19 to 64), and 684 older adults (age 65 and older). These individuals filed 6,942 complaints alleging abuse, neglect, and/or rights violations.
- Resolved 91 percent of abuse allegations, 86 percent of neglect allegations, and 92 percent of rights violations allegations, and attained outcomes that resulted in positive change for the clients served. These positive outcomes included receipt of appropriate medical and

mental disorder treatment; safer, cleaner facility environment; discharge into an appropriate community-based setting; and discharge from a nursing facility.

In FY 2018 and FY 2019, SAMHSA funded 57 annual grants to states and territories as well as technical assistance activities for the grantees. In FY 2020, SAMHSA anticipates funding 57 annual grants to states and territories as well as technical assistance activities for the grantees.

Funding History

Fiscal Year	Amount
FY 2017	$36,146,000
FY 2018	$36,146,000
FY 2019	$36,146,000
FY 2020	$36,146,000
FY 2021	$14,146,000

Budget Request

The FY 2021 Budget Request is $14.1 million, a decrease of $22.0M from the FY 2020 Enacted. The PAIMI programs will continue to focus on addressing abuse and neglect issues for vulnerable populations that are institutionalized and advocate for the rights of individuals with mental illness as well as continue to assist individuals with serious mental illness increase access to treatment. Reductions are being proposed due to the need to realign resources and the need to focus on treatment for serious mental illness.

Outputs and Outcomes Table

Program: Protection and Advocacy for Individuals with Mental Illness

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.4.12 Number of people served by the PAIMI program (Outcome)	FY 2018: 9,507 Target: 11,197 (Target Not Met)	9,507	4,089	-5,418
3.4.19 Number attending public education/constituency training and public awareness activities (Output)	FY 2018: 80,625 Target: 98,441 (Target Not Met but Improved)	80,625	28,013	-52,612
3.4.21 Percentage of complaints of alleged abuse, neglect, and rights violations substantiated and not withdrawn by the client that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, elimination of other barriers to personal decision-making, as a result of Protection and Advocacy for Individuals with Mental Illness (PAIMI) involvement (Outcome)	FY 2018: 91 % Target: 91 % (Target Met)	91 %	66 %	-25%

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2021 PAIMI Formula Grant Provisional Allotments
Appropriation $14,146,000, State-Territory Total $13,767,186
CFDA # 93.138

State/Territory	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Alabama	$457,665	$454,402	$179,846	-$274,556
Alaska	428,000	428,000	167,500	-260,500
Arizona	638,784	641,505	256,995	-384,510
Arkansas	428,000	428,000	167,500	-260,500
California	3,064,413	3,043,159	1,185,579	-1,857,580
Colorado	449,205	450,031	177,423	-272,608
Connecticut	428,000	428,000	167,500	-260,500
Delaware	428,000	428,000	167,500	-260,500
District of Columbia	428,000	428,000	167,500	-260,500
Florida	1,776,069	1,801,228	715,927	-1,085,301
Georgia	929,003	931,818	367,521	-564,297
Hawaii	428,000	428,000	167,500	-260,500
Idaho	428,000	428,000	167,500	-260,500
Illinois	1,039,636	1,031,488	402,225	-629,263
Indiana	590,775	588,634	232,046	-356,588
Iowa	428,000	428,000	167,500	-260,500
Kansas	428,000	428,000	167,500	-260,500
Kentucky	428,000	428,000	167,500	-260,500
Louisiana	428,000	428,000	167,500	-260,500
Maine	428,000	428,000	167,500	-260,500
Maryland	463,525	462,191	181,371	-280,820
Massachusetts	502,083	500,268	196,290	-303,978
Michigan	872,164	869,127	341,823	-527,304
Minnesota	447,375	448,703	176,143	-272,560
Mississippi	428,000	428,000	167,500	-260,500
Missouri	543,808	540,864	211,043	-329,821
Montana	428,000	428,000	167,500	-260,500
Nebraska	428,000	428,000	167,500	-260,500
Nevada	428,000	428,000	167,500	-260,500
New Hampshire	428,000	428,000	167,500	-260,500

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2021 PAIMI Formula Grant Provisional Allotments
Appropriation $14,146,000, State-Territory Total $13,767,186
CFDA # 93.138

State/Territory	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
New Jersey	671,867	670,077	258,743	-$411,334
New Mexico	428,000	428,000	167,500	-260,500
New York	1,503,880	1,476,892	566,045	-910,847
North Carolina	913,289	917,038	364,293	-552,745
North Dakota	428,000	428,000	167,500	-260,500
Ohio	1,016,255	1,011,130	398,391	-612,739
Oklahoma	428,000	428,000	167,500	-260,500
Oregon	428,000	428,000	167,500	-260,500
Pennsylvania	1,048,742	1,040,125	406,422	-633,703
Rhode Island	428,000	428,000	167,500	-260,500
South Carolina	462,839	463,238	183,603	-279,635
South Dakota	428,000	428,000	167,500	-260,500
Tennessee	590,750	590,472	235,410	-355,062
Texas	2,392,318	2,437,992	961,957	-1,476,035
Utah	428,000	428,000	167,500	-260,500
Vermont	428,000	428,000	167,500	-260,500
Virginia	676,109	677,110	266,758	-410,352
Washington	577,556	578,507	228,367	-350,140
West Virginia	428,000	428,000	167,500	-260,500
Wisconsin	493,546	490,949	192,467	-298,482
Wyoming	428,000	428,000	167,500	-260,500
Puerto Rico	511,100	512,416	199,198	-313,218
American Samoa	229,300	229,300	89,700	-139,600
Guam	229,300	229,300	89,700	-139,600
American Indian Consortium	229,300	229,300	0	-229,300
Northern Mariana Islands	229,300	229,300	89,700	-139,600
Virgin Islands	229,300	229,300	89,700	-139,600

Certified Community Behavioral Health Clinic (CCBHC)

(Dollars in thousands)

Program	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Certified Community Behavioral Health Clinic.....	$150,000	$200,000	$225,000	$25,000

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2021 Authorization $150,000,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities……Certified Community Behavioral Health Clinics, Community-based Behavioral Health Clinics

Program Description and Accomplishments

It is estimated that more than 10 million adults 18 and older had a serious mental illness (SMI), more than 17 million adults misused prescription drugs, and about 20 million adults had an illicit drug or alcohol use disorder in the past year.[37] While effective treatment and supportive services exist, many individuals with behavioral health conditions do not receive the help they need. When they do try to access services, they may face significant delays and/or get connected to incomplete, disconnected, or uncoordinated care. Even people who receive some services, such as medication or talk therapy, often do not have access to the complete range of supports they need, such as help to get them through a crisis, manage co-occurring physical health problems, find and sustain employment, and maintain a safe place to live in the community.

Congress created a new approach to addressing these issues through Certified Community Behavioral Health Clinics (CCBHCs) as a part of the Protecting Access to Medicare Act of 2014. CCBHC's ensure access to and coordination of care so that individuals receive timely diagnosis, treatment, and recovery support services. Through this program, HHS has established criteria for clinics to be certified as CCBHCs. These criteria cover six administrative areas that CCBHCs must address to be certified: (1) staffing; (2) availability and accessibility of services; (3) care coordination; (4) scope of services; (5) quality and other reporting; and (6) organizational authority. In FY 2016, SAMHSA assisted 24 states through planning grants to be eligible for a CCBHC demonstration in FY 2016, and in FY 2017, CMS launched the demonstration program, which supports CCBHCs in eight states through a Medicaid prospective payment system.

In FY 2018, SAMHSA implemented the CCBHC Expansion (CCBHC-E) grant program and awarded 52 grants to create new CCBHC's expansions. Eligibility for the CCBHC-E grants was limited to the 24 states that participated in the *FY 2016 Planning Grants for Certified Community Behavioral Health Clinics Grant Program*. The CCBHC-E program is designed to increase access to and improve the quality of community behavioral health services. CCBHCs funded under this program must provide access to services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring mental and substance use disorders (COD). Crisis services are a required element of the CCBHC model. SAMHSA expects that this

[37] SAMHSA, Center for Behavioral Health Statistics and Quality. (2017, September 7). *Results from the 2016 National Survey on Drug Use and Health: Detailed tables.* Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf

program will improve the behavioral health of individuals across the nation by providing increased access to a good range of services. These include: comprehensive community-based mental and substance use disorder services; treatment of co-occurring disorders; advance the integration of behavioral health with physical health care; assimilate and utilize evidence-based practices on a more consistent basis, and promote improved access to high quality care. Broad uptake of the CCBHC model solves a number of access and quality problems that exist in our current national landscape of services for persons with SMI and SED.

Since FY 2018, CCBHC-E grantees have served over 24,000 individuals. CCBHC-E grantees have increased the availability of critical services, improved staffing and training, reduced wait times, enhanced the integration of physical and behavioral health care, expanded addiction treatment capacity including Medication Assisted Treatment (MAT) for opioid use disorder. CCBHC-E's have improved the use of data, improved services to veterans and service members, and provided increased outreach and engagement with a variety of vulnerable populations.

The table below provides a demographic breakdown of the clients served by the CCBHCs.

Demographics	%
Race	
American Indian	4.4%
Asian	1.4%
Black	26.3%
Native Hawaiian/ Alaska Native	1.0%
White	75.0%
Ethnicity	
Hispanic	13.4%
Non-Hispanic	86.6%
Gender	
Male	47.0%
Female	52.3%
Transgender	0.4%
Other	0.3%
Age	
17 and under	22.0%
18 through 25	12.9%
26 through 45	37.4%
46 through 65	26.1%
66 and older	2.8%

A total of 64 providers are currently supported by the CCBHC program. The table below includes the amount of CCBHC-E funding each state received in FY 2018 and FY 2019.

States	Total Award
Colorado	$4,000,000
Connecticut	$3,815,534
Iowa	$5,563,152
Illinois	$4,000,000
Indiana	$7,999,981
Kentucky	$7,457,235
Massachusetts	$13,375,446
Maryland	$7,995,718
Michigan	$29,712,939
Minnesota	$6,615,717
Missouri	$11,019,027
North Carolina	$3,519,522
New Jersey	$20,644,595
Nevada	$4,000,000
New York	$27,119,620
Oklahoma	$15,338,751
Oregon	$7,099,584
Pennsylvania	$8,586,498
Rhode Island	$2,000,000
Texas	$22,534,339
Virginia	$5,792,794

In FY 2019, SAMHSA provided funding for 52 continuation grants and awarded 12 new grants. In FY 2020, SAMHSA anticipates funding 12 continuation grants and a new cohort of 97 grants.

Data from intake to most recent reassessment for individuals served in the CCBHC program demonstrate that as of January 2020, clients have 61.6% percent reduction in hospitalization and 62.1% percent reduction in Emergency Department (ED) visits. Additionally, the data demonstrates that 15.2% had an increase in employment or started going to school, 30.4% increase in mental health functioning in everyday life

Funding History

Fiscal Year	Amount
FY 2017	$---
FY 2018	$100,000,000
FY 2019	$150,000,000
FY 2020	$200,000,000
FY 2021	$225,000,000

Budget Request

The FY 2021 President's Budget is $225.0 million, an increase of $25.0 million from the FY 2020 Enacted. SAMHSA requests funding to support 98 CCBHC-C continuation grants and a new cohort of 10 grants to continue the improvement of mental disorder treatment, services, and interventions for children and adults.

Outputs and Outcomes Table

Program: Certified Community Behavioral Health Clinic

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.4.10 Percentage of clients receiving services who report positive functioning at 6 months follow-up. (Outcome)	FY 2019: 57.3 Target: 60.0 (Target Not Met)	57.3	60	+2.7%
3.4.11 Percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2019: 46.7 Target: 39.0 (Target Exceeded)	46.7	50	+3.3%
3.4.12 Percentage of clients receiving services who have a permanent place to live in the community at 6 month follow-up. (Outcome)	FY 2019: 64.8 Target: 73.0 (Target Not Met)	64.8	73	+8.2%
3.5.10 Number of individuals served by the program (Output)	FY 2019: 30,742.0 Target: 25,000.0 (Target Exceeded)	30,742.0	40,887	+10,145

SAMHSA/Mental Health
Certified Community Behavioral Health Clinics
Mechanism Table

(Dollars in thousands)

Program Activity	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Certified Community Behavioral Health Clinics						
Grants/Cooperative Agreements						
Continuations	52	$96,689	12	$23,023	97	$197,401
New/Competing	12	23,124	97	197,401	10	19,814
Subtotal	64	119,813	109	220,425	107	217,215
Contracts						
Continuations	---	30,187	---	6,165	---	7,785
New/Competing	---	---	---	---	---	---
Subtotal	---	30,187	---	6,165	---	7,785
Total, Certified Community Behavioral Health Clinics	**64**	**$150,000**	**109**	**$226,589**	**107**	**$225,000**
FY 2019 Enacted		**$150,000**				
FY 2018 Carryover		**$1,048**				
FY 2019 Carryover		**$25,541**				
Carryover from FY 2019 and FY 2018				**-$26,589**		
FY 2020 Enacted				**$200,000**		

Community Mental Health Services Block Grant (MHBG)

(Dollars in thousands)

Program	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Community Mental Health Services Block Grant	$722,571	$722,571	$757,571	$35,000
Budget Authority (non-add)	*701,532*	*701,532*	*736,532*	*35,000*
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*	---

Authorizing Legislation……Sections 1911 of the Public Health Service Act
FY 2021 Authorization $532,571,000
Allocation Method .....Formula Grant
Eligible Entities.....States, Territories, Freely Associated States, and District of Columbia

Program Description and Accomplishments

According to the 2018 National Survey on Drug Use and Health (NSDUH)[38], 4.6% of adults aged 18 and older had a serious mental illness (SMI) in 2018 – an estimated 11,373,000 individuals. Of those, only 5,669,155 adults, or 50 percent, with SMI received services from the Community Mental Health Services Block Grant (MHBG) in 2018.

Since 1992, the MHBG has been a significant "safety net" source of funding for mental health services for some of the most at-risk populations across the country. Together, SAMHSA's block grants support the provision of services and related support activities to approximately 7,000,000 individuals with mental and substance use conditions in any given year. The MHBG's flexibility and stability have made it a vital support for public mental health systems.

States rely on the MHBG for delivery of services and for an array of non-clinical coordination and support services that are not supported by Medicaid or other third party insurance to strengthen their service systems.

The MHBG distributes funds to 59 eligible states and territories and freely associated states through a formula based upon specified economic and demographic factors.[39] The MHBG distributes funds for a variety of services and for planning, administration, and educational activities. By statute, these services and activities must support community-based mental health services for children with serious emotional disturbances and adults with serious mental illness. MHBG services include:

[38] Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[39] Territories include Guam, Puerto Rico, the Northern Mariana Islands, U.S. Virgin Islands and American Samoa. Freely Associated States, which have signed Compacts of Free Association with the United States, include the Republic of Palau, Federated States of Micronesia and Republic of the Marshall Islands. See http://www.doi.gov//oia/islands/index.cfm. Further information about the Block Grant program can be found on SAMHSA's Web site at http://www.samhsa.gov/grants/block-grants

outpatient treatment for serious mental illnesses, such as schizophrenia and bipolar disorders; supported employment and supported housing; rehabilitation services; crisis stabilization and case management; peer specialist and consumer-directed services; wraparound services for children and families; jail diversion programs; and services for at-risk populations (e.g., individuals, who experience homelessness, those in rural and frontier areas, military families, and veterans). Through the administration of the MHBG, SAMHSA supports implementation of practices demonstrated and proven effective in the Mental Health Programs of Regional and National Significance (PRNS) portfolio.

The MHBG statute provides for a five percent administrative set-aside that allows SAMHSA to assist the states and territories in the development of their mental health systems through the support of technical assistance, data collection, and evaluation activities. States also use MHBG funds, along with other funding sources, to support training for staff and implementation of evidence-based practices and other promising practices for the treatment of mental disorders, improved business practices, use of health information technology, and integration of physical and behavioral health services.

Due to the high prevalence of both adolescent and adult co-occurring mental illness and drug/alcohol addiction, SAMHSA strongly encourages coordination between MHBG programs and those supported by the Substance Abuse Prevention and Treatment Block Grant (SABG) as well as other SAMHSA-funded efforts such as the systems of care for children and adolescents supported through the Children's Mental Health Initiative.

According to the 2018 National Outcome Measures (NOMS) Report, the MHBG served 7,808,416 clients through the State Mental Health Systems. The table below provides demographics on the clients served.

Mental Health Block Grant Demographics	
Adults	5,669,155
Children	2,129,471
Female	51%
Male	49%
Age	
0-12	15%
13-17	12%
18-20	5%
20-24	6%
25-44	32%
45-64	25%
65-74	4%
75+	2%

The table below provides evidence-based treatment services utilized by clients served by the MHBG.

Evidence-based Treatment Services Utilized	
Adults	
Supported Housing	2.9%
Supported Employment	2.0%
Assertive Community Treatment	2.1%
Family Psychoeducation	2.8%
Dual Diagnosis Treatment	12%
Illness Self-Management	20%
Medications Management	32%
Children	
Therapeutic Foster Care	1.1%
Multi-systemic Therapy	3.1%
Functional Family Therapy	4.9%

Most block grant recipients are currently reporting on NOMS for public mental health services within their state. State-level outcome data for mental health are currently reported by State Mental Health Authorities. The following outcomes for all people served by the publicly funded mental health system during 2018 show that:

- For the 57 states and territories that reported data in the Employment Domain, 22.2 percent of the mental health consumers were in competitive employment;

- For the 56 states and territories that reported data in the Housing Domain, 83.5 percent of the mental health consumers were living in private residences;

- For the 58 states and territories that reported data in the Access/Capacity Domain, state mental health agencies provided mental health services for approximately 23.69 people per 1,000 population;

- For the 46 states and territories that reported data in the Retention Domain, only 7.2 percent of the patients returned to a state psychiatric hospital within 30 days of state hospital discharge; and

- For the 50 states and territories that reported data in the Perception of Care Domain, 80.4 percent of adult mental health consumers improved functioning as a direct result of the mental health services they received.

Set-aside for Evidence-based Programs that Address the Needs of Individuals with Early Serious Mental Illness

States are required to set aside ten percent of their MHBG funds to support "evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders."[40] The number of states with fully implemented operating first-episode treatment programs is 52 and SAMHSA continues to monitor and ensure that the set-aside program is solely used to address first-episode psychosis.

Beginning in September 2016, SAMHSA, in partnership with National Institute of Mental Health (NIMH) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), initiated a 3-year evaluation study of the programs funded through the MHBG set-aside to ascertain the effectiveness of these First Episode Psychosis programs. The study, which focused on services in 36 diverse programs, collected clinical outcome data and conducted fidelity assessments. The results indicate that these evidence based programs lead to statistically significant improvements in the health and well-being of individuals who participate in them, including reductions in hospitalization (-79 percent) and emergency room visits (-71 percent), criminal justice involvement (-41 percent), and suicide attempts (-66 percent). Furthermore, the percentage of individuals who became employed or returned to school while in these programs increased by about 50 percent.

[40] http://www.samhsa.gov/sites/default/files/mhbg-5-percent-set-aside-guidance.pdf

The table below identifies activities, which have been implemented with the 10 percent set-aside.

State	FY 2019 10% Set Aside Allotment	Program Description
Alabama	$995,828	Statewide EASA (Early Assessment and Support Alliance) program model is being developed and implemented.
Alaska	$140,636	The state is implementing a CSC program based on OnTrack in Wasilla.
American Samoa	$13,432	Training school counselors and administrators on screening and assessment for signs and symptoms of psychosis for ages 14-20
Arizona	$1,837,317	State contracts with three Regional Behavioral Health Authorities (RBHAs) to provide services to members experiencing first episodes of psychosis (FEP). A total of nine programs offer Coordinated Specialty Care (CSC) services in Arizona.
Arkansas	$599,758	Developing portions of CSC model in thirteen locations.
California	$9,271,544	Forty-one CSC programs, from several different models, are in various states of development throughout CA. Thirty-seven are fully operational.
Colorado	$1,318,924	Implementing seven CSC, utilizing EASA programs, five of the programs are in urban areas, and two in rural areas.
Connecticut	$699,055	State implemented four programs based on two distinct CSC models (Potential and STEP).
District of Columbia	$160,565	The District's early intervention program (EIP), the Youth Blossom program at Community Connections, is utilizing CSC model offers early treatment to young adults (age 16-25) experiencing their first psychotic break.
Delaware	$159,853	A statewide program, CORE (Community Outreach, Referral and Early Intervention), has been implemented. 2 statewide CSC programs partially funded by the block grant. under 18/over 18
Florida	$4,499,919	State has implemented five CSC programs. All of these programs are based on the Navigate model.
Georgia	$2,205,333	State has implemented seven CSC programs. All programs are based on the LIGHT-ETP model.
Guam	$42,973	State has begun providing services in the I Fine'na program, which is based on OnTrackNY, and also offers ESMI services through the OASIS Empowerment Center
Hawaii	$360,490	State has implemented a program with three sites in Honolulu based on the OnTRACK model.
Idaho	$390,776	Three CSC programs have been implemented

State	FY 2019 10% Set Aside Allotment	Program Description
Illinois	$2,482,421	State has implemented CSC programs in 15 locations throughout the state using the CSC program model.
Indiana	$1,219,334	State offers two programs based on the PARC model and makes use of a "hub and spoke" design.
Iowa	$537,761	State has three functioning CSC programs based on the NAVIGATE model.
Kansas	$499,650	State has one fully functional CSC program in Kansas City and is operationalizing a second program in Topeka.
Kentucky	$892,253	Eight EASA CSC program sites are available throughout the state, with one in the installation phase. State is also using the MHBG to support data infrastructure to track outcomes.
Louisiana	$981,811	Three sites are in the process of being implemented. These programs are using the Navigate CSC model.
Maine	$271,919	State has implemented one program, Maine Medical Center/Portland Identification and Early Referral Program, based on the PIER Model in Portland. The state has also contracted with the PIER program to train staff at one other provider to provide FEP services.
Marshall Islands	$18,893	Use the set aside funding to develop first episode outreach practices and protocols for individuals experiencing FEP.
Maryland	$1,354,232	The state has implemented four CSC programs, two in Baltimore, one in Gaithersburg and one in Catonsville.
Massachusetts	$1,404,074	State has developed two CSC programs, one in Boston and a second in western Mass. These programs are using the PREP model of CSC.
Michigan	$2,036,326	The State has implemented four CSC programs using the NAVIGATE CSC model.
Federated States of Micronesia	$26,963	Funds are being used to train staff on the OnTrack CSC model in four locations. The state also has developed outreach and screening processes in schools and in the community in Majuro, Ebeye and Outer Islands.
Minnesota	$1,032,051	State has implemented two CSC programs in the Twin Cities area and is implementing a third program in Duluth.
Mississippi	$627,232	State is fully implementing the NAVIGATE CSC programs to provide training and technical assistance to four CSC teams
Missouri	$1,153,154	State has established eight sites spread throughout the state that provide ACT-TAY for individuals experiencing an early serious mental illness.

State	FY 2019 10% Set Aside Allotment	Program Description
Montana	$205,124	The state is implementing the NAVIGATE model in one site.
Nebraska	$309,309	The state has implemented OnTrackUSA in two of the six behavioral health service regions of the state.
Nevada	$720,112	State has implemented two CSC programs: one in the Reno area, and a second program in the Las Vegas area using the RAISE TEAM approach. The state also funds a third CSC program in Carson City that follows the NAVIGATE model.
New Hampshire	$242,172	State currently has one FEP program at the Greater Nashua Mental Health Center (GNMHC), utilizing the NAVIGATE model.
New Jersey	$1,928,948	State has implemented and expanded the three CSC teams that provide CSC service in all 21 NJ counties.
New Mexico	$403,762	State is expanding access to the NAVIGATE model for specialty coordinated care for individuals with FEP through the already implemented University of New Mexico EARLY program.
New York	$4,062,502	State is spending set-aside funds to expand its existing OnTrackNY program to two new sites, for 22 CSC sites statewide. These sites will serve urban, rural and less-populated areas.
North Carolina	$1,976,970	State supports three CSC for FEP programs as well as a TA FEP CSC.
North Dakota	$104,146	State implemented CSC services in Fargo, which serves six counties in the state.
Northern Mariana Islands	$13,524	The Community Guidance Center implemented a psychoeducation group geared toward family education, which will help families and the community better identify FEP symptoms in their family or community leading to earlier treatment of the client.
Ohio	$2,136,363	State has implemented 14 CSC programs and is currently installing three more.
Oklahoma	$722,424	State has implemented two NAVIGATE CSC programs in Oklahoma City and Tulsa. The state also offers a “Be the Change” program for individuals with an early serious mental illness in Oklahoma County.
Oregon	$1,056,092	The state has implemented 36 EASA CSC programs that currently serve all 36 counties in Oregon.
Palau	$5,497	One CSC team will be supported in a population area of roughly 20,000 with 1 percent need annually.

State	FY 2019 10% Set Aside Allotment	Program Description
Pennsylvania	$2,270,722	State offers nine CSC programs in rural and urban areas across the state.
Puerto Rico	$878,399	The First Episode Psychosis (FEP) Program offers Coordinated Specialized Care and Recovery Services to persons of 16 to 35 years of age who have had a traumatic experience and/or are evidencing symptoms of psychosis. In Puerto Rico, two CSC projects have been implemented.
Rhode Island	$259,296	State is using the entire set-aside amount to serve individuals ages 16-25 experiencing a first episode of psychosis.
South Carolina	$1,030,604	State is funding four programs for individuals with an early serious mental illness, one of which is a CSC program.
South Dakota	$144,904	State has implemented two CSC programs in Sioux Falls and Rapid City. They have been trained by OnTrackNY.
Tennessee	$1,314,378	State uses the MHBG funds to provide OnTrackTN to four sites across the state.
Texas	$5,787,967	State offers 10 CSC programs in rural and urban areas across the state. These sites serve both indigent and Medicaid-eligible populations.
Utah	$605,184	State has implemented four CSC/FEP programs, using the PIER and EASA CSC Models which are funded through MHBG.
Vermont	$118,865	State is continuing to partner with the Vermont Cooperative for Practice Improvement and Innovation to facilitate the initiative including targeted research, implementation, workforce development, outreach and education.
Virgin Islands	$27,682	State intends to establish a CSC program according to the NAVIGATE model.
Virginia	$1,712,716	Eight (8) Virginia community services boards (CSBs) have been operating Coordinated Specialty Care (CSC) programs for the treatment of youth and young adults experiencing their first episode of psychosis (FEP).
Washington	$1,604,888	State has established three CSC programs adhering to the NAVIGATE CSC Model. In addition, the state is currently establishing two more CSC programs.
West Virginia	$375,005	State has established one CSC program in the Wheeling area.
Wisconsin	$1,189,602	State is continuing to fund the CSC model PROPS program operated by JMHC in Madison, which serves three rural counties north of Madison. In addition, the state is funding a CSC program in Milwaukee.

State	FY 2019 10% Set Aside Allotment	Program Description
Wyoming	$79,240	The state has two providers providing CSC FEP programs: Southwest Counseling Service and Yellowstone Behavioral Health Center.

Funding History

Fiscal Year	Amount
FY 2012	459,756,000
FY 2013	436,808,709
FY 2014	482,571,000
FY 2015	482,571,000
FY 2016	532,571,000
FY 2017	562,571,000
FY 2018	722,571,000
FY 2019	722,571,000
FY 2020	722,571,000
FY 2021	757,571,000

Budget Request

The FY 2021 President's Budget is $757.5 million, an increase of $35.0 million from the FY 2020 Enacted. With this funding, SAMHSA will continue to address the needs of individuals with SMI and SED and will continue to maintain the 10 percent set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The set-aside funds help reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of serious mental illness. The proposed increase of $35 million will support state efforts to build much needed crisis systems to address the needs of individuals in mental health crisis in a high quality, expeditious manner. The development of these services will promote 24/7 access to well-trained mental health professionals in the time of acute mental health crisis.

Outputs and Outcomes Table

Program: Mental Health Block Grant

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.3.11 Number of evidence based practices (EBPs) implemented (Output)	FY 2018: 4.9 per State Target: 4.6 per State (Target Exceeded)	4.9 per State	4.9 per State	Maintain
2.3.14 Number of people served by the public mental health system (Output)	FY 2018: 7,808,416 Target: 7,339,821 (Target Exceeded)	7,808,416	7,808,416	Maintain
2.3.15 Rate of consumers (adults) reporting positively about outcomes (Outcome)	FY 2018: 80.4 % Target: 75.7 % (Target Exceeded)	80.4 %	80.4 %	Maintain
2.3.16 Rate of family members (children/adolescents) reporting positively about outcomes (Outcome)	FY 2018: 72.3 % Target: 73.5 % (Target Not Met)	72.3 %	72.3 %	Maintain
2.3.19A: Supported Housing Supported Housing: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2019: Result Expected December 31, 2020 Target: 3.8 % (Pending)	3.8 %	3.8 %	Maintain
2.3.19B Supported Employment: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2019: Result Expected December 31, 2020 Target: 2.2 % (Pending)	2.3 %	2.3 %	Maintain
2.3.19C Assertive Community Treatment: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Output)	FY 2019: Result Expected December 31, 2020 Target: 2.2 % (Pending)	2.2 %	2.2 %	Maintain
2.3.19D Family Psychoeducation: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2019: Result Expected December 31, 2020 Target: 2.1 % (Pending)	2.2 %	2.2 %	Maintain
2.3.19E Dual Diagnosis Treatment: Percent of the population accessing selected evidence-based programs	FY 2019: Result Expected December 31, 2020 Target: 11.0 %	11.5 %	11.5 %	Maintain

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
among people served by state mental health authorities. (Outcome) (Outcome)	(Pending)			
2.3.19F Illness Self-Management: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2019: Result Expected December 31, 2020 Target: 21.0 % (Pending)	23.0 %	23.0 %	Maintain
2.3.19G Medication Management: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2019: Result Expected December 31, 2020 Target: 33.0 (Pending)	35.0	35.0	Maintain
2.3.19H Treatment Foster Care: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2019: Result Expected December 31, 2020 Target: 1.7 % (Pending)	1.9 %	1.9 %	Maintain
2.3.19I Multi-Systemic Therapy: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2019: Result Expected December 31, 2020 Target: 4.3 % (Pending)	4.7 %	4.7 %	Maintain
2.3.19J Functional Family Therapy: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2019: Result Expected December 31, 2020 Target: 7.5 % (Pending)	8.5 %	8.5 %	Maintain
2.3.81 Percentage of service population receiving any evidence based practice (Outcome)	FY 2018: 11.8 % Target: 11.7 % (Target Exceeded)	11.8 %	11.8 %	Maintain

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2021 Mental Health Block Grant Final Allotments
Appropriation $757,571,000, State-Territory Total $717,924,864
CFDA # 93.959

State/Territory	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Alabama	$9,958,277	$9,899,084	$10,394,670	$495,586
Alaska	1,406,364	1,480,885	1,626,677	145,792
Arizona	18,373,174	18,493,829	19,763,875	1,270,046
Arkansas	5,997,576	5,986,777	6,291,052	304,275
California	92,715,441	91,832,541	94,198,007	2,365,466
Colorado	13,189,237	13,283,889	14,132,630	848,741
Connecticut	6,690,546	6,761,092	6,972,575	211,483
Delaware	1,598,527	1,582,328	1,675,916	93,588
District Of Columbia	1,605,650	1,603,015	1,702,477	99,462
Florida	44,999,189	45,278,203	47,764,602	2,486,399
Georgia	22,053,331	21,993,812	23,008,264	1,014,452
Hawaii	3,604,901	3,533,598	3,621,418	87,820
Idaho	3,907,763	3,957,780	4,240,878	283,098
Illinois	24,824,212	24,466,019	25,299,678	833,659
Indiana	12,193,343	12,129,344	12,885,791	756,447
Iowa	5,377,612	5,271,887	5,641,860	369,973
Kansas	4,996,496	4,988,410	5,252,201	263,791
Kentucky	8,922,528	8,895,473	9,341,549	446,076
Louisiana	9,818,107	9,780,411	10,421,141	640,730
Maine	2,719,188	2,699,523	2,820,956	121,433
Maryland	13,542,317	13,548,728	14,010,747	462,019
Massachusetts	14,040,737	13,983,098	14,403,343	420,245
Michigan	20,363,260	20,194,039	21,116,415	922,376
Minnesota	10,320,508	10,358,721	10,893,371	534,650
Mississippi	6,272,319	6,220,048	6,575,829	355,781
Missouri	11,531,537	11,522,294	12,107,987	585,693
Montana	2,051,241	2,054,853	2,202,648	147,795
Nebraska	3,093,092	3,069,216	3,302,802	233,586
Nevada	7,201,123	7,279,761	7,608,909	329,148
New Hampshire	2,421,717	2,404,349	2,534,892	130,543

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2021 Mental Health Block Grant Final Allotments
Appropriation $757,571,000, State-Territory Total $717,924,864
CFDA # 93.959

State/Territory	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
New Jersey	19,289,480	19,362,783	19,709,615	346,832
New Mexico	4,037,621	4,070,758	4,374,402	303,644
New York	40,625,021	40,459,564	40,325,000	-134,564
North Carolina	19,769,701	19,801,355	20,925,744	1,124,389
North Dakota	1,041,461	1,070,333	1,248,843	178,510
Ohio	21,363,628	21,215,342	22,428,094	1,212,752
Oklahoma	7,224,242	7,295,002	7,913,826	618,824
Oregon	10,560,923	10,607,443	11,406,554	799,111
Pennsylvania	22,707,223	22,533,122	23,599,634	1,066,512
Rhode Island	2,592,959	2,567,486	2,671,519	104,033
South Carolina	10,306,043	10,286,119	10,822,165	536,046
South Dakota	1,449,042	1,446,803	1,551,170	104,367
Tennessee	13,143,779	13,111,226	13,744,076	632,850
Texas	57,879,672	59,374,828	64,901,222	5,526,394
Utah	6,051,844	6,091,444	6,491,269	399,825
Vermont	1,188,649	1,175,538	1,232,085	56,547
Virginia	17,127,156	17,190,658	18,029,452	838,794
Washington	16,048,884	16,051,771	16,727,538	675,767
West Virginia	3,750,048	3,705,898	3,918,993	213,095
Wisconsin	11,896,020	11,793,459	12,409,093	615,634
Wyoming	792,403	812,359	912,537	100,178
American Samoa	134,316	134,614	141,320	6,706
Guam	429,733	437,419	466,485	29,066
Northern Marianas	135,240	136,598	144,568	7,970
Puerto Rico	8,783,994	8,760,573	9,160,615	400,042
Palau	54,965	56,014	59,825	3,811
Marshall Islands	188,930	194,820	210,437	15,617
Micronesia	269,633	272,334	288,176	15,842
Virgin Islands	276,820	280,363	297,447	17,084

SAMHSA
Substance Abuse Prevention
Table of Contents

Substance Abuse Prevention Appropriation

(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Programs of Regional and National Significance.....	$205,469	$206,469	$96,985	-$109,484
Total, Substance Abuse Prevention	**$205,469**	**$206,469**	**$96,985**	**-$109,484**

The Substance Abuse Prevention FY 2021 President's Budget is $96.0 million, reflecting a decrease of $109.5 million from the FY 2020 Enacted. This decrease cuts funding for the Strategic Prevention Framework program.

Programs of Regional and National Significance (PRNS)
Substance Abuse Prevention Appropriation

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020 Enacted
Capacity:				
Strategic Prevention Framework	$119,484	$119,484	$10,000	-$109,484
Strategic Prevention Framework Rx (non-add)	*10,000*	*10,000*	*10,000*	---
Federal Drug-Free Workplace	4,894	4,894	4,894	---
First Responder Training (CARA)	---	---	---	---
Improving Access to Overdose Treatment (CARA)	---	---	---	---
Minority AIDS	41,205	41,205	41,205	---
Sober Truth on Preventing Underage Drinking Act (STOP Act)	8,000	9,000	9,000	--
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	---	---	---	---
Tribal Behavioral Health Grants	20,000	20,000	20,000	---
Subtotal, Capacity	193,583	194,583	85,099	-$109,484
Science and Service:				---
Center for the Application of Prevention Technologies.	7,493	7,493	7,493	---
SAP Minority Fellowship Program	321	321	321	---
Science and Service Program Coordination	4,072	4,072	4,072	---
Subtotal, Science and Service	11,886	11,886	11,886	---
Total, PRNS	**$205,469**	**$206,469**	**$96,985**	**-$109,484**

Authorizing Legislation.....Section 516 of the PHS Act
FY 2021 Authorization.....$211,148,000
Allocation Method.....Competitive Grants/Cooperative Agreements/Contracts
Eligible Entities.....States, political subdivisions of States, Federally Recognized American Indian/Alaska Native tribe or tribal organizations, Indian Health Service-operated and contracted health facilities and programs, public or private nonprofit entities

Strategic Prevention Framework

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Strategic Prevention Framework	$119,484	$119,484	$10,000	-$109,484
Strategic Prevention Framework Rx (non-add)	$10,000	$10,000	$10,000	$---

Authorizing Legislation.....Section 516 of the PHS Act
FY 2021 Authorization.....$211,148,000
Allocation Method.....Competitive Grants/Cooperative Agreements/Contracts
Eligible Entities.....States, Tribes, and Territories

Program Description and Accomplishments

Strategic Prevention Framework (SPF)

Drug and alcohol use are significant public health problems. Youth and adolescents who use alcohol and drugs face an increased risk of poor school performance, criminal justice involvement, the development of a drug/alcohol addiction, risky sexual behavior, illnesses such as HIV and hepatitis, depression and anxiety, and injury and death. The immediate and long-term risks and negative outcomes associated with adolescent drug and alcohol use underscore the need for effective prevention and treatment programs.

Youth and adolescents use a variety of substances. In 2017, an estimated 30.4 million Americans aged 12 or older used illicit drugs in the past 30 days. The illicit drug use estimate for 2017 continues to be driven primarily by marijuana use and the misuse of prescription pain relievers, with 25.9 million individuals who currently use marijuana aged 12 or older (i.e., past 30 day use) and 3.2 million people aged 12 or older who reported current misuse of prescription pain relievers.[41]

Since its inception, the Strategic Prevention Framework – Partnerships for Success (SPF-PFS) program has addressed underage drinking among youth and young adults age 12 to 20 and has allowed states to prioritize state-identified top data driven substance abuse target areas. In 2017, the SPF-PFS program specifically addressed underage drinking and prescription drug misuse among youth and young adults. In 2018 the SPF-PFS was designed to address underage drinking among youth and young adults age 9 to 20 and has allowed states and tribes, at their discretion to use funds to target up to two additional data driven substance abuse prevention priorities addressing ages 9 and above.

The 2017 National Survey on Drug Use and Health (NSDUH) shows that underage alcohol use (i.e., people aged 12 to 20) and binge and heavy drinking use among young adults aged 18 to 25, have declined over time but remain a concern. In 2016, 19.7 percent of underage people reported current use of alcohol, 11.9 percent reported binge drinking, and 2.5 percent reported heavy alcohol use.

[41] Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

Compared to the previous year's NSDUH, the binge-drinking rate declined from 12.1 percent to 11.9 percent, and the rate of heavy drinking declined from 2.8 percent to 2.5 percent. In 2017, 6.5 percent of adolescents age 12 to 17 (1.9 million individuals) used marijuana in the past month.[42]

In FY 2018, SAMHSA funded 74 SPF-PFS grant continuations and 29 new grants. In FY 2019, SAMHSA supported 62 SPF-PFS grant continuations and 113 new grants. The SPF-PFS grant program addresses one of the nation's top substance abuse prevention priorities: underage drinking among persons ages 9 to 20. At their discretion, states/tribes may also use grant funds to target up to two additional, data-driven substance abuse prevention priorities, such as the use of marijuana, cocaine, or methamphetamine, etc. by individuals ages 9 and above. SPF-PFS is designed to ensure that prevention strategies and messages reach the populations most impacted by substance abuse. The program extends current established cross-agency and community-level partnerships by connecting substance abuse prevention programming to departments of social services and their community service providers. This includes working with populations disproportionately impacted by the consequences of substance use; i.e., children entering the foster care system, transitional youth, and individuals who support persons with substance abuse issues (women, families, parents, caregivers, and young adults). In FY 2020, SAMHSA plans to award up to 92 new grants.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)

From 1999 to 2016, drug-poisoning death rates more than tripled, from 6.1 per 100,000 to 19.8 per 100,000. In 2016, there were 63,632 deaths due to drug poisoning. Provisional estimates for 2017 suggest an increase to 72,287 drug-poisoning deaths.[43] Also, from 1999 to 2016, the age-adjusted rate of drug-poisoning deaths increased from 8.2 per 100,000 to 26.2 per 100,000 for males, and from 3.9 per 100,000 to 13.4 per 100,000 for females.

The Strategic Prevention Framework for Prescription Drugs assists grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMP). Grantees have also raised awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA's program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success. SAMHSA plans to maintain this level of support for SPF Rx through FY 2021.

[42] Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[43] Centers for Disease Control and Prevention. NCHS Data on Drug Poisoning Deaths. https://www.cdc.gov/nchs/data/factsheets/factsheet_drug_poisoning.pdf.

Program Evaluation

In FY 2018, there was a significant increase in the number of evidence-based practices that were implemented by sub-recipient communities in PFS, over 3 times the target amount of 411. The target of 238 was also exceeded by over 36 percent in FY 2018 with an increase in the number of sub-recipient communities that improved on one or more targeted national outcome measures. The goal of the FY 2018 SPF-PFS grant program is to address one of the nation's top substance misuse prevention priorities: underage drinking among people aged 9 to 20. Fifteen (15) states and fourteen tribal (14) communities are focusing on alcohol use and at least one other substance, and many are focusing their prevention efforts on subpopulations. The American Indian, Alaska Native, and Pacific Island grantees have made important contributions to developing the feasibility study of the PFS-18 grant program. Because they represent uniquely diverse populations, they present cultural considerations and challenges in data collection and analysis that contribute to better understanding of the facilitators and barriers to developing locally meaningful data.

The Government Performance and Results Act (GPRA) requires reporting for the Strategic Prevention Framework for Prescription Drug (SPF-Rx) program for two measures. The number of funded states/tribes that incorporate Prescription Drug Monitoring Program (PDMP) data into their strategic plans; and the number of funded states/tribes reporting reductions in opioid overdoses.

In FY 2017, Grantees reported on the first GPRA measure, the number of funded states/tribes that incorporate PDMP data into their strategic plans, to the Substance Abuse and Mental Health Services Agency's Performance Accountability and Reporting System (SPARS). According to data provided by SPARS, 6 out of 11 responding grantees (55%) incorporated PDMP data into their strategic plans in FY2017. Also, in FY2017, the first year of funding, seven grantees began implementing interventions.

Funding History

Fiscal Year	Amount
FY 2017	$119,484,000
FY 2018	$119,484,000
FY 2019	$119,484,000
FY 2020	$119,484,000
FY 2021	$10,000,000

Budget Request

The FY 2021 President's Budget is $10.0 million, reflecting a decrease of $109.5 million from the FY 2020 Enacted. Funding for the SPF Rx program will be maintained in its entirety ($10.0 million) for 25 continuation grants. Funding to support SPF PFS is eliminated. States can use the prevention set-aside in the Substance Abuse Block Grant to support prevention activities.

Outputs and Outcomes Table

Program: Partnerships for Success

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.3.79 Number of EBPs implemented by sub-recipient communities (Output)	FY 2018: 1,274 Target: 411 (Target Exceeded)	1,274	Discontinued	-1,274
2.3.80 Number of sub-recipient communities that improved on one or more targeted NOMs indicators (Outcome)	FY 2018: 325 Target: 238 (Target Exceeded)	325	Discontinued	-325

Program: Strategic Prevention Framework Rx

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.3.12 Percent of funded states reporting reductions in opioid overdoses (Outcome)	FY 2017: 69 % Target: 55 % (Target Exceeded)	69 %	69 %	Maintain
3.3.13 Percent of grantees that reported taking steps to enhance access to and use of PDMP data at the grantee level. (Outcome)	FY 2017: 83.0 Target: 83.0 (Baseline)	83.0	83.0	Maintain

Federal Drug-Free Workplace

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Federal Drug-Free Workplace	$4,894	$4,894	$4,894	$---

Authorizing Legislation.....Section 516 of the PHS Act
FY 2021 Authorization.....$211,148,000
Allocation Method.....Inter-Agency Agreements/Contracts
Eligible Entities.....Federal Agencies, Regulated Entities (e.g., Department of Transportation, Nuclear Regulatory Commission), HHS- Certified Laboratories

Program Descriptions and Accomplishments

The use of alcohol, illicit, prescription, and over-the counter drugs, including polysubstance use, are widespread and have a variety of negative consequences, particularly in the workplace. This program continues to examine emerging issues especially among young adults and high risk workplaces such as: increased legal/illegal opioid/synthetic opioid use and polysubstance use leading to injuries, overdoses, and death. Employers with successful drug-free workplace programs report decreases in absenteeism, accidents, downtime, turnover, and theft; increases in productivity; and overall improved morale. Additionally, they report better health status among many employees and family members and decreased use of medical benefits. Many organizations with drug-free workplace programs qualify for health care incentives, for example, decreased premium costs for certain kinds of insurance, such as Workers' Compensation.

The Federal Drug-Free Workplace Programs (DFWP) ensure employees in national security, public health, and public safety positions are tested for the use of illegal drugs and the misuse of prescription drugs and ensure the laboratories that perform this drug testing are inspected and certified by HHS. Through this program, the federal government is able to avoid lost productivity and reduce absenteeism, injuries, and fatalities.

SAMHSA implements the Federal Drug-Free Workplace Programs, which consist of two principal activities mandated by Executive Order (E.O.) 12564 and Public Law (P.L.) 100-71. These include: 1) oversight of the Federal Drug-Free Workplace Programs, aimed at the elimination of the use of illegal drugs and the misuse of prescription drugs within Executive Branch agencies and the federally-regulated industries, and 2) oversight of the National Laboratory Certification Program (NLCP), which certifies laboratories to conduct forensic drug testing for federal agencies and federally-regulated industries. The private sector also uses the HHS-certified laboratories.

Since 1987, SAMHSA has funded the Drug-Free Workplace drug testing activities including the NLCP and the Drug Testing Advisory Board (DTAB). Activities continued in FY 2019 under the NLCP contract. The NLCP oversees the certification of the labs that perform drug testing under the Drug-Free Workplace Programs. DTAB will continue to provide recommendations to the Assistant Secretary for Mental Health and Substance Use based on an ongoing review of the direction, scope, balance, and emphasis of SAMHSA's drug testing activities and the NLCP.

On January 10, 2012, SAMHSA approved the DTAB's recommendations to revise the mandatory guidelines to include oral fluid as an alternative specimen to urine as well as include additional Schedule II prescription drug medications (e.g., oxycodone, oxymorphone, hydrocodone and hydromorphone). On August 7, 2015, SAMHSA approved the DTAB's recommendations to pursue hair as an alternative specimen in the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

CSAP's Workplace Helpline supports the drug-free workplace program. The helpline is a toll free telephone service (800-WORKPLACE) that answers questions from federal agencies, the public and private sectors about drug testing in the workplace.

Continued funding for the Federal Drug-Free Workplace Programs has ensured the testing of federal employees in national security, public health, and public safety positions for the use of illegal drugs, the misuse of prescription drugs, and the inspection certification of HHS-certified laboratories for the past four years.

Benefits of the program

The Drug Free Workplace Program (DFWP) helps drug users refrain from using illegal drugs, as well as demonstrates that illegal drug use will not be tolerated in the federal workplace. The DFWP achieves this through policies and procedures including drug testing which allows for the drug testing of all executive branch employees. A key program aim is to eliminate illicit drug use in federal workplaces and oversee the National Laboratory Certification Program (NLCP) which certifies laboratories to conduct forensic drug testing for federal agencies and federally regulated industries.

The program also publishes mandatory guidelines which establish the scientific and technical aspects of the program and standardize the laboratory procedures and electronic chain of custody which includes specifying the drug to be tested for and setting laboratory certification standards through the NLCP.

Additionally, the DFWP aids in preventing the need for substance abuse recovery programs, helps reduce health insurance costs, improves attendance and employee productivity, provides a safer workplace with reduced accidents and provides EAP services to employees with substance abuse disorders.

The Drug Free Workplace Program helps drug users refrain from using illegal drugs, as well as demonstrates that illegal drug use will not be tolerated in the federal workplace.
The benefits of this program include:

- DTAB continued evaluation of the scientific supportability of hair as an alternative specimen to urine and oral fluids in the Mandatory Guidelines for Federal Workplace Drug Testing Programs;
- Examining changes in drug testing methodologies, changes in law, and new and emerging issues related to the Farm Bill, marijuana (and potency), cannabidiol (CBD), opioids, synthetic drugs, polysubstance use/misuse, and hair/oral fluid drug testing;
- Continued use of subject matter experts and partnering with other federal agencies to establish the scientific standards set out in the mandatory guidelines;

- Research of hair as an alternative specimen for scientific supportability and inclusion in the Mandatory Guidelines;
- Technical and scientific leadership for federal agencies on marijuana testing; and
- Analysis and guidance of/on emerging issues (e.g. opioids/synthetic opioids; polysubstance use; young adults, high-risk workplaces)

Funding History

Fiscal Year	Amount
FY 2017	$4,894,000
FY 2018	$4,894,000
FY 2019	$4,894,000
FY 2020	$4,894,000
FY 2021	$4,894000

Budget Request

The FY 2021 President's Budget is $4.8 million, level with the FY 2020 Enacted. In FY 2021, SAMHSA will continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace Programs. This includes review of Federal Drug-Free Workplace plans from those federal agencies that perform federal employee testing, random testing of those designated testing positions of national security, public health, and public safety, and testing for illegal drug use and the misuse of prescription drugs. SAMHSA will continue its oversight role for the inspection and certification of the HHS-certified laboratories.

Outputs and Outcomes Table

Program: Federal Drug-Free Workplace

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
6.0 Number of HHS Certified Labs (Output)	FY 2018: 26.0 certified labs Target: 26.0 certified labs (Baseline)	28.0 certified labs	31.0 certified labs	+3 certified labs

Minority AIDS

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Minority AIDS	$41,205	$41,205	$41,205	$---

Authorizing Legislation.....Section 516 of the PHS Act
FY 2021 Authorization.....$211,148,000
Allocation Method.....Competitive Grants/Cooperative Agreements/Contracts
Eligible Entities.....Local Government Entities, Community-based Organization, (e.g., Department of Transportation, Nuclear Regulatory Commission), Minority Serving Institutions, and Institutions of Higher Education

Program Description and Accomplishments

The *National HIV/AIDS Strategy: Updated to 2020* indicates that the HIV epidemic still exists and the needs of people living with HIV and those who are at-risk for infection continue to evolve. It also notes that to be effective, the federal response must adapt in order to respond to changing needs and funding levels as well as new threats, such as those presented by the opioid crisis.[44] Approximately 39,000 people become infected with HIV each year.[45] In addition, because HIV and viral hepatitis share common modes of transmission, one third of HIV infected individuals are also infected with hepatitis C.[46] Hepatitis C cases are also increasing because of the use of injection drugs.

The Minority AIDS program supports activities that assist grantees in building a solid foundation for delivering and sustaining quality and accessible state-of-the-science substance misuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes, and tribal organizations in order to prevent and reduce the onset of substance misuse and transmission of HIV/AIDS among at-risk populations, including racial/ethnic minority youth and young adults, ages 13 to 24. SAMHSA works with college and university clinics/wellness centers and community-based providers that can provide comprehensive substance abuse and HIV prevention strategies. These strategies combine education and awareness programs, social marketing campaigns, and HIV and viral hepatitis testing services in non-traditional settings with substance misuse and HIV prevention programming for the population of focus. Because of the high rate of HIV/AIDS and hepatitis co-morbidity, this program includes viral hepatitis prevention and education training. The MAI program, along with many other HIV/AIDS programs across HHS, contributes to the goals of the President's new initiative to eliminate new HIV infections in our nation. *Ending the HIV Epidemic: A Plan for America.*

SAMHSA has helped to prevent HIV and hepatitis infection acquired through substance abuse and misuse. SAMHSA's Minority AIDS and viral hepatitis prevention programs have included a focus

[44] National HIV/AIDS Strategy for the United States: Update in 2020
[45] CDC: HIV in the United States at a Glance: https://www.cdc.gov/hiv/pdf/statistics/overview/cdc-hiv-us-ataglance.pdf
[46] U.S. Department of Health and Human Services: Secretary's Minority AIDS Initiative Fund: 2017: HIV BASICS: Staying in HIV Care: Other Related Health Issues: Hepatitis B & C: Hepatitis B Virus and Hepatitis C Virus Infection, https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/hepatitis-b-and-c

on community-based organizations and minority serving institutions and a focus on the continuum of care. SAMHSA supported 105 grant continuations and 37 new grant awards in FY 2018. In FY 2019, SAMHSA supported 142 grant continuations and six new grant awards. SAMHSA plans to support 94 grant continuations and 50 new grants in FY 2020.

Program Evaluation

The most recent cross-site analysis of the MAI programs have produce the following results:

- Significant improvements in all substance abuse prevention knowledge and attitude measures and significant reductions in past-30-day alcohol and marijuana use. These substances are important risk factors for HIV and viral hepatitis.
- Based on the latest data available, 39,978 people received an HIV test in 2018 using grant funds. Of those tested, 17,913 received an HIV test for the first time.
- A total of 261 people tested positive for HIV. Of those who tested positive for HIV, 234 were referred to treatment.
- In addition, 7,814 people were tested for viral hepatitis of which 394 tested positive. 332 of the people who tested positive for viral hepatitis were referred to treatment.

Funding History

Fiscal Year	Amount
FY 2017	$40,405,000
FY 2018	$41,205,000
FY 2019	$41,205,000
FY 2020	$41,205,000
FY 2021	$41,205,000

Budget Request

The FY 2021 President's Budget is $41.2 million, level with the FY 2020 Enacted, which SAMHSA plans to use to support 112 continuations and 35 new grant awards.

Outputs and Outcomes Table

Program: Minority AIDS Initiative

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.3.56 Number of program participants exposed to substance abuse prevention education services (Output)	FY 2018: 6,777 Target: 2,580 (Target Exceeded)	6,777	6,777	Maintain
2.3.85a Number of persons tested for HIV through the Minority AIDS Initiative prevention activities (Output)	FY 2018: 31,811 Target: 21,137 (Target Exceeded)	31,811	31,811	Maintain
2.3.90 Percentage of program participants who reported reduced binge drinking at follow-up. (Outcome)	FY 2018: 57.4 % Target: 57.4 % (Baseline)	57.4 %	57.4 %	Maintain

Sober Truth on Preventing Underage Drinking Act (STOP Act)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Sober Truth on Preventing Underage Drinking Act (STOP Act).....	$8,000	$9,000	$9,000	$-

Authorizing Legislation.....Section 519B of the PHS Act
FY 2021 Authorization.....$211,148,000
Allocation Method.....Competitive Grants/Contracts
Eligible Entities.....Current and former Drug Free Communities grantees

Program Description and Accomplishments

Among Americans under age 21, alcohol is the most frequently used substance, used more often than tobacco, marijuana, or other illicit drugs. Nineteen percent of 12- to 20-year-olds report having used alcohol in the previous month. Underage alcohol consumption is a persistent and serious public health challenge, resulting in thousands of deaths each year through motor vehicle crashes, violence, suicide, alcohol poisoning, and other causes. Underage drinking is also implicated in sexual assault and other crimes, impaired brain function, decreased academic performance, and the increased risk of developing an alcohol use disorder later in life.[47]

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 (Public Law 109-422) was the nation's first comprehensive legislation on underage drinking. The STOP Act was reauthorized in 2016 as part of the 21st Century Cures Act. The STOP Act requires the Secretary of Health and Human Services (HHS) in collaboration with other federal officials enumerated in the Act, to "formally establish and enhance the efforts of the Interagency Coordinating Committee for Preventing Underage Drinking (ICCPUD)." The ICCPUD coordinates efforts to reduce underage drinking, guide policy and program development across the federal government, and serve as a resource for creating and implementing the Comprehensive Plan for Preventing Underage Drinking. In 2006, SAMHSA assumed leadership as the HHS Secretary's designee.

The STOP Act calls for data and information on the enforcement of drinking laws, steps to reduce alcohol's availability to youth under the age of 21, research on underage drinking, and resources for local community efforts. Three areas of support for The STOP Act also calls for four annual reports to Congress, which are developed under contract ($1M/year). A report on the prevention and reduction of underage drinking. A report on state performance and best practices for the prevention and reduction of underage drinking and a report series on state underage drinking prevention and enforcement activities.

A report on the evaluation of the adult oriented national media campaign to prevent underage drinking that includes the production, broadcasting, and effectiveness of the campaign – also known

[47] U.S. Department of Health and Human Services. (December, 2018). *Report to Congress on the Prevention and Reduction of Underage Drinking*, Rockville, MD: Substance Abuse and Mental Health Services Administration Retrieved from www.stopalcoholabuse.gov. (National Survey on Drug Use and Health [NSDUH]; Center for Behavioral Health Statistics and Quality [CBHSQ], 2017c)

as "Talk They Hear You." The community-based coalition enhancement grant program provides up to $50,000 per year over four years to current or former grantees under the Drug-Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities.

FY 2016 data showed that 82 percent of coalitions report at least 5 percent improvement in the 30-day use of alcohol in at least two grades. The national media campaign to prevent underage drinking, —"Talk. They Hear You." (TTHY) responds to directives set forth in Section 2(d) of the STOP Act, to produce and oversee an adult-oriented national media campaign to provide parents and caregivers of youth under the age of 21 with information and resources to discuss the issue of alcohol with their children. The ICCPUD will continue to guide the development process of the national media campaign.

In FY 2017, SAMHSA provided funding for 81 STOP Act grant continuations and 17 new grants. In FY 2018, SAMHSA provided funding for 98 STOP Act continuation grants. SAMHSA provided funding for 97 continuation grants and 22 new grants in FY 2019. In FY 2020, SAMHSA plans to support 39 STOP Act grant continuations and 79 new grants.

Program Evaluation

The "Talk. They Hear You." (TTHY) earned media campaign[48] has yielded more than a $9 to $1 return on investment. The campaign costs average less than $1 million a year or $9,108,324 over 10 years. More than 40 print and 28 video products have been produced. Earned media outreach efforts have generated an estimated $94 million in earned media placements on major networks and affiliates—with TV, print, and radio public service announcements having collectively garnered impressions in all 50 states and in more than 300 cities. Case study results show that the TTHY campaign had a significant positive effect on parental confidence in being able to make a difference in their child's decision about alcohol consumption, and three other attitudinal categories – concern, importance, and intention. The campaign also increased the proportion of parents who had a conversation with their child about underage drinking. The campaign increased student disapproval of daily drinking and binge drinking post-intervention; and student perception of binge drinking being a health risk.

[48] "Definition of earned media: Earned media, also referred to as media relations, word-of-mouth, PR, or publicity, is an unpaid brand mention or recognition such as a news article, published interview, or online review by a third party. In addition, earned media can also refer to a byline or article written by someone associated with the brand that is published by a third party." (Top Rank Marketing, n.d.).

Funding History

Fiscal Year	Amount
FY 2017	$7,000,000
FY 2018	$7,000,000
FY 2019	$8,000,000
FY 2020	$9,000,000
FY 2021	$9,000,000

Budget Request

The FY 2021 President's Budget is $9.0 million, level with the FY 2020 Enacted. In FY 2021, SAMHSA will support 101 STOP Act grant continuations and 17 new grants.

Outputs and Outcomes Table

Program: Sober Truth on Preventing Underage Drinking (STOP Act)

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.3.01 Percent of coalitions that report at least 5% improvement in the past 30-day use of alcohol in at least two grades (Outcome)	FY 2017: 57.7 % Target: 62 % (Target Not Met)	57.7 %	57.7 %	Maintain
3.3.02 Percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades (Outcome)	FY 2017: 75 % Target: 70 % (Target Exceeded)	75 %	75 %	Maintain

Center for the Application of Prevention Technologies

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Center for the Application of Prevention Technologies.....	$7,493	$7,493	$7,493	$---

Authorizing Legislation.....Section 516 of the PHS Act
FY 2021 Authorization.....$211,148,000
Allocation Method..... Contracts
Eligible Entities.....Domestic and Public Entities

Program Description and Accomplishments

In 2019, Center for the Application of Prevention Technologies (CAPT) changed how it delivered services and began providing science-based training and technical assistance through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective substance abuse prevention interventions, and provide training and technical assistance services to the substance abuse prevention field.

The PTTC does this by developing and disseminating tools and strategies needed to improve the quality of substance abuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.

Program Evaluation

The two-year evaluation for this program begins on September 30, 2019. To date, the PTTC has delivered over 170 events and provided training/technical assistance to over 2,800 participants. Current program accomplishments include the following:

The Mid-America PTTC has developed a partnership with the National Alliance for Drug Endangered Children (DEC) & Kansas Alliance for Drug Endangered Children to offer the Core DEC Awareness and DEC Approach trainings.

The Mountain Plains PTTC is in the process of creating an infographic for a recent study regarding the outcomes for people with severe Substance Use Disorders (SUD) and the correlation between oral health care. Treatment combined with oral care does have positive outcomes such as longer stay in treatment, jobs, and prevention of other diseases and relapse prevention. Improvement in SUD treatment outcomes at discharge suggests that complementary comprehensive oral health care improves SUD therapeutic results in patients with SUDs. Integrated comprehensive oral health care of major dental problems significantly improves treatment of outcomes in patients whose disorders are particularly difficult to manage, such as patients with SUDs.

The National Hispanic and Latino PTTC sponsored a successful webinar on Vaping 101: and Latino Youth: Devices, risks, prevention efforts, and solutions. This webinar had 440 unique viewers and

provided an overview of youth vaping from what the devices look like, to why vaping is a concern with a specific focus on Latino youth. The webinar covered risks of youth vaping e-juice with flavorings, nicotine, and high potency THC concentrates and the prevalence and trends among Latino youth. The webinar concluded with a discussion of prevention opportunities for parents, professionals, and policymakers.

Funding History

Fiscal Year	Amount
FY 2017	$7,493,000
FY 2018	$7,493,000
FY 2019	$7,493,000
FY 2020	$7,493,000
FY 2021	$7,493,000

Budget Request

The FY 2021 President's Budget is $7.5 million, level with the FY 2020 Enacted. Prevention T/TA services are being conducted by the PTTCs.

Outputs and Outcomes Table

Program: Center for the Application of Prevention Technologies (CAPT)

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.4.14 Number of people trained (Output)	FY 2019: Result Expected December 31, 2019 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain
1.4.15 Percentage using information from training to change their practice. (Outcome)	FY 2019: Result Expected December 31, 2019 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain

Science and Service Program Coordination

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Science and Service Program Coordination.....	$4,072	$4,072	$4,072	$---

Authorizing Legislation.....Section 516 of the PHS Act
FY 2021 Authorization.....$211,148,000
Allocation Method..... Contracts
Eligible Entities.....Domestic and Public Entities

Program Description and Accomplishments

SAMHSA has made prevention of underage drinking a priority because of its potential impact on the health and well-being of young people and their communities. Over the past decade, there has been a steady decline of drinking by adolescents and young adults. Trend data report similar declines in underage binge and heavy drinking. In 2017, 140.5 million Americans aged 12 or older reported current use of alcohol, 66.6 million reported binge drinking and 16.7 million reported heavy drinking.[49]

The Science and Service Program Coordination program funds the provision of technical assistance and training to states, tribes, communities, and grantees around substance abuse prevention. Specifically, the program supports the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiatives (UADPEI).

The Tribal Training and Technical Assistance Center is an innovative training and technical assistance project that helps tribal communities facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce violence, bullying, substance abuse, and suicide among American Indian/Alaska Native (AI/AN) youth, in support of the HHS Tribal Health and Well-Being Coordination. These plans mobilize tribal communities' existing social and educational resources to meet their goals.

The UADPEI efforts engage parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences. The UADPEI heavily promotes the adoption of evidence-based policies, programs, and practices by developing materials, resources, and other engagement tools to strengthen community-based prevention efforts. The initiative collaborates with other federal agencies on underage drinking prevention strategy implementation through ICCPUD.

The initiative engages families, youth, and youth-serving organizations in programs such as SAMHSA's *Communities Talk: Town Hall Meetings to Prevent Underage Drinking*.

[49] Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from http://www.samhsa.gov/data.

In FY 2016, the last year *Communities Talk* events took place, community-based organizations registered to host 1,500 events. Event locations included all 50 states, the District of Columbia, and three territories. An estimated 300,000 people participated in events, either in person or virtually. SAMHSA garnered 1.9 million social media impressions through the #Communities Talk and reached an estimated 2.3 million people through traditional media promoting *Communities Talk*. SAMHSA responded to 3,000 requests for capacity development in planning, promoting, hosting, and evaluating events. *Communities Talk* events are funded on a biannual basis. SAMHSA will continue to fund two contracts to support these activities.

Program Evaluation

The next round of evaluations for *Communities Talk* is currently underway for the period of 2019-2020. The Underage Drinking Prevention Education Initiative's (UADPEI) *Communities Talk: Town Hall Meetings to Prevent Underage Drinking (Communities Talk)* initiative is in the final stages of its stipend distribution for prevention-focused events. In 2019 the UADPEI will be close to reaching its goal of 1,000 organizations hosting underage drinking prevention events. Events are in all 50 states, the District of Colombia, and 4 U.S. Territories. More than 140 institutions of higher education are also participating in the 2019 *Communities Talk* cycle. UADPEI promotes the adoption of evidence-based policies, programs, and practices by developing materials, resources, and other engagement tools to strengthen community-based prevention efforts. UADPEI's *Communities Talk* initiative builds capacity in underage drinking prevention among institutes of higher education and community-based organizations. Each month UADPEI produces an e-alert for *Communities Talk* listserv subscribers that contains information for hosting a successful *Communities Talk* event.

Tribal Training and Technical Assistance Contract (TTA)

In FY 2017, the Tribal TTA Center team collected data on 20 Broad training events that served a total of 583 participants representing 93 AI/AN communities over 31 days. There were 20 Focused training events that served a total of 992 participants over representing 36 AI/AN communities for 13 days and 5 events. One virtual Broad TA event served a total of 27 participants. Intensive virtual TA served 96 participants through 9 events and 99.2 virtual TA days.

Data collected throughout FY 2017 indicates that, overall, questionnaire respondents felt the trainings/TA improved their and their organization's capacity to do prevention work.

Funding History

Fiscal Year	Amount
FY 2017	$4,072,000
FY 2018	$4,072,000
FY 2019	$4,072,000
FY 2020	$4,072,000
FY 2021	$4,072,000

Budget Request

The FY 2021 President's Budget is $4.1 million, level with the FY 2020 Enacted. This funding will support SAMHSA's substance abuse prevention efforts and include a focus on preventing underage drinking and providing technical assistance and training to American Indians/Alaska Native communities.

Outputs and Outcomes Table

Program: Prevention - Science and Service Activities

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.3.80 Number of organizations or communities that demonstrate improved readiness to change their systems (Output)	FY 2019: 5.0 organizations Target: 5.0 organizations (Baseline)	5.0 organizations	5.0 organizations	Maintain

Tribal Behavioral Health Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Tribal Behavioral Health Grants	$20,000	$20,000	$20,000	$---

Authorizing Legislation.....Section 516 of the PHS Act
FY 2021 Authorization.....$211,148,000
Allocation Method.....Grants/Contracts
Eligible Entities.....Tribes

Program Description and Accomplishments

Suicide is the second leading cause of death among American Indian/Alaska Native (AI/AN) youth ages eight to 24 years.[50] Further, AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students.[51] These behaviors include serious thoughts of suicide, suicide plans, suicide attempts, and medical attention for a suicide attempt. However, the risk of suicide is not the same in all AI/AN youth demographic groups. For instance, AI/AN youth raised in urban settings have a smaller risk of having thoughts of suicide than AI/AN youth raised on tribal reservations (21 percent and 33 percent, respectively).[52]

Consistent with the goals of the Tribal Behavioral Health Agenda, the Tribal Behavioral Health Grant (TBHG) program addresses the high incidence of substance use and suicide among AI/AN populations. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance abuse, trauma, and suicide and by promoting the mental health of AI/AN young people.

The first cohort of TBHG grants to 20 tribes or tribal organizations with high rates of suicide. These five-year grants help grantees develop and implement a plan that addresses suicide and substance abuse, thereby promoting mental health among tribal youth. In addition, SAMHSA's Tribal Training and Technical Assistance Center (http://www.samhsa.gov/tribal-ttac) provides training and education to AI/AN grantees and organizations serving AI/AN populations to support their ability to achieve their goals.

This initiative takes a comprehensive, culturally appropriate approach to help improve the lives of and opportunities for AI/AN youth. In addition to the Department of Health and Human Services, multiple agencies, including the Departments of Interior, Education, Housing and Urban Development, Agriculture, Labor, and Justice, are working collaboratively with tribes to address issues facing AI/AN youth.

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[50] Centers for Disease Control and Prevention. Fatal injury data, 2010. Web-based Injury Statistics Query and Reporting System. Available at www.cdc.gov/injury/wisqars/fatal.html. Accessed May 27, 2014.
[51] Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Available at http://www.cdc.gov/healthyyouth/yrbs/index.htm. Accessed May 27, 2014.
[52] Freedenthal, S. & Stiffman, A. R. (2004). Suicidal Behavior in Urban American Indian Adolescents: A Comparison with Reservation Youth in a Southwestern State. Suicide and Life-Threatening Behavior, 34(2), 160-171.

In FY 2016, SAMHSA expand activities through the braided TBHG ($15.0 million in the Substance Abuse Prevention appropriation and $15.0 million in Mental Health appropriation) to allow tribes the flexibility to implement community-based strategies to address trauma, prevent substance abuse, and promote mental health and resiliency among youth in tribal communities. The additional FY 2016 funding expanded these activities to approximately 90 tribes and tribal entities. With the expansion of the TBHG program, SAMHSA's goal is to reduce substance use and the incidence of suicide attempts among AI/AN youth and to address behavioral health conditions that affect learning in the Bureau of Indian Education-funded schools.

Program Evaluation

In FY 2018, grantees have screened 103,000 individuals for mental health and suicide concerns; 784,939 individuals were exposed to mental health and suicide awareness messaging, and 1,127 organizations specific mental health related practices and activities that aligned with program goals.

In FY 2018, SAMHSA supported 80 grant continuations, 46 new grants, and technical assistance activities. In FY 2019, SAMHSA supported 109 grant continuations, 26 new grants, and technical assistance activities. In FY 2020, SAMHSA will support 120 grant continuations, 14 new grants, and technical assistance activities.

Funding History

Fiscal Year	Amount
FY 2017	$14,450,000
FY 2018	$15,000,000
FY 2019	$20,000,000
FY 2020	$20,000,000
FY 2021	$20,000,000

Budget Request

The FY 2021 President's Budget is $20.0 million, level with the FY 2020 Enacted. This request, along with $20.0 million in the Center of Mental Health Services will continue to support approximately 179 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

As a braided activity, SAMHSA will track separately any amounts spent or awarded under Tribal Behavioral Health Grants through the distinct appropriations and ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.

Outputs and Outcomes Table

Program: Tribal Behavioral Health Grants[53]

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.4.12 Percentage of youth age 10 - 24 who received mental health or related services after screening, referral or attempt (Output)	FY 2019: 43 Target: 56 (Target Not Met but Improved)	43	43	Maintain
2.4.13 Number of programs/organizations that implemented specific mental-health related practices/activities as a result of the grant (Outcome)	FY 2019: 7,219 Target: 5,670 (Target Exceeded)	7,219	7,219	Maintain

[53] This is a combined total performance for CMHS and CSAP.

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Minority Fellowship Program.....	$321	$321	$321	$---

Authorizing Legislation.....Section 597 of the PHS Act
FY 2021 Authorization.....$12,669,000
Allocation Method.....Grants/Contracts
Eligible Entities.....Organizations that represent individuals obtaining post baccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling

Program Description and Accomplishments

SAMHSA's Minority Fellowship Program (MFP) increases behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The program provides stipends to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance use disorder treatment services for minority populations that are underserved. Since its start in 1973, the program has helped to enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, and psychology. In 2006, the program expanded to include marriage and family therapists and later added professional counselors. Professional guilds receive competitively awarded grants, and then competitively award the stipends to post-graduate students pursuing a degree in that professional field. In FY 2018 and 2019, SAMHSA funded seven continuation grants.

Funding History

Fiscal Year	Amount
FY 2017	$71,000
FY 2018	$71,000
FY 2019	$321,000
FY 2020	$321,000
FY 2021	$321,000

Budget Request

The FY 2021 President's Budget is $0.321 million, level with the FY 2020 Enacted. Funding for this program will continue to support prevention related grants.

SAMHSA/Substance Abuse Prevention
PRNS Mechanism Table Summary

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Grants						
Continuations	464	142,280	468	129,479	365	56,417
New/Competing	168	38,164	211	51,957	89	16,550
Subtotal	632	180,444	679	181,198	454	72,712
Contracts						
Continuations	14	23,764	12	23,883	9	15,327
New	---	1,261	1	1,388	35	8,945
Subtotal	14	25,025	13	25,271	44	24,273
Total, Substance Abuse Prevention PRNS	**646**	**$205,469**	**692**	**$206,469**	**498**	**$96,985**

SAMHSA/Substance Abuse Prevention
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Capacity:						
Strategic Prevention Framework						
Grants						
Continuations	87	$78,450	170	$82,294	---	---
New/Competing	114	31,592	20	27,781	25	$9,426
Supplements		---		---		---
Subtotal	201	110,042	190	110,076	25	9,426
Contracts						
Continuations	5	9,442	3	9,408	---	574
New		---		---		---
Subtotal	5	9,442	3	9,408	---	574
Total, Strategic Prevention Framework	**206**	**119,484**	**193**	**119,484**	**25**	**10,000**
Federal Drug-Free Workplace						
Contracts						
Continuations	2	4,009	3	4,322	3	4,353
New	---	885	---	572	---	541
Subtotal	2	4,894	3	4,894	3	4,894
Total, Federal Drug-Free Workplace	**2**	**4,894**	**3**	**4,894**	**3**	**4,894**
Minority AIDS						
Grants						
Continuations	141	37,673	94	22,445	144	31,884
New/Competing	6	1,195	82	16,691	---	---
Subtotal	147	38,868	176	39,136	144	31,884
Contracts						
Continuations	---	2,101	---	2,069	---	2,366
New	---	236	---	---	34	6,955
Subtotal	---	2,337	---	2,069	34	9,321
Total, Minority AIDS	**147**	**41,205**	**176**	**41,205**	**178**	**41,205**
Sober Truth on Preventing Underage Drinking Act						
Grants						
Continuations	97	4,537	39	1,833	101	4,781
New/Competing	22	1,075	94	4,746	34	1,715
Subtotal	119	5,613	133	6,578	135	6,496
Contracts						
Continuations	2	2,387	1	1,439	1	1,517
New	---	---	1	983	1	987
Subtotal	2	2,387	2	2,422	2	2,504
Total, Sober Truth on Preventing Underage Drinking Act	**121**	**8,000**	**135**	**9,000**	**137**	**9,000**

SAMHSA/Substance Abuse Prevention
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Tribal Behavioral Health Grants						
Grants						
Continuations	119	13,484	145	15,109	100	12,368
New/Competing	26	4,302	15	2,500	30	5,174
Subtotal	145	17,786	160	17,610	130	17,542
Contracts						
Continuations	1	2,214	1	2,390	1	2,458
New/Competing	---	---	---	---	---	---
Subtotal	1	2,214	1	2,390	1	2,458
Total, Tribal Behavioral Health Grants	**146**	**20,000**	**161**	**20,000**	**131**	**20,000**
Science and Service:						
Center for the Application of Prevention Technologies						
Grants						
Continuations	13	7,493	13	7,493	13	7,063
New/Competing		---		---	---	---
Subtotal	13	7,493	13	7,493	13	7,063
Contracts						
Continuations		---		---	---	430
New/Competing		---		---	---	---
Subtotal	---	---	---	---	---	430
Total, Center for the Application of Prevention Technologies	13	7,493	13	7,493	13	7,493
SAP Minority Fellowship Program						
Grants						
Continuations	7	272	7	66	7	66
New/Competing	---	---	---	239	---	**235**
Subtotal	7	272	7	305	7	301
Contracts						
Continuations	---	16	---	16	---	20
New/Competing	---	32	---	---	---	---
Subtotal	---	49	---	16	---	20
Total, SAP Minority Fellowship Program	**7**	**321**	**7**	**321**	**7**	**321**

SAMHSA/Substance Abuse Prevention
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
Science & Service Program Coordination						
Grants						
Continuations	---	369	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	369	---	---	---	---
Contracts						
Continuations	4	3,595	4	4,072	4	3,610
New	---	108		---	---	462
Subtotal	4	3,703	4	4,072	4	4,072
Total, Science & Service Program Coordination	4	4,072	4	4,072	4	4,072
Subtotal, Science and Service	24	**11,886**	24	**11,886**	24	**11,886**
Total, Substance Abuse Prevention	646	**$205,469**	692	**$206,469**	498	**$96,985**

Grant Awards Table

(Whole dollars)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	632	679	454
Average Award	$285,512	$266,861	$160,159
Range of Awards	$50,000 - $2,300,000	$50,000 - $2,300,000	$50,000 - $2,300,001

SAMHSA
Substance Abuse Treatment
Table of Contents

Substance Abuse Treatment Appropriation

(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Programs of Regional and National Significance.....	$458,531	$479,677	$364,677	-$115,000
PHS Evaluation Funds (non-add).....	*2,000*	*2,000*	---	*-2,000*
State Opioid Response Grants.....	1,500,000	1,500,000	1,585,000	85,000
Set-Aside for Tribes (non-add).....	---	---	50,000	50,000
Substance Abuse Prevention and Treatment Block Grant.....	1,858,079	1,858,079	1,858,079	---
Budget Authority (non-add).....	*1,778,879*	*1,778,879*	*1,778,879*	---
PHS Evaluation Funds (non-add).....	*79,200*	*79,200*	*79,200*	---
Total, Substance Abuse Treatment.....	**$3,816,610**	**$3,837,756**	**$3,807,756**	**-$30,000**

The Substance Abuse Treatment FY 2021 President's Budget is $3.8 billion, a decrease of $30.0 million from the FY 2020 Enacted. The request includes $3.7 billion in Budget Authority and $79.2 million in Public Health Service (PHS) Evaluation funds.

Programs of Regional and National Significance (PRNS)
Substance Abuse Treatment Appropriation

(Dollars in thousands)

Programs of Regional and National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Capacity:				
Opioid Treatment Programs/Regulatory Activities	$8,724	$8,724	$8,724	---
Screening, Brief Intervention and Referral to Treatment	27,854	30,000	---	-30,000
Budget Authority (non-add)	*25,854*	*28,000*	---	*-28,002*
PHS Evaluation Funds (non-add)	*2,000*	*2,000*	---	*-2,000*
Targeted Capacity Expansion-General	100,192	100,192	11,192	-89,000
Other Targeted Capacity Expansion	*11,192*	*11,192*	*11,192*	---
MAT for Prescription Drug and Opioid Addiction (non-add)	*89,000*	*89,000*	---	*-89,000*
Pregnant and Postpartum Women	29,931	31,931	31,931	---
Recovery Community Services Program	2,434	2,434	2,434	---
Improving Access to Overdose Treatment	1,000	1,000	1,000	---
Building Communities of Recovery	6,000	8,000	8,000	---
Children and Families	29,605	29,605	29,605	---
Treatment Systems for Homeless	36,386	36,386	36,386	---
Minority AIDS	65,570	65,570	65,570	---
Criminal Justice Activities	89,000	89,000	89,000	---
Other Criminal Justice Activities (non-add)	*19,000*	*19,000*	*19,000*	---
Drug Court Activities (non-add)	*70,000*	*70,000*	*70,000*	---
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths	12,000	12,000	12,000	---
Peer Support TA Center	---	1,000	1,000	---
Treatment, Recovery, and Workforce Support	---	4,000	4,000	---
Emergency Department Alternatives to Opioids	---	5,000	5,000	---
Grants to Develop Curricula for DATA Act Waivers	---	---	4,000	4,000
First Responder Training (CARA)	36,000	41,000	41,000	---
First Responder Training (non-add)	*18,000*	*18,000*	*18,000*	---
Rural Set-Aside (non-add)	*18,000*	*23,000*	*23,000*	---
Subtotal, Capacity	**444.696**	**465,842**	**350,842**	**-115,000**
Science and Service:				
SAT Minority Fellowship Programs	4,789	4,789	4,789	---
Addiction Technology Transfer Centers	9,046	9,046	9,046	---
Subtotal, Science and Service	**13,835**	**13,835**	**13,835**	**---**
Total, PRNS	**$458.531**	**$479,677**	**$364,677**	**-$115,000**

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2021 Authorization $333,806,000
Allocation Method .....Competitive Grants/Cooperative Agreements/Contracts
Eligible EntitiesStates, local governments, Communities, Federal Recognized, American Indian/Alaska Native tribes or tribal organization, Indian Health Service-operated and contracted health facilities and programs, public or private nonprofit entities

Opioid Treatment Programs/Regulatory Activities

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Opioid Treatment Programs/Regulatory Activities....	$8,724	$8,724	$8,724	$---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2021 Authorization.....$333,806,000
Allocation Method..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities .....American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Medical Association, American Osteopathic Association, American Psychiatric Association, American Dental Association
Domestic Medical Schools, Physician Assistant Schools, and Schools of Nursing

Program Description and Accomplishments

The misuse of prescription opioid pain relievers and illicit opioids, such as heroin, is causing suffering, sickness, overdose, and death in the United States at epidemic levels.[54] Communities across the nation also face the risk that individuals who inject opioids will contract and spread Human Immunodeficiency Virus (HIV) and hepatitis C.[55] One of the underlying causes of these problems is opioid abuse.[56,57]

With increasing incidence of opioid abuse, there is a corresponding increase in admissions for treatment of opioid abuse.[58] Medication-assisted treatment (MAT) refers to the use of the Food and Drug Administration (FDA) approved pharmacotherapies (i.e., buprenorphine products, methadone, and naltrexone products) in combination with evidence-based psychosocial interventions for treatment of opioid use disorders. MAT is a safe and effective strategy for

[54] U.S. Department of Health and Human Services. Addressing prescription drug abuse in the United States: current activities and future opportunities. 2013. Retrieved from www.cdc.gov/drugoverdose/pdf/hhs_prescription_drug_abuse_report_09.2013.pdf
[55] Substance Abuse and Mental Health Services Administration. Associations of nonmedical pain reliever use and initiation of heroin use in the United States. 2013. Retrieved from https://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm
[56] Johnson EM, Lanier WA, Merrill RM, et al. Unintentional prescription opioid-related overdose deaths: description of decedents by next of kin or best contact, Utah, 2008-2009. J Gen Intern Med. 2013;28(4): 522-9.
[57] Bohnert AS, Valenstein M, Bair MJ, et al. Association between opioid prescribing patterns and opioid overdose-related deaths. *JAMA.* 2011;305(13):1315-1321. doi:10.1001/jama.2011.370.
[58] Paulozzi LJ, Jones CM, Mack KA, Rudd RA. Vital signs: overdoses of prescription opioid pain relievers – United States, 1999-2008. MMWR Morb Mortal Wkly Rep. 2011;60(43): 1487-92.

decreasing the frequency and quantity of opioid use and reducing the risk of overdose and death. Approximately one million Americans need, but do not access, treatment for an opioid addiction.[59]

OTPs are the only means of providing medication-assisted treatment (MAT) with methadone. Buprenorphine can be prescribed in an office setting by physicians who have received a waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000) provision of the Controlled Substances Act. Most physicians with a waiver to prescribe buprenorphine do not treat the maximum allowable number of patients.

In November 2016, the implementation of Section 303 of the Comprehensive Addiction and Recovery Act (CARA) enabled the Department of Health and Human Services (HHS) to announce that nurse practitioners (NPs) and physician assistants (PAs) could immediately begin taking the 24 hours of required training to prescribe buprenorphine for the treatment of opioid addiction. CARA expanded prescribing privileges to NPs and PAs for five years (until October 1, 2021). With the passage of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act in October 2018, the five-year limit on prescribing privileges for NPs and PAs was removed. Additionally, the SUPPORT Act expanded prescribing privileges to Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNSs), and Certified Nurse Midwives (CNMs) until October 1, 2023.

SAMHSA is responsible for regulating and certifying as of September, 2019, approximately 1,700 OTPs to use opioid agonist treatment medications and processing DATA waivers for qualifying practitioners and physician assistants, who wish to treat opioid use disorder with buprenorphine. SAMHSA reviews new and renewal applications for OTPs and oversees their accreditation process. OTPs are required to be accredited as a condition of certification. SAMHSA's regulation of OTPs plays a critical role in expanding access and maintaining quality. Accrediting organizations must be approved by SAMHSA to fulfill this function and this approval must be renewed every five years. SAMHSA monitors the accrediting bodies for quality assurance and improvement by making 25 to 30 site visits to programs that received accreditation review with in that year; additionally, SAMHSA can conduct unannounced OTP site visits to investigate complaints and determine compliance with federal regulations in 42 CFR Part 8.

SAMHSA implements DATA 2000 in coordination with the Drug Enforcement Administration (DEA). This includes approving waivers for qualified practitioners to provide medication-assisted treatment in office-based settings. More than 57,000 practitioners have been granted waivers since 2001. Waiver processing is conducted under a contract entitled DATA Waiver Processing and Support Project. As of July 27, 2019, SAMHSA has certified 39,791 physicians to treat up to 30 patients, 10,166 to treat up to 100 patients, and 4,984 to treat up to 275 patients.

In addition, as of July 27, 2019, SAMHSA had approved 11,945 NPs and 3,182 PAs to begin prescribing buprenorphine. Through a cooperative agreement and a supplement, SAMHSA supports the Providers' Clinical Support System (PCSS), which provides education, training and clinical mentoring to primary care providers who wish to treat opioid use disorder.

In FY 2018, SAMHSA funded 24 Provider's Clinical Support System – Universities grants. The purpose of this program is to expand and/or enhance access to medication-assisted treatment (MAT) services through ensuring the education and training of students in the medical, physician assistant and nurse practitioner fields.

In FY 2019, SAMHSA funded 20 new Provider's Clinical Support System – Universities (PCSS-U) grants, one new PCSS-MAT grant, 28 continuation PCSS-U awards, and two contract continuation awards.

In FY 2020, SAMHSA anticipates funding 49 continuation grants and two contract continuation awards.

Program Evaluation

The benefits of the Provider's Clinical Support System is that it provides the necessary skills and education for providers while they are in school. Once the provider graduates they are able to use obtain their DATA 2000 Waiver and provide much needed Medication Assisted Treatment to treat Opioid Use Disorder and combat the Opioid Epidemic. Provider's Clinical Support System Universities Grants will begin collecting performance data in December 2019, using the new Technology Transfer Center data collection tool.

Funding History

Fiscal Year	Amount
FY 2017	$8,724,000
FY 2018	$8,724,000
FY 2019	$8,724,000
FY 2020	$8,724,000
FY 2021	$8,724,000

Budget Request

The FY 2021 President's Budget is $8.7 million, level with the FY 2020 Enacted level. This request supports the Secretary's five-prong strategy to address the opioid crisis priorities. In this program, this is through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.

[59] Jones, C. M. (2013). Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers, United States, 2002-2004 and 2008-2010. Drug and Alcohol Dependence, 132(1-2):95-100.

Screening, Brief Intervention, and Referral to Treatment

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Screening, Brief Intervention and Referral to Treatment	$27,854	$30,000	$---	-$30,000
Budget Authority (non-add)	*25,854*	*28,000*	---	*-28,000*
PHS Evaluation Funds (non-add)	*2,000*	*2,000*	---	*-2,000*

Authorizing Legislation……. Section 509 of the Public Health Service Act
FY 2021 Authorization……$333,806,000
Allocation Method……Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities……...Single State Authority and Health Departments in States Territories, the District of Columbia, Federally Recognized American Indian/Alaska Native Tribes or Tribal Organizations, Domestic Public and Private Non-Profit Entities, and Public and Private Universities Colleges

Program Description and Accomplishments

Among individuals age 12 or older, 30.5 million (11.2 percent) use illicit drugs, 66.6 million (47.4 percent of current alcohol users) binge drink, and 16.7 million (25.1 percent of current alcohol users) drink heavily.[60] This imposes a great cost on society by compromising individual health and potentially causing injury to others. The National Institute on Drug Abuse found that misuse of illicit drugs, tobacco and alcohol costs society $740 billion each year.[61] Of the individuals who need treatment for substance abuse, only 10.8 percent receive treatment in a specialty treatment facility.[62] The vast majority of those meeting criteria for having a drug/alcohol addiction have not been diagnosed.

In 2003, SAMHSA started the Screening, Brief Intervention and Referral to Treatment (SBIRT) program, which is intended to help primary care physicians identify individuals who misuse substances and help them intervene early with education, brief treatment, or referral to specialty treatment. The program's goal is to increase the number of individuals who receive treatment and reduce the rate of substance misuse. Studies have shown that this approach is effective in helping reduce harmful alcohol consumption.[63,64,65]

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[60]Center for Behavioral Health Statistics and Quality. (2017). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from http://www.samhsa.gov/data/

[61] National Institute on Drug Abuse (2017), Trends and Statistics, http://www.drugabuse.gov/related-topics/trends-statistics.

[62] Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from http://www.samhsa.gov/data/

[63] Bertholet, N., Daeppen, J.-B., Wietlisbach, V., Fleming, M., & Burnand, B. (2005). *Reduction of alcohol consumption by brief alcohol intervention in primary care: systematic review and meta-analysis.* Archives of Internal Medicine 165, 986–995.

[64] Kahan, M., Wilson, L., & Becker, L. (1995). *Effectiveness of physician-based interventions with problem drinkers: A review*. Canadian Medical Association Journal, *152*, 851–859.

[65] Wilk, A.I., Jensen, N.M., and Havighurst, T.C. (1997*). Meta-analysis of randomized control trails addressing brief interventions in heavy alcohol drinkers*. Journal of General Medicine, 12 (5), 274-283.

The SBIRT program seeks to increase the use of SBIRT in medical settings by promoting wide dissemination and adoption of the practice across the spectrum of primary care services. To achieve this, SAMHSA awards state implementation grants to encourage adoption of SBIRT by healthcare providers in each state. SAMHSA also supports the SBIRT Student Training grant programs.

The SBIRT program requires state grant recipients to implement the model in all primary care settings, as well as hospitals, trauma centers, federally qualified health centers, and other relevant health care settings. Recipients may use funds to screen for substance use and co-occurring mental illness and drug/alcohol addiction. They can support evidence-based client-centered interventions, such as Motivational Interviewing, brief treatment, and referral to specialty care for individuals exhibiting addiction symptoms.

The SBIRT training program helps train a wide range of medical providers to incorporate SBIRT as part of their ongoing practice. This includes physicians, nurses, counselors, social workers, health promotion advocates, health educators, and others. A SAMHSA-funded cross-site evaluation found that allied health professionals, rather than the physicians themselves, were more likely to implement SBIRT with their patients.[66] The SBIRT Student Training and Health Professionals Training grant programs support SBIRT training efforts for medical students, medical residents, nurses, social workers, psychologists, pharmacists, dentists, and physician assistants. These efforts aim to develop further the primary healthcare workforce in substance abuse treatment and services.

Program Evaluation

SAMHSA has demonstrated the effectiveness of SBIRT and continues to disseminate SBIRT practices. For FY 2018, the program served over 77,000 clients. At six-month follow-up, 32 percent of clients reported that they were currently employed or attending school, an increase of 29.5 percent from those reporting at intake; 48.9 percent reporting that they had a permanent place to live in the community; 40.9 percent reported abstinence from substance use, a 246.6 percent increase from those reporting at intake; and 97.1 percent reported no past 30-day arrests, a 7.8 percent increase from those reporting at intake.

In FY 2019, SAMHSA funded eight continuation state cooperative agreements and 13 new SBIRT state grants to support program implementation.

In FY 2020, SAMHSA anticipates funding 21 continuation grants.

Funding History

Fiscal Year	Amount
FY 2017	$30,000,000
FY 2018	$24,700,000
FY 2019	$27,854,000
FY 2020	$30,000,000
FY 2021	---

[66] RTI International (2009). *RTI International to Evaluate Comprehensive Substance Abuse Intervention Programs for SAMHSA.*

Budget Request

The FY 2021 President's Budget is $0.0 million, a decrease of $30.0 million from the FY 2020 Enacted level. SBIRT grants will end in FY 2021. This successful demonstration has been taken up across the country and can be paid for by public and third party insurance. States are encouraged to incorporate support for the SBIRT program model with other funding sources.

Outputs and Outcomes Table

Program: Screening, Brief Intervention and Referral to Treatment

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.40 The number of clients served (Output)	FY 2019: 73,462 Target: 78,000 (Target Not Met)	73,462	Discontinued	N/A
1.2.41 Percentage of clients receiving services who had no past month substance use (Outcome)	FY 2019: 35.2 % Target: 41 % (Target Not Met)	35.2 %	Discontinued	Maintain

Targeted Capacity Expansion-General

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Targeted Capacity Expansion-General	$100,192	$100,192	$11,192	-$89,000
Other Targeted Capacity Expansion	*11,192*	*11,192*	*11,192*	---
MAT for Prescription Drug and Opioid Addiction (non-add)	*89,000*	*89,000*	---	*-89,000*

Authorizing Legislation ..... Sections 509 of the Public Health Service Act
FY 2021 Authorization $333,806,000
Allocation Method ..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities ..... Domestic Public and Private Non-Profit Entities, States, Opioid Medication-Assisted SPF Rx Treatment Service Providers, Outpatient Substance Abuse Providers, Community Mental Health Centers, Federally Qualified Health Centers, SAMHSA Certified Opioid Treatment Programs, and Licensed Outpatient Substance Abuse Treatment Programs

Program Description and Accomplishments

Urgent, unmet, and emerging substance abuse treatment and recovery support service capacity needs remain a critical issue for the nation. In an effort to assist communities in overcoming these barriers, SAMHSA initiated the Targeted Capacity Expansion (TCE) program. The program provides rapid, strategic, comprehensive, and integrated community-based responses to gaps in and capacity for substance abuse treatment and recovery support services. Examples of such needs include limited or no access to medication-assisted treatment (MAT) for opioid use disorders; lack of resources needed to adopt and implement health information technology (HIT) in substance abuse treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process.

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT -PDOA)
The MAT-PDOA program addresses treatment needs of individuals who have an opioid use disorder (OUD) by expanding/enhancing treatment system capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based MAT and recovery support services.

MAT refers to the use of the Food and Drug Administration-approved pharmacotherapies (i.e., buprenorphine products, methadone, and naltrexone products) in combination with evidence- based psychosocial interventions for treatment of OUD. MAT is a safe and effective strategy for decreasing the frequency and quantity of opioid misuse and reducing the risk of overdose and death. Recovery support services include linking patients and families to social, legal, housing, and other supports to improve retention in MAT to increase the probability of positive outcomes.

Drug overdose deaths fell significantly from 2017 to 4.1 percent for the first time in decades, the first significant decline in drug overdose deaths since the 1990's. Deaths related to prescription painkillers may be driving the trends (CDC NCHS, 2019). Data from CDC also revealed that urban areas now see more overdose deaths rates than rural areas. In 2016 and 2017, the overall drug overdose death rate was 22.0 per 100,000 in urban counties compared to 20.0 per 100,000 for rural

counties (** NCHS Data Brief # 345, August 2019). While prescription opioid overdoses are falling, other overdose categories continue to show troubling increases. Synthetic opiates including fentanyl continue to drive tens of thousands of deaths in 2018. Despite these troubling statistics, significant gaps persist between treatment needs and capacity. In 2012, 48 states and the District of Columbia reported levels of opioid addiction that were higher than their rates of MAT capacity. Furthermore, 38 states reported that at least 75 percent of their opioid treatment programs (OTPs) were operating at 80 percent or greater capacity. [67]

The MAT-PDOA continuation grants expect to increase the number of individuals receiving services with pharmacotherapies approved by the Food and Drug Administration for the treatment of opioid use disorder (OUD); increase the number of individuals receiving integrated care; decrease the illicit opioid drug use at 6-month follow-up; and decrease prescription opioid use in a non-prescribed manner at 6-month follow-up.

The new MAT-PDOA grants will expand/enhance access to medication-assisted treatment (MAT) services for persons with an opioid use disorder (OUD) seeking or receiving MAT. This program's focus is on funding organizations and tribes/tribal organizations within states identified as having the highest rates of primary treatment admissions for heroin and opioids per capita and includes those states with the most dramatic increases for heroin and opioids, based on SAMHSA's 2015 Treatment Episode Data Set (TEDS). The desired outcomes include: 1) an increase in the number of individuals with OUD receiving MAT 3) a decrease in illicit opioid drug use and prescription opioid misuse at six-month follow-up.

Program Evaluation

MAT-PDOA state grants: In 2017, approximately 3,100 individuals were served through the MAT-PDOA state grant program. At six-month follow-up, 60 percent of individuals served reported abstinence from illicit drug use at 6-month follow up equaling the 60 percent target. In 2018, there were approximately 4,400 clients served through the MAT-PDOA state grant program.

In FY 2018 SAMHSA funded 11 continuation MAT-PDOA state grants; and in FY 2019 funded six continuation grants.

MAT-PDOA expansion: In FY 2018, SAMHSA expanded its funding criteria to include state, political subdivisions in states, nonprofit organizations within states and tribes. SAMHSA funded 128 new MAT- PDOA grants, 20 of which were tribes, to support program implementation and provided supplemental funding for direct technical assistance to the new FY 2018 grantees.

In FY 2019, SAMHSA funded an additional 30 unfunded applications from the FY 2018 funding opportunity announcement.

In FY 2020, SAMHSA anticipates continuing funding for 156 grants and awarding eight unfunded applications from the FY 2018 funding opportunity announcement.

Targeted Capacity Expansion-Technology Assisted Care (TCE-TAC)

[67]Jones, C. M., Campopiano, M., Baldwin, G., McCance-Katz, E. (2015). National and state treatment need and capacity for opioid agonist medication-assisted treatment. *American Journal of Public Health*, 105(8), e55-c63.

Access to treatment remains inadequate for underserved populations living with drug/alcohol addiction and/or co-occurring mental illness and drug/alcohol addiction, such as those living in rural areas. A key component of this access challenge relates to a lack of dependable transportation and many organizations experience significant financial constraints in serving these rural populations. SAMHSA believes that behavioral healthcare providers who use health information technology (HIT) can help patients improve their access to necessary care and prevention services. For example, tele-health and tele-psychiatry can bring addiction medicine providers to clients in areas without local specialists. Web-based tools can improve communication and help deliver much-needed support and education. Health information technology approaches can also enable providers to document and coordinate better mental and substance abuse treatment services directly or via tele-psychiatry or telemedicine with families and other providers and specialists.

SAMHSA established the TCE-TAC grant program to address the lack of resources in the field necessary to adopt and implement health information technologies, including electronic health records (EHRs), smart phones, tablets, web-based technologies and applications to support tele- psychiatry and telemedicine. The program also addresses the behavioral healthcare providers' need to expand and/or enhance their ability to communicate effectively with individuals in treatment, as well as monitor their health to ensure treatment and prevention services are available when and where needed.

TCE-TAC and its predecessor program, Targeted Capacity Expansion-Health Information Technology (TCE-HIT), have improved care delivery in 48 behavioral healthcare organizations across 23 states. In FY 2017, the TCE-TAC program included 12 additional grantees bringing the total number of grantees since 2011 to 60 behavioral healthcare organizations. Grantees have deployed all of the above-mentioned technologies to provide substance abuse treatment services directly or via remote service delivery (i.e., tele-psychiatry and telemedicine). In FY 2017, the TCE-TAC and TCE- HIT programs served roughly 882 individuals. As of August 2018, TCE-TAC program served roughly 981 unduplicated individuals, an increase of 99 individuals from the previous year. More specifically, there were 580 men (59.1 percent) and 400 (40.8 percent) women served. Health information technology clearly holds great potential for increasing access to treatment services and providing reliable exposure to meaningful health information for underserved individuals with mental illness and alcohol/drug addiction. Providing the means to sustain this technology is likely to be an ongoing challenge for these and similarly situated organizations.

In FY 2018, SAMHSA funded 13 TCE-TAC grant awards for implementation and supplement for direct technical assistance.

Targeted Capacity Expansion-Peer to Peer (TCE-PTP)

Peer support is built on the premise that individuals in recovery from drug/alcohol addiction can be of great value through the sharing of their lived recovery experiences with those attempting to achieve and sustain recovery. Peer recovery support services, as an adjunct to clinical treatment, extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking to achieve or sustain recovery from drug/alcohol addiction. Peer support and peer recovery support services have proven to reduce healthcare costs. Research studies indicate that recovery support service adjuncts appear to be helpful over and above treatment alone.

There is a growing need to train and certify existing peer providers to address the increasing demand and diverse settings in which peer providers are employed. Since 2002, SAMHSA has awarded over 59 grants to community-based organizations to provide peer recovery support services to individuals in or seeking recovery from drug/alcohol addiction and their families. The primary objective of these services is to help individuals and families in search of recovery to obtain much needed support, sustain clinical treatment gains, engage in healthy community living, and improve overall quality of life. This grant program incorporates a peer-to-peer model, capitalizing on the expertise of those individuals with similar lived experience.

The TCE-PTP program has reached over 16,000 individuals and their families. Significant strides have been made in helping program participants secure and maintain sobriety, cultivate employment and educational opportunities, enhance their sense of social connection, improve their housing stability, and decrease involvement with the criminal justice system.

Program Evaluation

Since the program's inception, TCE-Peer-to-Peer has supported individuals in achieving and sustaining sobriety, and enhancing their education/employment opportunities as well as their housing stability. As of September 29, 2019, 17 of the TCE-PTP grants will be ending leaving the four (4) grants funded in FY 2019 for $250,000 each annually. These programs represent Recovery Community Organizations (RCOs) that provide peer-to-peer services to individuals in need of recovery support services (RSS) while addressing their substance use disorder (SUD) issues. Peer recovery support takes the form of outreach and engagement in a variety of settings (e.g. hospital ED, jails, institutions, homeless shelters, etc.), peer recovery coaching to individuals before, during, after, or in lieu of treatment, and peer navigator services (i.e. assisting individuals in recovery to obtain a driver's license, employment, housing, childcare, etc.). Grantees are engaged in some or all of these activities. In this last grant cycle, the portfolio has served over 5,000 program participants to date. At six-month follow-up, more than 80 percent of program participants were able to maintain or engage in abstinence in the six months before their assessment. Significantly, their rates of enrollment in educational programs and/or securing employment increased 69 percent. In addition, stability in housing witnessed a 50 percent increase among participants.

Targeted Capacity Expansion – Special Projects

SAMHSA funded the TCE- Special Projects program beginning in FY 2019. The purpose of this program is to develop and implement targeted strategies for substance use disorder treatment provision to address a specific population or area of focus identified by the community. The purpose of the TCE program is to address an unmet need or underserved population; this program aims to enable a community to identify the specific need or population it wishes to address through the provision of evidence-based substance use disorder treatment and/or recovery support services.

In FY 2019, SAMHSA funded 23 new TCE-Special Projects grants and four continuation TCE-PTP grants.

In FY 2020, SAMHSA anticipates funding 27 continuation grants for TCE-PTP and TCE-Special Projects.

The output and outcome measures for TCE-TAC, TCE-PTP, and TCE – Special Projects are part of the Treatment - Other Capacity Activities Outputs and Outcomes table shown on page 223.

Funding History

Fiscal Year	Amount
FY 2017	$67,192,000
FY 2018	$95,192,000
FY 2019	$100,192,000
FY 2020	$100,192,000
FY 2021	$11,192,000

Budget Request

The FY 2021 President's Budget is $11.2 million, a decrease of $89.0 million from the FY 2020 Enacted level. This will continue support for TCE-PTP and TCE-Special Projects, but will end grants associated with MAT-PDOA. This funding is reallocated to the State Opioid Response grant program. These activities can be supported through the State Opioid Response grant program. SAMHSA will fund 23 TCE-Special Projects continuation grants and four new grants.

Outputs and Outcomes Table

Program: Medication-Assisted Treatment for Prescription Drug and Opioid Addiction

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.3.01 Number of admissions for Medication Assisted Treatment (Output)	FY 2019: 3158 Target: 4400 (Target Not Met)	3158	Discontinued	-3158
1.3.02 Number of clients receiving integrated care (Output)	FY 2018: 1243 Target: 1301 (Target Not Met)	1243	Discontinued	-1243
1.3.03 Illicit drug use at 6-month follow-up (Outcome)	FY 2019: 57 % Target: 62 % (Target No Met)	57 %	Discontinued	-57 %

Pregnant and Postpartum Women

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Pregnant and Postpartum Women.....	$29,931	$31,931	$31,931	$---

Authorizing Legislation…….Section 508 of the Public Health Service Act
FY 2021 Authorization.....$29,931,000
Allocation Method.....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.....Domestic Public and Private Non-Profit Entities

Program Description and Accomplishments

Pregnant and post-partum women with a SUD need specialized treatment that focuses on their unique needs and the needs of their families. From 1992 to 2012, a steady four percent of women admitted to treatment for drug/alcohol addiction were pregnant. From FY 2003 through FY 2015, 28.4 percent of pregnant and postpartum women who had custody of their children at intake reported illegal drug use in the past 30 days.[68] Since many traditional substance abuse treatment programs do not allow for the inclusion of children, a woman may be torn between the need to care for her dependent children and her need for treatment.[69] The most popular drugs used by pregnant women are tobacco products, alcohol and marijuana. The nation's opioid crisis has also added to this challenge for many pregnant and parenting women. The proportion of pregnant women entering treatment who reported any prescription opioid misuse increased substantially from two percent in 1992 to 28 percent in 2012, an increase of 173 percent, from 351 to 6,087 women.[70] The proportion of pregnant women who entered treatment and reported prescription opioids as their primary substance use increased from one percent in 1992 to 19 percent in 2012, an increase of 344 percent, from 124 to 4,268 women.[71]

Since 2003, the Pregnant and Postpartum Women program (PPW) has used a family-centered approach to provide comprehensive residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and for other family members (e.g., fathers of the children). The family-centered approach includes partnering with others to leverage diverse funding streams, encouraging the use of evidence-based practices, supporting innovation, and developing workforce capacity to meet the needs of these families. The PPW program provides services not covered under most public and private insurance.

Services Available:
Based on an in-depth review of cross-site evaluation and performance data in FY 2014, SAMHSA built the current PPW program model on an evidence-based approach for serving pregnant and post-partum women in need of residential substance abuse treatment. The PPW family-centered

[68] Internal SAMHSA performance data
[69] Center for Substance Abuse Treatment. *Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series 51*. HHS Publication No. (SMA) 09-4426. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009.
[70] Martin, C. E., Longinaker, N., & Terplan, M. (2015). *Recent trends in treatment admissions for prescription opioid abuse during pregnancy.* Journal of substance abuse treatment, 48(1), 37-42.
[71] Ibid.

approach includes a variety of services and case management for women, children, and families. Services provided to women include: outreach; engagement; pre-treatment; screening and assessment; detoxification; substance misuse education; treatment; relapse-prevention; healthcare services, including mental health services; postpartum health care, including attention to depression, anxiety, and medication needs; parenting education and interventions; home management and life skills training, education, testing, and counseling; and treatment of hepatitis, HIV/AIDS, and other sexually transmitted diseases.

Services available to children include screening and developmental diagnostic assessments addressing social, emotional, cognitive, and physical well-being; and interventions related to mental, emotional, and behavioral wellness.

Services for families are family-focused programs that support family strengthening, including involvement with the child's other parent. The PPW program also supports tobacco use counseling and interventions, screening and assessment for Fetal Alcohol Syndrome Disorders, and a trauma-informed approach.

In FY 2018, SAMHSA funded 19 new PPW residential treatment grants and 19 continuation PPW grants, and supplements for direct technical assistance.

In FY 2019, SAMHSA funded 36 residential treatment continuation grants, three new grants, and supplements for direct technical assistance.

In FY 2020, SAMHSA anticipates funding 39 residential treatment continuation grants and supplements for direct technical assistance.

Pregnant and Postpartum Women Pilot

Section 501 of the Comprehensive Addiction and Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. Historically, the PPW program has only supported the provision of residential treatment services.

The PPW pilot provides grants to states to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot.

In FY 2018, SAMHSA funded three new state PPW pilot grants and three continuation state PPW pilot grants, supplements for direct technical assistance, and one continuation evaluation contract.

In FY 2019, SAMHSA funded six pilot continuation grants.

In FY 2020, SAMHSA plans to fund three pilot continuation grants, and three new grants.

Program Evaluation

In FY 2017, SAMHSA began a three-year PPW cross-site evaluation to examine the effectiveness of the PPW Pilot Program. The evaluation results will be used broadly to improve the collective understanding about effective components of the continuum of care for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including whether the PPW Pilot Program is an effective approach to increase access to the use of medication-assisted treatment.

The Pregnant and Postpartum Women Program has enhanced and expanded statewide capacity to offer comprehensive family-centered treatment, prevention and recovery services in residential and nonresidential treatment settings for pregnant and postpartum women, their minor children (age 17 and under), fathers of the children, partners of the women, and other family members of the women and children. The program has demonstrated benefits in the following: increasing access to medications for substance use disorders, mental disorders, and primary health conditions; integrating peer recovery approaches to engage and retain women in care; incorporating home visiting as part of the continuum of care, as a key strategy, to extend services to support recovery; and providing opportunities to increase access to care for diverse populations of women, particularly for those living in rural and remote locations in southern states.

Funding History

Fiscal Year	Amount
FY 2017	$19,931,000
FY 2018	$29,931,000
FY 2019	$29,931,000
FY 2020	$31,931,000
FY 2021	$31,931,000

Budget Request

The FY 2021 President's Budget is $31.9 million, level with the FY 2020 Enacted level. SAMHSA intends to fund three PPW pilot continuations, three new pilot grants, 39 residential treatment grant continuations, to provide an array of services and supports to pregnant women and their children.

Outputs and Outcomes Table

Program: Pregnant and Postpartum Women Program

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.84 Number of admissions of women who are currently pregnant or have a child to substance abuse treatment programs (Output)	FY 2018: 801.0 Target: 801.0 (Baseline)	825.0	825.0	Maintain
1.2.85 Percentage of PPW clients reporting no drug use in the past month at six month follow-up (Outcome)	FY 2019: 86.9 Target: 90.0 (Target Not Met)	90.0	90.0	Maintain
1.2.86 Percentage of PPW clients who reported substance misuse at intake, percent who report reduction in substance misuse at six month follow-up (Outcome)	FY 2019: 94.0 Target: 87.0 (Target Exceeded)	89.0	89.0	Maintain
1.2.87 Percentage of PPW clients who reported child/children not living with client at intake, percent who report child/children is living with client at six month follow-up (Outcome)	FY 2018: 46.0 Target: 46.0 (Baseline)	50.0	55.0	+5
1.2.88 Number of women who are currently pregnant or have a child who receive SUD and related treatment services (Outcome) (Outcome)	FY 2018: 897.0 Target: 897.0 (Baseline)	1,800.0	1,800.0	Maintain

Recovery Community Services Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Recovery Community Services Program.....	$2,434	$2,434	$2,434	$---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2021 Authorization.....$333,806,000
Allocation Method..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities .....Family/Consumer Controlled Organizations, Domestic Public and Private Non-Profit Organizations in States, Territories, and Tribes, Recovery Community Organizations of Domestic Private Non-Profit Entities in States, Territories, and Tribal Organizations

Program Description and Accomplishments

An estimated 24 million people in the United States are in recovery from addiction to alcohol and other drugs.[72] As public education increases, there is broader acknowledgement of addiction as a treatable condition that needs to be managed over the course of a lifetime. More people in recovery are now willing to be open about their own recovery and to share their experience to help others attempting to achieve recovery. Through the use of their lived experience, individuals in recovery can provide support and hope to those newly seeking recovery.

Since 1998, SAMHSA has recognized the value of supporting recovery through peers and other recovery supports, and has provided funding through the Recovery Community Services Program (RCSP). RCSP was designed to assist recovery communities to strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from alcohol/other drug addiction across the nation. The delivery of recovery support services (RSS) by people in recovery is known as peer recovery support services (PRSS). PRSS are a vital component in helping individuals and families address substance abuse in the context of chronic disease management, especially when delivered by a Peer (often known as a Recovery Coach, Peer Specialist, or Peer Mentor). SAMHSA initiated RCSP to help build an infrastructure for PRSS programs to support the development and expansion of peer recovery services. These peer services are most frequently offered by Recovery Community Organizations (RCOs).

Though the RCSP was a services program from 2002-2010, it was evident that this approach needed to be taken system-wide to have a broader effect. Many states finally recognize the value of addiction peer recovery services; however, further efforts are required to realize the potential of these services and supports at a system-wide level. The infusion of these services into state systems ensures the wide scale adoption of peer recovery support. By developing a workforce of trained and certified peers and engaging recovery community organizations in the full continuum of treatment and recovery services, states have the ability to enhance their systems to ensure holistic approaches to care. SAMHSA supports this state system development effort through the RCSP Statewide Network grant program. Since the inception of the RCSP, over 120 grants have been

[72] Partnership for Drug Free Kids, March, 20152012. Retrieved from http://www.drugfree.org/newsroom/survey-ten-percent-of-american-adults-report-being-in-recovery-from-substance-abuse-or-addiction

awarded to RCOs to expand PRSS locally and lay the groundwork for a national network of PRSS programs.

Recovery Community Services Program Statewide Network (RCSP-SN)

The RCSP-SN grant program supports a statewide approach to enhance the presence of people with lived experience in recovery from drug/alcohol addiction as key partners in state systems, as well as building a peer workforce. Activities include collaborating on local and state workforce development, developing linkages with other organizations that promote recovery throughout the state, and participating in policy, planning, and program development discussions at the state, community, and local level. Involving recovery community leaders and key stakeholders in decision-making helps states to design peer services and PRSS programs that are authentic to the recovery experience, complementary to clinical practice, demonstrate strong recovery outcomes, and are sustainable over time. The statewide networks help to ensure the development of a trained, qualified, and effectively supervised peer workforce.

Workforce outcomes for the program include the expanding the extent of training provided, increasing the number of people trained, enhancing trainee satisfaction, and the effectiveness of information presented. Other key outcomes include: the number of RCOs that have been linked across the state; the number of state-sponsored events where participation of the statewide network occurred; the effects of linkages with behavioral health and other health systems; the outcomes of program activities on raising awareness about addiction peer recovery support; and the number of policy/program discussions which included addiction peer recovery support as a result of project efforts.

In addition to workforce development, the 13 RCSP-SN grants enhance the presence of RCOs as key partners in treatment, recovery, and affiliated health systems. RCSP-SN grantees are engaged in regional and/or statewide infrastructure or capacity building activities where grantees seek to leverage resources, educate state legislatures and senior executive branch level leaders, and the public about the importance of recovery supports. A primary goal for these grants is to ensure that those in their respective jurisdictions regard the stakeholders in the recovery community as critical partners in state and local planning and when discussing the funding of and planning for treatment and recovery support services. In addition to public health messaging, all grantees work to reduce stigma around SUDs by engaging family members, civic institutions, and the public at large. Recovery Month activities, held each September, are another way these programs enhance the voice of recovery through activities like recovery walks and rallies. These projects continue to emphasize the importance of sustainability through the diversification of revenue streams by RCOs working with their state Medicaid Plan Offices and local Managed Care Organizations interested in Recovery Support Services (RSS) to seek reimbursement for the delivery of peer-based recovery support services in statewide reform initiatives.

Due to the nature of these programs, data is almost strictly limited to qualitative reporting in the form of Best Practices reflecting events and activities conducted, trainings held, technical assistance provided, and participant input and feedback offered accordingly. For the 13 grantees, Best Practices findings thus far indicate over 2,800 participants have been served, an 86 percent participant coverage rate, and 396 events have been held over the past two years achieving a 125 percent event coverage rate.

In FY 2018, SAMHSA funded 10 continuation RCSP-SN grants and three new grants.

In FY 2019, SAMHSA funded 13 RCSP-SN continuation grants. In addition, these grantees received supplements for direct training and technical assistance.

In FY 2020, SAMHSA anticipates funding three RCSP-SN continuation grants, and nine new RCSP grants.

The output and outcome measures for Recovery Community Services Program are part of the Treatment - Other Capacity Activities Outputs and Outcomes table shown on page 223.

Funding History

Fiscal Year	Amount
FY 2017	$2,434,000
FY 2018	$2,434,000
FY 2019	$2,434,000
FY 2020	$2,434,000
FY 2021	$2,434,000

Budget Request

The FY 2021 President's Budget is $2.4 million, level with the FY 2020 Enacted level. SAMHSA intends to fund the continuation of nine RCSP grants, and three new grants to continue the efforts of building addiction recovery networks throughout the nation and the collaboration among peer-run organizations.

Children and Families

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Children and Families	$29,605	$29,605	$29,605	$---

Authorizing Legislation ..... Sections 509 and 514 of the Public Health Service Act
FY 2021 Authorization $29,605,000
Allocation Method ..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities ..... Single States Agencies in States, Territories, District of Columbia, public and private non-profit entities, Federally Recognized American Indian/Alaska Native Tribes Tribal Organizations, and health facilities or programs operated by or in accordance with a contract or grant with the Indian Health Service

Program Description and Accomplishments

Substance abuse plays a significant role in the lives of many children and youth (ages 12 to 25) throughout the nation. In 2018, approximately 8 percent of adolescents between the ages of 12 and 17 and 24 percent of youth between the ages of 18 and 25 reported current illicit drug use. Less than two percent of adolescents between the ages of 12 and 17, and 10 percent of youth between the ages of 18 and 25 met the criteria for an alcohol use disorder. Many of these youth have co-occurring mental and substance use disorders. Most substance abuse begins during adolescence, making this developmental period a critical time for intervention. Approximately four percent of admissions to substance abuse treatment facilities were adolescents in 2017. Sixty-one percent of infants and 41 percent of older children involved in the child welfare system have at least one parent who is using alcohol or other drugs. Of children removed from their household and placed in foster care, nearly 35 percent can attribute the removal to instances where one or both parents had substance misuse or substance use disorders.

SAMHSA's Children and Families program makes appropriate treatment available to youth and their families/caregivers to reduce the impact of substance abuse and/or co-occurring mental and substance abuse on communities in the U.S.

Substance Abuse Treatment for Youth

In 2015, less than 7 percent of adolescents ages 12 to 17 and 8 percent of youth ages 18 to 25 who needed treatment received the needed treatment at a specialty facility.[73] Youth have psychological, developmental, and emotional needs that are distinct from adults. The neurological and developmental differences between youth and adults require tailored treatment and recovery approaches for youth with alcohol/other drug addiction.

SAMHSA's programs to treat youth with addiction and/or co-occurring substance abuse and mental disorders address gaps in service delivery by providing services for youth and their families and primary caregivers using effective evidence-based, family-centered practices. SAMHSA supports a youth treatment grant initiative at the state, territorial, and tribal levels. The populations of focus for the initiatives are adolescents (ages 12 to 17), transition-aged youth (ages 18 to 25), and their families and caregivers.

This initiative helps to further the use of, and access to, effective evidence-based family-centered treatment approaches for youth with alcohol/other drug addiction. It supports training across participating states and collaboration between local community-based providers and their state, tribal, or territorial infrastructure. The services provided include evidence-based assessment and treatment interventions appropriate for adolescents and transition age youths.

In FY 2018, SAMHSA developed a new grant program called Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE). Its purpose is to enhance and expand comprehensive treatment, early intervention, and recovery support services for adolescents (ages 12-18), transitional aged youth (ages 16-25), and their families/primary caregivers with SUD and/or co-occurring substance use and mental disorders. Eligibility includes public and private non-profit entities. Youth and Family TREE is focused on: increasing the unduplicated number of individuals served with evidence-based services and practices; increasing abstinence from the use of opioids, alcohol, marijuana, and other substances; increasing access, engagement, and retention in treatment, including medication assisted treatment; improving parenting skills and family functioning; improving mental health; and increasing access to health services for underserved populations, specifically federally recognized American Indian/Alaskan Native tribes and tribal organizations.

In FY 2018, SAMHSA funded 31 new Youth and Family TREE grants, 11 continuing youth treatment implementation grants for program implementation, and supplements for direct technical assistance. Note that 11 of the 31 new grants are federally recognized American Indian/Alaskan Native tribes and tribal organizations.

In FY 2019, SAMHSA funded four new Youth and Family TREE grants, 31 continuing Youth and Family TREE grants, 11 continuing youth treatment implementation grants, and supplements for direct technical assistance.

In FY 2020, SAMHSA plans to fund 35 Youth and Family TREE continuation grants and 11 continuing youth implementation grants.

Program Evaluation

Based on FY 2019 data to date for adolescent treatment programs, 50.6 percent of clients report abstinence from substance use at a six-month follow-up, 86.2 percent of clients report being engaged in employment of educational activities and 67.7 percent of clients report having a stable place to live.

The percentage of matched-case clients who reported that they had injected drugs within the past 30 days decreased from 9.5 percent at intake to 2.7 percent at 6-month follow-up (N=451); the percentage of clients who reported having unprotected sexual contact increased from 76.1percent at intake to 77 percent at 6-month follow-up (N=113); the percentage of clients who reported having

unprotected sexual contact with an individual who is or was HIV+ or has AIDS within the past 30 days remained the same at zero percent between intake and 6-month follow-up (N=71); the percentage of clients who reported having unprotected sexual contact with an injection drug user within the past 30 days decreased from 17 percent at Intake to 7 percent at 6-Month Follow-Up (N=71); and the percentage of clients who reported having unprotected sexual contact with an individual high on some substance decreased from 25 percent at intake to 14 percent at 6-month follow-up (N=71).

Addressing Child Abuse and Neglect

SAMHSA and the Administration for Children and Families (ACF) collaborate to address child abuse and neglect by supporting a National Center on Substance Abuse and Child Welfare (NCSACW). NCSACW provides training and technical assistance to improve collaborative practices among agencies and organizations that serve families affected by substance use disorders and involvement with child welfare services. From January 2018 through November 2018, NCSACW responded to 562 requests for technical assistance and facilitated 55 events (including site visits, conference presentations, and webinars and virtual trainings) attended by an estimated 4,730 participants.

The NCSACW website receives approximately 60,000 visitors per year and features resources, reports, guidance documents, webinar recordings, and videos. NCSACW provides three web-based tutorials on serving families affected by substance use disorders for three audiences: substance use disorder treatment, child welfare, and court professionals. From 2007 through October 2018, there were 38,952 tutorial completions with a 97 percent completion rate. NCSACW provides a child welfare training toolkit entitled Helping Child Welfare Workers Support Families with Substance Use, Mental, and Co-Occurring Disorders Training Package to educate child welfare professionals about substance use and mental health disorders. This is among families involved in the child welfare system and is currently revising the content of this training toolkit to highlight new research and best practices, working with families affected by opioid use disorders and developing Plans of Safe Care. NCSACW's activities have assisted professionals throughout the nation to improve cross-system collaboration and meet child welfare requirements for timely child permanency decisions.

NCSACW continues to provide training and technical assistance to tribes, state agencies, and communities to develop collaborative approaches to the treatment of pregnant women with opioid use disorders and their infants and families. Since August 2016, NCSACW has disseminated SAMHSA's A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical and Service Providers to child welfare, substance use treatment, dependency court, and medical professionals. The publication has been downloaded over 2,700 times from the NCSACW website from its 2016 release through October 2018. In addition, the NCSACW is providing In-Depth TA (IDTA) on addressing the needs of pregnant and parenting women with opioid and other substance use disorders and their infants and families to the five states. Since September 2016, NCSACW has responded to 652 TA requests on Plans of Safe Care, the provisions related to prenatal substance exposure in the Child Abuse and Prevention Treatment Act (CAPTA), and infants with prenatal substance exposure.

In May 2018, NCSACW facilitated a Tri-Regional Convening focused on pregnant and parenting women with substance use disorders and changes to the Child Abuse Prevention and Treatment Act (CAPTA) by the Comprehensive Addiction and Recovery Act (CARA) regarding identification, notification and monitoring of plans of safe care for infants affected by substance abuse, withdrawal symptoms or fetal alcohol spectrum disorders. NCSACW used their TA tool A Planning Guide: Steps to Support a Comprehensive Approach to Plans of Safe Care to support the 17 state teams from Regions 4, 6 & 7 in action planning for development or enhancement of collaborative approaches to Plans of Safe Care.

In FY 2018 and FY 2019, SAMHSA provided continuation support for the NCSACW technical assistance contract. In FY 2020, SAMHSA plans to continue support of this technical assistance contract.

The output and outcome measures for Children and Families are part of the Treatment - Other Capacity Activities Outputs and Outcomes table shown on page 223.

Funding History

Fiscal Year	Amount
FY 2017	$29,605,000
FY 2018	$29,605,000
FY 2019	$29,605,000
FY 2020	$29,605,000
FY 2021	$29,605,000

Budget Request

The FY 2021 President's Budget level is $29.6 million, level with the FY 2020 Enacted. SAMHSA intends to fund 11 new State and Tribal Youth Implementation grants. These new grants will support states and tribes who have not previously received funds under this initiative. This will enable states to fund youth treatment capacity. Additionally, 35 Youth and Family Tree continuation grants will be funded. These funds will continue to address the gaps in substance abuse treatment by providing services for youth, their families, and caregivers. These funds will also continue to support for the NCSACW technical assistance contract.

Treatment Systems for Homeless

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Treatment Systems for Homeless	$36,386	$36,386	$36,386	$---

Authorizing Legislation ..... Section 506 of the Public Health Service Act
FY 2021 Authorization $41,304,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities ..... States, Domestic Public and Community Organizations, Private Nonprofit Entities, and Community-based Public or Nonprofit Entities

Program Description and Accomplishments

SAMHSA's Treatment Systems for Homeless portfolio supports services for those with alcohol/other drug addiction and who are experiencing homelessness, including youth, veterans, and families.

The number of individuals experiencing chronic homelessness declined by 26 percent, or over 31,173 people, between 2007 and 2018.[74] On a single night in January 2018, 552,830 people were experiencing homelessness in the United States. Of these individuals, 96,913 were experiencing chronic homelessness, 111,122 had severe mental illness, 86,647 were affected by chronic substance abuse, and 37,878 were veterans.[75]

Many factors contribute to the problem of homelessness, including lack of affordable housing, foreclosures, rising housing costs, job loss, underemployment, mental illness, and drug/alcohol addiction. The progress made to date in reducing homelessness points to improvement in services, as well as the effectiveness of collaboration across all levels, from the federal government to state governments and community systems. The U.S. Interagency Council on Homelessness, in which HHS participates, has set aggressive goals to prevent and end homelessness. These goals include ending homelessness among veterans, people with disabilities, families with children, unaccompanied youth, and all other individuals. The services and support offered through SAMHSA's Treatment Systems for Homeless programs are crucial to achieving these goals.

SAMHSA manages the following Treatment Systems for Homelessness grant programs:

[74] The U.S Department of Housing and Urban Development, Office of Community Planning and Development (2018). The 2018 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Retrieved from https://www.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf

[75] U.S. Department of Housing and Urban Development (HUD) 2018 Continuum of Care (CoC) Homeless Populations and Subpopulations Report – Retrieve from https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2018.pdf

Cooperative Agreement to Benefit Homeless Individuals (CABHI)

In FY 2011, SAMHSA initiated the Cooperative Agreement to Benefit Homeless Individuals (CABHI) program, jointly funded by the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) (Treatment for Homeless line) to support treatment services and the development and expansion of local systems that provide permanent housing and supportive services. This includes integration of treatment and other critical services for individuals with substance use disorders, SMI, or co-occurring mental and substance use disorders.

In FY 2019, SAMHSA funded 16 CABHI continuation grants with grant supplements for direct technical assistance.

Program Evaluation

Based on FY 2018 data for CABHI programs, 60.0 percent of clients report abstinence from substance use at a six-month follow- up, while approximately 28.7 percent of clients report being employed or engaged in productive activities and 54.3 percent of clients report having a permanent place to live in the community.[76]

Grants for the Benefit of Homeless Individuals (GBHI)

The GBHI program supports the development and/or expansion of local implementation of a community infrastructure that integrates treatment and recovery support services for substance use disorders or co-occurring mental and substance use disorders, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

In FY 2018, SAMHSA funded 33 new GBHI grants and 17 GBHI continuation grants, with grant supplements for direct technical assistance. SAMHSA also supported a contract for direct technical assistance.

In FY 2019, SAMHSA funded 22 new GBHI grants and 50 continuation grants with grant supplements for direct technical assistance, and provided continued support for the technical assistance contract.

In FY 2020, SAMHSA anticipates funding 14 new GBHI grants and 72 continuation grants.

Program Evaluation

Based on FY 2018 data for GBHI programs, 51.3 percent of clients reported abstinence from substance use at a six-month follow-up, while approximately 30.6 percent of clients reported being employed or engaged in productive activities and 33.0 percent of clients reported having a permanent place to live in the community.[77]

[76] SPARS. (2018). Retrieved from www.samhsa-gpra.samhsa.gov.
[77] SPARS. (2018). Retrieved from www.samhsa-gpra.samhsa.gov.

Funding History

Fiscal Year	Amount
FY 2017	$36,386,000
FY 2018	$36,386,000
FY 2019	$36,386,000
FY 2020	$36,386,000
FY 2021	$36,386,000

Budget Request

The FY 2021 President's Budget is $36.4 million, level with the FY 2020 Enacted level. This funding is to support grants to reduce homelessness for nearly 5,000 people. SAMHSA intends to fund 86 GBHI continuation grants with grant supplements for direct technical assistance.

Outputs and Outcomes Table

Program: Treatment System for Homelessness (GBHI)

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
3.4.23 The number of clients served (Output)	FY 2019: 3521 Target: 4600 (Target Not Met)	3521	3521	Maintain
3.4.24 Percentage of homeless clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2019: 34.4 % Target: 20 % (Target Exceeded)	34.4 %	34.4 %	Maintain
3.4.25 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2019: 31.1 % Target: 70 % (Target Not Met)	31.1 %	31.1 %	Maintain

Minority AIDS

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Minority AIDS	$65,570	$65,570	$65,570	$---

Authorizing Legislation……Section 509 of the Public Health Service Act
FY 2021 Authorization.....$333,806,000
Allocation Method.....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities .....Domestic Public and Private Non-Profit Entities

Program Description and Accomplishments

SAMHSA's Minority AIDS Initiative (MAI) funded programs are making a significant contribution in addressing HIV and hepatitis infection by facilitating the development and expansion of culturally competent and effective community-based treatment systems for substance use and co-occurring mental disorder treatment within racial and ethnic minority communities. The purpose of the Targeted Capacity Expansion-HIV program is to increase engagement in care for racial and ethnic minority individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for HIV or HIV positive that receive HIV services/treatment. Populations of focus for the TCE-HIV programs include African American, Hispanic/Latina, and other racial/ethnic minority women ages 18 years and older; black young men who have sex with men (YMSM) (ages 18-29); other high-risk populations such as Latino YMSM and men who have sex with men (MSM) (ages 30 years and older); and gay, bisexual, and transgender individuals who have a SUD or COD, are HIV positive or at risk for HIV/AIDS and hepatitis. The MAI program, along with many other HIV/AIDS programs across HHS, supports and contributes to the goals of a new initiative to eliminate new HIV infections in our nation entitled '*Ending the HIV Epidemic: A Plan for America'* with reaching particularly vulnerable populations.

Between FY 2000 to FY 2018, the TCE-HIV program served 154,454 clients. Significant steps have been taken to increase abstinence, employment and educational opportunities, social connectedness and housing stability. In FY 2019, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 62.3 percent between intake to 6-month follow-up (N=1,483). Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 4.7 percent (N=1,443). In addition, the percentage of clients who were employed or attending school increased by 40.6 percent between intake to 6-month follow-up (N=1,455). Those clients who reported being socially connected increased by 5.6 percent from intake to 6-month follow-up (N=1,466). The percentage of clients who reported housing stability increased by 8.4 percent between intake and 6-month follow-up (N=1,485)[78].

[31] SAMHSA. (2019, August). CSAT GPRA Modernization Act Discretionary Services Tools. Retrieved from https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services

In FY 2018, SAMHSA funded 36 new TCE-HIV grants, 59 TCE-HIV continuations, and supplements for direct technical assistance.

In FY 2019, SAMHSA funded 26 new TCE-HIV grants, 95 TCE-HIV continuation grants, and supplements for direct technical assistance.

In the FY 2020, SAMHSA will fund 121 continuation grants.

Funding History

Fiscal Year	***Amount***
FY 2017	$65,125,000
FY 2018	$64,534,000
FY 2019	$65,570,000
FY 2020	$65,570,000
FY 2021	$65,570,000

Budget Request

The FY 2021 President's Budget is $65.6 million, level with the FY 2020 Enacted level. SAMHSA plans to fund 121 continuation grants.

Criminal Justice Activities

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Criminal Justice Activities	$89,000	$89,000	$89,000	$---
Other Criminal Justice Activities (non-add)	*19,000*	*19,000*	*19,000*	---
Drug Court Activities (non-add)	*70,000*	*70,000*	*70,000*	---

Authorizing Legislation ..... Section 509 of the Public Health Service Act
FY 2021 Authorization $333,806,000
Allocation Method ..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities ..... Domestic Public and Private Non-Profit Entities, Operational Individual Misdemeanor and Felony Adult Criminal Courts, Municipal Courts, Tribal, State, Local Government Proxies, Government with Direct Involvement with Adult Criminal Courts, Tribal Organizations and Individual Adult Tribal Healing to Wellness Courts, and Public or private universities and colleges and Community- and faith-based organizations

Program Description and Accomplishments

SAMHSA's Criminal Justice portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with drug/alcohol addiction and/or co-occurring drug/alcohol addiction and mental illness.

Drug Courts

According to a 2017 Bureau of Justice Statistics (BJS) Special Report, approximately 14 percent of state and federal prisoners, and 26 percent of jail inmates reported experiences that met the threshold for serious psychological distress (SPD) in the 30 days prior to a survey that was conducted between February 2011 and May 2012.[79] More than half (58 percent) of state prisoners and two-thirds (63 percent) of sentenced jail inmates met the criteria for drug dependence or abuse, according to data collected 2007-2009.[80] An estimated 42 percent of state prisoners and 49 percent of jail inmates met the criteria for both a mental illness and drug/alcohol addiction.[81] According to BJS, there were 10.6 million jail admissions in 2016.[82] At mid-year 2016, city and county jails held over 740,000 individuals.[83] Although the corrections system faced a decline in its prison population

[79] Bronson, J., & Berzofsky, M., (2017). Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12. Washington, D.C.: Bureau of Justice Statistics. Available: https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf

[80] Bronson, J., Stroop, J., Zimmer, S. & Berzofshi, M., (2017). Drug Us, Dependence, and Abuse AmongState prisoners and jail Inmates, 2007-2009. Washington, D.C.: Bureau of Justice Statistics. Available: https://www.bjs.gov/content/pub/pdf/dudaspji0709.pdf

[81] James, D. J., & Glaze, L. E. (2006). *Highlights mental health problems of prison and jail inmates*. Retrieved from https://www.bjs.gov/index.cfm?ty=pbdetail&iid=789

[82] Zeng, Z. (2018). *Jail Inmates in 2016*. Washington, D.C.: Bureau of Justice Statistics. Available: https://www.bjs.gov/content/pub/pdf/ji16.pdf

[83] Ibid.

for the third consecutive year, more than 1.5 million Americans were incarcerated in 2016.[84] In 2016, the rate of imprisonment for adult Americans was 450 per 100,000 U.S. residents.[85]

Referral source for substance abuse treatment

The criminal justice system was the major source of referrals to substance abuse treatment, with probation or parole referrals representing the largest proportion of criminal justice system referrals to treatment.[86]

Most probation or parole referrals to treatment were men between the ages of 18 and 44. The most common substances reported by these referrals were alcohol, marijuana, and methamphetamine.[87]

Drug Court Purpose

Drug courts are designed to combine the sanctioning power of courts with effective treatment services for a range of populations with circumstances, such as alcohol and/or other drug use, child abuse/neglect, criminal behavior, or people with mental illness. Drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to intervene and break the cycle of substance misuse, addiction, and crime. Stakeholders work together to give individual clients the opportunity to improve their lives, including recovery from substance drug/alcohol addiction, and develop the capacity and skills to become fully functioning parents, employees, and citizens.

Why fund drug courts?

Many drug courts lack sufficient funding or the ability to implement evidence-based practices for substance abuse treatment and recovery services.[88] Through its Treatment Drug Court grant programs, SAMHSA seeks to reduce this gap in treatment services while also improving treatment services by requiring that evidence-based practices be used. SAMHSA's interest is to support and shape treatment drug courts that serve clients with drug/alcohol addiction in the respective problem-solving court models as long as the court meets all the elements required for drug courts. The intent is to meet the treatment needs of clients using evidence-based practices consistent with the disease model and the problem-solving model, rather than with the traditional court case-processing model. A long-term goal of this program is to build sustainable systems of care for individuals needing treatment drug court services. SAMHSA's Treatment Drug Court grant programs seek to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served.

Drug Court Services

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[84] Carson, E. A. (2018). *Prisoners in 2016*. Washington, D.C.: Bureau of Justice Statistics. Available: https://www.bjs.gov/content/pub/pdf/p16.pdf

[85] Ibid.

[86] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2005-2015. National Admissions to Substance Abuse Treatment Services. BHSIS Series S-91, HHS Publication No. (SMA) 17-5037. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.

[87] SAMHSA. (2015). *Criminal and Juvenile Justice*. Retrieved from http://www.samhsa.gov/criminal-juvenile-justice

[88] SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. (n.d.). *Adult Mental Health Treatment Courts Database*. Retrieved from http://gainscenter.samhsa.gov/judgescourts/courtsjudges.asp

SAMHSA's Adult Drug Court programs support a variety of services including direct treatment services for diverse populations, wraparound and recovery support services such as recovery housing and peer recovery support services designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements.

Medication-Assisted Treatment

SAMHSA's Adult Drug Court grant programs are encouraged to use part of their annual award to provide medication-assisted treatment (MAT) and are required to ensure that drug courts funded by SAMHSA-funded drug courts cannot deny the use of Food and Drug Administration (FDA)-approved medications for opioid addiction to drug court clients. Drug court judges, however, retain judicial discretion in cases where specified conditions for pharmacotherapy provisions were not met.

Evidence-based Services

These grant programs use existing evidence from numerous studies to support current programs and new proposals. There have been more than 125 evaluation and research studies of the effectiveness of drug courts in addition to Government Accountability Office reports. SAMHSA requires evidence-based practices from federal inventories to be used. SAMHSA also has regular communications with the National Association of Drug Court Professionals to obtain and incorporate the latest findings and field expertise.

Program Evaluation

Performance data show that these grant programs are effective in improving the lives of drug court participants. Based on FY 2018 SAMHSA data, 4,927 clients received services through SAMHSA's Adult Treatment Drug Court Programs. Of these clients at six-month follow-up, 87.0 percent reported that they did not use alcohol or illegal drugs within the past 30 days. Additionally, there was an 8.9 percent increase from intake that had no involvement with the criminal justice system, a 47.2 percent increase of adult clients that were either employed or attending school, and a 39.5 percent increase in clients who had a permanent place to live in the community.

Criminal Justice Drug Court and Reentry funded programs expand and enhance substance use disorder (SUD) treatment services to adults involved in the Criminal Justice system. They provide recovery support services, screening, assessment, case management, and program coordination to defendants/offenders to facilitate successful reentry to their communities. The desired outcome is to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties, and encourage stable work and home environments.

Family Treatment Drug Courts

The purpose of the Family Treatment Drug Court (FTDC) program is to expand substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to parents with a SUD and/or co-occurring SUD and mental disorders, who have had a dependency petition filed against them or are at risk of such filing. FTDCs are expected to provide a coordinated, multi-system approach designed to combine the sanctioning power of treatment drug courts with effective treatment services promoting successful family preservation and reunification. FTDCs assist participants in reducing the rates of substance misuse, the severity of SUDs and co-occurring

disorders, and decreasing out of home placements for children through family reunification and preservation. This should also decrease the number of parents or guardians whose parental rights have been or will be terminated.

Based on FY 2018 SAMHSA data, 1,062 clients received services through SAMHSA's Family Drug Court Programs. Of these clients at six-month follow-up, 89 percent reported that they did not use alcohol or illegal drugs within the past 30 days, an increase of 25.9 percent. Additionally, there was a 7.3 percent increase from intake that had no involvement with the criminal justice system, a 42.8 percent increase of adult clients that were either employed or attending school, and 39.2 percent increase in clients who had a permanent place to live in the community.

Program Evaluation

SAMHSA is conducting an evaluation of 17 grantees for which funding ended in September 2018. The final evaluation report is due April 2020.

In FY 2018, the program served approximately 200 clients. At six month follow-up, 66.5 percent reported being employed or attending school, an increase of 4 percent over those reporting at intake; 43.7 percent reported stability in housing, an increase of 1.5 percent over those reporting at intake; 55.7 percent reported abstinence from substance use, an increase of 175 percent over those reporting at intake; and 96.8 percent reported no criminal justice involvement, an increase of 4.1 percent over those reporting at intake.

In FY 2019, SAMHSA funded 46 new drug court grants, including one Tribe/Tribal organization, 134 drug court grant continuations, and one contract.

In FY 2020, SAMHSA plans to fund 25 new drug court grants, at least 5 will be Tribes/Tribal organizations, pending sufficient applications, 156 drug court grant continuations, and one contract.

Criminal Justice Other/Offender Reentry Program

In addition to the drug court portfolio, SAMHSA supports the Offender Reentry Program (ORP) grants, as well as other criminal justice activities, such as a regional and national criminal justice technical support contract. Studies show that only about 10 percent of individuals involved with the criminal justice system who are in need of substance abuse treatment receive it as part of their justice system supervision. Approximately one-half of the institutional treatment provided is educational programming.[89] During the past decade, awareness of the need for a continuum of care of services for adult offenders has grown as states and local communities have struggled with the increasing number of these individuals returning to the community after release from correctional confinement. ORP grants provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. ORP grant services include screening, comprehensive individual assessment for substance use and/or co-occurring mental disorders, program and case management, and alcohol and other drug treatment. Other supported services include wraparound and recovery support services such as recovery housing and peer recovery support designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements. SAMHSA's

[89] Taxman FS, Perdoni ML, Harrison LD. (2007). Drug treatment services for adult offenders: The state of the state. Journal of Substance Abuse Treatment 32(3), 239-254.

ORP grants are encouraged to use part of their annual award to provide medication-assisted treatment with FDA-approved medications.

Program Evaluation

Performance data show that these grant programs are effective in improving the lives of Offender Reentry Program court participants. Based on FY 2018 SAMHSA data, 1,415 clients received services through SAMHSA's Offender Re-entry Programs. Of these clients at six-month follow-up, 64.5 percent reported that they did not use alcohol or illegal drugs within the past 30 days, an increase of 145 percent. Additionally, there was a 3.9 percent increase from intake that had no involvement with the criminal justice system, a 219.6 percent increase of adult clients that were either employed or attending school, and 669.2 percent increase in clients who had a permanent place to live in the community.

In FY 2019, SAMHSA funded two new ORP grants and 32 ORP grant continuations.

In FY 2020, SAMHSA plans to fund nine new ORP grants and 23 ORP grant continuations.

Funding History

Fiscal Year	Amount
FY 2017	$74,000,000
FY 2018	$89,000,000
FY 2019	$89,000,000
FY 2020	$89,000,000
FY 2021	$89,000,000

Budget Request

The FY 2021 President's Budget is $89.0 million, level with the FY 2020 Enacted level. SAMHSA intends to support 54 new drug court grants, 92 drug court continuation grants, and one contract. SAMHSA intends to fund 11 new and five continuation ORP grants, and one contract.

Outputs and Outcomes Table

Program: Criminal Justice - Drug Courts

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.72 Percentage of adult clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2019: 66.1 % Target: 50 % (Target Exceeded)	66.1 %	66.1 %	Maintain
1.2.73 Percentage of adult clients receiving services who had a permanent place to live in the community (Outcome)	FY 2019: 47.3 % Target: 35 % (Target Exceeded)	47.3 %	47.3 %	Maintain
1.2.74 Percentage of adult clients receiving services who had no involvement with the criminal justice system (Outcome)	FY 2019: 92.8 % Target: 85 % (Target Exceeded)	92.8 %	92.8 %	Maintain
1.2.76 Percentage of adult clients receiving services who had no past month substance use (Outcome)	FY 2019: 87.3 % Target: 72 % (Target Exceeded)	87.3 %	87.3 %	Maintain
1.2.79 Number of adult clients served (Output)	FY 2019: 5,809 Target: 5,700 (Target Exceeded)	5,809	5,809	Maintain

Outputs and Outcomes Table

Program: Criminal Justice - Ex-Offender Re-Entry Program

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.80 Number of clients served (Outcome)	FY 2019: 1,661 Target: 1,300 (Target Exceeded)	1,661	1,661	Maintain
1.2.81 Percentage of clients who had no past month substance use (Outcome)	FY 2019: 62.2 % Target: 70 % (Target Not Met)	62.2 %	62.2 %	Maintain
1.2.84 Percentage of clients receiving services who had no involvement with the criminal justice system (Outcome)	FY 2019: 86.8 % Target: 93 % (Target Not Met)	86.8 %	86.8 %	Maintain

Outputs and Outcomes Table

Program: Treatment - Other Capacity

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.25 Percentage of adults receiving services who had no past month substance use (Outcome)	FY 2019: 73.9 % Target: 67 % (Target Exceeded)	70 %	70 %	Maintain
1.2.26 Number of clients served (Output)	FY 2018: 30,175 Target: 20,310 (Target Exceeded)	32,000	35,000	+3,000
1.2.27 Percentage of adults receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2019: 71.7 % Target: 47 % (Target Exceeded)	71.7 %	71.7 %	Maintain
1.2.28 Percentage of adults receiving services who had a permanent place to live in the community (Outcome)	FY 2019: 62.6 % Target: 47 % (Target Exceeded)	50 %	50 %	Maintain
1.2.29 The percentage of adults receiving services who had no involvement with the criminal justice system (Outcome)	FY 2019: 96.8 % Target: 97.5 % (Target Not Met)	96.8 %	96.8 %	Maintain

Building Communities of Recovery (BCOR)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Building Communities of Recovery.....	$6,000	$8,000	$8,000	$---

Authorizing Legislation Section 302 of the Comprehensive Addiction and Recovery Act of 2016
FY 2021 Authorization.....$5,000,000
Allocation Method.....Grants/Contracts
Eligible Entities .....Primary care, child welfare system, criminal justice system

Program Description and Accomplishments

Peer services play a vital role in assisting individuals in achieving recovery from substance use disorders. Recovery Community Organizations (RCOs) are central to the delivery of those services. In FY 2017, SAMHSA funded a new cohort of grant through the Comprehensive Addiction Recovery Act (CARA) Building Communities of Recovery (BCOR) program. The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as promotion of and education about recovery. Programs are designed to be overseen by people in recovery from SUDs who reflect the community served.

Grants support linkages between recovery networks and a variety of other organizations, systems, and communities, including primary care, other recovery networks, the child welfare system, the criminal justice system, housing services, and education/employment systems. Grantees will also work to reduce negative attitudes, discrimination, prejudice, and stigma around addiction and recovery.

In FY 2018, SAMHSA funded 19 new grants, and provided continuation awards to five grants for a total of 24 BCOR grants. Moreover, these grantees received supplements for direct technical assistance.

In FY 2019, SAMHSA funded five new BCOR awards and 23 BCOR continuation grants.

In FY 2020, SAMHSA plans to fund five new grants and 22 continuation grants.

Program Evaluation

These grants aim to mobilize resources within and outside of the recovery community and increase the prevalence and quality of long-term recovery support from substance use and addiction. The programs support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of, and education about, recovery. They are managed and implemented primarily by people with lived experience and who are in recovery from substance use disorders and addiction and reflect the community being served. Grantees are using funds to 1) build connections and linkages between recovery networks, between RCOs, and other Recovery Support Services (RSS); 2) reduce the stigma associated with addiction; and 3) conduct public education and outreach on issues relating to addiction and recovery.

BCOR grant recipients have provided peer-related services to nearly 1,500 program participants achieving an almost 75 percent Intake Coverage Rate. At six-month follow-up participants have demonstrated a remarkable 137 percent improvement in obtaining education/employment and a 120 percent significant increase in housing stability. Many BCOR grantees opted to pursue non-service oriented, or Best Practices, goals and objectives such as statewide networking and infrastructure development in their grant applications. Thus, these programs are reporting data to SPARS related to events, training activities, and the participants. In an effort to enhance program success and performance, as well as ensure long-term sustainability, the majority of BCOR grantees have a program evaluator.

Funding History

Fiscal Year	Amount
FY 2017	$3,000,000
FY 2018	$5,000,000
FY 2019	$6,000,000
FY 2020	$8,000,000
FY 2021	$8,000,000

Budget Request

The FY 2021 President's Budget is $8.0 million, level with the FY 2020 Enacted level. These funds will support 20 new grants and eight continuation grants for the Building Communities of Recovery program to develop, expand, and enhance recovery support services.

Outputs and Outcomes Table

Program: Building Communities for Recovery

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.80 Number of clients receiving recovery services (Output)	FY 2019: 343.0 Target: 300.0 (Target Exceeded)	343.0	343.0	Maintain
1.2.81 Clients who report not having stable housing at baseline who report having stable housing at six-month follow-up (Outcome)	FY 2019: 47.4 Target: 27.0 (Target Exceeded)	47.4	47.4	Maintain
1.2.82 Percent of clients who report not being employed (full-time or part-time) or in school at baseline who report having employment or being in school at follow-up (Outcome)	FY 2019: 64.5 Target: 36.0 (Target Exceeded)	64.5	64.5	Maintain

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
SAT Minority Fellowship Program.....	$4,789	$4,789	$4,789	$---

Authorizing Legislation .....Section 597 of the Public Health Service Act
FY 2021 Authorization.....$12,669,000
Allocation Method.....Grants/Contracts
Eligible Entities .....Organizations that represent individuals obtaining post-baccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling

Program Description and Accomplishments

SAMHSA's Minority Fellowship Program (MFP) increases behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The mental health and substance use needs of racial and ethnic minority communities in the United States have been historically underserved due to a variety of factors. These include a limited number of post-baccalaureate (including master's and doctoral level) trained professionals in psychiatry, psychology, nursing, social work, marriage and family therapy, mental health counseling, and substance use and addictions counseling who are equipped with the skills and cultural competencies needed to deliver effective services. Since its start in 1973, the program has helped to enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, and psychology. In 2006, the program expanded to include marriage and family therapists and later added professional counselors specializing in addiction. In FY 2018, an additional program was created to address specialized training in addiction psychiatry, psychology, and addiction medicine. Professional guilds receive competitively awarded grants, and then competitively award the stipends to graduate and post-graduate students pursuing a degree in corresponding professional fields.

This program is jointly administered by the Center for Substance Abuse Treatment (CSAT), the Center for Substance Abuse Prevention (CSAP), and the Center for Mental Health Services (CMHS) at SAMHSA. CSAT also funded one additional grant for to support the program that specializes in fellowships for addiction psychiatry, psychology, and addiction medicine.

Combined, these programs will support fellowships for hundreds of students as well as support additional training through webinars on culturally appropriate services to thousands of students.

In FY 2018, SAMHSA funded eight new MFP grants and one MFP technical assistance contract.

In FY 2019, SAMHSA funded eight continuation grants and one contract.

In FY 2020, SAMHSA funded eight continuation grants and one contract.

Funding History

Fiscal Year	Amount
FY 2017	$3,539,000
FY 2018	$4,539,000
FY 2019	$4,789,000
FY 2020	$4,789,000
FY 2021	$4,789,000

Budget Request

The FY 2021 President's Budget is $4.8 million, level with the FY 2020 Enacted level. SAMHSA will continue to fund eight grants.

Addiction Technology Transfer Centers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Addiction Technology Transfer Centers.....	$9,046	$9,046	$9,046	$---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2021 Authorization.....$333,806,000
Allocation Method..... Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities .....Domestic Public and Private Non-Profit Entities

Program Description and Accomplishments

Misuse of, and addiction to alcohol, tobacco, and illicit drugs cost Americans more than $700 billion a year in increased healthcare costs, crime, and lost productivity.[90, 91] Recently, the nation's attention has been on the increase misuse of opioids. The majority of drug overdose deaths (more than six out of ten) involved an opioid.[92] Alcohol/other drug addiction is treatable and research has led to development of medications and evidence-based psychosocial interventions that help people achieve recovery and resume productive lives. One critical need is to help recruit, train, and support treatment providers in the use of evidence-based practices.

The purpose of the Technology Transfer Centers is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment and recovery support services for substance use disorder (SUD) and mental illness. The program's mission is to help people and organizations to incorporate effective evidence based practices into substance use disorder and mental health prevention, treatment and recovery services. Together the Network serves the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands.

After 25 years of conducting training workshops, translating research into bite-size pieces for curricula or stand-alone products, and creating opportunities for performance feedback to enhance skill development, the Addiction Technology Transfer Centers (ATTCs) are improving and updating their programs to offer novel training and technical assistance (TA) options that include multiple learning components in new delivery formats focused on changing practices.

In 2017 SAMHSA funded a new five-year cycle of the ATTC program (2017-2022) which is comprised of ten regional centers (one in each HHS Region), one coordinating center, and two national focus-area centers: the National American Indian and Alaska Native ATTC and the National Hispanic and Latino ATTC. SAMHSA recently completed the continuation application for these 13 centers (FY 2019) which are entering their third year of their current program cycle.

[90] National Institute for Drugs and Alcohol. (2015). *Trends and Statistics*. Retrieved from NIH/NIDA: http://www.drugabuse.gov/related-topics/trends-statistics
[91] National Institute for Drugs and Alcohol. (2015). *Trends and Statistics*. Retrieved from NIH/NIDA: http://www.drugabuse.gov/related-topics/trends-statistics
[92] Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep. ePub: 16 December 2016

To date, under the current cycle (2017-2022), the 13 ATTCs combined have delivered training and technical assistance for over 43,000 healthcare professionals and paraprofessionals who deliver services for patients with substance use disorders.

In FY 2018, the ATTC program continued with its mission of helping people and organizations to incorporate effective practices into substance use disorder treatment and recovery services. Together the 13 centers coordinated several webinars and learning collaborative series, developed several products and online trainings to address the opioid crisis and provided consultation to professional and paraprofessional throughout the US and its territories.

Program Evaluation

In FY 2019, SAMHSA is funding a two-year grant to evaluate the ATTC program. The ATTC evaluation will start on September 30, 2019 and it will be completed by September 29, 2021.

In FY 2020, SAMHSA will continue to fund the ATTC program (year 4 of the current cycle) and the network will continue to focus on delivering training and technical assistance for providers who are serving patients with substance use disorders by improving their capacity and understanding of evidence based practices, especially practices that are effective in combating the opioid crisis.

Building on a rich history, the ATTC Network continuously strives to improve the quality of addictions treatment and recovery services by facilitating alliances among front line counselors, treatment and recovery services agency administrators, faith-based organizations, policy makers, the health and mental health communities, consumers and other stakeholders. By connecting these providers to the latest research and information through activities such as skills training, academic education, online and distance education, conferences, workshops, and publications, the ATTC Network continues to respond to the emerging needs of the field.

Funding History

Fiscal Year	Amount
FY 2017	$9,046,000
FY 2018	$9,046,000
FY 2019	$9,046,000
FY 2020	$9,046,000
FY 2021	$9,046,000

Budget Request

The FY 2021 President's Budget is $9.0 million, level with the FY 2020 Enacted level. SAMHSA plans to fund 12 continuation grants. Funding will allow the ATTC grantees to disseminate evidence-based, promising practices to addiction treatment and recovery professionals, public health and mental health personnel, institutional and community corrections professionals, and other related disciplines.

Improving Access to Overdose Treatment

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Improving Access to Overdose Treatment.....	$1,000	$1,000	$1,000	$---

Authorizing Legislation Section 302 of the Comprehensive Addiction and Recovery Act of 2016
FY 2021 Authorization.....$12,000,000
Allocation Method.....Grants/Contracts
Eligible Entities .....Primary care, child welfare system, criminal justice system

Program Description and Accomplishments

Drug overdose deaths and opioid-involved deaths continue to increase in the United States. In 2018, there were 67,367 drug overdose deaths in the United States. Synthetic opioids are the main driver of drug overdose deaths. SAMHSA's Opioid Overdose Prevention Toolkit helps reduce the number of opioid-related overdose deaths and adverse events. The Improving Access to Overdose Treatment (CARA) grant program utilizes this toolkit and other resources to help grantees train and provide resources to health care providers and pharmacists on the prescribing of drugs or devices approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose.

Further, the Improving Access to Overdose Treatment (CARA) grant program addresses the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (including prescription opioids as well as illicit drugs such as heroin).

SAMHSA awarded one (1) Improving Access to Overdose Treatment (CARA) grant in FY 2017. The grantee partners with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. After developing best practices, the grantee will train other prescribers in key community sectors as well as individuals who support persons at high risk for overdose. This grant program also ensures the grantee establishes protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication-assisted treatment and appropriate counseling and behavioral therapies.

In FY 2018, SAMHSA awarded five Improving Access to Overdose Treatment (CARA) grants.
In FY 2019, SAMHSA funded five continuation grants.
In FY 2020, SAMHSA plans to fund five continuation grants.

Program Evaluation

In FY 2018, 15 programs or best practices were developed for prescribing or co-prescribing FDA-approved opioid-overdose reversal drugs or devices. This number of programs are expected to be maintained annually through FY 2021.

In FY 2018, 1,341 individuals were trained on prescribing FDA-approved opioid-overdose reversal drugs or devices for emergency treatment of known or suspected opioid overdose. This number of trained prescribers is expected to be maintained through FY2021.

Funding History

Fiscal Year	Amount
FY 2017	$1,000,000
FY 2018	$1,000,000
FY 2019	$1,000,000
FY 2020	$1,000,000
FY 2021	$1,000,000

Budget Request

The FY 2021 President's Budget is $1.0 million, level with the FY 2020 Enacted level. SAMHSA will support five grants to continue increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder.

Outputs and Outcomes Table

Program: Improving Access to Overdose Treatment

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
5.2.0 Number of programs or best practices developed for prescribing or co-prescribing FDA-approved opioid-overdose reversal drugs or devices. (Output)	FY 2018: 15.0 Target: 15.0 (Baseline)	15.0	15.0	Maintain
5.2.1 Number trained on prescribing FDA-approved opioid-overdose reversal drugs or devices for emergency treatment of known or suspected opioid overdose. (Output)	FY 2018: 1,341.0 Target: 1,341.0 (Baseline)	1,341.0	1,341.0	Maintain

First Responder Training for Opioid Overdose Reversal Drugs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
First Responder Training (CARA).....	$36,000	$41,000	$41,000	$---
First Responder Training (non-add).....	*18,000*	*18,000*	*18,000*	---
Rural Set-Aside (non-add).....	*18,000*	*23,000*	*23,000*	---

Authorizing Legislation ..... Section 546 of the PHS Act
FY 2021 Authorization $36,000,000
Allocation Method…….....Competitive Grants
Eligible entities……States, local government entities, federally recognized American Indian/Alaska Native tribe or tribal organizations

Program Description and Accomplishments

Drug overdose deaths take too many lives. Increased use of overdose reversal drugs can help reduce the number of overdose deaths.

The purpose of this program, authorized under Section 202 of CARA, is to help first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. This program includes a broader eligibility than state-based Grants to Prevent Opioid Overdose-related Death program. The program allows for much needed services to reach local and tribal areas. The First Responder Training program also includes a set-aside to address the critical needs of rural populations.

Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. In FY 2018, SAMHSA funded 27 new grants under the Comprehensive Addiction and Recovery Act (CARA). In FY 2019, Congress appropriated funding for this program under Substance Abuse Treatment to continue to support the continuation grants.

Program Evaluation

In FY 2018, 30,313 Naloxone (or other FDA-approved) kits were distributed. Approximately the same number of kits will be distributed in FY 2019. Based upon estimates provided from grantees, approximately the same number of kits will be distributed in FY 2020 and 2021.

In FY 2018, 5,983 first responders were trained on how to administer Naloxone (or other FDA approved drug or device). Approximately the same number of first responders will be trained in FY 2019 through FY 2021.

In FY 2018, SAMHSA awarded 14 new grants and 21 continuation grants.

In FY 2019, SAMHSA funded 20 new grants and 34 continuation grants.

In FY 2020, SAMHSA anticipates funding 58 continuation grants and four new grants.

Funding History*

Fiscal Year	Amount
FY 2017	$12,000,000
FY 2018	$36,000,000
FY 2019	$36,000,000
FY 2020	$41,000,000
FY 2021	$41,000,000

*This activity was funded under the Substance Abuse Prevention appropriation in 2017 and 2018.

Budget Request

The FY 2021 President's Budget is $41.0 million, level with the FY 2020 Enacted level. SAMHSA plans to fund 14 new First Responder Training grants. SAMHSA will continue to provide grants to key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved and cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. The First Responders Program aims to decrease opioid overdose mortality and prevalence of opioid use disorders in rural communities. SAMHSA will also continue to support grants to rural public and non-profit fire and emergency medical services agencies to recruit and train personnel and acquire emergency medical services equipment as required by the Occupational Safety and Health Administration.

Outputs and Outcomes Table

Program: First Responder Training-CARA

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
5.0.1 Number of FDA-approved overdose reversing medication kits (Output)	FY 2018: 30,313.0 Target: 30,313.0 (Baseline)	30,313.0	30,313.0	Maintain
5.1.1 Number of first responders trained how to administer FDA-approved overdose reversing medication kits (Output)	FY 2018: 5,983.0 Target: 5,983.0 (Baseline)	5,983.0	5,983.0	Maintain

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths.	$12,000	$12,000	$12,000	$---

Authorizing Legislation ..... Section 516 and Section 546 of the PHS Act
FY 2021 Authorization..... $12,000,000
Allocation Method..... Competitive Grants, Contracts
Eligible Entities ..... States, local government entities, federally recognized American Indian/Alaska Native tribe or tribal organizations

Program Description and Accomplishments

Opioid overdose is a significant contributor to accidental deaths among those who use, misuse, or abuse illicit and prescription opioids (including synthetics such as fentanyl).[93] Opioids include illegal drugs such as heroin, as well as prescription medications used to treat pain. These prescription medications include morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo), and buprenorphine (Subutex, Suboxone). Opioids bind to specific receptors in the brain, spinal cord, and gastrointestinal tract and reduce the body's perception of pain. As opioids reduce pain, they induce a slight sense of euphoria, which can lead to overuse.

In 2018, SAMHSA revised its Opioid Overdose Prevention Toolkit, a resource which has been vital in helping reduce the number of opioid-related overdose deaths and adverse events. The Toolkit was the first federal resource that includes safety and prevention information for individuals at risk for overdose. The toolkit provides information on how to recognize and respond appropriately to overdose, identifies specific drug-use behaviors to avoid, and describes the role of overdose reversing drugs in preventing death from an overdose. A growing evidence base suggests that overdose reversal drugs are a cost-effective method to reducing opioid overdose deaths.

As the rates of prescription drug abuse, heroin abuse, illicit synthetic opioid abuse, overdoses, and opioid-related overdose deaths increase, communities are searching for ways to reduce the death rate from opioid-related overdoses.

SAMHSA awarded 13 grants to states for the Grants to Prevent Prescription Drug and Opioid Overdose-related Deaths program, which helps states identify communities of high need and provide education, training, and resources necessary to meet their specific needs. The grant funds can be used for purchasing overdose reversing drugs, equipping first responders with them, providing training on their use, developing other overdose-related death prevention strategies, and providing materials to assemble and disseminate overdose kits. These grantees are also required to develop a dissemination plan and a training course tailored to meet the needs of first responders in

[93] National Institute on Drug Use (NIDA). America's Addiction to Opioids: Heroin and Prescription Drug Abuse. (2014) Available from URL: http://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/americas-addiction-to-opioids-heroin-prescription-drug-abuse#_ftnref4

their communities. The course uses SAMHSA's Opioid Overdose Prevention Toolkit as a guide and includes a comprehensive prevention program that will focus on prevention, treatment, and recovery services in order to decrease the likelihood of drug overdose recurrence.

In FY 2020, SAMHSA anticipates funding 12 continuation awards.

Program Evaluation

In FY 2018, 44,348 Naloxone (or other FDA-approved) kits were distributed. This number exceed the previous target of 20,000 kits. SAMHSA estimates that that the same number of kits (44,348) will continue to be distributed in each of FY 2019, FY 2020, and FY 2021.

In FY 2018, 20,036 laypersons were trained how to administer Naloxone (or other FDA approved drug or device). This number exceeded the target of 2,000. SAMHSA estimates that this number of people will also be served in each of FY 2019, FY 2020, and FY 2021.

Funding History*

Fiscal Year	Amount
FY 2017	$12,000,000
FY 2018	$12,000,000
FY 2019	$12,000,000
FY 2020	$12,000,000
FY 2021	$12,000,000

[1*]This activity was funded under the SAP appropriation in FY 2017 and FY 2018.

Budget Request

The FY 2021 President's Budget is $12.0 million, level with the FY 2020 Enacted level. This funding will provide 14 new grants to states to reduce the number of opioid overdose-related deaths. Funding will help states purchase overdose reversing drugs, equip first responders in high-risk communities, support education on the use of naloxone and other overdose-related death prevention strategies, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts.

Outputs and Outcomes Table

Program: PDO/Naloxone

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
5.0 Number of Naloxone (or other FDA-approved) kits distributed (Output)	FY 2018: 44,348.0 Target: 20,000.0 (Target Exceeded)	44,348.0	44,348.0	Maintain
5.1 Number of lay persons trained how to administer Naloxone (or other FDA approved drug or device). (Output)	FY 2018: 20,036.0 Target: 2,000.0 (Target Exceeded)	20,036.0	20,036.0	Maintain

Grants to Develop Curricula for DATA Act Waivers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Grants to Develop Curricula for DATA Act Waivers.....	$---	$---	$4,000	$4,000

Authorizing Legislation ..... Section 3203 of the SUPPORT for Patients and Communities Act
FY 2021 Authorization.....$4,000,000
Allocation Method.....Competitive Grants
Eligible Entities .....……Medical school, physician assistant schools, and schools of nursing (programs for nurse practitioners will be focus)

Program Description and Accomplishments

The purpose of this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, is to expand access to substance use disorder treatment by supporting grants to accredited schools of allopathic medicine or osteopathic medicine and teaching hospitals located in the United States to support the development of curricula that meet the requirements the Controlled Substances Act with respect to the treatment and management of opiate-dependent patients.

Funding History

Fiscal Year	Amount
FY 2017	---
FY 2018	---
FY 2019	---
FY 2020	---
FY 2021	$4,000,000

Budget Request

The FY 2021 President's Budget is $4.0 million, an increase of $4.0 million from the FY 2020 Enacted level. This funding will support 117 grants.

Peer Support Technical Assistance Center

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Peer Support TA Center.....	$---	$1,000	$1,000	$---

Authorizing Legislation...Section 7152 of the SUPPORT for Patients and Communities Act (Sec. 547A of the PHS Act)
FY 2021 Authorization.....$1,000,000
Allocation Method.....Competitive Grants
Eligible Entities .....Recovery Community Organizations

Program Description and Accomplishments

The purpose of this new program, which is authorized by section 7152 of the SUPPORT for Patients and Communities Act (P.L. 115-271), is to provide funding for the creation of a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, or the Center. The Center provides technical assistance and support to recovery community organizations and peer support networks. The technical assistance is related to training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations.

Funding History

Fiscal Year	Amount
FY 2017	---
FY 2018	---
FY 2019	---
FY 2020	$1,000,000
FY 2021	$1,000,000

Budget Request

The FY 2021 President's Budget is $1.0 million, level with the FY 2020 Enacted level**.**

Outputs and Outcomes Table

Program: Peer Support Technical Assistance Center

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
TBD. Number of people train for the support of the recovery community organizations and peer support networks. (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain
TBD. Number trained on technical assistance, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations. (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain

Emergency Department Alternatives to Opioids

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Emergency Department Alternatives to Opioids.....	$---	$5,000	$5,000	$---

Authorizing Legislation ..... Section 7091 of the SUPPORT for Patients and Communities Act
FY 2021 Authorization.....$5,000,000
Allocation Method.....Competitive Grants
Eligible Entities ..... Hospitals and Emergency Departments

Program Description and Accomplishments

The purpose of this new program, which is authorized by section 7091 of the SUPPORT for Patients and Communities Act (P.L. 115-271) is to provide funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. In addition, these funds will be used to target common painful conditions, train providers and other hospital personnel, and provide alternatives to opioids for patients with painful conditions.

Funding History

Fiscal Year	Amount
FY 2017	---
FY 2018	---
FY 2019	---
FY 2020	$5,000,000
FY 2021	$5,000,000

Budget Request

The FY 2021 President’s Budget level is $5.0 million, level with the FY 2020 Enacted**.**

Outputs and Outcomes Table

Program: Emergency Department Alternative to Opioids

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
TBD. Number of people train for the providers and other hospital personnel. (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain
TBD. Number trained on alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain

Treatment, Recovery, and Workforce Support

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Treatment, Recovery, and Workforce Support.....	$---	$4,000	$4,000	$---

Authorizing Legislation ..... Section 7183 of the SUPPORT for Patients and Communities Act
FY 2021 Authorization..... $4,000,000
Allocation Method.....Competitive Grants
Eligible Entities ..... SSAs, Tribes and Tribal Organizations, Entities that offer treatment or other services following a drug overdose (e.g., emergency departments)

Program Description and Accomplishments

The purpose of this new program, which is authorized by section 7081 of the SUPPORT for Patients and Communities Act, is to support the implementation of voluntary programs for care and treatment of individuals after a drug overdose, as appropriate, which may include utilizing recovery coaches, establishing policies and procedures that address the provision overdose reversal medication and FDA-approved medications to treat substance use disorders, and establishing integrated models of care for individuals who have experienced a non-fatal drug overdose. SAMHSA is directed, in consultation with the Secretary of Labor, to award competitive grants to entities to carry out evidence- based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.

Funding History

Fiscal Year	Amount
FY 2017	---
FY 2018	---
FY 2019	---
FY 2020	$4,000,000
FY 2021	$4,000,000

Budget Request

The FY 2021 President’s Budget is $4.0 million, level with the FY 2020 Enacted level**.**

Outputs and Outcomes Table

Program: Treatment, Recovery, and Workforce Support

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
TBD. Number of people participate in the workforce. (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain
TBD. Number of people received treatment and recovery to live independently. (Output)	FY 2020: Result Expected December 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain

SAMHSA/Substance Abuse Treatment
PRNS Mechanism Table Summary

(Dollars in thousands)

Program Activity	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	No.	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Grants/Cooperative Agreements:						
Continuations	562	$316,595	803	$391,531	692	$281,472
New/Competing	177	105,068	76	37,791	33	23,150
Supplements	---	6,354	---	5,574	---	3,920
Subtotal	739	428,017	879	434,896	725	308,542
Contracts:						
Continuations	10	27,295	4	26,231	5	24,432
New/Competing	2	3,218	2	18,549	---	31,703
Subtotal	12	30,513	6	44,781	5	56,135
Total, Substance Abuse Treatment	**751**	**$458,530**	**885**	**$479,677**	**730**	**$364,677**

SAMHSA/Substance Abuse Treatment
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Capacity:						
Opioid Treatment Programs/Regulatory Activities						
Grants						
Continuations	29	$4,391	30	$6,407	2	$2,400
New/Competing	1	2,000	---	---	---	---
Supplements*	---	---	---	---	---	---
Subtotal	30	6,260	30	6,407	2	2,400
Contracts						
Continuations	2	2,340	1	1,196	2	2,522
New/Competing	2	124	1	1,120	---	3,802
Subtotal	4	2,464	2	2,317	2	6,324
Total, Opioid Treatment Programs/Regulatory Activities	**34**	**8,724**	**32**	**8,724**	**4**	**8,724**
Screening, Brief Intervention and Referral to Treatment						
Grants						
Continuations	8	11,850	21	25,773	---	---
New/Competing	13	12,468	---	---	---	---
Supplements*	8	200	8	200	---	---
Subtotal	21	24,518	21	25,973	---	---
Contracts						
Continuations	1	1,789	---	1,802	---	---
New/Competing	---	1,959	---	2,226	---	---
Subtotal	1	3,748	---	4,027	---	---
Total, Screening, Brief Intervention and Referral to Treatment	**22**	**27,854**	**21**	**30,000**	**---**	**---**
Targeted Capacity Expansion						
Grants						
Continuations	6	69,383	183	89,872	26	9,635
New/Competing	24	25,114	10	4,736	1	50
Supplements*	4	250	---	100	---	---
Subtotal	30	94,747	193	94,709	27	9,685
Contracts						
Continuations	---	5,253	---	5,283	---	678
New/Competing	---	192	---	201	---	829
Supplements*	---	---	---	---	---	---
Subtotal	---	5,445	---	5,483	---	1,507
Total, Targeted Capacity Expansion	**30**	**100,192**	**193**	**100,192**	**27**	**11,192**
Subtotal, Capacity	**86**	**136,770**	**246**	**138,916**	**31**	**19,916**

SAMHSA/Substance Abuse Treatment
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Pregnant and Postpartum Women						
Grants						
Continuations	42	24,692	42	22,888	42	23,657
New/Competing	3	1,668	---	---	---	---
Supplements*	45	1,125	---	1,000	---	1,025
Subtotal	45	27,486	42	23,888	42	24,682
Contracts						
Continuations	---	1,569	---	1,673	---	1,889
New/Competing	---	671	---	6,370	---	5,360
Supplements*	---	205	---	---	---	---
Subtotal	---	2,445	---	8,043	---	7,249
Total, Pregnant and Postpartum Women	**45**	**29,931**	**42**	**31,931**	**42**	**31,931**
Recovery Community Services Program						
Grants						
Continuations	13	1,949	3	450	9	1,350
New/Competing	---	32	9	1,761	---	500
Supplements **	13	325	---	75	---	---
Subtotal	13	2,306	12	2,286	9	1,850
Contracts						
Continuations	---	128	---	128	---	144
New/Competing	---	1	---	20	---	440
Subtotal	---	128	---	148	---	584
Total, Recovery Community Services Program	**13**	**2,434**	**12**	**2,434**	**9**	**2,434**
Children and Families						
Grants						
Continuations	42	24,803	46	26,955	35	18,454
New/Competing	4	1,628	---	---	---	7,500
Supplements *	---	300	---	275	---	---
Subtotal	46	26,730	46	27,230	35	25,954
Contracts						
Continuations	1	2,866	1	3,016	---	3,216
New/Competing	---	9	---	-641	---	435
Subtotal	1	2,875	1	2,375	---	3,651
Total, Children and Families	**47**	**29,605**	**47**	**29,605**	**35**	**29,605**
Subtotal, Capacity	**105**	**61,970**	**101**	**63,970**	**86**	**63,970**

SAMHSA/Substance Abuse Treatment
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Treatment Systems for Homeless						
Grants						
Continuations	66	24,240	72	28,365	72	27,974
New/Competing	22	8,862	14	4,704	---	---
Supplements *	88	800	39	720	22	520
Subtotal	88	33,902	86	33,789	72	28,494
Contracts						
Continuations	1	2,484	---	1,911	1	2,958
New/Competing	---	---	1	686	---	4,935
Subtotal	1	2,484	1	2,597	1	7,892
Total, Treatment Systems for Homeless	**89**	**36,386**	**87**	**36,386**	**73**	**36,386**
Minority AIDS						
Grants						
Continuations	95	46,668	120	59,743	120	59,326
New/Competing	25	13,069	---	---	---	---
Supplements *	92	2,300	---	2,375	---	2,375
Subtotal	120	62,037	120	62,118	120	61,701
Contracts						
Continuations	1	3,438	---	3,293	---	3,765
New/Competing	---	95	---	159	---	104
Subtotal	1	3,533	---	3,452	---	3,869
Total, Minority AIDS	**121**	**65,570**	**120**	**65,570**	**120**	**65,570**
Criminal Justice Activities						
Grants						
Continuations	166	59,888	176	68,160	197	81,768
New/Competing	60	22,720	43	14,400	---	---
Supplements *	---	---	---	---	---	---
Subtotal	226	82,608	219	82,560	197	81,768
Contracts						
Continuations	3	6,229	2	6,180	2	7,024
New/Competing	---	162	---	260	---	209
Subtotal	3	6,392	2	6,440	2	7,232
Total, Criminal Justice Activities	**229**	**89,000**	**221**	**89,000**	**199**	**89,000**
Improving Access to Overdose Treatment						
Grants						
Continuations	5	843	5	909	5	913
New/Competing	---	---	---	---	---	---
Supplements *	---	104	---	104	---	---
Subtotal	5	947	5	1,013	5	913
Contracts						
Continuations	---	52	---	52	---	59
New/Competing	---	---	---	-65	---	28
Subtotal	---	52	---	-13	---	87
Total, IATOT	**5**	**1,000**	**5**	**1,000**	**5**	**1,000**
Subtotal, Capacity	**444**	**191,956**	**433**	**191,956**	**397**	**191,956**

SAMHSA/Substance Abuse Treatment
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Building Communities of Recovery						
Grants						
Continuations	23	4,290	22	4,469	8	1,521
New/Competing	5	745	---	2,692	20	4,100
Supplements *	26	650	---	425	---	---
Subtotal	28	5,685	22	7,587	28	5,621
Contracts						
Continuations	---	315	---	413	---	469
New/Competing	---	---	---	---	---	1910
Subtotal	---	315	---	413	---	2,379
Total, Building Communities of Recovery	**28**	**6,000**	**22**	**8,000**	**28**	**8,000**
Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths						
Grants						
Continuations	12	11,700	12	11,253	---	689
New/Competing	---	---	---	---	12	11,000
Supplements *	---	300	---	300	---	---
Subtotal	12	12,000	12	11,553	12	11,689
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	447	---	311
Subtotal	---	---	---	447	---	311
Total, Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths	**12**	**12,000**	**12**	**12,000**	**12**	**12,000**
First Responder Training (CARA)						
Grants						
Continuations	35	19,108	59	33,218	47	27,799
New/Competing	20	16,892	---	---	---	---
Subtotal	**55**	**36,000**	**59**	**33,218**	**47**	**27,799**
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	7,782	---	13,201
Subtotal	---	---	---	7,782	---	13,201
Total First Responder Training (CARA)	**55**	**36,000**	**59**	**41,000**	**47**	**41,000**
Grants to Develop Curricula for DATA Act Waivers						
Grants						
Continuations	---	---	---	---	117	3,500
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	**117**	3,500
Contracts						
Continuations	---	---	---	---	---	230
New/Competing	---	---	---	---	---	270
Subtotal	---	---	---		---	**500**
Total, Grants to Develop Curricula for DATA Act Waivers	---	---	---	---	**117**	**4,000**

SAMHSA/Substance Abuse Treatment
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Peer Support TA Center						
Grants						
Continuations	---	---	---	---	---	943
New/Competing	---	---	---	950	---	---
Subtotal	---	---	---	950	---	943
Contracts						
Continuations	---	---	---	50	---	57
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	50	---	57
Total, Peer Support TA Centers	**---**	**---**	**---**	**1,000**	**---**	**1,000**
Treatment, Recovery, and Workforce Support						
Grants						
Continuations	---	---	---	---	---	3,770
New/Competing	---	---	---	3,799	---	---
Subtotal	---	---	---	3,799	---	3,770
Contracts						
Continuations	---	---	---	201	---	230
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	201	---	230
Total, Treatment, Recovery, and Workforce Support	**---**	**---**	**---**	**4,000**	**---**	**4,000**
Emergency Department Alternatives to Opioids						
Grants						
Continuations	---	---	---	---	---	4,713
New/Competing	---	---	---	4,749	---	---
Subtotal	---	---	---	4,749	---	4,713
Contracts						
Continuations	---	---	---	251	---	287
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	251	---	287
Total, Emergency Department Alternatives to Opioids	**---**	**---**	**---**	**5,000**	**---**	**5,000**
Total, Capacity	**730**	**444,695**	**873**	**465,842**	**718**	**350,842**

SAMHSA/Substance Abuse Treatment
PRNS Mechanism Table by Program, Project, and Activity

(Dollars in thousands)

Science and Service	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Addiction Technology Transfer Centers						
Grants						
Continuations	12	8,568	12	9,026	12	9,019
New/Competing	---	---	---	---	---	---
Subtotal	12	8,568	12	9,026	12	9,019
Contracts						
Continuations	---	474	---	475	---	537
New/Competing	---	4	---	-455	---	-510
Subtotal	---	478	---	20	---	27
Total, Addiction Technology Transfer Centers	**12**	**9,046**	**12**	**9,046**	**12**	**9,046**
SAT Minority Fellowship Program						
Grants						
Continuations	8	4,431	---	4,042	---	4,042
New/Competing	---	---	---	---	---	---
Subtotal	8	4,431	---	4,042	---	4,042
Contracts						
Continuations	1	357	---	356	---	394
New/Competing	---	1	---	390	---	353
Subtotal	1	358	---	747	---	747
Total, Minority Fellowship Program (MF)	**9**	**4,789**	**---**	**4,789**	**---**	**4,789**
Subtotal, Science and Service:	**21**	**13,835**	**12**	**13,835**	**12**	**13,835**
Total, Substance Abuse Treatment PRNS	**751**	**458,530**	**885**	**479,677**	**730**	**364,677**

***** Excluding Supplements number count to avoid duplication.

Grant Awards Table

(Whole Dollars)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Number of Awards	739	879	725
Average Award	$579,184.40	$494,762.61	$425,575.47
Range of Awards	$300,000-$600,000	$300,000-$600,000	$300,000-$600,000

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State Opioid Response Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
State Opioid Response Grants	$1,500,000	$1,500,000	$1,585,000	$85,000
Set-Aside for Tribes (non-add)	*50,000*	*50,000*	*50,000*	*50,000*

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2021 Authorization $1,500,000,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities……Limited to Single State Agencies (SSAs) and U.S. Territories. Tribes and tribal organizations are eligible to apply to set-aside funds described below.

Program Description & Accomplishments

The State Opioid Response Grants (SOR) program was established by Congress in 2018 in order to address the public health crisis caused by escalating opioid misuse and addiction across the nation. According to the CDC, opioid related deaths numbered more than 70,000 in 2017, with opioids accounting for more than 47,000 of that number. The SOR program will provide resources to states, territories, and tribes to continue and enhance the development of comprehensive strategies focused upon preventing, intervening, and promoting recovery from problems related to opioid abuse.

This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs. FY 2018, SAMHSA awarded grants to 57 states and territories via formula. The program includes a 15 percent set-aside for the 10 states with the highest mortality rate related to drug overdose deaths and a $50 million set-aside for tribes.

The SOR program requires grantees to: use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly and adequately address the gaps in their systems of care; deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of OUD, and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD and reducing opioid-related overdose deaths.

The program supplements activities pertaining to opioids currently undertaken by the state agency and support a comprehensive response to the opioid epidemic. The program identifies gaps and resources, while building upon existing substance use prevention and treatment activities as well as community-based recovery support services. Grantees are required to describe how they will expand access to treatment and recovery support services. Grantees are required to describe how they will advance substance misuse prevention in coordination with other federal efforts.

Since the SOR program began: 28,749 patients have received treatment services; 21,650 have received MAT (Methadone-11,727; Buprenorphine-8,982; Naltrexone-941); 26,712 patients have received recovery support services; 256,978 Naloxone kits have been distributed; and 13,739 overdoses have been reversed.

Grantees must use funding to supplement and not supplant existing opioid prevention, treatment, and recovery activities in their state. Grantees are required to describe how they will improve retention in care, using a chronic care model or other innovative model that has been shown to improve retention in care.

Tribal Opioid Response Grants

The Tribal Opioid Response Grants (TOR) program is supported by the $50 million set-aside for tribes in order to address the public health crisis caused by escalating opioid misuse and addiction across the nation. The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT) using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose related deaths through the provision of prevention, treatment and/or recovery activities for OUD. According to the Centers for Disease Control and Prevention, American Indians and Alaska Natives (AI/AN) have had the highest drug overdose death rates in 2015 and the largest percentage increase in the number of deaths over time from 1999-2015 among all racial and ethnic groups. During that time, deaths rose more than 500 percent.

American Indian/Alaska Native communities experience high rates of physical, emotional, and historical trauma and significant socioeconomic disparities, which may contribute to higher rates of drug abuse in the tribal communities[94], The TOR program will address the gaps in prevention, treatment, and recovery identified by the tribes and develop strategies to purchase and disseminate naloxone and provide training on its use to first responders and other tribal members.

In FY 2018, SAMHSA awarded 134 new TOR grants, representing all 10 HHS regions.

In FY 2019, SAMHSA funded 57 SOR continuation grants, 77 TOR continuation grants, and 30 new TOR grants.

In FY 2020, SAMHSA anticipates funding 59 new SOR grants, and 272 new TOR grants.

[94] Whitesell NR, Beals J, Crow CB, Mitchell CM, Novins DK. Epidemiology and etiology of substance use among American Indians and Alaska Natives: risk, protection, and implications for prevention. Am J Drug Alcohol Abuse 2012;38:376–82.

Funding History

Fiscal Year	Amount
FY 2017	---
FY 2018	$1,000,000,000
FY 2019	$1,500,000,000
FY 2020	$1,500,000,000
FY 2021	$1,585,000,000

Budget Request

The FY 2021 President's Budget is $1.6 billion, an $85.0 million increase from the FY 2020 Enacted level. The program will continue to support States and territories, including a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The allowable uses of this program will also be expanded to include state efforts to address stimulants, including methamphetamine, and cocaine. Stimulants are an increasing source of concern and are responsible for more deaths than opioids in a growing number of states, even as opioid overdose deaths remain within 5 percent of their historic high last year.

Outputs and Outcomes Table

Program: State Opioid Response Grants

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.70 Number of admissions for OUD treatment (Output)	FY 2018: Result Expected December 31, 2019 Target: 56,000.0 (Pending)	Maintain Baseline	Maintain Baseline	Maintain
1.2.71 number of clients receiving recovery services (Output)	FY 2018: Result Expected December 31, 2019 Target: 52,000.0 (Pending)	Maintain Baseline	Maintain Baseline	Maintain
1.2.73 Illicit drug us at 6 months follow-up (Output)	FY 2018: Result Expected December 31, 2019 Target: 65.0 (Pending)	Maintain Baseline	Maintain Baseline	Maintain

Substance Abuse Prevention and Treatment Block Grant

(Dollars in thousands)

Program	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Substance Abuse Prevention and Treatment Block Grant...	$1,858,079	$1,858,079	$1,858,079	$---
Budget Authority (non-add).....	*1,778,879*	*1,778,879*	*1,778,879*	---
PHS Evaluation Funds (non-add).....	*79,200*	*79,200*	*79,200*	---

Authorizing Legislation .....Section 1935 of the Public Health Service Act
FY 2021 Authorization.....$1,858,079,000
Allocation Method.....Formula Grants
Eligible Entities ..... States, Territories, Freely Associated States, District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota

Program Description and Accomplishments

The Substance Abuse Prevention and Treatment Block Grant (SABG) program distributes funds to 60 eligible states, territories and freely associated states[95], the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota (referred to collectively as states) to plan, carry out, and evaluate substance abuse prevention and treatment, and recovery support services for individuals, families, and communities impacted by substance abuse and misuse. The SABG's overall goal is to support and expand substance abuse prevention and treatment services while providing maximum flexibility to grantees.

The SABG is critically important because it provides the states and their respective SABG sub-recipients, including, but not limited to, administrative service organizations, county and municipal governments, and prevention and treatment providers, the flexibility to respond to local and/or regional emergent issues impacting health, public health, and public safety through a consistent federal funding stream. SABG accounts for approximately 25 percent of total state substance abuse agency funding and 62 percent of total state substance abuse prevention and public health funding.[96] Individuals and families without health coverage or whose health insurance benefit will not cover certain services (e.g., recovery support) rely on services funded by the SABG. Block grant funds are being leveraged by states, along with other funding sources, to support training for staff and implementation of evidence-based practices for the prevention of substance misuse and the treatment of drug/alcohol addiction, improved business practices such as facilitating enrollment in appropriate health coverage and use of health information technology and integration of physical and behavioral health.[97] SAMHSA encourages states to use block grant resources to support and not supplant services that are covered through commercial and public insurer plans.

[95] Territories include Guam, Puerto Rico, the Northern Mariana Islands, U.S. Virgin Islands and American Samoa. Freely Associated States, which have signed Compacts of Free Association with the United States, include the Republic of Palau, Federated States of Micronesia and Republic of the Marshall Islands. Retrieved from http://www.doi.gov//oia/islands/index.cfm

[96] SABG State Agency Reported Expenditures by Target Activity Within Source of Funds, State/Jurisdiction Selection: All States/Jurisdictions (2015)

[97] Case Studies of Three Policy Areas and Early State Innovators: 2014 State Profiles of Mental Health and Substance Use Disorder Agencies. HHS Publication in Press. Rockville, MD: Substance Abuse and Mental Health Services Administration. (2015).

SAMHSA block grant funds are directed toward four purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
- Fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery;
- Fund primary prevention for individuals not identified as needing treatment (which may include universal programs that are targeted to the general public or a whole population group that has not been identified on the basis of individual risk, selective activities that are targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average, and indicated prevention activities that are targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels); and
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral disorder treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

SAMHSA also encourages the states to use their block grants to:
(1) Allow the pursuit of recovery through personal choice and many pathways;
(2) Encourage providers to assess performance based on outcomes that demonstrate client successes; and
(3) Expand capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services.

Funding Allocations and Requirements

The authorizing legislation and implementing regulation governing the SABG includes a number of prescriptive performance and expenditure requirements as well as explicit expenditure prohibitions. The states and jurisdictions have the flexibility to plan, carry out, and evaluate substance abuse treatment and recovery support services that reflect comments received from individuals, families and communities during the development of their respective biennial plans and the results of such plans are reflected in their respective annual reports. The legislation and regulation prioritizes two populations to be served with SABG funds: (1) substance using pregnant women and women with dependent children; and (2) persons who inject drugs. Although the legislation and regulation prioritizes such individuals, the states and jurisdictions have the flexibility to prioritize other underserved populations as determined by anecdotal and empirical data. For example, most states and jurisdictions prioritize substance abuse treatment and recovery support services for adolescents and transitional age youth. Some states and jurisdictions are also developing peer-to-peer recovery support services to facilitate individuals' entry to substance abuse treatment services and to promote and support individuals in early recovery. States and jurisdictions frequently partner with other executive branch departments, e.g., education, human services, justice and public health, to coordinate services for individuals and families impacted by substance abuse and misuse.

Formula: SABG funds are distributed[98] through a formula grant that provides funding based on specified economic and demographic factors and is administered by SAMHSA's Centers for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP). Of the amounts appropriated for the SABG program, 95 percent are distributed to states through a formula included in the authorizing legislation. Factors used to calculate the allotments include total personal income, resident population, total population data for territories, total taxable resources, and a cost of services index factor. The SABG also includes "hold harmless" provisions that limit fluctuations in allotments as the total block grant appropriation changes from year to year.

Maintenance of Effort: The SABG requires states to maintain its expenditures for certain substance abuse prevention and treatment activities at a level that is no less than the state's average expenditures for the previous two years.

Funding Set-Asides and Other Requirements: The authorizing legislation and implementation regulation for the SABG includes specific funding set-asides, including 20 percent for primary prevention (see below), and five percent for early intervention service for HIV for designated states.[99] The statute also includes performance requirements for the treatment of substance-using pregnant women and women with dependent children, and provides states with the flexibility to expend a combination of federal and non-federal funds. There are also requirements and potential penalty reduction of the block grant allotment if the state fails to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18.

Coordination of Efforts: SAMHSA emphasizes that block grant recipients should coordinate and partner with government agencies, nonprofit organizations, consumers and families and providers to support integrated and coordinated services and programs. SAMHSA provides targeted technical assistance for SABG grantees through a technical assistance contract.

<u>Performance and Evaluation</u>

SAMHSA is undertaking a series of agency-wide efforts designed to develop a set of common performance, quality, and cost measures to demonstrate the impact of SAMHSA's programs. Ultimately, SAMHSA and its state partners will collaborate to develop a streamlined behavioral health data system that complements other existing systems (e.g., Medicaid administrative and billing data systems, state mental health and substance abuse treatment data systems), ensures consistency in the use of measures, and provides a more complete perspective of the delivery of mental and substance abuse treatment services.

An independent evaluation of the SABG demonstrated how states leveraged the statutory requirements to expand existing or establish new treatment capacity in underserved areas of states and territories and to improve coordination of services with other state systems.[100] SAMHSA data show that on average, the SABG has been successful in expanding treatment capacity by annually

[98] Block Grants and Formula Grants: A Guide for Allocation Calculations; 2007 Department of Health and Human Services, SAMHSA.

[99] Substance Abuse and Mental Health Services Administration. (2015). *Block Grant Laws and Regulations.* Retrieved from http://www.samhsa.gov/grants/block-grants/laws-regulations.

[100] Substance Abuse and Mental health Administration. Retrieved from https://www.samhsa.gov/sites/default/files/grants/sapt-bg-evaluation-final-report.pdf.

supporting approximately two million[101] admissions to treatment programs receiving public funding. Outcome data for the Block Grant program show positive results as reported through Behavioral Health Services Information System/Treatment Episode Data Set (TEDS) administered by SAMHSA's Center for Behavioral Health Statistics and Quality. In FY 2019, at discharge, clients demonstrated above average abstinence rates from both illegal drug (56 percent) and alcohol (77 percent) use. State substance abuse authorities reported the following outcomes for services provided during FY 2019, the most recent year for which data is available:

State substance abuse authorities reported the following outcomes for services[102] provided during FY 2019, the most recent year for which data is available:

- For the 50 states, American Samoa, the District of Columbia, Guam, Micronesia, Northern Marianas, and Puerto Rico that reported data concerning abstinence from alcohol use, 47 of the 58 identified improvements in client abstinence;
- Similarly, for the 55 states, American Samoa, the District of Columbia, Guam, Northern Marianas, and Puerto Rico that reported data concerning the abstinence from drug use, 40 of 58 identified improvements in client abstinence;
- For the 49 states, American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia, Northern Marianas, the District of Columbia, Palau, Puerto Rico, and Red Lake that reported employments data, 51 of 58 identified improvements in client employment;
- For the 49 states, American Samoa, the District of Columbia, Guam, Micronesia, Northern Marianas, Palau, Puerto Rico, and Red Lake that reported criminal justice data, 51 of 57 reported an increase in clients with no arrests based on data reported to TEDS;
- For the 49 states, American Samoa, the District of Columbia, Guam, Northern Marianas, Palau, and Red Lake that reported housing data, 47 of 58 identified improvements in stable housing for clients based on data reported to TEDS; and

- For the 44 states, the District of Columbia, Guam, Puerto Rico, and Red Lake that reported recovery support data, 45 states out of 48 identified improvements in client engagement in recovery support programs.

In FY 2018, states expended $707,919,493 for primary prevention activities, $1,502,538 for tuberculosis services, $43,367,525 for early intervention services for HIV, and $294,095,698 for state-level administration. All states admitted 216,690 persons to detoxification services; 273,683 persons to rehabilitation/residential services; 958,104 persons to ambulatory services; and 206,272 persons to opioid replacement therapy.[103]

[101] Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01 May 2018.
[102] Services include services from Short-term residential, Long-term residential, Outpatient, and Intensive outpatient only.
[103] SABG Treatment Utilization Matrix Admissions & Persons Served by Level of Care State/Jurisdiction Selection: All States/Jurisdictions (2018).

In FY 2019, SABG funds were used to serve[104] 61.9 percent males and 38.1 percent females; 67.5 percent whites; 18.4 percent blacks or African Americans; 2.3 percent American Indian/Alaska Natives; 0.6 percent Asians; 0.5 percent Native Hawaiian/Other Pacific Islanders; 8 percent Unknowns; and 2.7 percent Multiples; 85.1 percent Not Hispanic or Latino persons and 14.9 percent Hispanic or Latino persons; 55.4 percent persons between 25 and 44 years of age; 24.1 percent persons between 45 and 64 years of age; 12.9 percent persons between 18 and 24 years of age; 6.2 percent persons between 17 years of age and under; and 1.3 percent persons between 65 years of age and over; and 46,814 pregnant women from all racial and ethnic groups.

20 Percent Primary Prevention Set-Aside

SAMHSA is responsible for managing the 20 percent primary prevention set-aside of the SABG. The 20 percent set-aside requires SABG grantees to spend at least 20 percent of their SABG expenditures to develop and implement a comprehensive substance misuse prevention program, which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment.[105] The prevention set-aside is one of SAMHSA's main vehicles for supporting SAMHSA's initiatives aimed at preventing substance misuse and mental illness. The 20 percent set-aside is focused only on substance misuse prevention. States use these funds to develop infrastructure and capacity and to fund programs specific to primary substance misuse prevention. Some states rely solely on the 20 percent set-aside to fund their prevention systems while others use the funds to target gaps and enhance existing program efforts.

States are encouraged to make prevention a top priority, taking advantage of recent science, best practices in community coordination, proven planning processes, and the findings articulated by the Institute of Medicine report, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People.*[106] SAMHSA regularly works with states to improve their accountability systems for prevention and to establish necessary reporting capacities.

Synar

The Synar program is the set of actions put in place by states, with the support of the federal government, to implement the requirements of the Synar Amendment. The Synar Amendment requires states to ensure tobacco is not sold to individuals under age 18.[107] The Amendment was developed in the context of a growing body of evidence about the health problems related to tobacco use by youth, as well as evidence about the ease with which youth could purchase tobacco products through retail sources. The Synar program is a critical component of the success of youth tobacco use prevention efforts. SAMHSA is charged with overseeing states' implementation of the Synar requirements and provides consultation to states to ensure compliance with the Synar requirements.

While the national weighted retailer violation rate declined steadily from 40.1 percent in the program's baseline year in FY 1997 through FY 2011, the rate increased from an all-time low of 8.5 percent in FY 2011 to 11 percent in FY 2015. Although the rate has declined in each year since

[104] SABG Unduplicated Persons Served – Graphical Presentation All States/Jurisdictions (2019).

[105] Substance Abuse and Mental Health Services Administration (2015). *Substance Abuse Prevention and Treatment Block Grant.* Retrieved from http://www.samhsa.gov/grants/block-grants/sabg

[106] "Front Matter." *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press, 2009. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK32775/.

[107] Substance Abuse and Mental Health Services Administration (2015). *Synar Program.* Retrieved from http://www.samhsa.gov/synar

FY 2015, it has not returned to the historic low of FY 2011. One of the greatest predictors of a state's retailer violation rate is the amount and reach of their enforcement efforts. As states have faced budget shortfalls, some have scaled back their enforcement programs and this may be contributing to the higher rates of tobacco sales to youth. Also, under the Synar program, SAMHSA encourages states to include in their inspections the types of tobacco products most often used by youth in their states. As states have expanded the types of tobacco products included in their Synar inspections, some states are reporting that retailers are sometimes more likely to sell non-cigarette tobacco products, including smokeless tobacco, to youth. These factors are likely contributing to the overall increase in the national weighted retailer violation rate since FY 2011. SAMHSA is addressing this increase by providing consultation to states, as well as examining Synar data in order to provide states with guidance on best practices including enforcement, merchant education, and community mobilization.

Technical Assistance

In addition to the states' and jurisdictions' plans and reports, the authorizing legislation provides SAMHSA with significant resources to support targeted technical assistance to the SABG grantees and their respective sub-recipients, i.e., community- and faith-based organizations approved by the states and jurisdictions to provide substance abuse treatment and recovery support services. SAMHSA's Knowledge Application Program (KAP) (http://www.samhsa.gov/kap) produces the Technical Assistance Publication Series that provide practical guidance and information related to the delivery of substance abuse treatment services and related public health services to individuals and families. The KAP also produces the Treatment Improvement Protocol Series, a growing library of best practice guidelines, which are produced by a consensus-development process based on the experience and knowledge of clinical, research, and administrative experts.

Program Evaluation

The SABG provides for the planning and development of a comprehensive statewide system of care and services that emphasizes the importance of the provision of a broad continuum of services and supports encompassing prevention, treatment, and recovery across the population age range.

Among the critical populations identified as priorities for outreach and intervention are pregnant and postpartum women, persons who inject drugs, persons at risk for HIV, justice-involved populations, people with co-occurring mental disorders, and persons experiencing homeless.

The SABG is beneficial to states in that the program:

- Aids in having a positive effect on the health and lives of individuals with substance use disorders as evidenced by demonstrated positive client outcomes in all six treatment domains;
- Acts as a major impetus for improving State prevention and treatment systems' infrastructure and capacity thereby increasing availability of services, development and implementation of evidence-based practices, development and collection of specific outcome measures, and development and maintenance of State data management systems;
- Requirements, resources, and Federal guidance can be leveraged to sustain and improve State systems and emphasize the importance of the SABG in the development of the same; and

- Contributes to the development and maintenance of successful State collaborations with other agencies and stakeholders concerned with preventing and treating substance use disorders.

Funding History

Fiscal Year	Amount
FY 2011	$1,782,528,000
FY 2012	$1,800,332,000
FY 2013	$1,710,306,376
FY 2014	$1,815,443,000
FY 2015	$1,819,856,000
FY 2016	$1,858,079,000
FY 2017	$1,857,079,000
FY 2018	$1,858,079,000
FY 2019	$1,858,079,000
FY 2020	$1,858,079,000
FY 2021	$1,858,079,000

Budget Request

The FY 2021 President's Budget is $1.9 billion, level with the FY 2020 Enacted level. SABG funds will continue to serve as a source of safety net funding, including assistance to states in addressing the opioid epidemic, and will continue to support certain services (e.g., recovery support services) not covered by commercial insurance and non-clinical activities and services that address the critical needs of state substance abuse prevention and treatment service systems.

Substance Abuse and Mental Health Services Administration
FY 2021 Substance Abuse Prevention and Treatment Block Grant Final Allotment
Appropriation Amount $1,858,079,000, State-Territory Total $1,760,215,857

State/Territory	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
Alabama	$23,093,030	$23,090,733	$23,086,979	-$3,754
Alaska	5,889,978	5,889,392	5,888,435	-957
Arizona	40,432,857	40,428,835	40,468,207	39,372
Arkansas	13,526,573	13,525,228	13,523,028	-2,200
California	254,453,810	254,428,502	254,387,137	-41,365
Colorado	28,919,201	28,916,325	28,911,624	-4,701
Connecticut	18,215,021	18,213,209	18,210,248	-2,961
Delaware	6,968,866	6,968,173	6,967,040	-1,133
District Of Columbia	6,968,866	6,968,173	6,967,040	-1,133
Florida	111,396,395	111,385,315	111,367,206	-18,109
Georgia	57,160,990	57,155,304	57,146,012	-9,292
Hawaii	8,583,536	8,582,682	8,581,287	-1,395
Idaho	8,537,148	8,536,299	8,534,911	-1,388
Illinois	67,656,161	67,649,432	67,638,433	-10,999
Indiana	32,251,036	32,247,828	32,242,586	-5,242
Iowa	13,095,358	13,094,055	13,091,926	-2,129
Kansas	11,901,489	11,900,305	11,898,370	-1,935
Kentucky	20,381,502	20,379,475	20,376,162	-3,313
Louisiana	25,030,273	25,027,783	25,023,714	-4,069
Maine	6,968,866	6,968,173	6,967,040	-1,133
Maryland	34,085,216	34,081,826	34,076,285	-5,541
Massachusetts	39,851,201	39,847,237	39,840,759	-6,478
Michigan	56,061,458	56,055,882	56,046,768	-9,114
Minnesota	24,105,738	24,103,340	24,099,421	-3,919
Mississippi	13,805,681	13,804,308	13,802,064	-2,244
Missouri	26,552,550	26,549,909	26,545,593	-4,316
Montana	6,968,866	6,968,173	6,967,040	-1,133
Nebraska	7,642,413	7,641,653	7,640,410	-1,243
Nevada	17,006,003	17,004,311	17,001,547	-2,764

Substance Abuse and Mental Health Services Administration
FY 2021 Substance Abuse Prevention and Treatment Block Grant Final Allotment
Appropriation Amount $1,858,079,000, State-Territory Total $1,760,215,857

State/Territory	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 +/- FY 2020
New Hampshire	6,968,866	6,968,173	6,967,040	-1,133
New Jersey	48,071,571	48,066,790	48,058,975	-7,815
New Mexico	9,566,582	9,565,630	9,564,075	-1,555
New York	111,847,228	111,836,103	111,817,922	-18,181
North Carolina	44,998,815	44,994,339	44,987,024	-7,315
North Dakota	6,534,551	6,533,901	6,532,839	-1,062
Ohio	64,545,643	64,539,223	64,528,731	-10,492
Oklahoma	17,151,973	17,150,267	17,147,479	-2,788
Oregon	20,581,505	20,579,458	20,576,112	-3,346
Pennsylvania	59,109,273	59,103,394	59,093,785	-9,609
Rhode Island	7,599,642	7,598,886	7,597,651	-1,235
South Carolina	23,721,414	23,719,055	23,715,199	-3,856
South Dakota	6,042,638	6,042,037	6,041,055	-982
Tennessee	31,983,156	31,979,975	31,974,775	-5,200
Texas	144,730,887	144,716,491	144,692,964	-23,527
Utah	16,591,127	16,589,477	16,586,779	-2,698
Vermont	6,460,866	6,460,223	6,459,173	-1,050
Virginia	41,986,348	41,982,172	41,975,347	-6,825
Washington	37,790,464	37,786,705	37,780,561	-6,144
West Virginia	8,433,974	8,433,135	8,431,764	-1,371
Wisconsin	27,202,159	27,199,453	27,195,032	-4,421
Wyoming	4,198,203	4,197,785	4,197,103	-682
Red Lake Indians	594,118	594,059	593,962	-97
American Samoa	345,273	346,037	346,491	454
Guam	1,104,675	1,124,417	1,143,734	19,317
Northern Marianas	347,649	351,136	354,453	3,317
Puerto Rico	22,580,187	22,519,704	22,460,092	-59,612
Palau	141,293	143,987	146,679	2,692
Marshall Islands	485,666	500,800	515,952	15,152
Micronesia	693,121	700,055	706,554	6,499
Virgin Islands	711,594	720,695	729,283	8,588

Outputs and Outcomes Table

Program: Prevention Set-Aside

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.3.63 Increase the percent of states showing an increase in state level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 12-17) (Outcome)	FY 2017: 37.3 % Target: 37.3 % (Baseline)	37.3 %	37.3 %	Maintain
2.3.65 Increase the percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 12-20) (Outcome)	FY 2017: 53 % Target: 67.5 % (Target Not Met)	67.5 %	67.5 %	Maintain
2.3.67 Increase the percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of other illicit drugs (age 12-17) (Outcome)	FY 2017: 51 % Target: 51 % (Baseline)	63 %	63 %	Maintain
2.3.68 Increase the percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of other illicit drugs (age 18+) (Outcome)	FY 2017: 20 % Target: 20 % (Baseline)	43 %	43 %	Maintain

Outputs and Outcomes Tables

Program: Treatment Activities

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
1.2.43 Increase the number of admissions to substance abuse treatment programs receiving public funding (Output)	FY 2015: 1,806,941 Target: 1,937,960 (Target Not Met)	1,880,000	1,880,000	Maintain
1.2.48 Percentage of clients reporting no drug use in the past month at discharge (Outcome)	FY 2016: 69.6 % Target: 74 % (Target Not Met)	74 %	74 %	Maintain
1.2.49 Increase the percentage of clients reporting no alcohol use in the past month at discharge (Outcome)	FY 2016: 83.1 % Target: 78 % (Target Exceeded)	78 %	78 %	Maintain
1.2.50 Increase the percentage of clients reporting being employed/in school at discharge (Outcome)	FY 2016: 35.7 % Target: 43 % (Target Not Met)	40 %	40 %	Maintain
1.2.51 Increase the percentage of clients reporting no involvement with the Criminal Justice System (Outcome)	FY 2016: 93.2 % Target: 92 % (Target Exceeded)	92 %	92 %	Maintain
1.2.85 Increase the percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2016: 88.9 % Target: 92 % (Target Not Met)	92 %	92 %	Maintain

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SAMHSA
Health Surveillance and Program Support
Table of Contents

Health Surveillance

(Dollars in thousands)

Program Activity	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Health Surveillance.....	$47,258	$47,258	$33,842	-$13,416
*Budget Authority (non-add).....	*16,830*	*16,830*	*2,389*	*-14,441*
*PHS Evaluation Funds (non-add).....	*30,428*	*30,428*	*31,453*	*1,025*
Data Request and Publication User Fees.....	$1,500	$1,500	$1,500	$---

Authorizing Legislation ..... Sections 501 and 505 of the Public Health Service Act
FY 2021 Authorization ..... Permanent
Allocation Method ..... Federal/Intramural, Contracts, Other
Eligible Entities..... Not Applicable

Program Description and Accomplishments

The Health Surveillance funding primarily supports the activities of the Center for Behavioral Health Statistics and Quality (CBHSQ). The detailed funding for each activity along with a detailed narrative description of each project follows.

Resources by Activity/Program

(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Health Surveillance and Program Support Appropriation				
Health Surveillance				
Population Data Collection, Analysis, and Dissemination	$15,024	$17,938	$13,246	-$4,693
National Survey on Drug Use and Health (NSDUH)	*9,491*	*14,595*	*11,196*	*-3,399*
Treatment Services Data Collection, Analysis, and Dissemination	13,710	23,103	14,302	-8,801
Behavioral Health Services Information System (BHSIS)	*13,710*	*23,103*	*14,302*	*-8,801*
Behavioral Health Data Dissemination	324	619	693	74
Substance Abuse and Mental Health Data Archive (SAMHDA)	*324*	*619*	*693*	*74*
Performance Measurement/Systems	*462*	*299*	*1,065*	*766*
SAMHSA Performance Accountability Reports System (SPARS)	---	---	*752*	*752*
WebBGAS	*296*	*299*	*313*	*13*
Program Evaluations	750	750	---	*-750*
TTC Evaluation	*750*	*750*	---	*-750*
Evidence-Based Programs/Practices	215	---	---	---
Evidence Based Resource Center	---	---	---	---
Drug Abuse Warning Network	---	*2,845*	*3,061*	*217*
PHS Evaluation (non add)	---	---	*3,061*	*3,061*
Innovation and Logistical Services Support	*10,947*	---	---	---
PHS Evaluation (non add)	*3,404*	---	---	---
Support	5,826	1,704	1,476	-228
Operations	*1,926*	*1,704*	*1,476*	*-228*
Payroll	*3,900*	---	---	---
Total Health Surveillance	**$47,258**	**$47,258**	**$33,842**	**-$13,416**

Overview

The Center for Behavioral Health Statistics and Quality is the government's lead agency for behavioral health statistics. Authorized by Section 505 of the Public Health Service Act, which was reauthorized and amended by Section 6004 of the 21st Century Cures Act, CBHSQ performs activities that: (1) coordinate SAMHSA's integrated data strategy, including collecting data each year; (2) provide statistical and analytical support for SAMHSA's activities; (3) manage a core set of performance metrics to evaluate activities supported by SAMHSA; (4) coordinate with the Assistant Secretary, the Assistant Secretary for Planning and Evaluation, National Mental Health and Substance Use Policy Lab, and SAMHSA's Chief Medical Officer, as appropriate, to improve the quality of data collection services and evaluations of SAMHSA activities.

CBHSQ activities are integrated and cross over multiple funding lines. CBHSQ receives funding for Health Surveillance (HS), Drug Abuse Warning Network (DAWN), and Performance and Quality Information Systems (PQIS) within the Health Surveillance and Program Support appropriation (HSPS) funding sources and the Substance Abuse Treatment appropriation from Block Grant Set Aside (BGSA) funding sources. Programs are often funded from several sources. (A table detailing All Funding Sources follows the PQIS section). Under Health Surveillance, CBHSQ work includes Population Data Collection, Analysis, and Dissemination; Treatment

Services Data Collection, Analysis, and Dissemination; and Behavioral Health Data Dissemination. Under PQIS, CBHSQ activities include Performance Measurement/Systems, Behavioral Health Data Dissemination, and Evidence-Based Programs/Practices.

The FY 2021 Request is $110.4 million which is $13.4 million lower than the FY 2020 Enacted, this includes $54.8 million from Health Surveillance and Program Support (HSPS) Appropriation and $55.6 million from the Substance Abuse Treatment (SAT) Appropriation.

Population Data Collection, Analysis, and Dissemination

Section 505 of the Public Health Service Act (42 USC 290aa-4) requires SAMHSA to annually collect prevalence data on substance use and mental illness. To accomplish this, SAMHSA administers the National Survey on Drug Use and Health (NSDUH). NSDUH is an annual collection of behavioral health data on approximately 67,500 persons aged 12 or older of the U.S. civilian, non-institutionalized population. NSDUH is the nation's primary source of statistical information on the use of illicit drugs, alcohol, and tobacco, certain mental health issues, co-occurring drug/alcohol addiction and mental illness, and treatment for substance abuse and mental health issues. NSDUH data provide estimates at the national, state, and sub-state level and among demographic, socioeconomic or geographic subgroups, as well as trend estimates over time. NSDUH data provide states the opportunity to focus on their leading public health challenges through the release of state-specific data. Each year, three simultaneous NSDUH activities are ongoing: planning for future surveys, collecting data on over 67,500 persons in the current year survey, and analysis and dissemination of data from previous collections. In 2018, SAMHSA began a NSDUH redesign to ensure the survey is clinically up-to-date through alignment of questions with the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). Other potential areas for the next possible redesign include, but are not limited to, electronic cigarettes and vaping, synthetic cannabinoids, and revising the substance abuse and mental health treatment measures to produce national estimates.

Based on the 2018 NSDUH survey data an estimated 31.9 million Americans aged 12 or older, or 11.7 percent were current (past month) illicit drug users.[108] In addition, an estimated 19.1 percent of adults ages 18 and older had any mental illness in the past year (47.6 million) and 4.6 percent (11.4 million) of adults had serious mental illness.

SAMHSA included medication-assisted treatment and Kratom questions for the 2019 Survey, and will include vaping, synthetic cannabinoids and stimulant use, and craving and withdrawal questions based on DSM-5 for the 2020 survey.
NSDUH data are disseminated through public-use files made available online on the Substance Abuse and Mental Health Data Archive (SAMHDA) and restricted use data files that are available at the National Center for Health Statistics (NCHS) Research Data Centers (RDCs) through an application process. Collectively, in FY 2018 and FY 2019, approximately 200 reports and articles

[124]Substance Abuse and Mental Health Services Administration. (2018). *Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

were written by external researchers using SAMHDA data. In FY 2019, over 100,000 NSDUH download events for SAMHDA occurred and around 200,000 page views on the NSDUH webpages; in FY 202020, the same volume is anticipated. CBHSQ staff also responded to almost 700 requests for NSDUH data in FY 2019, including those from other Federal agencies, state and local governments, the media, researchers, and the public.

Treatment Services Data Collection, Analysis, and Dissemination

Section 505 of the Public Health Service Act (42.U.S.C. 290aa-4) requires SAMHSA to collect data on mental illness and substance abuse treatment services. For this purpose, CBHSQ developed the Behavioral Health Services Information System (BHSIS). Data collected through the BHSIS provides information to the public on treatment services through the Behavioral Health Treatment Services Locator, part of the National Treatment Referral Service. The Locator provides accurate, timely, and regularly updated information on mental health and substance abuse treatment facilities across the country. BHSIS includes multiple data collection programs and information resources. BHSIS data collections comprise: (1) the National Mental Health Services Survey (N-MHSS) which provides information on all public and private specialty mental health disorder treatment facilities in the United States; in 2018, the overall response rate was 90 percent; (2) the National Survey of Substance Abuse Treatment Services (N-SSATS) which provides information on all public and private substance abuse treatment facilities in the United States; in 2018, the overall response rate was 90 percent; (3) the Treatment Episode Data Set (TEDS) which provides demographic and services information on publicly funded admissions and discharges from substance abuse treatment; (4) the Mental Health Treatment Episode Data Set (MH-TEDS) and the Mental Health Client Level Data (MH-CLD) which provide demographic and services information on publicly funded admissions and discharges of clients in mental health treatment; and (5) the Uniform Reporting System (URS) which provides a set of standardized data tables submitted annually by states and territories as part of their Mental Health Block Grant (annual implementation reports. SAMHSA is reviewing and updating N-SSATS and N-MHSS questions for the 2019 and 2020 surveys.

Another element of the BHSIS is the Inventory of Behavioral Health Services (I-BHS) which provides a listing of all known mental health and substance abuse treatment facilities, including active, inactive, open and closed facilities. As of December 2019, I-BHS had identified 21,723 active substance abuse treatment facilities and 14,984 active mental health treatment facilities in the United States and its territories.

In FY 2019 the Behavioral Treatment Locator Homepage received more than 1.3 million page views while the actual locator map had over 900,000 page views from individuals, families, community groups, and organizations to identify appropriate treatment services.

In FY 2019, GSA 18F in an inter-agency agreement with SAMHSA, completed their project goal to create a user-centric website to help them receive the education, information and resources best suited to their treatment situation. The website has been built off of primary research including focus groups, data from the current SAMHSA treatment locator, and search trends. The project was launched by SAMHSA and the White House on October 30, 2019 and from that date to December 9, 2019 the homepage has received over 90,000 page views, with over 66,000 results run by individuals, families, community groups, and organizations to identify appropriate substance use treatment services.

In FY 2019 the data webpage received over 2.3 million page views. Through the data webpage the public downloaded over 20,000 BHSIS publications; this included 4,868 downloads of TEDS publications and 5,717 downloads of URS tables. The public also downloaded over 90,000 NSDUH publications. In FY 2020, SAMHSA plans to award a new BHSIS contract for the annual N-SSATS and N-MHSS and TEDS, MH-CLD, URS and Locator.

Behavioral Health Data Dissemination

Substance Abuse and Mental Health Data Archive (SAMHDA) makes public-use data files available to anyone for download, in a variety of formats. Once downloaded, a user can use their own software to manipulate and explore the data. In FY 2019 users downloaded over 216,000 public use files from SAMHDA, accessed the data visualization tool over 5,000 times, and generated over 25,000 tables using web-based analytic tools. Through SAMHDA, CBHSQ provides access to public and restricted-use data through a web-based analytic tool. The analytic tool was launched in April 2017 and allows researchers to generate tables based on this data.

Historically CBHSQ has managed two separate websites/interfaces for data dissemination to the public. There is a data webpage, which makes reports, survey information, and supporting documentation available. This site currently resides at https://www.samhsa.gov/data/. There is also a data archive, the Substance Abuse and Mental Health Data Archive (SAMHDA), which makes public-use files and analytic tools available to the public. This site currently resides at https://datafiles.samhsa.gov/. While SAMHDA's target population is researchers, the analytic tools available for access can be useful for various public audiences. SAMHSA has decided to remove overlapping functions and combine the SAHMDA and data webpage into a single contract. This migration will provide cost savings, eliminate duplicative work, allow for easier, more efficient access to all SAMHSA data in one place and promote the goal of expanding data dissemination related to behavioral health.

In an effort to further broaden researcher access to restricted-use micro-level data, SAMHSA collaborated with the National Center for Health Statistics (NCHS) to host SAMHSA restricted-use micro data at NCHS Research Data Centers (RDCs). Providing access to SAMHSA restricted-use data through the NCHS RDCs promote broader researcher access to these data and ensuring that researchers can access restricted-use data for important public health research.

Funding History

Fiscal Year	Amount
FY 2017	$47,258,000
FY 2018	$47,258,000
FY 2019	$47,258,000
FY 2020	$47,258,000
FY 2021	$33,842,000

Budget Request

The FY 2021 President's Budget request is $33.8 million, which is a decrease of $13.4 million from the FY 2020 Enacted. SAMHSA intends to continue funding the continuation of the NSDUH, BHSIS, SAMHDA, and EBPRC contracts.

Mechanism Table for Health Surveillance

(Dollars in thousands)

Program Activity	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Health Surveillance						
Contracts						
Continuations.....	2	$47,258	2	$37,781	1	$33,090
New/Competing.....	---	---	---	9,477	---	752
Subtotal.....	2	47,258	2	47,258	1	33,842
Total, Health Surveillance	**2**	**47,258**	**2**	**47,258**	**1**	**33,842**

Outputs and Outcomes Table

Program: National Survey on Drug Use and Health

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
2.3.19L Percentage of adults with Serious Mental Illness (SMI) receiving mental health services (Outcome)	FY 2018: Result Expected December 31, 2019 Target: 66.0 % (Pending)	71.0 %	75.0 %	+4 %
2.3.19M Percentage of people who meet criteria for needing substance use treatment who receive treatment from a specialty substance use disorder treatment provider (Outcome)	FY 2018: Result Expected December 31, 2019 Target: 11.5 % (Pending)	12.5 %	14.0 %	+1.5 %
2.3.19N Past year prescription pain reliever misuse (age 12 and older) (Outcome)	FY 2018: Result Expected December 31, 2019 Target: 9,500,000.0 (Pending)	9,500,000.0	9,500,000.0	Maintain
2.3.19O Percent of youth ages 12-17 who experienced major depressive episodes with severe impairment in the past year receiving treatment for depression. (Outcome)	FY 2018: Result Expected December 31, 2019 Target: 43.0 % (Pending)	50.0 %	55.0 %	+5 %

Drug Abuse Warning Network (DAWN)

(Dollars in thousands)

Program Activity	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Drug Abuse Warning Network.....	$10,000	$10,000	$10,000	$---
PHS Evaluation Funds (non-add).....	---	---	*10,000*	*10,000*

Authorizing Legislation…….Section 505 of the Public Health Service Act
FY 2021 Authorization $10,000,000
Allocation Method ..... Contracts
Eligible Entities.....Not Applicable

Program Description and Accomplishments Est date for all 50 hospitals when they will be signed up.

SAMHSA re-established DAWN as a nationwide public health surveillance system to monitor emergency department (ED) visits related to recent substance use, including those related to opioids. Authorized by the 21st Century Cures Act, this program is necessary to respond effectively to the opioid and addiction crisis in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends.

By using data abstracted directly from ED records, DAWN will capture detailed information about the substances involved in ED visits and will serve as an early warning system for the emergence of new and novel psychoactive substances. DAWN is currently developing and testing an automated method to detect any sudden increases in visits involving specific substances in its hospitals. It will monitor the geographic, temporal and demographic characteristics of drug-related ED visits. Unlike other public health surveillance systems, DAWN will capture both ED visits that are directly caused by drugs, such as overdoses, and those in which drugs are a contributing factor but not the direct cause of the ED visit, such as motor vehicle crashes where the driver had mixed medications with alcohol. These criteria encompass all types of drug-related events, from substance use and misuse to substance-related suicide attempts, accidental ingestion and adverse reactions to pharmaceuticals. The detailed information captured by DAWN will be used to assess health hazards associated with specific substances, and monitor the impact of drug use, misuse, and abuse on the Nation's health care system.

There are several important improvements for the new DAWN including timeliness of data, data available at more frequent intervals, and data abstracted from a wider range of geographic area types, including urban, suburban and rural areas. Having data available more quickly means that DAWN can serve as a true “early warning” system and inform public health response efforts in local areas. DAWN is currently developing recommendations on how and with whom to share the

near real-time unweighted data. A system to provide participating hospitals access to data visualizations for their own hospitals is in development and will be implemented during FY2020. DAWN data are abstracted from hospital emergency department records. Hospital participation is optional. SAMHSA currently is at 76% in achieving targeted hospital participation and anticipates being at 100% by the end of FY 2020 as planned.

Funding History

Fiscal Year	Amount
FY 2017	---
FY 2018	$10,000,000
FY 2019	$10,000,000
FY 2020	$10,000,000
FY 2021	$10,000,000

Budget Request

The FY 2021 President's Budget request is $10.0 million, level with the FY 2020 Enacted.

Mechanism Table for Drug Abuse Warning Network

(Dollars in thousands)

Program Activity	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Drug Abuse Warning Network						
Contracts						
Continuations	1	10,000	1	10,000	1	10,000
New/Competing	---	---	---	---	---	---
Subtotal	1	10,000	1	10,000	1	10,000
Total, Drug Abuse Warning Network	**1**	**10,000**	**1**	**10,000**	**1**	**10,000**

Performance and Quality Information Systems

(Dollars in thousands)

Program Activity	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Performance and Quality Information Systems.....	$10,000	$10,000	$10,000	$---

Authorizing Legislation ..... Sections 501, 505, 509, 516, 520A, and 543A of the PHS Act
FY 2021 Authorization ..... Indefinite
Allocation Method ..... Contracts
Eligible Entities..... Not Applicable

Program Description and Accomplishments

The Performance and Quality Information Systems (PQIS) funding primarily supports the activities of the Center for Behavioral Health Statistics and Quality (CBHSQ). The detailed funding for each activity along with a detailed narrative description of each project follows.

Performance and Quality Information Systems
Resources by Activity/Program

(Dollars in thousands)

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Performance and Quality Information Systems				
Performance Measurement/Systems	$6,632	$6,832	$7,056	$225
SAMHSA Performance Accountability Reports System (SPARS)...	*6,632*	*6,832*	*7,056*	*225*
Evidence-Based Programs/Practices	1,785	2,000	2,000	---
*Evidence Based Resource Center.....	*1,785*	*2,000*	*2,000*	---
Drug Abuse Warning Network (DAWN)	1,009	483	259	-225
*DAWN.....	*1,009*	*483*	*259*	*-225*
Support	574	685	685	---
*Operations.....	*574*	*685*	*685*	---
Total Performance and Quality Information Systems	**$10,000**	**$10,000**	**$10,000**	**$---**

Performance Measurement and Performance Systems

SAMHSA collects data on key output and outcome measures to monitor and manage grantee performance, improve the quality of services provided, and inform the public and stakeholders. SAMHSA collects this data in the SAMHSA Performance Accountability and Reporting System.

Data collected through SPARS are used to monitor the progress of SAMHSA's discretionary grants, serve as a decision-making tool on funding, and improve the quality of services provided through the programs. SAMHSA will continue to implement the 21st Century Cures Act and make any necessary changes to improve the performance metrics used and to evaluate effectiveness of SAMHSA programs including updating client level data collection tools and modernizing the SPARS data collections system. Modernization activities will result in capturing real-time data using clinical diagnostic tools to document impact and effectiveness and develop benchmarks for performance evaluation.

SAMHSA will deploy new system functionality within SPARS that enhances performance monitoring analyses functionality, including but not limited to: (1) data validation and verification, data management, (2) data utilization, (3) data analysis support, (4) automated reporting, and (5) additional ad hoc data analysis. The SPARS project also includes technical support, staff training, and help desk assistance to ensure SAMHSA effectively manages its grant portfolio and to provide timely, accurate information to policy makers and all stakeholders.

Program Evaluation

The Office of Evaluation (OE) is responsible for providing centralized planning and management across SAMHSA. In partnership with program originating Centers, OE provides oversight and management of agency quality improvement and performance management activities and advance agency goals and objectives relating to, performance measurements, and quality improvement. OE activities include development of evaluation language for funding announcements to ensure a clear statement of evaluation objectives, development and implementation of standard measures for evaluating program performance and improvement of services. OE identifies and maintains performance indicators to monitor each SAMHSA program and develop periodic evaluation reports for use in agency planning, program change, and reporting to departmental and external organizations. The OE works collaboratively with the National Mental Health and Substance Use Policy Lab (NMHSUPL) and the Office of the Chief Medical Officer to provide support for SAMHSA evaluations.

Evidence-Based Practice Resource Center (EBPRC)

Section 7002 of the 21st Century Cures Act requires SAMHSA to improve access to reliable and valid information on evidence-based programs and practices, including information on the strength of evidence associated with such programs and practices related to mental illness and drug/alcohol addiction. This information on evidence-based programs and practices is provided to states, local communities, non-profit entities, and other stakeholders, on SAMHSA's website information.

This Resource Center, which is managed by the NMHSUPL, aims to provide communities, clinicians, policy-makers and others in the field with the information and tools they need to incorporate evidence-based practices into their communities or clinical settings. As part of this effort, SAMHSA develops and disseminates additional resources such as new or updated Treatment

Improvement Protocols, guidance documents, clinical practice policies, toolkits, systematic reviews, data reports and other actionable materials that incorporate the latest scientific evidence on mental health and substance use and address priority areas where more information or guidance are needed to help the field move forward. This approach enables SAMHSA to more quickly develop and disseminate expert consensus on the latest prevention, treatment, and recovery science. The EBPRC currently lists 167 resources. SAMHSA expects to add at least 15 resources, including six SAMHSA developed practice guides, to coincide with the EBPRC website redesign in FY 2020. The EBPRC enables SAMHSA to collaborate with experts in the field to rapidly translate science into action; and provide communities and practitioners with tools to facilitate comprehensive needs assessment, match interventions to those needs, support implementation, and evaluate and incorporate continuous quality improvement into their prevention, treatment, and recovery efforts. This strategy coupled with SAMHSA's new regional and locally-based training and technical assistance efforts will help to ensure that communities and practitioners are equipped to bring about the improvements in mental health and substance use prevention, treatment, and recovery our Nation requires. As SAMHSA moves forward, the EBPRC website will continue to develop content and improve its functionality to enable a broad audience to efficiently access materials.

Behavioral Health Quality Measures

Behavioral health quality activities are housed within CBHSQ. The Center provides oversight of the agency's quality improvement efforts, including the identification of gaps in behavioral health quality measurement and the adoption and implementation of behavioral health quality measures. This work includes partnerships with the Center for Medicare & Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation (ASPE), among other Federal partners, in quality measure work. CBHSQ serves as the SAMHSA lead to the National Quality Forum (NQF) as well as participates as a Federal advisor for other agencies conducting measure development work, including CMS and ASPE. CBHSQ also participates on the Measures Application Partnership, a group convened to guide HHS on measure adoption.

CBHSQ staff provides internal collaborations across SAMHSA, advising on quality measure issues and identifying key next steps. CBHSQ staff regularly consults with other Federal agencies, the NQF, and other key stakeholders regarding behavioral health quality indicators, including barriers to and facilitators of data collection, tracking, and reporting. SAMHSA continues its behavioral health quality measure activities through ongoing identification of behavioral health measurement gaps and the capacity to address such gaps.

Funding History

Fiscal Year	Amount
FY 2017	$10,000,000
FY 2018	$10,000,000
FY 2019	$10,000,000
FY 2020	$10,000,000
FY 2021	$10,000,000

Budget Request

The FY 2021 President's Budget request of $10.0 million is level with the FY 2020 Enacted. SAMHSA will use these funds for the SPARS and EBPRC contracts.

Mechanism Table for Performance and Quality Information Systems

(Dollars in thousands)

Program Activity	FY 2019 Final No.	FY 2019 Final Amount	FY 2020 Enacted No.	FY 2020 Enacted Amount	FY 2021 President's Budget No.	FY 2021 President's Budget Amount
Performance and Quality Information Systems						
Contracts						
Continuations	2	10,000	2	9,190	1	2,944
New/Competing	---	---	---	810	1	7,056
Subtotal	2	10,000	2	10,000	2	10,000
Total, Performance and Quality Information Systems	**2**	**10,000**	**2**	**10,000**	**2**	**10,000**

The following table provides a detailed description of all funding sources supporting CBHSQ activities.

Center for Behavioral Health Statistics and Quality
Breakout by Activity/Program (all sources)

(Dollars in thousands)

	FY 2019 Enacted	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Substance Abuse Treatment Appropriation				
Substance Abuse Block Grant Set Aside				
Population Data Collection, Analysis, and Dissemination	$45,087	$42,212	$44,021	$1,808
PHS Evaluation (non add)	*45,087*	*42,212*	*44,021*	*1,808*
Treatment Services Data Collection, Analysis, and Dissemination	5,496	7,724	5,701	*-2,023*
PHS Evaluation (non add)	*5,496*	*7,724*	*5,701*	*-2,023*
Behavioral Health Data Dissemination	324	381	357	*-24*
PHS Evaluation (non add)	*324*	*381*	*357*	*-24*
Innovation and Logistical Services Support	*3,277*	---	---	---
PHS Evaluation (non add)	*3,277*	---	---	---
Support	4,193	5,284	5,510	*226*
PHS Evaluation (non add)	*4,193*	*5,284*	*5,510*	*226*
Total Substance Abuse Block Grant Set Aside	**58,377**	**55,601**	**55,588**	**-13**
Total Substance Abuse Treatment PHS Evaluation	*58,377*	*55,601*	*55,588*	*-13*
Health Surveillance and Program Support Appropriation				
Health Surveillance				
Population Data Collection, Analysis, and Dissemination	15,024	17,938	13,246	-4,693
PHS Evaluation (non add)	*9,491*	*14,595*	*11,196*	*-3,399*
Treatment Services Data Collection, Analysis, and Dissemination	13,710	23,103	14,302	-8,801
PHS Evaluation (non add)	*11,512*	*13,626*	*14,302*	*675*
Behavioral Health Data Dissemination	324	619	693	74
PHS Evaluation (non add)	*324*	*619*	*693*	*74*
Performance Measurement/Systems	*462*	*299*	*1,065*	*766*
PHS Evaluation (non add)	*167*	---	*873*	*873*
Program Evaluations	750	750	---	-750
PHS Evaluation (non add)	*750*	*750*	---	*-750*
Evidence-Based Programs/Practices	215	---	---	---
PHS Evaluation (non add)	---	---	---	---
Drug Abuse Warning Network	---	*2,845*	*3,061*	*217*
PHS Evaluation (non add)	---	---	*3,061*	*3,061*
Innovation and Logistical Services Support	10,947	---	---	---
PHS Evaluation (non add)	*3,404*	---	---	---
Support	5,826	1,704	1,476	-228
PHS Evaluation (non add)	*4,781*	*838*	*1,329*	*491*
Total Health Surveillance	**47,258**	**47,258**	**33,842**	**-13,416**
Drug Abuse Warning Network	10,000	10,000	---	*-10,000*
PHS Evaluation (non add)	---	---	*10,000*	*10,000*
Total Drug Abuse Warning Network	**10,000**	**10,000**	**10,000**	**---**
Performance and Quality Information Systems				
Performance Measurement/Systems	6,632	6,832	7,056	225
Program Evaluations	---	---	---	---
Evidence-Based Programs/Practices	1,785	2,000	2,000	---
Behavioral Health Data Dissemination	---	---	---	---
Innovation and Logistical Services Support	---	---	---	---
DAWN	1,009	483	259	-225
Support	574	685	685	---
Total Performance and Quality Information Systems	**10,000**	**10,000**	**10,000**	**---**
Behavioral Health Workforce Data and Development				
Behavioral Health Workforce Data Development	1,000	1,000	1,000	---
PHS Evaluation (non add)	*1,000*	*1,000*	*1,000*	---
Total Behavioral Health Workforce Data and Development	1,000	1,000	1,000	---
Total Health Surveillance and Program Support	**68,258**	**68,258**	**54,842**	**-13,416**
Total Health Surveillance and Program Support PHS Evaluation	*31,428*	*31,428*	*42,453*	*11,025*
Total Center for Behavioral Health Statistics and Quality	**$126,635**	**$123,859**	**$110,430**	**-$13,429**

Program Support

(Dollars in thousands)

Program Activity	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Program Support.....	$79,000	$79,000	$73,043	-$5,957

Authorizing Legislation .....Section 501 of the Public Health Service Act
FY 2021 Authorization $73,043,000
Allocation Method .....Direct Federal/Intramural, Contracts, Other
Eligible Entities.....Not Applicable

Program Description and Accomplishments

The Program Support budget supports the majority of SAMHSA staff who plan, direct, and administer SAMHSA's programs, as well as business operations and processes, information technology, and overhead expenses, such as rent, utilities, and miscellaneous charges. In addition, this budget supports the Unified Financial Management System, which covers administrative activities such as human resources, information technology, and the centralized services provided by HHS and the Program Support Center.

SAMHSA supported 494 Full Time Equivalents (FTEs) in FY 2019. SAMHSA is in the process of adding additional FTEs in to support staffing for areas such as the Office of the Chief Medical Officer and Cures implementation. Staff positions that are not covered through the Health Surveillance and Program Support appropriation are funded with Substance Abuse Prevention and Treatment and Mental Health Block Grant set-asides for activities associated with technical assistance, data collection, and evaluation.

SAMHSA applies an estimated internal administrative charge for overhead expenses to all programs, projects, and activities.

Funding History

Fiscal Year	Amount
FY 2017	$77,000,000
FY 2018	$79,000,000
FY 2019	$79,000,000
FY 2020	$79,000,000
FY 2021	$73,043,000

Budget Request

The FY 2021 President's Budget request are $73.0 million, which is a decrease of $5.9 million from the FY 2020 Enacted. This level of funding will continue to cover personnel, overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges.

Mechanism Table for Program Support

(Dollars in thousands)

Program Activity	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Program Support						
Contracts						
Continuations	---	79,000	---	79,000	---	73,043
New/Competing	---	---	---	---	---	---
Subtotal	---	79,000	---	79,000	---	73,043
Total, Program Support	**---**	**79,000**	**---**	**79,000**	**---**	**73,043**

Public Awareness and Support

(Dollars in thousands)

Program Activity	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget	FY 2021 President's Budget +/- FY 2020 Enacted
Public Awareness and Support.....	$13,000	$13,000	$11,572	-$1,428

Authorizing Legislation…..….Sections 501, 509, 516, and 520A of the Public Health Service Act
FY 2021 Authorization .....Indefinite
Allocation Method .....Contracts
Eligible Entities.....Not Applicable

Program Description and Accomplishments

A part of SAMHSA's mission is to raise the public's understanding of mental and substance use disorders, serve as an expert on mental and substance use disorders, lead public health efforts to advance the health of the nation, and inform and equip the healthcare workforce. SAMHSA's Office of Communications (OC) staff ensure that the vital information, publications, and training materials produced through SAMHSA's Centers and Offices are available to the healthcare workforce, people in treatment and recovery, people in crisis or in areas affected by disasters, SAMHSA grantees, and the general public. OC staff communicate information on mental and substance use disorders and products through various channels such as reaching the media via e-mail, press releases, and news bulletins; communicating via social media platforms such as Twitter, Facebook, and YouTube; posting messages on the samhsa.gov website; uploading documents on the SAMHSA Store (managed through the Public Engagement Platform contract), issuing e-blasts to subscribers; and answering inquiries through the Contact Center's National Helpline. In addition, the OC staff manage SAMHSA events to interact with stakeholders, media organizations and the general public and assist in the development and execution of materials, products, and campaigns.

The OC media team evaluates and acts upon media inquiries; develops and issues press releases, news bulletins, and media advisories; provides in-house media support to the Centers and Offices, including traveling to events; builds relationships with representatives of the media; identifies and seeks corrections to inaccuracies about SAMHSA in media products, when necessary; works to add SAMHSA's life-saving resources to journalistic and entertainment products; supports broad HHS and administration communications priorities; and collaborates with other departmental OpDivs.

OC manages SAMHSA's social media presence on channels such as Facebook, Twitter, and YouTube. In addition to print and traditional media, social media messaging is now incorporated in communications plans and is employed daily to communicate messages about mental and substance use disorders and resources. OC has staff who specialize in monitoring social media conversations, writing social media messages, participating in twitter chats, and writing and posting blogs on SAMHSA.gov. This also includes a close collaboration within SAMHSA when a disaster

occurs to quickly disseminate press releases and social media featuring SAMHSA's Disaster Distress Helpline and links to relevant SAMHSA resources.

OC is responsible for managing the SAMHSA.gov website via the Web Management and Support contract. The contract provides enterprise-wide content and technical support for SAMHSA.gov and other related public-facing websites. Key activities include website operations and maintenance updates, development and enhancements, and Section 508 remediation. On a daily basis OC staff add, update, and manage content for the SAMHSA website, in addition to technical maintenance and enhancements as needed.

OC manages two other contracts: the Public Engagement Platform (PEP) contract and the Contact Center contract. The PEP is a large-scale information dissemination program. PEP provides the public and other stakeholders with one-stop, quick access to mental and substance use disorder prevention, treatment, and recovery information, materials, and services. It operates a customer-oriented order fulfillment/distribution center, which includes an online store (store.SAMHSA.gov) and warehouse, the SAMHSA listserv and subscriber database system, and mobile applications.

The Contact Center contract supports the National Helpline (1-800-662-HELP) and the 1-877-SAMHSA-7 line. The National Helpline provides free, confidential treatment referral and information services in English and Spanish for individuals and families facing mental illness and/or substance use disorders. It is operational 365 days-a-year, 24/7. The 1-877-SAMHSA-7 line is the single point of entry for SAMHSA's information services and is operated Monday through Friday, 8:00 am to 8:00 pm (except for federal holidays).

Funding History

Fiscal Year	Amount
FY 2017	$13,000,000
FY 2018	$13,000,000
FY 2019	$13,000,000
FY 2020	$13,000,000
FY 2021	$11,572,000

Budget Request

The FY 2021 President's Budget request is $11.6 million, which is a decrease of $1.4 million from the FY 2020 Enacted. SAMHSA intends to fund 5 contracts that will allow SAMHSA to manage media relationships, maintain its web and social media presence, manage critical helplines, and deliver publications and resources.

Mechanism Table for Public Awareness and Support

(Dollars in thousands)

Program Activity	FY 2019 Final		FY 2020 Enacted		FY 2021 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Public Awareness and Support						
Contracts						
Continuations	3	3,869	5	13,000	3	5,795
New/Competing	4	9,131	---	---	2	5,777
Subtotal	7	13,000	5	13,000	5	11,572
Total, Public Awareness and Support	**7**	**13,000**	**5**	**13,000**	**5**	**11,572**

Outputs and Outcomes Table

Program: Public Awareness and Support

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2020 Target	FY 2021 Target	FY 2021 Target +/- FY 2020 Target
4.4.12 Number of individuals referred for behavioral health treatment resources. (Output)	FY 2018: 693,921 Target: 600,000 (Target Exceeded)	650,000	650,000	Maintain
4.4.13 Number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits. (Output)	FY 2018: 51,897,273 Target: 44,567,523 (Target Exceeded)	45,000,000	45,000,000	Maintain

Drug Control Program
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

(Dollars in millions)

Resource Summary	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Drug Resources by Decision Unit and Function			
Programs of Regional and National Significance			
Substance Abuse Prevention	205.469	206.469	96.985
Substance Abuse Treatment	460.677	479.677	364.677
Total Programs of Regional and National Significance	666.146	686.146	461.662
State Opioid Response Grants	1,500.000	1,500.000	1,585.000
Substance Abuse Prevention and Treatment Block Grant[1]			
Prevention	371.616	371.616	371.616
Treatment	1,486.463	1,486.463	1,486.463
Total, Substance Abuse Prevention and Treatment Block Grant	1,858.079	1,858.079	1,858.079
Health Surveillance and Program Support[2]			
Prevention	23.209	22.824	19.717
Treatment	92.837	91.297	78.87
Total, Health Surveillance and Program Support	116.046	114.121	98.587
Total Funding	**$4,140.271**	**$4,158.346**	**$4,003.328**
Drug Resources Personnel Summary			
Total FTEs	356	428	429
Drug Resources as a Percent of Budget			
Total Agency Budget	$5,743.996	$5,883.996	$5,741.843
Drug Resources Percentage	72.1%	71.0%	70.0%

[1]The Substance Abuse Prevention and Treatment Block Grant is split 20% to the Prevention function and 80% to the Treatment function.

[2] The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Substance Abuse as follows: The Drug Abuse Warning Network is allocated fully to substance abuse. Program Support, Health Surveillance and PQIS are split the same proportion as drug control to the overall SAMHSA budget as defined by the substance abuse portions divided by the mental health and substance abuse portions combined. Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are allocated 50% to drug control activities. The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%).

Drug Budget Split between Prevention and Treatment

(Dollars in thousands)

Substance Abuse Prevention	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Programs of Regional and National Significance (PRNS)			
Strategic Prevention Framework	$119,484	$119,484	$10,000
Strategic Prevention Framework Rx (non-add)	*10,000*	*10,000*	*10,000*
Federal Drug-Free Workplace	4,894	4,894	4,894
Minority AIDS	41,205	41,205	41,205
Sober Truth on Preventing Underage Drinking	8,000	9,000	9,000
Center for the Application of Prevention Technologies	7,493	7,493	7,493
Science and Service Program Coordination	4,072	4,072	4,072
Tribal Behavioral Health Grants	20,000	20,000	20,000
SAP Minority Fellowship Program	321	321	321
Total, Substance Abuse Prevention PRNS	**205,469**	**206,469**	**96,985**
Substance Abuse Prevention and Treatment Block Grant[1]	371,616	371,616	371,616
PHS Evaluation Funds (non-add)	*15,840*	*15,840*	*15,840*
Total, Substance Abuse Prevention and Treatment Block Grant	**371,616**	**371,616**	**371,616**
Health Surveillance and Program Support[2]			
Health Surveillance	6,818	6,685	4,722
Budget Authority (non-add)	*2,428*	*2,381*	*333*
PHS Evaluation Funds (non-add)	*4,390*	*4,304*	*4,389*
Program Support	11,398	11,175	10,192
Public Awareness and Support	1,300	1,300	1,157
Performance and Quality Information Systems	1,443	1,415	1,395
Behavioral Health Workforce Data and Development	100	100	100
PHS Evaluation Funds (non-add)	*100*	*100*	*100*
Drug Abuse Warning Network	2,000	2,000	2,000
PHS Evaluation Funds (non-add)	*2,000*	*2,000*	*2,000*
Data Request/Publication User Fees	150	150	150
Total, Health Surveillance and Program Support	**23,209**	**22,824**	**19,717**
Total, Substance Abuse Prevention	**$600,294**	**$600,909**	**$488,318**

[1] The Substance Abuse Prevention and Treatment Block Grant is split 20% to the Prevention function and 80% to the Treatment function.

[2] The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Substance Abuse as follows: The Drug Abuse Warning Network is allocated fully to substance abuse. Program Support, Health Surveillance and PQIS are split the same proportion as drug control to the overall SAMHSA budget as defined by the substance abuse portions divided by the mental health and substance abuse portions combined. Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are allocated 50% to drug control activities. The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%).

Drug Budget Split between Prevention and Treatment (Continued)

(Dollars in thousands)

Substance Abuse Treatment	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Programs of Regional and National Significance (PRNS)			
Opioid Treatment Programs/Regulatory Activities	$8,724	$8,724	$8,724
Screening, Brief Intervention and Referral to Treatment	30,000	30,000	---
Budget Authority (non-add)	*28,000*	*28,000*	---
PHS Evaluation Funds (non-add)	*2,000*	*2,000*	---
Targeted Capacity Expansion	100,192	100,192	11,192
Medication-Assisted Treatment for Prescription Drug and Opioid	*89,000*	*89,000*	---
Pregnant and Postpartum Women	29,931	31,931	31,931
Improving Access to Overdose Treatment	1,000	1,000	1,000
Recovery Community Services Program	2,434	2,434	2,434
Children and Family Programs	29,605	29,605	29,605
Treatment Systems for Homeless	36,386	36,386	36,386
Minority AIDS	65,570	65,570	65,570
SAT Minority Fellowship Program	4,789	4,789	4,789
Criminal Justice Activities	89,000	89,000	89,000
Addiction Technology Transfer Centers	9,046	9,046	9,046
Building Communities of Recovery	6,000	8,000	8,000
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	12,000	12,000	12,000
Peer Support TA Center	---	1,000	1,000
Treatment, Recovery, and Workforce Support	---	4,000	4,000
Emergency Department Alternatives to Opioids	---	5,000	5,000
Grants to Develop Curricula for DATA Act Waivers	---	---	4,000
First Responder Training	36,000	41,000	41,000
Total, Substance Abuse Treatment PRNS	**460,677**	**479,677**	**364,677**
State Opioid Response Grants	1,500,000	1,500,000	1,585,000
Substance Abuse Prevention and Treatment Block Grant[1]	1,486,463	1,486,463	1,486,463
PHS Evaluation Funds (non-add)	*63,360*	*63,360*	*63,360*
Total, Substance Abuse Prevention and Treatment Block Grant	**1,486,463**	**1,486,463**	**1,486,463**
Tribal Behavioral Health Formula Grants[2]	---	---	---
Health Surveillance	27,273	26,739	18,889
Prevention and Public Health Fund (non-add)	---	---	---
Program Support	45,592	44,699	40,770
Public Awareness and Support	5,200	5,200	4,629
PHS Evaluation Funds (non-add)	*400*	*400*	*400*
Drug Abuse Warning Network	8,000	8,000	8,000
PHS Evaluation Funds (non-add)	*8,000*	*8,000*	*8,000*
Data Request/Publication User Fees	600	600	600
Total, Health Surveillance and Program Support	**92,837**	**91,297**	**78,870**
Total, Substance Abuse Treatment	**$5,039,977**	**$5,057,437**	**$5,100,010**

[1] The Substance Abuse Prevention and Treatment Block Grant is split 20% to the Prevention function and 80% to the Treatment function.

[2] The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Substance Abuse as follows: The Drug Abuse Warning Network is allocated fully to substance abuse. Program Support, Health Surveillance and PQIS are split the same proportion as drug control to the overall SAMHSA budget as defined by the substance abuse portions divided by the mental health and substance abuse portions combined. Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are allocated 50% to drug control activities. The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%).

Mission

The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA supports the *President's National Drug Control Strategy* through a broad range of programs focusing on prevention, treatment and recovery from substance abuse. Major programs for FY 2021 will include the Substance Abuse Prevention and Treatment Block Grant, State Opioid Response Grants, competitive grant programs reflecting Programs of Regional and National Significance (PRNS) and Health Surveillance and Program Support. SAMHSA's Centers for Substance Abuse Prevention (CSAP) and Substance Abuse Treatment (CSAT) as well as through SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) and the Office of Communications administer these programs.

Methodology

SAMHSA distributes drug control funding into two functions: prevention and treatment. Both functions include a portion of funding from the Health Surveillance and Program Support (HSPS) appropriation. Within that the program is 20% prevention and 80% treatment.

The portion of the Health Surveillance and Program Support account attributed to the Drug Budget uses the following calculations:

- The Drug Abuse Warning Network is allocated fully to substance abuse prevention and treatment.

- The Health Surveillance, Program Support, and PQIS portions of the HSPS appropriation are divided between Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts.

    - The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

- The Public Awareness and Support, Behavioral Health Workforce Data and Development, and Data Request and Publication User Fees portion of the HSPS appropriation is divided evenly between Mental Health and Substance Abuse.

    - The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

The prevention function also includes all of the Substance Abuse Prevention appropriation, including the Substance Abuse Prevention Programs of Regional and National Significance, and 20 percent of the Substance Abuse Prevention and Treatment Block Grant funds specifically appropriated for prevention activities from the Substance Abuse Treatment appropriation.
The treatment function also includes the Substance Abuse Treatment appropriation, including the Substance Abuse Treatment Programs of Regional and National Significance, State Opioid Response Grants, and 80 percent of the Substance Abuse Prevention and Treatment Block Grant funds.

Budget Summary

The FY 2021 President's Budget, SAMHSA requests a total of $4.0 billion for drug control activities, a decrease of $155.0 million from the FY 2020 Enacted.

The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has four major drug-related decision units: Mental Health, Substance Abuse Prevention, Substance Abuse Treatment, and Health Surveillance and Program Support.

Each decision unit is discussed below:

Substance Abuse Prevention

Programs of Regional and National Significance

Strategic Prevention Framework (PRNS non-add)
FY 2021 Request: $10.0 million
(Reflects a $109.5 million decrease from the FY 2020 Enacted)

SAMHSA's Strategic Prevention Framework (SPF) grant programs support activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention services and reducing substance abuse problems. The Strategic Prevention Framework – Partnerships for Success program addresses underage drinking among youth and young adults age 12 to 20 and allows states to prioritize State-identified top data driven substance abuse target areas.

See page 150 in the CSAP chapter for the start of the full description of this program.

Strategic Prevention Framework for Prescription Drugs (PRNS non-add)

Due to alarming trends related to prescription drug misuse and overdoses involving opioids, SAMHSA is prioritizing efforts to address prescription drug misuse. SAMHSA implemented the Strategic Prevention Framework for Prescription Drugs to raise awareness about the dangers of sharing medications and to work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA's program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success. SAMHSA plans to maintain this level of support for SPF Rx through FY 2021.

See page 151 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $10.0 million, reflecting a decrease of $109.5 million from the FY 2020 Enacted. Funding for the SPF Rx program will be maintained in its entirety ($10.0 million) for 25 continuation grants. Funding to support SPF PFS is eliminated.

Federal Drug-Free Workplace (PRNS non-add)
FY 2021 Request: $4.9 million
(Reflects level funding from the FY 2020 Enacted)

SAMHSA's activities related to the Federal Drug-Free Workplace support two principal activities mandated by Executive Order (E.O.) 12564 and Public Law (P.L.) 100-71. This include: 1) oversight of the Federal Drug-Free Workplace, aimed at the elimination of illicit drug use within Executive Branch agencies and the federally-regulated industries; and 2) oversight of the National Laboratory Certification Program (NLCP), which certifies laboratories to conduct forensic drug testing for federal agencies, federally-regulated industries; the private sector also uses the HHS-Certified Laboratories.

See page 154 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $4.9 million, level with the FY 2020 Enacted. In FY 2021, SAMHSA will continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace Programs. This includes review of Federal Drug-Free Workplace plans from those federal agencies that perform federal employee testing, random testing of those designated testing positions of national security, public health, and public safety, and testing for illegal drug use and the misuse of prescription drugs. SAMHSA will continue its oversight role for the inspection and certification of the HHS-certified laboratories.

Sober Truth on Preventing Underage Drinking (PRNS non-add)
FY 2021 Request: $9.0 million
(Reflects level funding from the FY 2020 Enacted)

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 (Public Law 109 - 422) was the nation's first comprehensive legislation on underage drinking. One of the primary components of the STOP Act is the community-based coalition enhancement grant program, which provides up to $50,000 per year over four years to current or former grantees under the Drug Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. The STOP Act was reauthorized in the 21st Century Cures Act.

See page 161 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $9.0 million, level with the FY 2020 Enacted. In FY 2021, SAMHSA will support 101 STOP Act grant continuations and 17 new grants.

Centers for the Application of Prevention Technologies (PRNS non-add)
FY 2021 Request: $7.5 million
(Reflects level funding from the FY 2020 Enacted)

In 2019, Center for the Application of Prevention Technologies (CAPT) changed how it delivered services and began providing science-based training and technical assistance through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective substance abuse prevention interventions, and provide training and technical assistance services to the substance abuse prevention field. The PTTC does this by developing and disseminating tools and strategies needed to improve the quality of substance abuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.

See page 165 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $7.5 million, level with the FY 2020 Enacted. Prevention T/TA services are being conducted by the PTTCs.

Science and Service Program Coordination (PRNS non-add)
FY 2021 Request: $4.1 million
(Reflects level funding from the FY 2020 Enacted)

The Science and Service Program Coordination program funds the provision of technical assistance and training to states, tribes, communities, and grantees around substance abuse prevention.

Specifically, the program supports the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiatives (UADPEI).

See page 168 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $4.1 million, level with the FY 2020 Enacted. This funding will support SAMHSA's substance abuse prevention efforts and include a focus on preventing underage drinking and providing technical assistance and training to American Indians/Alaska Native communities.

Tribal Behavioral Health Grants (PRNS non-add)
FY 2021 Request: $20.0 million
(Reflects level funding from the FY 2020 Enacted)

SAMHSA's Tribal Behavioral Health Grants (TBHG) program addresses the high incidence of substance abuse and suicide among AI/AN populations. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance abuse, trauma, and suicide and by promoting the mental health of AI/AN young people.

See page 172 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $20.0 million, level with the FY 2020 Enacted. This request, along with $20.0 million in the Center of Mental Health Services will continue to support approximately 179 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

Performance

Prevention: Selected Measures of Performance Program SPF: Partnerships for Success	FY 2018 Target	FY 2018 Achieved
» Increase the number of sub-recipient communities that improved one or more targeted NOMs indicators	238	325
» Increase the number of EBPs implemented by sub-recipient communities	411	1,274
SPF: Rx	**FY 2017 Target**	**FY 2017 Achieved**
» Increase the percent of funded states reporting reductions in opioid overdoses	55%	69%
STOP Act	**FY 2017 Target**	**FY 2017 Achieved**
» Increase the percent of coalitions that report at least a 5 percent improvement in the past 30-day use of alcohol in at least 2 grades	62.0%	57.7%
» Increase the percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades	70%	75%
Tribal Behavioral Health Grants	**FY 2018 Target**	**FY 2018 Achieved**
» Increase the number of programs/organizations that implemented specific mental health-related practices/activities as a result of the grant	5,670	7,219

Substance Abuse Treatment

Substance Abuse Prevention and Treatment Block Grant
FY 2021 Request: $1.9 billion
(Reflects level funding from the FY 2020 Enacted)

The Substance Abuse Prevention and Treatment Block Grant (SABG) program distributes funds to 60 eligible states, territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota (referred to collectively as states) to plan, carry out, and evaluate substance use disorder prevention, treatment, and recovery support services for individuals, families, and communities impacted by substance misuse and substance use disorders. The SABG's overall goal is to support and expand substance abuse prevention and treatment services while providing maximum flexibility to grantees.

See page 260 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $1.9 billion, level with the FY 2020 Enacted. SABG funds will continue to serve as a source of safety net funding, including assistance to states in addressing the opioid epidemic, and will continue to support certain services (e.g., recovery support services) not covered by commercial insurance and non-clinical activities and services that address the critical needs of state substance abuse prevention and treatment service systems.

Performance

SAMHSA is undertaking a series of agency-wide efforts designed to develop a set of common performance, quality, and cost measures to demonstrate the impact of SAMHSA's programs. Ultimately, SAMHSA and its state partners will collaborate to develop a streamlined behavioral health data system that complements other existing systems (e.g., Medicaid administrative and billing data systems, and state mental health and substance abuse treatment data systems), ensures consistency in the use of measures, and provides a more complete perspective of the delivery of mental illness and substance abuse treatment services.

An independent evaluation of the SABG demonstrated how states leveraged the statutory requirements to expand existing or establish new treatment capacity in underserved areas of states and territories and to improve coordination of services with other state systems.[109] SAMHSA data show that on average, the SABG has been successful in expanding treatment capacity by annually supporting approximately two million[110] admissions to treatment programs receiving public funding. Outcome data for the Block Grant program show positive results as reported through Behavioral Health Services Information System/Treatment Episode Data Set (TEDS) administered by SAMHSA's Center for Behavioral Health Statistics and Quality. In FY 2019, at discharge, clients demonstrated above average abstinence rates from both illegal drug (56 percent) and alcohol (77 percent) use. State substance abuse authorities reported the following outcomes for services provided during FY 2019, the most recent year for which data is available:
State substance abuse authorities reported the following outcomes for services[111] provided during FY 2019, the most recent year for which data is available:

- For the 50 states, American Samoa, the District of Columbia, Guam, Micronesia, Northern Marianas, and Puerto Rico that reported data concerning abstinence from alcohol use, 47 of the 58 identified improvements in client abstinence;
- Similarly, for the 55 states, American Samoa, the District of Columbia, Guam, Northern Marianas, and Puerto Rico that reported data concerning the abstinence from drug use, 40 of 58 identified improvements in client abstinence;
- For the 49 states, American Samoa, the District of Columbia, Guam, Marshall Islands, Micronesia, Northern Marianas, the District of Columbia, Palau, Puerto Rico, and Red Lake that reported employments data, 51 of 58 identified improvements in client employment;
- For the 49 states, American Samoa, the District of Columbia, Guam, Micronesia, Northern Marianas, Palau, Puerto Rico, and Red Lake that reported criminal justice data, 51 of 57 reported an increase in clients with no arrests based on data reported to TEDS;
- For the 49 states, American Samoa, the District of Columbia, Guam, Northern Marianas, Palau, and Red Lake that reported housing data, 47 of 58 identified improvements in stable housing for clients based on data reported to TEDS; and

[109] Substance Abuse and Mental health Administration. Retrieved from https://www.samhsa.gov/sites/default/files/grants/sapt-bg-evaluation-final-report.pdf.
[110] Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 01 May 2018.
[111] Services include services from Short-term residential, Long-term residential, Outpatient, and Intensive outpatient only.

- For the 44 states, the District of Columbia, Guam, Puerto Rico, and Red Lake that reported recovery support data, 45 states out of 48 identified improvements in client engagement in recovery support programs.

Substance Abuse Prevention and Treatment Block Grant: Selected Measures of Performance		
Prevention Set-Aside	**FY 2019 Target**	**FY 2019 Achieved**
» Increase the percent of states showing a decrease in state level estimates of percent of survey respondents to report 30 day use of other illicit drugs (age 12 – 17)	63.0%	63.0%
» Increase the percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 days use of other illicit drugs (age 18+)	43.0%	43.0%
Treatment Activities	**FY 2019 Target**	**FY 2019 Achieved**
» Percentage of clients reporting no drug use in the past month at discharge.	74.0%	55.7%
» Increase the percentage of clients reporting being employed/in school at discharge.	40.0%	34.9%
» Increase the percentage of clients reporting no involvement with the criminal justice system.	92.0%	95.5%
» Increase the percentage of clients receiving services who had a permanent place to live in the community.	92.0%	87.8%

State Opioid Response
FY 2021 Request: $1.6 billion
(Reflects a $85.0 million increase from the FY 2020 Enacted)

Substance Abuse and Mental Health Services Administration established the State Opioid Response Grants (SOR) program in FY 2018. This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding was established to award up to 59 grants. These grants are awarded to states and territories via formula. The program also includes a 15 percent set-aside for the 10 states with the highest mortality rate related to drug overdose deaths. The allowable uses of this program will also be expanded to include state efforts to address stimulants, including methamphetamine, and cocaine. Stimulants are an increasing source of concern and are responsible for more deaths than opioids in a growing number of states, even as opioid over does deaths remain within 5% of their historic high last year.

See page 256 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $1.6 billion, an $85.0 million increase from the FY 2020 Enacted.

Programs of Regional and National Significance

Targeted Capacity Expansion (PRNS non-add)
The FY 2021 Request: $11.2 million
(Reflects a $89.0 million decrease from the FY 2020 Enacted)

The Targeted Capacity Expansion (TCE) program provides rapid, strategic, comprehensive, and integrated community-based responses to gaps in and capacity for SUD treatment and recovery support services. Examples of such needs include limited or no access to medication-assisted treatment (MAT) for opioid use disorders; lack of resources needed to adopt and implement health information technologies (HIT) in SUD treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process.

See page 192 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $11.2 million, a decrease of $89.0 million from the FY 2020 Enacted. This will continue support for TCE-PTP and TCE-Special Projects, but will end grants associated with MAT-PDOA. These activities can be supported through the State Opioid Response grant program. SAMHSA will fund 23 TCE-Special Projects continuation grants and four new grants.

Opioid Treatment Programs/Regulatory Activities (PRNS non-add)
FY 2021 Request: $8.7 million
(Reflects level funding from the FY 2020 Enacted)

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that use methadone, buprenorphine, or buprenorphine/naloxone to treat patients with opioid dependence. SAMHSA carries out this responsibility by enforcing regulations established by an accreditation-based system. This is accomplished in coordination with the Drug Enforcement Administration, states, territories, and the District of Columbia. SAMHSA also funds the Opioid Treatment Programs Medical Education and Supporting Services project aimed at preparing Opioid Treatment Programs to achieve accreditation and providing technical assistance and clinical training to enhance program clinical activities. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs.

See page 185 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $8.7 million, level with the FY 2020 Enacted. This request supports the Secretary's five-prong strategy to address the opioid crisis priorities. In this program, this is through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.

Treatment Systems for Homeless (PRNS non-add)
FY 2021 Request: $36.4 million
(Reflects level funding from the FY 2020 Enacted)

SAMHSA's Treatment Systems for Homeless portfolio supports services for those with substance use disorders and who are experiencing homelessness, including veterans, and those experiencing chronic homelessness.

See page 210 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $36.4 million, level with the FY 2020 Enacted. This funding is to support grants to reduce homelessness for nearly 5,000 people. SAMHSA intends to fund 86 GBHI continuation grants with grant supplements for direct technical assistance.

Pregnant and Postpartum Women (PRNS non-add)
FY 2021 Request: $31.9 million
(Reflects level funding from the FY 2020 Enacted)

The Pregnant and Postpartum Women supports grants for residential treatment and the Pregnant and Postpartum Women Pilot, authorized in the Comprehensive Addiction and Recovery Act (CARA), helps state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings and promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot. In FY 2018, SAMHSA funded three new state PPW pilot grants and three continuation state PPW pilot grants for program implementation, supplement for direct technical assistance, and one continuation evaluation contract. In FY 2019, SAMHSA funded six continuations grants. No new grants were funded. In FY 2020, SAMHSA plans to fund six PPW Pilot continuations, 39 PPW Residential continuations and four new PPW Residential programs.

See page 198 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $31.9 million, level with the FY 2020 Enacted. SAMHSA intends to fund three PPW pilot continuations, three new pilot grants, 39 residential treatment grant continuations, to provide an array of services and supports to pregnant women and their children.

Building Communities of Recovery (PRNS non-add)
FY 2021 Request: $8.0 million
(Reflects level funding from the FY 2020 Enacted)

In FY 2017, SAMHSA funded a new cohort of grant through the Comprehensive Addiction Recovery Act (CARA) Building Communities of Recovery program. The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol addiction. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as promotion of and education about recovery. Programs are designed to be overseen by people in recovery from SUDs who reflect the community served. Grants support linkages between recovery networks and a variety of other organizations, systems, and communities, including: primary care, other recovery networks, child welfare system, criminal justice system, housing services and employment systems. Grantees will also work to reduce negative attitude, discrimination, and prejudice around addiction and addiction recovery. In FY 2018, SAMHSA funded 19 new grants, and provided continuation awards to five grants for a total of 24 BCOR grants. Moreover, these grantees received supplements for direct technical assistance. In FY 2019,

SAMHSA funded five new BCOR awards and 23 BCOR continuation grants. In FY 2020, SAMHSA plans to fund five new grants and 22 continuation grants.

See page 224 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $8.0 million, level with the FY 2020 Enacted. These funds will support 20 new grants and eight continuation grants for the Building Communities of Recovery program to develop, expand, and enhance recovery support services.

Criminal Justice Activities (PRNS non-add)
FY 2021 Request: $89.0 million
(Reflects level funding from the FY 2020 Enacted)

SAMHSA's Criminal Justice portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with substance use disorders and/or co-occurring substance use and mental disorders. This includes Treatment Drug Courts and the Offender Re-Entry Programs.

Drug Court Activities
FY 2021 Request: $70.0 million
(Reflects level funding from the FY 2020 Enacted)

SAMHSA's Adult Drug Court programs support a variety of services including direct treatment services for diverse populations, wraparound/recovery support services designed to improve access and retention, drug testing for illicit substances, education support, relapse prevention and long-term management, pharmacotherapy), and HIV testing conducted in accordance with state and local requirements. The program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served. In FY 2019, SAMHSA funded 46 new drug court grants, including one Tribe/Tribal organization, 134 drug court grant continuations, and one contract. In FY 2020, SAMHSA plans to fund 25 new drug court grants, at least 5 will be Tribes/Tribal organizations, pending sufficient applications, 156 drug court grant continuations, and one contract.

See page 216 in the CSAT chapter for the start of the full description of this program.

Ex-Offender Re-Entry Program
FY 2021 Request: $19.0 million
(Reflects level funding from the FY 2020 Enacted)

In addition to the drug court portfolio, SAMHSA supports Offender Reentry Program (ORP) grants, as well as other criminal justice activities, such as evaluation and behavioral health contracts. These grants will provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. Other supported services include wraparound and recovery support services such as recovery housing and peer recovery support designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements. In FY 2019, SAMHSA funded two new ORP grants and 32 ORP grant continuations. In FY 2020, SAMHSA plans to fund nine new ORP grants and 23 ORP grant continuations.

See page 219 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $89.0 million, level with FY 2020 Enacted. SAMHSA intends to support 54 new drug court grants, 92 drug court continuation grants, and one contract. SAMHSA intends to fund 11 new and five continuation ORP grants, and one contract.

First Responder Training (PRNS non-add)
FY 2021 Request: $41.0 million
(Reflects level funding from the FY 2020 Enacted)

First Responder Training supports efforts to help first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. In FY 2018, SAMHSA awarded 14 new grants and 21 continuation grants. In FY 2019, SAMHSA funded 20 new grants and 34 continuation grants. In FY 2020, SAMHSA anticipates funding 58 continuation grants and four new grants.

See page 235 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $41.0 million, level with the FY 2020 Enacted. SAMHSA plans to fund 14 new First Responder Training grants.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PRNS non-add)
FY 2021 Request: $12.0 million
(Reflects level funding from the FY 2020 Enacted)

Opioid overdose is a significant contributor to accidental deaths among those who use, misuse, or abuse illicit and prescription opioids (including synthetics), such as fentanyl). SAMHSA's Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths program seeks to help states identify communities of high need, and provide education, training, and resources necessary to tailor the overdose kits to meet their specific needs. Grantees can use the funds to purchase naloxone, equip first responders with naloxone and other overdose death prevention strategies, support education on these strategies, provide materials to assemble and disseminate overdose kits. In FY 2020, SAMHSA anticipates funding 12 continuation awards.

See page 238 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $12.0 million, level with the FY 2020 Enacted. This funding will provide 14 new grants to states to reduce the number of opioid overdose-related deaths. Funding will help states purchase overdose reversing drugs, equip first responders in high-risk communities, support education on the use of naloxone and other overdose-related death prevention strategies, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts.

Other PRNS Treatment Programs (PRNS non-add)
FY 2021 Request: $42.1 million
(Reflects level funding from the FY 2020 Enacted)

The FY 2021 Request includes resources of $42.1 million for several other Treatment Capacity programs including: Recovery Community Services Program; Children and Families; Improving Access to Overdose Treatment; and Addiction Technology Transfer Centers. The FY 2021 Request includes funds for continuing grants and contracts in these programs. Grant funding will enhance overall drug treatment quality by incentivizing treatment and service providers to achieve specific performance targets. Examples of grant awards could include supplements for treatment and service providers who are able to connect higher proportions of detoxified patients with continuing recovery-oriented treatment; or for outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer periods.

Grants to Develop Curricula for DATA Act Waivers (PNRS non-add)
FY 2021 Request: $4.0 million
(Reflects a $4.0 million increase from the FY 2020 Enacted)

The purpose of this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, is to expand access to substance use disorder treatment by supporting grants to accredited schools of allopathic medicine or osteopathic medicine and teaching hospitals located in the United States to support the development of curricula that meet the requirements the Controlled Substances Act with respect to the treatment and management of opiate-dependent patients.

See page 241 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget level is $4.0 million, an increase of $4.0 million from the FY 2020 Enacted. This funding will support 117 grants.

Peer Support Technical Assistance Center (PRNS non-add)
FY 2021 Request: $1.0 million
(Reflects level funding from the FY 2020 Enacted)

The purpose of this new program, which is authorized by section 7152 of the SUPPORT for Patients and Communities Act (P.L. 115-271), is to provide funding for the creation of a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, or the Center. The Center provides technical assistance and support to recovery community organizations and peer support networks. The technical assistance is related to training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations.

See page 242 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $1.0 million, level with the FY 2020 Enacted**.**

Treatment, Recovery, and Workforce Support (PRNS non-add)
FY 2021 Request: $4.0 million
(Reflects level funding from the FY 2020 Enacted)

The purpose of this new program, which is authorized by section 7081 of the SUPPORT for Patients and Communities Act, is to support the implementation of voluntary programs for care and treatment of individuals after a drug overdose, as appropriate, which may include utilizing recovery coaches, establishing policies and procedures that address the provision overdose reversal medication and FDA-approved medications to treat substance use disorders, and establishing integrated models of care for individuals who have experienced a non-fatal drug overdose. SAMHSA is directed, in consultation with the Secretary of Labor, to award competitive grants to entities to carry out evidence- based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.

See page 246 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $4.0 million, level with the FY 2020 Enacted**.**

Emergency Department Alternatives to Opioids (PRNS non-add)
FY 2021 Request: $5.0 million
(Reflects level funding from the FY 2020 Enacted)

The purpose of this new program, which is authorized by section 7091 of the SUPPORT for Patients and Communities Act (P.L. 115-271) is to provide funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. In addition, these funds will be used to target common painful conditions, train providers and other hospital personnel, and provide alternatives to opioids for patients with painful conditions.

See page 244 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2021 President's Budget is $4.0 million, level with the FY 2020 Enacted**.**

Performance

In the table below are selected measures of performance related to Treatment Programs of Regional and National Significance. The Treatment for Prescription Drug and Opioid Addiction exceeded its target outcome for reducing illicit drug use, but also surpassed its goals of increasing the number of clients receiving integrated care and the number of admissions for medication-assisted treatment. Though the target for the SBIRT outcome was not met, the program's performance has improved. The drug court program not only exceeded its outcome goals, including for a reduction in past month drug use, but also exceeded its goals for the number of clients served. In FY 2017, more than 8,500 adult clients were served by the adult drug court grant.

Treatment: Selected Measures of Performance		
Criminal Justice	**FY 2019 Target**	**FY 2019 Achieved**
» Drug Courts: Increase the percentage of adult clients receiving services who had no past month substance use	72.0%	87.3%
» Offender Reentry: Increase the percentage of adult clients receiving services who had no past month substance use	70.0%	62.2%

Health Surveillance and Program Support Appropriation

The FY 2021 Request is $98.6 million, a decrease of $15.5 million from the FY 2020 Enacted, which represents the Substance Abuse portion of the Health Surveillance and Program Support appropriation and supports staffing and activities to administer SAMHSA programs as described below.

Health Surveillance and Program Support
FY 2021 Request: $74.6 million
(Reflects a $14.7 million decrease from the FY 2020 Enacted)

Health Surveillance and Program Support (HSPS) provides funding for personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, as well as provide funding for SAMHSA national data collection and survey systems, funding to support the Center for Disease Control and Prevention's National Health Information Survey, and the data archive. This request represents the total funding available for these activities first divided between Mental Health and Substance Abuse using the same percentages splits that exist between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

See page 273 in the HSPS chapter for the start of the full description of this program.

Budget Request

The FY 2021 Request is $74.6 million, a decrease of $14.7 million from the FY 2020 Enacted. SAMHSA intends to continue funding the continuation of the NSDUH, BHSIS, SAMHDA, and EBPRC contracts and payroll Program Support funding will continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges.

Public Awareness and Support
FY 2021 Request: $5.8 million
(Reflects a 0.7 million decrease from the FY 2020 Enacted)

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders and substance abuse issues. This represents the total funding available for these activities first divided evenly between Mental Health and Substance Abuse. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

See page 291 in the HSPS chapter for the start of the full description of this program.

Budget Request

FY 2021 Request are $5.8 million, a decrease of $0.7 million from the FY 2020 Enacted. Funds for Public Awareness and Support will allow SAMHSA to fund 5 contracts that will allow SAMHSA to manage media relationships, maintain its web and social media presence, manage critical helplines, and deliver publications and resources.

Performance and Quality Information Systems
FY 2021 Request: $7.0 million
(Reflects a $0.1 million decrease from the FY 2020 Enacted)

Performance and Quality Information Systems provides funding to support SAMHSA's Performance Accountability and Reporting System (SPARs) related activities, as well as provide support for the National Registry of Evidence-based Programs and Practices that will reduce the backlog of interventions accepted but not reviewed under the previous contract. SPARS will provide a common data and reporting system for all SAMHSA discretionary grantees and allow programmatic technical assistance (TA) on use of the data to enhance grantee performance monitoring and improve quality of service delivery. This request represents the total funding available for these activities first split into Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

See page 289 in the HSPS chapter for the start of the full description of this program.

Budget Request

The FY 2021 Request is $7.0 million, a decrease of $0.1 million from the FY 2020 Enacted. SAMHSA will use these funds to continue its performance management, quality improvement, and activities. This funding will ensure that SAMHSA continues a strong focus on developing and implementing evidence-based practices and programs and continues its emphasis on performance management for quality improvement and program monitoring.

Drug Abuse Warning Network
FY 2021 Request: $10.0 million
(Reflects level funding from the FY 2020 Enacted)

DAWN is a nationwide public health surveillance system that will improve emergency department monitoring of substance use crises, including those related to opioids. Authorized by the 21st Century Cures Act, this program is necessary to respond effectively to the opioid and addiction crisis in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. This request represents the total funding available for these activities. The Drug Abuse Warning Network is allocated fully to substance abuse.

See page 281 in the HSPS chapter for the start of the full description of this program.

Budget Request

The FY 2021 Request is $10.0 million, level with the FY 2020 Enacted. This funding will support the continuation of a contract awarded in 2018 and to fund the expansion of additional hospitals for FY 2021 to inform stimulant abuse prevention and response strategies. DAWN's expansion to additional hospitals will allow for SAMHSA DAWN data-based estimates to be more generalizable and more representative across the country and will also allow SAMHSA to produce more accurate and complete assessment of geographic patterns (e.g. substance use disparities in urban, suburban and rural areas) and temporal trends (e.g. emerging or new substance misuse or abuse) in substance use related ED visits in the United States.

Data Request and Publication User Fees
FY 2021 Request: $750,000
(Reflects level funding from the 2020 Enacted)

The FY 2021 Request is $750,000, level with the 2020 Enacted. SAMHSA will collect and retain fees for extraordinary data and publications requests. This represents the total funding estimated for these activities first divided evenly between Mental Health and Substance Abuse. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

Performance

Health Surveillance and Program Support: Selected Measures of Performance		
Public Awareness and Support	**FY 2018 Target**	**FY 2018 Achieved**
» Increase the number of individuals referred for behavioral health treatment resources.	600,000	693,921
» Increase the total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits.	44,567,523	51,897,273

SAMHSA
Supplementary Tables
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Budget Authority by Object Classification Tables
Substance Abuse and Mental Health Services Administration
Total Budget Authority – Object Class

(Dollars in thousands)

Object Class - Direct Budget Authority[1,2]	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$47,086	$48,310	$48,793
Other than full-time permanent (11.3)	$2,018	$2,071	$2,091
Other personnel compensation (11.5)	$1,234	$1,266	$1,279
Military personnel (11.7)	$3,383	$3,488	$3,593
Special personnel services payments (11.8)	$18	$18	$19
Subtotal personnel compensation:	$53,740	$55,154	$55,775
Civilian benefits (12.1)	$15,630	$16,015	$16,182
Military benefits (12.2)	$1,782	$1,838	$1,893
Subtotal Pay Costs:	$71,152	$73,006	$73,850
Travel and transportation of persons (21.0)	$826	$839	$855
Transportation of things (22.0)	$5	$5	$5
Rental payments to GSA (23.1)	$5,233	$5,317	$5,418
Rental payments to Others (23.2)	$---	$---	$---
Communication, utilities, and misc. charges (23.3)	$462	$470	$478
Printing and reproduction (24.0)	$310	$315	$321
Other Contractual Services:			
Advisory and assistance services (25.1)	$33,349	$33,883	$34,526
Other services (25.2)	$87,127	$85,784	$53,655
Purchase of Goods & Svcs. from Govt. Accts (25.3)	$35,619	$36,189	$36,877
Operation and maintenance of facilities (25.4)	$198	$201	$205
Research and Development Contracts (25.5)	$---	$---	$---
Operation and maintenance of equipment (25.7)	$118	$120	$122
Subtotal Other Contractual Services:	$156,410	$156,176	$125,384
Supplies and materials (26.0)	$204	$207	$211
Equipment (31.0)	$614	$624	$636
Grants, subsidies, and contributions (41.0)	$5,353,027	$5,499,870	$5,390,493
Interest and dividends (43.0)	$---	$---	$---
Subtotal Non-Pay Costs	$5,517,092	$5,663,823	$5,523,802
Total Direct Obligations	$5,588,244	$5,736,829	$5,597,652

[1] Does not include PHS EVAL Funds.

[2] Does not include Prevention and Public Health Funds.

Substance Abuse and Mental Health Services Administration
Mental Health Services
Budget Authority – Object Class

(Dollars in thousands)

Object Class - Direct Budget Authority[1,2]	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$1,367	$1,403	$1,417
Other than full-time permanent (11.3)	$26	$27	$27
Other personnel compensation (11.5)	$17	$18	$18
Military personnel (11.7)	$---	$---	$---
Special personnel services payments (11.8)	$---	$---	$---
Subtotal personnel compensation:	$1,411	$1,448	$1,462
Civilian benefits (12.1)	$446	$458	$470
Military benefits (12.2)	$---	$---	$---
Subtotal Pay Costs:	$1,857	$1,905	$1,932
Travel and transportation of persons (21.0)	$196	$199	$203
Transportation of things (22.0)	$4	$4	$4
Rental payments to GSA (23.1)	$140	$142	$145
Rental payments to Others (23.2)	$---	$---	$---
Communication, utilities, and misc. charges (23.3)	$125	$127	$130
Printing and reproduction (24.0)	$126	$128	$130
Other Contractual Services:		$---	$---
Advisory and assistance services (25.1)	$15,557	$15,806	$16,107
Other services (25.2)	$21,231	$21,571	$21,980
Purchase of Goods & Svcs. from Govt. Accts (25.3)	$13,658	$13,877	$14,141
Operation and maintenance of facilities (25.4)	$180	$183	$186
Research and Development Contracts (25.5)	$---	$---	$---
Operation and maintenance of equipment (25.7)	$111	$113	$115
Subtotal Other Contractual Services:	$50,738	$51,550	$52,529
Supplies and materials (26.0)	$31	$32	$32
Equipment (31.0)	$314	$319	$325
Grants, subsidies, and contributions (41.0)	$1,465,005	$1,590,568	$1,619,676
Interest and dividends (43.0)	$---	$---	$---
Subtotal Non-Pay Costs	$1,516,678	$1,643,068	$1,673,175
Total Direct Obligations	**$1,518,535**	**$1,644,974**	**$1,675,106**

[1] Does not include PHS EVAL Funds.

[2] Does not includes Prevention and Public Health Funds.

Substance Abuse and Mental Health Services Administration
Substance Abuse Prevention
Budget Authority – Object Class

(Dollars in thousands)

Object Class - Direct Budget Authority[1,2]	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$---	$---	$---
Other than full-time permanent (11.3)	$---	$---	$---
Other personnel compensation (11.5)	$---	$---	$---
Military personnel (11.7)	$---	$---	$---
Special personnel services payments (11.8)	$---	$---	$---
Subtotal personnel compensation:	$---	$---	$---
Civilian benefits (12.1)	$---	$---	$---
Military benefits (12.2)	$---	$---	$---
Subtotal Pay Costs:	$---	$---	$---
Travel and transportation of persons (21.0)	$---	$---	$---
Transportation of things (22.0)	$---	$---	$---
Rental payments to GSA (23.1)	$---	$---	$---
Rental payments to Others (23.2)	$---	$---	$---
Communication, utilities, and misc. charges (23.3)	$---	$---	$---
Printing and reproduction (24.0)	$121	$123	$125
Other Contractual Services:		$---	$---
Advisory and assistance services (25.1)	$5,137	$5,219	$5,318
Other services (25.2)	$14,584	$14,818	$15,099
Purchase of Goods & Svcs. from Govt. Accts (25.3)	$5,036	$5,116	$5,213
Operation and maintenance of facilities (25.4)	$---	$---	$---
Research and Development Contracts (25.5)	$---	$---	$---
Operation and maintenance of equipment (25.7)	$---	$---	$---
Subtotal Other Contractual Services:	$24,757	$25,153	$25,631
Supplies and materials (26.0)	$---	$---	$---
Equipment (31.0)	$82	$83	$84
Grants, subsidies, and contributions (41.0)	$180,510	$181,111	$71,145
Interest and dividends (43.0)	$---	$---	$---
Subtotal Non-Pay Costs	$205,469	$206,469	$96,985
Total Direct Obligations	$205,469	$206,469	$96,985

[1] Does not include PHS EVAL Funds.

[2] Does not include Prevention and Public Health Funds.

Substance Abuse and Mental Health Services Administration
Substance Abuse Treatment
Budget Authority – Object Class

(Dollars in thousands)

Object Class - Direct Budget Authority[1,2]	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$3,117	$3,198	$3,230
Other than full-time permanent (11.3)	$83	$86	$86
Other personnel compensation (11.5)	$54	$55	$56
Military personnel (11.7)	$---	$---	$---
Special personnel services payments (11.8)	$---	$---	$---
Subtotal personnel compensation:	$3,254	$3,338	$3,372
Civilian benefits (12.1)	$1,015	$1,020	$1,030
Military benefits (12.2)	$---	$---	$---
Subtotal Pay Costs:	$4,269	$4,358	$4,402
Travel and transportation of persons (21.0)	$96	$97	$99
Transportation of things (22.0)	$---	$---	$---
Rental payments to GSA (23.1)	$---	$---	$---
Rental payments to Others (23.2)	$---	$---	$---
Communication, utilities, and misc. charges (23.3)	$22	$22	$23
Printing and reproduction (24.0)	$9	$9	$9
Other Contractual Services:		$---	$---
Advisory and assistance services (25.1)	$11,409	$11,592	$11,812
Other services (25.2)	$12,916	$13,122	$13,372
Purchase of Goods & Svcs. from Govt. Accts (25.3)	$11,892	$12,082	$12,312
Operation and maintenance of facilities (25.4)	$18	$18	$19
Research and Development Contracts (25.5)	$---	$---	$---
Operation and maintenance of equipment (25.7)	$1	$1	$1
Subtotal Other Contractual Services:	$36,236	$36,815	$37,515
Supplies and materials (26.0)	$	$	$
Equipment (31.0)	$106	$108	$110
Grants, subsidies, and contributions (41.0)	$3,694,672	$3,715,146	$3,686,399
Interest and dividends (43.0)	$---	$---	$---
Subtotal Non-Pay Costs	$3,731,141	$3,752,198	$3,724,155
Total Direct Obligations	$3,735,410	$3,756,556	$3,728,556

[1] Does not include PHS EVAL Funds.

[2] Does not include Prevention and Public Health Funds.

Substance Abuse and Mental Health Services Administration

Health Surveillance and Program Support
Budget Authority – Object Class

(Dollars in thousands)

Object Class - Direct Budget Authority[1,2]	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$42,602	$43,710	$44,147
Other than full-time permanent (11.3)	$1,909	$1,958	$1,978
Other personnel compensation (11.5)	$1,163	$1,193	$1,205
Military personnel (11.7)	$3,383	$3,488	$3,593
Special personnel services payments (11.8)	$18	$18	$19
Subtotal personnel compensation:	$49,075	$50,368	$50,941
Civilian benefits (12.1)	$14,169	$14,537	$14,682
Military benefits (12.2)	$1,782	$1,838	$1,893
Subtotal Pay Costs:	$65,026	$66,743	$67,517
Travel and transportation of persons (21.0)	$534	$543	$553
Transportation of things (22.0)	$1	$1	$1
Rental payments to GSA (23.1)	$5,093	$5,175	$5,273
Rental payments to Others (23.2)	$---	$---	$---
Communication, utilities, and misc. charges (23.3)	$315	$320	$326
Printing and reproduction (24.0)	$54	$55	$56
Other Contractual Services:		$---	$---
Advisory and assistance services (25.1)	$1,246	$1,266	$1,290
Other services (25.2)	$38,396	$36,273	$3,203
Purchase of Goods & Svcs. from Govt. Accts (25.3)	$5,033	$5,113	$5,211
Operation and maintenance of facilities (25.4)	$---	$---	$---
Research and Development Contracts (25.5)	$---	$---	$---
Operation and maintenance of equipment (25.7)	$6	$6	$6
Subtotal Other Contractual Services:	$44,680	$42,658	$9,710
Supplies and materials (26.0)	$172	$175	$179
Equipment (31.0)	$113	$114	$117
Grants, subsidies, and contributions (41.0)	$12,840	$13,045	$13,272
Interest and dividends (43.0)	$---	$---	$---
Subtotal Non-Pay Costs	$63,804	$62,088	$29,487
Total Direct Obligations	**$128,830**	**$128,830**	**$97,004**

[1] Does not include PHS EVAL Funds.

[2] Does not include Prevention and Public Health Funds.

Substance Abuse and Mental Health Services Administration
Total PHS Evaluation Funds – Object Class

(Dollars in thousands)

Object Class - PHS Evaluation Funds	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel Compensation:			
Full Time Permanent (11.1).....	$8,935	$10,435	$10,603
Other than Full-Time Permanent (11.3).....	506	566	578
Other Personnel Compensation (11.5).....	195	213	217
Military Personnel Compensation (11.7).....	343	459	473
Special personnel services payments (11.8).....	---	---	---
Subtotal Personnel Compensation:	**9,980**	**11,673**	**11,871**
Civilian Personnel Benefits (12.1).....	2,944	1,582	3,397
Military Personnel Benefits (12.2).....	285	161	247
Subtotal Pay Costs:	**13,209**	**13,416**	**15,514**
Travel (21.0).....	33	34	34
Transportation of things (22.0).....			
Rental payments to GSA (23.1).....	---	---	---
Communications, Utilities and Misc. Charges (23.3)...	---	---	---
Printing and Reproduction (24.0).....	427	434	439
Other Contractual Services:	165	168	168
Advisory and assistance services (25.1).....	---	---	---
Other services (25.2).....	84,717	85,812	95,141
Purchase of Goods & Svcs. from Govt. Accts (25.3)...	1,086	1,103	1,107
Operation and maintenance of equipment (25.7).....	---	---	---
Subtotal Other Contractual Services:.....	**85,803**	**86,915**	**96,248**
Supplies and Materials (26.0).....	4	4	4
Equipment (31.0).....	28	29	29
Grants, Subsidies, and Contributions (41.0).....	34,162	32,835	30,423
Subtotal Non-Pay Costs	**120,458**	**120,251**	**127,179**
Total Reimbursable Obligations	**$133,667**	**$133,667**	**$142,692**

Substance Abuse and Mental Health Services Administration

Mental Health Services
PHS Evaluation Funds – Object Class

(Dollars in thousands)

Object Class - PHS Evaluation	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$1,578	$1,728	$1,747
Other than full-time permanent (11.3)	---	---	---
Other personnel compensation (11.5)	24	24	24
Military personnel (11.7)	107	110	113
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**1,708**	**1,862**	**1,884**
Civilian benefits (12.1)	537	551	557
Military benefits (12.2)	61	63	65
Subtotal Pay Costs:	**2,306**	**2,476**	**2,506**
Travel and transportation of persons (21.0)	8	8	8
Transportation of things (22.0)			
Rental payments to GSA (23.1)	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---
Printing and reproduction (24.0)	257	261	266
Other Contractual Services:	---	---	---
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	8,440	8,575	8,738
Purchase of Goods & Svcs. from Govt. Accts (25.3)	33	34	34
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**8,473**	**8,609**	**8,772**
Supplies and materials (26.0)	4	4	4
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	9,990	9,681	9,482
Subtotal Non-Pay Costs	**18,732**	**18,563**	**18,533**
Total Reimbursable Obligations	**$21,039**	**$21,039**	**$21,039**

Substance Abuse and Mental Health Services Administration
Substance Abuse Treatment
PHS Evaluation Funds – Object Class

(Dollars in thousands)

Object Class - PHS Evaluation	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$2,966	$3,123	$3,160
Other than full-time permanent (11.3)	94	96	97
Other personnel compensation (11.5)	61	62	63
Military personnel (11.7)	174	180	185
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**3,295**	**3,461**	**3,505**
Civilian benefits (12.1)	947	952	961
Military benefits (12.2)	95	98	101
Subtotal Pay Costs:	**4,337**	**4,511**	**4,567**
Travel and transportation of persons (21.0)	19	20	20
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---
Printing and reproduction (24.0)	171	173	174
Other Contractual Services:		---	---
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	52,245	53,081	53,238
Purchase of Goods & Svcs. from Govt. Accts (25.3)	229	232	233
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**52,474**	**53,313**	**53,471**
Supplies and materials (26.0)			
Equipment (31.0)	28	29	29
Grants, subsidies, and contributions (41.0)	24,171	23,154	20,940
Subtotal Non-Pay Costs	**76,863**	**76,689**	**74,633**
Total Reimbursable Obligations	**$81,200**	**$81,200**	**$79,200**

Substance Abuse and Mental Health Services Administration
Health Surveillance and Program Support
PHS Evaluation Funds – Object Class

(Dollars in thousands)

Object Class - PHS Evaluation	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$4,392	$5,584	$5,697
Other than full-time permanent (11.3)	412	470	481
Other personnel compensation (11.5)	111	127	130
Military personnel (11.7)	63	169	174
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**4,977**	**6,350**	**6,482**
Civilian benefits (12.1)	1,460	79	1,879
Military benefits (12.2)	129	---	81
Subtotal Pay Costs:	**6,566**	**6,429**	**8,442**
Travel and transportation of persons (21.0)	6	6	6
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---
Printing and reproduction (24.0)	---	---	---
Other Contractual Services:	165	168	168
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	24,032	24,156	33,166
Purchase of Goods & Svcs. from Govt. Accts (25.3)	824	837	840
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**24,856**	**24,993**	**34,005**
Supplies and materials (26.0)	---	---	---
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	---	---	---
Subtotal Non-Pay Costs	**24,862**	**24,999**	**34,011**
Total Reimbursable Obligations	**$31,428**	**$31,428**	**$42,453**

Substance Abuse and Mental Health Services Administration
Salaries and Expenses Tables
Direct Budget Authority – Object Class

(Dollars in thousands)

Object Class - Direct Budget Authority[1,2]	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$47,086	$48,310	$48,793
Other than full-time permanent (11.3)	$2,018	$2,071	$2,091
Other personnel compensation (11.5)	$1,234	$1,266	$1,279
Military personnel (11.7)	$3,383	$3,488	$3,593
Special personnel services payments (11.8)	$18	$18	$19
Subtotal personnel compensation	$53,740	$55,154	$55,775
Civilian benefits (12.1)	$15,630	$16,015	$16,182
Military benefits (12.2)	$1,782	$1,838	$1,893
Subtotal Pay Costs:	$71,152	$73,006	$73,850
Travel (21.0)	$826	$839	$855
Transportation of things (22.0)	$5	$5	$5
Rental payments to Others (23.2)	$---	$---	$---
Communication, utilities, and misc. charges (23.3)	$462	$470	$478
Printing and reproduction (24.0)	$310	$315	$321
Other Contractual Services:			
Advisory and assistance services (25.1)	$33,349	$33,883	$34,526
Other services (25.2)	$87,127	$85,784	$53,655
Purchase of Goods & Svcs. from Govt. Accts (25.3)	$35,619	$36,189	$36,877
Operation and maintenance of facilities (25.4)	$198	$201	$205
Research and Development Contracts (25.5)	$---	$---	$---
Operation and maintenance of equipment (25.7)	$118	$120	$122
Subtotal Other Contractual Services:	$156,410	$156,176	$125,384
Supplies and materials (26.0)	$204	$207	$211
Subtotal Non-Pay Costs	$158,217	$158,012	$127,255
Total Salary and Expenses	$229,370	$231,018	$201,105
Rental Payments to GSA (23.1)	$5,233	$5,317	$5,418
Grand Total, Salaries & Expenses and Rent	$234,603	$236,335	$206,523
Direct FTE	491	606	615

[1] Does not include PHS EVAL Funds.

[2] Does not include Prevention and Public Health Funds.

Substance Abuse and Mental Health Services Administration

Salaries and Expenses Tables
PHS Evaluation Funds – Object Class

(Dollars in thousands)

Object Class[1]	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$8,935	$10,435	$10,603
Other than full-time permanent (11.3)	506	566	578
Other personnel compensation (11.5)	195	213	217
Military personnel (11.7)	343	459	473
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation	**9,980**	**11,673**	**11,871**
Civilian benefits (12.1)	2,944	1,582	3,397
Military benefits (12.2)	285	161	247
Subtotal Pay Costs:	**13,209**	**13,416**	**15,514**
Travel (21.0)	33	34	34
Transportation of things (22.0)			
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3).	---	---	---
Printing and reproduction (24.0)	427	434	439
Other Contractual Services:			
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	84,717	85,812	95,141
Purch. Goods & Svcs. Govt. Accts (25.3)	1,086	1,103	1,107
Operation and maintenance of facilities (25.4)	---	---	---
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	4	4	4
Subtotal Other Contractual Services:	**85,807**	**86,919**	**96,253**
Supplies and materials (26.0)	4	4	4
Subtotal Non-Pay Costs	**86,272**	**87,392**	**96,731**
Total Salary and Expenses	**99,481**	**100,807**	**112,245**
Rental Payments to GSA (23.1)	---	---	---
Grand Total, Salaries & Expenses and Rent	**$99,481**	**$100,807**	**$112,245**
Reimbursable FTE	99	101	100

[1] Does not include Other reimbursable FTEs (30) and associated Object Class cost.

Substance Abuse and Mental Health Services Administration
Detail of Full Time Equivalent Employee (FTE)

	FY 2019 Actual Civilian	FY 2019 Actual Military	FY 2019 Actual Total	FY 2020 Est. Civilian	FY 2020 Est. Military	FY 2020 Est. Total	FY 2021 Est. Civilian	FY 2021 Est. Military	FY 2021 Est. Total
Health Surveillance and Program Support...									
Direct:.....	374	20	394	418	30	448	419	30	449
Reimbursable:.....	23	3	26	39	4	43	40	4	44
Total:.....	397	23	420	457	34	491	459	34	493
Mental Health Services.....			0			0			0
Direct:.....	11	0	11	13	0	13	14	0	14
Reimbursable:.....	13	3	16	20	2	22	22	2	24
Total:.....	24	3	27	33	2	35	36	2	38
Substance Abuse Prevention.....			0			0			0
Direct:.....	0	0	0	0	0	0	0	0	0
Reimbursable:.....	11	2	13	21	1	22	21	1	22
Total:.....	11	2	13	21	1	22	21	1	22
Substance Abuse Treatment.....			0			0			0
Direct:.....	17	1	18	32	1	33	34	2	36
Reimbursable:.....	12	1	13	24	1	25	25	1	26
Total:.....	29	2	31	56	2	58	59	3	62
SAMHSA FTE Total……	**461**	**30**	**491**	**567**	**39**	**606**	**575**	**40**	**615**

Appendix 1: OIG-GAO Open Recommendations

Report Number	Report Title	Report Date	Recommendation Text	Concur / Non-Concur	Implementation Timeline	Implementation Status	Implementation Updates and Constraints
GAO-15-113	Mental Health: HHS Leadership Needed to Coordinate Federal Efforts Related to Serious Mental Illness	2/5/2015	To help determine if programs are effective at supporting those individuals with serious mental illness, the Secretaries of Defense, Health and Human Services, Veterans Affairs, and the Attorney General--which oversee programs targeting individuals with serious mental illness--should document which of their programs targeted for individuals with serious mental illness should be evaluated and how often such evaluations should be completed.	Non-Concur	2020	In Progress	HHS will be providing GAO with update by January 2020 and anticipate this recommendation being closed in early 2020.
GAO-18-32	Newborn Health: Federal Action Needed to Address Neonatal Abstinence Syndrome	10/4/2017	The Secretary of HHS should expeditiously develop a plan--that includes priorities, timeframes, clear roles and responsibilities, and methods for assessing progress--to effectively implement the NAS-related recommendations identified in the Protecting Our Infants Act: Final Strategy.	Concur	2020	In Progress	An update was provided to GAO in October 2019. GAO responded in November with a request additional information. HHS will provide GAO with additional information and anticipate that the recommendation will be closed in early 2020.
GAO-18-450	Mental Health: Federal Procedures to Oversee Protection and Advocacy Program Could be Further Improved	5/24/2018	The Assistant Secretary for Mental Health and Substance Use should establish procedures to better ensure that mid-performance changes to program priority goals, objectives, and targets are examined across multiple years.	Concur	2019	Awaiting Disposition	Latest update provided to GAO in October 2019. HHS anticipates that recommendation will be closed by January 2020.
GAO-18-450	Mental Health: Federal Procedures to Oversee Protection and Advocacy Program Could be Further Improved	5/24/2018	The Assistant Secretary for Mental Health and Substance Use should take steps, including the steps it has planned, to ensure onsite reviews are completed and findings are provided to programs on a timely basis.	Concur	2019	Awaiting Disposition	Latest update provided to GAO in October 2019. HHS anticipates that recommendation will be closed in early 2020.

Substance Abuse and Mental Health Administration
Detail of Positions

	FY 2019 Final	FY 2020 Enacted	FY 2021 President's Budget
Executive Level IV	1	1	1
Subtotal	1	1	1
Total - Exec Level Salaries	**$155,500**	**$155,500**	**$155,500**
SES	10	20	20
Subtotal	10	20	20
Total, SES salaries	**$2,237,831**	**$4,475,662**	**$4,475,662**
GM/GS-15/EE	53	64	64
GM/GS-14	108	122	122
GM/GS-13	168	205	205
GS-12	49	54	54
GS-11	22	27	27
GS-10	0	1	1
GS-09	12	25	27
GS-08	13	16	18
GS-07	18	20	22
GS-06	4	9	11
GS-05	3	3	3
GS-04	0	0	0
GS-03	0	0	0
GS-02	0	0	0
GS-01	0	0	0
Subtotal	450	546	554
Total, GS salaries	**$69,016,437**	**$83,739,944**	**$84,966,902**
CC-08/09	0	1	1
CC-07	0	0	0
CC-06	14	18	18
CC-05	4	9	9
CC-04	9	9	9
CC-03	3	2	3
CC-02	0	0	0
CC-01	0	0	0
Subtotal	30	39	40
Total, CC salaries	**$4,741,346**	**$6,324,007**	**$6,687,232**
Total Positions[1]	**491**	**606**	**615**
Average ES level	ES	ES	ES
Average ES salary	$155,500	$155,500	$155,500
Average SES level	SES	SES	SES
Average SES salary	$223,783	$223,783	$223,783
Average GS grade	13.6	13.6	13.6
Average GS salary	$153,370	$153,370	$153,370
Average CC level	5	5	5
Average CC salaries	$158,045	$162,154	$167,181

Programs Proposed for Elimination

The following table shows the programs proposed for elimination in the FY 2021 Budget Request. Terminations of these programs total $82 million in a single appropriations: Mental Health, Substance Abuse Prevention, and Substance Abuse Treatment.

The following is a brief summary of the program and rational for the elimination proposal.

(Dollars in thousands)

Program	FY 2020 Enacted
Primary and Behavioral Health Care Integration……	49,877
Primary and Behavioral Health Care Integration TA……	1,991
Screening, Brief Intervention and Referral to Treatment……	30,000
Total	**81,868**

Primary and Behavioral Health Care Integration

The Primary and Behavioral Health Care Integration (PBHCI) program began in FY 2009 to address specifically this intersection between primary care and mental disorder treatment. The program supports two activities: grants to community mental health centers and the PBHCI Training and Technical Assistance (TTA) Center, which is co-funded through a competitive cooperative agreement with the Health Resources and Services Administration (HRSA). These two activities collectively support the coordination and integration of primary care services into publicly funded community behavioral health settings for individuals with SMI and/or people with co-occurring disorders served by the public mental health system. PBHCI seeks to improve health outcomes for people with SMI by encouraging grantees to engage in necessary collaboration, expand infrastructure, and increase the availability of primary healthcare and wellness services for individuals with mental illness.

The Primary and Behavioral Healthcare Integration ($51.9 million) program is being proposed for elimination, as this program is potentially fundable through other sources of funds including the Substance Abuse Block Grant and Certified Community Behavioral health Center funding. SAMHSA will continue to disseminate the lessons learned from this program.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

In 2003, SAMHSA started the Screening, Brief Intervention and Referral to Treatment (SBIRT) program, which is intended to help primary care physicians identify individuals who misuse substances and help them intervene early with education, brief treatment, or referral to specialty treatment. The program's goal is to increase the number of individuals who receive treatment and reduce the rate of substance misuse. The SBIRT program seeks to increase the use of SBIRT in medical settings by promoting wide dissemination and adoption of the practice across the spectrum of primary care services. To achieve this, SAMHSA awards state implementation grants to encourage adoption of SBIRT by healthcare providers in each state. SAMHSA has demonstrated the effectiveness of SBIRT and continues to disseminate SBIRT practices.

SAMHSA is proposing to eliminate the SBIRT program ($30.0 million) as significant knowledge has been developed and disseminated for this program and it has been brought to scale in hundreds of communities across the nation. SAMHSA will continue to disseminate SBIRT program information as necessary.

Physicians' Comparability Allowance (PCA) Worksheet
Substance Abuse and Mental Health Services Administration

(Whole dollars)

1) Department and component:

HHS/Substance Abuse and Mental Health Services Administration

2) Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

We have to offer PCAs because our salaries are not competitive with the private sector.

3-4) Please complete the table below with details of the PCA agreement for the following years:

	FY 2019 (Final)	**FY 2020 (Enacted)**	**FY* 2021 (President's Budget)**
3a) Number of Physicians Receiving PCAs	1	1	1
3b) Number of Physicians with One-Year PCA Agreements	-	-	-
3c) Number of Physicians with Multi-Year PCA Agreements	1	1	1
4a) Average Annual PCA Physician Pay (without PCA payment)	152,352	152,352	152,352
4b) Average Annual PCA Payment	16,000	16,000	16,000

*BY data will be approved during the BY Budget cycle. Please ensure each column is completed.

5) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

We have to offer PCAs because our salaries are not competitive with the private sector (e.g., we might offer 75% of a physician's salary on the outside). In addition, physicians of interest to SAMHSA often have income from consulting as well. The PCA is the only way to raise the government income so as to make the offer acceptable.

6) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

N/A

SAMHSA FY21 CJ Significant Items

Senate Appropriations Committee, Labor/HHS/Education Subcommittee (S. Rept. 116-000)

1. **Mental Health** *Directs SAMHSA to provide a comprehensive plan to the Committees identifying current gaps in mental healthcare programs, highlighting how these programs can help close those gaps, and providing recommendations to meet the needs of those experiencing mental illness. (Page 139 S. Report)*

   Action taken or to be taken

   Overall, there are significant gaps in accessing treatment in the U.S. There are problems with variability in what types of treatment are available despite evidence demonstrating effectiveness and there are insufficient numbers of team based treatment providers that have the capacity or legal authority to follow up with challenging and high risk individuals who are gravely disabled by a SMI or SED. Services are too often fragmented and unavailable which results in suffering and adverse outcomes that could be avoided with adequate access, treatment, and follow up. SAMHSA will submit a plan to the House and Senate Appropriations Committees identifying current gaps in mental healthcare programs, highlighting how the programs can help close those gaps, and provide recommendations to meet the needs of those experiencing mental illness.

2. **Infant & Early Childhood Mental Health** *Continues to recommend providing grants to entities such as state agencies, Tribal communities, university or medical centers that are in different stages of developing infant & early childhood mental health services. (Page 140 S. Report*)

   Action taken or to be taken

   In FY 2018, SAMHSA was appropriated $5 million for the Infant and Early Childhood Mental Health grant program and awarded 10 grants to universities and non-profit institutions based on the eligibility in Section 10006 of the 21st Century Cures Act.

3. **Mental Health Awareness Training** *SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans, armed services personnel and their family members within the Mental Health First Aid program. (Page 141 S. Report)*

   Action taken or to be taken

   SAMHSA included eligible grantees as directed. The Funding Opportunity Announcement (FOA) included as eligible grantees, local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. In addition, the FOA allowable activities includes training for veterans, armed services personnel, and their

family members. In FY 2020, SAMHSA anticipates funding the continuation of 156 Mental Health Awareness Training grants to entities including local law enforcement, fire departments, and emergency medical units.

4. **National Suicide Prevention Hotline** *Requests that SAMHSA report to the Committees on the level of funding required to meet the needs of the hotline, given the increases in the rates of suicide and suicide attempts, and increased awareness and use of the hotline. (Page 141 S. Report)*

Action taken or to be taken

The Budget includes $19 million for the suicide hotline which is the same as the 2020 Enacted level. SAMHSA continues to promote suicide prevention efforts through its Lifeline and associated follow up activities to connect callers with the needed help and care. SAMHSA looks forward to working with FCC on the implementation of the 988 national number.

5. **Project AWARE** *The Committee provides $103,001,000, an increase of $32,000,000, for Project AWARE. This program increases awareness of mental health issues and connects young people that have behavioral health issues and their families with needed services. SAMHSA is encouraged to use funds to provide mental health services in schools and for school aged youth. Of the amount provided for Project AWARE, the Committee directs SAMHSA to use $10,000,000 for discretionary grants to support efforts in high crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2019 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants.* ***The Committee requests a report on progress of grantees 180 days after enactment.***
(Page 141 S. Report)

Action taken or to be taken

In FY 2021 SAMHSA is proposing to use this funding to continue much needed services, supports, and training related to school-based mental health service provision. In addition, the funding will be used to continue an expansion of the AWARE model to rural communities. Funding will support increased access to services in rural schools through telehealth models, use of behavioral health aides, and linkages to services. In addition, funding would also be used to develop trainings in rural communities to for school personnel to recognize the signs and symptoms of mental illness in students.

SAMHSA continues to fund 11 Resilience in Communities After Stress and Trauma (ReCAST) grants for a total of $10 million. These grants support efforts in high crime, high-poverty areas and, in communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. SAMHSA looks forward to submitting a report on the progress of the ReCAST grantees.

6. **Community Mental Health Services Block Grant** *Encourages SAMHSA to support State efforts to provide long-acting-injectable medications approved for the treatment of serious mental illness and assistance to those with severe mental health needs who are at risk of recidivism. Continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. Directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and that target the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis.* ***Directs SAMHSA to include in the FY 2021 CJ a detailed table showing at a min. each State's allotment, name of the program being implemented, and a short description of the program.*** *(Page 142 S. Report)*

Action taken or to be taken

SAMHSA will add a section in the Block Grant application encouraging states use of long-acting injectable medications and the benefits for those with serious mental illness. SAMHSA will also ask states to report on how they encourage providers to use long-acting-injectable medications approved for the treatment of serious mental illness and those who are at risk of recidivism.

SAMHSA will continue to collaborate with National Institute of Mental Health (NIMH) regarding implementation of early Serious Mental Illness programs, including the research and resource materials. SAMHSA has provided in the FY 2021 CJ a detailed table identifying each States allotment, name of the program being implemented, and a short description of the program.

7. **Children's Mental Health Services** *The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first episode psychosis. SAMHSA is directed to work with NIMH on the implementation of this set-aside. (Page 142 S. Report)*

Action taken or to be taken

The Children's Mental Health Services program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with education, juvenile justice, child welfare, and primary healthcare systems. As part of the 10 percent set-aside, SAMHSA issued a Funding Opportunity Announcement for an early intervention demonstration program for individuals not more than 25 years of age at clinical high risk of developing a first episode psychosis. SAMHSA will continue to collaborate with NIMH on the implementation of this program. In FY 2020, SAMHSA will support the continuation of the grants under the 10 percent set-aside.

8. **Certified Community Behavioral Health Clinics** *Directs SAMHSA to prioritize resources to entities w/in States that are part of the Protecting Access to Medicare Act of 2014 demonstration and to entities within States that were awarded planning grants. SAMHSA is directed to*

coordinate these resources with its efforts focusing on areas of high incidence of substance use disorders. ***Committee looks forward to receiving SAMHSA's first evaluation of the discretionary grant program in February of 2020.*** *(Page 143 S. Report)*

Action taken or to be taken

In FY 2020, SAMHSA released a new Funding Opportunity Announcement prioritized entities within states that are part of the Protecting Access to Medicare Act of 2014 demonstration and to entities within States that were awarded planning grants. In December 2019, SAMHSA provided to the Committee a Report to Congress and will provide an updated report in February 2020.

9. **Adolescent Substance Use Screening, Brief Intervention & Referral to Treatment [SBIRT]**
Encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age as well as on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults. Encourages SAMHSA to consider using existing resources for grants to pediatric healthcare providers in accordance with the specifications outlined in Section 9016 of the Sober Truth in Preventing Underage Drinking Reauthorization. (Page 144 S. Report)

Action taken or to be taken

The Screening, Brief Intervention and Referral to Treatment (SBIRT) program is intended to help primary care physicians identify individuals who misuse substances and help them intervene early with education, brief treatment, or referral to specialty treatment. The SBIRT program seeks to increase the use of SBIRT in medical settings by promoting wide dissemination and adoption of the practice across the spectrum of primary care services. To achieve this, SAMHSA awards state implementation grants to encourage adoption of SBIRT by healthcare providers in each state. SAMHSA no longer proposes a dedicated program for SBIRT, but disseminates SBIRT as an evidence-based practice through its technology transfer centers, as well as through programs that treat youth with addiction and/or co-occurring substance abuse and mental disorders to address gaps in service delivery by providing services for youth and their families and primary caregivers using effective evidence-based, family-centered practices.

10. **Drug Courts** *Directs SAMHSA to ensure that all funding for Drug Treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. (Page 145 S. Report)*

Action taken or to be taken

Funding opportunity announcements for SAMHSA's Drug Court grants state clearly that funds are intended to support individuals diagnosed with SUDs as their primary condition. SAMHSA's Drug Court grantees are encouraged to work with the corresponding State Substance Abuse Agency in the planning, implementation, and evaluation of their grants. SAMHSA provides

regional and national training and technical assistance to drug court grantees on evidence-based practices.

11. **Evidence-based Therapeutics** *Requests SAMHSA include a report in the FY 2021 CJ on how these new prescription technologies could be used by the behavioral health field as a tool to combat substance abuse and the opioid crisis by expanding patient access to treatment and recovery support services. (Page 145-146 S. Report)*

Action taken or to be taken
SAMHSA is currently reviewing its Federal Guidelines for Opioid Treatment Programs (2015) for updates, including information about prescription digital health technologies to deliver evidence-based therapeutic interventions to patients.

12. **Medication-Assisted Treatment** *The Committee continues to direct CSAT to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin, including programs that offer low-barrier or same day treatment options. Notes that the report requested on this program has not yet been submitted and the C**ommittee expects an update within 30 days of enactment.** (Page 146 S. Report)*

Action taken or to be taken
SAMHSA is requiring that for CSAT's services programs, grants support medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence. The report to Congress on Medication Assisted Treatment is being finalized.

13. **Opioid Abuse in Rural Communities** *Encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically underserved areas. (Page 146 S. Report)*

Action taken or to be taken
The First Responder Training program includes a funding set-aside for rural grantees to ensure that grant funding is distributed to rural and underserved areas. These grants are intended to train and support first responders in administering overdose reversal drugs. In addition, SAMHSA's Rural Opioid Technical Assistance program, a program administered in partnership with the Department of Agriculture's cooperative extension programs, provides technical assistance to assist rural communities in meeting critical needs related to the opioid crisis.

14. **Opioid Detoxification** *Notes that opioid detoxification may be followed by injectable extended-release naltrexone, and encourages SAMHSA to disseminate information about this practice where applicable, including in rehabilitation and criminal justice settings. (Page 146 S. Report)*

Action taken or to be taken

SAMHSA updates its website to ensure that the most up-to-date information on naltrexone -- to include its uses and applicable settings -- is available to consumers and practitioners. A video for practitioners on the use and benefits of naltrexone is also being developed.

15. (Page 147) **Pregnant and Postpartum Women Program** *Encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders. (Page 147 S. Report)*

Action taken or to be taken

Through the Pregnant and Postpartum Women (PPW) pilot program authorized by the Comprehensive Addiction and Recovery Act (CARA) of 2016, SAMHSA grants funds support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders; help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and support state substance abuse agencies by encouraging new approaches and models of service delivery. The funding opportunity announcement for this program places an emphasis on the use of evidence-based practices, in addition to building state infrastructure to support these services including ensure sustained partnerships across systems.

16. **Sober Homes and Drug Treatment Facilities** *Encourages SAMHSA to provide information to local government officials regarding sober home best practices, including effective oversight of drug treatment facilities consistent with substance use disorder-specific program standards in an effort to protect vulnerable persons with substance use disorder, and their families, from fraudulent and abusive practices. (Page 147 S. Report)*

Action taken or to be taken

In the fall of 2019, SAMHSA released guidance on its website entitled, Recovery Housing: Best Practices and Suggested Guidelines. The report provides guiding principles that will assist government officials in defining and understanding what comprises safe, effective and legal recovery housing, including sober homes. Best practices and minimum standards are described in the guiding principles.

17. **State Opioid Response Grants-- 2018 Report** *Committee is concerned that it has not received the report requested in fiscal year 2018 outlining detailed activities for which each State has received funding and the ultimate recipients of the funds provided to States and requests a report no later than 30 days after enactment. (Page 147 S. Report)*

Action taken or to be taken

The State Opioid Response grants report is being finalized.

18. **State Opioid Response Grants-- Proposed Allocation of Funds** *The Committee recognizes the alarming increase in overdoses involving stimulants such as methamphetamine and cocaine across the country. CDC recently reported that during 2015–2016, age-adjusted death rates involving methamphetamine and cocaine increased by 52 percent and 33 percent respectively. As such, the Committee directs SAMHSA to make prevention and treatment of, and recovery from, stimulant abuse an allowable use of these funds while maintaining the existing formula calculation based on age adjusted mortality rates related to opioid overdose deaths. The Committee directs the agency to ensure funds reach local communities and counties to address areas of unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to rural, underserved communities, and providers in addressing this crisis. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate* ***the proposed allocation of funds not later than 15 days prior to publishing the funding opportunity announcement.*** *(Page 147 S. Report)*

Action taken or to be taken

SAMHSA plans to expand the scope of SOR to include addressing stimulant misuse in addition to opioids. The formula will continue to be based on the state's proportion of people who meet criteria for dependence or abuse of heroin or pain relievers who have not received any treatment and the state's proportion of drug poisoning deaths. SAMHSA will submit the proposed allocation of funds to the appropriations committees of the House and Senate at least 15 days prior to publishing the funding opportunity announcement.

19. **State Opioid Response Grants—Evaluation** *In addition, the Committee looks forward to receiving SAMHSA's evaluation of the program not later April 2020 and requests that SAMHSA update the evaluation on an annual basis. SAMHSA is directed to make the report and evaluation publicly available on SAMHSA's website. (Page 147 S. Report)*

Action taken or to be taken

In April 2020, SAMHSA will provide a report on the evaluation of the State Opioid Response program.

20. **Telehealth Medication-Assisted Treatment Pilot Project for Opioid Treatment** *Committee believes that the power of technology should be used to address the opioid epidemic and requests a report in the FY 2021 CJ on efficacy and sustainability of tele-MAT programs. (Page 147-148 S. Report)*

Action taken or to be taken

The State Opioid Response (SOR) program aims to increase access to medication-assisted treatment (MAT), reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD). In order to do so, states are required to develop and implement comprehensive systems of prevention, treatment, and recovery support services to address the opioid crisis. Since the SOR program's

inception in 2018, states have engaged in numerous collaborations and developed innovations to increase access to MAT, particularly through the use of telehealth.

In the first year of the program, a number of states have utilized some form of telehealth in the delivery of MAT. For example, California has implemented the TeleWell Behavioral Medicine program to provide psychiatric and addiction medicine services using telehealth technology to rural and other underserved communities, especially tribal and urban Indian health programs. South Dakota is engaged in efforts to expand access to MAT statewide utilizing telehealth as it is predominantly rural and frontier; Oklahoma is engaged in a similar effort.

As the activities of states are regularly monitored, SAMHSA will continually review the progress of states in their telehealth efforts to determine efficacy and provide technical assistance on sustainability beyond SOR funding. SAMHSA will also encourage information exchange between states on telehealth best practices. Additionally, SAMHSA will utilize its' suite of technical assistance resources to disseminate information and best practices on telehealth, and provide technical assistance on implementation and evaluation of telehealth programs.

21. **Treatment, Recovery, and Workforce Support** *SAMHSA is directed to, in consultation with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. (Page 148 S. Report)*

Action taken or to be taken

SAMHSA does not currently have a dedicated grant program for this activity. However, a many of SAMHSA's services programs, such as the Recovery Community Services Program, promote evidence-based recovery support services that include, but are not limited to, employment coaching, recovery coaching, linkages to housing, recovery housing services and navigation services. Services programs also require that grantees report on clients' improvement with regard to being employed or in school from intake to follow-up upon receiving treatment or services.

22. **Tribal Behavioral Health Grants** *Urges the Assistant Secretary for Mental Health & Substance Abuse to engage with Tribes on ways to maximize participation in this program. (Page 149-150 H. Report)*

Action taken or to be taken

SAMHSA continues to fund the Tribal Behavioral Health grants also known as Native Connections. This program is designed to prevent suicide, substance misuse, reduce the impact of trauma, and promote mental health among American Indian/Alaska Native (AI/AN) youth through the age of 24 years. In addition, this grants help AI/AN communities to support youth and young adults as they transition into adulthood by facilitating collaboration among agencies. These grants are supported by the Native Connections Technical Assistance (TA) Center and the Mental Health Technology Transfer Center, National AI/AN Center. The Native Connections TA Center maximizes grantees participation in the grant program by ensuring that they have access to appropriate evidence-based and culturally informed-programs. This technical assistance helps

grantees shape and implement effective strategies to reduce the impact of mental illness and respond to the impact of trauma on AI/AN communities through a public health approach.

In addition, the SAMHSA Tribal Training and Technical Assistance Center provides support through site visits and Gatherings of Native Americans/Gatherings of Alaska Natives events. These efforts promote infrastructure development, capacity building, as well as program planning and implementation.

23. **Post-Traumatic Stress Disorder in First Responders** *Encourages SAMHSA to examine PTSD among this population, including prevalence rate, risk factors, symptom presentation, course, comorbidities, and rates of suicidal thoughts and actions, and to provide this information in the FY2021 CJ. (Page 150 H. Report)*

Action taken or to be taken

Given the many natural and human-caused disaster our country has experienced in recent years, SAMHSA understands that the nation's first responders are routinely exposed to severe and repeated trauma. SAMHSA funds the Disaster Technical Assistance Center (DTAC) to assist states, U.S. territories, tribes, and local providers plan for and respond to behavioral health needs after a disaster. SAMHSA continues to ensure that first responders have behavioral health resources in various formats to address these concerns. Three free, online trainings were designed to help first responders at any level, improve their awareness and understanding of the mental health and substance use risk factors to note in themselves and their peers, and how to seek support. Quarterly online newsletters and bulletins provide practical information on first responder care and support for disaster behavioral health coordinators, local service providers, federal agencies, and nongovernmental organizations.

House Appropriations Committee, Labor/HHS/Education Subcommittee (S. Rept. 116-62)

1. **PTSD in First Responders** *The Committee is aware of research indicating that individuals working in the civilian first responder disciplines of law enforcement, fire services, and emergency medical services are at greater risk for full or partial post-traumatic stress disorder (PTSD) than most other occupations because their responsibilities routinely entail confrontation with traumatic stressors. The Committee encourages SAMHSA to examine PTSD among this population, including prevalence rate, risk factors, symptom presentation, course, comorbidities, and rates of suicidal thoughts and actions. (Page 118 H. Report)*

   Action taken or to be taken

   Given the many record-breaking natural and human-caused disaster our country has experienced in recent years, SAMHSA understands that the nation's first responders are routinely exposed to severe and repeated trauma. SAMHSA funds the Disaster Technical Assistance Center (DTAC) to assist states, U.S. territories, tribes, and local providers plan for and respond to behavioral health needs after a disaster. SAMHSA continues to ensure that first responders have behavioral health resources in various formats to address these concerns. Three free, online trainings were designed to help first responders at any level, improve their awareness and understanding of the mental health and substance use risk factors to note in themselves and their peers, and how to seek support. Quarterly online newsletters and bulletins provide practical information on first responder care and support for disaster behavioral health coordinators, local service providers, federal agencies, and nongovernmental organizations.

2. **Now is the Time/ School Mental Health Programs** *Encourages to sustain and strengthen grant to support school-based services aimed at mental health challenges, experienced by youth and young adults. (Page 118 H. Report)*

   Action taken or to be taken

   SAMHSA believes that America's schools should be safe and secure settings where children can focus on learning and develop their full potential; thus helping them stay on a positive trajectory that will support academic success and help them graduate and become productive citizens. Now is the Time (Project AWARE) supports several strategies for addressing mental health in schools: supports for mental wellness in education settings, building awareness of mental health issues, and early intervention with coordinated supports. The program also includes a focus on the specific needs affecting rural and tribal communities, which struggle with access to mental health services in schools and access to qualified health professionals to provide such services. To support school mental health, SAMHSA funds several program: AWARE-SEA grants, Mental Health Awareness Training grants, Resiliency in Communities After Stress and Trauma (ReCAST) grants, and technical assistance to develop school-based mental health models.

3. **Suicide Prevention** *The Committee urges SAMHSA to develop and disseminate programs to provide specialized training and resources on identifying and responding to people at risk of*

suicide for families and friends of at-risk individuals. Given that the LGBTQ youth are more than four times more likely to attempt suicide then their peers, and that one in five LGBTQ youth and more than one in three transgender youth report attempting suicide this past year, SAMHSA must be equipped to provide specialized resources to this at risk community. (Page 118 H. Report)

Action taken or to be taken

In FY 2020, SAMHSA plans to develop and disseminate programs to provide specialized training and resources on identifying and responding to people at risk for suicide for families and friends of at risk individuals. This will include a Psychoeducational Toolkit for Families with a Loved One Who is Suicidal, as well as specialized resources for LGBTQ youth.

4. **Suicide Prevention—data** *Committee requests that SAMSHA report the following: answer rates from each State, average wait time per State, how the Lifeline Centers are funded State-by-State, State-based resources per capita, total amount of funds spent on the suicide prevention lifeline by State, and how Congress can support the Lifeline's State-based capacity challenges as demand continues to grow. (Page 118-119 H. Report)*

Action taken or to be taken

SAMHSA is providing state by state answer rates for calls to the National Suicide Prevention Lifeline (excluding callers who press "one" for the Veterans Crisis Line). In FY 2020, SAMHSA will work with the National Suicide Prevention Lifeline to obtain average wait time per state, how the Lifeline centers are funded state by state, and total amount of funds spent on the National Suicide Prevention Lifeline crisis centers by state. The capacity to answer Lifeline calls by local crisis centers affects wait times.

5. **Suicide Prevention -LGBTQ Competency** *The Committee urges SAMHSA to provide specific training programs for National Suicide Prevention Lifeline counselors to increase competency in serving LGBTQ youth through the utilization of existing specialized resources. The Committee also urges SAMHSA to consider the diversion of calls to specialty partners who are best situated to serve the LGBTQ community. (Page 119 H. Report)*

Action taken or to be taken

In FY2020, SAMHSA will assure specific training is provided to the National Suicide Prevention Lifeline counselors to increase competency in serving LGBTQ youth. SAMHSA will also review options for the diversion of calls to specialty LGBTQ providers.

6. ***Mental Health Block Grant*** *Expects continued collaboration with NIMH to encourage states to use block grant funding for programs w/ strong evidence of effectiveness. Directs a new 5% set-aside for evidence-based crisis care programs. Directs inclusion in the FY21 budget a table showing state allotments, and description of the program. (Page 119-120 H. Report)*

Action taken or to be taken

SAMHSA will continue to collaborate with National Institute of Mental Health (NIMH) to identify and support the implementation of evidence-based crisis intervention treatment services that aim to address the needs of persons with acute psychiatric crisis including those with acute suicide ideation.

The 2021 Budget includes $35 million in the MHBG for evidence-based crisis care programs that provide persons in psychological distress timely and safe high quality care that stabilizes short term crises and will remain in contact with individuals until they are established in longer term care if needed.

7. **Criminal Justice Activities** *Strongly encourages to prioritize funding that assists those with severe mental health needs at risk of recidivism - especially in areas w/ high rates of uninsured/poverty/SUD. (Page 122 H. Report)*

Action taken or to be taken

CSAT continues to fund its Drug Court grants and its Offender Reentry programs. These programs are designed to serve individuals with substance use disorders (SUDs) as their primary diagnosis. These grants may also serve individuals with co-occurring SUDs and mental disorders. However, CMHS's criminal justice portfolio focuses on individuals with mental disorders and co-occurring SUDs as a primary population of focus. In FY 2018, CMHS awarded Law Enforcement Behavioral Health Partnerships for Early Diversion (Short Title: Early Diversion) grants, which divert adults with an SMI or a co-occurring disorder from the criminal justice system to community-based services prior to arrest and booking. For this program, in FY 2021, SAMHSA proposes to place a greater emphasis on those with SMI, who are at greater risk of becoming involved in the criminal justice system.

8. **Emphasis on Comprehensive Services** *Committee directs the Department to continue its emphasis on evidence-based medical interventions, and to ensure that all such interventions, including programs that focus on harm reduction, provide referral to treatment and recovery services. (Page 123 H. Report)*

Action taken or to be taken

SAMHSA continues to emphasize evidence-based medical interventions that promoted referral to treatment and recovery services. For example, SAMHSA's criminal justice portfolio includes drug court grants that focus on diversion and alternatives to incarceration for adolescents and adults with drug/alcohol addiction and/or co-occurring drug/alcohol addiction and mental illness. The Offender Reentry Program (ORP) grants provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. Grantees are encouraged to use grant funds to provide medication-assisted treatment with FDA-approved medications. In July 2019, SAMHSA published an Evidence-based Practice Guidebook focused on medication-assisted treatment (MAT) implementation in criminal justice settings.

SAMHSA's Improving Access to Overdose Treatment (CARA) grant program increases access to treatment, reduces unmet treatment need, and reduces opioid overdose related deaths. Grantees utilize SAMHSA's Opioid Overdose Prevention Toolkit as a guide and includes a comprehensive prevention program that focuses on prevention, treatment, and recovery services to decrease the likelihood of drug overdose recurrence.
SAMHSA's Substance Abuse Prevention and Treatment Block Grant (SABG) funds priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time. The SABG 20 percent primary prevention set-aside requires that grantees spend at least 20 percent of their SABG expenditures to develop and implement a comprehensive substance abuse prevention program.

Additionally, SAMHSA, along with other HHS agencies, has developed guidance for grantees regarding use of grant funds to support syringe services programs, testing kits for HIV, navigation services to ensure linkage to HIV and viral hepatitis prevention, testing, treatment and care services, including antiretroviral therapy for HIV, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), prevention of mother to child transmission and partner services; substance use disorder treatment, and medical and mental health care.

9. **Grants for Opioid Overdose Responder** *Urged use of grants for opioid responders and should include evidence-based intervention training. (Page 124 H. Report)*

Action taken or to be taken
SAMHSA ensures that SABG recipients are addressing the opioid crisis by monitoring recipient's adherence to their respective SABG application. The application explicitly states that "States continue to make primary substance use disorder prevention a priority. To respond to the primary prevention set-aside requirement of the SABG, states should keep in mind that the backbone of a prevention system is an infrastructure with the ability to collect and analyze epidemiological data on substance use and its associated consequences. The system must also be able to use this data to identify areas of greatest need, and to identify, implement, and evaluate evidence-based programs, practices and policies that have the ability to reduce substance use and improve health and well-being in all communities." Also, written in the application, "State authorities are strategic in leveraging scarce resources to fund prevention services."

SAMHSA works with State authorities to ensure that they comport with changes in quality reporting. States are required to utilize the National Behavioral Health Quality Framework (NBHQF) as a mechanism for to examine, prioritize, and report on approaches to prevention, treatment, and recovery processes through the SABG as well as discretionary and formula grantees. As a result SAMHSA SABG funded recipients are able to utilize substance prevention block grant dollars for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. In addition, to this tool, SAMHSA has been working with states and state representative organizations to identify and implement a core set of measures, which includes approved quality measures to assess outcomes and quality in programming. This effort guides and aligns the measurement requirements of Medicaid and Medicare. Also, SAMHSA continues to encourage SABG recipients to incorporate evidence-based intervention training and facilitate linkage to treatment and recovery services.

The PTTC Network delivers training and technical assistance on practices that have proven effective in transferring knowledge and skills, tailored to the local needs of specific technical assistance recipients. A primary goal of the PTTC Network is to help prevention organizations make effective changes that produce measurable changes in outcomes. In addition, CSAP Project Officers during their monitoring calls (monthly for newer grantees) and quarterly, remind, as well as, continue to encourage grantees to be sure to incorporate evidence-based intervention training and to facilitate linkage to treatment and recovery services.

SAMHSA's Grants to Prevent Prescription Drug and Opioid Overdose-related Deaths program helps states identify communities of high need and provide education, training, and resources necessary to meet their specific needs. Grant funds may be used for purchasing overdose reversing drugs, equipping first responders with them, providing training on their use, developing other overdose-related death prevention strategies, and providing materials to assemble and disseminate overdose kits. A growing evidence base suggests that overdose reversal drugs are a cost-effective method to reducing opioid overdose deaths. Grantees are also required to develop a dissemination plan and a training course tailored to meet the needs of first responders in their communities. The course uses SAMHSA's Opioid Overdose Prevention Toolkit as a guide and includes a comprehensive prevention program that will focus on prevention, treatment, and recovery services in order to decrease the likelihood of drug overdose recurrence. SAMHSA also funds First Responder Training grants and Improving Access to Overdose Treatment grants, which also increase access to treatment, reduce unmet need, and reduce opioid overdose related deaths through the use of evidence-based training.

10. **Pregnant & Postpartum Women** *Encourages to fund an additional cohort of states beyond those pilots already funded. (Page 124 H. Report)*

Action taken or to be taken

SAMHSA intends to award an additional cohort of state grants for the PPW pilot program in FY 2020.

11. **Targeted Capacity Expansion** D*irected to include MAT to achieve abstinence from opioids/heroin. (Page 124 H. Report)*

Action taken or to be taken

Funding for the MAT PDOA program is proposed to be discontinued in FY 2021. Support for MAT services may be continued through the SOR program.

12. **Addiction Treatment Centers** *Encourages comprehensive care for SU & MHD on site. (Page 124 H. Report)*

Action taken or to be taken

CSAT's services grants provide treatment and recovery services to those with substance use disorders (SUDs) as their primary diagnoses, but also explicitly state that services are to be provided to those with co-occurring SUDs and mental disorders. Through CSAT's programs, authorized under its Programs of Regional and National Significance, CSAT addresses priority SUD treatment needs. In the absence of an authorization to provide mental health services, CSAT supports a comprehensive approach to addressing prevention, treatment, and recovery support for

individuals with SUD. For those with co-occurring SUD and mental disorders, CSAT promotes access and referral to mental health services and treatment where indicated.

13. **Continuum of Care** *Encouraged to work with state & local grantees to implement coordinated continuum of care approaches. (Page 125 H. Report)*

Action taken or to be taken

SAMHSA continues to take a continuum of care approach to its substance use disorder treatment services programs, and in particular, to programs addressing the opioid crisis. One of SAMHSA's primary efforts to address the opioid crisis, the State Opioid Response (SOR) program, was established to address the public health crisis caused by escalating opioid misuse and addiction across the nation. The SOR program provides resources to states, territories, and tribes to continue and enhance the development of comprehensive strategies focused upon preventing, intervening, and promoting recovery from problems related to opioid abuse. SOR grantees are required to use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly and adequately address the gaps in their systems of care; deliver evidence-based treatment interventions that include medication(s) FDA-approved specifically for the treatment of opioid use disorder (OUD), and psychosocial interventions; report progress toward increasing availability of medication-assisted treatment for OUD and reducing opioid-related overdose deaths.

14. **Medication-Supported Therapy** *Encourages to implement in all settings where detoxification is offered. (Page 125 H. Report)*

Action taken or to be taken

SAMHSA's grant programs that directly respond to the opioid crisis increase access to medication-assisted treatment using FDA-approved medications for the treatment of opioid use disorder (OUD), reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD. In addition, SAMHSA requires that CSAT's services programs addressing substance use disorders and co-occurring mental disorders – including its criminal justice programs – support medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence. Regarding the use of naltrexone following opioid detoxification, SAMHSA updates its website to ensure that the most up-to-date information on naltrexone -- to include its uses and applicable settings -- is available to consumers and practitioners. A video for practitioners on the use and benefits of naltrexone is also being developed.

15. **Opioid Treatment** *Encourages to support approaches that consider needs of infants & mothers with SUD. (Page 125 H. Report)*

Action taken or to be taken

SAMHSA continues to support the Pregnant and Postpartum Women (PPW) residential program, which seeks to expand comprehensive treatment, prevention and recovery support services for women and their children in residential substance use treatment facilities. The PPW program is intended to decrease the misuse of substances, including opioids; increase safe and healthy

pregnancies; improve birth outcomes; reduce perinatal and environmentally related effects of maternal and or paternal drug abuse on infants and children; improve the mental and physical health of women and children; and prevent mental, emotional, and behavioral disorders among children; among other objectives. The PPW pilot program authorized by the Comprehensive Addiction and Recovery Act (CARA) of 2016 supports family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders, in nonresidential settings.

16. **Inpatient Treatment for Mental health** *Committee directs SAMHSA to study the impact of the inpatient hospital bed shortage on mental health and substance abuse treatment and recovery and provide those findings to the Committee within 90 days of enactment of this Act.*

Action taken or to be taken

SAMHSA will conduct a study of the impact of the inpatient hospital bed shortage on mental health and substance abuse treatment and recovery in FY 2020.

17. **Criminal Justice Activities-- Drug treatment Courts** D*irect to ensure all drug treatment court grantees work directly with state substance abuse agency. Further directs expanding training & technical assistance to grantees to ensure evidence-based practices implemented. (Page 122 H. Report)*

Action taken or to be taken

Funding opportunity announcements for SAMHSA's Drug Court grants state clearly that funds are intended to support individuals diagnosed with SUDs as their primary condition. SAMHSA's Drug Court grantees are encouraged to work with the corresponding State Substance Abuse Agency in the planning, implementation, and evaluation of their grants. SAMHSA provides regional and national training and technical assistance to drug court grantees on evidence-based practices.

18. **Sober Homes** *Urges to provide information on sober homes to communities dealing with opioid crisis. (Page 125 H. Report)*

Action taken or to be taken

In the fall of 2019, SAMHSA released guidance on its website entitled, Recovery Housing: Best Practices and Suggested Guidelines. The report provides guiding principles that will assist government officials in defining and understanding what comprises safe, effective and legal recovery housing, including sober homes. Best practices and minimum standards are described in the guiding principles.

SAMHSA
OPDIV Specific Requirements

PPHF

GLS – Youth Suicide Prevention- States (PPHF)	FY 2019 Final	FY 2020 Enacted
PHS Eval Tap	300,000.00	300,000.00
Grants	11,388,164.00	11,397,411.00
CCB Tap	311,836.00	302,589.00
Total	**$ 12,000,000.00**	**$ 12,000,000.00**

In fiscal year 2019, the Garret Lee Smith (GLS) Youth Suicide Prevention State and Tribal grant program was funded at $12 million from the Prevention and Public Health Fund and $ million from SAMHSA's base budget. The GLS Memorial Act (Public Law 108-35) authorizes SAMHSA to award grants to states and manage this grant program through a competitive process. The GLS Youth Suicide Youth Suicide Prevention State and Tribal grant program develops and implements youth suicide prevention and early intervention strategies involving public-private collaborations among youth serving institutions.

SAMHSA's evaluation of national youth suicide prevention efforts (age 10 to 24) have shown that counties implementing SAMHSA funded GLS youth suicide prevention activities have lower rates of youth suicide deaths than matched counties not implementing such activities. This impact is maintained for two years and the impact appears directly related to years of continued funding. Approximately 50 percent of the counties in America have received at least one year of funding since the program started in 2005. Since 2005 over 1.6 million individuals' participated in over 39,000 training events or educational seminars provided by grantees. In FY 2019, 195,000 youth were screened for suicide risk, 30,362 youth were referred to services, and over 261,000 individuals were contacted through program outreach efforts. Grantees' efforts are reducing the likelihood of at-risk youth falling through the gaps in the system.