DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2020

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

I am pleased to present the Substance Abuse and Mental Health Services Administration (SAMHSA) fiscal year (FY) 2020 Budget Request. SAMHSA is requesting a total of $5.6 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.

Consistent with the goals of the 21st Century Cures Act, SAMHSA's budget demonstrates a commitment to addressing 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 evidence-based practices, SAMHSA's budget aims to improve the lives of people across the country.

SAMHSA's FY 2020 budget request includes investments to:

- Expand access to care for opioid use disorders (OUD) through continued investment in FDA-approved pharmacotherapies for OUD, also known as Medication-Assisted Treatment (MAT) 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 high utilizers of services 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 2020, 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 heath of this country. I am confident this budget supports SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's comm unities.

Elinore F. McCance-Katz, M.D., Ph.D.

Assistant Secretary for Mental Health and Substance Abuse

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

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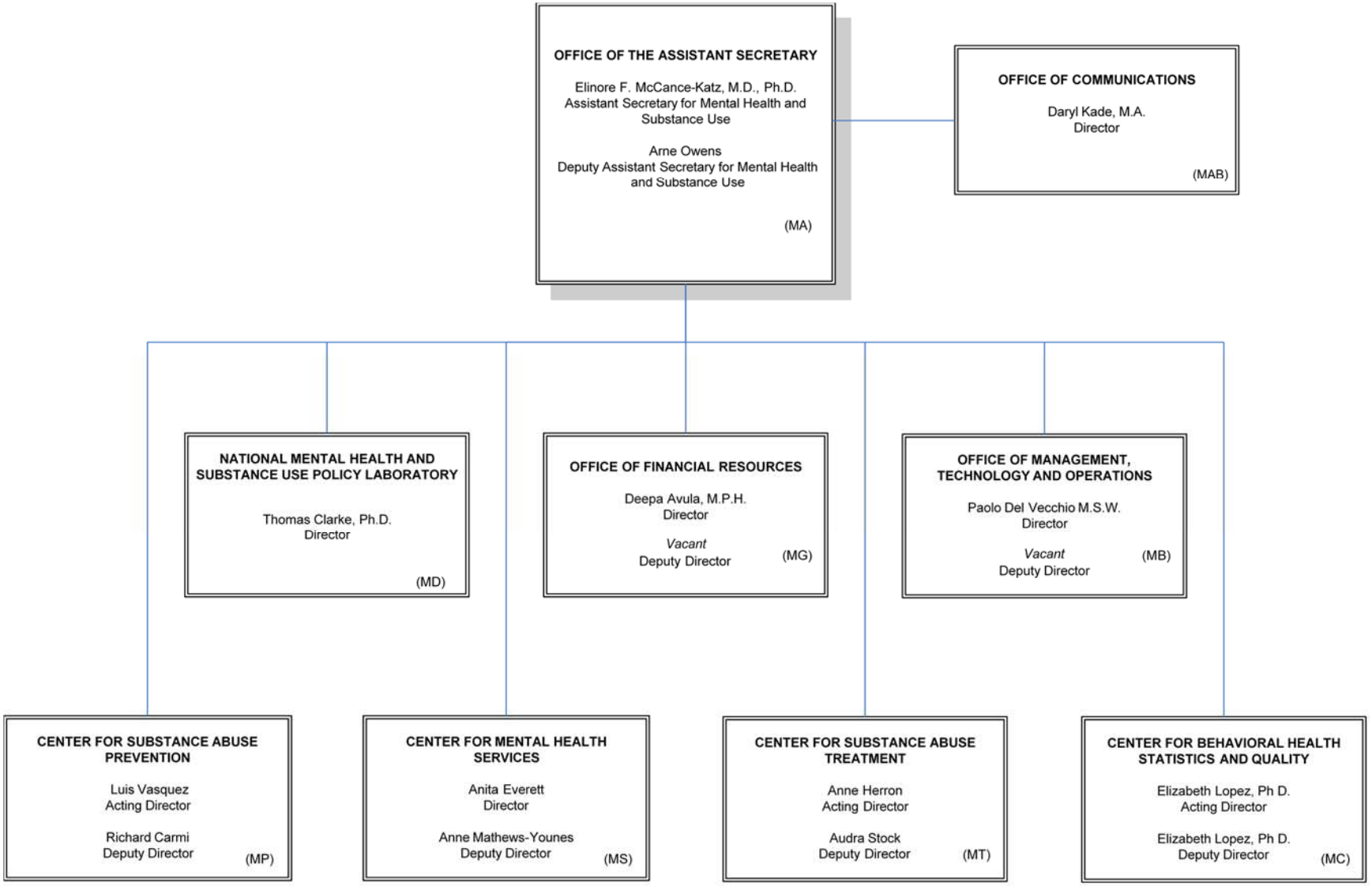
Organizational Structure: Substance Abuse and Mental Health Services Administration (SAMHSA)



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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 2017, approximately 18.7 million adults and 46.6 million adults had a substance use or mental disorder respectively. Of these, 8.5 million adults had a co-occurring mental and substance use disorder. Unfortunately, the majority of those who need treatment do not receive it. Only 43 percent of adults with diagnosable mental health problems received treatment. The unmet treatment need for those with substance use disorders is even greater with only 8 percent of individuals receiving specialty treatment. 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 2020 Budget Request is $5.68 billion, a decrease of $65.0 million from the FY 2019 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:

Substance Abuse Prevention and Treatment Block Grant

The FY 2020 Budget Request is $1.9 billion. This funding serves as a critical safety net for substance misuse prevention and substance use disorder treatment services. The states and jurisdictions have the flexibility to plan, carry out, and evaluate prevention, treatment, and recovery services that address the needs of individuals, families, and communities. Recognizing that prevention is an integral component to reduce the effects of substance misuse on America's communities, the statute requires that twenty percent of the SABG state allocation must be spent on primary prevention services.

Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)

The FY 2020 Budget Request is $89.0 million. 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 opioid addiction. MAT is a safe and effective strategy for decreasing the frequency and quantity of opioid abuse and reducing the risk of overdose and death. MAT PDOA addresses treatment needs of individuals who have an opioid addiction by expanding/enhancing treatment system capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based MAT and recovery support services. Recovery support services include linking patients and families to social, legal, housing, and other supports to improve the probability of positive outcomes.

State Opioid Response Grants

The FY 2020 Budget Request is $1.5 billion. 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. SAMHSA intends to continue to support the Secretary's five-prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis. This effort also includes a tailored approach to the delivery of technical assistance via teams of local experts of clinicians, preventionists, and recovery specialists. These teams work to meet the unique needs of practitioners, providers, communities, and states.

First Responder Training for Opioid Overdose Reversal Drugs

The FY 2020 Budget Request is $36.0 million. Under Section 202 of the Comprehensive Addiction and Recovery Act (CARA), SAMHSA is authorized to support additional efforts to prevent opioid overdose-related deaths by providing grants to states, local governments, and tribes to train first responders. The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals at risk for opioid misuse. Grantees will train first responders and members of other key community sectors at the local government and tribal levels to implement secondary prevention strategies, such as the administration of naloxone through FDA-approved delivery devices to reverse the respiratory depression associated with opioid overdose.

Grants to Prevent Prescription Drug and Opioid Overdose-related Deaths

The FY 2020 Budget Request is $12.0 million. The Grants to Prevent Prescription Drug and Opioid Overdose-related Deaths program helps states identify communities of high need and provide education, training, and resources to meet their specific needs. The grant funds can be used for purchasing overdose reversing drugs, equipping first responders with these medications, providing training on their use, disseminating other overdose-related death prevention strategies, and providing materials to assemble and disseminate overdose kits.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)

The FY 2020 Budget Request is $10.0 million. 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 misuse prevention activities and education to schools, communities, parents, prescribers, and their patients.

Community Mental Health Services Block Grant

The FY 2020 Budget Request is $722.6 million. 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.

Certified Community Behavioral Health Clinic Expansion Grants

The FY 2020 Budget Request is $150.0 million. 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.

This grant program funding is authorized by the Public Health Service Act, but expands service capacity of the organizations created by Congress in the Protecting Access to Medicare Act of 2014.

That Act directed the creation of Certified Community Behavioral Health Clinics (CCBHCs) and supported their providing 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.

Children's Mental Health Initiative

The FY 2020 Budget Request is $125.0 million. 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. Unfortunately, only 41 percent of those in need of mental health services actually receive treatment.[1] 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. The request supports the continuation of the Children's Mental Health Services grants to enable states and communities to design comprehensive systems of care to develop strategies that address the needs of children and youth with serious emotional disturbances. As part of this budget request, SAMHSA seeks to develop and implement services focused on individuals at clinical high risk for a serious mental illness. These programs will focus on the prodrome phase. During the prodrome phase, a disease process has begun but is not yet diagnosable. These services aim to address community-based interventions, which may accomplish the likelihood of development of serious emotional disturbances and ultimately serious mental illness. The project will examine the extent to which evidence-based early intervention for young people at clinical high risk for psychosis can be scaled up to mitigate or delay the progression of mental illness, reduce disability, and/or maximize recovery. These programs are expected to make it easier for affected individual to receive first episode of psychosis (FEP) program services should symptoms progress. The effort, which began in 2018, will be funded from a 10 percent set-aside of the base program.

Project AWARE

The FY 2020 Budget Request is $101.9 million. This program, along with Healthy Transitions and Mental Health First Aid, 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 comprises the Project AWARE State and Local Educational Agency grants and the Mental Health Awareness Training (MHAT) grants. Project AWARE State Educational Agency grants are awarded to State Education Authorities

[1] Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2014). Results from the 2017 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 144863. Rockville, MD: Substance Abuse and Mental Health Services Administration.

(SEAs) 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. This program also supports a network of regional technical assistance centers which provide direct implementation training and TA to schools and school systems on the provision of school-based mental health services and establishment of positive and nurturing school environments. The program includes an increase of $10 million to 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. The increased funding will support the use of technology and training to increase access to services; additionally, an increase of $5 million in the Healthy Transitions Program will add a focus on the needs of students in trade schools, colleges, including community colleges, and universities.

Suicide Prevention Activities

The FY 2020 Budget Request is $74.0 million. Suicide is a critical public health issue involving multiple psychological and social factors. It is one of the ten leading causes of death in the United States. 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 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." SAMHSA's public private partnership with the Action Alliance for suicide prevention includes a military/veterans task force which supports education and awareness around suicide prevention as well as efforts to engage military and veteran's families in accessing best practices for suicide prevention.

Assertive Community Treatment (ACT) for Adults with SMI

The FY 2020 Budget Request is $15.0 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 and technical assistance and evaluation activities.

Assisted Outpatient Treatment for (AOT) Individuals with SMI

The FY 2020 Request level is $15.0 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.

Drug Abuse Warning Network (DAWN)

The FY 2020 Request is $10.0 million**.** DAWN is the nationwide public health surveillance system that will improve emergency department monitoring of substance use crises, including those related to opioids. 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.

In addition to these key efforts, SAMHSA is also proposing a legislative change to improve the efficient and effective delivery of service provision for individuals across the United States seeking care for mental and substance use disorders. SAMHSA is proposing to more closely align 42 CFR Part 2 with the HIPAA Privacy regulation. The alignment will ensure that individuals seeking care for substance use disorders will have practitioners who are fully equipped with the information they need to provide more holistic care to the patient, and will give providers clear guidance regarding what is and is not appropriate to share.

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 numbers of people served, the numbers 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 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)

	FY2018 Final	FY2019 Enacted	FY2020 President's Budget	FY2020 President's Budget +/- FY2019
Mental Health				
Programs of Regional and National Significance	$438,659	$459,661	$429,734	-$29,927
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
Community Mental Health Services Block Grant	722,571	722,571	722,571	--
Budget Authority (non-add)	*701,532*	*701,532*	*701,532*	--
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*	--
Certified Community Behavioral Health Clinics	100,000	150,000	150,000	--
Total. Mental Health	**1,487,011**	**1.558.013**	**1,506,086**	**-51,227**
Budget Authority (non-add)	*1,453,972*	*1,524,974*	*1,485,047*	*-39,927*
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	248,219	205,469	144,090	*-61,379*
Drug Free Communities	--	--	100,000	100,000
Total. Substance Abuse Pretention	**248,219**	**205,469**	**244,090**	**38,621**
Substance Abuse Treatment				
Programs of Regional and National Significance	399,091	460,677	429,888	-30.789
State Targeted Response to the Opioid Crisis Grants	500,000	--	--	--
State Opioid Response Grants	1,000,000	1,500,000	1,500,000	--
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	3,757,170	3,818,756	3,787,967	-30.789
SAT Budget Authority (non-add)	*3,675,970*	*3,737,556*	*3,708,767*	*-28,789*
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*	*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	**5,654,158**	**5,743,996**	**5,679,100**	**-64,896**
Nonrecurring Expenses Fund (NEF)1	**--**	**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	**$5,506,991**	**$5.596.829**	**$5,534,908**	**-61,921**

SAMHSA
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Appropriations 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, **[**$1,524,974,000**]** *$1,485,047,000*: **[***Provided*, That of the funds made available under this heading, $63,887,000 shall be for the National Child Traumatic Stress Initiative, of which $10,000,000 shall be awarded not later than December 1, 2018, for activities described in the joint explanatory statement accompanying this Act:**]** *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 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 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 2019: *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 $150,000,000 shall be available until September 30, **[**2021**]** *2022* 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, $15,000,000 shall be *available* 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*, **[**$3,737,556,000**]** *$3,708,767,000*: *Provided*, That $1,500,000,000 shall be for State Opioid Response Grants for carrying out activities pertaining to opioids 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 *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**]**: *Provided further, That of the funds made available under this heading, $4,000,000 shall be available to carry out section 3203 of the SUPPORT for Patients and Communities Act: 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 *and for the Drug-Free Communities Support Program authorized by the National Narcotics Leadership Act of 1988, as amended*, **[**$205,469,000**]** *$244,090,000, of which $2,000,000 shall be made available as directed by section 4 of Public Law 107–82, as amended by Public Law 115–271, and $3,000,000, to remain available until expended, shall be for activities authorized by section 103 of Public Law 114–198.*

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, **[**2020**]** *2021*: *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 $1,485,047,000: [Provided, That of the funds made available under this heading, $63,887,000 shall be for the National Child Traumatic Stress Initiative, of which $10,000,000 shall be awarded not later than December 1, 2018, for activities described in the joint explanator statement accompanying this Act:] 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:	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:	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.
[*Provided further*, That section 520E(b)(2) of the PHS Act shall not apply to funds appropriated in this Act for fiscal year 2019: *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 Provision	Explanation
Provided further, That $150,000,000 shall be available until September 30, [2021] 2022 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, $15,000,000 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).	Identifies the purpose and extend available time for which funds can be used.
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*, $3,708,767,000:	Sets out the budget authority for the Substance Abuse Treatment appropriation to include the SUPPORT for Patients and Communities Act
Provided further, That in addition to amounts provided herein, [the following amounts] $79,200,000 shall be available undersection 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.

Language Provision	Explanation
Provided further, That of the funds made available under this heading, $4,000,000 shall be available to carry out section 3203 of the SUPPORT for Patients and Communities Act: 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.	Includes section 3203 of the SUPPORT for Patients and Communities Act.
For carrying out titles III and V of the PHS Act with respect to substance abuse prevention *and for the Drug-Free Communities Support Program authorized by the National Narcotics Leadership Act of 1988, as amended,* $205,469,000**]** *$244,090,000, of which $2,000,000 shall be made available as directed by section 4 of Public Law 107–82, as amended by Public Law 115–271, and $3,000,000, to remain available until expended, shall be for activities authorized by section 103 of Public Law 114–198.*	Identifies the purpose for which funds can be used for substance abuse prevention. Includes language to fund the Drug Free Communities Support Program.
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:	Identifies the purpose for which funds can be used for health surveillance and program support.

Language Provision	Explanation
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, **[**2020**]** *2021*: *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".	

Amounts Available for Obligation

(Whole dollars)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
General Fund Discretionary Appropriation:			
Appropriation	$5,506,991,000	$5,596,829,000	$5,534,908,000
Across-the-board reductions	---	--	--
Subtotal, Appropriation	5,506,991,000	5,596,829,000	5,534,908,000
Rescission	---	--	--
Subtotal, adjusted appropriation	5,506,991,000	5,596,829,000	5,534,908,000
Total, Discretionary Appropriation	**5,506,991,000**	**5,596,829,000**	**5,534,908,000**
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	**$5,654,158,000**	**$5,743,996,000**	**$5,679,100,000**

Summary of Changes

(Whole dollars)

2019	
Total estimated budget authority	$5,596,829,000
(Obligations)	5,596,829,000
2020	
Total estimated budget authority	5,534,908,000
(Obligations)	5,534,908,000
Net Change	**-$61,921,000**

	FY 2020 PB FTE	FY 2020 PB BA	FY 2020 +/- FY 2019 FTE	FY 2020 +/- FY 2019 BA
Increases:				
A. Built-in:				
1. Annualization of 2019 commissioned corps pay increase		$5,226,748		+307,056
2. Annualization of 2019 civilian pay increase		75,539,506		+11,843,613
Subtotal, Built-in Increases		**80,766,254**		**+12,150,669**
B. Program:				
1. Drug Free Communities		100,000,000		+100,000,000
Subtotal, Built-in Increases		**100,000,000**		**+100,000,000**
Total Increases	---	---	---	**+112,150,669**
Decreases:				
A. Built-in:				
1. Absorption of built-in increases				-12,150,669
Subtotal, Built-in Decreases				**-12,150,669**
B. Program:				
1. Health Surveillance and Program Support		87,004,000		-31,826,000
2. Mental Health		1,485,047,000		-39,927,000
3. Substance Abuse Prevention PRNS		144,090,000		-61,379,000
4.Substance Abuse Treatment		3,708,767,000		-28,789,000
Subtotal, Program Decreases		**5,424,908,000**		**-161,921,000**
Total Decreases	---	---	---	**-174,071,669**
Net Change	---	$---	$---	**-$61,921,000**

Budget Authority by Activity

(Dollars in thousands)

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Mental Health			
Programs of Regional and National Significance	**$438,659**	**$459,661**	**$429,734**
Prevention and Public Health Fund (non-add)	*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
Community Mental Health Services Block Grant	722,571	722,571	722,571
Budget Authority (non-add)	*701,532*	*701,532*	*701,532*
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*
Certified Community Behavioral Health Clinics	100,000	150,000	150,000
Total, Mental Health	**1,487,011**	**1,558,013**	**1,506,086**
Substance Abuse Prevention			
Programs of Regional and National Significance	248,219	205,469	144,090
Drug Free Communities	--	--	100,000
Total, Substance Abuse Prevention	**248,219**	**205,469**	**244,090**
Substance Abuse Treatment			
Programs of Regional and National Significance	**399,091**	**460,677**	**429,888**
State Targeted Response to the Opioid Crisis Grants	500,000	--	--
State Opioid Response Grants	1,000,000	1,500,000	1,500,000
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)	*81,200*	*81,200*	*79,200*
Total, Substance Abuse Treatment.	**3,757,170**	**3,818,756**	**3,787,967**
Health Surveillance and Program Support			
Health Surveillance and Program Support	**126,258**	**126,258**	**106,885**
Budget Authority (non-add)	*16,830*	*16,830*	*2,389*
PHS Evaluation Funds (non-add)	*30,428*	*30,428*	*31,453*
Public Awareness and Support	13,000	13,000	11,572
Performance and Quality Information Systems	10,000	10,000	10,000
Data Request and Publications User Fees	1,500	1,500	1,500
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	**5,654,158**	**5,743,996**	**5,679,100**
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	**$5,506,991**	**$5,596,829**	**$5,534,908**
FTEs	**561**	**611**	**606**

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Substance Abuse and Mental Health Services Administration
Program Authorizing Legislation

(Dollars in Thousands)

OPDIV/ StaffDiv	Program Name	Location of Program Authorization	Legal Citation (US Code)	Most Recent (Re)Authorizing Legislation	FY 2020 Authorization	FY Auth. Expires or Expired	Nature of Expiration
SAMHSA	Grants for the Benefit of Homeless	PHS Act, Section 506	(42 U.S.C. 290aa–5)	Pub. L. 114–255	$ 41,304	2022	
SAMHSA	Residential Treatment Programs for Pregnant and Postpartum Women	PHS Act, Section 508	(42 U.S.C. 290bb–1)	Pub. L. 114–198	$ 16,900	2021	
SAMHSA	Priority Substance Abuse Treatment Needs of Regional and National Significance	PHS Act, Section 509	(42 U.S.C. 290bb–2)	Pub. L. 114–255	$ 333,806	2022	
SAMHSA	Substance Abuse Treatment Services for Children and Adolescents	PHS Act, Section 514	(42 U.S.C. 290bb–7)	Pub. L. 114–255	$ 29,605	2022	
SAMHSA	Priority Substance Abuse Prevention Needs of Regional and National Significance	PHS Act, Section 516	(42 U.S.C. 290bb–22)	Pub. L. 114–255	$ 211,148	2022	
SAMHSA	Sober Truth on Preventing Underage Drinking	PHS Act, Section 519B	(42 U.S.C. 290bb–25b)	Pub. L. 114–255	$ 3,000	2022	
SAMHSA	Priority Mental Health Needs of Regional and National Significance	PHS Act, Section 520A	(42 U.S.C. 290bb–32)	Pub. L. 114–255	$ 394,550	2022	

Substance Abuse and Mental Health Services Administration
Program Authorizing Legislation (cont.)

(Dollars in Thousands)

OPDIV/ StaffDiv	Program Name	Location of Program Authorization	Legal Citation (US Code)	Most Recent (Re)Authorizing Legislation	FY 2020 Authorization	FY Auth. Expires or Expired	Nature of Expiration
SAMHSA	Suicide Prevention Technical Assistance Center	PHS Act, Section 520C	(42 U.S.C. 290bb–34)	Pub. L. 114–255	$ 5,988	2022	
SAMHSA	Youth Suicide Early Intervention and Prevention Strategies	PHS Act, Section 520E	(42 U.S.C. 290bb–36)	Pub. L. 114–255	$ 30,000	2022	
SAMHSA	Mental Health and Substance Use Disorder Services on Campus	PHS Act, Section 520E-2	(42 U.S.C. 290bb–36b)	Pub. L. 114–255	$ 7,000	2022	
SAMHSA	National Suicide Prevention Lifeline Program	PHS Act, Section 520E-3	(42 U.S.C. 290bb–36c)	Pub. L. 114–255	$ 7,198	2022	
SAMHSA	Grants for Jail Diversion Programs	PHS Act, Section 520G	(42 U.S.C. 290bb–38)	Pub. L. 114–255	$ 4,269	2022	
SAMHSA	Mental Health Awareness Training	PHS Act, Section 520J	(42 U.S.C. 290bb–41)	Pub. L. 114–255	$ 14,693	2022	
SAMHSA	Promoting Integration of Primary and Behavioral Health Care	PHS Act, Section 520K	(42 U.S.C. 290bb–42)	Pub. L. 114–255	$ 51,878	2022	
SAMHSA	Adult Suicide Prevention	PHS Act, Section 520L	(42 U.S.C. 290bb–43)	Pub. L. 114–255	$ 30,000	2022	
SAMHSA	Assertive Community Treatment Grant Program	PHS Act, Section 520M	(42 U.S.C. 290bb–44)	Pub. L. 114–255	$ 5,000	2022	

Substance Abuse and Mental Health Services Administration
Program Authorizing Legislation (cont.)

(Dollars in Thousands)

OPDIV/ StaffDiv	Program Name	Location of Program Authorization	Legal Citation (US Code)	Most Recent (Re)Authorizing Legislation	FY 2020 Authorization	FY Auth. Expires or Expired	Nature of Expiration
SAMHSA	Projects for Assistance in Transition From Homelessness	PHS Act, Section 535(a)	(42 U.S.C. 290cc–35(a))	Pub. L. 114–255	$ 64,635	2022	
SAMHSA	First Responder Training	PHS Act, Section 546	(42 U.S.C. 290ee-2)	Pub. L. 114–198	$ 12,000	2021	
SAMHSA	Building Communities of Recovery	PHS Act, Section 547	(42 U.S.C. 290ee-2)	Pub. L. 114–198	$ 1,000	2021	
SAMHSA	Community Mental Health Services for Children with Serious Emotional Disturbances	PHS Act, Section 565(f)(1)	(42 U.S.C. 290ff-4)	Pub. L. 114–255	$ 119,026	2022	
SAMHSA	National Child Traumatic Stress Initiative	PHS Act, Section 582	(42 U.S.C. 290hh–1)	Pub. L. 114–255	$ 46,887	2022	
SAMHSA	Community Mental Health Services Block Grants	PHS Act, Section 1911	(42 U.S.C. 300x)	Pub. L. 114–255	$ 532,571	2022	
SAMHSA	Substance Abuse Prevention and Treatment Block Grants	PHS Act, Section 1921	(42 U.S.C. 300x-21)	Pub. L. 114–255	$ 1,858,079	2022	

Substance Abuse and Mental Health Services Administration
Program Authorizing Legislation (cont.)

(Dollars in Thousands)

OPDIV/ StaffDiv	Program Name	Location of Program Authorization	Legal Citation (US Code)	Most Recent (Re)Authorizing Legislation	FY 2020 Authorization	FY Auth. Expires or Expired	Nature of Expiration
SAMHSA	Assisted Outpatient Treatment Grant Program for Individuals With SMI	Section 224 of the Protecting Access to Medicare Act of 2014	(42 U.S.C. 290aa note)	Pub. L. 114–255	$ 19,000	2022	
SAMHSA	Protection and Advocacy for Individuals with Mental Illness	Section 117 of the Protection and Advocacy of Mentally Ill Individuals Act of 1986	(42 U.S.C. 10827)	Pub. L. 99-319	$ 19,500	2003	Expired from the Protection and Advocacy of Mentally Ill Individuals Act of 1986
SAMHSA	Heath Surveillance	PHS Act, Section 501, 505	(42 U.S.C. 290aa, 290aa–4)	Pub. L. 114–255	Indefinite		
SAMHSA	Public Awareness and Support	PHS Act, Section 501, 509, 516, 520A	(42 U.S.C. 290aa, 290bb-2, 290bb-22, 290bb-32)	Pub. L. 114–255	Indefinite		
SAMHSA	Performance and Quality Improvement Systems	PHS Act, Section 501, 509, 516, 520A	(42 U.S.C. 290aa, 290bb-2, 290bb-22, 290bb-32)	Pub. L. 114–255	Indefinite		

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	---	---	---	
Subtotal.....	$5,534,908,000	---	---	---	

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.

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 2019
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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Programs of Regional and National Significance.....	$438,659	$459,661	$429,734	-29,927
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.....	100,000	150,000	150,000	---
Community Mental Health Services Block Grant.....	722,571	722,571	722,571	---
PHS Evaluation Funds (non-add).....	*21,039*	*21,039*	*21,039*	---
Total, Mental Health.....	**$1,487,011**	**$1,558,013**	**$1,506,086**	**-51,927**

The Mental Health FY 2020 President's Budget is $1.506 billion, a decrease of $51.9 million from the FY 2019 Enacted level. The request includes $1.485 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)

(Dollars in thousands) **Programs of Regional and National Significance**	**FY 2018 Final**	**FY 2019 Enacted**	**FY 2020 President's Budget**	**FY 2020 President's Budget +/- FY 2019 Enacted**
Capacity:				
National Child Traumatic Stress Network	$53,887	$63,887	$63,887	---
Project AWARE	71,001	71,001	81,001	10,000
Project AWARE State Grants (non-add)	*61,001*	*61,001*	*61,001*	---
Project AWARE -Rural (non-add)	---	---	*10,000*	*10,000*
Project AWARE - Civil Unrest (non-add)	*10,000*	*10,000*	*10,000*	---
Mental Health Awareness Training	19,963	20,963	20,963	---
Healthy Transitions	25,951	25,951	30,951	5,000
Healthy Transitions-College Campus (non-add)	---	---	*5,000*	*5,000*
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	---
Mental Health System Transformation and Health Reform	3,779	3,779	3,779	---
Primary and Behavioral Health Care Integration	49,877	49,877	---	-49,877
Suicide Prevention	69,032	74,034	74,034	-
National Strategy for Suicide Prevention (non-add)	*11,000*	*11,200*	*11,200*	-
Zero Suicide (non-add)	*9,000*	*9,000*	*9,000*	---
Zero Suicide -AI/AN (non-add)	*2,000*	*2,000*	*2,000*	---
Suicide Lifeline (non-add)	*7,198*	*12,000*	*12,000*	---
GLS - Youth Suicide Prevention - States (non-add)	*35,427*	*35,427*	*35,427*	---
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*	*5,988*	*5,988*	---
AI/AN Suicide Prevention Initiative (non-add)	*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	4,269	14,269	10,000
Seclusion and Restraint	1,147	1,147	1,147	---
Assisted Outpatient Treatment for Individuals with SMI	15,000	15,000	15,000	---
Assertive Community Treatment for Individuals with SMI	5,000	5,000	15,000	10,000
Tribal Behavioral Health Grants	15,000	20,000	20,000	---
Infant and Early Childhood Mental Health	5,000	5,000	---	-5,000
Subtotal, Capacity	**414,614**	**435,616**	**415,739**	**-19,877**
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-Supporter TA Centers	1,918	1,918	1,918	---
Disaster Response	1,953	1,953	1,953	---
Homelessness	2,296	2,296	2,296	---
Minority Fellowship Program	8,059	8,059	---	-8,059
Subtotal, Science and Service	**24,045**	**24,045**	**13,995**	**-10,050**
Total, PRNS	**$438,659**	**$459,661**	**$429,734**	**-$29,927**

National Child Traumatic Stress Network

(Dollars in thousands)

(Dollars in thousands) **Programs of Regional and National Significance**	**FY 2018 Final**	**FY 2019 Enacted**	**FY 2020 President's Budget**	**FY 2020 President's Budget +/- FY 2019 Enacted**
National Child Traumatic Stress Network.....	$53,887	$63,887	$63,887	$---

Authorizing Legislation .....Section 582 of the Public Health Service Act
FY 2020 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.[2,3] Studies show that 25 percent to 80 percent or more of children and adolescents are exposed to traumatic events, with many exposed to multiple traumatic events.[4] 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.[5]

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 from a collaborative network of 17 centers to 100 funded and over 160 affiliate centers located nationwide in universities, hospitals, and a range of diverse community-based organizations with

[2] Putnam, K.T., Harris, W.W., Putnam, F.W. (2013). Synergistic childhood adversities and complex adult psychopathology. Journal of Traumatic Stress, 26(4), 435-442.
[3] 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.
[4] Fairbank, J.A. (2008). The epidemiology of trauma, and trauma related disorders in children and youth. PTSD Research Quarterly, (19), 1050-1835.
[5] Pecora, P.J., Kessler, 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 http://www.casey.org/resources/publications/ImprovingFamilyFosterCare.htm

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 2017 demonstrate that the current NCTSN grantees provided evidence- based treatment to over 28,000 children, adolescents, and family members. Seventy- five percent reported positive functioning at six months, far exceeding the target of 65 percent. 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 2017, NCTSN grantee sites provided trauma-informed training to over 200,000 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's Helping Kids Recover and Thrive Campaign generated 100 online social media touches (e.g., Facebook, Twitter, etc.). This campaign informed the public about the efforts and resources available through the NCTSI. The NCTSI Learning Center now has over 200,000 users accessing evidence-based child trauma resources.

In FY 2017, SAMHSA awarded four new grants and supported 82 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 2018, SAMHSA awarded 14 new grants and supported 86 grant continuations. In FY 2019, SAMHSA continues to support 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 expand access to tribal populations.

Funding History

Fiscal Year	Amount
FY 2016	$46,887,000
FY 2017	$48,887,000
FY 2018	$53,887,000
FY 2019	$63,887,000
FY 2020	$63,887,000

Budget Request

The FY 2020 President's Budget is $63.9 million, the same level with the FY 2019 Enacted level. SAMHSA requests funding to continue support for 100 continuation and 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.

Outputs and Outcomes Table

Program: National Child Traumatic Stress Network

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.2.02a Increase the percentage of children receiving trauma informed services who report positive functioning at 6 month follow-up. (Outcome)	FY 2018: 74.7 % Target: 74.8% (Target Not Met)	74.8 %	74.8 %	Maintain
3.2.23 Increase the unduplicated count of the number of children and adolescents receiving trauma-informed services. (Outcome)	FY 2018: 47,108 Target: 28,419 (Target Exceeded)	47,108	47,108	Maintain
3.2.24 Increase the number of child-serving professionals trained in providing trauma-informed services. (Outcome)	FY 2018: 276,791 Target: 215,289 (Target Exceeded)	276,791	276,791	Maintain

Project AWARE

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Project AWARE	$71,001	$71,001	$81,001	$10,000
Project AWARE State Grants (non-add)	*61,001*	*61,001*	*61,001*	---
Project AWARE -Rural (non-add)	---	---	*10,000*	*10,000*
Project AWARE - Civil Unrest (non-add)	*10,000*	*10,000*	*10,000*	---
Mental Health Awareness Training	19,963	20,963	20,963	---

Authorizing Legislation ..... Sections 501, 520A, and 520J of the Public Health Service Act
FY 2020 Authorization $394,550,000; $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 Educational Agency (SEA) grants, Mental Health Awareness Training (MHAT) Grants, and Resilience in Communities After Stress and Trauma Grants. Project AWARE State Educational Agency grants are awarded to State Education Authorities (SEAs) 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). Resiliency in Communities After Stress and Trauma (ReCAST) grants assists high-risk youth and families and promotes 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.

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. In FY 2017, AWARE grantees trained nearly 60,000 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. To date, over 300,000 at-risk youth have been identified and referred.

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

In FY 2019, SAMHSA awarded 8 new AWARE SEA and 18 new MHAT grants and support the continuation of 162 grants, (24 AWARE, 138 MHAT, and 2 ReCAST grants).

Funding History

Fiscal Year	Amount
FY 2016	$64,865,000
FY 2017	$64,865,000
FY 2018	$90,964,000
FY 2019	$91,964,000
FY 2020	$101,964,000

Budget Request

The FY 2020 President's Budget is $101.9 million, an increase of $10.0 million from the FY 2019 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. Through its listening sessions, site visits, and Commission meetings, the Federal Commission on School Safety 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 support 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 develop training within schools for school personnel in rural communities 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.2.39 Increase the number of individuals who have received training in prevention or mental health promotion. (Outcome)	FY 2018: 53,343 Target: 59,186 (Target Not Met)	59,186	75,166	+15,980

Healthy Transitions

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Healthy Transitions.....	$25,951	$25,951	$30,951	$5,000
Healthy Transitions-College Campus (non-add).....	---	---	*5,000*	*5,000*

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2020 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 risk 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 specific to this

[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.

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.

Program Evaluation
FY 2017 data show significant decreases in psychological distress characteristics, and significant improvements in functional outcomes (e.g., reductions in days homeless and days in restrictive treatment settings). For example, data collected from young adults at baseline, and then at 6 month follow-up, showed a reduction in high psychological distress, 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 significant decrease in the number of nights young adults reported being homeless, a decrease in the number of nights young adults reported being hospitalized for mental health care, and a decrease in emergency room use for mental health care.

In FY 2017, SAMHSA continued to support 16 continuation grants and the technical assistance and evaluation contracts. In FY 2018, SAMHSA awarded 10 new Healthy Transitions grants and 16 continuation grants. In FY 2019, SAMHSA awarded 14 new Healthy Transitions grants and 10 continuation grants.

Funding History

Fiscal Year	Amount
FY 2016	$19,951,000
FY 2017	$19,951,000
FY 2018	$25,951,000
FY 2019	$25,951,000
FY 2020	$30,951,000

Budget Request

The FY 2020 President's Budget is $31.0 million, an increase of $5.0 million from the FY 2019 Enacted level. SAMHSA requests funding 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. SAMHSA's budget request will support 24 continuation grants. In addition, SAMHSA will add a focus on the needs experienced by students with or at risk of serious mental illness in rural 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.2.34 Increase the percentage of clients receiving services who report positive functioning at six-month follow-up. (Outcome)	FY 2018: 65.5 % Target: 66.1% (Target Not Met)	66.1 %	66.1 %	Maintain
3.2.35 Increase the percentage of clients receiving services who had a permanent place to live in the community at six-month follow-up. (Outcome)	FY 2018: 52% Target: 45.0 % (Target Exceeded)	45 %	45 %	Maintain
3.2.36 Increase the percentage of clients receiving services who are currently employed at six-month follow-up. (Outcome)	FY 2017: 66.8 % Target: 66.8% (Target Exceeded)	66.8 %	66.8 %	Maintain

Children and Family Programs

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Children and Family Programs	$7,229	$7,229	$7,229	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2020 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 Disturbance (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 which 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.

Rehabilitation Research and Training Centers (RRTCs) seek to advance the current knowledge base by supporting research, training, technical assistance, and knowledge translation and dissemination activities that help youth and young adults with serious mental health conditions, including youth and young adults from high-risk, disadvantaged backgrounds, achieve their life goals. SAMHSA's Children and Family Program supports two RRTC programs that are co-funded with the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR), Administration for Community Living. The first RRTC program, Transition to Adulthood Center for Research, at the University of Massachusetts, focuses on Transition from Post-Secondary Education to Employment for Youth and Young Adults with Serious Mental Health Conditions. The Center, conducts research and evaluative studies that contribute to career development and improved employment outcomes for youth and young adults with serious mental health conditions, including those from high-risk, disadvantaged backgrounds. The second RRTC program, Pathways to Positive Futures at Portland State University, focuses on Community Living and Participation for Youth and Young Adults with Serious Mental Health Conditions. This center conducts research and evaluative studies that contribute to improved community participation for youth and young adults with serious

mental health conditions. Unemployment rates for youth with mental disorders are significantly higher than those for youth with no disabilities. Unemployed young adults are three times more likely to suffer from depression, and youth without jobs are at higher risk to use alcohol and other drugs, and engage in risky behaviors that have negative health outcomes.[10]

In FY 2017, SAMHSA awarded 13 new Circles of Care grants and the continuation of two RRTCs. In FY 2018, SAMHSA awarded 1 new and 13 Circles of Care continuation grants, and technical assistance activities. In FY 2019, SAMHSA supported 14 continuation grants and 2 RTTCs (1 new and 1 continuation).

Funding History

Fiscal Year	Amount
FY 2016	$6,458,000
FY 2017	$7,229,000
FY 2018	$7,229,000
FY 2019	$7,229,000
FY 2020	$7,229,000

Budget Request

The FY 2020 President's Budget is $7.2 million, the same as the FY 2019 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 14 new Circles of Care grants, and two RRTCs.

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 92.

[10] McGee RE, Thompson NJ. Unemployment and Depression Among Emerging Adults in 12 States, Behavioral Risk Factor Surveillance System, 2010. Prev Chronic Dis 2015; 12:140451.

Consumer and Family Network Grants

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Consumer and Family Network Grants.....	$4,954	$4,954	$4,954	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2020 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 (FN) Program.

The SCN grant program focuses on the needs of adults (18 years and older) with SED/SMI by strengthening the capabilities of statewide consumer-run organizations. These entities serve an important role in engaging consumers of mental health services, caregivers, 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 2017, SAMHSA supported 18 SCN grant continuations, 26 SFN grant continuations, 1 new SCN grant, 1 new SFN grant, and technical assistance 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 9 new grants, 11 SFN continuations and 15 new grants, which will support program implementation and direct TA.

Funding History

Fiscal Year	Amount
FY 2016	$4,954,000
FY 2017	$4,954,000
FY 2018	$4,954,000
FY 2019	$4,954,000
FY 2020	$4,954,000

Budget Request

The FY 2020 President' Budget is $5.0 million, the same as the FY 2019 Enacted level. SAMHSA requests funding to continue support for 48 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. SAMHSA will also fund one new Statewide Family Network grant.

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 92.

Project LAUNCH

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Project LAUNCH.....	$23,605	$23,605	$23,605	$---

Authorizing Legislation……. Section 520A of the Public Health Service Act
FY 2020 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.[11] Young children experiencing mental, emotional or behavioral challenges are at high risk for preschool expulsion. In fact, the rate of 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.[12] 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 early 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 Linking Actions for Unmet Needs in Children's Health (LAUNCH) is a national initiative that has funded 60 sites, including states, tribes, territories, communities, and the District of Columbia. 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 early 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.

Program Evaluation
As of 2018, cumulative performance data for the program (2008-2018) indicate that:

[11] 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.
[12] Gilliam, W. (2005). Pre-kindergarteners left behind: Expulsion rates in state prekindergarten systems. Foundation for Child Development.

- Approximately 226,000 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);
- Approximately 128,000 families have been served through home visiting programs with an added focus on the social/emotional and behavioral health needs of children and parents;
- More than 91,000 community providers have been trained on social/emotional development and behavioral health for young children;
- More than 180,000 individuals have received evidence-based mental health-related services, and
- Approximately 10,000 new partnerships have been developed between organizations in order to implement prevention/promotion strategies for young children and their families.

Program Evaluation

A multi-site evaluation of Project LAUNCH was completed in 2018. 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 in LAUNCH communities had less need for early intervention services related to attachment, initiative and other indicators of resilience, particularly 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 15 new Project LAUNCH grant. In addition, SAMHSA awarded the National Center of Excellence for Infant and Early Childhood Mental Health Consultation to advance the implementation of high quality infant and early childhood mental health consultation (IECMHC) across the nation through the development of tools, resources, training, and mentorship to the infant and early childhood mental health field.

Funding History

Fiscal Year	Amount
FY 2016	$34,555,000
FY 2017	$23,605,000
FY 2018	$23,605,000
FY 2019	$23,605,000
FY 2020	$23,605,000

Budget Request

The FY 2020 President's Budget is $23.6 million, the same as the FY 2019 Enacted level. This funding will support 29 continuation grants and National Center of Excellence for IECMHC 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 services for over 14,421 individuals, training to 8,765 people, and screening for mental health or related intervention to 18,554 children up to eight years old.

Outputs and Outcomes Table

Program: Project LAUNCH

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
2.3.94 Increase the number of persons served. (Output)	FY 2017: 14,421 Target: 38,594 (Target Not Met)	14,421	14,421	Maintain
2.3.95 Increase the number of persons trained in mental illness prevention or mental health promotion. (Outcome)	FY 2017: 8,765 Target: 13,102 (Target Not Met)	8,765	8,765	Maintain
2.4.00 Increase the number of 0-8 year old children screened for mental health or related interventions. (Outcome)	FY 2017: 18,554 Target: 44,775 (Target Not Met)	18,554	18,554	Maintain
2.4.01 Increase the number of 0-8 year old children referred to mental health or related interventions. (Outcome)	FY 2017: 3,652 Target: 9,114 (Target Not Met)	3,652	3,652	Maintain

Mental Health System Transformation and Health Reform

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Mental Health System Transformation and Health Reform……	$3,779	$3,779	$3,779	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2020 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.[13] 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 build paths to self-sufficiency and recovery rather than disability and dependence. They also support treatment and service providers and employers to develop and maintain 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 2017 program data show that 55 percent of individuals served by the program were employed at six-month follow-up; additionally, 74 percent reported positive functioning and 66 percent had a permanent place to live.

In FY 2017 and 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.

d Recommendations." Public Health Reports 121.3 (2006): 303-10.
yment. (n.d.). Retrieved August 4, 2015.

Funding History

Fiscal Year	Amount
FY 2015	$3,779,000
FY 2016	$3,779,000
FY 2017	$3,779,000
FY 2018	$3,779,000
FY 2019	$3,779,000
FY 2020	$3,779,000

Budget Request

The FY 2020 President's Budget is $3.8 million, the same as the FY 2019 Enacted level. SAMHSA requests funding to support the continuation of seven Transforming Lives through Supported Employment grants to enhance state and community capacity to provide evidence-based supported employment programs for adults and youth with SMI/SED.

Outputs and Outcomes Table

Program: Mental Health System Transformation and Health Reform

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.11 Increase the 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 2017: 5,262 Target: 4,303 (Target Exceeded)	5,262	5,262	Maintain
1.2.21 Increase the percentage of clients receiving services who report positive functioning at six- month follow-up. (Outcome)	FY 2018: 67.1% Target: 74% (Target Not Met)	74 %	74 %	Maintain
1.2.22 Increase the percentage of clients receiving services who had a permanent place to live in the community at six-month follow-up. (Outcome)	FY 2018: 66.4 % Target: 77 % (Target Not Met but Improved)	77 %	77 %	Maintain
1.2.23 Increase the percentage of clients receiving services who are currently employed at six-month follow-up. (Outcome)	FY 2018: 52.8 % Target: 55% (Target Not Met)	55 %	55 %	Maintain

Primary and Behavioral Health Care Integration

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Primary and Behavioral Health Care Integration.....	$49,877	$49,877	$---	-$49,877
Primary and Behavioral Health Care Integration TTA.....	1,991	1,991	---	-1,991
Total Primary and Behavioral Health Care Integration	**$51,868**	**$51,868**	**$---**	**-$51,868**

Authorizing Legislation……..……Section 520K of the Public Health Service Act
FY 2020 Authorization $51,878,000
Allocation Method ..... Competitive Grants/Cooperative Agreements
Eligible Entities..... Qualified Community Mental Health Programs (FY 2017 Authorization), 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.[14] 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.[15]

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 2017, SAMHSA supported 61 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.

[14] 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.
[15] 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 2018, SAMHSA supported the continuation of 59 PBHCI grants and awarded 13 new PIPBHC grants. In FY 2019, SAMHSA continued support for 15 PBHCI, 13 PIPBHC, and 7 new PIPBHC grants. SAMHSA will continue to disseminate the lessons learned from this program.

Funding History

Fiscal Year	Amount
FY 2016	$51,868,000
FY 2017	$51,868,000
FY 2018	$51,868,000
FY 2019	$51,868,000
FY 2020	---

Budget Request

The FY 2020 President's Budget is $0.0. 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 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)	57.8%	---	-57.8%
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)	27.7%	---	-27.7%
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)	70.1%	---	-70.1%

Suicide Prevention Programs

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Suicide Prevention	$69,032	$74,034	$74,034	-$
Suicide Lifeline (non-add)	*7,198*	*12,000*	*12,000*	---
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*	*5,988*	*5,988*	---
AI/AN Suicide Prevention Initiative (non-add)	*2,931*	*2,931*	*2,931*	---
National Strategy for Suicide Prevention (non-add).	*11,000*	*11,200*	*11,200*	---
Zero Suicide (non-add)	*9,000*	*9,000*	*9,000*	---
Zero Suicide -AI/AN (non-add)	*2,000*	*2,000*	*2,000*	---

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% from 10.5 to 14.0 per 100,000. According to the CDC Director Robert R. Redfield "The latest CDC data show that the US 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 most recent year for which there are available mortality data. The 2017 National Survey on Drug Use and Health reported that approximately 1.4 million Americans age 18 and over attempted suicide, 10.6 million seriously considered suicide, and 3.2 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
National Strategy for Suicide Prevention.....	$11,000	$11,200	$11,200	$---
Zero Suicide (non-add).....	*9,000*	*9,000*	*9,000*	---
Zero Suicide -AI/AN (non-add).....	*2,000*	*2,000*	*2,000*	---

Authorizing Legislation ..... Section 520L of the Public Health Service Act
FY 2020 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.[16] 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 38,000 of the more than 44,000 suicides in the United States in 2016. In FY 2017, SAMHSA awarded five new grants to support states in implementing the NSSP goals and objectives. States use NSSP funding to support efforts such as raising suicide awareness, establishing emergency room referral processes, and improving clinical care practice standards. These grants focus on preventing suicide and suicide attempts among working-aged adults 25 to 64 years old.

In FY 2017, Congress appropriated $9.0 million, to implement Zero Suicide in health care systems including a $2.0 million tribal set aside. 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

[16]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.

systematically applying evidence-based approaches to screening and risk assessment, developing care protocols, collaborating safety planning, providing evidence-based treatments, maintaining continuity of care during high risk periods, and improving care and outcomes for such individuals who are at risk for suicide being seen in health care systems. In FY 2017, SAMHSA awarded three new Zero Suicide grants.

In FY 2018, SAMHSA provided support for five 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 grants.

Funding History

Fiscal Year	Amount
FY 2016	$2,000,000
FY 2017	$11,000,000
FY 2018	$11,000,000
FY 2019	$11,200,000
FY 2020	$11,200,000

Budget Request

The FY 2020 President's Budget is $11.2 million, the same as the FY 2019 Enacted level. Funding will support 5 new NSSP grants and the continuation of 15 Zero Suicide grants. 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
GLS - Youth Suicide Prevention - States….....	$35,427	$35,427	$35,427	$---
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 2020 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.[17]

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 199 grants to 50 states and the District of Columbia, 50 tribes or 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 290 grants to 264 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. By the end of FY 2018, over 1.4 million individuals had participated in over 39,000 training events or educational seminars provided by grantees and over 86,000 youth have been screened for suicide risk. Grantees have identified almost 70,000 youth at risk for suicide and worked to ensure they receive appropriate services. Grantees' efforts are reducing the likelihood of at-risk youth falling through the gaps in the system.

Results from the national evaluation have shown that counties who implemented GLS supported activities had lower suicide rates than matched counties that did not in the first year following suicide prevention activities.

In FY 2017, SAMHSA provided continuation funds for 42 GLS State/Tribal grants, 3 new GLS State/Tribal grants, 40 GLS Campus grants, 17 new GLS Campus grants, and the National Suicide

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

Prevention evaluation. The 17 new GLS Campus grantees utilized funding in accordance with changes made in the 21st Century Cures Act.

In FY 2018, SAMHSA supported the continuation for 45 GLS State/Tribal grants, 35 GLS Campus grants, 24 new GLS Campus grants, and continuation of the National Suicide Prevention evaluation. In FY 2019, SAMHSA supported the continuation of 19 GLS State/Tribal grants, 41 GLS Campus grants, and awarded 26 new GLS State and Tribal grants and 19 new GLS Campus grants.

Funding History

Fiscal Year	Amount
FY 2016	$41,915,000
FY 2017	$41,915,000
FY 2018	$41,915,000
FY 2019	$41,915,000
FY 2020	$41,915,000

Budget Request

The FY 2020 President's Budget is $41.9 million, the same as the FY 2019 Enacted level.
SAMHSA requests funding for 29 State/tribal grant continuations, 43 Campus continuations, and a new cohort of 16 State/tribal grants to continue developing and implementing youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions. In addition, the funding will support a new cohort of 17 grants for the prevention of suicide and suicide attempts at institutions of higher education.

Garrett Lee Smith Suicide Prevention Resource Center

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
GLS - Suicide Prevention Resource Center.....	$5,988	$5,988	$5,988	$---

Authorizing Legislation .....Section 520C of the Public Health Service Act
FY 2020 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.

In FY 2018, and FY 2019 SAMHSA supported the continuation grant.

Funding History

Fiscal Year	Amount
FY 2016	$5,988,000
FY 2017	$5,988,000
FY 2018	$5,988,000
FY 2019	$5,988,000
FY 2020	$5,988,000

Budget Request

The FY 2020 President's Budget is $6.0 million, the same as the FY 2019 Enacted level. Funding will support one new grant to promote the implementation of the NSSP and enhance the nation's mental health infrastructure. 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Suicide Lifeline	$7,198	$12,000	$12,000	$---

Authorizing Legislation ..... Section 520E-3 of the Public Health Service Act
FY 2020 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. In calendar year 2017, the National Suicide Prevention Lifeline answered calls from over 2 million Americans. Calendar year call volume through Nov. 30th of 2018: 2,030,209. This helped provide rapid access at any time of the day or night to crisis intervention, and when needed, emergency response.

Launched in FY 2005, the National Suicide Prevention Lifeline (Lifeline), 1-800-273-TALK, coordinates a network of 160 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.

The Lifeline averaged 156,418 calls per month for a total of 1,877,020 calls answered in FY 2017. Monthly call volume averaged 185,367 for total of 2,224,408 calls answered in FY 2018. As of October and November, call volume has averaged 181,484 per month in FY 2019.

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).

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.

Program Evaluation
The Lifeline Evaluation is currently part of the National Suicide Prevention Evaluation (NSPE), which includes many of the programs in SAMHSA's suicide prevention portfolio. The NSPE is an evaluation that assesses the impact of SAMHSA's suicide prevention initiatives on reducing suicidal behavior, attempts, and mortality.

Prior 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 FY 2018, SAMHSA awarded one 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 a supplement of $5.4 million dollars to enhance access to the Lifeline and to strengthen the capacity of the Lifeline network to answer calls as rapidly as possible. 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.

Funding History

Fiscal Year	Amount
FY 2016	$7,198,000
FY 2017	$7,198,000
FY 2018	$7,198,000
FY 2019	$12,000,000
FY 2020	$12,000,000

Budget Request

The FY 2020 President's Budget is $12 million, the same as the FY 2019 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
American Indian/Alaska Native Suicide Prevention Initiative...	$2,931	$2,931	$2,931	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2020 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 2017, 126 tribal communities have received specialized technical assistance and support in suicide prevention and related areas. In addition, more than 10,860 members of these communities received training in prevention and mental health promotion.

In FY 2016 and FY 2017 SAMHSA supported the continuation of this five-year contract. 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.

Funding History

Fiscal Year	Amount
FY 2016	$2,931,000
FY 2017	$2,931,000
FY 2018	$2,931,000
FY 2019	$2,931,000
FY 2020	$2,931,000

Budget Request

The FY 2020 President's Budget is $2.9 million, the same as the FY 2019 Enacted level. SAMHSA requests funding to 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
2.3.59 Increase the total number of individuals trained in youth suicide prevention (Outcome)	FY 2018: 77,306 Target: 160,082 (Target Not Met)	77,306	77,306	Maintain
2.3.60 Increase the total number of youth screened (Output)	FY 2018: 62,542 Target: 3,337 (Target Exceeded)	62,542	62,542	Maintain
2.3.61 Increase the number of calls answered by the suicide hotline (Output)	FY 2018: 2,224,408 Target: 1,308,825 (Target Exceeded)	2,224,408	2,224,408	Maintain
3.1.01 Increase the number of individuals screened for mental health or related interventions (Intermediate Outcome)	FY 2018: Result Expected December 31, 2018 Target: Set Baseline (Pending)			Maintain
3.1.02 Increase the number of individuals referred to mental health or related services (Intermediate Outcome)	FY 2018: Result Expected December 31, 2018 Target: Set Baseline (Pending)			Maintain
3.1.03 Increase the number of organizations that establish management information/information technology system links across multiple agencies (Intermediate Outcome)	FY 2018: Result Expected December 31, 2018 Target: Set Baseline (Pending)			Maintain
3.1.04 Increase the number of organizations or communities that demonstrate improved readiness to change their systems (Intermediate Outcome)	FY 2018: Result Expected December 31, 2018 Target: Set Baseline (Pending)			Maintain
3.2.37 Increase the number of youth referred to mental health or related services (Output)	FY 2018: 13,950 Target: 9,177 (Target Exceeded)	13,950	13,950	Maintain
3.5.11 Increase the percentage of respondents who say calling the lifeline stopped you from killing yourself a lot or a little. (Outcome)	FY 2019: Result Expected December 31, 2020 Target: Set Baseline (Pending)	TBD	TBD	TBD

Homelessness Prevention Programs

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
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 2020 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 high and increased in 2017 for the first time in 7 years. 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, 553,742 individuals experienced homelessness on a given night in 2017 in the United States, there were 12 percent more people in the homeless population considered "chronically homeless" in 2017 (for a total of 86,962, or nearly 16 percent), and the number of veterans experiencing homeless increased to 8 percent (40,056) of individuals who are homeless are veterans.[18] About 20 percent of individuals experiencing homelessness have an SMI and 16 percent struggle with chronic substance use and misuse.[19]

In FY 2011, SAMHSA initiated the Cooperative Agreements to Benefit Homeless Individuals (CABHI) program, jointly funded by the Center for Mental Health Services (CMHS) and 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 SMI or co-occurring mental illness and drug/alcohol addiction.

CABHI also supports coordination and planning at the local level with state or local Public Housing Authorities; local mental health, substance abuse treatment, and primary care provider organizations; the local Department of Housing and Urban Development-supported Continuum of Care (CoC)

[18] The 2017 Annual Homeless Assessment Report (AHAR) to Congress. (December 2017.). Retrieved December 3, 2018, from https://www.hudexchange.info/resources/documents/2017-AHAR-Part-1.pdf
[19] 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

program; the state Medicaid Office; and the state Mental Health and Substance Abuse Authorities. This program expanded to include states as the eligible entity in 2013.

In 2016, the CABHI program was expanded to include communities, tribal, and nonprofit organizations, as well as states. Funding was provided to enhance or develop the infrastructure needed to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services including, permanent supportive housing, peer supports, and other critical services for veterans, youth, and families experiencing homelessness or chronic homelessness and who also have serious mental illnesses or serious emotional disturbances, substance use disorders or co-occurring substance use and mental disorders.

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.

Program Evaluation
In FY 2016, SAMHSA supported a national evaluation to compare the effectiveness of the CABHI program and various models of service delivery that are used across homeless service programs managed by states, local governments, and community-based organizations. Recent data show that at six-month follow-up, 73.4 percent of individuals reported positive functioning, 23.1 percent were employed, and 62.1 percent had a permanent place to live. SAMHSA also supported a technical assistance contract to provide training and support to its homeless service providers and grantees.

In FY 2018, SAMHSA supported 46 continuation grants, a new cohort of 24 grants, and technical assistance activities. In FY 2019, SAMHSA supported 40 continuation grants, award a new cohort of 17 grants, and support TA activities.

Funding History

Fiscal Year	Amount
FY 2016	$32,992,000
FY 2017	$32,992,000
FY 2018	$32,992,000
FY 2019	$32,992,000
FY 2020	$32,992,000

Budget Request

The FY 2020 President's Budget is $33.0 million, the same as the FY 2019 Enacted level. SAMHSA plans to support 41 continuation grants, award a new cohort of nine grants, and support TA activities.

Outputs and Outcomes Table

Program: Homelessness Prevention Programs

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.4.23 Increase the number of clients served. (Output)	FY 2018: 4,646 Target: 5,100 (Target Not Met)	4,500	4,500	Maintain
3.4.24 Increase the percentage of homeless clients receiving services who were currently employed or engaged in productive activities. (Outcome)	FY 2018: 21.1 % Target: 30 % (Target Not Met)	21 %	21%	Maintain
3.4.25 Increase the percentage of clients receiving services who had a permanent place to live in the community. (Outcome)	FY 2018: 71.8 % Target: 33 % (Target Exceeded)	71 %	71 %	Maintain

Minority AIDS

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Minority AIDS	$9,224	$9,224	$9,224	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2020 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 Centers for Disease Control and Prevention (CDC) reports significantly higher rates of HIV/AIDS among racial/ethnic minorities compared with the general population.[20] African Americans accounted for 45 percent and Hispanics accounted for 23 percent of all HIV/AIDS cases diagnosed in 2013.[21] 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.

In FY 2017, SAMHSA supported the continuation of 34 HIV Continuum of Care grants, and evaluation and technical assistance contracts. In FY 2018, SAMHSA awarded a new cohort of 18 grants focused on individuals with mental disorders and/or co-occurring disorders living with or at risk for HIV/AIDS.

In FY 2019, SAMHSA supported 18 continuation grants.

[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.
[21] 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.

Funding History

Fiscal Year	Amount
FY 2016	$9,995,000
FY 2017	$9,224,000
FY 2018	$9,224,000
FY 2019	$9,224,000
FY 2020	$9,224,000

Budget Request

The FY 2020 President's Budget is $9.2 million, the same as the FY 2019 Enacted level. SAMHSA will support grants focused on individuals with mental disorders and/or co-occurring disorders living with or at risk for HIV/AIDS.

Criminal and Juvenile Justice Programs

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Criminal and Juvenile Justice Programs.....	$4,269	$4,269	$14,269	$10,000

Authorizing Legislation……Sections 520A and 520G of the Public Health Service Act
FY 2020 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.[22] 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.[23] The costs associated with incarceration are high: state corrections budgets alone account for $39.0 billion in taxpayer costs.[24,25] 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.

In FY 2014, SAMHSA supported a second cohort of four-year Behavioral Health Treatment Court Collaborative grants (BHTCC) in the Mental Health and Substance Abuse Treatment appropriations. BHTCC supports judges and staff of specialty (e.g., drug court) and other courts within a jurisdiction to work together to divert adults with mental illness or co-occurring mental and substance use disorders from the criminal justice system. The purpose of this grant program is to allow municipal

[22] 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
[23] 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=
[24] 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
[25] Henrichson, C., & Delaney, R. (2012). The price of prisons: What incarceration costs taxpayers. New York: Vera Institute of Justice.

courts more flexibility to collaborate with multiple criminal justice system components and local community treatment and recovery providers to address the behavioral health needs of adults who are involved with the criminal justice system. The Court Collaborative focuses on the diversion of adults with mental illness and co-occurring mental illness and drug/alcohol addiction, from the criminal justice system and includes alternatives to incarceration. The program supports community behavioral health services and includes a focus on veterans involved with the criminal justice system.

In FY 2017, SAMHSA provided continuation support for 17 grants, technical assistance, and awarded a new evaluation contract. The BHTCC evaluation focuses on examining the clinical and functional outcomes of program participants with behavioral health issues. The evaluations also build on the findings from the first cohort and more thoroughly examine both the features of successful collaborations between the courts and community services as well as the clinical and functional outcomes of program participants.

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 will continue support for the technical assistance and evaluation contracts.

In FY 2019, SAMHSA continued support for 12 Early Diversion continuation grants and technical assistance and evaluation activities.

Recent Evaluation Results

SAMHSA completed an evaluation of the first cohort of 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 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[26] 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[27]. Nearly 79 percent of participants either maintained good physical health or reported physical health improvements in the same time period[28]. In addition, employment rates increased from 29 percent to 45 percent over the first six months, with monthly mean income increasing by $217.

[26] Cohort 2 data through November 15, 2017.

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

[28] Calculated as the percentage of individuals who either maintained a health status of excellent to good, or who had an improvement in health status from baseline to six-month.

Funding History

Fiscal Year	Amount
FY 2015	$4,296,000
FY 2016	$4,269,000
FY 2017	$4,269,000
FY 2018	$4,269,000
FY 2019	$4,269,000
FY 2020	$14,269,000

Budget Request

The FY 2020 President's Budget is $14.2 million, an increase of $10 million from the FY 2019 Enacted level. SAMHSA will award a new cohort of 28 grants, support the continuation of 12 grants, and technical assistance activities. The new cohort of 28 grants, supported by 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 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.5.06 Increase the percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2017: 50 % Target: 55.7 % (Target Not Met)	50 %	50%	Maintain
3.5.07 Increase the percentage of clients receiving services who had a permanent place to live in the community at six-month follow-up. (Outcome)	FY 2017: 50 % Target: 70.5 % (Target Not Met)	50%	50%	Maintain
3.5.09 Increase the number of individuals screened for mental health or related interventions. (Outcome)	FY 2017: 945 Target: 1,448 (Target Not Met)	945	2,402	+1,457

Practice Improvement and Training

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Practice Improvement and Training.....	$7,828	$7,828	$7,828	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2020 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.

In FY 2017, SAMHSA awarded one new HBCU-CFE grant to a consortium of HBCUs with a lead university.

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, and the two RRTCs.

Funding History

Fiscal Year	Amount
FY 2016	$7,828,000
FY 2017	$7,828,000
FY 2018	$7,828,000
FY 2019	$7,828,000
FY 2020	$7,828,000

Budget Request

The FY 2020 President's Budget is $7.8 million, the same as the FY 2019 Enacted level. Funding will support the continuation of the expanded 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 93.

Consumer and Consumer-Supporter TA Centers

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Consumer and Consumer-Supporter TA Centers..	$1,918	$1,918	$1,918	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2020 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.

Program Evaluation
In FY 2017, the Consumer and Consumer-Supporter TA Centers provided training to over 12,000 people. These trainings covered a range of topics that 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 $1.2 million in funding (non-grant). The program is responsible for nearly 359 consumers and family members holding positions within consumer or family organizations that participated in mental health-related planning and systems improvement.

In FY 2018, and FY 2019 SAMHSA supported the continuation of five grants.

Funding History

Fiscal Year	Amount
FY 2016	$1,918,000
FY 2017	$1,918,000
FY 2018	$1,918,000
FY 2019	$1,918,000
FY 2020	$1,918,000

Budget Request

The FY 2020 President's Budget is $1.9 million, the same as the FY 2019 Enacted level. SAMHSA's funding request will support five new 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 93.

Disaster Response

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Disaster Response	$1,953	$1,953	$1,953	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2020 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 Irma, Maria, Harvey, Florence, and Michael, Typhoon Yutu, Hawaii volcano eruption, the California Wildfires, and the Parkland and Las Vegas 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.

Program Evaluation
In FY2017, the CCP Online Data Collection and Evaluation System showed the following contacts and encounters funded by 26 recent CCP grants, 607,292 in-person brief educational supportive contacts; 24,492 telephone contacts; and 11,062 email contacts. Also included are 128,762 individual and family crisis counseling encounters (lasting 15 to 60 minutes or more) serving 161,141 individuals and 22,016 group encounters (public education and group counseling) serving 133,462 individuals. Group encounters including both public education and counseling were most often conducted with adults ages 18 to 64 (65 percent) followed by children and youth under the age of 18(18 percent) and adults ages 65 and older (17 percent). Group encounters most frequently provided information and education regarding the crisis counseling program (43 percent) followed

by community resources (35 percent) and reactions to disasters (21 percent). Group encounters also provided tips for problem solving (28 percent), doing positive things (27 percent), reducing negative thoughts (15 percent), and managing physical and emotional reactions (14 percent). Of the 187,702 referral made during the CCP programs, the majority (79,381) were for referrals for community services such as housing, employment and social services, followed by 65,546 referrals for crisis counseling services, then 10,256 referrals for mental health treatment services.

SAMHSA DTAC addressed and provided robust responses to 641 technical assistance requests in FY17 (non-CCP – 96; CCP – 545).

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 2017, SAMHSA responded to nearly 14,000 calls and received over 31,000 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 addition to these activities, SAMHSA funded a new cooperative agreement, Networking, Certifying and Training Suicide Prevention Hotlines and a National Disaster Distress Helpline in FY 2015. This jointly funded cooperative agreement manages, enhances, and strengthens the National Suicide Prevention Lifeline and supports the National Disaster Distress Helpline. SAMHSA continued to support for these activities in FY 2017.

In FY 2018, SAMHSA awarded a new jointly funded cooperative for the National Suicide Prevention Lifeline and the 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.

Funding History

Fiscal Year	Amount
FY 2016	$1,953,000
FY 2017	$1,953,000
FY 2018	$1,953,000
FY 2019	$1,953,000
FY 2020	$1,953,000

Budget Request

The FY 2020 President's Budget is $2.0 million, the same as the FY 2019 Enacted level. SAMHSA is requesting funding to continue the support of a nationally available disaster distress crisis counseling telephone line 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 93.

Seclusion and Restraint

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Seclusion and Restraint	$1,147	$1,147	$1,147	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2020 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 will support the continuation for the 11 MHTTC grants.

Funding History

Fiscal Year	Amount
FY 2016	$1,147,000
FY 2017	$1,147,000
FY 2018	$1,147,000
FY 2019	$1,147,000
FY 2020	$1,147,000

Budget Request

The FY 2020 President's Budget is $1.1 million, the same as the FY 2019 Enacted level. SAMHSA's funding request will provide support for the continuation of the 11 MHTTC grants.

Assisted Outpatient Treatment for Individuals with Serious Mental Illness

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Assisted Outpatient Treatment for Individuals with Serious Mental Illness……..	$15,000	$15,000	$15,000	$---

Authorizing Legislation ..... Section 224 of the Protecting Access to Medicare Act of 2014,
FY 2020 Authorization $19,000,000
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 an 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.

Program Evaluation
SAMHSA has partnered with the Assistant Secretary for Planning and Evaluation to implement a cross-site evaluation which will assess the effectiveness and impact of the AOT grant program.

Additional program outcomes that will be evaluated will include, but are not be limited to, the rates of incarceration, employment, healthcare utilization, mortality, suicide, substance use, hospitalization, homelessness, and use of services.

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.

In FY 2017, SAMHSA provided funding for the continuation of 17 grants, technical assistance, and the evaluation of this program. In FY 2018, SAMHSA continued funding for 15 continuation grants, 3 new grants, and the evaluation of the program.

In FY 2019, SAMHSA would provide funding for the continuation of 18 grants, and the evaluation of this program.

Funding History

Fiscal Year	Amount
FY 2016	$15,000,000
FY 2017	$15,000,000
FY 2018	$15,000,000
FY 2019	$15,000,000
FY 2020	$15,000,000

Budget Request

The FY 2020 Request level is $15.0 million, the same as the FY 2019 Enacted level. This funding will support a new cohort of 16 grants and three continuations grant to improve the health and social outcomes for individuals with SMI by providing continuation funding for the AOT grants, and the evaluation, and technical assistance contracts.

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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.4.06 Increase the percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2018: 72.3 % Target: 76.6 % (Target Not Met)	74.6 %	74.6 %	Maintain
3.4.07 Increase the percentage of clients receiving services who are maintained at six-month follow-up. (Outcome)	FY 2018: 82.3 % Target: 81.8 % (Target Exceeded)	81.8%	81.8%	Maintain
3.4.08 Increase the number of people in the mental health and related workforce trained in mental health-related practices/activities.(Outcome)	FY 2017: 2,519 Target: 756 (Target Exceeded)	2,519	2,519	Maintain
3.4.09 Increase the number of consumers/family members who provide mental health-related services.(Outcome)	FY 2017: 103 Target: 52 (Target Exceeded)	103	103	Maintain

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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.5.00 Increase the 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 2018: 10,349 Target: 10,349 (Baseline)	10,349	10,349	Maintain
3.5.01 Increase the 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 2018: 11,536 Target: 11,536 (Baseline)	11,536	11,536	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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.4.06 Increase the number of people trained by CMHS Science and Service Programs. (Output)	FY 2018: 46,113 Target: 40,070 (Target Exceeded)	46,113	46,113	Maintain
1.4.14 Increase the number of calls answered by the Disaster Distress Hotline. (Output)	FY 2018: 10,732 Target: 13,889 (Target Not Met)	10,732	10,732	Maintain
1.4.15 Increase the number of text messages answered by the Disaster Distress Hotline. (Output)	FY 2018: 18,168 Target: 31,644 (Target Not Met)	18,168	18,168	Maintain

Tribal Behavioral Health Grants

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Tribal Behavioral Health Grants.....	$15,000	$20,000	$20,000	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2020 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.[29] Further, AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students.[30] 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).[31]

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.

In FY 2014, SAMHSA's Center for Mental Health Services awarded five-year TBHG grants of up to $0.2 million annually 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

[29] 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.
[30] 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.
[31] 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 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. The TBHG program will support mental health promotion, including trauma-informed strategies, and substance use prevention activities for high-risk AI/AN youth and their families, enhance early detection of mental illness and drug/alcohol addiction among AI/AN youth, and increase referral to treatment. In FY 2017, SAMHSA provided funding to support 81 grant continuations, 13 new grants, and the evaluation and technical assistance activities.

In FY 2018, SAMHSA supported 80 grant continuations, 46 new grants, and technical assistance activities. In FY 2019, SAMHSA supported 106 grant continuations, 34 new grants, and technical assistance activities.

Funding History

Fiscal Year	Amount
FY 2015	$4,988,000
FY 2016	$15,000,000
FY 2017	$15,000,000
FY 2018	$15,000,000
FY 2019	$20,000,000
FY 2020	$20,000,000

Budget Request

The FY 2020 President's Budget is $20.0 million, the same as the FY 2019 Enacted level. This request, combined with $20.0 million in the Substance Abuse Prevention will continue support for 140 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
2.4.12 Increase the percentage of youth age 10 - 24 who received mental health or related services after screening, referral or attempt. (Output)	FY 2017: 56 Target: 20 (Target Exceeded)	56	56	Maintain
2.4.13 Increase the number of programs/organizations that implemented specific mental-health related practices/activities as a result of the grant. (Outcome)	FY 2017: 5,670 Target: 296 (Target Exceeded)	5,670	5,670	Maintain

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Minority Fellowship Program.....	$8,059	$8,059	$---	-$8,059

Authorizing Legislation ..... Section 597 of the PHS Act
FY 2020 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. The MFP program has had a variety of foci 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.

Funding History

Fiscal Year	Amount
FY 2016	$8,059,000
FY 2017	$8,059,000
FY 2018	$8,059,000
FY 2019	$8,059,000
FY 2020	---

Budget Request

The FY 2020 President's Budget is $0.0 million, a decrease of $8.0 million from the FY 2019 Enacted Budget. SAMHSA is eliminating this program because it overlaps with other federal activities.

Assertive Community Treatment for Adults with SMI

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Assertive Community Treatment for Adults with SMI	$5,000	$5,000	$15,000	$10,000

Authorizing Legislation .....Sections 520M of the Public Health Service Act
FY 2020 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 Adults with SMI program is authorized under the 21st Century Cures Act. ACT is an evidence-based practice considered one of the most effective approaches to deliver services to individuals with the most severe impairments associated with SMI[32] and has been disseminated by SAMHSA for widespread use through its Evidence Based Toolkit series[33] 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. In FY 2019, SAMHSA supported seven continuation grants.

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

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	---
FY 2018	$5,000,000
FY 2019	$5,000,000
FY 2020	$15,000,000

Budget Request

The FY 2020 President's Budget is $15.0 million, an increase of $10.0 million from the FY 2019 Enacted level. Funding will support the continuation of seven grants and award a new cohort of 13 grants to advance the ACT approach to address the needs of those living with SMI and technical assistance and evaluation activities.

Outputs and Outcomes Table

Program: Assertive Community Treatment Grants

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.4.13 Increase the percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2019: Result Expected December 31, 2019 Target: 66.0 (Pending)	66.0	66.0	Maintain
3.4.14 Increase the percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2019: Result Expected December 31, 2019 Target: 39.0 (Pending)	39.0	39.0	Maintain
3.4.15 Increase the percentage of clients receiving services who have a permanent place to live in the community at 6 month follow-up. (Outcome)	FY 2019: Result Expected December 31, 2019 Target: 74.0 (Pending)	74.0	74.0	Maintain

Infant and Early Childhood Mental Health

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Infant and Early Childhood Mental Health.....	$5,000	$5,000	$---	-$5,000

Authorization Legislation .....Section 399Z-2 of the Public Health Service Act
FY 2020 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.[34] 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.[35] 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.[36] 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 not more than 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 by developing, maintaining, or enhancing infant and early childhood mental health promotion, intervention, and treatment services, including:

- Programs for infants and children at significant risk of developing, showing early signs of, or having been diagnosed with a mental illness, including a serious emotional disturbance (SED) and/or symptoms that may be indicative of a developing SED in children with a

[34] 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.

[35] 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

[36] 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

history of in utero exposure to substances such as opioids, stimulants or other drugs that may impact development; and
- Multi-generational therapy and other services that strengthen positive 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.

Program activities include providing and ensuring access to culturally- and developmentally-appropriate mental health services; implementing mental health consultation to build capacities of the early childhood workforce; creating opportunities for child- and family-serving providers to develop greater expertise and knowledge of infant and childhood mental health; and increasing availability of specialized training for mental health clinicians and trainees on infant and early childhood promising and evidence-based practices and treatment approaches.

In FY 2018, SAMHSA awarded 10 new grants for five-years. In FY 2019 SAMHSA supported the continuation of 10 grants.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	---
FY 2018	$5,000,000
FY 2019	$5,000,000
FY 2020	---

Budget Request

The FY 2020 Budget Request is $0.0, a decrease of $5.0 million from the FY 2019 Enacted level. SAMHSA is eliminating this program because it overlaps with other federal activities.

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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.4.16 Increase the percentage of children receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2018: Result Expected December 31, 2019 Target: 45 % (Pending)	45 %		-45%
3.4.17 Increase the percentage of children receiving services who report positive social support at 6 month follow-up. (Outcome)	FY 2018: Result Expected December 31, 2019 Target: 80 % (Pending)	80 %		-80%
3.4.18 Increase the 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 2018: Result Expected December 31, 2019 Target: 450 (Pending)	450		-450

SAMHSA/Mental Health
PRNS Mechanism Table Summary
(Dollars in thousands)

Program Activity	FY 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Programs of Regional & National Significance						
Grants/Cooperative Agreements						
Continuations	499	199,941	682	297,540	739	297,173
New/Competing	419	185,127	196	102,150	151	86,676
Supplements*	105	11,375	50	6,814	6	5,836
Subtotal	918	396,443	878	406,504	890	389,684
Contracts						
Continuations	11	37,878	6	34,427	10	39,550
New/Competing	3	4,339	11	18,731	1	500
Subtotal	14	42,216	17	53,157	11	40,050
Total, Mental Health PRNS	**932**	**$438,659**	**895**	**$459,661**	**901**	**$429,734**

* Excluding Supplements number count to avoid duplication.

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

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Capacity:						
National Child Traumatic Stress Network						
Grants						
Continuations	86	$44,476	100	$50,556	100	$51,680
New/Competing	14	6,391	4	10,000	17	8,410
Subtotal	100	50,866	104	60,556	117	60,090
Contracts						
Continuations	---	3,021	---	3,331	---	3,797
New/Competing	---	---	---	---	---	---
Subtotal	---	3,021	---	3,331	---	3,797
Total, National Child Traumatic Stress Network	**100**	**53,887**	**104**	**63,887**	**117**	**63,887**
Project AWARE						
Grants						
Continuations	23	17,857	173	70,203	199	85,828
New/Competing	164	60,970	26	16,402	7	9,417
Supplements*	31	7,074	11	300	---	---
Subtotal	187	85,901	199	86,904	206	95,245
Contracts						
Continuations	---	5,063	---	5,032	---	6,719
New/Competing	---	---	---	28	---	---
Subtotal	---	5,063	---	5,060	---	6,719
Total, Project AWARE	**187**	**90,964**	**199**	**91,964**	**206**	**101,964**
Healthy Transitions						
Grants						
Continuations	16	13,650	10	10,498	24	24,181
New/Competing	10	10,538	14	14,130	5	5,000
Supplements*	15	375	---	---	---	---
Subtotal	26	24,563	24	24,628	29	29,181
Contracts						
Continuations	---	1,388	---	1,323	---	1,770
New/Competing	---	---	---	---	---	---
Subtotal	---	1,388	---	1,323	---	1,770
Total, Healthy Transitions	**26**	**25,951**	**24**	**25,951**	**29**	**30,951**

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

(Dollars in thousands)

Programs of Regional and National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Children and Family Programs						
Grants						
Continuations	13	5,028	14	5,458	1	375
New/Competing	1	375	---	---	14	5,681
Subtotal	14	5,403	14	5,458	15	6,056
Contracts						
Continuations	---	1,677	---	1,771	---	1,173
New/Competing	---	148	---	---	---	---
Subtotal	---	1,826	---	1,771	---	1,173
Total, Children and Family Programs	**14**	**7,229**	**14**	**7,229**	**15**	**7,229**
Consumer and Family Network Grants						
Grants						
Continuations	32	2,988	25	2,369	47	4,570
New/Competing	23	1,966	24	2,333	1	95
Subtotal	55	4,954	49	4,701	48	4,665
Contracts						
Continuations	---	---	---	253	---	289
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	253	---	289
Total, Consumer and Family Network Grants	**55**	**4,954**	**49**	**4,954**	**48**	**4,954**
Project LAUNCH						
Grants/Cooperative Agreements						
Continuations	18	11,960	14	8,789	29	20,877
New/Competing	14	8,699	15	12,256	---	---
Supplements*	6	140	---	---	---	---
Subtotal	32	20,799	29	21,045	29	20,877
Contracts						
Continuations	1	2,806	---	1,465	1	2,728
New/Competing	---	---	1	1,095	---	---
Subtotal	1	2,806	1	2,560	1	2,728
Total, Project LAUNCH	**33**	**23,605**	**30**	**23,605**	**30**	**23,605**
Mental Health System Transformation and Health Reform						
Grants						
Continuations	7	2,545	---	---	8	2,910
New/Competing	---	---	8	2,937	---	---
Supplements*	7	175	---	---	---	---
Subtotal	7	2,720	8	2,937	8	2,910
Contracts						
Continuations	---	1,059	---	842	---	869
New/Competing	---	---	---	---	---	---
Subtotal	---	1,059	---	842	---	869
Total, Mental Health System Transformation and Health Reform	**7**	**3,779**	**8**	**3,779**	**8**	**3,779**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Primary and Behavioral Health Care Integration						
Grants						
Continuations	59	21,258	28	33,350	---	---
New/Competing	13	25,973	---	---	---	---
Supplements*	4	500	---	---	---	---
Subtotal	72	47,731	28	33,350	---	---
Contracts						
Continuations	---	2,146	---	2,887	---	---
New/Competing	---	---	7	13,640	---	---
Subtotal	---	2,146	7	16,527	---	---
Total, PBHCI	**72**	**49,877**	**35**	**49,877**	**---**	**---**
National Strategy for Suicide Prevention						
Grants						
Continuations	5	1,884	20	10,150	15	7,792
New/Competing	15	7,796	---	---	5	2,287
Supplements*	15	450	15	450	---	450
Subtotal	20	10,129	20	10,600	20	10,529
Contracts						
Continuations	---	860	---	600	---	671
New/Competing	---	10	---		---	---
Subtotal	---	871	---	600	---	671
Total, National Strategy for Suicide Prevention	**20**	**11,000**	**20**	**11,200**	**20**	**11,200**
GLS - Youth Suicide Prevention - States						
Grants						
Continuations	45	31,932	19	13,894	29	21,127
New/Competing	---	---	26	19,362	16	12,000
Subtotal	45	31,932	45	33,255	45	33,127
Contracts						
Continuations	1	3,495	---	2,042	---	2,300
New/Competing	---	---	---	130	---	---
Subtotal	1	3,495	---	2,172	---	2,300
Total, GLS - States	**46**	**35,427**	**45**	**35,427**	**45**	**35,427**
GLS - Youth Suicide Prevention - Campus						
Grants						
Continuations	35	3,347	41	4,060	43	4,282
New/Competing	24	2,341	19	1,884	17	1,560
Subtotal	59	5,689	60	5,944	60	5,843
Contracts						
Continuations	---	799	---	514	---	645
New/Competing	---	---	---	30	---	---
Subtotal	---	799	---	544	---	645
Total, GLS - Campus	**59**	**6,488**	**60**	**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 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
GLS - Suicide Prevention Resource Center						
Grants						
Continuations	1	5,634	1	5,634	---	---
New/Competing	---	---	---	---	1	5,639
Subtotal	1	5,634	1	5,634	1	5,639
Contracts						
Continuations	---	354	---	354	---	349
New/Competing	---	---	---	---	---	---
Subtotal	---	354	---	354	---	349
Total, GLS - Suicide Prevention Resource Center	**1**	**5,988**	**1**	**5,988**	**1**	**5,988**
Suicide Lifeline						
Grants						
Continuations	6	670	1	5,302	3	6,035
New/Competing	1	5,802	2	672	---	---
Supplements*	---	---	1	5,414	1	5,266
Subtotal	7	6,472	3	11,388	3	11,301
Contracts						
Continuations	---	726	---	612	---	699
New/Competing	---	---	---	---	---	---
Subtotal	---	726	---	612	---	699
Total, Suicide Lifeline	**7**	**7,198**	**3**	**12,000**	**3**	**12,000**
AI/AN Suicide Prevention Initiative						
Grants						
Continuations	---	---	1	500	1	500
New/Competing	1	500	---	---	---	---
Subtotal	1	500	1	500	1	500
Contracts						
Continuations	---	325	1	2,431	1	2,431
New/Competing	1	2,106	---	---	---	---
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	46	13,295	40	17,624	41	21,732
New/Competing	24	12,800	17	8,943	9	4,695
Supplements*	9	220	8	200	5	120
Subtotal	70	26,315	57	26,767	50	26,547
Contracts						
Continuations	1	4,381	---	1,569	1	4,149
New/Competing	---	---	1	2,360	---	---
Subtotal	1	4,381	1	3,929	1	4,149
Total, Homelessness Prevention Programs	**71**	**30,696**	**58**	**30,696**	**51**	**30,696**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Minority AIDS						
Grants						
Continuations	—	—	18	8,683	18	8,686
New/Competing	18	8,649	—	—	—	—
Subtotal	18	8,649	18	8,683	18	8,686
Contracts						
Continuations	—	575	—	541	—	538
New/Competing	—	—	—	—	—	—
Subtotal	—	575	—	541	—	538
Total, Minority AIDS	**18**	**9,224**	**18**	**9,224**	**18**	**9,224**
Criminal and Juvenile Justice Programs						
Grants						
Continuations	—	—	12	3,689	12	3,705
New/Competing	12	3,487	—	—	25	8,487
Subtotal	12	3,487	12	3,689	37	12,192
Contracts						
Continuations	2	782	1	580	1	1,577
New/Competing	—	—	—	—	1	500
Subtotal	2	782	1	580	2	2,077
Total, Criminal and Juvenile Justice Programs	**14**	**4,269**	**13**	**4,269**	**39**	**14,269**
Seclusion and Restraint						
Grants						
Continuations	—	—	11	1,087	11	1,076
New/Competing	11	1,087	—	—	—	—
Subtotal	11	1,087	11	1,087	11	1,076
Contracts						
Continuations	—	60	—	60	—	71
New/Competing	—	—	—	—	—	—
Subtotal	—	60	—	60	—	71
Total, Seclusion and Restraint	**11**	**1,147**	**11**	**1,147**	**11**	**1,147**
Assertive Community Treatment for Individuals with Serious Mental Illness						
Grants						
Continuations	—	—	7	4,733	7	4,740
New/Competing	7	4,740	—	—	13	9,386
Subtotal	7	4,740	7	4,733	20	14,126
Contracts						
Continuations	—	—	—	267	—	874
New/Competing	—	260	—	—	—	—
Subtotal	—	260	—	267	—	874
Total, Assertive Community Treatment for Individuals with Serious Mental Illness	**7**	**5,000**	**7**	**5,000**	**20**	**15,000**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Assisted Outpatient Treatment for Individuals with Serious Mental Illness						
Grants						
Continuations	15	10,626	18	13,739	3	2,155
New/Competing	3	2,187	---	---	16	12,212
Supplements*	18	450	15	450	---	---
Subtotal	18	13,264	18	14,189	19	14,367
Contracts						
Continuations	1	1,736	---	786	---	633
New/Competing	---	---	---	25	---	---
Subtotal	1	1,736	---	811	---	633
Total, AOT for Individuals with SMI	**19**	**15,000**	**18**	**15,000**	**19**	**15,000**
Tribal Behavioral Health Grants						
Grants						
Continuations	80	8,157	106	8,977	140	17,221
New/Competing	46	4,303	34	8,477	---	---
Subtotal	126	12,460	140	17,454	140	17,221
Contracts						
Continuations	1	2,465	1	2,496	1	2,779
New/Competing	---	75	---	50	---	---
Subtotal	1	2,540	1	2,546	1	2,779
Total, Tribal Behavioral Health Grants	**127**	**15,000**	**141**	**20,000**	**141**	**20,000**
Infant and Early Childhood Mental Health						
Grants						
Continuations	---	---	10	4,782	---	---
New/Competing	10	4,880	---	---	---	---
Subtotal	10	4,880	10	4,782	---	---
Contracts						
Continuations	---	---	---	218	---	---
New/Competing	---	120	---	---	---	---
Subtotal	---	120	---	218	---	---
Total, Infant and Early Childhood Mental Health	**10**	**5,000**	**10**	**5,000**	---	---
Subtotal, Capacity	**906**	**$414,614**	**870**	**$435,616**	**883**	**$415,739**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Science and Service:						
Primary and Behavioral Health Care Integration TA						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	1,889	---	---
Supplements*	---	1,991	---	---	---	---
Subtotal	---	1,991	---	1,889	---	---
Contracts						
Continuations	---	---	---	102	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	102	---	---
Total, PBHCI TA	---	**1,991**	---	**1,991**	---	---
Practice Improvement & Training						
Grants						
Continuations	7	2,831	1	2,643	8	5,515
New/Competing	1	2,539	7	2,865	---	---
Subtotal	8	5,370	8	5,508	8	5,515
Contracts						
Continuations	3	2,045	1	1,734	3	2,313
New/Competing	---	413	1	586	---	---
Subtotal	3	2,458	2	2,320	3	2,313
Total, Practice Improvement & Training	**11**	**7,828**	**10**	**7,828**	**11**	**7,828**
Consumer and Consumer-Supporter TA Centers						
Grants						
Continuations	5	1,803	5	1,804	---	---
New/Competing	---	---	---	---	5	1,806
Subtotal	5	1,803	5	1,804	5	1,806
Contracts						
Continuations	---	115	---	114	---	112
New/Competing	---	---	---	---	---	---
Subtotal	---	115	---	114	---	112
Total, CCSTAC	**5**	**1,918**	**5**	**1,918**	**5**	**1,918**
Disaster Response						
Grants						
Continuations	---	---	---	828	---	828
New/Competing	---	828	---	---	---	---
Subtotal	---	828	---	828	---	828
Contracts						
Continuations	1	1,125	---	339	1	1,125
New/Competing	---	---	1	786	---	---
Subtotal	1	1,125	1	1,125	1	1,125
Total, Disaster Response	**1**	**1,953**	**1**	**1,953**	**1**	**1,953**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Homelessness						
Grants						
Continuations	---	---	---	1,356	---	1,358
New/Competing	---	1,444	---	---	---	---
Subtotal	---	1,444	---	1,356	---	1,358
Contracts						
Continuations	---	142	1	940	1	938
New/Competing	1	710	---	---	---	---
Subtotal	1	852	1	940	1	938
Total, Homelessness	**1**	**2,296**	**1**	**2,296**	**1**	**2,296**
Minority Fellowship Program						
Grants						
Continuations	---	---	7	6,833	---	---
New/Competing	7	6,833	---	---	---	---
Subtotal	7	6,833	7	6,833	---	---
Contracts						
Continuations	---	730	1	1,226	---	---
New/Competing	1	495	---	---	---	---
Subtotal	1	1,226	1	1,226	---	---
Total, Minority Fellowship Program	**8**	**8,059**	**8**	**8,059**	---	---
Subtotal, Science and Service	**26**	**24,045**	**25**	**24,045**	**18**	**13,995**
Total, Mental Health PRNS	**932**	**$438,659**	**895**	**$459,661**	**901**	**$429,734**

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

Grant Awards Table

(Whole dollars)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	918	878	890
Average Awards	$430,820	$462,476	$437,342
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)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Budget Authority.....	$125,000	$125,000	$125,000	---

Authorizing Legislation ..... Sections 561 of the Public Health Service Act
FY 2020 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.[37] 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

[37] Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 144863. Rockville, MD: Substance Abuse and Mental Health Services Administration.

rates significantly decreased after 12 months of children and youth beginning SOC-related services and supports.[38]

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.

National program evaluation data reported annually to Congress indicate that CMHI SOCs are successful, resulting in many favorable outcomes for children, youth, and their families, including:

- sustained mental disorder improvements for participating children and youth in behavioral health outcomes after as little as six months of program participation;
- improvements in school attendance and achievement;
- reductions in suicide-related behaviors;
- decreases in the use of inpatient care and reduced costs due to fewer days in residential settings; and
- significant reductions in contacts with law enforcement.

In FY 2018, SAMHSA supported 62 continuation grants, six new grants, and two contracts. In FY 2019 SAMHSA would support the continuation of 49 continuation grants, 17 new grants, and two contracts.

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

[38] 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 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.

This program will address whether community-based intervention during this phase can prevent the further development of serious emotional disturbances and ultimately serious mental illness. 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 would support the continuation of the 21 grants funded from the 10 percent set-aside.

Funding History

Fiscal Year	Amount
FY 2016	$119,026,000
FY 2017	$119,026,000
FY 2018	$125,000,000
FY 2019	$125,000,000
FY 2020	$125,000,000

Budget Request

The FY 2020 Budget Request is $125.0 million, the same level with FY 2019 Enacted level. The budget request will support the continuation of 21 demonstration grants funded under the 10 percent set-aside. In addition, funding will also support 40 continuation grants, a new cohort of 48 grants, and TA and evaluation activities. This funding will provide training to 103,858 people in the mental health and related workforce and serve 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.2.16 Increase the number of children with severe emotional disturbance that are receiving services from the Children's Mental Health Initiative. (Output)	FY 2018: 13,483 Target: 10,187 (Target Exceeded)	13,483	13,483	Maintain
3.2.25 Increase the percentage of children receiving services who report positive social support at six-month follow-up. (Outcome)	FY 2018: 87.7 % Target: 86.1 % (Target Exceeded)	87.7 %	87.7 %	Maintain
3.2.26 Increase the percentage of children receiving Systems of Care mental health services who report positive functioning at 6 month follow-up. (Outcome)	FY 2018: 62.9% Target: 57.8 % (Target Exceeded)	57.8 %	57.8 %	Maintain
3.2.27 Increase the 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 2018: 103,858 Target: 81,925 (Target Exceeded)	103,858	103,858	Maintain

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

(Dollars in thousands)

Program Activity	FY 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Children's Mental Health Services						
Grants/Cooperative Agreements						
Continuations	62	$86,356	61	$84,919	61	$60,369
New/Competing	27	22,344	35	24,517	48	48,006
Subtotal	89	108,700	96	109,436	109	108,375
Contracts						
Continuations	1	8,607	1	8,013	1	8,937
New/Competing	---	5	---	---	---	---
Subtotal	1	8,612	1	8,013	1	8,937
Technical Assistance	1	7,688	1	7,551	1	7,688
Total, Children's Mental Health Services	**91**	**$125,000**	**98**	**$125,000**	**111**	**$125,000**

* Totals may not add due to rounding.

Grant Awards Table

(Whole dollars)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	89	96	109
Average Awards	$1,221,352	$1,139,955	$994,270
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)

Programs of Regional and National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
PATH	$64,635	$64,635	$64,635	$---

Authorizing Legislation ..... Section 535(a) of the Public Health Service Act
FY 2020 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.[39] Data suggest that approximately 20 percent of individuals experiencing homelessness have a serious mental illness (SMI),[40] 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.[41]

Data show that the PATH program's efforts to identify primary care, behavioral disorder treatment, and housing for individuals who are chronically homeless 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. PATH outreach workers specialize 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

[39] The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2018). The 2017 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Available at: https://www.hudexchange.info/resources/documents/2017-AHAR-Part1.pdf
[40] 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
[41] National Alliance on Mental Illness (2004). Homelessness. Available at: http://www2.nami.org/Content/ContentGroups/Policy/Fact_Sheets/homelessnessPFS.pdf

into 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.

In FY 2017, the PATH program outreached to 120,048 new individuals experiencing homelessness and enrolled 52 percent of individuals with SMI into the PATH program (73,246 individuals). Overall numbers of people experiencing homelessness have been declining, specifically declining 14% between 2010 and 2016. While the estimate of the total number of people experiencing homelessness on a single night was increased for the first time in 2017 in seven years - up a little less than 1% from 2016 to 2017, the government-wide efforts to target the most vulnerable and veterans may have served to reduce the number of PATH-eligible people on the streets, and therefore the number of people to whom PATH outreach might be directed. Additionally, 42 percent of enrolled individuals were experiencing a co-occurring drug/alcohol use disorders. Of those enrolled in PATH, 55,479 individuals received community mental health services. In addition, 7,370 individuals received substance abuse treatment through PATH, while 11,629 individuals were referred by PATH to substance abuse treatment services in the community. PATH provided housing moving assistance to 3,394 individuals, housing eligibility determination services to 18,555 individuals, security deposits to 2,751 individuals, residential supportive services to 7,213 individuals and one-time rent eviction to 1,240 individuals. In addition, 20,179 PATH clients were referred to permanent housing assistance agencies and 13,176 PATH clients were referred to temporary housing agencies in their communities. The services provided by the PATH program fill gaps in existing community resources and play a crucial role in communities' strategic plans to end homelessness. In FY 2018 and FY 2019, SAMHSA continued support for the program.

Funding History

Fiscal Year	Amount
FY 2016	$64,635,000
FY 2017	$64,635,000
FY 2018	$64,635,000
FY 2019	$64,635,000
FY 2020	$64,635,000

Budget Request

The FY 2020 President's Budget is $64.6 million, with the same as the FY 2019 Enacted Budget. This formula-based funding to all 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.4.15 Increase the 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 2017: 55 % Target: 66 % (Target Not Met)	55 %	55 %	Maintain
3.4.16 Increase the number of homeless persons contacted. (Outcome)	FY 2017: 120,048 Target: 185,524 (Target Not Met)	120,048	120,048	Maintain
3.4.17 Increase the percentage of contacted homeless persons with serious mental illness who become enrolled in services. (Outcome)	FY 2017: 57 % Target: 58 % (Target Not Met)	57 %	57 %	Maintain
3.4.20 Increase the 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. (Outcome)	FY 2017: 2,647 Target: 2,296 (Target Exceeded)	2,647	2,647	Maintain

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2019 DISCRETIONARY STATE/FORMULA GRANTS
Projects for Assistance in Transition from Homelessness (PATH)
CFDA # 93.150

State/Territory	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	$613,043	$613,144	$610,216	-$2,928
Alaska	300,000	300,000	300,000	---
Arizona	1,349,251	1,349,474	1,343,029	-6,445
Arkansas	303,934	303,984	302,532	-1,452
California	8,812,865	8,814,326	8,772,227	-42,099
Colorado	1,019,092	1,019,261	1,014,392	-4,869
Connecticut	799,350	799,483	795,664	-3,819
Delaware	300,000	300,000	300,000	---
District of Columbia	300,000	300,000	300,000	---
Florida	4,334,220	4,334,938	4,314,234	-20,704
Georgia	1,669,966	1,670,242	1,662,265	-7,977
Hawaii	300,000	300,000	300,000	---
Idaho	300,000	300,000	300,000	---
Illinois	2,705,121	2,705,569	2,692,646	-12,923
Indiana	1,011,476	1,011,644	1,006,812	-4,832
Iowa	334,549	334,605	333,007	-1,598
Kansas	377,380	377,443	375,640	-1,803
Kentucky	468,891	468,968	466,728	-2,240
Louisiana	733,026	733,147	729,645	-3,502
Maine	300,000	300,000	300,000	---
Maryland	1,271,500	1,271,711	1,265,637	-6,074
Massachusetts	1,558,823	1,559,081	1,551,634	-7,447
Michigan	1,729,520	1,729,806	1,721,544	-8,262
Minnesota	810,964	811,099	807,225	-3,874
Mississippi	300,000	300,000	300,000	---
Missouri	893,755	893,903	889,633	-4,270
Montana	300,000	300,000	300,000	---
Nebraska	300,000	300,000	300,000	---
Nevada	615,921	616,023	613,081	-2,942
New Hampshire	300,000	300,000	300,000	---

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2019 DISCRETIONARY STATE/FORMULA GRANTS
Projects for Assistance in Transition from Homelessness (PATH)
CFDA # 93.150

State/Territory	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
New Jersey	2,138,094	2,138,448	2,128,234	-10,214
New Mexico	300,000	300,000	300,000	---
New York	4,223,019	4,223,719	4,203,545	-20,174
North Carolina	1,379,574	1,379,802	1,373,212	-6,590
North Dakota	300,000	300,000	300,000	---
Ohio	1,986,443	1,986,772	1,977,282	-9,490
Oklahoma	452,820	452,895	450,732	-2,163
Oregon	630,994	631,098	628,084	-3,014
Pennsylvania	2,366,835	2,367,227	2,355,921	-11,306
Rhode Island	300,000	300,000	300,000	---
South Carolina	680,202	680,315	677,066	-3,249
South Dakota	300,000	300,000	300,000	---
Tennessee	909,746	909,896	905,550	-4,346
Texas	4,995,434	4,996,262	4,972,399	-23,863
Utah	591,460	591,558	588,733	-2,825
Vermont	300,000	300,000	300,000	---
Virginia	1,472,175	1,472,418	1,465,386	-7,032
Washington	1,329,133	1,329,353	1,323,004	-6,349
West Virginia	300,000	300,000	300,000	---
Wisconsin	836,630	836,768	832,772	-3,996
Wyoming	300,000	300,000	300,000	---
Puerto Rico	891,096	891,244	886,987	-4,257
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)

(Dollars in thousands)	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Budget Authority.....	$36,146	$36,146	$14,146	-$22,000

Authorizing Legislation ..... The PAIMI Act, 42 U.S.C. 10801 et seq.
FY 2020 Authorization $19,500
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 and 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.

Program Evaluation
In FY 2017, the 57 state PAIMI Programs:

- Served 10,422 PAIMI-eligible individuals/clients: 2,071 children and youth (ages 0 to 18), 7,662 adults (ages 19 to 64), and 689 older adults (age 65 and older). These individuals filed 8704 complaints alleging abuse, neglect, and/or rights violations.
- Resolved 78 percent of abuse allegations, 81 percent of neglect allegations, and 79 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 2017 and FY 2018, SAMHSA continued to fund 57 annual grants to states and territories as well as continued technical assistance activities and support for grantees. Under the FY 2019 Enacted Budget, SAMHSA would continue support for this program.

Funding History

Fiscal Year	Amount
FY 2016	$36,146,000
FY 2017	$36,146,000
FY 2018	$36,146,000
FY 2019	$36,146,000
FY 2020	$14,146,000

Budget Request

The FY 2020 President's is $14.1 million, a decrease of $22.0 million from the FY 2019 Enacted level. This program will continue to assist individuals with serious mental illness increase access to treatment. These grantees protect and advocate for the rights of individuals with mental illness and investigate incidents of abuse and neglect of individuals with mental illness if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred. Reductions are proposed due to the need to focus realignment resources on treatment for serious mental illness. PAIMI programs will continue to focus on addressing abuse and neglect issues for vulnerable populations.

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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.4.12 Increase the number of people served by the PAIMI program. (Outcome)	FY 2017: 10,450 Target: 15,192 (Target Not Met)	10,450	4,089	-6,360
3.4.19 Increase the number attending public education/ constituency training and public awareness activities. (Output)	FY 2017: 71,580 Target: 98,441 (Target Not Met but Improved)	71,858	28,013	-43,566
3.4.21 Increase 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 2017: 66 % Target: 88 % (Target Not Met)	66%	66 %	Maintain

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2019 DISCRETIONARY STATE/FORMULA GRANTS
Protection and Advocacy for Individuals with Mental Illness (PAIMI)
CFDA # 93.138

State/Territory	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	$458,554	$457,665	$178,405	-$279,260
Alaska	428,000	428,000	167,500	-260,500
Arizona	634,205	638,784	251,865	-386,919
Arkansas	428,000	428,000	167,500	-260,500
California	3,101,059	3,064,413	1,194,790	-1,869,623
Colorado	443,445	449,205	176,689	-272,516
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	1,761,727	1,776,069	707,190	-1,068,879
Georgia	934,106	929,003	365,846	-563,157
Hawaii	428,000	428,000	167,500	-260,500
Idaho	428,000	428,000	167,500	-260,500
Illinois	1,051,088	1,039,636	404,978	-634,658
Indiana	592,729	590,775	231,107	-359,668
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	467,047	463,525	181,463	-282,062
Massachusetts	502,978	502,083	196,413	-305,670
Michigan	878,974	872,164	341,233	-530,931
Minnesota	446,246	447,375	176,168	-271,207
Mississippi	428,000	428,000	167,500	-260,500
Missouri	542,302	543,808	212,351	-331,457
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 2019 DISCRETIONARY STATE/FORMULA GRANTS
Protection and Advocacy for Individuals with Mental Illness (PAIMI)
CFDA # 93.138

State/Territory	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
New Jersey	675,631	671,867	263,083	-408,784
New Mexico	428,000	428,000	167,500	-260,500
New York	1,507,227	1,503,880	579,850	-924,030
North Carolina	912,914	913,289	360,043	-553,246
North Dakota	428,000	428,000	167,500	-260,500
Ohio	1,019,501	1,016,255	396,985	-619,270
Oklahoma	428,000	428,000	167,500	-260,500
Oregon	428,000	428,000	167,500	-260,500
Pennsylvania	1,051,937	1,048,742	408,369	-640,373
Rhode Island	428,000	428,000	167,500	-260,500
South Carolina	460,260	462,839	181,874	-280,965
South Dakota	428,000	428,000	167,500	-260,500
Tennessee	589,859	590,750	231,828	-358,922
Texas	2,321,910	2,392,318	957,193	-1,435,125
Utah	428,000	428,000	167,500	-260,500
Vermont	428,000	428,000	167,500	-260,500
Virginia	674,079	676,109	265,844	-410,265
Washington	577,376	577,556	227,131	-350,425
West Virginia	428,000	428,000	167,500	-260,500
Wisconsin	493,292	493,546	192,754	-300,792
Wyoming	428,000	428,000	167,500	-260,500
Puerto Rico	528,962	511,100	201,182	-309,918
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)

(Dollars in thousands)	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Budget Authority.....	$100,000	$150,000	$150,000	---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2020 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.[42] 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. CCBHCs provide a comprehensive, coordinated range of behavioral health 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. 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 grant program an awarded 52 grants to CCBHCs within the 24 states that participated in the FY 2016 Planning Grants for Certified Community Behavioral Health Clinics grant program. The CCBHC Expansion 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 disorders mental and substance use disorders (COD). SAMHSA expects that this program will improve the behavioral

[42] 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

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 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.

In FY 2019, SAMHSA provided funding for 52 continuation grants and fund 12 new grants.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	---
FY 2018	$100,000,000
FY 2019	$150,000,000
FY 2020	$150,000,000

Budget Request

The FY 2020 Budget Request is $150.0 million, the same level with FY 2019 Enacted level. SAMHSA requests funding to award a new cohort of 76 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.5.10 Increase the number served by the program.	FY 2019: Result Expected December 31, 2019 Target: 25,000 (Pending)	25,000	37,500	+12,500
3.4.10 Increase the percentage of clients receiving services who report positive functioning at 6 months follow-up. (Outcome)	FY 2019: Result Expected December 31, 2019 Target: 60.0% (Pending)	60.0%	60.0%	Maintain
3.4.11 Increase the percentage of clients receiving services who are currently employed at 6-month follow-up. (Outcome)	FY 2019: Result Expected December 31, 2019 Target: 39.0% (Pending)	39.0%	39.0%	Maintain
3.4.12 Increase the percentage of clients receiving services who have a permanent place to live in the community at 6 month follow-up. (Outcome)	FY 2019: Result Expected December 31, 2019 Target: 73.0% (Pending)	73.0%	73.0%	Maintain

SAMHSA/Mental Health
Certified Community Behavioral Health Clinics
Mechanism Table

(Dollars in thousands)

Program Activity	FY 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Certified Community Behavioral Health Clinics						
Grants/Cooperative Agreements						
Continuations	---	---	52	$97,047	12	$23,123
New/Competing	52	96,447	12	23,123	76	147,415
Subtotal	52	96,447	64	120,170	88	170,538
Contracts						
Continuations	---	---	---	4,646	---	---
New/Competing	---	3,553	---	---	---	4,646
Subtotal	---	3,553	---	4,646	---	4,646
Total, Certified Community Behavioral Health Clinics	**52**	**$100,000**	**64**	**$124,816**	**88**	**$175,184**

Community Mental Health Services Block Grant (MHBG)

(Dollars in thousands)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Community Mental Health Services Block Grant.....	$722,571	$722,571	$722,571	---
PHS Evaluation Funds (non-add).....	*21,039*	*21,039*	*21,039*	---

Authorizing Legislation……Sections 1920 of the Public Health Service Act
FY 2020 Authorization $532,571,000
Allocation Method .....Formula Grant
Eligible Entities.....States, Territories, Freely Associated States, and District of Columbia

Program Description and Accomplishments

Serious mental illnesses are more common in the United States than is generally realized. According to the 2017 National Survey on Drug Use and Health (NSDUH)[43], 4.2% of adults Aged 18 and older had a serious mental illness in 2017– an estimated 10,360,000 individuals – 7,454,000 adults with SMI received services or 72% received services in 2017.

Since 1992, the Community Mental Health Services Block Grant (MHBG) has distributed funds to 59 eligible states and territories and freely associated states through a formula based upon specified economic and demographic factors.[44] 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: 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 are homeless, 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 continues to represent 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 seven million

[43] Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[44] 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

individuals with mental and substance use conditions in any given year. The Block Grant'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 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 block grant funds, 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.

SAMHSA's MHBG and Substance Abuse Prevention and Treatment Block Grant (SABG) applications align with changes in federal/state environments and statutes. SAMHSA offers states the opportunity to complete a combined application for mental health and substance abuse services, submit a biennial versus an annual plan, and provide information regarding their efforts to respond to various changes in federal and state law.[45,46] Permitting MHBG recipients to submit the application/plan biennially reduces the burden on states.

There are many individuals, both adolescent and adult, with co-occurring mental illness and drug/alcohol addiction. In recognition of this, SAMHSA strongly encourages coordination between MHBG programs and those supported by the 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.

Most block grant recipients are currently reporting on National Outcome Measures (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 2017 show that:

- For the 57 states and territories that reported data in the Employment Domain, 20.9 percent of the mental health consumers were in competitive employment;

[45] State Plan for Comprehensive Community Mental Health Services for Certain Individuals (Sec. 1912 of Title XIX, Part B, Subpart I of the Public Health Service (PHS) Act (42 USC § 300x-2).
[46] State Plan (Sec. 1932 (b) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 USC § 300x-32(b)).

- For the 58 states and territories that reported data in the Housing Domain, 82.7 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 people per 1,000 population;
- For the 50 states and territories that reported data in the Retention Domain, only 8.3 percent of the patients returned to a state psychiatric hospital within 30 days of state hospital discharge; and
- For the 42 states and territories that reported data in the Perception of Care Domain, 71 percent of adult mental health consumers improved functioning as a direct result of the mental health services they received.

Mental Disorders Prevalence Data Collection, Analysis, and Dissemination

Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4) requires SAMHSA, on an annual basis, to collect data on the prevalence of substance use and mental illness. To accomplish this, SAMHSA awarded a contract in FY 2018 to design a multi-component project that would provide local level psychiatric epidemiology information on incidence and prevalence of select mental disorders, substance use disorders, and services received for those disorders. In FY 2019, SAMHSA awarded a new contract to pilot the Mental Disorders Prevalence Survey (MDPS) design and methodology on a small scale using ten catchment areas that are a mix of rural and urban areas with both household and non-household populations. This project will serve as a foundation for future, larger scale efforts to assess incidence and prevalence of such disorders on a national scale.

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

Starting in FY 2014, states were required to set aside five percent of their MHBG funds to support "evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders."[47] SAMHSA is collaborating with the National Institute of Mental Health and states to implement this provision.

The majority of individuals with serious mental illness experience their first symptoms during adolescence or early adulthood, and there are often long delays between the initial onset of symptoms and receiving treatment. The consequences of delayed treatment can include loss of family and social supports, reduced educational achievement, incarceration, disruption of employment, substance abuse, increased hospitalizations, and reduced prospects for long-term recovery.

The five percent set-aside allocated to states totaling approximately $24.2 million per year in FY 2014 and FY 2015 supported implementation of evidenced-based models that seek to address treatment of serious mental illness at an early stage through reducing symptoms and relapse rates, and preventing deterioration of cognitive function in individuals living with psychotic illness. In FY 2016, Congress increased the set-aside to 10 percent; through this funding, 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.

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

Beginning in September 2016, SAMHSA, in partnership with NIMH, initiated a 3-year evaluation study of the programs funded through the MHBG set-aside to ensure that funds are only used for programs showing strong evidence of effectiveness and target first episode of psychosis. The total number of people in the catchment area of the sites funded by this ten percent set-aside is 7067. This includes 8-10 percent of the approximate 100,000 people who are likely to develop SMI or SED in any given year.

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

State	FY 2018 10% Set Aside Allotment	Program Description
Alabama	$994,476	Statewide EASA (Early Assessment and Support Alliance) program model is being developed and implemented.
Alaska	$143,298	The state is implementing a CSC program based on OnTrack in Wasilla.
American Samoa	$13,390	Training 2-4 peer support specialists to begin FEP outreach.
Arizona	$1,680,042	State offers four CSC programs across the state, and also funds NAMI to assist with family support and supported employment and education services.
Arkansas	$618,892	Developing portions of CSC model in thirteen locations.
California	$9,504,787	Forty-one CSC programs, from several different models, are in various states of development throughout CA. Thirty-seven are fully operational.
Colorado	$1,150,425	Implementing four CSC (OnTRACKUSA) programs, three in the Denver area and one in the rural northeastern portion of the state.
Connecticut	$716,395	State is implementing two programs based on two distinct CSC models (Potential and STEP).
District of Columbia	$160,626	The District of Columbia provides one CSC program, which is currently in the initial implementation phase of development.
Delaware	$207,118	A statewide program, CORE (Community Outreach, Referral and Early Intervention), has been implemented.
Florida	$4,776,016	State has implemented five CSC programs. All of these programs are based on the Navigate model.
Georgia	$2,278,581	State has implemented seven CSC programs. All programs are based on the LIGHT-ETP model.
Guam	$39,862	Staff have 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	$384,300	State has implemented a program with three sites in Honolulu based on the OnTRACK model.
Idaho	$332,296	Three CSC programs have been implemented.
Illinois	$2,607,438	State has implemented CSC programs in 14 locations throughout the state using the FIRST CSC program model.
Indiana	$1,215,981	State offers two programs based on the PARC model and makes use of a "hub and spoke" design.
Iowa	$546,479	State has three functioning CSC programs based on the NAVIGATE model.

State	FY 2018 10% Set Aside Allotment	Program Description
Kansas	$515,357	State has one fully functional CSC program in Kansas City and is operationalizing a second program in Topeka.
Kentucky	$888,937	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	$855,200	Three sites are in the process of being implemented. These programs are using the Navigate CSC model.
Maine	$274,800	State has implemented one 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	$17,787	Marshall Islands is using the set-aside block grant funding to develop first episode outreach practices and protocols for individuals experiencing FEP.
Maryland	$1,176,708	The state has implemented four CSC programs, two in Baltimore, one in Gaithersburg and one in Catonsville. They are continuing to develop staff expertise in the FEP approaches.
Massachusetts	$1,362,350	Massachusetts has developed two CSC programs, one in Boston and a second in western Mass. They are using the PREP model of CSC.
Michigan	$2,098,521	The State has implemented four CSC programs using the NAVIGATE CSC model.
Federated States of Micronesia	$25,924	Funds are being used to train staff on the OnTrack CSC model in four locations.
Minnesota	$1,017,023	State has implemented two CSC programs in the Twin Cities area and is implementing a third program in Duluth.
Mississippi	$623,825	State is fully implementing the NAVIGATE CSC programs to provide training and technical assistance to four CSC teams.
Missouri	$1,143,917	Missouri has established eight sites spread throughout the state that provide ACT-TAY for individuals experiencing an early serious mental illness.
Montana	$263,000	The state is implementing the NAVIGATE model in one site for the state.
Nebraska	$316,957	Nebraska has implemented OnTrackUSA in two of the six behavioral health service regions of the state.

State	FY 2018 10% Set Aside Allotment	Program Description
Nevada	$742,942	Nevada 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	$245,764	The state is using a NAVIGATE training team to train Community Mental Health Centers to establish CSC teams that will continue to expand beyond the training period, using a staged approach. One site in Nashua is in the initial implementation phase of development.
New Jersey	$1,896,092	New Jersey has implemented three CSC teams adhering to the RAISE CSC model.
New Mexico	$412,661	New Mexico 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	$4,208,735	New York 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	$1,963,756	North Carolina supports three CSC sites currently operated in the state. The state supports the Quality Assurance Database developed by the UNC OASIS (Outreach and Support Intervention Services) technical assistance program, which is utilized by all FEP sites funded through the MHBG.
North Dakota	$111,957	The state is using the set-aside funds to implement CSC services in Fargo, which serves six counties in the state.
Northern Mariana Islands	$12,897	The Community Guidance Center is implementing a psychoeducation group in FY 2016 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	$2,130,363	State has implemented 14 CSC programs and is currently installing three more.

State	FY 2018 10% Set Aside Allotment	Program Description
Oklahoma	$731,494	Oklahoma 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	$964,100	The state has implemented 36 EASA CSC programs that currently serve all 36 counties in Oregon.
Palau	$5,240	One CSC team will be supported in a population area of roughly 20,000 with 1 percent need annually.
Pennsylvania	$2,376,660	Pennsylvania offers nine CSC programs in rural and urban areas across the state.
Puerto Rico	$886,603	Puerto Rico has implemented two CSC programs, including the PORTI program in San Juan, and the PROCCER program in Mayagüez.
Rhode Island	$250,483	Rhode Island is using the entire set-aside amount to serve individuals ages 16-25 experiencing a first episode of psychosis by enhancing the two existing treatment teams so that they will be able to serve additional clients.
South Carolina	$1,025,043	South Carolina is funding four programs for individuals with an early serious mental illness, one of which is a CSC program.
South Dakota	$147,131	State has implemented two CSC programs in Sioux Falls and Rapid City. They have been trained by OnTrackNY.
Tennessee	$1,394,586	Tennessee uses the MHBG funds to provide OnTrackTN to four sites across the state. The MHBG funds also support a statewide FEP learning collaborative of all four sites, that works to improve outcomes, provide rapid access to services (including those that are linguistically and culturally competent), increases awareness and early detection, provides statewide training for providers and the community, and increases statewide capacity to provide FEP services. In September 2017, the state held a conference for all providers in the state to learn about the CSC model and FEP in general.
Texas	$5,638,384	Texas offers 10 CSC programs in rural and urban areas across the state. These sites serve both indigent and Medicaid-eligible populations.

State	FY 2018 10% Set Aside Allotment	Program Description
Utah	$546,282	State has implemented three CSC programs, using the PIER and EASA CSC Models.
Vermont	$122,035	Vermont 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	$25,520	Virgin Islands intends to establish a CSC program according to the NAVIGATE model.
Virginia	$1,535,557	Virginia has established eight CSC programs that are operated through the state's community service boards (CSBs). The existing programs will continue to receive training and technical assistance to strengthen their clinical service delivery skills and to ensure fidelity to the model.
Washington	$1,631,440	Washington has established three CSC programs adhering to the NAVIGATE CSC Model. In addition, the state is currently establishing two more CSC programs.
West Virginia	$384,098	State has established one CSC program in the Wheeling area.
Wisconsin	$1,112,258	Wisconsin 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.
Wyoming	$82,089	The state is piloting two CSC programs that are currently serving clients.

Funding History

Fiscal Year	Amount
FY 2010	420,774,000
FY 2011	419,933,000
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

Budget Request

The FY 2020 President's Budget is $722.6 million, the same as the FY 2019 Enacted level. With this funding, SAMHSA will continue to address the needs of individuals with SMI and SED and will continue to 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 funds help reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of serious mental illness.

Outputs and Outcomes Table

Program: Mental Health Block Grant

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
2.3.11 Increase the number of evidence based practices (EBPs) implemented (Output)	FY 2017: 4.7 per State Target: 4.5 per State (Target Exceeded)	4.6 per State	4.7 per State	+0.1 per State
2.3.14 Increase the number of people served by the public mental health system (Output)	FY 2017: 7,524,119 Target: 7,620,000 (Target Not Met but Improved)	7,524,119	7,524,119	Maintain
2.3.15 Increase the rate of consumers (adults) reporting positively about outcomes (Outcome)	FY 2017: 78.7 % Target: 71.8 % (Target Exceeded)	75.7 %	75.7 %	Maintain
2.3.16 Increase the rate of family members (children/adolescents) reporting positively about outcomes (Outcome)	FY 2017: 73.1 % Target: 66.1 % (Target Exceeded)	73.5 %	73.5 %	Maintain
2.3.19A: Supported Housing Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2018: Result Expected December 31, 2019 Target: 3.5 % (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, 2019 Target: 2.2 % (Pending)	2.2 %	2.3 %	+0.1 %
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, 2019 Target: 2.2 % (Pending)	2.2 %	2.5 %	+0.3 %

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
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, 2019 Target: 2.1 % (Pending)	2.1 %	2.2 %	+0.1 %
2.3.19E Dual Diagnosis Treatment - Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome) (Outcome)	FY 2019: Result Expected December 31, 2019 Target: 11.0 % (Pending)	11.0 %	11.5 %	+0.5 %
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, 2019 Target: 21.0 % (Pending)	21.0 %	23.0 %	+2 %
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, 2019 Target: 33.0 (Pending)	33.0	35.0	+2
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, 2019 Target: 1.7 % (Pending)	1.7 %	1.9 %	+0.2 %
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, 2019 Target: 4.3 % (Pending)	4.3 %	4.7 %	+0.4 %
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, 2019 Target: 7.5 % (Pending)	7.5 %	8.5 %	+1 %
2.3.81 Increase the percentage of service population receiving any evidence based practice (Outcome)	FY 2017: 19.0 % Target: 10.8 % (Target Exceeded)	11.7 %	11.7 %	Maintain

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2019 DISCRETIONARY STATE/FORMULA GRANTS
Community Mental Health Services Block Grant Program
CFDA # 93.959

State/Territory	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	$9,944,763	$9,958,277	$9,897,586	-$60,691
Alaska	1,432,975	1,406,364	1,480,661	74,297
Arizona	16,800,418	18,373,174	18,491,031	117,857
Arkansas	6,188,920	5,997,576	5,985,871	-11,705
California	95,047,871	92,715,441	91,818,654	-896,787
Colorado	11,504,252	13,189,237	13,281,880	92,643
Connecticut	7,163,951	6,690,546	6,760,070	69,524
Delaware	2,071,177	1,598,527	1,582,088	-16,439
District Of Columbia	1,606,255	1,605,650	1,602,772	-2,878
Florida	47,760,158	44,999,189	45,271,355	272,166
Georgia	22,785,809	22,053,331	21,990,485	-62,846
Hawaii	3,843,000	3,604,901	3,533,063	-71,838
Idaho	3,322,957	3,907,763	3,957,181	49,418
Illinois	26,074,382	24,824,212	24,462,318	-361,894
Indiana	12,159,809	12,193,343	12,127,509	-65,834
Iowa	5,464,792	5,377,612	5,271,090	-106,522
Kansas	5,153,574	4,996,496	4,987,655	-8,841
Kentucky	8,889,372	8,922,528	8,894,128	-28,400
Louisiana	8,551,996	9,818,107	9,778,932	-39,175
Maine	2,747,999	2,719,188	2,699,115	-20,073
Maryland	11,767,081	13,542,317	13,546,678	4,361
Massachusetts	13,623,503	14,040,737	13,980,983	-59,754
Michigan	20,985,212	20,363,260	20,190,984	-172,276
Minnesota	10,170,229	10,320,508	10,357,154	36,646
Mississippi	6,238,247	6,272,319	6,219,108	-53,211
Missouri	11,439,169	11,531,537	11,520,551	-10,986
Montana	2,096,555	2,051,241	2,054,542	3,301
Nebraska	3,169,571	3,093,092	3,068,752	-24,340
Nevada	7,429,423	7,201,123	7,278,660	77,537
New Hampshire	2,457,638	2,421,717	2,403,986	-17,731

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
FY 2019 DISCRETIONARY STATE/FORMULA GRANTS
Community Mental Health Services Block Grant Program
CFDA # 93.959

State/Territory	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
New Jersey	18,960,917	19,289,480	19,359,855	70,375
New Mexico	4,126,614	4,037,621	4,070,142	32,521
New York	42,087,347	40,625,021	40,453,444	-171,577
North Carolina	19,637,560	19,769,701	19,798,360	28,659
North Dakota	1,119,569	1,041,461	1,070,171	28,710
Ohio	21,303,633	21,363,628	21,212,133	-151,495
Oklahoma	7,314,940	7,224,242	7,293,899	69,657
Oregon	9,641,002	10,560,923	10,605,839	44,916
Pennsylvania	23,766,601	22,707,223	22,529,713	-177,510
Rhode Island	2,504,828	2,592,959	2,567,098	-25,861
South Carolina	10,250,425	10,306,043	10,284,563	-21,480
South Dakota	1,471,329	1,449,042	1,446,584	-2,458
Tennessee	13,945,858	13,143,779	13,109,242	-34,537
Texas	56,383,842	57,879,672	59,365,847	1,486,175
Utah	5,462,823	6,051,844	6,090,522	38,678
Vermont	1,220,345	1,188,649	1,175,360	-13,289
Virginia	15,355,573	17,127,156	17,188,057	60,901
Washington	16,314,403	16,048,884	16,049,343	459
West Virginia	3,840,977	3,750,048	3,705,338	-44,710
Wisconsin	11,122,581	11,896,020	11,791,675	-104,345
Wyoming	820,891	792,403	812,236	19,833
American Samoa	133,896	134,316	134,594	278
Guam	398,624	429,733	437,353	7,620
Northern Marianas	128,971	135,240	136,578	1,338
Puerto Rico	8,866,032	8,783,994	8,759,247	-24,747
Palau	52,395	54,965	56,005	1,040
Marshall Islands	177,872	188,930	194,791	5,861
Micronesia	259,243	269,633	272,293	2,660
Virgin Islands	255,197	276,820	280,321	3,501

SAMHSA
Substance Abuse Prevention
Table of Contents

Substance Abuse Prevention Appropriation

(Dollars in thousands)

Program Activities	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Programs of Regional and National Significance.....	$248,219	$205,469	$144,090	-$61,379
Drug Free Communities[1]……	---	---	100,000	100,000
Total, Substance Abuse Prevention	**$248,219**	**$205,469**	**$244,090**	**$38,621**

The Substance Abuse Prevention FY 2020 Budget Request is $244.1 million, an increase of $38.6 million from the FY 2019 Enacted Budget.

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

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Capacity:				
Strategic Prevention Framework	$119,484	$119,484	$58,426	-$61,058
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)	36,000	---	---	---
Improving Access to Overdose Treatment (CARA)	1,000	---	---	---
Minority AIDS	41,205	41,205	41,205	---
Sober Truth Preventing Underage Drinking Act (STOP Act)	7,000	8,000	8,000	---
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	12,000	---	---	---
Tribal Behavioral Health Grants	15,000	20,000	20,000	---
Subtotal, Capacity	**236,583**	**193,583**	**132,525**	**-61,058**
Science and Service:				
Center for the Application of Prevention Technologies	7,493	7,493	7,493	---
SAP Minority Fellowship Program	71	321	---	-$321
Science and Service Program Coordination	4,072	4,072	4,072	---
Subtotal, Science and Service	**11,636**	**11,886**	**11,565**	-$321
Total, PRNS	**$248,219**	**$205,469**	**$144,090**	**-$61,379**

Authorizing Legislation ..... ……Sections 516 of the PHS Act
FY 2020 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Strategic Prevention Framework.....	$119,484	$119,484	$58,426	-$61,058
Strategic Prevention Framework Rx (non-add).....	$10,000	*$10,000*	*10,000*	0

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2020 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.[48]

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.

Data show that states and communities receiving PFS funding have made improvements in reducing the impact of substance abuse. 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. 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 aged 12 to 17 were currently

[48] 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/

using marijuana. This means that approximately 1.9 million adolescents used marijuana in the past month. [49]

In 2017, the program specifically addressed underage drinking and prescription drug misuse among youth and young adults and also encouraged grantees to address issues related to marijuana and heroin use.

The cross-site evaluation for the PFS program addresses the following questions:

1) Was the implementation of PFS program associated with a reduction in underage drinking and/or prescription drug misuse?
2) Did variability in the total level of funding from all sources relate to outcomes? Did variability in the total level of PFS funding relate to outcomes, above and beyond other funding available to communities?
3) What intervention type, combinations of interventions, and dosages of interventions were related to outcomes at the grantee level? What intervention type, combinations of interventions, and dosages of interventions were related to outcomes at the community level?
4) Were some types and combinations of interventions within communities more cost- effective than other interventions?
5) How does variability in factors (strategy selection and implementation, infrastructure, geography, demography, sub-recipient selection, Training/Technical Assistance, barriers to implementation) relate to outcomes across funded communities?

In FY 2018, SAMHSA funded 74 SPF grant continuations and 29 new grants. In 2019, SAMHSA plans to support 62 Strategic Prevention Framework grant continuations and 21 new grants. The SPF PFS grant program addresses one of the Nation's top substance abuse prevention priorities: underage drinking among persons aged 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). SAMHSA plans to support SPF PFS at a reduced rate in FY 2020.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)

Since 1999, the age-adjusted drug-poisoning death rate has more than tripled, from 6.1 per 100,000 in 1999 to 16.3 per 100,000 in 2015. In the U.S., misuse of prescription drugs, including opioids is

[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 https://www.samhsa.gov/data/

responsible for much of the recent increase in drug-poisoning deaths.[50] For example, drug overdose deaths from synthetic opioids other than methadone, which include drugs such as fentanyl (pharmaceutical and illicit) and tramadol, increased from 8% in 2010 to 42% in 2017. While the percent of drug overdose deaths from natural and semisynthetic opioid analgesics, which include drugs such as oxycodone and hydrocodone, decreased from 2010 to 2017, they are still high at 22%[51].

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 2020.

Funding History

Fiscal Year	Amount
FY 2016	$119,484,000
FY 2017	$119,484,000
FY 2018	$119,484,000
FY 2019	$119,484,000
FY 2020	$58,426,000

Budget Request

The FY 2020 Budget Request is $58.4 million, a decrease of $61.1 million from the FY 2019 Enacted Budget. Funding for the SPF Rx program will be maintained in its entirety ($10.0 million) for 26 continuation grants. Funding will support SPF PFS continuation grants at a reduced rate, technical assistance, and evaluation to build capacity to address prescription drug misuse and overdose prevention efforts, in conjunction with other state and local partners.

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

Outputs and Outcomes Table

Program: Partnerships for Success

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
2.3.79 Increase the number of EBPs implemented by sub-recipient communities (Output)	FY 2016: 531 Target: 650 (Target Not Met but Improved)	531	531	Maintain
2.3.80 Increase the number of sub-recipient communities that improved on one or more targeted NOMs indicators. (Outcome)	FY 2016: 552 Target: 142 (Target Exceeded)	552	552	Maintain

Program: Strategic Prevention Framework Rx

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.3.12 Increase the percent of funded states reporting reductions in opioid overdoses. (Outcome)	FY 2017: 69 % Target: 55 % (Target Exceeded)	69 %	69 %	Maintain
TBD Increase percent of grantees that reported taking steps to enhance access to and use of PDMP data at the grantee level. (Outcome)	FY 2018: 85.0 Target: 85.0 (Baseline)	85.0	85.0	Maintain

Federal Drug-Free Workplace

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Federal Drug-Free Workplace.....	$4,894	$4,894	$4,894	$---

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2020 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

Alcohol and other drug misuse are widespread and have a variety of negative consequences, particularly in the workplace. Employers with successful drug-free workplace programs report decreases in absenteeism, accidents, downtime, turnover, and theft; increases in productivity; and overall improved morale. They also report better health status among many employees and family members and decreased use of medical benefits. Some organizations with drug-free workplace programs qualify for incentives, for example, decreased premium costs for certain kinds of insurance, such as Workers' Compensation.

In 1986, the President signed an Executive Order mandating that all federal agencies be drug-free. In 1988, Congress passed the Drug-Free Workplace Act.

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.

First signed on September 15, 1986, E.O. 12564 requires the head of each executive agency to establish a comprehensive Drug-Free Workplace Plan that includes supervisor/employee education, an employee assistance program, and a random testing component to test the use of illegal substances and the misuse of prescription drugs by federal employees in safety-sensitive positions.

The Supplemental Appropriations Act, 1987 (Public Law 100-71) included language which requires HHS to: 1) certify that each Executive Branch agency has developed a plan for achieving a drug-free workplace, and 2) publish mandatory guidelines that establish comprehensive standards for laboratory drug testing procedures, specify the drugs for which federal employees may be tested, and establish standards and procedures for periodic review and certification of laboratories to perform drug testing for federal agencies.

Since 1987, SAMHSA has funded the Drug-Free Workplace drug testing activities including the NLCP and the Drug Testing Advisory Board (DTAB). These activities will continue in FY 2018 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). These mandatory guidelines using oral fluid are currently pending OMB review. 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. The proposed Mandatory Guidelines using hair is currently under review with SAMHSA.

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.

Funding History

Fiscal Year	Amount
FY 2016	$4,894,000
FY 2017	$4,894,000
FY 2018	$4,894,000
FY 2019	$4,894,000
FY 2020	$4,894,000

Budget Request

The FY 2020 Budget Request is $4.9 million, level with the FY 2019 Enacted Budget. In FY 2020, 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.

SAMHSA will continue/add the below items to its drug testing portfolio:

- 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;
- Continued use of subject matter experts and partnering with other federal agencies to establish the scientific standards set out in the mandatory guidelines;
- Implementation of the final Mandatory Guidelines using oral fluid and provide guidance on the implementation;
- 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.

Minority AIDS

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Minority AIDS.....	$41,205	$41,205	$41,205	$---

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2020 Authorization $211,148,000
Allocation Method .....Competitive Grants/Cooperative Agreements/Contracts
Eligible Entities.....Local Government Entities, Community-based Organization, Minority Serving Institutions, and Institutions of Higher Education

Program Description and Accomplishments

The update to the 2020 National HIV/AIDS Strategy for the United States reports 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.[52] Approximately 39,000 people become infected with HIV each year.[53] In addition, because HIV and viral hepatitis share common modes of transmission, one third of HIV infected individuals are also infected with hepatitis C.[54] 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 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.

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[52] National HIV/AIDS Strategy for the United States: Update in 2020
[53] CDC: HIV in the United States at a Glance: https://www.cdc.gov/hiv/pdf/statistics/overview/cdc-hiv-us-ataglance.pdf
[54] 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

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 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 will support 85 grant continuations and 50 new grant award.

Funding History

Fiscal Year	Amount
FY 2016	$41,205,000
FY 2017	$40,405,000
FY 2018	$41,205,000
FY 2019	$41,205,000
FY2020	$41,205,000

Budget Request

The FY 2020 Budget Request is $41.2 million, level with the FY 2019 Enacted Budget. SAMHSA plans to support 135 grants for Minority AIDS in FY 2020.

Outputs and Outcomes Table

Program: Minority AIDS Initiative

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
2.3.56 Increase the 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 Increase the 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

Sober Truth on Preventing Underage Drinking Act (STOP Act)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Sober Truth on Preventing Underage Drinking Act (STOP Act).....	$7,000	$8,000	$8,000	$---

Authorizing Legislation .....Section 519B of the PHS Act
FY 2020 Authorization $3,000,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities..... Current and former Drug-Free Communities grantees

Program Description and Accomplishments

Underage drinking is a serious public health problem in the United States. Alcohol is the most widely used substance of abuse among America's youth, and drinking by young people poses enormous health and safety risks. The consequences of underage drinking can affect everyone—regardless of age or drinking status. We all feel the effects of the aggressive behavior, property damage, injuries, violence, and deaths that can result from underage drinking. This is not simply a problem for some families—it is a nationwide concern.[55]

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.

In 2017, there were 140.6 million Americans aged 12 or older who reported current use of alcohol, including 66.6 million who reported binge alcohol use in the past month and 16.7 million who reported heavy alcohol use in the past month. Individuals with past month binge drinking and heavy alcohol use represented 24.5 and 6.1 percent of people aged 12 or older, respectively.

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.

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 will provide funding for 97 continuation grants in FY 2019.

[55] National Institute on Alcohol Abuse and Alcoholism (NIAAA) Rockville, MD: Underage Drinking. Retrieved from https://pubs.niaaa.nih.gov/publications/UnderageDrinking/UnderageFact.htm.

Funding History

Fiscal Year	Amount
FY 2016	$7,000,000
FY 2017	$7,000,000
FY 2018	$7,000,000
FY 2019	$8,000,000
FY 2020	$8,000,000

Budget Request

The FY 2020 Budget Request is $8.0 million, level with the FY 2019 Enacted Budget. In FY 2020, SAMHSA will support 97 STOP Act grant continuations. This funding will continue to strengthen SAMHSA's commitment to reduce and prevent underage drinking.

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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.3.01 Increase the 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 Increase the 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Center for the Application of Prevention Technologies.....	$7,493	$7,493	$7,493	$---

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2020 Authorization $211,148,000
Allocation Method ..... Contracts
Eligible Entities..... Domestic and Public Entities

Program Description and Accomplishments

In 2019, 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.

It 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.

Funding History

Fiscal Year	Amount
FY 2016	$7,493,000
FY 2017	$7,493,000
FY 2018	$7,493,000
FY 2019	$7,493,000
FY 2020	$7,493,000

Budget Request

The FY 2020 Budget Request is $7.5 million, level with the FY 2019 Enacted Budget. 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.4.14 Number of people trained. (Output)	FY 2018: Result Expected December 31, 2019 Target: Set Baseline (Pending)			Maintain
1.4.15 Percentage using information from training to change their practice. (Output)	FY 2018: Result Expected December 31, 2019 Target: Set Baseline (Pending)			Maintain

Science and Service Program Coordination

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Science and Service Program Coordination.....	$4,072	$4,072	$4,072	$---

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2020 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.[56]

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. Through this initiative, families, their children, and other youth-serving organizations have been reached through Town Hall Meetings, technical assistance, trainings, and a variety of tools and materials.

In FY 2016, the last year Town Halls were offered, community-based organizations registered to host 1,500 events. These events were held in all 50 states, the District of Columbia, and three territories. An estimated 300,000 people participated in events, either in person or virtually.

[56] 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.

SAMHSA garnered 1.9 million social media impressions through the #Communities Talk and also reached an estimated 2.3 million people through traditional media promoting Communities Talk. SAMHSA responded to 3,000 requests for technical assistance in planning, promoting, hosting, and evaluating events. SAMHSA will continue to fund two contracts to support these activities.

Funding History

Fiscal Year	Amount
FY 2016	$4,072,000
FY 2017	$4,072,000
FY 2018	$4,072,000
FY 2019	$4,072,000
FY 2020	$4,072,000

Budget Request

The FY 2020 Budget Request is $4.1 million, level with the FY 2019 Enacted Budget. 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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Tribal Behavioral Health Grants.....	$15,000	$20,000	$20,000	$---

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2020 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.[57] Further, AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students.[58] 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).[59]

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.

In FY 2014, SAMHSA's Center for Mental Health Services awarded five-year TBHG grants of up to $0.2 million annually 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. An evaluation component allows grantees and SAMHSA to work collaboratively to monitor progress and learn from each other.
In FY 2016, SAMHSA expanded the TBHG program to include a Native youth initiative focused on removing possible barriers to success for Native youth. This initiative takes a comprehensive, culturally appropriate approach to help improve the lives of and opportunities for AI/AN youth. In

[57] 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.
[58] 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.
[59] 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.

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. This funding allows SAMHSA to expand activities through the braided TBHG ($20.0 million in the Substance Abuse Prevention appropriation and $20.0 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. The TBHG program will support mental health promotion, including trauma-informed strategies, and substance use prevention activities for high-risk AI/AN youth and their families, enhance early detection of mental illness and drug/alcohol addiction among AI/AN youth, and increase referral to treatment.

In FY 2018, SAMHSA provided funding to support 82 grant continuations and 46 new grant awards. In FY 2019, SAMHSA will provide funding to support 128 grant continuations and approximately 51 new grant awards.

Funding History

Fiscal Year	Amount
FY 2016	$15,000,000
FY 2017	$14,450,000
FY 2018	$15,000,000
FY 2019	$20,000,000
FY 2020	$20,000,000

Budget Request

The FY 2020 Budget Request is $20.0 million, level with the FY 2019 Enacted Budget. 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[60]

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
2.4.12 Increase the percentage of youth age 10 - 24 who received mental health or related services after screening, referral or attempt. (Output)	FY 2017: 56 Target: 20 (Target Exceeded)	56	56	Maintain
2.4.13 Increase the number of programs/organizations that implemented specific mental-health related practices/activities as a result of the grant. (Outcome)	FY 2017: 5,670 Target: 296 (Target Exceeded)	5,670	5,670	Maintain

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

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Grants to Prevent Prescription Drug/ Opioid Overdose Related Deaths.....	$12,000	$---	$---	$---

Authorizing Legislation ..... Section 516 and Section 546 of the PHS Act
FY 2020 Authorization .....Expired at the of 2020
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

This program is continued in the Center for Substance Abuse Treatment, as directed by Congress. For information on this program in FY 2019 and FY 2020, please see page 240.

Funding History

Fiscal Year	Amount
FY 2016	$12,000,000
FY 2017	$12,000,000
FY 2018	$12,000,000
FY 2019	---
FY 2020	---

Budget Request

The FY 2020 Budget Request is $0.0 million in this Center, level with the FY 2019 Enacted Budget. As stated above Congress appropriated funding for this program under the Center for Substance Abuse Treatment, and details are provided in that chapter of this document.

Outputs and Outcomes Table

Program: Prescription Drug/Opioid Overdose Related Death/First Responder Training

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
5.0 Number of Naloxone (or other FDA-approved) kits distributed. (Output)	FY 2018: 44,348.0 Target: 20,000.0 (Target Exceeded)			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)			Maintain

Note: Congress appropriated funding for this program under the Center for Substance Abuse Treatment.

First Responder Training for Opioid Overdose Reversal Drugs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
First Responder Training (CARA)	$36,000	$---	$---	$---

Authorizing Legislation.....Section 546 of the PHS Act
FY 2020 Authorization ..... Expired at the end of 2020
Allocation Method…….....Competitive Grants
Eligible entities…….States, local government entities, federally recognized American Indian/Alaska Native tribe or tribal organizations

Program Description and Accomplishments

This program is continued in the Center for Substance Abuse Treatment, as directed by Congress. For information on this program in FY 2019 and FY 2020, please see page 238.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	$12,000,000
FY 2018	$36,000,000
FY 2019	---
FY 2020	---

Budget Request

The FY 2020 Budget Request is $0.0 million, level with the FY 2019 Enacted Budget. As with previous chapter. Congress appropriated funding for this program under Substance Abuse Treatment

Outputs and Outcomes Table

Program: First Responder Training (CARA)

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
TBD Number of Naloxone (or other FDA-approved) kits distributed. (Output)	FY 2018: 30,313.0 Target: 30,313.0 (Baseline)			Maintain
TBD Number of first responders trained how to administer Naloxone (or other FDA approved drug or device). (Output)	FY 2018: 5,983.0 Target: 5,983.0 (Baseline)			Maintain

Note: Congress appropriated funding for this program under the Center for Substance Abuse Treatment.

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Minority Fellowship Program.....	$71	$321	$---	-$321

Authorizing Legislation ..... Section 597 of the PHS Act
FY 2020 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, SAMHSA funded seven continuation grants. SAMHSA received additional funding to support the seven grants in FY 2019.

Funding History

Fiscal Year	Amount
FY 2016	$71,000
FY 2017	$71,000
FY 2018	$71,000
FY 2019	$321,000
FY 2020	---

Budget Request

The FY 2020 Budget Request is $0.0, a decrease of $0.3 million from the FY 2019 Enacted Budget. The funding for this program was discontinued.

SAMHSA/Substance Abuse Prevention
PRNS Mechanism Table Summary

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Grants						
Continuations	403	124,091	457	134,894	491	104,839
New/Competing	159	88,064	128	44,763	31	14,536
Subtotal	562	212,155	585	179,657	522	119,376
Contracts						
Continuations	21	29,518	20	24,939	22	24,714
New	6	6,546	1	873		
Subtotal	27	36,064	21	25,812	22	24,714
Total, Substance Abuse Prevention PRNS	**589**	**$248,219**	**606**	**$205,469**	**544**	**$144,090**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths						
Grants						
Continuations	13	10,815	---	---	---	---
New	---	---	---	---	---	---
Subtotal	13	10,815	---	---	---	---
Contracts						
Continuations	1	1,185	---	---	---	---
New	---	---	---	---	---	---
Subtotal	1	1,185	---	---	---	---
Total, Grants to Prevent Prescription Drug/ Opioid Overdose Related Deaths	**14**	**12,000**				
Tribal Behavioral Health Grants						
Grants						
Continuations	73	6,427	119	13,350	169	17,525
New/Competing	46	6,455	50	4,321	---	---
Subtotal	119	12,882	169	17,671	169	17,525
Contracts						
Continuations	2	2,118	1	2,329	1	2,475
Subtotal	2	2,118	1	2,329	1	2,475
Total, Tribal Behavioral Health Grants	**121**	**15,000**	**170**	20,000	**170**	20,000
First Responder Training (CARA)						
Grants						
Continuations	21	11,329	---	---	---	---
New/Competing	28	22,643	---	---	---	---
Subtotal	49	33,972	0	---	0	---
Contracts						
Continuations	1	2,028	---	---	---	---
Subtotal	1	2,028	---	---	---	---
Total, First Responder Training (CARA)	**50**	**36,000**	**---**	---	**---**	---
Improving Access to Overdose Treatment						
Grants						
Continuations	5	948	---	---	---	---
Subtotal	5	948	---	---	---	---
Contracts						
Continuations	---	52	---	---	---	---
Subtotal	---	52	---	---	---	---
Total, Improving Access to Overdose Treatment	**5**	**1,000**	---	---	---	---
Subtotal, Capacity	**565**	**236,583**	**560**	193,583	**528**	132,525

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths						
Grants						
Continuations	13	10,815	---	---	---	---
New	---	---	---	---	---	---
Subtotal	13	10,815	---	---	---	---
Contracts						
Continuations	1	1,185	---	---	---	---
New	---	---	---	---	---	---
Subtotal	1	1,185	---	---	---	---
Total, Grants to Prevent Prescription Drug/ Opioid Overdose Related Deaths	**14**	**12,000**	---	---	---	---
Tribal Behavioral Health Grants						
Grants						
Continuations	73	6,427	119	13,350	169	17,525
New/Competing	46	6,455	50	4,321	---	---
Subtotal	119	12,882	169	17,671	169	17,525
Contracts						
Continuations	2	2,118	1	2,329	1	2,475
Subtotal	2	2,118	1	2,329	1	2,475
Total, Tribal Behavioral Health Grants	**121**	**15,000**	**170**	20,000	**170**	20,000
First Responder Training (CARA)						
Grants						
Continuations	21	11,329	---	---	---	---
New/Competing	28	22,643	---	---	---	---
Subtotal	49	33,972	0	---	0	---
Contracts						
Continuations	1	2,028	---	---	---	---
Subtotal	1	2,028	---	---	---	---
Total, First Responder Training (CARA)	**50**	**36,000**	**---**	---	**---**	---
Improving Access to Overdose Treatment						
Grants						
Continuations	5	948	---	---	---	---
Subtotal	5	948	---	---	---	---
Contracts						
Continuations	---	52	---	---	---	---
Subtotal	---	52	---	---	---	---
Total, Improving Access to Overdose Treatment	**5**	**1,000**	---	---	---	---
Subtotal, Capacity	**565**	**236,583**	**560**	193,583	**528**	132,525

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Science and Service:						
Center for the Application of Prevention Technologies						
Grants						
Continuations	---	---	12	7,111	12	7,056
New/Competing	---	---	---	---	---	---
Subtotal	---	---	12	7,111	12	7,056
Contracts						
Continuations	1	7,493	---	382	---	437
New/Competing	---	---	---	---	---	---
Subtotal	1	7,493	---	382	---	437
Total, Center for the Application Prevention Technologies	**1**	**7,493**	**12**	**7,493**	**12**	**7,493**
SAP Minority Fellowship Program						
Grants						
Continuations	---	---	---	66	---	---
New/Competing	7	66	**30**	239	---	---
Subtotal	7	66	30	305	---	---
Contracts						
Continuations	---	1	---	16	---	---
New/Competing	---	4	---	---	---	---
Subtotal	---	5	---	16	---	---
Total, SAP Minority Fellowship Program	**7**	**71**	**30**	**321**	---	---
Science & Service Program Coordination						
Grants						
Continuations	12	---	---	---	---	---
New/Competing	---	2,355	---	---	---	---
Subtotal	12	2,355	---	---	---	---
Contracts						
Continuations	4	1,717	4	4,072	4	4,072
New	---	---	---	---	---	---
Subtotal	4	1,717	4	4,072	4	4,072
Total, Science & Service Program Coordination	**16**	**4,072**	**4**	**4,072**	**4**	**4,072**
Subtotal, Science and Service	**24**	**11,636**	**46**	**11,886**	**16**	**11,565**
Total, Substance Abuse Prevention	**589**	**$248,219**	**606**	**$205,469**	**544**	**$144,090**

Grant Awards Table

(Whole dollars)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	562	585	522
Average Award	$377,500	$307,106	$228,689
Range of Awards	$50,000 - $2,300,000	$50,000 - $2,300,000	$50,000 - $2,300,000

Drug Free Communities

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Drug Free Communities[1]	$---	$---	$100,000	$100,000

[1] Drug Free Communities was funded in the Office of National Drug Control Policy at $97.0 million in 2017 and at $96.3 million under the FY 2018 Annualized CR.

Authorizing Legislation ..... Drug-Free Communities Act of 1997 (Public Law 105-20)
FY 2019 Authorization ..... Permanent
Allocation Method ..... Competitive Grants/Cooperative Agreements/Contracts
Eligible Entities ..... States, Tribes, and Territories

Program Description and Accomplishments

The Drug-Free Communities (DFC) Act of 1997 created the DFC Support Program (Public Law 105-20). By statute, the DFC Support Program has two goals:

- Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth.
- Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The goal of the program is to establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth. In addition, the program aims to reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse. Five- year grants of up to $125,000 are awarded to new recipients each year. Recipients are eligible to apply for funding for a second five-year period, which is designated as a competing continuation grant.

The program also includes the Drug Free Communities Mentoring (DFC-M) Program. The purpose of this program is to provide grant funds to existing DFC recipients so they may serve as mentors to newly-formed and/or developing coalitions that have never received a DFC grant. It is the intent of the DFC-M Program that, at the end of the Mentoring grant, each Mentee coalition will meet all of the statutory eligibility requirements of the DFC Support Program and be fully prepared to compete for a DFC grant on their own. DFC-M grants are awarded for two years for up to $75,000. Eligible applicants are coalitions that have been in existence for at least five years, have an active DFC grant at the time of the award, and are in good standing.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	---
FY 2018	---
FY 2019	---
FY 2020	$100,000,000

Budget Request

The FY 2020 President's Budget Request is $100.0 million. This activity was funded at $99 million in the Office of National Drug Control Policy (ONDCP) under the 2019 Annualized CR. SAMHSA has administered this program for several years on behalf of ONDCP. The FY 2020 Budget proposes to directly appropriate these funds to SAMHSA to streamline program management and create administrative efficiencies. Funding will be used to continue both the DFC and DFC-Mentoring programs.

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Substance Abuse Treatment Appropriation

(Dollars in thousands)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Programs of Regional and National Significance.....	$399,091	$460,677	$429,888	-$30,789
PHS Evaluation Funds (non-add).....	*2,000*	*2,000*	---	*-2,000*
State Targeted Response to the Opioid Crisis Grants.....	500,000	---	---	---
State Opioid Response Grants.....	1,000,000	1,500,000	1,500,000	---
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.....	**$3,757,170**	**$3,818,756**	**$3,787,967**	-$30,789

The Substance Abuse Treatment FY 2020 President's Budget is $3.8 billion, a decrease of $30.7 million from the FY 2019 Enacted level. 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Capacity:				
Opioid Treatment Programs/Regulatory Activities	$8,724	$8,724	$8,724	---
Screening, Brief Intervention and Referral to Treatment	24,700	30,000	---	-30,000
Budget Authority (non-add)	*22,700*	*28,000*	---	*-28,000*
PHS Evaluation Funds (non-add)	*2,000*	*2,000*	---	*-2,000*
Targeted Capacity Expansion-General	95,192	100,192	100,192	---
Other Targeted Capacity Expansion	*11,192*	*11,192*	*11,192*	---
MAT for Prescription Drug and Opioid Addiction (non-add)	*84,000*	*89,000*	*89,000*	---
Pregnant and Postpartum Women	29,931	29,931	29,931	---
Recovery Community Services Program	2,434	2,434	2,434	---
Improving Access to Overdose Treatment	---	1,000	1,000	---
Building Communities of Recovery	5,000	6,000	6,000	---
Children and Families	29,605	29,605	29,605	---
Treatment Systems for Homeless	36,386	36,386	36,386	---
Minority AIDS	64,534	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	---
Grants to Develop Curricula for DATA Act Waivers	---	---	4,000	4,000
First Responder Training (CARA)	---	36,000	36,000	---
First Responder Training (non-add)	---	*18,000*	*18,000*	---
Rural Set-Aside (non-add)	---	*18,000*	*18,000*	---
Subtotal, Capacity	**385,506**	**446,842**	**420,842**	**-26,000**
Science and Service:				
SAT Minority Fellowship Programs	4,539	4,789	---	-4,789
Addiction Technology Transfer Centers	9,046	9,046	9,046	---
Subtotal, Science and Service	**13,585**	**13,835**	**9,046**	**-4,789**
Total, PRNS	**$399,091**	**$460,677**	**$429,888**	**-$30,789**

Authorizing Legislation.....Section 509 of the Public Health Service Act
FY 2020 Authorization.....$333,806,000
Allocation Method.....Competitive Grants/Cooperative Agreements/Contracts
Eligible Entities.....States, 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Opioid Treatment Programs/Regulatory Activities.....	$8,724	$8,724	$8,724	$---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2020 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.[61] Communities across the nation also face the risk that individuals who inject opioids will contract and spread Human Immunodeficiency Virus (HIV) and hepatitis C.[62] The underlying cause of these problems is increasing rates of opioid abuse.[63,64]

With increasing incidence of opioid abuse, there is a corresponding increase in admissions for treatment of opioid abuse.[65] 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

[61] 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
[62] 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
[63] 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.
[64] 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.
[65] 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.

treatment of opioid use disorders. MAT is a safe and effective strategy for 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.[66]

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 approximately 1,630 OTPs to use opioid agonist treatment medications and processing DATA waivers for physicians and nurse practitioners and physician assistants, who wish to treat opioid abuse with buprenorphine. SAMHSA reviews new and renewal applications for OTPs and oversees their accreditation. 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 20 to 25 site visits to recently-accredited programs each year; additionally, SAMHSA conducts 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. 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 January 12, 2019, SAMHSA has certified 33,927 physicians to treat up to 30 patients, 9,722 to treat up to 100 patients, and 4,605 to treat up to 275 patients.

In addition, as of January 12, 2019, SAMHSA had approved 8,786 NPs and 2,257 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.

[66] 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.

In FY 2018, SAMHSA funded 24 Provider's Clinical Support System – Universities grant. 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.

SAMHSA funded three Grants to Enhance Drug Addiction Treatment Act of 2000 (DATA 200) Waiver Training in FY 2018. The program is designed to develop a DATA 2000 Waiver Curriculum for office-based treatment of opioid use disorders (OUD) with FDA-approved schedule III opioid agonist medications that is consistent with the new Comprehensive Addiction and Recovery Act (CARA) requirements, and provide information on all FDA-approved medications for treatment of OUD.

In FY 2019, SAMHSA anticipates funding a new PCSS grant award, new and continuation PCSS-Universities grant awards, and two contract continuation awards.

Funding History

Fiscal Year	Amount
FY 2016	$8,724,000
FY 2017	$8,724,000
FY 2018	$8,724,000
FY 2019	$8,724,000
FY 2020	$8,724,000

Budget Request

The FY 2020 President's Budget request is $8.7 million, level with the FY 2019 Enacted level. SAMHSA intends to continue to support the Secretary's five-prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis.

Screening, Brief Intervention, and Referral to Treatment

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Screening, Brief Intervention and Referral to Treatment	$24,700	$30,000	$---	-$30,000
Budget Authority (non-add)	*22,700*	*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 2020 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.[67] 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.[68] Of the individuals who need treatment for substance abuse, only 10.8 percent receive treatment in a specialty treatment facility.[69] 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.[70,71,72]

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.

[67] 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/

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.[73] 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. In 2018, SAMHSA data showed well over 3 million individuals have received screening and/or intervention through the SBIRT initiative since 2003.[74] Of those screened, roughly, 33.9 percent were determined to be at risk, another 25 percent were referred for brief treatment, and an additional 37.5 percent were referred to specialty treatment.[75]

In FY 2018, SAMHSA funded eight continuation state cooperative agreements and fifteen new SBIRT state grants to support program implementation, 12 SBIRT continuation training grants, and a supplement for direct technical assistance.

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

[69] 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/

[70] 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.

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

[72] 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.

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

[74]SAMHSA's Performance Accountability and Reporting System**,** (2018). http://www.samhsa-gpra.samhsa.gov/

[75] *SAMHSA's Performance Accountability and Reporting System,* (2018). http://www.samhsa-gpra.samhsa.gov/

Funding History

Fiscal Year	Amount
FY 2016	$46,889,000
FY 2017	$30,000,000
FY 2018	$24,700,000
FY 2019	$30,000,000
FY 2020	---

Budget Request

The FY 2020 President's Budget Request is $0.0 million, a decrease of $30.0 million from the FY 2019 Enacted level. The three new SBIRT state grants that were awarded in FY 2018 were multi-year funded and will continue to operate without need for additional appropriations through the end of FY 2021.

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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.40 Increase the number of clients served. (Output)	FY 2017: 182,851 Target: 300,000 (Target Not Met)	182,851	182,851	Maintain
1.2.41 Increase the percentage of clients receiving services who had no past month substance use. (Outcome)	FY 2017: 34.8 % Target: 36 % (Target Not Met but Improved)	34%	34%	Maintain

Targeted Capacity Expansion-General

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Targeted Capacity Expansion-General	$95,192	$100,192	$100,192	$---
Other Targeted Capacity Expansion	*11,192*	*11,192*	*11,192*	---
MAT for Prescription Drug and Opioid Addiction (non-add)	*84,000*	*89,000*	*89,000*	---

Authorizing Legislation ..... Sections 509 of the Public Health Service Act
FY 2020 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)
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 opioid addiction. MAT is a safe and effective strategy for decreasing the frequency and quantity of opioid abuse and reducing the risk of overdose and death.

Drug overdose death continues to increase in the U.S., with over 70,000 lethal drug overdoses in 2017, a record number of overdose deaths and an increase from 52,404 in 2015; among these deaths, over 47,000 (68 percent) involved an opioid, an increase from 33,091 (63 percent) in 2015. Opioid addiction is driving this alarming trend, with over 29,000 overdose deaths related to synthetic opioids other than methadone, and nearly 16,000 overdose deaths related to heroin in 2017. The rate of drug overdose deaths involving synthetic opioids other than methadone tripled between 2015 and 2017. Heroin overdose death rates have more than tripled since 2010, from 1.0 per 100,000 in 2010 to 4.9 per 100,000 in 2016. 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. [76]

MAT PDOA addresses treatment needs of individuals who have an opioid addiction by expanding/enhancing treatment system capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based MAT and recovery support services. 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.

Program Evaluation

In FY 2016, SAMHSA funded 11 continuation state grants, 11 new state grants, as well as one contract. The 22 grantees in FY 2016 represent all 10 HHS regions. In 2017, approximately 3,100 individuals were served through the MAT-PDOA 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 FY 2017, SAMHSA multi-year funded five grants and annually funded one new grant, 23 continuations and one continuing technical assistance contract.

In FY 2018, SAMHSA supported up to 128 new MAT PDOA, 11 continuation MAT-PDOA grants to support program implementation, and supplement for direct technical assistance.

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

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

[76]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.

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 2016, SAMHSA funded 13 new TCE-TAC grants to enhance or expand the capacity of treatment providers to serve individuals who are traditionally underserved and to help achieve and maintain recovery and to improve the overall quality of life for those being served. In FY 2017, SAMHSA supported continued funding for the 13 TCE-TAC grant awards. These awards support the continuous development and deployment of unique advanced technology solutions to serve more clients with fewer resources. 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 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 been shown to reduce healthcare costs. Additionally, the overall message from research studies conducted to date is 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 105 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, which capitalizes on the expertise of those individuals with similar lived experience.

The TCE-PTP program has reached over 11,000 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 their criminal justice involvement.

Program Evaluation

Since the program's inception, TCE-peer-to-peer has helped individuals gain and maintain sobriety, and improve their education/employment opportunities as well has their housing stability. Recent data suggests that, program participants saw a 67 percent improvement in number of jobs and/or educational goals obtained as a function of participating in the program. Similarly, program

participants were able to increase their housing stability by 48 percent by moving from homelessness shelters or shared living environments to more stable housing.

In FY 2018, SAMHSA funded 17 continuation TCE-PTP grants. In FY 2019, SAMHSA funded 17 continuations and 3 new TEC Peer to Peer grants. All of these grantees received supplements of $25,000 for direct technical assistance.

The output and outcome measures for Targeted Capacity Expansion-General are part of the Treatment - Other Capacity Activities Outputs and Outcomes table shown on page 226.

Funding History

Fiscal Year	Amount
FY 2016	$36,303,000
FY 2017	$67,192,000
FY 2018	$95,192,000
FY 2019	$100,192,000
FY 2020	$100,192,000

Budget Request

The FY 2020 President's Budget request is $100.1 million, level with the FY 2019 Enacted level. In FY 2020, SAMHSA intends to fund 3 continuation grants and 17 new grants.

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 purpose is to 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.

Outputs and Outcomes Tables

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

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.3.01 Increase the number of admissions for Medication Assisted Treatment. (Output)	FY 2017: 2,230 Target: 1,400 (Target Exceeded)	2,230	2,500	+270
1.3.02 Increase number of clients receiving integrated care. (Output)	FY 2017: 1,301 Target: 1,100 (Target Exceeded)	1,301	1,800	+499
1.3.03 Decrease illicit drug use at 6-month follow-up. (Outcome)	FY 2017: 62 % Target: 60 % (Target Exceeded)	62 %	62%	Maintain

Pregnant and Postpartum Women

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Pregnant and Postpartum Women.....	$29,931	$29,931	$29,931	$---

Authorizing Legislation…….Section 508 of the Public Health Service Act
FY 2020 Authorization $16,900,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... Domestic Public and Private Non-Profit Entities

Program Description and Accomplishments

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.[77] 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.[78] 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.[79] 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.[80]

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 approach

[77] Internal SAMHSA performance data
[78] 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.
[79] 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.
[80] Ibid.

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 include family-focused programs to 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.

Recent Achievements:
In FY 2016, SAMHSA funded two new residential treatment grants, 25 residential treatment grant continuations, and one Addiction Technology Transfer Center (ATTC) supplement grant continuation. That same year SAMHSA convened a PPW Family-Centered Summit. The Summit's purpose was to elicit recommendations from experts in the area of women's substance abuse treatment services and family-centered care to inform the expansion of CSAT's PPW program to incorporate a wider range of family-centered services for pregnant and postpartum women and their minor children. This includes the expansion of treatment modalities to go beyond residential treatment and include intensive outpatient and outpatient treatment with or without housing components. SAMHSA has reviewed the recommendations from the Summit and is taking them into consideration in determining the future direction of the PPW Program, including the development of service requirements for the PPW program expansion effort to support wide-scale adoption of the family-centered approach.

In FY 2017, SAMHSA funded 19 new residential treatment grants, seven residential treatment grant continuations, and three contracts.

In FY 2018, SAMHSA funded 19 new PPW residential treatment grants and 2 continuation PPW grants for program implementation, and supplement for direct technical assistance.

In FY 2019, SAMHSA funded 40 residential treatment continuation grants, two residential treatment grant continuations, and supplement for direct technical assistance.

<u>Pregnant and Postpartum Women Pilot</u>

Aims
An aim of the Comprehensive Addiction and Recovery Act (CARA) is to address substance abuse and addiction across the country through the implementation of prevention, treatment, and recovery programs. Section 501 of that act increases accessibility and availability of services for pregnant women by expanding the authorized purposes of the Pregnant and Postpartum Women 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.

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.

New Grants
Also in FY 2017, SAMHSA funded three new state PPW pilot grants 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 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.

Funding History

Fiscal Year	Amount
FY 2016	$15,931,000
FY 2017	$19,931,000
FY 2018	$29,931,000
FY 2019	$29,931,000
FY 2020	$29,931,000

Budget Request

The FY 2020 President's Budget request is $29.9 million, level with the FY 2019 Enacted level. SAMHSA intends to fund 42 residential treatment grant continuations and three new PPW Pilot grants to provide an array of services and supports to pregnant women and their children.

Outputs and Outcomes Tables

Program: Pregnant and Postpartum Women Program

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.84 Increase the number of admissions of women who are currently pregnant or have a child to substance abuse treatment programs. (Output)	FY 2018: 801 Target: 1,159 (Target Not Met)	800	925	Maintain
1.2.85 Percentage of PPW clients reporting no drug use in the past month at six month follow-up. (Outcome)	FY 2018: 90.6% Target: 80% (Target Exceeded)	90%	90%	Maintain
1.2.86 Increase the percentage of PPW clients who reported substance misuse at intake, percent who report reduction in substance misuse at six month follow-up. (Outcome)	FY 2018: 87.1% Target: 80% (Target Exceeded)	85%	87%	Maintain
1.2.87 Increase the 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: 45.5% Target: 75% (Target Not Met)	50%	55%	Maintain

Recovery Community Services Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Recovery Community Services Program.....	$2,434	$2,434	$2,434	$---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2020 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 23 million people in the United States are in recovery from addiction to alcohol and other drugs.[81] 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 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 by people in recovery is known as peer recovery support services (PRSS). PRSS are a strong 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), that now number over one hundred in the U.S. alone.

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 larger effect. Many states 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

[81] 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

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 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. Additionally, the statewide networks help to ensure the development of a trained, qualified, and effectively supervised peer workforce.

Workforce outcomes for the program include the amount of training provided, the number of people trained, trainee satisfaction, and the usefulness 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 FY 2018, SAMHSA funded 10 continuation RCSP-SN grants with an additional three grantees to begin in FY 2019. Moreover, these grantees have received supplements for direct technical assistance for $25,000.

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 226.

Funding History

Fiscal Year	Amount
FY 2016	$2,434,000
FY 2017	$2,434,000
FY 2018	$2,434,000
FY 2019	$2,434,000
FY 2020	$2,434,000

Budget Request

The FY 2020 President's Budget request is $2.4 million, level with the FY 2019 Enacted level. SAMHSA intends to fund the continuation of 10 RCSP Statewide Network grants and TA activities 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Children and Families.....	$29,605	$29,605	$29,605	$---

Authorizing Legislation ..... Sections 509 and 514 of the Public Health Service Act
FY 2020 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 2015, approximately nine percent of adolescents between the ages of 12 and 17 and 22 percent of youth between the ages of 18 and 25 reported current illicit drug use. Three percent of adolescents between the ages of 12 and 17, and 11 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. In 2015, six percent of youth ages 18-15 had co-occurring mental illness and substance use disorders.[82] 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 2015.[83] 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.[84] On average, 32 percent of children are removed from home care as a result of parental alcohol or other drug use.[85]

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.[86] 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.

[82] Center for Behavioral Health Statistics and Quality. (2016). 2015 National Survey on Drug Use and Health: Detailed Tables.

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 2017, SAMHSA funded 12 new youth treatment implementation grants and one new contract. SAMHSA also funded 14 grant continuations and two continuing contracts.

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 35 new Youth and Family TREE grants, 14 continuing youth treatment implementation grants for program implementation, and supplement for direct technical assistance. Note that 11 of the 35 new grants are federally recognized American Indian/Alaskan Native tribes and tribal organizations.

<u>Addressing Child Abuse and Neglect</u>

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[83] 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.

[84] Wulczyn, F., Ernst, M., & Fisher, P. (2011). *Who are the infants in out-of-home care? An epidemiological and developmental snapshot.* Chicago: Chapin Hall at the University of Chicago. Retrieved from http://www.chapinhall.org/sites/default/files/publications/06_08_11_Issue%20Brief_F_1.pdf

[85] US Department of Health and Human Services. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.(2016). The AFCARS report: Preliminary FY 2015 estimates as of June 2016 (No. 23). Washington, DC: Author. *Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services.*

SAMHSA and the Administration for Children and Families 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 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.

The output and outcome measures for Children and Families are part of the Treatment - Other Capacity Activities Outputs and Outcomes table shown on page 226.

Funding History

Fiscal Year	Amount
FY 2016	$29,605,000
FY 2017	$29,605,000
FY 2018	$29,605,000
FY 2019	$29,605,000
FY 2020	$29,605,000

Budget Request

The FY 2020 President's Budget request is $29.6 million, level with the FY 2019 Enacted level. SAMHSA intends to fund 44 new youth treatment grants and 47 youth treatment grants continuations. 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 assistant contract.

Treatment Systems for Homeless

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Treatment Systems for Homeless.....	$36,386	$36,386	$36,386	$---

Authorizing Legislation .....Section 506 of the Public Health Service Act
FY 2020 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.[87] 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.[88]

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:

Cooperative Agreement to Benefit Homeless Individuals (CABHI)

[87] 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

[88] 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

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 SMI or co-occurring mental illness and drug/alcohol addiction.

In FY 2017, CSAT and CMHS jointly funded the CABHI program which was expended to allow states, local governments and local communities to apply. SAMHSA funded 16 new CABHI grants and 30 CABHI continuation grants. In FY 2018, SAMHSA funded 46 CABHI continuation grants with grant supplements for direct technical assistance. In FY 2019, SAMHSA plans to fund 16 CABHI continuation grants with grant supplements for direct technical assistance.

Program Evaluation
Based on FY 2018 data for CABHI programs, 62.8 percent of clients report abstinence from substance use at a six-month follow- up, while approximately 26.7 percent of clients report being employed or engaged in productive activities and 50.9 percent of clients report having a permanent place to live in the community.[89]

Grants for the Benefit of Homeless Individuals (GBHI)
In FY 2017, CSAT funded the GBHI program (last funded in FY 2010). The purpose of this program is to support the development and/or expansion of local implementation of a community infrastructure that integrates behavioral health treatment and services for alcohol/other drug addiction and co-occurring mental illness and alcohol/other drug addiction, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

In FY 2017, SAMHSA funded 17 new GBHI grants and seven GBHI-Services in Supportive Housing continuation grants (requires placement in permanent housing for enrolled individuals).

In FY 2018, SAMHSA funded 33 new GBHI grants and 17 GBHI continuation grants with grant supplements for direct technical assistance. In FY 2019, SAMHSA funded 21 new GBHI grants and plans to fund 50 continuation grants with grant supplements for direct technical assistance (new and continuation grants).

Program Evaluation
Based on FY 2018 data for GBHI programs, 51.9 percent of clients report abstinence from substance use at a six-month follow- up, while approximately 25.6 percent of clients report being employed or engaged in productive activities and 43.0 percent of clients report having a permanent place to live in the community.[90]

In addition, SAMHSA funded two contracts (national evaluation and technical assistance) in FY 2017 and one contract for national technical assistance in FY 2018. SAMHSA plans to fund one contract for national technical assistance in FY 2019.

[89] SPARS. (2018). Retrieved from www.samhsa-gpra.samhsa.gov.
[90] SPARS. (2018). Retrieved from www.samhsa-gpra.samhsa.gov.

The output and outcome measures for Treatment Systems for Homeless are part of the Treatment-Other Capacity Activities Outputs and Outcomes table shown on page 226.

Funding History

Fiscal Year	Amount
FY 2016	$41,304,000
FY 2017	$36,386,000
FY 2018	$36,386,000
FY 2019	$36,386,000
FY 2020	$36,386,000

Budget Request

The FY 2020 President's Budget request is $36.4 million, level with the FY 2019 Enacted level. SAMHSA intends to fund 71 GBHI continuation grants with grant supplements for direct technical assistance. SAMHSA also plans to award 21 new GBHI grants and one contract for 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
3.4.23 Increase the number of clients served. (Output)	FY 2017: 6,544 Target: 5,100 (Target Exceeded)	6,544	6,544	Maintain
3.4.24 Increase the percentage of homeless clients receiving services who were currently employed or engaged in productive activities. (Outcome)	FY 2017: 22 % Target: 30 % (Target Not Met)	22 %	22 %	Maintain
3.4.25 Increase the percentage of clients receiving services who had a permanent place to live in the community. (Outcome)	FY 2017: 61.6 % Target: 33 % (Target Exceeded)	61.6 %	61.6 %	Maintain

Minority AIDS

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Minority AIDS.....	$64,534	$65,570	$65,570	$---

Authorizing Legislation……..Section 509 of the Public Health Service Act
FY 2020 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, 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.

Between FY 2000 to FY 2018, the TCE-HIV program served 146,741 clients. Significant steps have been taken to increase abstinence, employment and educational opportunities, social connectedness and housing stability. In FY 2018, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 50.6 percent between intake to 6-mont follow-up (N=797). Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 5.1 percent (N=795). In addition, the percentage of clients who were employed or attending school increased by 37.4 percent between intake to 6-month follow-up (N=797). Those clients who reported social connected decreased by

3.6 percent from intake to 6-month follow-up (N=793). The percentage of clients who reported housing stability increased by 23.1 percent between intake to 6-month follow-up (N=799)[91].

The 13 new TCE-HIV grants awarded in FY 2018 were multi-year funded and will continue through the end of FY 2021. In FY 2019, SAMHSA plans to fund 24 new TCE-HIV grants, 95 TCE-HIV continuation grants and approximately 119 supplements for direct technical assistance.

Funding History

Fiscal Year	Amount
FY 2016	$65,570,000
FY 2017	$65,125,000
FY 2018	$64,534,000
FY 2019	$65,570,000
FY 2020	$65,570,000

Budget Request

The FY 2020 President's Budget request is $65.6 million, level with the FY 2019 Enacted level. In 2019, SAMHSA plans to fund continuation grants.

[22] SAMHSA. (2018, December). CSAT GPRA Modernization Act Discretionary Services Tools. Retrieved from https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services

Criminal Justice Activities

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
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 2020 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 Individual Juvenile Treatment Drug Courts

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 2006 Bureau of Justice Statistics (BJS) report, approximately 74 percent of state prisoners, 63 percent of federal prisoners, and 76 percent of jail inmates met the criteria for a mental disorder. 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.[92] According to BJS, there were 10.6 million jail admissions in 2016.[93] At mid-year 2016, city and county jails held over 740,000 individuals.[94] Although the corrections system faced a decline in its prison population for the third consecutive year, more than 1.5 million Americans were incarcerated in 2016.[95] In 2016, the rate of imprisonment for adult Americans was 450 per 100,000 U.S. residents.[96]

[92] 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
[93] Zeng, Z. (2018). *Jail Inmates in 2016*. Washington, D.C.: Bureau of Justice Statistics. Available: https://www.bjs.gov/content/pub/pdf/ji16.pdf
[94] Ibid.
[95] Carson, E. A. (2018). *Prisoners in 2016*. Washington, D.C.: Bureau of Justice Statistics. Available: https://www.bjs.gov/content/pub/pdf/p16.pdf
[96] Ibid.

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.[97]
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.[98]

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.

Many drug courts lack sufficient funding or the ability to implement evidence-based practices for substance abuse treatment and recovery services.[99] 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.

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. SAMHSA's Adult Drug Court grant programs are encouraged to use part of their annual award to provide medication-assisted treatment 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.

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[97] 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.
[98] SAMHSA. (2015). *Criminal and Juvenile Justice*. Retrieved from http://www.samhsa.gov/criminal-juvenile-justice
[99] 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

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, 4,841 clients received services through SAMHSA's Adult Treatment Drug Court Programs. Of these clients at six-month follow-up, 90.1 percent reported that they did not use alcohol or illegal drugs within the past 30 days. Additionally, there was a 1.2 percent increase from intake that had no involvement with the criminal justice system, a 35.4 percent increase of adult clients that were either employed or attending school, and 41.2 percent increase in clients who had a permanent place to live in the community.

In FY 2018, SAMHSA funded 86 new drug court grants, 101 drug court grant continuations, and one contract.

In FY 2019, SAMHSA plans to fund 25 new drug court grants, at least 5 will be to Tribes/Tribal organizations pending sufficient applications, and 117 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.[100] 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 ORP grants are encouraged to use part of their annual award to provide medication-assisted treatment with FDA-approved medications.

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, 1644 clients received

[100] 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.

services through SAMHSA's Offender Re-entry Programs. Of these clients at six-month follow-up, 71.7 percent reported that they did not use alcohol or illegal drugs within the past 30 days. Additionally, there was an 8.7 percent increase from intake that had no involvement with the criminal justice system, a 159.9 percent increase of adult clients that were either employed or attending school, and 144 percent increase in clients who had a permanent place to live in the community.

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

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, 1,178 clients received services through SAMHSA's Family Drug Court Programs. Of these clients at six-month follow-up, 84.8 percent reported that they did not use alcohol or illegal drugs within the past 30 days. Additionally, there was a 1.9 percent increase from intake that had no involvement with the criminal justice system, a 40.9 percent increase of adult clients that were either employed or attending school, and 28.9 percent increase in clients who had a permanent place to live in the community.

In FY 2019, SAMHSA will fund 25 new FTDC grants, at least five will be to Tribes/Tribal organizations pending sufficient applications, and 33 FTDC grant continuations.

Behavioral Health Treatment Court Collaborative Program

In FY 2014, SAMHSA supported a second cohort of four-year Behavioral Health Treatment Court Collaborative grants (BHTCC) in the Mental Health and Substance Abuse Treatment appropriations. BHTCC supports judges and staff of specialty (e.g., drug court) and other courts within a jurisdiction to work together to divert adults with mental illness and/or alcohol/other drug addiction from the criminal justice system. The purpose of this grant program is to allow municipal courts more flexibility to collaborate with multiple criminal justice system components and local community treatment and recovery providers to address the behavioral health needs of adults who are involved with the criminal justice system. The court collaborative grant program focuses on adults and veterans with behavioral health problems, including serious mental illness, from the criminal justice system, including alternatives to incarceration.

Program Evaluation

SAMHSA completed an evaluation of the first cohort of BHTCC grantees in September 2014 and is conducting an evaluation of the second cohort of 17 grantees that will be completed September 2018. Performance data show that the BHTCC grant programs are effective in improving the lives

of drug court participants. Based on FY 2017 SAMHSA data, 1,142 clients received services through the BHTCC Program. Of these clients at six-month follow-up, 26 percent reported that they did not use alcohol or illegal drugs within the past 30 days. Additionally, there was an 11 percent increase from intake that had no involvement with the criminal justice system, 60 percent increase of adult clients that were either employed or attending school, and 23 increase in clients who had a permanent place to live in the community.

In FY 2018, SAMHSA funded 17 continuation grants for the fourth and final grant year and the evaluation contract.

In FY 2019, there is no plan to fund BHTCC grants.

Funding History

Fiscal Year	Amount
FY 2016	$78,000,000
FY 2017	$74,000,000
FY 2018	$89,000,000
FY 2019	$89,000,000
FY 2020	$89,000,000

Budget Request

The FY 2020 President's Budget request is $89.0 million, level with the FY 2019 Enacted level. SAMHSA intends to support 34 new drug court grants, 135 drug court continuation grants, and one contract. SAMHSA intends to fund three new and 21 continuation ORP grants.

Outputs and Outcomes Table

Program: Criminal Justice - Drug Courts

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.72 Increase the percentage of adult clients receiving services who were currently employed or engaged in productive activities. (Outcome)	FY 2017: 64.1 % Target: 55 % (Target Exceeded)	64.1 %	64.1 %	Maintain
1.2.73 Increase the percentage of adult clients receiving services who had a permanent place to live in the community. (Outcome)	FY 2017: 46 % Target: 41 % (Target Exceeded)	46 %	46 %	Maintain
1.2.74 Increase the percentage of adult clients receiving services who had no involvement with the criminal justice system. (Outcome)	FY 2017: 93.7 % Target: 91 % (Target Exceeded)	93.7 %	93.7 %	Maintain
1.2.76 Increase the percentage of adult clients receiving services who had no past month substance use. (Outcome)	FY 2017: 86.1 % Target: 71 % (Target Exceeded)	86.1 %	86.1 %	Maintain
1.2.79 Increase the number of adult clients served. (Output)	FY 2017: 8,597 Target: 5,500 (Target Exceeded)	8,597	9,500	+903

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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.80 Increase the number of clients served. (Outcome)	FY 2017: 1,218 Target: 2,000[101] (Target Not Met)	2,000	2,000	Maintain
1.2.81 Increase the percentage of clients who had no past month substance use. (Outcome)	FY 2017: 70 % Target: 74 %[102] (Target Not Met)	74 %	74 %	Maintain
1.2.84 Increase the percentage of clients receiving services who had no involvement with the criminal justice system. (Outcome)	FY 2017: 93.3 % Target: 94 % (Target Not Met but Improved)	93.3 %	93.3 %	Maintain

[101]Decrease in target from prior year level reflects a decrease in funding and changes in data trends.
[102]Decrease in target from prior year level reflects a decrease in funding and changes in data trends.

Outputs and Outcomes Table

Program: Treatment - Other Capacity

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.25 Increase the percentage of adults receiving services who had no past month substance use. (Outcome)	FY 2017: 65.6 % Target: 60 % (Target Exceeded)	65.6 %	65.6 %	Maintain
1.2.26 Increase the number of clients served. (Output)	FY 2017: 20,310 Target: 30,000 (Target Not Met)	20,310	20,310	Maintain
1.2.27 Increase the percentage of adults receiving services who were currently employed or engaged in productive activities. (Outcome)	FY 2017: 45.6 % Target: 43 % (Target Exceeded)	45.6 %	45.6 %	Maintain
1.2.28 Increase the percentage of adults receiving services who had a permanent place to live in the community. (Outcome)	FY 2017: 46.6 % Target: 47 % (Target Not Met but Improved)	47 %	47 %	Maintain
1.2.29 Increase the percentage of adults receiving services who had no involvement with the criminal justice system. (Outcome)	FY 2018: 97.6 % Target: 97.5 % (Target Exceeded)	97.5 %	97.5 %	Maintain

Note: Contributing grant programs are Criminal Justice Activities, Targeted Capacity Expansion: Medication Assisted Treatment – Prescription Drug and Opioid Addiction and Peer-to-Peer, HIV Programs, Minority AIDS, Treatment Systems for Homeless, Screening, Brief Intervention, Referral and Treatment, Pregnant Postpartum Women, Children and Families, and Recovery Community Services Program.

Building Communities of Recovery (BCOR)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Building Communities of Recovery.....	$5,000	$6,000	$6,000	$---

Authorizing Legislation . Section 302 of the Comprehensive Addiction and Recovery Act of 2016
FY 2020 Authorization $1,000,000
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 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 8 new grants, and provided continuation awards to 19 grants which began in FY 2019, for a total of 27 BCOR grants. Moreover, these grantees have received supplements of $25,000 each to support their direct technical assistance needs.

In FY 2019, SAMHSA plans to fund 27 continuation awards for $5 million.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	$3,000,000
FY 2018	$5,000,000
FY 2019	$6,000,000
FY 2020	$6,000,000

Budget Request

The FY 2020 President's Budget request is $6.0 million, level with the FY 2019 Enacted level. These funds will support six new grants and 15 continuation grants the Building Communities of Recovery Program to develop, expand, and enhance recovery support services.

Outputs and Outcomes Tables

Program: Building Communities for Recovery

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.80 Increase in number of clients receiving recovery services. (Output)	FY 2018: 271 Target: 500 (Target Not Met)	270	270	Maintain
1.2.81 Percent of clients who report not having stable housing at baseline who report having stable housing at six-month follow-up. (Outcome)	FY 2018 46.9% Target: 48% (Target Not Met)	48%	48%	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 2018 70.7% Target: 71% (Target Not Met)	71%	71%	Maintain

Minority Fellowship Program

(Dollars in thousands)

Science and Service	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
SAT Minority Fellowship Program	$4,539	$4,789	$---	-$4,789

Authorizing Legislation .....Section 597 of the Public Health Service Act
FY 2020 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.

In FY 2018, SAMHSA funded seven new grants in a program jointly administered by the Center for Substance Abuse Treatment (CSAT) 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 including the new Center for Substance Abuse Treatment grant and one MFP technical assistance contract. In FY 2019 these eight grants will be continued.

Funding History

Fiscal Year	Amount
FY 2016	$3,539,000
FY 2017	$3,539,000
FY 2018	$4,539,000
FY 2019	$4,789,000
FY 2020	---

Budget Request

The FY 2020 President's Budget request is $0.0 million, a decrease of 4.8 million from the FY 2019 Enacted level. This program is discontinued in FY 2020, because it overlaps with other federal activities.

Addiction Technology Transfer Centers

(Dollars in thousands)

Science and Service	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Addiction Technology Transfer Centers.....	$9,046	$9,046	$9,046	$---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2019 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.[103, 104] 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.[105] 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 Addiction Technology Transfer Center Network (ATTC Network) is one of SAMHSA's proven models for building behavioral health capacity in health systems and communities through the sharing and transfer of expertise. SAMHSA supports the ATTC Network to develop and provide low or no cost training opportunities using evidence-based teaching, technologies, implementation, coaching, and information dissemination to behavioral health professionals. During the last cycle of the ATTC program (FY 2011 - 2016), the ATTC network supported the completion of over 430 events (technical assistance, webinars, onsite training, presentations etc.) benefiting over 128,000 health professionals. Overall, over 94 percent of participants reported satisfaction with the quality of the training or technical assistance they received from the ATTC Network. There is a critical and rising need for practitioners to reflect the diversity of their client population in terms of characteristics, such as age, race/ethnicity, and sexual orientation. Existing diversity requires recruitment of new professionals from a variety of backgrounds.[106]

[103] National Institute for Drugs and Alcohol. (2015). *Trends and Statistics*. Retrieved from NIH/NIDA: http://www.drugabuse.gov/related-topics/trends-statistics
[104] National Institute for Drugs and Alcohol. (2015). *Trends and Statistics*. Retrieved from NIH/NIDA: http://www.drugabuse.gov/related-topics/trends-statistics
[105] 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
[106] Ryan, O., Murphy, D., Krom, L. (2012). Vital Signs: Taking the Pulse of the Addiction Treatment Workforce, A National Report, Version 1. Kansas City, MO: Addiction Technology Transfer Center National Office in residence at the University of Missouri-Kansas City. Retrieved from http://www.attcnetwork.org/documents/VitalSignsReport.pdf

Treating persons with drug/alcohol addiction is difficult and challenging. Pay and benefits often do not fully reflect the difficulty of this work. Burnout and turnover are significant challenges for providers and their employing organizations and may impede patient recovery.

Faced with an average annual staff turnover rate of 18.5 percent, substance use disorder treatment programs deal with significant challenges to fill open positions.[107] Common hurdles for many abuse treatment facilities include difficulty retaining and recruiting qualified individuals, the need for a diverse workforce capable of working in integrated settings, and the perception that drug/alcohol addiction is not a valid health issue (i.e., that addiction is a 'choice').[108]

To address the gaps in workforce, the ATTC Network supports national and regional activities focused on improving the skills of substance abuse treatment and other healthcare professionals. The ATTC Network decreases the gap in time between the release of new scientific findings and the adoption of these interventions by front-line substance abuse treatment clinicians. ATTC grantees develop evidence-based and promising practices for addiction treatment/recovery professionals, public health/mental health personnel, institutional and community corrections professionals, nurses, and other health professions. The ATTC Network dissemination models include technical assistance, training and an extensive array of web-based resources created to translate the latest science for adoption into practice by the substance abuse treatment workforce. Using a systems change approach, the goal is to improve organizations and systems of care, enhancing access, engagement, and outcomes in a continuous quality improvement framework.

In FY 2016, the ATTC Network included 10 Regional Centers, four National Focus Area Centers, and a Network Coordinating Office. In FY 2017, a new cohort of grants was awarded to 10 Regional Centers and one Coordinating Center.

In FY 2018, SAMHSA funded one new AI/AN and eleven continuation grants in the ATTC program. In FY 2019, SAMHSA plans to fund 12 continuation grants. Together, the members of the ATTC Network will continue to provide technical assistance, workforce training, support meetings, and the collaboration with other HHS agencies, the SAMHSA Regional Administrators, and other partners.

[107] Ryan, O., Murphy, D., Krom, L. (2012). Vital Signs: Taking the Pulse of the Addiction Treatment Workforce, A National Report, Version 1. Kansas City, MO: Addiction Technology Transfer Center National Office in residence at the University of Missouri-Kansas City. Retrieved from http://www.attcnetwork.org/documents/VitalSignsReport.pdf
[108] Ryan, O., Murphy, D., Krom, L. (2012). Vital Signs: Taking the Pulse of the Addiction Treatment Workforce, A National Report, Version 1. Kansas City, MO: Addiction Technology Transfer Center National Office in residence at the University of Missouri-Kansas City. Retrieved from http://www.attcnetwork.org/documents/VitalSignsReport.pdf

Funding History

Fiscal Year	Amount
FY 2016	$9,046,000
FY 2017	$9,046,000
FY 2018	$9,046,000
FY 2019	$9,046,000
FY 2020	$9,046,000

Budget Request

The FY 2020 President's Budget Request is $9.0 million, level with the FY 2019 Enacted level. SAMHSA plans to fund twelve 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Improving Access to Overdose Treatment.....	$---	$1,000	$1,000	$---

Authorizing Legislation . Section 302 of the Comprehensive Addiction and Recovery Act of 2016
FY 2020 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 2016, there were more than 63,600 drug overdose deaths in the United States. Opioids prescription and illicit are the main driver of drug overdose deaths. 116 Americans die every day from an opioid overdose. Opioid overdose deaths were five times higher in 2016 than 1999.[109] In 2013, SAMHSA released the Opioid Overdose Prevention Toolkit to help 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 and FY 2019, SAMHSA continues to award one continuation grant.

[109] (Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	$1,000,000
FY 2018	---
FY 2019	$1,000,000
FY 2020	$1,000,000

Budget Request

The FY 2020 President's Budget request is $1.0 million, level with the FY 2019 Enacted level. SAMHSA plans to support three 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.

First Responder Training for Opioid Overdose Reversal Drugs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
First Responder Training.....	$---	$36,000	$36,000	---
First Responder Training (non-add).....	---	*18,000*	*18,000*	---
Rural Set-Aside (non-add).....	---	*18,000*	*18,000*	---

Authorizing Legislation ..... Section 546 of the PHS Act
FY 2020 Authorization $12,000,000
Allocation Method…….....Competitive Grants
Eligible entities…….States, local government entities, federally recognized American Indian/Alaska Native tribe or tribal organizations

Program Description and Accomplishments

Under Section 202 of the Comprehensive Addiction and Recovery Act (CARA), SAMHSA is authorized to support additional efforts to prevent opioid overdose-related deaths by providing grants to train first responders. In FY 2017, SAMHSA funded 21 new grants for the First Responder CARA grant program (FR-CARA). The purpose of this program is to allow 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 will 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 will also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. This program includes a broader eligibility than the previously referenced state-based Grants to Prevent Opioid Overdose-related Death program. The program allows for much needed services to reach local and tribal areas. Additionally, in FY 2017, the First Responder Training program also included 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 2019, Congress appropriated funding for this program under Substance Abuse Treatment to continue to support the continuation grants.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017[1]	$12,000,000
FY 2018[1]	$36,000,000
FY 2019	$36,000,000
FY 2020	$36,000,000

1. This activity was funding under the Substance Abuse Prevention appropriation in 2017 and 2018.

Budget Request

The FY 2020 President's Budget request is $36.0 million, level with the FY 2019 Enacted level. This funding will provide 49 continuations grants and approximately 25 new awards to support the continuation of training, technical assistance and evaluation activities to address the opioid crisis in this country.

Outputs and Outcomes Table

Program: First Responder Training-CARA

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
TBD Number of Naloxone (or other FDA-approved) kits distributed. (Output)	FY 2018: 30,313.0 Target: 30,313.0 (Baseline)	30,313.0	30,313.0	Maintain
TBD Number of first responders trained how to administer Naloxone (or other FDA approved drug or device). (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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths...	$---	$12,000	$12,000	$---

*FY 2018 Final was included in the Center for Substance Abuse Prevention (CSAP) Chapter.

Authorizing Legislation ..... Section 516 and Section 546 of the PHS Act
FY 2020 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).[110] 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.

In FY 2016, SAMHSA awarded 12 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, and developing other overdose-related death prevention strategies,

[110] 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

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 the communities within their state. 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.

Beginning in FY 2019, Congress appropriated funding for this program to the Center for Substance Abuse Treatment instead of the Center for Substance Abuse Prevention to continue support of 12 grants.

Funding History

Fiscal Year	Amount
FY 2016	$12,000,000
FY 2017	$12,000,000
FY 2018	$12,000,000
FY 2019	$12,000,000
FY 2020	$12,000,000

*FY 2018 was included in the CSAP Chapter.

Budget Request

The FY 2020 President's Budget request is $12.0 million, level with the FY 2019 Enacted level. This funding will provide continuation grants to 12 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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 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 Curricular for DATA Act Waivers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
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 2020 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 provide grants to enhance access to substance use disorder treatment. This is done by giving 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 from an accredited school of allopathic medicine or osteopathic medicine in the United States.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	---
FY 2018	---
FY 2019	---
FY 2020	$4,000,000

Budget Request

The FY 2020 President's Budget request is $4.0 million, an increase of $4.0 million from the FY 2019 Enacted level. This funding will support 117 grants.

SAMHSA/Substance Abuse Treatment
PRNS Mechanism Table Summary

(Dollars in thousands)

Program Activity	FY 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
	No.	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Grants/Cooperative Agreements:						
Continuations	376	$166,040	558	$316,071	762	$344,135
New/Competing	297	197,067	164	87,971	99	35,710
Supplements	---	8,470	---	8,519	---	3,195
Subtotal	673	371,577	722	412,562	861	383,040
Contracts:						
Continuations	26	26,876	17	28,131	7	27,853
New/Competing	11	2,065	33	19,984	2	18,995
Subtotal	37	28,941	50	48,115	9	46,848
Total, Substance Abuse Treatment	**710**	**$399,091**	**772**	**$460,677**	**870**	**$429,888**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No	FY 2018 Final Amount	FY 2019 Enacted No	FY 2019 Enacted Amount	FY 2020 President's Budget No	FY 2020 President's Budget Amount
Capacity:						
Opioid Treatment Programs/Regulatory Activities						
Grants						
Continuations	1	$1,399	29	$4,391	40	$6,057
New/Competing	28	3,976	11	1,650	---	---
Supplements*	1	1,000	---	---	---	---
Subtotal	29	6,375	40	6,041	40	6,057
Contracts				652		
Continuations	2	1,668	2	2,393	1	1,228
New/Competing	4	682	3	290	1	1,439
Subtotal	6	2,349	5	2,683	2	2,667
Total, Opioid Treatment Programs/Regulatory Activities	**35**	**8,724**	**45**	**8,724**	**42**	**8,724**
Screening, Brief Intervention and Referral to Treatment						
Grants						
Continuations	20	11,233	8	13,266	---	---
New/Competing	3	10,884	13	14,413	---	---
Supplements*	8	200	8	200	---	---
Subtotal	23	22,317	21	27,879	---	---
Contracts						
Continuations	1	1,563	1	1,760	---	---
New/Competing	---	820	---	361	---	---
Subtotal	1	2,383	1	2,121	---	---
Total, Screening, Brief Intervention and Referral to Treatment	**24**	**24,700**	**22**	**30,000**	---	---
Targeted Capacity Expansion						
Grants						
Continuations	31	21,159	6	69,446	169	83,935
New/Competing	6	67,982	30	23,165	18	6,026
Supplements*	32	1,225	32	1,700	---	1,550
Subtotal	37	90,366	36	94,311	187	91,511
Contracts						
Continuations	18	5,115	6	5,253	---	6,059
New/Competing	6	-289	30	628	---	2,621
Supplements*	21	---	32	---	---	---
Subtotal	24	4,826	36	5,881	---	8,681
Total, Targeted Capacity Expansion	**61**	**95,192**	**72**	**100,192**	**187**	**100,192**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No	FY 2018 Final Amount	FY 2019 Enacted No	FY 2019 Enacted Amount	FY 2020 President's Budget No	FY 2020 President's Budget Amount
Pregnant and Postpartum Women						
Grants						
Continuations	24	14,041	44	25,691	43	23,333
New/Competing	22	12,786	2	1,048	3	3,278
Supplements*	46	1,150	46	1,150	---	1,125
Subtotal	46	27,977	46	27,889	46	27,736
Contracts						
Continuations	---	1,608	---	1,569	---	1,814
New/Competing	---	346	---	473	---	381
Subtotal	---	1,954	---	2,042	---	2,195
Total, Pregnant and Postpartum Women	**46**	**29,931**	**46**	**29,931**	**46**	**29,931**
Recovery Community Services Program						
Grants						
Continuations	10	1,496	13	1,949	3	450
New/Competing	3	450	---	---	9	1,350
Supplements **	13	325	13	325	---	---
Subtotal	13	2,271	13	2,274	12	1,800
Contracts						
Continuations	---	131	---	128	2	554
New/Competing	---	32	---	33	---	80
Subtotal	---	163	---	160	2	634
Total, Recovery Community Services Program	**13**	**2,434**	**13**	**2,434**	**14**	**2,434**
Children and Families						
Grants						
Continuations	13	9,914	42	24,083	46	26,255
New/Competing	31	16,106	4	2,117	---	---
Supplements *	14	350	---	300	---	---
Subtotal	44	26,370	46	26,500	46	26,255
Contracts						
Continuations	1	2,941	1	2,866	1	3,255
New/Competing	---	294	---	239	---	95
Subtotal	1	3,235	1	3,105	1	3,350
Total, Children and Families	**45**	**29,605**	**47**	**29,605**	**47**	**29,605**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No	FY 2018 Final Amount	FY 2019 Enacted No	FY 2019 Enacted Amount	FY 2020 President's Budget No	FY 2020 President's Budget Amount
Treatment Systems for Homeless						
Grants						
Continuations	63	20,089	66	24,783	70	27,577
New/Competing	33	13,088	21	8,049	16	4,888
Supplements *	94	720	87	790	20	520
Subtotal	96	33,897	87	33,621	86	32,985
Contracts						
Continuations	1	2,702	1	2,537	—	2,205
New/Competing	—	-213	—	228	1	1,196
Subtotal	1	2,489	1	2,765	1	3,401
Total, Treatment Systems for Homeless	**97**	**36,386**	**88**	**36,386**	**87**	**36,386**
Minority AIDS						
Grants						
Continuations	82	40,476	95	46,886	119	58,895
New/Competing	36	17,663	24	12,000	—	—
Supplements *	113	2,825	—	2,975	—	—
Subtotal	118	60,964	119	61,861	119	58,895
Contracts						
Continuations	1	3,523	1	3,438	—	3,822
New/Competing	—	47	—	271	—	2,853
Subtotal	1	3,570	1	3,709	—	6,675
Total, Minority AIDS	**119**	**64,534**	**120**	**65,570**	**119**	**65,570**
Criminal Justice Activities						
Grants						
Continuations	111	35,930	167	60,637	167	65,530
New/Competing	107	45,924	51	21,050	48	15,442
Supplements *	—	—	—	—	—	—
Subtotal	218	81,854	218	81,687	215	80,972
Contracts						
Continuations	2	6,598	2	6,616	1	6,939
New/Competing	—	548	—	697	—	1,089
Subtotal	2	7,146	2	7,313	1	8,028
Total, Criminal Justice Activities	**220**	**89,000**	**220**	**89,000**	**216**	**89,000**
Improving Access to Overdose Treatment						
Grants						
Continuations	5	973	5	948	12	952
New/Competing	—	—	—	-80	—	19
Supplements *	—	—	5	104	—	—
Subtotal	5	973	5	972	12	971
Contracts						
Continuations	—	27	—	27	—	29
New/Competing	—	—	—	—	—	—
Subtotal	—	27	—	28	—	29
Total, IATOT	**5**	—	**5**	**1,000**	**12**	**1,000**

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2018 Final No	FY 2018 Final Amount	FY 2019 Enacted No	FY 2019 Enacted Amount	FY 2020 President's Budget No	FY 2020 President's Budget Amount
Building Communities of Recovery						
Grants						
Continuations	5	814	24	4,490	19	3,675
New/Competing	19	3,666	---	518	5	825
Supplements *	27	675	27	675	---	---
Subtotal	24	5,155	24	5,683	24	4,500
Contracts						
Continuations	---	269	---	315	---	361
New/Competing	---	3	---	3	---	1,139
Subtotal	---	271	---	317	---	1,500
Total, Building Communities of Recovery	**24**	**5,000**	**24**	**6,000**	**24**	**6,000**
Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths						
Grants						
Continuations	---	---	12	11,262	12	11,349
Supplements *	---	---	---	300	---	---
Subtotal	---	---	12	11,562	12	11,349
Contracts						
Continuations	---	---	1	157	1	469
New/Competing	---	---	---	281	---	181
Subtotal	---	---	1	438	1	651
Total, Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths	—	—	**13**	**12,000**	**13**	**12,000**
First Responder Training (CARA)						
Grants						
Continuations	---	---	35	19,216	50	27,717
New/Competing	---	---	---	---	---	---
Subtotal	---	---	35	19,216	50	27,717
Contracts						
Continuations	---	---	1	209	1	570
New/Competing	---	---	---	16,575	---	7,713
Subtotal	---	---	1	16,784	1	8,283
Total, First Responder Training (CARA)	---	---	**36**	**36,000**	**51**	**36,000**
Grants to Develop Curricula for DATA Act Waivers						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	3,883
Subtotal	---	---	---	---	---	3,883
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	117
Subtotal	---	---	---	---	---	---
Total, Grants to Develop Curricula for DATA Act Waivers	---	---	---	---	---	**4,000**
Total, Capacity	**689**	**385,506**	**751**	**446,842**	**858**	**420,842**

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

(Dollars in thousands)

Science and Service	FY 2018 Final No	FY 2018 Final Amount	FY 2019 Enacted No	FY 2019 Enacted Amount	FY 2020 President's Budget No	FY 2020 President's Budget Amount
Addiction Technology Transfer Centers						
Grants						
Continuations	11	8,515	12	9,025	12	8,408
New/Competing	1	500	—	—	—	—
Subtotal	12	9,015	12	9,025	12	8,408
Contracts						
Continuations	—	487	—	474	—	548
New/Competing	—	-456	—	-454	—	90
Subtotal	—	31	—	21	—	638
Total, Addiction Technology Transfer Centers	**12**	**9,046**	**12**	**9,046**	**12**	**9,046**
SAT Minority Fellowship Program						
Grants						
Continuations	—	—	—	—	—	—
New/Competing	8	4,043	8	4,042	—	—
Subtotal	8	4,043	8	4,042	—	—
Contracts						
Continuations	—	244	1	389	—	—
New/Competing	1	252	—	358	—	—
Subtotal	1	496	1	747	—	—
Total, Minority Fellowship Program (MF)	**9**	**4,539**	**9**	**4,789**	—	—
Subtotal, Science and Service:	**21**	**13,585**	**21**	**13,835**	**12**	**9,046**
Total, Substance Abuse Treatment PRNS	**710**	**399,091**	**772**	**460,677**	**870**	**429,888**

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

Grant Awards Table

(Whole Dollars)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	673	722	861
Average Award	$552,119.83	$571,415.09	$444,877.81
Range of Awards	$300,000-$600,000	$300,000-$600,000	$300,000-$600,000

State Targeted Response to the Opioid Crisis

(Dollars in thousands)

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
State Targeted Response to the Opioid Crisis Grants.....	$500,000	$---	$---	$---

Authorizing Legislation .....Section 1003 of the 21st Century, Cures Act
FY 2020 Authorization .....expired at the end of 2020
Allocation Method .....Grants
Eligible Entities.....States/Territories

Program Description and Accomplishments

Opioid abuse continues to cause a significant crisis across the nation. According to the CDC, drug overdose related deaths numbered more than 70,000 in 2017, with opioids accounting for more than 47,000 of that number. As misuse and abuse of synthetic opioids has continued to rise, Americans are dealing with the devastating consequences that accompany this use including: loss of employment, social connectedness, increased criminal justice involvement, injury, and death.

The State Targeted Response to the Opioid Crisis Grant Program (Opioid STR) was authorized under Section 1003 of the 21st Century Cures Act in 2016. The program aims to address 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 addiction.

Grantees are required to: use epidemiological data to demonstrate the critical gaps in availability of treatment for opioid addiction in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify which system design models will most rapidly address the gaps in their systems of care; implement prevention strategies; deliver evidence based treatment interventions including medication and psychosocial interventions; deliver recovery support services; and report progress toward increasing availability of treatment for opioid addiction and reducing opioid-related overdose deaths.

The Opioid STR grants have helped states target these resources to address the particular problems they are facing with respect to opioids. States have applied lessons learned from the first and second year of this program and have identified ways to maximize impact and efficiency. States have quickly implemented a wide range of evidence-based prevention, treatment, and recovery interventions that respond to the unique needs in their communities

In FY 2018, Opioid STR grants were awarded via formula to all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, Northern Marianas, Micronesia, Palau, and American Samoa. Funds were used to support a cross-site evaluation to demonstrate program effectiveness and technical assistance activities.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	$500,000,000
FY 2018	$500,000,000
FY 2019	---
FY 2020	---

Budget Request

The FY 2020 President's Budget Request is $0.0 million, level from the FY 2019 Enacted. However, the opioid work is moving forward under the State Opioid Response (SOR), funded at $1.5 billion in FY 2019. SAMHSA also requests $1.5 billion in the FY 2020 President's Budget for the SOR grants.

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Outputs and Outcomes Tables

Program: Opioid-State Targeted Response

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.60 Increase in the number of admissions for OUD treatment. (Output)	FY 2017: 121,781 Target: 118,000.0 (Target Exceeded)	122,000.0	122,000.0	Maintain
1.2.61 Increase in number of clients receiving recovery services. (Output)	FY 2017: 33,602 Target: 33,000.0 (Target Exceeded)	34,000.0	34,000.0	Maintain
1.2.62 Increase number of practitioners receiving training for opioid use disorder treatment. (Output)	FY 2017: 163,467 Target: 31,600.0 (Target Exceeded)	164,000.0	164,000.0	Maintain

State Opioid Response Grants

(Dollars in thousands)

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
State Opioid Response Grants.....	$1,000,000	$1,500,000	$1,500,000	$---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2020 Authorization $333,806,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... Limited to Single State Agencies (SSAs) and U.S. Territories

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). This program awarded grants to 56 states and territories via formula, and to tribal recipients. 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 will 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.

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.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	---
FY 2018	$1,000,000,000
FY 2019	$1,500,000,000
FY 2020	$1,500,000,000

Budget Request

The FY 2020 President's Budget request is $1.5 billion, level with the FY 2019 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 program will include a $50 million set-aside for tribes. SAMHSA intends to continue to support the Secretary's five- prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to states, provider groups and communities impacted by the opioid crisis.

Outputs and Outcomes Table

Program: State Opioid Response Grants

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.2.70 Increase in the number of admissions for OUD treatment. (Output)	FY 2018: Result Expected December 31, 2019 Target: Set Baseline (Pending)			Maintain
1.2.71 Increase in number of clients receiving recovery services (Output).	FY 2018: Result Expected December 31, 2019 Target: Set Baseline (Pending)			Maintain
1.2.72 Increase number of practitioners receiving training. (Output)	FY 2018: Result Expected December 31, 2019 Target: Set Baseline (Pending)			Maintain
1.2.73 Decrease in illicit drug us at 6 months follow-up. (Output)	FY 2018: Result Expected December 31, 2019 Target: Set Baseline (Pending)			Maintain

Note: SOR performance target is being developed. Please refer to the STR O&O table for performance results.

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Substance Abuse Prevention and Treatment Block Grant

(Dollars in thousands)

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
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 2020 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[111], 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 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.

[111] 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

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 32 percent of total state substance abuse agency funding and 23 percent of total state substance abuse prevention and public health funding.[112] 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.[113] SAMHSA encourages states to use block grant resources to support and not supplant services that are covered through commercial and public insurer plans.

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).
- 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.
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

[112] SABG State Agency Reported Expenditures by Target Activity Within Source of Funds, State/Jurisdiction Selection: All States/Jurisdictions (2015)
[113] 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).

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 Public 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.

Funding Allocations and Requirements

SABG funds are distributed[114] 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.[115] 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.

Performance and Evaluation

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

[114] Block Grants and Formula Grants: A Guide for Allocation Calculations; 2007 Department of Health and Human Services, SAMHSA.

[115] Substance Abuse and Mental Health Services Administration. (2015). *Block Grant Laws and Regulations.* Retrieved from http://www.samhsa.gov/grants/block-grants/laws-regulations.

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.[116] SAMHSA data show that on average, the SABG has been successful in expanding treatment capacity by annually supporting approximately two million[117] 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 2015, at discharge, clients demonstrated above average abstinence rates from both illegal drug (55 percent) and alcohol (75.5 percent) use. State substance abuse authorities reported the following outcomes for services provided during FY 2016, the most recent year for which data is available:

State substance abuse authorities reported the following outcomes for services[118] provided during FY 2017, 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, 56 of the 56 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, 55 of 55 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, 50 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, 50 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, 49 of 55 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.

<u>20 Percent Primary Prevention Set-Aside</u>

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

[116] Substance Abuse and Mental health Administration. Retrieved from https://www.samhsa.gov/sites/default/files/grants/sapt-bg-evaluation-final-report.pdf.

[117] 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.

[118] Services include services from Short-term residential, Long-term residential, Outpatient, and Intensive outpatient only.

expenditures to develop and implement a comprehensive substance abuse prevention program, which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment.[119] The prevention set-aside is one of SAMHSA's main vehicles for supporting SAMHSA's initiatives aimed at preventing substance abuse and mental illness. The 20 percent set-aside is focused only on substance abuse prevention. States use these funds to develop infrastructure and capacity and to fund programs specific to primary substance abuse 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.*[120] 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.[121] 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 technical assistance to states on both the Synar requirements and youth tobacco access issues in general.

While the national weighted retailer violation rate declined steadily from the program's baseline year in FY 1997 through FY 2011, the rate has increased slightly since FY 2012. 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 increase in the rate 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. SAMHSA is addressing this increase by providing technical assistance 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.

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[119] 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

[120] "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/.

[121] Substance Abuse and Mental Health Services Administration (2015). *Synar Program.* Retrieved from http://www.samhsa.gov/synar

Funding History

Fiscal Year	Amount
FY 2010	1,454,713,000
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	1,858,079,000
FY 2018	1,858,079,000
FY 2019	1,858,079,000
FY 2020	1,858,079,000

Budget Request

The FY 2020 President's Budget request is $1.9 billion, level with the FY 2019 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 2020 Substance Abuse Prevention and Treatment Block Grant Final Allotments
Appropriation Amount $1,858,079,000, State-Territory Total $1,760,148,598

State/Territory	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	$23,091,917	$23,093,030	$23,086,709	-$6,321
Alaska	5,889,694	5,889,978	5,888,366	-1,612
Arizona	40,379,307	40,432,857	40,421,789	-11,068
Arkansas	13,525,921	13,526,573	13,522,870	-3,703
California	254,441,548	254,453,810	254,384,161	-69,649
Colorado	28,780,376	28,919,201	28,911,285	-7,916
Connecticut	18,214,143	18,215,021	18,210,035	-4,986
Delaware	6,968,530	6,968,866	6,966,958	-1,908
District Of Columbia	6,968,530	6,968,866	6,966,958	-1,908
Florida	111,391,028	111,396,395	111,365,902	-30,493
Georgia	57,158,236	57,160,990	57,145,343	-15,647
Hawaii	8,583,122	8,583,536	8,581,186	-2,350
Idaho	8,536,737	8,537,148	8,534,811	-2,337
Illinois	67,652,901	67,656,161	67,637,641	-18,520
Indiana	32,249,482	32,251,036	32,242,208	-8,828
Iowa	13,094,727	13,095,358	13,091,773	-3,585
Kansas	11,900,916	11,901,489	11,898,231	-3,258
Kentucky	20,380,520	20,381,502	20,375,923	-5,579
Louisiana	25,029,067	25,030,273	25,023,421	-6,852
Maine	6,968,530	6,968,866	6,966,958	-1,908
Maryland	34,083,574	34,085,216	34,075,886	-9,330
Massachusetts	39,849,281	39,851,201	39,840,292	-10,909
Michigan	56,058,757	56,061,458	56,046,112	-15,346
Minnesota	24,104,577	24,105,738	24,099,139	-6,599
Mississippi	13,805,016	13,805,681	13,801,902	-3,779
Missouri	26,551,271	26,552,550	26,545,282	-7,268
Montana	6,968,530	6,968,866	6,966,958	-1,908
Nebraska	7,642,045	7,642,413	7,640,321	-2,092
Nevada	17,005,184	17,006,003	17,001,348	-4,655

State/Territory	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/FY 2019
New Hampshire	6,968,530	6,968,866	6,966,958	-1,908
New Jersey	48,069,255	48,071,571	48,058,412	-13,159
New Mexico	9,566,121	9,566,582	9,563,963	-2,619
New York	111,841,839	111,847,228	111,816,612	-30,616
North Carolina	44,996,647	44,998,815	44,986,497	-12,318
North Dakota	6,534,236	6,534,551	6,532,762	-1,789
Ohio	64,542,533	64,545,643	64,527,975	-17,668
Oklahoma	17,151,147	17,151,973	17,147,278	-4,695
Oregon	20,580,513	20,581,505	20,575,871	-5,634
Pennsylvania	59,106,425	59,109,273	59,093,093	-16,180
Rhode Island	7,599,276	7,599,642	7,597,562	-2,080
South Carolina	23,720,271	23,721,414	23,714,921	-6,493
South Dakota	6,042,347	6,042,638	6,040,984	-1,654
Tennessee	31,981,615	31,983,156	31,974,401	-8,755
Texas	144,723,914	144,730,887	144,691,269	-39,618
Utah	16,590,328	16,591,127	16,586,585	-4,542
Vermont	6,460,555	6,460,866	6,459,097	-1,769
Virginia	41,984,325	41,986,348	41,974,855	-11,493
Washington	37,788,643	37,790,464	37,780,119	-10,345
West Virginia	8,433,568	8,433,974	8,431,665	-2,309
Wisconsin	27,200,848	27,202,159	27,194,713	-7,446
Wyoming	4,198,001	4,198,203	4,197,054	-1,149
Red Lake Indians	594,089	594,118	593,955	-163
American Samoa	344,188	345,273	345,976	703
Guam	1,024,684	1,104,675	1,124,221	19,546
Northern Marianas	331,527	347,649	351,075	3,426
Puerto Rico	22,790,599	22,580,187	22,515,780	-64,407
Palau	134,684	141,293	143,962	2,669
Marshall Islands	457,230	485,666	500,713	15,047
Micronesia	666,397	693,121	699,933	6,812
Virgin Islands	655,998	711,594	720,569	8,975

Outputs and Outcomes Tables

Program: Prevention Set-Aside

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 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: (Set 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: 63 % (Target Not Met)	53 %	53 %	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: (Set Baseline)	51 %	51 %	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: (Set Baseline)	25%	25 %	Maintain

Outputs and Outcomes Tables

Program: Treatment Activities

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 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

SAMHSA
Health Surveillance and Program Support
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Health Surveillance

(Dollars in thousands)

Program Activity	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 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 2020 Authorization ..... Indefinite
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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Health Surveillance and Program Support Appropriation				
Health Surveillance				
Population Data Collection, Analysis, and Dissemination	$12,517	$15,008	$14,191	-$817
PHS Evaluation (non add)	*5,656*	*8,575*	*12,133*	*3,558*
Treatment Services Data Collection, Analysis, and Dissemination.	13,711	14,620	11,522	-3,098
PHS Evaluation (non add)	*13,706*	*11,517*	*11,522*	*5*
Behavioral Health Data Dissemination	3,706	4,065	596	-3,469
PHS Evaluation (non add)	*297*	*402*	*596*	*194*
Performance Measurement/Systems	471	*476*	---	*-476*
PHS Evaluation (non add)	*167*	---	---	---
Program Evaluations	1,427	---	---	---
PHS Evaluation (non add)	*1,427*	---	---	---
Evidence-Based Programs/Practices	793	---	---	---
Innovation and Logistical Services Support	*6,929*	*4,847*	---	*-4,847*
PHS Evaluation (non add)	*3,415*	*2,726*	---	*-2,726*
Support	7,704	8,242	7,533	*-710*
PHS Evaluation (non add)	*5,760*	*7,208*	*7,202*	*-6*
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 was recently reorganized to ensure compliance with the requirements set forth in the 21st Century Cures Act, including the establishment of the Office of Evaluation.

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. In addition, in FY2018, CBHSQ received funding from the Mental Health Block Grant Set Aside to fund the Mental Disorder Prevalence Study. 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 total funding amount for CBHSQ (from all sources) in FY 2019 Enacted Budget is $122.9 million, including $67.3 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.

The data from the FY 2017 NSDUH estimates that 30.5 million Americans aged 12 or older, or 11.2 percent were current (past month) illicit drug users.[122] Also, from the 2017 NSDUH, 18.9 percent of adults ages 18 and older had any mental illness in the past year (46.6 million) and 4.5 percent (11.2 million) of adults had serious mental illness.

In FY 2018, SAMHSA began a NSDUH redesign to ensure the survey is clinically up-to-date through alignment of questions to 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, illicitly manufactured fentanyl, synthetic marijuana, and harmonizes the substance abuse and mental health treatment measures to produce national estimates.

SAMHSA included recovery questions for FY 2018, and plans to include medication-assisted treatment questions and kratom questions for FY 2019, and vaping, synthetics use, and craving and withdrawal questions from DSM-5 for FY 2020.

[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. 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/

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 are available at the National Center for Health Statistics (NCHS) Research Data Centers (RDCs) using an application process. Collectively, in FY 2017 and FY 2018, approximately 200 reports and articles were written by external researchers using SAMHDA data. In FY 2018, over 100,000 NSDUH download events for SAMHDA occurred and around 140,000 page views on the NSDUH webpages; in FY 2019, the same volume is anticipated. CBHSQ staff also responded to almost 700 requests for NSDUH data in FY 2018, 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, SAMHSA's 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 will be 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 July 2018, I-BHS had identified 20,452 active substance abuse treatment facilities and 14,331 active mental health treatment facilities in the United States and its territories.

In FY 2017, the Behavioral Health Treatment Services Locator was accessed more than 2.7 million times by individuals, families, community groups, and organizations to identify appropriate treatment services. Also in FY 2018, researchers downloaded over 4,000 BHSIS public-use datasets. CBHSQ staff responded to over 100 requests for BHSIS data. In June 2018, data users accessed over 270 web pages for URS tables.

In FY 2020, SAMHSA will award a new BHSIS contract for the annual N-SSATS and N-MHSS and TEDS, MH-CLD, URS and Locator. The Behavioral Health Treatment Services Locator is part

of the National Treatment Referral Routing Service, which is required by Section 9006 of the 21st Century Cures Act.

Behavioral Health Data Dissemination

OMB's Open Data Policy Memorandum (M-13-13) requires the Federal Government to make data it collects accessible and usable through dissemination activities. This is accomplished by providing access to data through Substance Abuse and Mental Health Data Archive (SAMHDA) and National Center for Health Statistics (NCHS) Research Data Centers (RDC).

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. From July 2017 through June 2018, users downloaded over 120,000 Public Use Files (PUF) from SAMHDA and generated over 20,000 tables utilizing a web-based analytic tool. 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.

In an effort to 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.

The Analytical Support Contract will continue to provide support for these activities as well as support for ad hoc requests, short- and long-term analyses, special requests, and evaluation activities.

Funding History

Fiscal Year	Amount
FY 2016	$47,258,000
FY 2017	$47,258,000
FY 2018	$47,258,000
FY 2019	$47,258,000
FY 2020	$33,842,000

Budget Request

The FY 2020 Request is $33.8 million, which is a decrease of $13.4 million from the FY 2019 Enacted Budget. This funding will support the continuation of the NSDUH, BHSIS, SAMHDA, access to restricted-use data and the Analytic Support Center contracts. In FY 2020, SAMHSA will plan to roll out the results of the 2019 NSDUH survey, field the 2020 survey, plan for the 2021 survey, and will continue to explore options for a future NSDUH redesign.

Mechanism Table for Health Surveillance

(Dollars in thousands)

Program Activity	FY 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Health Surveillance						
Contracts						
Continuations	1	$43,642	1	$47,258	1	$33,842
New/Competing	---	3,616	---	---	---	---
Subtotal	1	47,258	1	47,258	1	33,842
Total, Health Surveillance	**1**	**47,258**	**1**	**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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 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)	68.0 %	71.0 %	+3 %
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)	12.0 %	12.5 %	+0.5 %
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)	45.0 %	50.0 %	+5 %

Drug Abuse Warning Network (DAWN)

(Dollars in thousands)

Program Activity	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 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 2020 Authorization $10,000,000
Allocation Method ..... Contracts
Eligible Entities..... Not Applicable

Program Description and Accomplishments

SAMHSA re-established DAWN as a nationwide public health surveillance system to monitor emergency department 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 collected directly from ED records, DAWN is able to 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 will seek to identify any sudden increases in visits involving specific substances in its hospitals and will monitor the geographic, temporal and demographic characteristics of drug-related ED visits. Unlike other public health surveillance systems, DAWN captures 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 collected by DAWN can 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 collected 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 data are abstracted from hospital emergency department records. Hospital participation is voluntary.

Funding History

Fiscal Year	Amount
FY 2016	---
FY 2017	---
FY 2018	$10,000,000
FY 2019	$10,000,000
FY 2020	$10,000,000

Budget Request

The FY 2020 President's Budget is $10.0 million, which is level with the FY 2019 Enacted Budget. This funding will support the continuation of a contract awarded in FY 2018.

Mechanism Table for Drug Abuse Warning Network

(Dollars in thousands)

Program Activity	FY 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Drug Abuse Warning Network						
Contracts						
Continuations	---	---	1	10,000	1	10,000
New/Competing	1	10,000	---	---	---	---
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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 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 2020 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Performance and Quality Information Systems				
Performance Measurement/Systems	$7,516	$6,782	$6,022	-$760
SAMHSA Performance Accountability Reports System (SPARS)...	*7,516*	*6,782*	*6,022*	*-760*
Evidence-Based Programs/Practices	2,000	732	741	8
Evidence Based Resource Center.....	*2,000*	*732*	*741*	8
Behavioral Health Data Dissemination	---	---	2,069	2,069
Analytic Support Center (ASC).....	---	---	*2,069*	*2,069*
Drug Abuse Warning Network (DAWN)	---	1,039	483	-556
DAWN.....	---	*1,039*	*483*	*-556*
Innovation and Logistical Services Support	---	837	---	-837
Innovation and Logistical Services Support.....	---	*837*	---	*-837*
Support	484	610	685	75
Operations.....	*484*	*610*	*685*	*75*
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 program evaluations.

These data previously were collected by legacy systems, including Data Collection, Analyses, and Reporting (DCAR); Prevention Management Reporting and Training System (PMRTS); Services Accountability Improvement System (SAIS); and the Transformation Accountability System (TRAC). These legacy systems were migrated to a single system, SAMHSA's Performance Accountability and Reporting System (SPARS), in FY 2017 to meet SAMHSA's vision of a more efficient, holistic approach to its performance data collection.

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 SPARS data collections system for FY 2018 and FY 2019. Modernization activities will result in capturing real-time data using clinical diagnostic tools to document impact and effectiveness and develop benchmarks for performance evaluation.

Program Evaluations

The new Office of Evaluation (OE) will be responsible for providing centralized planning and management of program evaluation across SAMHSA in partnership with program originating Centers, providing oversight and management of agency quality improvement and performance management activities and for advancing agency goals and objectives relating to program evaluation, performance measurements, and quality improvement. 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, the design of SAMHSA program evaluations in collaboration with the relevant Centers, identification of a set of performance indicators to monitor each SAMHSA program and the development of periodic evaluation reports for use in agency planning, program change, and reporting to departmental and external organizations. The OE will be working 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.

National Resource Center for Evidence-based Programs and Practices

Section 7002 of the 21st Century Cures Act requires that SAMHSA shall, as appropriate, 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 for states, local communities, non-profit entities, and other stakeholders, by posting on SAMHSA's website information on evidence-based programs and practices that have been reviewed.

In FY 2018, SAMHSA ended its existing approach to its National Registry of Evidence-based Programs and Practices (NREPP). That process lacked scientific rigor and resulted in some programs with a weak evidence base listed on the registry. SAMHSA is committed to the identification and implementation of EBPs across communities. In FY 2018, funding supported efforts by SAMHSA's newly authorized National Mental Health and Substance Use Policy Lab (NMHSUPL) to develop a scientifically rigorous approach to the implementation of the new Evidence-Based Programs Resource Center.

In April 2018, SAMHSA launched a new Evidence Based Practice Resource Center (EBPRC). This new 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 plans to develop and disseminate additional resources such as new or updated Treatment Improvement Protocols, guidance documents, clinical practice policies, toolkits, 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 new approach enables SAMHSA to more quickly develop and disseminate expert consensus on the latest prevention, treatment, and recovery science; 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 new 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.

Behavioral Health Quality Measures

Behavioral health quality activities are housed within CBHSQ. The Center, in collaboration with the Office of the Chief Medical Officer, 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 should continue 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 2016	$12,918,000
FY 2017	$10,000,000
FY 2018	$10,000,000
FY 2019	$10,000,000
FY 2020	$10,000,000

Budget Request

The FY 2020 President's Budget is $10.0 million, which is level with the FY 2019 Enacted Budget. SAMHSA will use these funds to continue performance management, quality improvement, and program evaluation activities. This funding will ensure that SAMHSA continues a strong focus on developing and implementing evidence-based practices and programs and continues emphasis on performance management for quality improvement and program monitoring.

Mechanism Table for Performance and Quality Information Systems

(Dollars in thousands)

Program Activity	FY 2018 Final No.	FY 2018 Final Amount	FY 2019 Enacted No.	FY 2019 Enacted Amount	FY 2020 President's Budget No.	FY 2020 President's Budget Amount
Performance and Quality Information Systems						
Contracts						
Continuations	1	8,000	2	10,000	2	10,000
New/Competing	1	2,000	---	---	---	---
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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Substance Abuse Treatment Appropriation				
Substance Abuse Block Grant Set Aside				
Population Data Collection, Analysis, and Dissemination	$47,347	$45,052	$41,656	-$3,396
PHS Evaluation (non add)	*47,347*	*45,052*	*41,656*	*-3,396*
Treatment Services Data Collection, Analysis, and Dissemination	5,162	4,596	7,724	3,128
PHS Evaluation (non add)	*5,162*	*4,596*	*7,724*	*3,128*
Behavioral Health Data Dissemination	1,096	835	902	67
PHS Evaluation (non add)	*1,096*	*835*	*902*	*67*
Innovation and Logistical Services Support	*397*	---	---	---
PHS Evaluation (non add)	*397*	---	---	---
Support	4,577	5,118	5,304	186
PHS Evaluation (non add)	*4,577*	*5,118*	*5,304*	*186*
Total Substance Abuse Block Grant Set Aside	**58,578**	**55,601**	**55,586**	*-15*
Total Substance Abuse Treatment PHS Evaluation	*58,578*	*55,601*	*55,586*	*-15*
Health Surveillance and Program Support Appropriation				
Health Surveillance				
Population Data Collection, Analysis, and Dissemination	12,517	15,008	14,191	-817
PHS Evaluation (non add)	*5,656*	*8,575*	*12,133*	*3,558*
Treatment Services Data Collection, Analysis, and Dissemination	13,711	14,620	11,522	-3,098
PHS Evaluation (non add)	*13,706*	*11,517*	*11,522*	*5*
Behavioral Health Data Dissemination	3,706	4,065	596	-3,469
PHS Evaluation (non add)	*297*	*402*	*596*	*194*
Performance Measurement/Systems	471	*476*	---	*-476*
PHS Evaluation (non add)	*167*	---	---	---
Pro gram Evaluations	1,427	---	---	---
PHS Evaluation (non add)	*1,427*	---	---	---
Evidence-Based Programs/Practices	793	---	---	---
PHS Evaluation (non add)	---	---	---	---
Innovation and Logistical Services Support	6,929	4,847	---	-4,847
PHS Evaluation (non add)	*3,415*	*2,726*	---	*-2,726*
Support	7,704	8,242	7,533	-710
PHS Evaluation (non add)	*5,760*	*7,208*	*7,202*	*-6*
Total Health Surveillance	**47,258**	**47,258**	**33,842**	**-8,569**
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	7,516	6,782	6,022	-760
Program Evaluations	---	---	---	---
Evidence-Based Programs/Practices	2,000	732	741	8
Behavioral Health Data Dissemination	---	---	2,069	2,069
Innovation and Logistical Services Support	---	837	---	-837
DAWN	---	1,039	483	-556
Support	484	610	685	75
Total Performance and Quality Information S ys tems	**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**	**-8,569**
Total Health Surveillance and Program Support PHS Evaluation	*31,428*	*31,428*	*42,453*	*11,025*
Total Substance Abuse Block Grant Set Aside and Health Surveillance and Program Support	**$126,836**	**$123,859**	**$110,428**	**-$13,431**

Program Support

(Dollars in thousands)

Program Activity	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Program Support.....	$79,000	$79,000	$73,043	-$5,957

Authorizing Legislation .....Section 501 of the Public Health Service Act
FY 2020 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 561 Full Time Equivalents (FTEs) in FY 2018. 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 2016	$79,559,000
FY 2017	$77,000,000
FY 2018	$79,000,000
FY 2019	$79,000,000
FY 2020	$73,043,000

Budget Request

The FY 2020 President's Budget is $73.0 million, which is a decrease of $6.0 million from the FY 2019 Enacted Budget. 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)

	FY 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
Program Activity	**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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 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 2020 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 illness and drug/alcohol addiction, serve as an expert on substance use and mental health issues, 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 substance use and mental health information 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 behavioral health messages 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 2016	$15,571,000
FY 2017	$13,000,000
FY 2018	$13,000,000
FY 2019	$13,000,000
FY 2020	$11,572,000

Budget Request

The FY 2020 President's Budget is $11.6 million, which is level with the FY 2019 Enacted Budget. Funds for Public Awareness and Support 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 2018 Final		FY 2019 Enacted		FY 2020 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Public Awareness and Support						
Contracts						
Continuations	3	13,000	1	3,537	5	11,572
New/Competing	---	---	4	9,463	---	---
Subtotal	3	13,000	5	13,000	5	11,572
Total, Public Awareness and Support	**3**	**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 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
4.4.12 Increase the number of individuals referred for behavioral health treatment resources. (Output)	FY 2017: 794,108 Target: 752,096 (Target Exceeded)	794,108	794,108	Maintain
4.4.13 Increase the total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits. (Output)	FY 2017: 44,567,523 Target: 33,430,000 (Target Exceeded)	44,567,523	44,567,523	Maintain

SAMHSA
FY2020 CJ Nonrecurring Expenses
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Nonrecurring Expenses Fund
Budget Summary

(Dollars in Thousands)

	FY 2018 /2	FY 2019 /3 /4	FY 2020 /5
Notification /1	--	$3,000	TBD

Authorizing Legislation:
Authorization……Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method……Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) manages the National Survey on Drug Use and Health (NSDUH), which provides information on the incidence and prevalence of substance use and mental illness required by Section 505 of the Public Health Service Act (42 USC 290aa4). Section 505 of the Public Health Service Act also requires that these data must be collected annually. Data are annually collected from approximately 67,500 individuals aged 12 or older from across all 50 states and the District of Columbia.

The project associated with this NEF request is for the purchase of new field interviewer (FI) data collection equipment to be deployed on the 2020 NSDUH. Given the size and scope of NSDUH the fleet of FI data collection equipment typically needs refreshed every 5 years. The most recent refresh was deployed on the 2015 NSDUH.

FY 2019 funding supports a timely purchase of the new equipment in the spring of 2019. This will ensure there is sufficient time to configure the equipment (e.g., security requirements and data collection software) before distributing it to FIs prior to their attendance at the annual veteran field interviewer training (that will include time to train on the new equipment) and beginning 2020 NSDUH data collection in early January 2020.

SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) manages SAMHSA's data webpage allowing public access to multiple datasets. The CBHSQ Data Webpage team has identified additional tasks not originally planned or budgeted within the current contract; however, in order to bring all CBHSQ data sites up to current HHS security policy and requirements this will necessitate a contract modification to incorporate the following tasks: 1) Migration of CBHSQ archived data sets from an old website that is no longer supported, 2) migration of the BHSIS website to the new CBHSQ data website, 3) updating of the new CBHSQ data website to the current version of the site framework platform, and 4) implementation of an enhance website search software including the latest color palette as directed by SAMHSA leadership.

In order to migrate the DASIS/BHSIS site (located outside SAMHSA) to the SAMHSA Cloud a content inventory will be completed and any data not duplicated will be migrated to the CBHSQ data site within the SAMHSA cloud and the DASIS/BHSIS website will be decommissioned. The DASIS/BHSIS site currently houses a tool, Quick Statistics that must also be migrated to the CBHSQ data website. The tool is used by multiple stakeholders both within the Government and external researchers. This tool allows users to view pre-statistics prior to full data releases. In addition, the SAMHSA/CBHSQ archive, which previously resided on a physical server that has since been decommissioned and moved temporarily to a cloud server for security reasons, also needs to be migrated. The temporary cloud server solution is not permanent because it does not have any support for it to remain active. The archive contains all SAMHSA/CBHSQ reports and files prior to 2010, and are not currently available on the Data Webpage or integrated into the site or search, and so are currently unavailable for the public in one place. This migration is necessary to meet security requirements and technological requirements from SAMHSA and HHS.

Drug Control Program
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

(Dollars in thousands)

Resource Summary	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Drug Resources by Decision Unit and Function			
Programs of Regional and National Significance			
Substance Abuse Prevention	$248.219	$205.469	$144.09
Substance Abuse Treatment	399.091	460.677	429.888
Total Programs of Regional and National Significance	647.31	666.146	573.978
Drug Free Communities	---	---	100,000
State Targeted Response to the Opioid Crisis Grants	500,000	---	---
State Opioid Response Grants	1,000,000	1,500,000	1,500,000
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	23.437	23.209	20.438
Treatment	93.748	92.837	81.753
Total, Health Surveillance and Program Support	117.185	116.046	102.192
Total Funding	**$4,122.574**	**$4,140.271**	**$4,134.249**
Drug Resources Personnel Summary			
Total FTEs	409	440	441
Drug Resources as a Percent of Budget			
Total Agency Budget	$5,654.158	$5,743.996	$5,679.1
Drug Resources Percentage	73.0%	72.1%	73.0%

[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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Programs of Regional and National Significance (PRNS)			
Strategic Prevention Framework	$119,484	$119,484	$58,426
Strategic Prevention Framework Rx (non-add)	*10,000*	*10,000*	*10,000*
Budget Authority (non-add)	*109,484*	*109,484*	*48,426*
Federal Drug-Free Workplace	4,894	4,894	4,894
Minority AIDS	41,205	41,205	41,205
Sober Truth on Preventing Underage Drinking	7,000	8,000	8,000
Center for the Application of Prevention Technologies	7,493	7,493	7,493
Budget Authority (non-add)	*7,493*	*7,493*	*7,493*
Science and Service Program Coordination	4,072	4,072	4,072
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	12,000	---	---
Tribal Behavioral Health Grants	15,000	20,000	20,000
First Responder Training	36,000	---	---
SAP Minority Fellowship Program	71	321	---
Improving Access to Overdose Treatment	1,000	---	---
Total, Substance Abuse Prevention PRNS	**248,219**	**205,469**	**144,090**
Drug Free Communities	---	---	100,000
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	6,897	6,818	4,931
Budget Authority (non-add)	*2,456*	*2,428*	*348*
PHS Evaluation Funds (non-add)	*4,441*	*4,390*	*4,583*
Program Support	11,530	11,398	10,643
Public Awareness and Support	1,300	1,300	1,157
Performance and Quality Information Systems	1,460	1,443	1,457
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	**23,437**	**23,209**	**20,438**
Total, Substance Abuse Prevention	**$643,272**	**$600,294**	**$636,144**

[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 2018 Final	FY 2019 Enacted	FY 2020 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	24,700	30,000	---
Budget Authority (non-add)	*22,700*	*28,000*	---
PHS Evaluation Funds (non-add)	*2,000*	*2,000*	---
Targeted Capacity Expansion	95,192	100,192	100,192
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (non-add)	*84,000*	*89,000*	*89,000*
Pregnant and Postpartum Women	29,931	29,931	29,931
Improving Access to Overdose Treatment	---	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	64,534	65,570	65,570
SAT Minority Fellowship Program	4,539	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	5,000	6,000	6,000
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	---	12,000	12,000
Grants to Develop Curricula for DATA Act Waivers	---	---	4,000
First Responder Training	---	36,000	36,000
Total, Substance Abuse Treatment PRNS	**399,091**	**460,677**	**429,888**
State Targeted Response to the Opioid Crisis Grants	500,000	---	---
State Opioid Response Grants	1,000,000	1,500,000	1,500,000
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**
Health Surveillance and Program Support[2]			
Health Surveillance	27,589	27,273	19,724
PHS Evaluation Funds (non-add)	*17,764*	*17,561*	*18,332*
Program Support	46,120	45,592	42,572
Public Awareness and Support	5,200	5,200	4,629
Performance and Quality Information Systems	5,838	5,771	5,828
Behavioral Health Workforce Data and Development	400	400	400
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	**93,748**	**92,837**	**81,753**
Total, Substance Abuse Treatment	**$3,479,302**	**$3,539,977**	**$3,498,105**

[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 2020 will include the Substance Abuse Prevention and Treatment Block Grant, Drug Free Communities, 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.

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.

- The Health Surveillance, Program Support, Drug Abuse Warning Network, 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, Drug Free Communities, 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

In FY 2020, SAMHSA requests a total of $4.1 billion for drug control activities, a decrease of $6.0 million from the FY 2019 Enacted.

The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has three major drug-related decision units: Substance Abuse Prevention, Substance Abuse Treatment, and Health Surveillance and Program Support. Each decision unit is discussed below:

Substance Abuse Prevention

Drug Free Communities
FY 2020 Request: $100.0 million
(Reflects a $100.0 million increase FY 2019 Enacted)

The Drug-Free Communities (DFC) Act of 1997 created the DFC Support Program (Public Law 105-20). By statute, the DFC Support Program has two goals:

- Establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth.
- Reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

The goal of the program is to establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth. In addition, the program aims to reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.

See page 185 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget Request is $100 million, funding for this activity was appropriated to the Office of National Drug Control Policy in 2019. Funding will be used to continue both the DFC and DFC-Mentoring programs.

Programs of Regional and National Significance

Strategic Prevention Framework (PRNS non-add)
FY 2020 Request: $58.4 million
(Reflects a $61.1 million decrease from the FY 2019 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 153 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 2020.

See page 154 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $58.4 million, a decrease of $61.1 million from the FY 2019 Enacted. Funding for the SPF Rx program will be maintained in its entirety ($10.0 million) for 26 continuation grants. Funding will support SPF PFS continuation grants at a reduced rate, technical assistance, and evaluation to build capacity to address prescription drug misuse and overdose prevention efforts, in conjunction with other state and local partners.

Federal Drug-Free Workplace (PRNS non-add)
FY 2020 Request: $4.9 million
(Reflects level funding from the FY 2019 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 157 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $4.9 million, level with the FY 2019 Enacted. In FY 2020, 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 2020 Request: $8.0 million
(Reflects level funding from the FY 2019 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 163 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $8.0 million, level with the FY 2019 Enacted. In FY 2020, SAMHSA will support 97 STOP Act grant continuations. This funding will continue to strengthen SAMHSA's commitment to reduce and prevent underage drinking.

Centers for the Application of Prevention Technologies (PRNS non-add)
FY 2020 Request: $7.5 million
(Reflects level funding from the FY 2019 Enacted)

The Center for the Application of Prevention Technologies (CAPT) program provides state-of-the-art training and technical assistance to build the capacity of SAMHSA grantees and develop the skills, knowledge, and expertise of the prevention workforce. The program builds capacity and promotes the development of substance abuse prevention professionals in the behavioral health field through three core strategies: 1) establishing technical assistance networks using local experts; 2) developing and delivering targeted training and technical assistance activities; and 3) using communication media such as teleconference and video conferencing, online events, and web-based support. These activities help ensure the delivery of effective prevention programs and practices and the development of accountability systems for performance measurement and management, and supported knowledge sharing and collaboration among SAMHSA grantees. In FY 2017 and FY 2018, funding continued to support the delivery of technical assistance and workforce development to the prevention field, including T/TA for State Targeted Response grants, Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, and First Responders. The CAPT continued to provide effective wide-ranging T/TA to the prevention field through its five regional T/TA centers. The CAPT changed the method of service delivery in October 2018. Future prevention T/TA services are being provided by the SAMHSA Prevention Technology Transfer Centers (PTTCs).

See page 166 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $7.5 million, level with the FY 2019 Enacted. Prevention T/TA services are being conducted by the PTTCs.

Science and Service Program Coordination (PRNS non-add)
FY 2020 Request: $4.1 million
(Reflects level funding from the FY 2019 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 169 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $4.1 million, level with the FY 2019 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 2020 Request: $20.0 million
(Reflects level funding from the FY 2019 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 171 in the CSAP chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $20.0 million, level with the FY 2019 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 2016 Target**	**FY 2016 Achieved**
» Increase the number of sub-recipient communities that improved one or more targeted NOMs indicators	142	552
» Increase the number of EBPs implemented by sub-recipient communities	650	531
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%
Center for the Application of Prevention Technologies	**FY 2017 Target**	**FY 2017 Achieved**
» Increase the percent of participants who agree or strongly agree that the training or TA provided increased their capacity to do substance abuse prevention work	90%	95%
» Increase the percent of participants who agree or strongly agree that the training or TA provided increased their organization's capacity to do substance abuse prevention work	92%	99%
» Increase the number of individuals trained by the CAPT	9,000	14,021
Tribal Behavioral Health Grants	**FY 2017 Target**	**FY 2017 Achieved**
» Increase the number of programs/organizations that implemented specific mental health-related practices/activities as a result of the grant	296	5,749

Substance Abuse Treatment

Grants to Develop for DATA Act Waivers
FY 2020 Request: $4.0 million
(Reflects $4.0 million increase from the FY 2019 Enacted)

The purpose of this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, is to provide grants to enhance access to substance use disorder treatment. This is done by giving 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 from an accredited school of allopathic medicine or osteopathic medicine in the United States.

See page 243 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $4.0 million, an increase of $4.0 million from the FY 2019 Enacted level.

Substance Abuse Prevention and Treatment Block Grant
FY 2020 President's Budget: $1.9 billion
(Reflects level funding from the FY 2019 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 259 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $1.9 billion, level with the FY 2019 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 have leveraged the statutory requirements of this Block Grant program 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.[123] SAMHSA data show that the SABG has been successful in expanding treatment capacity by supporting approximately two million[124] 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 2015, at discharge, clients demonstrated high abstinence rates from both illegal drug (70 percent) and alcohol (83 percent) use. State substance abuse authorities reported the following outcomes for services provided during FY 2015, the most recent year for which data is available:
State substance abuse authorities reported the following outcomes for services provided during FY 2016, the most recent year for which data is available:

- For the 50 states and the District of Columbia that reported data concerning abstinence from alcohol use, all 51 identified improvements in client abstinence;
- Similarly, for the 50 states and D.C. that reported data concerning the abstinence from drug use, 50 of 51 identified improvements in client abstinence;
- For the 50 states and D.C. that reported employments data, 45 of 50 identified improvements in client employment;
- For the 50 states and D.C. that reported criminal justice data, 47 of 51 reported an increase in clients with no arrests based on data reported to TEDS;
- For the 50 states and D.C. that reported housing data, 48 of 51 identified improvements in stable housing for clients based on data reported to TEDS; and
- For the 50 states and D.C that reported recovery support data, 51 states out of 51 identified improvements in client engagement in recovery support programs. At intake clients who were engaged in recovery support programs increased from 29 percent to 44.8 percent at discharge.

[123]Substance Abuse and Mental health Administration. Retrieved from http://tie.samhsa.gov/SAPT2010.html#Evaluation.
[124] Substance Abuse and Mental Health Services Administration (2015). Clients Level Data / TEDS. Retrieved from http://www.samhsa.gov/data/client-level-data-teds

20 Percent Prevention Set-Aside

SAMHSA is responsible for managing the 20 percent prevention set-aside of the SABG. The 20 percent set-aside requires SABG grantees to spend at least 20 percent of their SABG award to develop and implement a comprehensive prevention program, which includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment. The prevention set-aside is one of SAMHSA's main vehicles for supporting SAMHSA's Strategic Initiative for the Prevention of Substance Abuse and Mental Illness. The 20 percent set-aside is focused only on substance use prevention. States use these funds to develop infrastructure and capacity and to fund programs specific to primary substance abuse 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. SAMHSA regularly works with states to improve their accountability systems for prevention and to establish necessary reporting capacities.

Substance Abuse Prevention and Treatment Block Grant: Selected Measures of Performance		
Prevention Set Aside	**FY 2017 Target**	**FY 2017 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)	Baseline	51.0%
» 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+)	Baseline	20.0%
Treatment Activities	**FY 2016 Target**	**FY 2016 Achieved**
» Percentage of clients reporting no drug use in the past month at discharge.	74.0%	69.6%
» Increase the percentage of clients reporting being employed/in school at discharge.	43.0%	35.7%
» Increase the percentage of clients reporting no involvement with the criminal justice system.	92.0%	93.2%
» Increase the percentage of clients receiving services who had a permanent place to live in the community.	92.0%	88.9%

State Opioid Response
FY 2020 Request: $1.5 billion
(Reflects a level funding from the FY 2019 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 discretionary 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. In addition, the program will provide $50 million to tribes.

See page 255 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $1.5 billion, level with the FY 2019 Enacted level. SAMHSA intends to continue to support the Secretary's five- prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to states, provider groups and communities impacted by the opioid crisis.

Programs of Regional and National Significance

Targeted Capacity Expansion (PRNS non-add)
FY 2020 Request: $100.2 million
(Reflects level funding from the FY 2019 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 197 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $100.1 million, level with the FY 2019 Enacted. In FY 2020, SAMHSA intends to fund 3 continuation grants and 17 new grants.

Opioid Treatment Programs/Regulatory Activities (PRNS non-add)
FY 2020 Request: $8.7 million
(Reflects level funding from the FY 2019 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 191 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $8.7 million, level with the FY 2019 Enacted. SAMHSA intends to continue to support the Secretary's five-prong strategy to address the opioid crisis priorities 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 2020 Request: $36.4 million
(Reflects level funding from the FY 2019 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 215 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $36.4 million, level with the FY 2019 Enacted. SAMHSA intends to fund 71 GBHI continuation grants with grant supplements for direct technical assistance. SAMHSA also plans to award 21 new GBHI grants and one contract for technical assistance.

Pregnant and Postpartum Women (PRNS non-add)
FY 2020 Request: $29.9 million
(Reflects level funding from the FY 2019 Enacted)

The Pregnant and Postpartum Women Pilot, Comprehensive Addiction and Recovery Act (CARA) address the substance use and addiction across the country through the implementation of prevention, treatment, and recovery programs. In FY 2017, SAMHSA funded three new state PPW pilot grants 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 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.

See page 203 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $29.9 million, level with the FY 2019 Enacted. SAMHSA intends to fund 42 residential treatment grant continuations and three new PPW Pilot grants to provide an array of services and supports to pregnant women and their children.

Building Communities of Recovery (PRNS non-add)
FY 2020 Request: $6.0 million
(Reflects level funding from the FY 2019 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 8 new grants, and 19 grants which began in FY 2019, for a total of 27 BCOR grants. Moreover, these grantees have received supplements of $25,000 each to support their direct technical assistance needs.

See page 229 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $6.0 million, level with the FY 2019 Enacted. These funds will support six new grants and 15 continuation grants the Building Communities of Recovery Program to develop, expand, and enhance recovery support services.

Criminal Justice Activities (PRNS non-add)
FY 2020 Request: $89.0 million
(Reflects level funding from the FY 2019 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 2020 Request: $70.0 million
(Reflects level funding from the FY 2019 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 will fund 25 new FTDC grants, at least five will be to Tribes/Tribal organizations pending sufficient applications, and 33 FTDC grant continuations.

See page 221 in the CSAT chapter for the start of the full description of this program.

Ex-Offender Re-Entry Program
FY 2020 Request: $19.0 million
(Reflects level funding from the FY 2019 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 one new ORP grant and 32 ORP grant continuations.

See page 223 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $89.0 million, level with the FY 2019 Enacted. SAMHSA intends to support 34 new drug court grants, 135 drug court continuation grants, and one contract. SAMHSA intends to fund three new and 21 continuation ORP grants.

First Responder Training (PRNS non-add)
FY 2020 President's Budget: $36.0 million
(Reflects level funding from the FY 2019 Enacted)

First Responder Training Comprehensive Addiction and Recovery Act (CARA), SAMHSA is authorized to support additional efforts to prevent opioid overdose-related deaths by providing grants to train first responders. In FY 2017, SAMHSA funded 21 grants for the First Responder grant program (FR). The purpose of this program is to allow 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 will 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 will 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, funding supported 21 continuation grants and an additional 28 new grants to address the opioid crisis in this country. In FY 2019, funding for this program was appropriated under Substance Abuse Treatment to continue to support the continuation grants.

See page 238 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $36.0 million, level with the FY 2019 Enacted. This funding will provide 49 continuations grants and approximately 25 new awards to support the continuation of training, technical assistance and evaluation activities to address the opioid crisis in this country.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PRNS non-add)
FY 2020 President's Budget: $12.0 million
(Reflects level funding from the FY 2019 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 2019, funding for this program was appropriated under Substance Abuse Treatment to continue support of the 12 grants.

See page 240 in the CSAT chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $12.0 million, level with the FY 2019 Enacted. This funding will provide continuation grants to 12 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 2020 Request: $42.1 million
(Reflects level funding from the FY 2019 Enacted)

The FY 2020 President's Budget 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 2020 President's Budget 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.

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		
Treatment: Prescription Drug and Opioid Addiction	**FY 2017 Target**	**FY 2017 Achieved**
» Decrease illicit drug use at 6-month follow-up	60.0%	62.0%
SBIRT	**FY 2017 Target**	**FY 2017 Achieved**
» Increase the percentage of clients receiving services who had no past-month substance use	36.0%	34.8%
Criminal Justice	**FY 2017 Target**	**FY 2017 Achieved**
» Drug Courts: Increase the percentage of adult clients receiving services who had no past month substance use	71.0%	86.1%
» Offender Reentry: Increase the percentage of adult clients receiving services who had no past month substance use	74.0%	70.0%

Health Surveillance and Program Support Appropriation

The FY 2020 President's Budget is $102.2 million, a decrease of $13.9 million from the FY 2019 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 2020 Request: $77.8 million
(Reflects a $13.2 million decrease from the FY 2019 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 271 in the HSPS chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $77.8 million, a decrease of $13.2 million from the FY 2019 Enacted. Health Surveillance funding will support the continuation of the NSDUH, BHSIS, SAMHDA, access to restricted-use data and the Analytic Support Center contracts as well as operations 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 2020 Request: $5.8 million
(Reflects a $0.7 million decrease from the FY 2019 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 287 in the HSPS chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $5.8 million, a decrease of $0.7 million from the FY 2019 Enacted. Funds for Public Awareness and Support will allow SAMHSA to continue to manage media relationships, maintain its web and social media presence, manage critical helplines, deliver publications, and provide other critical resources to support behavioral health and other health.

Performance and Quality Information Systems
FY 2020 Request: $7.2 million
(Reflects level funding from the FY 2019 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 280 in the HSPS chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $7.2 million, level with the FY 2019 Enacted. SAMHSA will use these funds to continue its performance management, quality improvement, and program evaluation 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 2020 Request: $10.0 million
(Reflects level funding from the FY 2019 Enacted)

SAMHSA will re-establish DAWN, as 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 276 in the HSPS chapter for the start of the full description of this program.

Budget Request

The FY 2020 President's Budget request is $10.0 million, level with the FY 2019 Enacted. This funding will support the continuation of a contract awarded in 2018.

Data Request and Publication User Fees
FY 2020 Request: $750,000
(Reflects level funding from the FY 2019 Enacted)

The FY 2020 President's Budget request is $750,000, level with the FY 2019 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 2017 Target	FY 2017 Achieved
» Increase the number of individuals referred for behavioral health treatment resources.	752,096	794,108
» Increase the total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits.	33,430,000	44,567,523

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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$47,740	$47,086	$47,086
Other than full-time permanent (11.3)	2,015	2,018	2,018
Other personnel compensation (11.5)	1,253	1,234	1,234
Military personnel (11.7)	3,299	3,383	3,488
Special personnel services payments (11.8)	18	18	18
Subtotal personnel compensation:	**54,325**	**53,740**	**53,844**
Civilian benefits (12.1)	15,556	15,910	15,635
Military benefits (12.2)	1,738	1,782	1,838
Subtotal Pay Costs:	**71,619**	**71,432**	**71,317**
Travel and transportation of persons (21.0)	1,059	1,076	1,096
Transportation of things (22.0)	18	18	19
Rental payments to GSA (23.1)	6,524	6,628	6,754
Rental payments to Others (23.2)	3	3	3
Communication, utilities, and misc. charges (23.3)	395	401	409
Printing and reproduction (24.0)	393	399	367
Other Contractual Services:			
Advisory and assistance services (25.1)	32,803	33,328	33,891
Other services (25.2)	130,942	131,598	99,901
Purchase of Goods & Svcs. from Govt. Accts (25.3)	35,886	36,461	36,953
Operation and maintenance of facilities (25.4)	212	216	220
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	113	114	117
Subtotal Other Contractual Services:	**199,957**	**201,717**	**171,082**
Supplies and materials (26.0)	325	330	336
Equipment (31.0)	166	169	172
Grants, subsidies, and contributions (41.0)	5,238,533	5,326,656	5,283,353
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	**5,447,372**	**5,537,397**	**5,463,591**
Total Direct Obligations	**$5,518,991**	**$5,608,829**	**$5,534,908**

[1] Does not include PHS EVAL Funds.

[2] Includes 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$1,361	$1,367	$1,367
Other than full-time permanent (11.3)	26	26	26
Other personnel compensation (11.5)	17	17	17
Military personnel (11.7)	---	---	---
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**1,404**	**1,411**	**1,411**
Civilian benefits (12.1)	444	446	446
Military benefits (12.2)	---	---	---
Subtotal Pay Costs:	**1,848**	**1,857**	**1,857**
Travel and transportation of persons (21.0)	262	266	271
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	---	---	---
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3)	391	397	404
Printing and reproduction (24.0)	58	59	61
Other Contractual Services:	---	---	---
Advisory and assistance services (25.1)	15,332	15,578	15,874
Other services (25.2)	38,364	38,978	39,718
Purchase of Goods & Svcs. from Govt. Accts (25.3)	13,214	13,426	13,681
Operation and maintenance of facilities (25.4)	198	201	205
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	107	109	111
Subtotal Other Contractual Services:	**67,216**	**68,291**	**69,589**
Supplies and materials (26.0)	76	77	79
Equipment (31.0)	101	103	105
Grants, subsidies, and contributions (41.0)	1,396,020	1,465,923	1,412,682
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	**1,464,124**	**1,535,117**	**1,483,190**
Total Direct Obligations	**$1,465,972**	**$1,536,974**	**$1,485,047**

[1] Does not include PHS EVAL Funds.

[2] 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 2018 Final	FY 2019 Enacted	FY 2020 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)	259	263	228
Other Contractual Services:	---	---	---
Advisory and assistance services (25.1)	6,205	6,305	6,355
Other services (25.2)	22,314	22,671	22,102
Purchase of Goods & Svcs. from Govt. Accts (25.3)	6,617	6,723	6,651
Operation and maintenance of facilities (25.4)	---	---	---
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**35,137**	**35,699**	**35,107**
Supplies and materials (26.0)	8	8	9
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	212,815	169,498	208,746
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	**248,219**	**205,469**	**244,090**
Total Direct Obligations	**248,219**	**205,469**	**244,090**

[1] Does not include PHS EVAL Funds.

[2] Includes 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$3,978	$3,117	$3,117
Other than full-time permanent (11.3)	89	83	83
Other personnel compensation (11.5)	78	54	54
Military personnel (11.7)	---	---	---
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**4,146**	**3,254**	**3,254**
Civilian benefits (12.1)	1,010	1,295	1,020
Military benefits (12.2)	---	---	---
Subtotal Pay Costs :	**5,156**	**4,548**	**4,274**
Travel and transportation of persons (21.0)	99	101	103
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	138	140	143
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3)	4	4	4
Printing and reproduction (24.0)	10	10	10
Other Contractual Services:	---	---	---
Advisory and assistance services (25.1)	10,086	10,247	10,442
Other services (25.2)	17,211	17,486	17,818
Purchase of Goods & Svcs. from Govt. Accts (25.3)	13,537	13,753	14,014
Operation and maintenance of facilities (25.4)	14	15	15
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**40,847**	**41,501**	**42,289**
Supplies and materials (26.0)	16	16	16
Equipment (31.0)	3	3	3
Grants, subsidies, and contributions (41.0)	3,629,698	3,691,234	3,661,925
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	**3,670,814**	**3,733,008**	**3,704,493**
Total Direct Obligations	**$3,675,970**	**$3,737,556**	**$3,708,767**

[1] Does not include PHS EVAL Funds.

[2] Includes 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$42,401	$42,602	$42,602
Other than full-time permanent (11.3)	1,900	1,909	1,909
Other personnel compensation (11.5)	1,158	1,163	1,163
Military personnel (11.7)	3,299	3,383	3,488
Special personnel services payments (11.8)	18	18	18
Subtotal personnel compensation:	**48,775**	**49,075**	**49,180**
Civilian benefits (12.1)	14,102	14,169	14,169
Military benefits (12.2)	1,738	1,782	1,838
Subtotal Pay Costs:	**64,615**	**65,026**	**65,186**
Travel and transportation of persons (21.0)	698	709	723
Transportation of things (22.0)	18	18	18
Rental payments to GSA (23.1)	6,386	6,488	6,612
Rental payments to Others (23.2)	3	3	3
Communication, utilities, and misc. charges (23.3)	1	1	1
Printing and reproduction (24.0)	66	67	68
Other Contractual Services:	---	---	---
Advisory and assistance services (25.1)	1,180	1,198	1,221
Other services (25.2)	53,054	52,463	20,262
Purchase of Goods & Svcs. from Govt. Accts (25.3)	2,518	2,559	2,607
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:	**56,757**	**56,226**	**24,096**
Supplies and materials (26.0)	225	228	233
Equipment (31.0)	63	64	65
Grants, subsidies, and contributions (41.0)	---	---	---
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	**64,215**	**63,804**	**31,818**
Total Direct Obligations	**$128,830**	**$128,830**	**$97,004**

[1] Does not include PHS EVAL Funds.

[2] Includes 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel Compensation:			
Full Time Permanent (11.1)	$9,790	$9,971	$9,971
Other than Full-Time Permanent (11.3)	543	552	552
Other Personnel Compensation (11.5)	205	208	208
Military Personnel Compensation (11.7)	484	343	459
Special personnel services payments (11.8)	---	---	---
Subtotal Personnel Compensation:	**11,022**	**11,075**	**11,190**
Civilian Personnel Benefits (12.1)	3,236	3,297	3,304
Military Personnel Benefits (12.2)	252	285	240
Subtotal Pay Costs :	**14,511**	**14,657**	**14,734**
Travel (21.0)	22	22	22
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	---	---	---
Communications, Utilities and Misc. Charges (23.3)	---	---	---
Printing and Reproduction (24.0)	100	102	102
Other Contractual Services:	175	178	178
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	102,131	103,283	114,713
Purchase of Goods & Svcs. from Govt. Accts (25.3)	1,273	1,294	1,298
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**103,405**	**104,577**	**116,011**
Supplies and Materials (26.0)	79	80	81
Equipment (31.0)	1	1	1
Grants, Subsidies, and Contributions (41.0)	15,550	14,228	11,741
Subtotal Non-Pay Costs	**119,156**	**119,010**	**127,959**
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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$1,570	$1,578	$1,578
Other than full-time permanent (11.3)	---	---	---
Other personnel compensation (11.5)	23	24	24
Military personnel (11.7)	104	107	110
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**1,698**	**1,708**	**1,711**
Civilian benefits (12.1)	535	537	540
Military benefits (12.2)	60	61	63
Subtotal Pay Costs:	**2,292**	**2,306**	**2,314**
Travel and transportation of persons (21.0)	7	7	7
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:	---	---	---
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	13,872	14,094	14,362
Purchase of Goods & Svcs. from Govt. Accts (25.3)	50	51	52
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**13,922**	**14,145**	**14,414**
Supplies and materials (26.0)	76	77	79
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	4,742	4,503	4,225
Subtotal Non-Pay Costs	**18,747**	**18,733**	**18,725**
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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$2,952	$2,966	$2,966
Other than full-time permanent (11.3)	94	94	94
Other personnel compensation (11.5)	60	61	61
Military personnel (11.7)	170	174	180
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**3,276**	**3,295**	**3,300**
Civilian benefits (12.1)	943	947	952
Military benefits (12.2)	92	95	98
Subtotal Pay Costs :	**4,311**	**4,337**	**4,350**
Travel and transportation of persons (21.0)	14	14	14
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---
Printing and reproduction (24.0)	100	102	102
Other Contractual Services:	---	---	---
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	65,694	66,745	66,942
Purchase of Goods & Svcs. from Govt. Accts (25.3)	272	276	277
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**65,965**	**67,021**	**67,219**
Supplies and materials (26.0)	1	1	1
Equipment (31.0)	1	1	1
Grants, subsidies, and contributions (41.0)	10,808	9,725	7,514
Subtotal Non-Pay Costs	**76,889**	**76,863**	**74,851**
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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$5,268	$5,428	$5,428
Other than full-time permanent (11.3)	450	458	458
Other personnel compensation (11.5)	121	124	124
Military personnel (11.7)	210	63	169
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**6,049**	**6,072**	**6,179**
Civilian benefits (12.1)	1,759	1,813	1,813
Military benefits (12.2)	100	129	79
Subtotal Pay Costs :	**7,908**	**8,014**	**8,071**
Travel and transportation of persons (21.0)	1	1	1
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:	175	178	178
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	22,565	22,444	33,409
Purchase of Goods & Svcs. from Govt. Accts (25.3)	952	967	970
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**23,517**	**23,411**	**34,379**
Supplies and materials (26.0)	2	2	2
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	---	---	---
Subtotal Non-Pay Costs	**23,520**	**23,414**	**34,382**
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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$47,740	$47,086	$47,086
Other than full-time permanent (11.3)	2,015	2,018	2,018
Other personnel compensation (11.5)	1,253	1,234	1,234
Military personnel (11.7)	3,299	3,383	3,488
Special personnel services payments (11.8)	18	18	18
Subtotal personnel compensation	**54,325**	**53,740**	**53,844**
Civilian benefits (12.1)	15,556	15,910	15,635
Military benefits (12.2)	1,738	1,782	1,838
Subtotal Pay Costs:	**71,619**	**71,432**	**71,317**
Travel (21.0)	1,059	1,076	1,096
Transportation of things (22.0)	18	18	19
Rental payments to Others (23.2)	3	3	3
Communication, utilities, and misc. charges (23.3)	395	401	409
Printing and reproduction (24.0)	393	399	367
Other Contractual Services:			
Advisory and assistance services (25.1)	32,803	33,328	33,891
Other services (25.2)	130,942	131,598	99,901
Purchase of Goods & Svcs. from Govt. Accts (25.3)	35,886	36,461	36,953
Operation and maintenance of facilities (25.4)	212	216	220
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	113	114	117
Subtotal Other Contractual Services:	**199,957**	**201,717**	**171,082**
Supplies and materials (26.0)	325	330	336
Subtotal Non-Pay Costs	**202,149**	**203,944**	**173,311**
Total Salary and Expenses	**273,768**	**275,376**	**244,628**
Rental Payments to GSA (23.1)	6,524	6,628	6,754
Grand Total, Salaries & Expenses and Rent	**$280,292**	**$282,004**	**$251,383**
Direct FTE	455	505	510

[1] Does not include PHS EVAL Funds.

[2] Includes 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 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$9,790	$9,971	$9,971
Other than full-time permanent (11.3)	543	552	552
Other personnel compensation (11.5)	205	208	208
Military personnel (11.7)	484	343	459
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation	**11,022**	**11,075**	**11,190**
Civilian benefits (12.1)	3,236	3,297	3,304
Military benefits (12.2)	252	285	240
Subtotal Pay Costs:	**14,511**	**14,657**	**14,734**
Travel (21.0)	22	22	22
Transportation of things (22.0)	---	---	---
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3).	---	---	---
Printing and reproduction (24.0)	100	102	102
Other Contractual Services:			
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	102,131	103,283	114,713
Purch. Goods & Svcs. Govt. Accts (25.3)	1,273	1,294	1,298
Operation and maintenance of facilities (25.4)	---	---	---
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	---	—	---
Subtotal Other Contractual Services:	**103,405**	**104,577**	**116,011**
Supplies and materials (26.0)	79	80	81
Subtotal Non-Pay Costs	**103,605**	**104,781**	**116,217**
Total Salary and Expenses	**118,116**	**119,438**	**130,951**
Rental Payments to GSA (23.1)	---	---	---
Grand Total, Salaries & Expenses and Rent	**$118,116**	**$119,438**	**$130,951**
Reimbursable FTE	106	106	96

[1] Does not include Other reimbursable FTEs (30) and associated Object Class cost.

Detail of Full Time Equivalent Employee (FTE)

	FY 2018 Final Civilian	FY 2018 Final Military	FY 2018 Final Total	FY 2019 Est. Civilian	FY 2019 Est. Military	FY 2019 Est. Total	FY 2020 Est. Civilian	FY 2020 Est. Military	FY 2020 Est. Total
Health Surveillance and Program Support...									
Direct:	391	31	422	421	31	452	418	30	448
Reimbursable:	30	1	30	38	3	41	39	4	43
Total:	421	31	453	459	34	493	457	34	491
Mental Health Services									
Direct:	13	0	13	13	0	13	13	0	13
Reimbursable:	17	1	18	20	3	23	20	2	22
Total:	30	1	31	33	3	36	33	2	35
Substance Abuse Prevention									
Direct:	0	0	0	0	0	0	0	0	0
Reimbursable:	20	2	21	21	2	23	21	1	22
Total:	20	2	21	21	2	23	21	1	22
Substance Abuse Treatment									
Direct:	32	0	32	32	1	33	32	1	33
Reimbursable:	23	2	25	25	1	26	24	1	25
Total:	55	2	57	57	2	59	56	2	58
SAMHSA FTE Total	**525**	**36**	**561**	**570**	**41**	**611**	**567**	**39**	**606**

Substance Abuse and Mental Health Administration
Detail of Positions

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Executive Level IV	1	1	1
Subtotal	1	1	1
Total - Exec Level Salaries	**$155,500**	**$155,500**	**$155,500**
SES	14	20	20
Subtotal	14	20	20
Total, SES salaries	**$3,255,827**	**$4,651,181**	**$4,651,181**
GM/GS-15/EE	64	64	64
GM/GS-14	122	122	122
GM/GS-13	205	205	205
GS-12	54	54	54
GS-11	21	23	27
GS-10	1	1	1
GS-09	20	25	25
GS-08	18	18	16
GS-07	16	23	20
GS-06	11	11	9
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	510	549	546
Total, GS salaries	**$76,038,085**	**$81,852,762**	**$81,405,479**
CC-08/09	0	1	1
CC-07	0	0	0
CC-06	17	17	18
CC-05	8	10	9
CC-04	7	11	9
CC-03	4	2	2
CC-02	0	0	0
CC-01	0	0	0
Subtotal	36	41	39
Total, CC salaries	**$5,773,068**	**$6,745,830**	**$6,615,685**
Total Positions[1]	**561**	**611**	**606**
Average ES level	ES	ES	ES
Average ES salary	$155,500	$155,500	$155,500
Average SES level	SES	SES	SES
Average SES salary	$232,559	$232,559	$232,559
Average GS grade	13.5	13.6	13.6
Average GS salary	$149,094	$149,094	$149,094
Average CC level	5	5	5
Average CC salaries	$160,363	$164,532	$169,633

Programs Proposed for Elimination

The following table shows the programs proposed for elimination in the FY 2020 Budget Request. Terminations of these programs total $100.0 million across the three 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 2019 Enacted
Primary and Behavioral Health Care Integration.....	49,877
Primary and Behavioral Health Care Integration.....	1,991
Minority Fellowship Program.....	13,169
Infant and Early Childhood Mental Health.....	5,000
Screening, Brief Intervention and Referral to Treatment...	30,000
Total	$100,037

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.

Minority Fellowship Program

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 funding increases the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance abuse treatment services for minority populations that are underserved. This will result in improved quality of mental and substance abuse prevention and increased treatment delivered to ethnic minorities. 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. These individuals often serve in key leadership positions in mental illness and substance abuse treatment services, services supervision, services research, training, and administration. 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 FY 2019, SAMHSA funded seven continuation grants.

SAMHSA is proposing to eliminate the MFP in Mental Health, Substance Abuse Prevention and Substance Abuse Treatment ($13.2 million) because it overlaps with other federal activities.

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.

Infant and Early Childhood Mental Health

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.

Program activities include providing and ensuring access to culturally- and developmentally-appropriate mental health services; implementing mental health consultation to build capacities of the early childhood workforce; creating opportunities for child- and family-serving providers to develop greater expertise and knowledge of infant and childhood mental health; and increasing availability of specialized training for mental health clinicians and trainees on infant and early childhood promising and evidence-based practices and treatment approaches. In FY 2018, SAMHSA awarded 10 new grants for five-years. In FY 2019 SAMHSA supported the continuation of 10 grants.

SAMSHA is proposing to eliminate the Infant Early Childhood Mental Health program ($5.0 million) because it overlaps with other federal activities.

Physicians' Comparability Allowance (PCA) Worksheet
Substance Abuse and Mental Health Services Administration

Table 1

		PY 2018 Final	CY 2019 Enacted	BY 2020 President's Budget
1) Number of Physicians Receiving PCAs		1	1	1
2) Number of Physicians with One-Year PCA Agreements		---	---	---
3) Number of Physicians with Multi-Year PCA Agreements		1	1	1
4) Average Annual PCA Physician Pay (without PCA payment)		$145,148	$148,967	$148,967
5) Average Annual PCA Payment		$16,000	$16,000	$16,000
6) Number of Physicians Receiving PCAs by Category (non-add)	Category I Clinical Position	---	---	---
	Category II Research Position	---	---	---
	Category III Occupational Health	---	---	---
	Category IV-A Disability Evaluation	---	---	---
	Category IV-B Health and Medical Admin.	1	1	1

7) If applicable, list and explain the necessity of any additional physician categories designated by your agency (for categories other than I through IV-B). Provide the number of PCA agreements per additional category for the PY, CY and BY.

N/A

8) Provide the maximum annual PCA amount paid to each category of physician in your agency and explain the reasoning for these amounts by category.

$30.000.00 - based on years of education, experience, and the position held by the incumbent. Amount is required to retain the employee.

9) Explain the recruitment and retention problem(s) for each category of physician in your agency (this should demonstrate that a current need continues to persist).

We have to offer PCAs because our salaries are not competitive with the private sector.

10) 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.

11) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

N/A

SAMHSA FY20 CJ Significant Items

House Appropriations Committee, Labor/HHS/Education Subcommittee (S. Rept. 115-289)

1. **Certified Community Behavioral Health Clinics**.—*The bill includes $150,000,000, an increase of $50,000,000, to provide grants to clinics certified by their State to provide treatment for those with mental health illness. The Committee expects SAMHSA will continue to provide competitive grants to those areas also impacted by the opioid crisis. (Page 9, S. Rept. 115-289)*

   Action taken or to be taken
   In FY 2018, SAMHSA awarded funding to 52 Certified Community Behavioral Health Clinics and will fund an additional 12 CCBHCs in FY 2019.

2. **Mental Health Awareness Training**.—*The Committee provides $21,963,000, an increase of $2,000,000 to continue existing activities, including Mental Health First Aid. The Committee is pleased with the progress of the Mental Health First Aid program. Mental Health First Aid has trained more than 1,000,000 Americans to recognize the signs and symptoms of common mental disorders and the recent inclusion of the program in the International Association of Chiefs of Police One Mind Campaign. In continuing competitive funding opportunities, 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 128, S. Rept. 115-289)*

   Action taken or to be taken
   In FY 2018, SAMHSA awarded funding to 138 entities, including local law enforcement, fire departments, and emergency medical units. The funding opportunity announcement was designed to train individuals (e.g., 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 disturbance (SED); (2) establish linkages with school- and/or community-based mental health agencies to refer individuals with the signs or symptoms of mental illness to appropriate services; (3) train emergency services personnel, veterans, law enforcement, fire department personnel, and others to identify persons with a mental disorder and employ crisis de-escalation techniques. In FY 2019, SAMHSA awarded funding to an additional 18 Mental Health Awareness Training applicants.

Senate Appropriations Committee, Labor/HHS/Education Subcommittee, C. Rept. 115-952

3. **National Traumatic Stress Network** - *In order to award funds not later than December 1, 2018, the conferees direct SAMHSA to take administrative action that would provide supplemental awards to existing grantees in the National Child Traumatic Stress Network*

who have already received Federal funding through a competitive process. (Page 38, C. Rept. 115-952)

Action taken or to be taken

SAMHSA made supplemental awards to National Child Traumatic Stress Network grantees for the purpose of providing 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 expand NCTSI access to tribal populations.

4. **State Opioids response grants**. - *The conferees direct SAMHSA to adhere to the directives under this heading in Senate Report 115-289. (Page 41, C. Rept. 115-952)*

Action taken or to be taken

SAMHSA received $1.5 billion in FY 2019 Enacted and requested the same amount in FY 2020 President's Budget for grants to States to address the opioid crisis. SAMHSA adhered to the directives as in Senate Report 115-289

Senate Appropriations Committee, Labor/HHS/Education Subcommittee, H. Rept. 115-862

5. *Where permitted in the authorizing statute, the Committee directs SAMHSA when issuing new funding opportunity announcements, to include as an eligible applicant: States, political subdivisions of States (local government/ communities/ municipalities), Indian Tribes or Tribal organizations, or other public or nonprofit entities or organizations. The Committee encourages SAMHSA to provide outreach and technical assistance to ensure the maximum level of awareness and participation in new grant announcements.*

Action taken or to be taken

In 2018, in response to requests for technical assistance received from the field, SAMHSA published on its website a manual entitled, "Developing a Competitive SAMHSA Grant Application." SAMHSA conducted 12 webinars throughout the past year, with over one thousand individuals participating, to highlight key points addressed in the manual. Widespread notifications were sent out to inform individuals about the webinars, including current grant recipients, state officials, SAMHSA staff, and non-funded applicants. Feedback received on the manual and webinars has been overwhelmingly positive. Additional webinars will be planned for the coming year

6. **Mental Health Awareness Training**.—*The Committee is pleased with the progress of the Mental Health Awareness Training program which has trained more than one million Americans to recognize the signs and symptoms of common mental disorders. In continuing competitive funding opportunities, 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. Consistent with the authorization, funds are directed to support grants for evidence-based programs that provide training and education on recognizing the signs and symptoms of mental illness, resources available in the community for individuals with a mental illness, and safely de-escalating crisis situations involving individuals with a mental illness. (Page 79, H. Rept. 115-862)

Action taken or to be taken

SAMHSA included eligible grantees as directed and issued a Funding Opportunity Announcement to include SAMHSA included eligible grantees as directed and issued a Funding Opportunity Announcement (FOA) to include 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 include training for veterans, armed services personnel, and their family members. SAMHSA awarded funding to 138 entities, including local law enforcement, fire departments, and emergency medical units
applicants.

7. **Medical Provider Education on Opioid Treatment**. - *The Committee provides $24,000,000 for carrying out medical and other healthcare practitioner education. The Committee directs SAMHSA to provide grants to medical schools, schools of nursing, social work, physician assistants, and other colleges and universities to ensure that training in the field of substance use disorders, including opioid use disorders, is incorporated into the standard curriculum of the university programs. Activities should include both didactic and hands on training for students. Funds should support Drug Addiction Treatment Act of 2000 waiver training for designated practitioners to be able to engage in office based treatment for substance use disorders, including opioid use disorders. The Committee expects training and practice requirements to be consistent with section 303(g) (2) of the Controlled Substances Act, including diversion control, relapse prevention, overdose reversal, detoxification, and the clinical use of FDA-approved medications. These grants are expected to generate a well-equipped workforce to address the behavioral health needs of individuals across the country and ultimately close the substance use disorder treatment gap. (Page 81, H. Rept. 115-862)*

   Action taken or to be taken

   SAMHSA was not appropriated this funding

8. **Targeted Capacity Expansion**. - *The Center for Substance Abuse Treatment is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes. Further, for the*

additional funds, the Committee directs SAMHSA to prioritize grants from nonprofit organizations and political subdivisions of States. (Page 82, H. Rept. 115-862)

Action taken or to be taken

The Center for Substance Abuse Treatment (CSAT) expanded eligibility for funding for Targeted Capacity Expansion: Medication Assisted Treatment in FY 2019. Expanded eligibility included states, political subdivisions in states or nonprofit organizations within the states identified with having the highest primary treatment admissions for heroin and opioids per capita and included those with the most dramatic increases for heroin and opioids. Required activities included: MAT using one of the FDA-approved medications for the maintenance treatment of opioid use disorder (OUD), provision of comprehensive OUD psychosocial services, and establishment/implementation of a plan to mitigate the risk of diversion of methadone or buprenorphine ensuring the appropriate use/dose of medication by patients. With the additional funds of $5 million, SAMHSA prioritized grants from nonprofit organizations and political subdivisions of States. SAMHSA funded 23 nonprofit organizations and political subdivisions of States for a total of $11,203,387.00 and seven AI/AN tribes/tribal organizations for a total of $5,088,385.

9. **Pregnant Women -** *Substance use during pregnancy, particularly the misuse of opioids, has increased in parallel with the national rate of opioid misuse. While much attention has been paid to the negative impacts of opioid use on the fetus and newborn, less attention has been given to the pregnant woman. The Committee encourages cross-HHS collaboration between research and public health programs, as well as engagement with health care providers and patients to ensure that the care and treatment of pregnant women with substance use disorder is considered and included in any national efforts to address the opioid epidemic. The Committee requests an update on these efforts in the fiscal year 2020 Congressional Justification. (Page 83, H. Rept. 115-862)*

Action taken or to be taken

In FY 2017, SAMHSA began a three-year PPW cross-site evaluation to examine the effectiveness of the PPW Pilot Program. An aim of the Comprehensive Addiction and Recovery Act (CARA) is to address substance abuse and addiction across the country through the implementation of prevention, treatment, and recovery programs. Section 501 of that act increases accessibility and availability of services for pregnant women by expanding the authorized purposes of the Pregnant and Postpartum Women 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. These funds will continue to address the gaps in substance abuse treatment by providing services for youth, their families, and caregivers. SAMHSA requested $29 million in the FY 2020 President's Budget, the same amount with FY 2019 Enacted level. SAMHSA intends to fund 38 residential treatment grant continuations, three PPW Pilot continuation grants and 2 new PPW Pilot grants to provide a continuum of services and supports to pregnant women and their children.

10. **Drug Courts -** *The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients. (Page 83, H. Rept. 115-862)*

Action taken or to be taken

SAMHSA adhered to the directives in H. Rept. 115-862. SAMHSA's funding announcements state that grant funds must be used to serve people diagnosed with a SUD as their primary condition. Government project officers monitor compliance with this requirement throughout the grant lifecycle. SAMHSA's Adult Treatment Drug Court grant programs are encouraged to work with the corresponding State Substance Abuse Agency in the planning, implementation, and evaluation of their grants.

11. **Implant Delivery Opioid Deterrent Treatment -** *The Committee requests an update in the fiscal year 2020 Congressional Justification on SAMHSA's efforts to increase patient coverage for opioid deterrent treatments and expand access of medication assisted treatment, including. (Page 84, H. Rept. 115-862)*

Action taken or to be taken

SAMHSA was not appropriated this funding

12. **Infectious Disease and the Opioid Epidemic -** *The Committee notes that the prevalence of hepatitis C and human immunodeficiency virus (HIV) have increased along with the opioid epidemic. New research suggests that awareness of one's infection status can help limit ongoing opioid abuse. The Committee supports efforts to address the overlapping public health challenges of hepatitis C and HIV, and requests an update in the fiscal year 2020 Congressional Justification on efforts to promote screening and rapid-testing activities for affected communities. (Page 84, H. Rept. 115-862)*

Action taken or to be taken

SAMHSA HIV/AIDS programming is fully funded at the FY 2019 Enacted level and proposes continuation and 23 new grant programs in FY 2020. SAMHSA requires all clients and their drug-using and/or sexual partners must be offered HIV rapid preliminary antibody testing at enrollment, including rapid fourth-generation HIV diagnostic testing. It is also required, for all clients who are considered to be at risk for viral hepatitis (B and C), to be tested in accordance with state and local requirements, either onsite or through referral. Grantees may use up to five percent of annual award funds for hepatitis testing and services. A plan for case management is provided for clients who test positive for HIV and/or Hepatitis

that includes comprehensive assessment of the client's needs, development of an individualized service plan and referrals and linkages to follow-up care and treatment.

13. **Prescription Digital Therapeutics -** *The Committee recognizes that the emerging field of prescription digital therapeutics is bringing to market clinically validated, Food and Drug Administration cleared software treatments that improve clinical outcomes for patients living with substance and opioid use disorders. Given the opportunity to increase abstinence and reduce relapse among the over 21 million American estimated to be struggling with these disorders, the Committee requests that SAMHSA update the January 2015 Federal Guidelines for Opioid Treatment Programs and consider the role that prescription digital therapeutics can play as part of evidence-based treatment standards, and in particular their potential role in meeting the counseling services requirements under 42 CFR 8.12(f). The Committee requests that SAMHSA include an update on this effort in the fiscal year 2020 Congressional Justification. (Page 84, H. Rept. 115-862)*

Action taken or to be taken
SAMHSA was not appropriated this funding

14. **Center for the Application of Prevention Technologies -** *The Committee directs the Secretary to expand eligibility for grants under SAMHSA Prevention Programs of Regional and National Significance and the corresponding services provided by the Center for the Application of Prevention Technologies to private, non-profit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal and community organizations currently authorized for such grants. (Page 85, H. Rept. 115-862)*

Action taken or to be taken
The eligibility requirements for CSAP's FY 2019 Programs of Regional and National Significance have not been expanded with the exception of the programs identified below:
The eligibility requirements for FY 2019 Strategic Prevention Framework Partnerships for Success (SPF PFS) grant have been expanded to include domestic public or private non-profit entities. The services provided by the Center for the Application of Prevention Technologies (CAPT) contract have been replaced by the Prevention Technology Transfer Center (PTTC) cooperative agreement. The eligibility requirements of the PTTC include all organizations requested for expansion. The eligibility requirements for the Minority Aids Initiative (MAI) grants include all of the organizations referenced above.

Senate Appropriations Committee, Labor/HHS/Education Subcommittee, S. Rept. 115-290

15. **Community Mental Health Services Block Grant -** *The Committee recommendation 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. The Committee commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 14–17 years to translate research findings into practice and hopes that the joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee 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. The Committee directs SAMHSA to include in the fiscal year 2020 CJ a detailed table showing at a minimum each State's allotment, name of the program being implemented, and a short description of the program. (Page 129, S. Rept. 115-290)

Action taken or to be taken

SAMHSA continues to collaborate with NIMH on addressing the needs of individuals with early serious mental illness, including psychotic disorders and funds from the set-aside are only used for programs showing strong evidence of effectiveness and target first episode psychosis (FEP). The purpose of this program is to identify youth and young adults, not more than 25 years old and at clinical high risk for psychosis, and provide evidence-based interventions to prevent the onset of psychosis or lessen the severity of psychotic disorders. SAMHSA is collaborating with NIMH on the evaluation of this program. A total of 250 FEP programs have been established. This document includes a detailed table on page 138 showing each State's allotment, name of the program being implemented, and a short description of the program.

Senate Appropriations Committee, Labor/HHS/Education Subcommittee, S. Rept. 115-291

16. **Children's Mental Health Services** - *The Committee recommends $125,000,000 for the Children's Mental Health Services program. This 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 the educational, juvenile justice, child welfare, and primary healthcare systems. 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 129, S. Rept. 115-291)*

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 the educational, 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 2019, SAMHSA will support the continuation of the grants under the 10 percent set-aside.

Senate Appropriations Committee, Labor/HHS/Education Subcommittee, S. Rept. 115-292

17. **Combatting Opioid Abuse**.—*The Committee provides $12,000,000 within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. The agreement also provides $36,000,000 for First Responder Training grants. Of this amount, $18,000,000 is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. The Committee has moved this program out of the PRNS account in the Center of Substance Abuse Prevention into the PRNS account of the Center for Substance Abuse Treatment. The Committee believes the funding should be in CSAT to best ensure that, after an overdose is reversed through the use of naloxone, these individuals are given access to a recovery coaching and referral to treatment.*
(Page 129, S. Rept. 115-292)

Action taken or to be taken
SAMHSA will continue to award grants to Combat Opioid Abuse consistent with prior years and the report language. In addition, SAMHSA has complied with direction related to First Responder Training grants and the placement of certain programs in CSAT instead of CSAP.

Senate Appropriations Committee, Labor/HHS/Education Subcommittee, S. Rept. 115-293

18. **Drug Courts** - *SAMHSA is directed to ensure that drug court funding 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 grant recipients work with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. SAMHSA should expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented. (Page 129, S. Rept. 115-293)*

Action taken or to be taken
SAMHSA complied with the directives in S. Rept. 115-293. SAMHSA ensures that drug court funding is allocated to serve people diagnosed with a substance use disorder as their

primary condition. SAMHSA's Adult Drug Court grant programs 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 (T/TA) to drug court grantees on evidence based practices.

Senate Appropriations Committee, Labor/HHS/Education Subcommittee, S. Rept. 115-294

19. **Medication-Assisted Treatment for Prescription Drug and Opioid Addiction** - *The Committee includes $84,000,000 for Medication Assisted Treatment. SAMHSA is directed to include as an allowable use Medication Assisted Treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin. SAMHSA is directed to give preference in grant awards to treatment regimens that are less susceptible to diversion for illicit purposes. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders. 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 and prioritize treatment regimens that are less susceptible to diversion for illicit purposes. (Page 130, S. Rept. 115-294)*

Action taken or to be taken

All FY 2019 Medication Assisted Treatment and Opioid Addiction grants contain language-requiring MAT using one of the FDA-approved medications for the maintenance treatment of opioid use disorder (OUD), provision of comprehensive OUD psychosocial services, and establishment/implementation of a plan to mitigate the risk of diversion of methadone or buprenorphine ensuring the appropriate use/dose of medication by patients. SAMHSA funded 23 grants to political subdivisions in states or nonprofit organizations within the states identified with having the highest primary treatment admissions for heroin and opioids per capita, and includes those with the most dramatic increases for heroin and opioids.

20. **Opioid Grants**.—*The Committee recognizes the work moving forward under the SOR program and the State Targeted Response to the Opioid Abuse Crisis grant program. The Committee directs SAMHSA to ensure these resources are aligned with the State plan developed by each State's alcohol and drug agency as defined by the agency that manages the SAPT Block Grant. This will ensure continuity of funding and coordination of efforts within each State system.*
(Page 132, S. Rept. 115-294)

Action taken or to be taken

SAMHSA required that STR strategic plans and SABG plans submitted by each State reflected alignment and coordination of SUD and opioid specific activities. SAMHSA monitors STR and SOR grantees to coordinate implementation activities with the Single State Agency responsible for the SABG Program and the substance use service delivery system. 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 as a part of the state's overall SUD strategy.

21. Substance Abuse Treatment Block Grants - *The Committee directs that all of the money appropriated explicitly for Substance Abuse Prevention purposes both in CSAP's PRNS lines as well as the funding from the 20 percent prevention set-aside in the SABG be used only for bona fide substance abuse prevention activities and not for any other purpose to ensure the work in school-based settings is as robust as possible. (Page 134, S. Rept. 115-294)*

Action taken or to be taken

All of CSAP's appropriated funding for PRNS as well as the 20 percent prevention set-aside in the Substance Abuse Prevention Block Grant (SABG) are used solely to carry out prevention activities. Of those programs, the following PRNS lines support work in school based settings to at least some degree: Strategic Prevention Framework (SPF), Minority AIDS, Tribal Behavioral Health Grants, Sober Truth on Preventing Underage Drinking (STOP Act), Science and Service Program Coordination, and the 20 percent prevention set-aside in the SABG.