DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2023

Substance use And Mental Health Services Administration

Justification of Estimates for Appropriations Committees

Page intentionally left blank

Letter from Assistant Secretary

I am pleased to present the Substance use And Mental Health Services Administration (SAMHSA) fiscal year (FY) 2023 Budget Request. SAMHSA is requesting a total of $10.7 billion. As the primary federal agency responsible for addressing the mental and substance use disorders that affect millions of Americans, SAMHSA takes seriously its responsibility to ensure that the best evidence-based care reaches all communities in our nation. Now, more than ever, we must ensure individuals living with these conditions gain access to high quality and equitable prevention, intervention, treatment, and recovery services.

SAMHSA's budget demonstrates a commitment to addressing pressing public health challenges, including the opioids crisis and serious mental illness. This budget aligns with the Administration's priorities to address mental and substance use disorders in 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 United States and its territories.

SAMHSA's FY 2023 budget request includes investments to:

- Expand the National Suicide Prevention Lifeline and transform America's behavioral health crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation;
- 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; and
- Improve access to suicide prevention services and strategies for youth, transition-aged youth, and adults at risk for suicide.

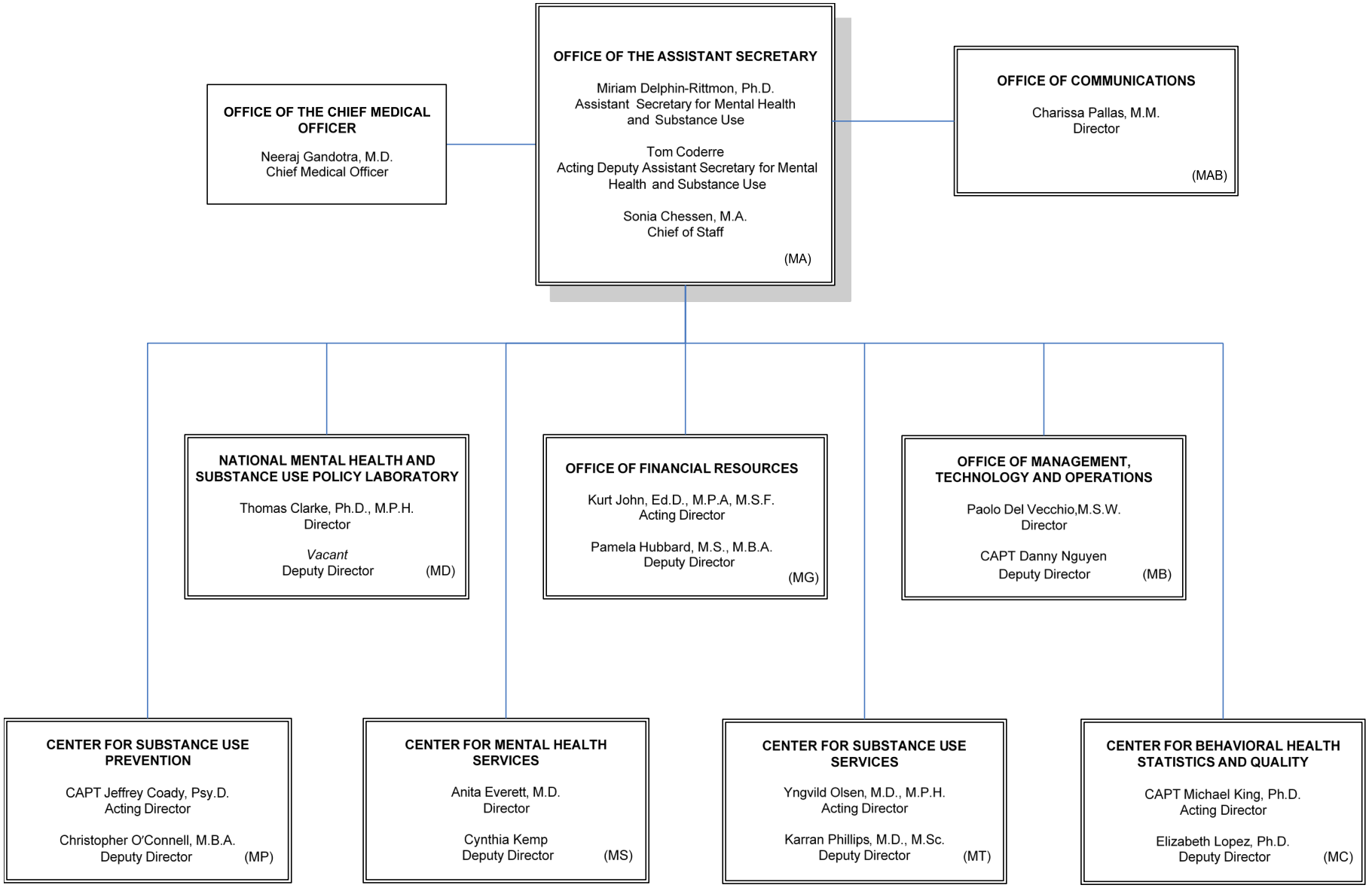
In FY 2023, SAMHSA maintains a strong commitment to enhancing the delivery of clinically sound, evidence-based, effective services. SAMHSA continues to streamline its business operations, including the provision of technical assistance and training, to ensure an optimization of service provision across America's communities. The work SAMHSA does is vital to the health of this country. I am confident this budget supports SAMHSA's mission to reduce the impact of substance use and mental illness on America's communities.

Assistant Secretary for
Substance use And Mental Health Services Administration

Table of Contents

Fiscal Year 2023 Budget **Page**

Organizational Structure



Performance Budget Overview Executive Summary

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 2020, the National Survey on Drug Use and Health (NSDUH) data estimated 59.3 million Americans aged 12 or older, or 21.4 percent, were past year illicit drug users. In addition, an estimated 21.0 percent of adults ages 18 and older had any mental illness in the past year (52.9 million) and 5.6 percent (14.2 million) of adults had serious mental illness. SAMHSA has a unique responsibility to focus on these preventable and treatable conditions, which, if unaddressed, lead to significant individual, societal, and economic consequences.

Mission

SAMHSA's mission is to reduce the impact of substance use 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 to improve individual, community, and public health.

Overview of the Budget Request

The FY 2023 President's Budget request is $10.7 billion, an increase of $4.6 billion from the FY 2022 Annualized Continuing Resolution.

The budget request aims to address critical national priorities including enhancing access to suicide prevention and crisis care, preventing combating the nation's overdose epidemic and using performance measures, data, and evaluation, investing in substance use prevention, and implementing strategies to prevent suicide—including critical investments in the National Suicide Prevention Lifeline and crisis response infrastructure.

988 and Behavioral Health Crisis Services

Suicide and other behavioral health crises are critical public health issues involving multiple psychological and social factors. Since 2005, the National Suicide Prevention Lifeline (Lifeline) has been providing support to individuals in emotional distress through the number 1-800-273-TALK. The National Suicide Hotline Designation Act of 2020 designated a new three-digit number (988) to ensure easy, universal access to crisis services. By July 16, 2022, individuals will be able to access 988 through calls, chats, and texts.

The creation of 988 is a once-in-a-lifetime opportunity to strengthen and expand the Lifeline and transform America's behavioral health crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation. SAMHSA sees 988 as the linchpin and catalyst for a transformed behavioral health crisis care system in the same way that 911 spurred the growth of emergency medical services in the United States. The behavioral health crisis care system that SAMHSA envisions aims to:

- Enhance access to crisis care services for people with suicidal ideations or experiencing behavioral health crisis through the use of an easily remembered 3-digit number;
- Reduce reliance on the police by linking the behavioral health crisis care centers with mobile crisis teams;
- Reduce deadly gaps in the existing Lifeline services by enabling the behavioral health crisis care centers to stay in contact and follow up with those in crisis;
- Relieve emergency room over-crowding/boarding by providing needed evaluation and crisis intervention in the community whenever possible; and
- Better meet the behavioral health care needs of all people experiencing crises in a way that reduces stigma and encourages people at risk and their family members to seek help in the future.

The FY 2023 Budget Request for **988 and Behavioral Health Crisis Services** is $696.9 million. The budget proposes an historic investment in the 988 program to ensure there is sufficient funding to support call center response. This funding will consolidate and support the Lifeline infrastructure including national back-up services; align with expansion of local crisis capacity across the continuum of care; promote ongoing federal direction and leadership through coordination, standards setting, technical assistance and evaluation; and facilitate partner

engagement, audience research, content and strategy development to ensure that there is public awareness of the health benefits of 988, particularly for populations at high risk of suicide.

Community Mental Health Services Block Grant (MHBG)

The FY 2023 Budget Request is $1.7 billion, an increase of $895 million from the FY 2022 Annualized Continuing Resolution. The MHBG addresses the needs of adults with serious mental illness (SMI) and children with serious emotional disturbances (SED) and the COVID-19 pandemic has exacerbated needs for these mental health services. Stress and anxiety about the pandemic, coupled with job losses, losses of income, medical insurance, childcare, and the loss of loved ones have taken a toll on Americans' mental health, created new barriers for those seeking mental health care, and further increased the need for strategic priorities within the MHBG.

First, the MHBG budget request maintains the 10 percent set-aside for evidence-based programs that address the needs of individuals with early SMI, 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 SMI. Second, the MHBG budget request increases the set-aside for crisis care from 5 percent to 10 percent. This increase will direct funding to support state efforts to build and expand much needed evidence-based crisis systems to address the needs of individuals in mental health crisis in a high quality, expeditious manner. Further development of these evidence-based crisis systems will promote 24/7 access to well-trained mental health professionals in the time of acute mental health crisis. Finally, the MHBG budget request creates a new 10 percent set-aside to support evidence-based programs that address early intervention and prevention of mental disorders for at-risk youth and adults. States will be required to use this set-aside for evidence-based prevention and early intervention programs to improve outcomes for youth and adults who are at risk to developing SMI or SED. These programs are expected to include early identification and intervention strategies that help to prevent the worsening of SMI and SED symptoms, including relapse, and increase protective factors in an individual's life. With these critical investments, the MHBG will continue to serve as an invaluable safety net for mental health services for some of the nation's most vulnerable populations.

Community Mental Health Centers (CMHCs)

The FY 2023 Budget Request is $413 million in mandatory funding, an increase of $413 million from the FY 2022 Annualized Continuing Resolution. The CMHC program aims to increase access to high quality, comprehensive mental health services in communities across the United States. The budget directs $4.1 billion in mandatory funding to this program over 10 years. This historic investment would further expand the range, quality, and capacity of services in CMHCs, building on the $825 million in funding directed to CMHCs in the Coronavirus Response and Relief Supplemental Appropriations. The funding will be used to standardize the continuum of behavioral health services in CMHCs, incorporating a crisis care continuum (i.e., crisis residential, crisis stabilization and mobile crisis teams); integrate care (i.e., integrate screening, treatment, and/or referral for substance use disorders with medical care); and deliver recovery support services (i.e., case management, peer support, and family support approaches). This proposal would ensure that these critical centers have sustainable funding to support the behavioral health needs in their communities.

Youth Mental Health Activities

- Project AWARE

The FY 2023 Budget Request is $244 million, an increase of $137 million from the FY 2022 Annualized Continuing Resolution. The proposed increase in funding for this program will continue to support Project AWARE State Grants, ReCAST grants, and technical assistance on the provision of school-based mental health services. This funding will directly support training for teachers, parents, first responders, and other adults who interact with youth to recognize and respond to the signs of mental health and substance use issues. Additionally, this investment in Project AWARE will expand access to broader populations, including college students and adults, as well as non-traditional settings.

- Mental Health Awareness Training

The FY 2023 Budget Request is $64.0 million, an increase of $40.0 million from the FY 2022 Annualized Continuing Resolution. The Mental Health Awareness Training (MHAT) grants train school personnel, emergency first responders, law enforcement, veterans, armed services members, and their families how to recognize the signs and symptoms of mental disorders such as serious mental illness and/or serious emotional disturbances. The proposed funding increase will support 168 continuation grants and award a new cohort of 325 grants. The budget will also expand eligible populations for this program to include college students and adults, and to broaden applicable settings for trainings to include non-educational, non-health care settings.

- Healthy Transitions

The FY 2023 Budget request is $61.4 million, an increase of $32.0 million from the FY 2022 Annualized Continuing Resolution. 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. This program increases awareness about early indications of signs and symptoms for serious mental health concerns; identifies action strategies to use when a serious mental health concern is detected; provides training to provider and community groups to improve services and supports specific to this age group; enhances peer and family supports, and develops effective services and interventions for youth, young adults and their families as these young people transition to adult roles and responsibilities. The proposed increase in funding will support 18 continuation grants and fund a new cohort of 41 grants. Funding will 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.

- National Child Traumatic Stress Network

The FY 2023 Budget request is $150.0 million, an increase of $78.1 million from the FY 2022 Annualized Continuing Resolution. 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. This 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 and can interfere with a wide range of childhood developmental capabilities, including social and educational functioning. The National Child Traumatic Stress Network (NCTSN) a national network of grantees who develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. Since its inception, NCTSN has grown to 140 funded centers and over 160 affiliate (formerly funded) centers and individuals located nationwide in universities, hospitals, and a range of diverse community-based organizations with thousands of national and local partners. The proposed increase in funding will continue to support and further expand the NCTSN efforts to improve of mental disorder treatment, services, and interventions for children and adolescents exposed to traumatic events through 120 grant continuations (118 grant from annual appropriation and two grants from American Rescue Plan Act) and 171 new grants.

- Project LAUNCH

The FY 2023 Budget request is $35.4 million, an increase of $12.0 million from the FY 2022 Annualized Continuing Resolution. Project Launch promotes 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. It pays particular attention to the social and emotional development of young children and works to ensure that the systems that serve them (including childcare and education, home visiting, and primary care) are equipped to promote and monitor healthy social and emotional development. As of 2021, more than 254,190 children and parents have been screened or assessed for behavioral health concerns. The proposed funding increase will provide continued screening, prevention, early intervention for behavioral health issues and referrals to high quality treatment for children and families in 30 communities across the U.S.

- Children's Mental Health Services

The FY 2023 Budget request is $225.0 million, an increase of $100.0 million from the FY 2022 Annualized Continuing Resolution. In 1992, SAMHSA created the Children's Mental Health Initiative (CMHI) which provides "systems of care" (SOC) for children and youth with serious emotional disturbances (SED) and their families. SOC helps prepare children and youth for successful transition to adulthood and assumption of adult roles and responsibilities by delivering services in the least restrictive environment with evidence-supported treatments and interventions. In FY 2018, SAMHSA created the Community Programs for Outreach with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P) to help prevent the development of psychosis for youth and young adults who are identified to be at clinical high risk for developing a fist episode of psychosis. The proposed funding increase will allow SAMHSA to support the continuation of 19 CHR-P grants and award a new cohort of 35 grants. In addition, funding will support 48 CMHI continuation grants, a new cohort of 82 CMHI grants, and a technical assistance center.

- Garrett Lee Smith (GLS)- Youth Suicide Prevention-Campus

The FY 2023 Budget request is $11.5 million, an increase of $5.0 million from the FY 2022 Annualized Continuing Resolution. The purpose of this program is to develop a comprehensive public health and evidence-based approach to enhance mental health services

for all college students, including those at risk for suicide, depression, serious mental illness (SMI)/serious emotional disturbances (SED), and/or substance use disorders. The proposed funding increase will support 62 GLS Campus grants to continue developing and implementing youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions as well as to support suicide prevention among institutions of higher learning.

- Tribal Behavioral Health Grants (TBHG)

The FY 2023 Budget request is $23.2 million, an increase of $2.5 million from the FY 2022 Annualized Continuing Resolution. Consistent with the goals of the Tribal Behavioral Health Agenda, the TBHG program addresses the high incidence of substance use and suicide among AI/AN populations. The program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance use, trauma, and suicide and by promoting the mental health of AI/AN young people. The proposed funding increase, combined with $23.6 million in the Substance Use Prevention Services, will support technical assistance activities, 78 continuation grants and award a new cohort of 38 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

- Infant and Early Childhood Mental Health

The FY 2023 Budget request is $38.0 million, an increase of $30.0 million from the FY 2022 Annualized Continuing Resolution. The Infant and Early Childhood Mental Health Grant Program seeks improve outcomes for children, from birth to 12 years of age, who are at risk for, show early signs of, or have been diagnosed with a mental illness, including a serious emotional disturbance (SED). The program provides service provision to children and families, mental health consultation to early childhood programs such as Head Start, and training early childhood providers and clinicians to identify and treat behavioral health disorders of early childhood, including in children with a history of in utero exposure to substances such as opioids, stimulants or other drugs that may impact development, and through the implementation of evidence-based multigenerational treatment approaches that strengthen caregiving relationships. The proposed funding increase will increase access to a range of evidence-based and culturally appropriate infant and early childhood mental health services. Funding will support the continuation of six grants and award a new cohort of 67 grants to expand access, increase service provision, and improve outcomes for children with mental illness, including serious emotional disturbance (SED).

- Interagency Task Force on Trauma-Informed Care

The FY 2023 Budget request is $1.0 million, an increase of $1.0 million from the FY 2022 Annualized Continuing Resolution. The creation of an Interagency Task Force on Trauma-Informed Care was mandated in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018 which required SAMHSA to lead an interagency task force in the development of an operating plan to implement a National Strategy for Trauma-informed Care. The SUPPORT Act includes a bipartisan commitment to supporting children and families who experience trauma and adverse childhood experiences (ACEs), including trauma from substance misuse. The Task Force will

use the funds to identify, evaluate, and make recommendations regarding: (1) best practices for children and families who have experienced trauma or are at risk of experiencing trauma; and (2) ways federal agencies can better coordinate responses to families affected by substance use disorders and trauma. In addition, the proposed funds will be used to develop a website to post best practices of trauma-informed care.

Primary and Behavioral Health Care Integration (PBHCI)

The FY 2023 President's Budget request is $103.0 million, an increase of $50.0 million from the FY 2022 Annualized Continuing Resolution. The (PBHCI) program is designed to improve health outcomes for people with a serious mental illness (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. The proposed funds increase will fund a new cohort of 37 Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grants to fully integrate primary and behavioral healthcare, improve integrated care models for primary care and behavioral health care, and promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases. The increase will also continue to fund the National Center of Excellence for Integrated Health Solutions (CIHS) grant which provides high quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders, as well as technical assistance and training for communities, individual practitioners, providers, and states on evidence-based and effective strategies to address the integration of primary and mental health care for individuals with mental disorders or co-occurring mental and substance use disorders.

Homeless Programs -Mental Health

- Homelessness Prevention Programs

The FY 2023 President's Budget request is $36.0 million, an increase of $5.0 million from the FY 2022 Annualized Continuing Resolution. With this funding, SAMHSA will support 24 Treatment for Individuals Experiencing Homelessness continuation grants, one Homeless and Housing Resource Network continuation grant, and technical assistance activities to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable and permanent housing. Grantees will expand access to treatment and connect homeless individuals experiencing Serious Mental Illness with safe, secure housing.

- Projects for Assistance in Transition from Homelessness (PATH)

The FY 2023 Budget request is $70.0 million, an increase of $5.0 million from the FY 2022 Annualized Continuing Resolution. The PATH program supports states, the District of Columbia, Puerto Rico, Guam, American Samoa, the United States Virgin Islands, and the Northern Mariana Islands by bringing individuals with a serious mental illness (SMI) or SMI with a co-occurring substance use disorder into the service system and connecting them with mainstream resources and supportive services that they need to access and sustain stable

housing, build social connections, and access treatment and services to support their recovery. The proposed funds increase will be used to establish a pilot program with HUD for PATH grantees to partner with public housing agencies, and to encourage grantees to use existing PATH outreach and engagement mechanisms to identify, qualify, and select individuals and initiate housing support services to meet the individuals' needs. The pilot program would be structured to address chronic homelessness among individuals with SMI through a pairing of housing vouchers with linked wraparound recovery supports and mitigate the increased needs in states and territories with high rates of homelessness.

Criminal and Juvenile Justice Programs

The FY 2023 Budget Request is $56 million, an increase of $50 million from the FY 2022 Annualized Continuing Resolution. Data indicate that a significant number of individuals who come in contact with law enforcement and the criminal justice system have a mental or substance use disorder. The proposed increase will address the unmet treatment needs of incarcerated individuals and allow these individuals to continue to access services from the same community-based providers post-incarceration for a seamless transition of care once they are released. The needs of individuals returning to society include the social determinants of recovery (i.e., housing, employment, access to health care) and other supportive resources for successful transition from incarceration. Special importance will be paid towards ensuring a commitment to racial and economic justice, trauma-informed approaches, as well as cultural awareness. SAMHSA will also improve the response to people with mental illness across local criminal justice and court systems, including through specialty mental health court programs, by expanding the number of opportunities for diversion for non-violent offenders when appropriate. This funding will help people who need treatment get the care they need, decrease recidivism, and increase public safety.

Minority Fellowship Program

The FY 2023 Budget Request is $14 million, an increase of $4.0 million from the FY 2022 Annualized Continuing Resolution. The 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. The proposed funding increase will support two continuations and ten new grants, which will provide training resources for approximately 6,500 behavioral health providers.

Practice Improvement and Training

The FY 2023 Budget Request is $10 million, an increase of $2 million for the FY 2022 Annualized Continuing Resolution. Under the Practice Improvement and Training program, SAMHSA funds the Historically Black Colleges and Universities- Center for Excellence (HBCU-CFE) grant which promotes 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 Clinical Support Services TA Center specifically focuses on the clinical

treatment of serious mental illness (SMI), including the use of medications. The proposed funding increase will support the continuation of both HBCU-CFE and Clinical Support Services TA Center and supplemental funding for the school safety program.

Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants

The FY 2023 Budget Request is $553 million, an increase of $303 million from the FY 2022 Annualized Continuing Resolution. While effective treatment and supportive services exist, many individuals with mental/substance use disorders do not receive the help they need. The CCBHC Expansion program is designed to increase access and improve the quality of community mental and substance use disorder treatment services 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. This funding will support a new cohort of 226 grants, which will further improve access to high-quality mental health services for individuals across the nation.

State Opioid Response Grants

The FY 2023 Budget Request is $2.0 billion, an increase of $500 million from the FY 2022 Annualized Continuing Resolution. Of this amount, $75.0 million is set-aside for tribes. Overdose deaths have accelerated during the COVID-19 pandemic. The Centers for Disease Control and Prevention (CDC) provisional data estimates more than 104,000 drug overdose deaths in the United States in the 12-months ending in September 2021, the highest number ever recorded in a 12-month period. This grant program aims to address the overdose epidemic by increasing access to treatment using FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD, including prescription opioids, heroin and illicit fentanyl, and fentanyl analogs. A primary strategy to reduce overdose deaths in the State Opioid Response (SOR) program, that will continue in FY 2023, is education on, and purchase and distribution of naloxone, a proven medication that reverses opioid-related overdoses to save lives. While some states have reported data indicating challenges accessing low-cost naloxone and distribution impediments, as of December 16, 2021, states reported that 3,829,217 naloxone kits were distributed, and naloxone was used to reverse approximately 307,956 overdoses. Funding is awarded to states and territories via a formula. The program includes a 15 percent set-aside for the states with the highest mortality rates related to drug overdose deaths. States and communities across the country are also dealing with rising rates of stimulant use and its negative health, social, and economic consequences. SAMHSA will continue to support the expansion of the SOR grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. In the FY 2022 funding announcement, the SOR program will require a comprehensive needs assessment with accompanying strategies to include a focus on naloxone distribution and saturation particularly in areas with high rates of overdose mortality.[1]

[1] Irvine MA, Oller D, Boggis J, Bishop B, Coombs D, Wheeler E, Doe-Simkins M, Walley AY, Marshall BDL, Bratberg J, Green TC. Estimating

Substance Abuse Prevention and Treatment Block Grant (SABG)

The FY 2023 Budget Request is $3.0 billion, which is an increase of $1.2 billion from FY 2022 Annualized Continuing Resolution. This Budget Request builds on investments in the Coronavirus Response and Relief Supplemental Appropriations Act and the American Rescue Plan Act. SABG helps states in addressing the opioid epidemic and other substance use treatment and prevention needs through support of prevention, treatment, and other 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 use prevention and treatment service systems. Response to the overdose epidemic must encompass a comprehensive range of actions from acute short-term individual-focused responses to overdose to long-term, continuous evidence-based treatments and broader community recovery responses. Substance use disorder is a chronic illness, and recovery often is a life-long process where external community and social determinants of health play a vital role in its sustainability. The Budget Request includes a 10 percent set-aside within the SABG for recovery support services to significantly expand the upstream and downstream continuum of care. The Budget Request also uses HIV cases as opposed to AIDS cases to calculate the HIV-set aside.

Substance use Services Programs of Regional and National Significance (PRNS)

The FY 2023 Budget Request is $564 million, which is an increase of $70 million above the FY 2022 Annualized Continuing Resolution. The FY 2023 Budget includes increased funding for opioid treatment and recovery support activities, services, naloxone training and distribution, services for pregnant and postpartum women, and workforce training to expand access to evidence-based treatment and recovery support services.

Strategic Prevention Framework

The FY 2023 Budget Request is $127 million, which is an increase of $7 million above the FY 2022 CR. The increase will support 266 new and continuing PFS grants as well as 30 new and continuing SPF Rx grants.

Federal Drug-Free Workplace

The FY 2023 Budget Request is $5.1 million, an increase of $245,000 from the FY 2022 Annualized Continuing Resolution. 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.) 10071. This includes: 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 and, federally regulated industries. The private sector also uses the HHS certified laboratories. The proposed increase in funding will be utilized to implement the new mandatory guidelines for oral fluid and hair in the

naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. Lancet Public Health. 2022 Feb 10:S2468-2667(21)00304-2. doi: 10.1016/S2468-2667(21)00304-2. Epub ahead of print. PMID: 35151372.

federally regulated drug testing program. This increase will allow SAMHSA to continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace programs and to operationalize the newly authorized specimen and new drug testing program for oral fluid, a first in over 30 years. This will include the review of the Federal Drug-Free Workplace Program and policy changes from those federal agencies that perform federal employee drug testing for testing designated positions of national security, public health, and public safety including testing for illegal drug use and the misuse of prescription drugs.

Center for the Application of Prevention Technologies

The FY 2023 Budget Request is $12.0 million, an increase of $5.0 million from the FY 2022 Annualized Continuing Resolution. In 2019, SAMHSA funded the Prevention Technology Transfer Centers (PTTC) cooperative agreements. The purpose of the PTTC Network is to improve implementation and delivery of effective substance misuse prevention interventions and provide training and technical assistance services to the substance misuse prevention field. This is accomplished by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals 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. The increase in funding will support tailored state-of-the-art substance use prevention technical assistance to states, communities, Tribes, and territories, to strengthen grantee programs and help to advance evidence-based prevention efforts to reduce youth substance use.

Realigning Programs from Treatment to Prevention

SAMHSA funds four opioid prevention programs that address the overdose epidemic – the Strategic Prevention Framework for Prescription Drugs (SPF-Rx), Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PDO), First Responder Training for Opioid Overdose Reversal Drugs First Responders-Comprehensive Addiction and Recovery Act Grants (FR-CARA), and Improving Access to Overdose Treatment (ODTx). These four programs are key components of the public health response to the overdose epidemic. They use a combination of community-based public health prevention and harm reduction strategies across the prevention continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve high-risk populations outside of substance use treatment facilities, primarily individual clients who have been diagnosed with a substance use disorder. In 2019, the funding for PDO, FR-CARA, and ODTx programs was realigned from Substance Use Prevention Services (CSUPS) to Substance Use Services (CSUS); however, CSUPS retained the administration of the programs. Since 2019, the effort to coordinate both the administration and the funding across two centers has been challenging. The budget proposes to realign these programs back to CSUPS to reduce the administrative burden to manage these programs. Realigning the programs will allow CSUPS to optimally manage the programs and ensure funding is targeted and complimentary to meeting the needs of the community-based organizations leading these critical prevention and harm reduction efforts.

The FY 2023 Budget Request for the Improving Access to Overdose Treatment (ODTx) program is $1.5 million, an increase of $500,000 from the FY 2022 Annualized Continuing Resolution. This grant program provides resources to train and support health care providers and pharmacists

on the prescribing of FDA approved drugs or devices for the emergency treatment of known or suspected opioid overdose. The additional funds will support expanding the resources to an additional health care providers and pharmacists.

The FY 2023 Budget Request for the Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) program is $18.0 million, an increase of $6 million from the FY 2022 Annualized Continuing Resolution. This program helps states identify communities of high need and provide education, training, and resources necessary to meet their specific needs.

The FY 2023 Budget Request for First Responder Training for Opioid Overdose-Related Drugs (FR-CARA) program is $68.0 million, an increase of $26.0 million from the FY 2022 Annualized Continuing Resolution. The FR-CARA program provides funding to state, Tribal and local governments to train and equip first responders to administer naloxone. The program to date has supported the purchasing and distribution of over 210,000 naloxone kits and has trained nearly 105,000 first responders who have administered naloxone over 83,000 times. The additional funds will support expanding the program to an additional seven communities.

Health Surveillance and Program Support

- Health Surveillance

The FY 2023 Budget Request is $53.3, an increase of $6.0 million from the FY 2022 Annualized Continuing Resolution. The Health Surveillance funding primarily supports the activities of the Center for Behavioral Health Statistics and Quality (CBHSQ). Under Health Surveillance, CBHSQ's work includes Population Data Collection, Analysis, and Dissemination; Treatment Services Data Collection, Analysis, and Dissemination; and Behavioral Health Data Dissemination. Section 505 of the Public Health Service Act (42.U.S.C. 290aa-4) requires SAMHSA to collect data on mental health and substance use disorder treatment services. For this purpose, CBHSQ developed the Behavioral Health Services Information System (BHSIS). Data collected through BHSIS provides information to the public on treatment services through the Behavioral Health Treatment Services Locator, which is part of the National Treatment Referral Service. The Locator provides accurate, timely, and regularly updated information on mental health and substance use disorder treatment facilities across the country. The increase in funding will allow CBHSQ to increase the scope of the eligible substance use and mental health treatment facilities for the National Substance Use and Mental Health Services Survey (N-SUMHSS), to include certified community behavioral health centers (CCBHCs). Expanding the eligible universe of substance use and mental health providers will increase access across culturally diverse populations by making comprehensive information readily available to the public. This investment will also include a needs assessment for determining and addressing gaps of facilities not covered with the survey.

- Program Support

The FY 2023 Budget Request is $83.3 million, an increase of $4.3 million from the FY 2022 Annualized Continuing Resolution. The Program Support budget funds 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 (UFMS), which covers administrative activities such as human resources, information technology, and the centralized services provided by HHS and the Program Support Center. The proposed increase in funds will allow SAMHSA to meet projected program administrative and operational management costs.

Drug Abuse Warning Network (DAWN)

The FY 2023 Budget Request is $20.0 million, an increase of $10.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA re-established DAWN in 2018 as a nationwide public health surveillance system to monitor emergency department (ED) visits related to recent substance use, including those related to opioids. Authorized by the 21st Century Cures Act, DAWN provides necessary information such as patient demographic details and substances used to respond effectively to the overdose epidemic and addiction crises in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. This budget proposal will include several important improvements for the DAWN program, including timeliness of data, data available at more frequent intervals, and data abstracted from a wider range of geographic area types—urban, suburban, and rural. The proposed funds increase will be used to build on the existing infrastructure and expand the number of surveillance hospital sites and the information DAWN collects from each site to include toxicology reports. In addition, the budget request will increase publicly available information from DAWN, including data on emerging trends of major metropolitan regions and other geographic variables such as urban and rural.

Overview of Performance

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

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

SAMHSA also maintains its commitment to utilize these performance data to manage and monitor its robust portfolio of grants. In FY 2017, SAMHSA reconfigured its approach to uniform data collection with the successful launch and implementation of SAMHSA's Performance Accountability and Reporting System (SPARS). This system provides a common data and reporting system for all SAMHSA discretionary grantees and allows for programmatic technical assistance on use of the data to enhance grantee performance monitoring and improve the quality-of-service delivery. In FY 2018, SAMHSA strengthened its internal evaluation ability through the creation of an Office of Evaluation in the Center for Behavioral Health Statistics and Quality. This Office partners with the National Mental Health and Substance Use Policy Laboratory to ensure that 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.

All-Purpose Table

(*Dollars in millions*)

Account and Program Name	FY 2021		FY 2022	FY 2023	
	Final/1	COVID-19 Supplemental/2	CR /3	President's Budget	President's Budget +/- FY 2022 CR
CMHS					
Programs of Regional and National Significance	$ 556.392	$ 60.000	$ 636.544	$ 1,679.874	$ +1,043.330
Children's Mental Health Services	125.000	--	125.000	225.000	+100.000
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*12.500*	--	*12.500*	*22.500*	*+10.000*
Projects for Assistance in Transition from Homelessness	64.635	--	64.635	69.635	+5.000
Protection and Advocacy for Individuals with Mental Illness	36.146	--	36.146	36.146	--
Community Mental Health Centers	--	--	--	412.500	+412.500
Community Mental Health Services Block Grant	755.571	1,500.000	757.571	1,652.571	+895.000
Budget Authority (non-add)	*734.532*	*1,500.000*	*736.532*	1,631.532	*895.000*
PHS Evaluation Funds (non-add)	*21.039*	--	*21.039*	*21.039*	--
Certified Community Behavioral Health Clinics	249.249	420.000	250.000	552.500	+302.500
Total, Mental Health	**1,786.993**	**1,980.000**	**1,869.896**	**4,628.226**	**+2,758.330**
Budget Authority (non-add)	*1,753.954*	--	*1,836.857*	*4,182.687*	*2,345.830*
Prevention and Public Health Fund (non-add)	*12.000*	--	*12.000*	*12.000*	--
PHS Evaluation Funds (non-add)	*21.039*	--	*21.039*	*21.039*	--
Community Mental Health Centers	--	--	--	*412.500*	*412.500*
CSUPS					
Programs of Regional and National Significance	208.219	--	208.219	311.912	+103.693
Subtotal, Programs of Regional and National Significance	**208.219**	**--**	**208.219**	**311.912**	**+103.693**
Total, Substance Use Prevention	**208.219**	**--**	**208.219**	**311.912**	**103.693**
CSUS					
Programs of Regional and National Significance	495.117	--	496.677	566.364	+69.687
PHS Evaluation Funds (non-add)	*2.000*	--	*2.000*	*2.000*	--
State Opioid Response Grants	1,498.030	--	1,500.000	2,000.000	+500.000
Set-Aside for Tribes (non-add)	*50.000*	--	*50.000*	*75.000*	*+25.000*
Substance Abuse Prevention and Treatment Block Grant	1,849.654	1,500.000	1,858.079	3,008.079	+1,150.000
Budget Authority (non-add)	*1,770.454*	*1,500.000*	*1,778.879*	*2,928.879*	*1,150.000*
PHS Evaluation Funds (non-add)	*79.200*	--	*79.200*	*79.200*	--
Total, Substance Use Services	**3,842.801**	**1,500.000**	**3,854.756**	**5,574.443**	**+1,719.687**
SAT Budget Authority (non-add)	*3,761.601*	--	*3,773.556*	*5,493.243*	*1,719.687*
SAT PHS Evaluation Funds (non-add)	*81.200*	--	*81.200*	*81.200*	--
Health Surveillance and Program Support					
Health Surveillance and Program Support	125.941	--	126.258	136.613	10.355
Congressional Earmarks	--	--	--	--	--
Data Request and Publications User Fees	1.500	--	1.500	1.500	--
Public Awareness and Support	12.961	--	13.000	13.260	+0.260
Budget Authority (non-add)	*12.961*	--	*13.000*	*13.260*	*0.260*
Performance and Quality Information Systems	9.970	--	10.000	10.200	+0.200
Budget Authority (non-add)	*9.970*	--	*10.000*	*10.200*	*0.200*
Behavioral Health Workforce Data and Development	1.024	--	1.000	1.000	--
PHS Evaluation Funds (non-add)	*1.024*	--	*1.000*	*1.000*	--
Drug Abuse Warning Network	10.000	--	10.000	20.000	+10.000
PHS Evaluation Funds (non-add)	--	--	--		--
Community-Based Funding for Local Substance use Disorder Services	--	30.000	--	--	--
Community-Based Funding for Local Behavioral Health Needs	--	50.000	--	--	--
COVID-19 Supplemental	--	4,250.000	--	--	--
Total, Health Surveillance and Program Support	**161.396**	**4,250.000**	**161.758**	**182.573**	**+20.815**
HSPS Budget Authority (non-add)	*128.443*	*4,250.000*	*128.830*	*149.645*	*20.815*
HSPS PHS Evaluation Funds (non-add)	*31.452*	--	*31.428*	*31.428*	--
Data Request and Publications User Fees(non-add)	*1.500*	--	*1.500*	*1.500*	--
TOTAL, SAMHSA Program Level	**5,999.410**	**7,810.000**	**6,094.629**	**10,697.154**	**+4,602.525**
Nonrecurring Expenses Fund (NEF)					
Less Funds from Other Sources:					
Community Mental Health Centers	--	--	--	*-412.500*	*-412.500*
Prevention and Public Health Fund (non-add)	*-12.000*	--	*-12.000*	*-12.000*	--
PHS Evaluation Funds	*-133.691*	--	*-133.667*	*-133.667*	--
Data Request and Publications User Fees	*-1.500*	--	*-1.500*	*-1.500*	--
TOTAL, SAMHSA Budget Authority	**5,852.218**	**7,810.000**	**5,947.462**	**10,137.487**	**+4,190.025**

1/ Initial FY 2021 appropriation reduced to fund Secretary's Transfer

2/ This column includes both supplemental funding and mandatory funds appropriated in the American Rescue Plan Act of 2021, P.L. 117-2 post-transfer and post-reallocation and the supplemental appropriation in the Consolidated Appropriations Act, 2021 (P.L. 116-260)

3/ Reflects the annualized amounts provided in the continuing resolution ending 2/18/2022

Budget Exhibits
Table of Contents

Appropriation Language

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, $4,182,687,000: 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 of the funds made available under this heading for subpart I of part B of title XIX of the PHS Act, not less than 10 percent shall be used to support evidence-based crisis systems: Provided further, That up to 10 percent of the amounts made available to carry out the Children's Mental Health Services program may be used to carry out demonstration grants or contracts for early interventions with persons not more than 25 years of age at clinical 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 2023: Provided further, That $552,500,000 shall be available until September 30, 2024 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, $21,420,000 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). Provided further, That notwithstanding sections 1911(b) and 1912 of the PHS Act, amounts made available under this heading for subpart I of part B of title XIX of such Act shall also be available to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children and adults: 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 early intervention and prevention of mental disorders for at-risk youth and adults: Provided further, That notwithstanding section 1912 of the PHS Act, the plan described in such section and section 1911(b) of the PHS Act shall also include the evidence-based programs described in the previous proviso pursuant to plan criteria established by the Secretary.

SUBSTANCE USE SERVICES

For carrying out titles III and V of the PHS Act with respect to substance use treatment and title XIX of such Act with respect to substance use treatment and prevention, and the SUPPORT for Patients and Communities Act, $5,493,243,000: Provided, That $2,000,000,000 shall be for State Opioid Response Grants for carrying out activities pertaining to opioids and stimulants undertaken by the State agency responsible for administering the substance use 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 $75,000,000 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 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 shall be available under section 241 of the PHS Act: (1) $79,200,000 to supplement funds otherwise available for substance use treatment activities to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX; and (2) $2,000,000 to evaluate substance use treatment programs: Provided further, That for purposes of calculating the HIV set-aside under subpart II of part B of title XIX, the rate of cases of HIV shall be used instead of the rate of cases of AIDS: Provided further, That each State that receives funds appropriated under this heading in this Act for carrying out subpart II of part B of title XIX of the PHS Act shall expend not less than 10 percent of such funds for recovery support services: 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 USE PREVENTION SERVICES

For carrying out titles III and V of the PHS Act with respect to substance use prevention, $311,912,000.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

For program support and cross-cutting activities that supplement activities funded under the headings "Mental Health", "Substance Use Services", and "Substance Use Prevention Services" 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 use And Mental Health Administration, $149,645,000: Provided, That in addition to amounts provided herein, $31,428,000 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, 2023: 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".

General Provisions

SEC. 245. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) is amended –

(1) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration";

(2) by striking "Center for Substance Abuse Treatment" each place it appears and inserting "Center for Substance Use Services"; and

(3) by striking "Center for Substance Abuse Prevention" each place it appears and inserting "Center for Substance Use Prevention Services".

(b) Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended –

(1) in the title heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION";

(2) in section 501 –

(A) in the section heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION"; and

(B) in subsection (a), by striking "(hereafter referred to in this title as the Administration)" and inserting "(hereafter referred to in this title as SAMHSA or the Administration)";

(3) in section 507, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES";

(4) in section 513(a), in the subsection heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES"; and

(5) in section 515, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(c) Section 1932(b)(3) of the Public Health Service Act (42 U.S.C. 300x–32(b)(3)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(d) Section 1935(b)(2) of the Public Health Service Act (42 U.S.C. 300x–35(b)(2)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(e) The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(f) The Social Security Act is amended in sections 1861, 1866F, and 1945 (42 U.S.C. 1395x, 1395cc–6, 1396w–4) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(g) Section 105(a)(7)(C)(i)(III) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(C)(i)(III)) is amended by striking "Substance Abuse and Mental Health Services Administration" and inserting "Substance use And Mental Health Services Administration".

(h) Except as provided in paragraph (2), any reference in any law, regulation, map, document, paper, or other record of the United States –

(1) to the Substance Abuse and Mental Health Services Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration;

(2) to the Center for Substance Abuse Treatment of such Administration shall be treated as a reference to the Center for Substance Use Services of such Administration; and

(3) to the Center for Substance Abuse Prevention of such Administration shall be treated as a reference to the Center for Substance Use Prevention Services of such Administration.

(i) Paragraph (1) shall not be construed to alter or affect section 6001(d) of the 21st Century Cures Act (42 U.S.C. 290aa note), providing that a reference to the Administrator of the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.

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, $4,182,687,000:	Identifies the purpose for which funds can be used for mental health. Language regarding the National Child Traumatic Stress Initiative is removed because a separate funding provision 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 title III and V.
Provided further, That of the funds made available under this heading for subpart I of part B of title XIX of the PHS Act, not less than 10 percent shall be used to support evidence-based crisis systems:	Increases the set-aside in the Community Mental Health Services Block Grant for crisis services to 10 percent.

Language Provision	Explanation
Provided further, That notwithstanding sections 1911(b) and 1912 of the PHS Act, amounts made available under this heading for subpart I of part B of title XIX of such Act shall also be available to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children and adults: 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 early intervention and prevention of mental disorders for at-risk youth and adults: Provided further, That notwithstanding section 1912 of the PHS Act, the plan described in such section and section 1911(b) of the PHS Act shall also include the evidence-based programs described in the previous proviso pursuant to plan criteria established by the Secretary.	Includes a 10-percent set-aside for evidence-based programs that address early intervention and prevention of mental disorders for at-risk youth and adults.
Provided further, That in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) $79,200,000 to supplement funds otherwise available for substance abuse treatment activities to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX;	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.
Provided further, That for purposes of calculating the HIV set-aside under subpart II of part B of title XIX, the rate of cases of HIV shall be used instead of the rate of cases of AIDS:	Uses HIV cases as opposed to AIDS cases to calculate the HIV set-aside in the Substance Abuse Prevention and Treatment Block Grant.

Language Provision	Explanation
Provided, That in addition to amounts provided herein, $31,428,000 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	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.
SEC. 245. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) is amended – *(1) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration";* *(2) by striking "Center for Substance Abuse Treatment" each place it appears and inserting "Center for Substance Use Services"; and* *(3) by striking "Center for Substance Abuse Prevention" each place it appears and inserting "Center for Substance Use Prevention Services".* *(b) Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended –* *(1) in the title heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION";* *(2) in section 501 –* *(A) in the section heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION"; and* *(B) in subsection (a), by striking "(hereafter referred to in this title as the Administration)" and inserting*	Changes the name of the Substance Abuse and Mental Health Services Administration to the Substance use And Mental Health Services Administration. Changes the name of the Center for Substance Abuse Treatment to the Center for Substance Use Services. Changes the name of the Center for Substance Abuse Prevention to the Center for Substance Use Prevention Services.

Language Provision	Explanation
"(hereafter referred to in this title as SAMHSA or the Administration)"; *(3) in section 507, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES";* *(4) in section 513(a), in the subsection heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES"; and* *(5) in section 515, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".* *(c) Section 1932(b)(3) of the Public Health Service Act (42 U.S.C. 300x–32(b)(3)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".* *(d) Section 1935(b)(2) of the Public Health Service Act (42 U.S.C. 300x–35(b)(2)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".* *(e) The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".* *(f) The Social Security Act is amended in sections 1861, 1866F, and 1945 (42 U.S.C. 1395x, 1395cc–6, 1396w–4) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".*	

Language Provision	Explanation
(g) Section 105(a)(7)(C)(i)(III) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(C)(i)(III)) is amended by striking "Substance Abuse and Mental Health Services Administration" and inserting "Substance use And Mental Health Services Administration". *(h) Except as provided in paragraph (2), any reference in any law, regulation, map, document, paper, or other record of the United States –* *(1) to the Substance Abuse and Mental Health Services Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration;* *(2) to the Center for Substance Abuse Treatment of such Administration shall be treated as a reference to the Center for Substance Use Services of such Administration; and* *(3) to the Center for Substance Abuse Prevention of such Administration shall be treated as a reference to the Center for Substance Use Prevention Services of such Administration.* *(i) Paragraph (1) shall not be construed to alter or affect section 6001(d) of the 21st Century Cures Act (42 U.S.C. 290aa note), providing that a reference to the Administrator of the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.*	

Amounts Available for Obligation

(Whole dollars)

	FY 2021 Final	FY 2022 CR	FY 2022 President's Budget
General Fund Discretionary Appropriation:			
Appropriation	$5,852,218,000	$5,947,462,000	$10,137,487,000
Across-the-board reductions	---	---	---
Subtotal, Appropriation	5,852,218,000	5,947,462,000	10,137,487,000
Subtotal, adjusted appropriation	5,852,218,000	5,947,462,000	10,137,487,000
Subtotal, adjusted appropriation	5,852,218,000	5,947,462,000	10,137,487,000
Total, Discretionary Appropriation	**5,852,218,000**	**5,947,462,000**	**10,137,487,000**
Mandatory Appropriation:			
Transfer from the Prevention and Public Health Funds	12,000,000	12,000,000	12,000,000
Community Mental Health Centers (CMHC)	---	---	412,500,000
Subtotal, adjusted mandatory appropriation	12,000,000	12,000,000	424,500,000
Offsetting collections from:			
Federal Source	133,667,000	133,667,000	133,667,000
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	**$5,999,385,000**	**$6,094,629,000**	**$10,697,154,000**

Summary of Changes

2022 CR	
Total estimated budget authority	$5,947,462,000
(Obligations)	5,947,462,000
2023 President's Budget	
Total estimated budget authority	10,137,487,000
(Obligations)	10,137,487,000
Net Change	**+$4,190,025,000**

	FY 2022 CR	FY 2022 PB FTE	FY 2023 PB BA	FY 2023 +/- FY 2022 FTE	FY 2023 +/- FY 2022 BA
Increases:					
A. Built-in:					
1. Annualization of 2022 commissioned corps pay increase	$6,334,569	---	$6,477,097	---	+142,528
2. Annualization of 2022 civilian pay increase	93,169,919	---	95,280,218	---	+2,110,299
Subtotal, Built-in Increases	**99,504,488**	**---**	**101,757,315**	**---**	**+2,252,827**
A. Program:					
1. Mental Health	1,836,857,000	81	4,182,687,000	77	+2,345,830,000
2. Substance Use Prevention	208,219,000	---	311,912,000	---	+103,693,000
3.Substance Use Services	3,773,556,000	131	5,493,243,000	122	+1,719,687,000
4. Health Surveillance and Program Support	128,830,000	438	149,645,000	526	+20,815,000
Subtotal, Program Increases	**5,947,462,000**	**650**	**10,137,487,000**	**725**	**+4,190,025,000**
Total Increases	**---**	**---**	**---**		**+4,192,277,827**
Decreases:					
A. Built-in:					
1. Absorption of built-in increases				---	-2,252,827
Subtotal, Built-in Decreases				**---**	**-2,252,827**
B. Program:					
1. Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths	---	---	---	---	---
2. First Responder Training (CARA)	---	---	---	---	---
3. Substance Use Prevention	---	---	---	---	---
4.Substance Use Services	---	---	---	---	---
Subtotal, Program Decreases	---	---	---	**---**	**---**
Total Decreases	**---**	**---**	**---**	**---**	**-2,252,827**
Net Change	---	$---	$---	**$---**	**+$4,190,025,000**

Budget Authority by Activity

	FY 2021 Final	FY 2022 CR	FY2023 President's Budget
Mental Health			
Programs of Regional and National Significance	$556,392	$636,544	$1,679,874
Children's Mental Health Services	125,000	125,000	225,000
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*12,500*	*12,500*	*22,500*
Projects for Assistance in Transition from Homelessness	64,635	64,635	69,635
Protection and Advocacy for Individuals with Mental Illness	36,146	36,146	36,146
Community Mental Health Centers (CMHC)	--	--	412,500
Community Mental Health Services Block Grant	755,571	757,571	1,652,571
Budget Authority (non-add)	*734,532*	*736,532*	*1,631,532*
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*
Certified Community Behavioral Health Clinics	249,249	250,000	552,500
Total, Mental Health	**1,786,993**	**1,869,896**	**4,628,226**
Substance Use Prevention			
Programs of Regional and National Significance	208,219	208,219	311,912
Total, Substance Use Prevention	**208,219**	**208,219**	**311,912**
Substance Use Services			
Programs of Regional and National Significance	495,117	496,677	566,364
State Opioid Response Grants	1,498,030	1,500,000	2,000,000
Set-Aside for Tribes (non-add)	*50,000*	*50,000*	*75,000*
Substance Abuse Prevention and Treatment Block Grant	1,849,654	1,858,079	3,008,079
Budget Authority (non-add)	*1,770,454*	*1,778,879*	*2,928,879*
PHS Evaluation Funds (non-add)	*79,200*	*79,200*	*79,200*
Total, Substance Use Services	**3,842,801**	**3,854,756**	**5,574,443**
Health Surveillance and Program Support			
Health Surveillance and Program Support	125,941	126,258	136,613
Subtotal, Health Surveillance and Program Support	**125,941**	**126,258**	**136,613**
Data Request and Publications User Fees	1,500	1,500	1,500
Public Awareness and Support	12,961	13,000	13,260
Performance and Quality Information Systems	9,970	10,000	10,200
Behavioral Health Workforce Data and Development	1,024	1,000	1,000
PHS Evaluation Funds (non-add)	*1,024*	*1,000*	*1,000*
Drug Abuse Warning Network	10,000	10,000	20,000
Total, Health Surveillance and Program Support	**161,396**	**161,758**	**182,573**
TOTAL, SAMHSA Program Level	**5,999,410**	**6,094,629**	**10,697,154**
Nonrecurring Expenses Fund (NEF)	**--**	**--**	**--**
Less Funds from Other Sources:			
Community Mental Health Centers (CMHC)	--	--	*-412,500*
Prevention and Public Health Fund (non-add)	*-12,000*	*-12,000*	*-12,000*
PHS Evaluation Funds	*-133,691*	*-133,667*	*-133,667*
Data Request and Publications User Fees	*-1,500*	*-1,500*	*-1,500*
TOTAL, SAMHSA Budget Authority	**$5,852,219**	**$5,947,462**	**$10,137,487**
FTEs	**472**	**650**	**725**

Substance use And Mental Health Services Administration
Authorizing Legislation

Activity	FY 2022 Amount Authorized	FY 2022 Amount Appropriated	FY 2023 Amount Authorized	FY 2023 President's Budget
1. Grants for the Benefit of Homeless PHS Act, Section 506.....	$ 41,304,000	$ 36,386,000	$ -	$ 37,114,000
2. Residential Substance Use Services Programs for Pregnant and Postpartum Women PHS Act, Section 508.....	$ 29,931,000	$ 32,931,000	$ 29,931,000	$ 49,397,000
3. Priority Substance Use Services Needs of Regional and National Significance PHS Act, Section 509.....	$ 333,806,000	$ 496,677,000	$ -	$ 568,364,000
4. Substance Use Services for Children and Adolescents PHS Act, Section 514.....	$ 29,605,000	$ 29,605,000	$ -	$ 30,197,000
5. Priority Substance Use Prevention Needs of Regional and National Significance PHS Act, Section 516.....	$ 211,148,000	$ 208,219,000	$ -	$ 299,167,000
6. Sober Truth on Preventing Underage Drinking PHS Act, Section 519B.....	$ 7,000,000	$ 10,000,000	$ -	$ 10,000,000
7. Priority Mental Health Needs of Regional and National Significance PHS Act, Section 520A.....	$ 394,550,000	$ 636,544,000	$ -	$ 1,191,456,000
8. Suicide Prevention Technical Assistance Center PHS Act, Section 520C.....	$ 5,988,000	$ 9,000,000	$ -	$ 9,000,000
9. Youth Suicide Early Intervention and Prevention Strategies PHS Act, Section 520E.....	$ 30,000,000	$ 36,427,000	$ -	$ 36,427,000
10. Mental Health and Substance Use Disorder Services on Campus PHS Act, Section 520E-2.....	$ 7,000,000	$ 6,488,000	$ -	$ 6,488,000
11. 988 and Behavioral Health Crisis Services PHS Act, Section 520A.....	$ -	$ -	$ -	$ 669,901,000

Authorizing Legislation (continued)

Activity	FY 2022 Amount Authorized	FY 2022 Amount Appropriated	FY 2023 Amount Authorized	FY 2023 President's Budget
12. Grants for Jail Diversion Programs PHS Act, Section 520G.....	$ 4,269,000	$ 6,269,000	$ -	$ 51,394,000
13. Mental Health Awareness Training PHS Act, Section 520J.....	$ 14,693,000	$ 23,963,000	$ -	$ 35,945,000
14. Integration Incentive Grants and Cooperative Agreements PHS Act, Section 520K.....	$ 51,878,000	$ 54,868,000	$ -	$ 54,868,000
15. Adult Suicide Prevention PHS Act, Section 520L.....	$ 30,000,000	$ 23,200,000	$ -	$ 23,200,000
16. Assertive Community Treatment Grant Program PHS Act, Section 520M.....	$ 5,000,000	$ 9,000,000	$ -	$ 9,000,000
17. Projects for Assistance in Transition From Homelessness PHS Act, Sections 521-535(a).....	$ 64,635,000	$ 64,635,000	$ -	$ 64,635,000
18. First Responder Training PHS Act, Section 546.....	$ 36,000,000	$ 42,000,000	$ 36,000,000	$ 63,000,000
19. Building Communities of Recovery PHS Act, Section 547.....	$ 5,000,000	$ 10,000,000	$ 5,000,000	$ 20,000,000
20. Community Mental Health Services for Children with Serious Emotional Disturbances PHS Act, Sections 561-565(ff).....	$ 119,026,000	$ 125,000,000	$ -	$ 125,000,000
21. Grants to Address the Problems of Persons Who Experience Violence Related Stress PHS Act, Section 582.....	$ 63,887,000	$ 71,887,000	$ 63,887,000	$ 81,887,000

Authorizing Legislation (continued)

Activity	FY 2022 Amount Authorized	FY 2022 Amount Appropriated	FY 2023 Amount Authorized	FY 2023 President's Budget
22. Community Mental Health Services Block Grants PHS Act, Section 1911-1920.....	$ 532,571,000	$ 757,571,000	$ -	$ 1,582,571,000
23. Substance Abuse Prevention and Treatment Block Grants PHS Act, Section 1921-1935.....	$ 1,858,079,000	$ 1,858,079,000	$ -	$ 2,833,244,000
24. Assisted Outpatient Treatment Grant Program for Individuals With SMI Section 224 of the Protecting Access to Medicare Act of 2014……	$ 18,000,000	$ 21,000,000	$ -	$ 21,420,000
25. Protection and Advocacy for Individuals with Mental Illness* Section 117 of the Protection and Advocacy of Mentally Ill Individuals Act of 1986……	$ -	$ 36,146,000	$ -	$ 36,146,000
26. Heath Surveillance PHS Act, Section 501, 505.....	Permanent	$ 126,258,000	$ 130,913,000	$ 130,913,000
27. Public Awareness and Support PHS Act, Section 501, 509, 516, 520A.....	Indefinite	$ 13,000,000	$ 13,260,000	$ 13,260,000
28. Performance and Quality Improvement Systems PHS Act, Section 501, 509, 516, 520A.....	Indefinite	$ 10,000,000	$ 10,200,000	$ 10,200,000
29. Drug Abuse Warning Network PHS Act, Section 505.....	Permanent	$ 10,000,000	$ 15,000,000	$ 15,000,000
* Sunset date: 2003				

Appropriations History

Appropriation History Table

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation	
FY 2014					
General Fund Appropriation:					
Base S.R. 113-071	$3,347,951,097	---	$3,529,944,000	$3,434,935,000	/1
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	/2
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	/3
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	/4
Base P.L. 115-31	$3,488,783,000	$4,211,603,000	$3,739,577,000	$3,611,003,000	/5
Subtotal	$3,488,783,000	$4,211,603,000	$3,739,577,000	$4,111,003,000	
FY 2018					
General Fund Appropriation:					
21st Century Cures Act				$500,000,000	/6
Base P.L. 115-141	$3,770,668,000	$4,193,936,000	$4,279,092,000	$4,513,327,000	/7
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	/8
Subtotal	$3,425,887,000	$5,319,561,000	$5,592,827,000	$5,596,829,000	
FY 2020					
General Fund Appropriation:					
CARES Act P.L. 116-136	---	---	---	$425,000,000	/9
Base P.L. 116-94	$5,534,908,000	$5,870,996,000	$5,856,496,000	$5,736,829,000	/10
Subtotal	$5,534,908,000	$5,870,996,000	$5,856,496,000	$5,736,829,000	
FY 2021					
General Fund Appropriation:					
American Rescue Plan Act of 2021 P.L. 117-2	---	---	---	$3,560,000,000	/11
Coronavirus Emergency Reponse and Relief Act P.L. 116-260	---	---	---	$4,250,000,000	/11
Base P.L. 116-260	$5,597,651,000	$5,830,829,000	$5,853,840,000	$5,869,841,000	/12
Subtotal	$5,597,651,000	$5,830,829,000	$5,853,840,000	$13,679,841,000	

Appropriations History

Appropriation History Table (cont'd)	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2022				
General Fund Appropriation:				
Base	$9,586,844,000	$8,943,945,000	$8,957,412,000	$5,947,462,000 /13
Subtotal	$9,586,844,000	$8,943,945,000	$8,957,412,000	$5,947,462,000
FY 2023				
General Fund Appropriation:				
Base	$10,137,487,000	---	---	--- /14
Subtotal	$10,137,487,000	---	---	---

1/ Reflects the whole year appropriation.

2/ Reflects the whole year appropriation.

3/ Reflects the whole year appropriation.

4/ 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.

5/ Reflects the whole year appropriation.

6/ 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.

7/ Reflects the Annualized Continuing Resolution.

8/ Reflects the whole year approation

9/ Reflects supplemental fundig.

10/ Reflects the whole year approation

11/ Reflects supplemental fundig.

12/ Reflects the whole year approation

13/ Reflects the Annualized Continuing Resolution.

14/ Reflects the whole year approation

Appropriations Not Authorized by Law

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2022
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

Mental Health

Table of Contents

Mental Health
Summary of the Request

(Dollars in thousands)

	FY 2021		FY 2022	FY 2023	
	Final	COVID-19 Supplemental/1	CR	President's Budget	FY 2023 +/- FY 2022
Programs of Regional and National Significance	$556,392	$170,000	$636,544	$1,679,874	$1,043,330
Prevention and Public Health Fund (non-add)	*12,000*	---	*12,000*	*12,000*	---
Children's Mental Health Services	125,000	---	125,000	225,000	100,000
Projects for Assistance in Transition From Homelessness	64,635	---	64,635	69,635	5,000
Protection and Advocacy For Individuals with Mental Illness	36,146	---	36,146	36,146	---
Certified Community Behavioral Health Clinics	249,249	1,020,000	250,000	552,500	302,500
Community Mental Health Centers	---	---	---	412,500	412,500
Community Mental Health Services Block Grant	755,571	3,150,000	757,571	1,652,571	895,000
PHS Evaluation Funds (non-add)	*21,039*	---	*21,039*	*21,039*	---
Total, Mental Health	**1,786,993**	**4,340,000**	**1,869,896**	**4,628,226**	**2,758,330**
FTE			**81**	**77**	

1/Supplemental funding was appropriated under HSPS but funds were allocated to Mental Heatlth to execute.

The Mental Health FY 2023 President's Budget request is $4.2 billion, an increase of $2.3 billion from the FY 2022 Annualized Continuing Resolution.

SAMHSA's Center for Mental Health Services (CMHS) manages over 40 formula and discretionary grant programs with approximately 2,500 grantee programs throughout the US. The programming, which covers the lifespan, funds interventions in the full range of the public health model, from mental health promotion, through prevention, case identification/screening, early intervention, treatment, and recovery support services. There is a strong emphasis on increasing access to quality mental health treatment and recovery services. A portion of CMHS' programming, particularly the programming focused on mental health promotion, prevention, and case identification, apply to children and adults experiencing Any Mental Illness (AMI) and to mental wellness. However, much of the programming is targeted towards supporting and treating adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED).

CMHS's grant programs support direct services, infrastructure development, capacity building, and technical assistance to enhance the behavioral health system for all Americans. Several grant programs involve multiple systems beyond the behavioral health system, such as the primary healthcare, school, child welfare, criminal and juvenile justice, and housing systems. Because of the complexity of the issues covered in the multiple-system grant programs, CMHS collaborates with federal partners to ensure alignment. This inter-agency collaboration also contributes to SAMHSA's overall efforts to address the need for an integrated, comprehensive crisis response and intervention system, as charged by Congress. In addition, CMHS's grant programs are also integral to SAMHSA's core near-term priorities to promote access to suicide prevention and the HHS Strategic Plan FY 2022-2026 objectives to bolster the health workforce, strengthen early childhood development and expand opportunities, expand access to high-quality services and resources, support those who have experienced trauma or violence, and prioritize evidence-based practices.

Mental Health
Programs of Regional and National Significance (PRNS)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental [1]	FY 2022 CR	FY 2023 President's Budget [2]	FY 2023 +/- FY 2022
Capacity					
National Child Traumatic Stress Network	$71,671	$20,000	$71,887	$150,000	$78,113
Project AWARE	105,118	80,000	107,001	244,000	136,999
Project AWARE: State Grants(non-add)	*92,618*	---	*94,501*	*225,250*	*130,749*
Project AWARE: Civil Unrest(non-add)	*12,500*	---	*12,500*	*18,750*	*6,250*
Mental Health Awareness Training	23,963	---	23,963	64,000	40,037
Healthy Transitions	29,451	---	29,451	61,400	31,949
Children and Family Programs	7,229	---	7,229	7,229	---
Consumer and Family Network Grants	4,971	---	4,954	4,954	---
Project LAUNCH	23,509	---	23,605	35,408	11,803
MH System Transformation and Health Reform	3,779	---	3,779	3,779	---
Primary and Behavioral Health Care Integration	52,377	---	52,877	102,877	50,000
Suicide Prevention Programs	102,046	70,000	179,667	779,947	600,280
988 and Behavioral Health Crisis Services	---	---	---	*696,901*	*696,901*
Suicide Lifeline	*24,000*	*32,000*	*101,621*	--	*-101,621*
National Strategy for Suicide Prevention	*23,200*	*18,000*	*23,200*	*23,200*	---
Zero Suicide (non-add)	*21,200*	---	*21,200*	*21,200*	---
Zero Suicide AI/AN(non-add)	*2,400*	---	*2,400*	*2,400*	---
All Other NSSP (non-add)	*2,000*	---	*2,000*	*2,000*	---
GLS - Youth Suicide Prevention - States	36,427	*17,600*	36,427	36,427	---
Budget Authority (non-add)	*24,427*	---	*24,427*	*24,427*	---
Prevention and Public Health Fund (non-add)	*12,000*	---	*12,000*	*12,000*	---
GLS - Youth Suicide Prevention - Campus	*6,488*	*2,400*	*6,488*	*11,488*	*5,000*
GLS - Suicide Prevention Resource Center	*9,000*	---	*9,000*	*9,000*	---
AI/AN Suicide Prevention Initiative	*2,931*	---	*2,931*	*2,931*	---
Homelessness Prevention Programs	30,741	---	30,696	35,696	5,000
Minority AIDS	9,224	---	9,224	9,224	---
Criminal and Juvenile Justice Programs	6,269	---	6,269	56,394	50,125
Seclusion & Restraint	1,147	---	1,147	1,147	---
Assisted Outpatient Treatment for Individuals with SMI	20,937	---	21,000	21,420	420
Assertive Community Treatment for Individuals with SMI	9,000	---	9,000	9,000	--
Tribal Behavioral Health Grants	20,881	---	20,750	23,250	2,500
Infant and Early Childhood Mental Health	8,096	---	8,000	37,500	29,500
Interagency Task Force on Trauma-Informed Care	--	---	---	1,000	1,000
Subtotal, Capacity	**530,408**	**170,000**	**610,499**	**1,648,225**	**1,037,726**
Science and Service:					
Primary and Behavioral Health Care Integration TTA	1,991	---	1,991	1,991	---
Practice Improvement and Training	7,828	---	7,828	9,828	2,000
Consumer and Consumer Support TA Centers	1,901	---	1,918	1,918	---
Disaster Response	1,953	---	1,953	1,953	---
Homelessness	2,251	---	2,296	2,296	---
MH Minority Fellowship Program	10,059	---	10,059	13,663	3,604
Subtotal, Science and Service	**25,984**	---	**26,045**	**31,649**	**5,604**
Total, PRNS	**556,392**	**170,000**	**636,544**	**1,679,874**	**1,043,330**

[1/] Supplemental funds includes funding from the American Rescue Plan and the Cooronavirus Emergency Response and Relief Act.

[2/] The Suicide Lifeline was realigned to 988 Programs in FY 2023.

National Child Traumatic Stress Network

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
National Child Traumatic Stress Network	$71,671	$20,000	$71,887	$150,000	$78,113

Authorizing Legislation .....Section 582 of the Public Health Service Act
FY 2023 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. This 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 and 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 may lead to early childhood mental health, chronic medical, and social development problems - if not recognized and addressed early in life.[2] A recent study of 6000 adolescents in the United States found that 62 percent of youths experienced at least one traumatic event in their lifetime, including interpersonal violence, serious accidents or injuries, natural disaster, and death of a loved one; 19 percent have experienced three or more such events [3]. Adding to the current body of knowledge, another recent study highlighted that adolescents between 13-19 self-reported experiencing at least one traumatic event during childhood and adolescence resulting in youth emotional and behavioral problems. 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. There is also a higher prevalence rates of complex trauma exposure for children in the welfare system. A study examining trauma histories, including complex trauma exposure (physical abuse, sexual abuse, emotional abuse, neglect, domestic violence), posttraumatic stress, and behavioral and emotional problems of 2, 251 youth in foster care found that 70.4% of the sample reported at least two of the traumas that constitute complex trauma and 11.7% of the sample reported all 5 types.[4]

---

[2] Kerker, B.D., Zhang, J., Nadeem, E., Stein, R.E., Hurlburt, M.S., Heneghan, A., Landsverk, J., McCue Horwitz S (2015). Adverse childhood experiences and mental health, chronic medical conditions, and development in young children. Academy of Pediatrics, 13(15), 00173-00174.

[3] McLaughlin, K. A., Koenen, K. C., Hill, E. D., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. Journal of the American Academy of Child & Adolescent Psychiatry, 52(8), 815-830.

[4] Greeson, J. K. P., Briggs, E. C., Kisiel, C. L., Layne, C. M., Ake, G. S., III, Ko, S. J., …Fairbank, J. A. (2011). Complex trauma and mental health in children and adolescents placed in foster care: findings from the National Child Traumatic Stress Network. Child Welfare, 90(6), 91-10.

To address this challenge, SAMHSA funds 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 140 funded and over 160 affiliate (formerly funded) centers and individuals located nationwide in universities, hospitals, and a range of diverse community-based organizations with thousands of national and local partners. The NCTSN's mission is to raise the standard of care and improve access to evidence-based services for children experiencing trauma, their families, and communities. A component of this work has been the development of resources and delivery of training and consultation to support the development of trauma-informed child-serving systems. Network members work together within and across diverse settings, including a wide variety of governmental and non-governmental organizations.

The NCTSN continues to be a principal source of child trauma information and training for the nation. In FY 2021, NCTSN grantee sites in this virtual environment, provided trauma-informed training to over 409,782 people. Since its inception, the NCTSN has provided training on best practices and other aspects of child trauma to over 2 million participants throughout the country. The NCTSI Learning Center now has over 430,000 users accessing evidence-based child trauma resource.

Data collected in FY 2021 demonstrate that the current NCTSN grantees provided screening to over 95,612 individuals and evidence-based treatment to 56,228 children, adolescents, and family members. Over eighty-one percent reported healthy overall at six months. In addition, thousands more youth and families have benefited indirectly from the training and consultation provided by NCTSN grantees to organizations that deliver evidence-based trauma interventions to various communities throughout the country.

In FY 2021, SAMHSA supported 34 grant continuations and awarded a new cohort of 106 grants (97 grants from annual appropriations, 7 grants from COVID Relief Supplemental Appropriations Act and two grants from American Rescue Plan Act.) In FY 2022 Annualized CR, SAMHSA plans to support 129 grant continuations (127 grants from annual appropriations and 2 grants from American Rescue Plan Act) and award a new cohort of 4 grants.

[4] Darnell, D., Flaster, A., Hendricks, K., Kerbrat, A., & Comtois, K. A. (2019). Adolescent clinical populations and associations between trauma and behavioral and emotional problems. Psychological Trauma: Theory, Research, Practice, and Policy, 11(3), 266–273.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$63,887,000	
FY 2020	$68,887,000	
FY 2021 Final	$71,671,178	$20,000,000
FY 2022 CR	$71,887,000	
FY 2023 President's Budget	$150,000,000	

Budget Request

The FY 2023 President's Budget request is $150.0 million, an increase of $78.1 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to support 120 grant continuations (118 grant from annual appropriation and two grants from American Rescue Plan Act) and 171 new grants for the improvement of mental disorder treatment, services, and interventions for children and adolescents exposed to traumatic events and to provide trauma-informed services for children and adolescents as well as training for the child-serving workforce. With the purposed increase in funds, SAMHSA estimates the number of individuals served will nearly double to 16,000 and the number of people in the mental health and related workforce will increase to 250,000.

Outputs and Outcomes Table

Program: National Child Traumatic Stress Network (NCTSN)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.2.02a Percentage of children receiving trauma informed services who report positive functioning at 6-month follow-up (Outcome)	FY 2021: 75.9 % Target: 70 % (Target Exceeded)	70 %	70 %	Maintain
3.2.23 Unduplicated count of the number of children and adolescents receiving trauma-informed services (Outcome)	FY 2021: 40,369 Target: 59,023 (Target Exceeded)	80,000	80,000	Maintain
3.2.39 Number of child-serving professionals trained in providing trauma-informed services (Outcome)	FY 2021: 549,381 Target: 276,791 (Target Exceeded)	900,000	900,000	Maintain

Project AWARE

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Project AWARE	$105,118	$80,000	$107,001	$244,000	$136,999
Project AWARE State Grants (non-add)	*92,618*	---	*94,501*	*225,250*	*130,749*
Project AWARE - Civil Unrest (non-add)	*12,500*	---	*12,500*	*18,750*	*6,250*

Authorizing Legislation .....Sections 520A, and 520J of the Public Health Service Act
FY 2023 Authorization $0
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

Mental health challenges are, and have been, of grave concern for children and youth. Surveys of young people in 2019 show increases in feelings of sadness or hopelessness – one in three high school students and half of the female students reported persistent feelings of sadness or hopelessness which is an overall increase of 40% from 2009. In addition, early estimates from the National Center for Health Statistics suggest there were more than 6,600 deaths by suicide among youth between the ages of 10-24 in 2020. [5] Project AWARE is designed to identify children and youth in need of mental health services in their school. Schools are often safe places where children and youth feel supported. Schools can increase access to mental health treatment by increasing the mental health literacy of school personnel, developing screening procedures, and develop robust referral pathways to community-based services.

Project AWARE is made up of two components: Project AWARE State Education Agency (SEA) grants and Resilience in Communities after Stress and Trauma (ReCAST) grants.

Currently, Project AWARE SEA grants are awarded to State Education Agencies to promote comprehensive, coordinated, and integrated state efforts to make schools safer and increase access to mental health services. The program also includes a focus on the specific needs affecting rural communities. These communities struggle with access to mental health services in schools and access to qualified health professionals to provide such services.

In FY 2021, Project AWARE grantees trained 189,865 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. The grantees also referred 43,734 school-aged youth to mental health and related services.

[5] https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

ReCAST grants promote resilience in high-risk youth, families, and communities that have recently faced civil unrest through implementation of evidence-based violence prevention programs, community youth engagement programs, and trauma-informed behavioral health services. ReCAST aims to develop culturally responsive approaches with community-based partners to address the mental health services needs of children and youth.

In FY 2021, ReCAST grantees trained 2,940 members of the mental health workforce in trauma informed approaches. Additionally, 22,280 community stakeholders were trained in trauma-informed approaches, including violence prevention and mental health literacy. ReCAST grantees provided 16,984 at-risk youth and their family members with high-quality trauma-informed mental health services. Over 1,400 new partnerships were established among local municipal organizations and community agencies to support high-risk youth and their families.

In FY 2021, SAMHSA supported 42 continuation grants (39 AWARE and three ReCAST grants) and a new cohort of 30 grants (10 AWARE, nine ReCAST and 11 AWARE from COVID Relief Supplemental Appropriations Act funding). In FY 2022 Annualized CR, SAMHSA will support 59 continuation grants (49 AWARE and 10 ReCAST) and a new cohort of 3 grants from American Rescue Plan Act.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$71,001,000	
FY 2020	$102,001,000	
FY 2021 Final	$105,117,728	$80,000,000
FY 2022 CR	$107,001,000	
FY 2023 President's Budget	$244,000,000	

Budget Request

The FY 2023 President’s Budget request is $244.0 million, an increase of $136.9 million from the FY 2022 Annualized Continuing Resolution. Funding for this program will support 88 new Project AWARE State Grants, 1 new ReCAST grant, and technical assistance on the provision of school-based mental health services. The funding increase will expand the program’s targeted population to include college students and adults and expand the program’s training settings to include non-educational and non-health care sites. It is expected that the increase in funding for Project AWARE will help to identify and refer approximately 80,000 school-aged youth to mental health and related services; and to train approximately 500,000 mental health and mental health-related professionals on evidence-based mental health practices.

Outputs and Outcomes Table

Program: Project AWARE

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.2.39 Number of individuals who have received training in prevention or mental health promotion (Outcome)	FY 2021: 226,020.0 Target: 215,000.0 (Target Exceeded)	240,000	500,000	Increase
3.2.51 Number of individuals referred to mental health or related interventions (Output)	FY 2021: 43,744.0 Target: 37,000.0 (Target Exceeded)	43,000.0	80,000.0	Increase

Mental Health Awareness Training

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Mental Health Awareness Training	$23,963	$---	$23,963	$64,000	$40,037

Authorizing Legislation .....Sections 520A, and 520J of the Public Health Service Act
FY 2023 Authorization $0
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

Mental health literacy is an individual's knowledge and beliefs about mental health disorders that assist in the recognition, management, and prevention of mental health challenges and concerns[6]. There is an interrelationship between mental health knowledge and stigma where the lack of knowledge is a driver of negative attitudes. [7] The Mental Health Awareness Training (MHAT) grants train school personnel, emergency first responders, law enforcement, veterans, armed services members, and their families how to recognize the signs and symptoms of mental disorders such as serious mental illness and/or serious emotional disturbances. In addition, MHAT grant program provides training on how to create a supportive and compassionate culture and assist others in accessing treatment if needed.

In FY 2021, MHAT grantees trained 38,830 individuals in mental health or related professions, first responders, law enforcement personnel, and family/student support clinical and nonclinical workers (e.g., case workers and community outreach workers) in mental health literacy programs. Grantees provided mental health literacy training to 79.582 school personnel (including support, administrative, and clerical staff) and community members. Also, 125,62 individuals have been referred to mental health services and supports as a result of the MHAT grant.

In FY 2021, SAMHSA supported 33 continuation grants and awarded a new cohort of 145 grants. In FY 2022 Annualized CR, SAMHSA will support 160 continuation grants and award a new cohort of 23 grants.

[6] Can J Psychiatry, 2016 Mar; 61(3): 154-158.
[7] Can J Psychiatry, 2016 Mar; 61(3): 154-158.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$20,963,000	
FY 2020	$22,963,000	
FY 2021 Final	$23,963,000	
FY 2022 CR	$23,963,000	
FY 2023 President's Budget	$64,000,000	

Budget Request

The FY 2023 President's Budget request is $64.0 million, an increase of $40.0 million from the FY 2022 Annualized Continuing Resolution. Funding for this program will support 168 continuation grants and award a new cohort of 325 grants. The budget will expand eligible populations for this program to include college students and adults, and to broaden applicable settings for trainings to include non-educational, non-health care settings. With the purposed increase in funding, it is estimated the number of individuals referred to mental health and related services will near 300,000 and the number of individuals trained to recognize the signs and symptoms of mental illness will increase to 200,000.

Healthy Transitions

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Healthy Transitions	$29,451	$---	$29,451	$61,400	$31,949

Authorizing Legislation……Section 520A of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts
Eligible Entities.....States and Tribes

Program Description and Accomplishments

Youth and young adults with Serious Emotional Disturbance or Serious Mental Illness, along with those with co-occurring mental illness and drug/alcohol addiction, face a more difficult transition to adulthood than do their peers. In the 2020 National Survey on Drug Use and Health (NSDUH) through the Substance Abuse and Mental Health Services Administration (SAMHSA) just over 30 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 9.7 percent had a serious disorder, such as schizophrenia, bipolar disorder, and major depression, that compromised their ability to function. This age group had the highest prevalence of serious mental illness compared to adults aged 26-49 (6.9%) and those aged 50 and older (3.4%)[8]. Compared to their peers, these young people were significantly more likely to experience homelessness,[9] be arrested,[10] drop out of school,[11] and be unemployed.[12] It is important to identify these young people, develop appropriate outreach and engagement processes, and facilitate access to effective clinical and supportive interventions. Outreach and engagement are essential to these youth and young adults, and their families, as many are disconnected from social and other community supports.

The Healthy Transitions program provides grants to states and tribes to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition. Grantees use these funds to provide services and supports to address serious mental health conditions, co-occurring disorders, and risks for developing serious mental health conditions among youth 16 – 25 years old. This will be

[8] https://www.nimh.nih.gov/health/statistics/mental-illness
[9] 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.
[10] 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.
[11] Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., Kemp, J. (2008). The condition of education 2008 (NCES 2008-031).
[12] 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.

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 age group; enhance peer and family supports, and develop effective services and interventions for youth, young adults and their families as these young people transition to adult roles and responsibilities. Since 2014, a total of 9,097 youth in 22 states, five territories, and six tribes have been served.

FY 2021 data for grantee participants showed an 18.3 percent decrease in psychological distress, a 32.9 percent improvement in functional outcomes, an 8.6 percent increase in being in excellent or in very good health, and a 65.9 percent rate of employment (full or part-time). In addition, from baseline to 6-month follow-up there was an 18.2 percent increase in the number of nights young adults had a stable place to live.

In FY 2021, SAMHSA supported 27 grant continuations and awarded a new cohort of one grant.

In FY 2022 Annualized CR, SAMHSA will support 28 grant continuations.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$25,951,000	
FY 2020	$28,951,000	
FY 2021 Final	$29,451,000	
FY 2022 CR	$29,451,000	
FY 2023 President's Budget	$61,400,000	

Budget Request

The FY 2023 President’s Budget request is $61.4 million, an increase of $31.9 million from the FY 2022 Annualized Continuing Resolution. This budget will support 18 continuation grants and fund a new cohort of 41 grants. Funding will 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. It is expected that the number of young people served by this program will increase to 1,500 and there will be an increase in the available supports and services needed to support this population.

Outputs and Outcomes Table

Program: Healthy Transitions

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.2.34 Percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2021: 65.1 % Target: 58.6 % (Target Exceeded)	58.6 %	58.6 %	Maintain
3.2.35 Percentage of clients receiving services who had a permanent place to live in the community at 6-month follow-up. (Outcome)	FY 2021: 51 % Target: 35 % (Target Exceeded)	35 %	35 %	Maintain
3.2.36 Percentage of clients receiving services who are currently employed at 6-month follow-up. (Outcome)	FY 2021: 65.4 % Target: 34 % (Target Exceeded)	65 %	65 %	Maintain

Children and Family Programs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Children and Family Programs	$7,229	$---	$7,229	$7,229	$---

Authorizing Legislation……..... Section 520A of the Public Health Service Act
FY 2023 Authorization $0
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 that seeks to promote mental disorder treatment equity by providing American Indian/Alaska Native (AI/AN) communities with tools and resources to design and sustain their own culturally competent system of care approach for children. The Circles of Care program reflects the unique history and needs of individual AI/AN communities and promotes the idea of building on cultural strengths. The program increases capacity and community readiness to address the mental health needs, such as SED, for children and their families through the provision of evidence-based treatment services and support. This grant program is of critical importance as there are significant mental health needs in AI/AN communities and has improved the availability, accessibility, and acceptability of behavioral health services for native youth.

In FY 2021, SAMHSA supported 18 continuation grants, awarded three new grants, and 1,581 individuals received training in mental health practices and activities that aligned with the goals of the program. In FY 2022 Annualized CR, SAMHSA will support 21 continuation grants and award one new grant.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$7,229,000	
FY 2020	$7,229,000	
FY 2021 Final	$7,229,000	
FY 2022 CR	$7,229,000	
FY 2023 President's Budget	$7,229,000	

Budget Request

The FY 2023 President's Budget request is $7.2 million, level with the FY 2022 Annualized Continuing Resolution. This funding will support four Circles of Care continuation grants and award a new cohort of 18 grants. Funding will 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.

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 104.

Consumer and Family Network Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Consumer and Family Network Grants	$4,971	$---	$4,954	$4,954	$---

Authorizing Legislation……..…Section 520A of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts
Eligible Entities.....Community Organizations

Program Description and Accomplishments

Across the healthcare arena, there is growing recognition and evidence that client-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 serious mental illness (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 programs, the Statewide Consumer Network (SCN) Program and the Statewide Family Network (SFN) Program.

The SCN grant program focuses on the needs of adults (18 years and older) with SMI by strengthening the capabilities of statewide consumer-run organizations. These entities serve an important role in engaging consumers of mental health services, caregivers, policy makers, and providers in improving and transforming the mental health and related systems in their states. This network is a sustainable mechanism for integrating the consumer voice in state mental health and allied systems to: (1) expand service system capacity; (2) support policy and program development; and (3) enhance peer support. This program promotes skill development with an emphasis on leadership and business management, as well as on 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 serious emotional disturbance (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 2021, SAMHSA supported eight SCN and 17 SFN grant continuations and awarded a new cohort of 12 SCN and13 SFN grants. The SCN grantees trained 8,823 individuals in the mental health and related workforce and SFN grantees trained 18,373 individuals in the mental health and related workforce. In addition, 5,648 consumers and family members were involved in ongoing mental health-related planning and advocacy activities. In FY 2022 Annualized CR, SAMSHA will support 12 SCN and 13 SFN grant continuations and award a new cohort of eight SCN and 17 SFN.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$4,954,000	
FY 2020	$4,954,000	
FY 2021 Final	$4,970,508	
FY 2022 CR	$4,954,000	
FY 2023 President's Budget	$4,954,000	

Budget Request

The FY 2023 President’s Budget request is $4.9 million, level with the FY 2022 Annualized Continuing Resolution. Funds will be used for 47 continuation grants that promote consumer, family, and youth participation in the development of policies, programs, and quality assurance activities related to mental health systems reform across the United States.

The output and outcome measures for Consumer and Family Network Programs are part of the Mental Health – Other Capacity Activities Outputs and Outcomes table shown on page 104.

Project LAUNCH

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Project LAUNCH	$23,509	$---	$23,605	$35,408	$11,803

Authorizing Legislation……. Section 520A of the Public Health Act
FY 2023 Authorization $0
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 and that half of all lifetime cases of mental illness begin before age 14.[13] Young children experiencing mental, emotional, behavioral challenges are also at high risk for preschool expulsion. In fact, the 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.[14] 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 childcare 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.

In 2008, Project Linking Actions for Unmet Needs in Children's Health (LAUNCH) began as a national initiative. The purpose of the Project LAUNCH initiative is to promote the wellness of young children, from birth to eight years of age, by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Project LAUNCH pays particular attention to the social and emotional development of young children and works to ensure that the systems that serve them (including childcare and education, home visiting, and primary care) are equipped to promote and monitor healthy social and emotional development. The program also ensures that the systems intervene to prevent, recognize early signs of, and address mental, emotional, and behavioral disorders in early childhood and into the early elementary grades.

Project LAUNCH now includes grantees in 38 states, 23 tribal entities, four US territories, three Alaska/native communities, and the District of Columbia, and five alumni Project LAUNCH

[13] 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.
[14] Gilliam, W. (2005). Pre-kindergarteners left behind: Expulsion rates in state prekindergarten systems. Foundation for Child Development.

Expansion state grantees. The five alumni state grantees engaged in replication of successful Project LAUNCH prevention strategies in new communities within the respective state. All grantees are funded for a total of four or five years.

Well-established Project LAUNCH grantees were able to pivot during the COVID-19 pandemic because they had implemented their chosen evidence-based intervention prior to the initial lock down. Many continued to offer services through telehealth modalities. They were also able to provide training for professionals who had not been able to attend previously due to transportation and scheduling challenges. As of 2021, cumulative performance data for Project LAUNCH (2008-2021) indicate that more than 254,190 children and parents have been screened or assessed for behavioral health concerns across a range of diverse settings (e.g., primary care, childcare, and home visiting). Child screenings are a critical step in the early recognition of social emotional concerns and create a pathway to prevention and treatment services. Adult screenings include screening for perinatal depression, substance use, and a range of social needs. More than 110,799 community providers have been trained on milestones of social/emotional development, early detection of behavioral health issues, and best practices for mental health treatment. Over 215,520 children and parents/caregivers have received evidence-based mental health-related services through the grant program, and approximately 11,431 new partnerships have been developed between organizations to improve care coordination and access to quality mental health services for young children and families.

A multi-site evaluation of Project LAUNCH was completed in 2018 (https://www.acf.hhs.gov/opre/research/project/cross-site-evaluation-of-project-launch-linking-actions-for-unmet-needs-in). Phase one of the evaluation used a meta-analytical approach to assess the implementation of the program. The findings indicated that grantees successfully improved community- and state-level child and family-serving systems. In addition, grantees demonstrated improved social and academic functioning among young children, and over 75 percent reported decreases in problem behaviors. Phase two of the multi-site evaluation involved a quasi-experimental design, exploring whether children in 10 communities served by Project LAUNCH differed in social and emotional wellbeing from children in 10 socio-demographically matched communities. Results indicated that children living in Project LAUNCH communities received more developmental screening and supports than children living in matched comparison communities. Additionally, children served in LAUNCH communities had less need for early intervention services related to attachment, initiative, and other indicators of resilience, particularly for young children ages birth to three. Parents in Project LAUNCH communities reported more involvement with their children and less parenting frustrations.

In FY 2021, SAMHSA supported 30 continuation grants and the Center of Excellence- Infant and Early Childhood Mental Health (CoE-IECMHC). In FY 2022 Annualized CR, SAMHSA will support 30 continuation grants and the CoE-IECMHC.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$23,605,000	
FY 2020	$23,605,000	
FY 2021 Final	$23,508,709	
FY 2022 CR	$23,605,000	
FY 2023 President's Budget	$35,408,000	

Budget Request

The FY 2023 President's Budget request is $35.4 million, an increase of $11.8 million from the FY 2022 Annualized Continuing Resolution. This funding will support 16 continuation grants, award a new cohort of 24 grants and the CoE-IECMHC to improve health outcomes for young children and support children at high risk for mental illness and their families to prevent future disability. This funding will provide continued screening, prevention, early intervention for behavioral health issues and referrals to high quality treatment for children and families in 30 communities across the U.S. through the CoE-IECMHC. With the purposed increase in funding, it is expected that the number of young children screened for mental health disorders will increase to nearly 11,000, and the number of young children referred to mental health and related services will increase to 7,000.

Outputs and Outcomes Table

Program: Mental Health-Project LAUNCH

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.94 Number of persons served (Output)	FY 2021: 5,743 Target: 9,370 (Target Not Met)	6,000	7,000	Increase
2.3.95 Number of persons trained in mental illness prevention or mental health promotion (Outcome)	FY 2021: 8,201 Target: 5,953 (Target Exceeded)	8,300	10,000	Increase
2.4.00 Number of 0–8-year-old children screened for mental health or related interventions (Outcome)	FY 2021: 8,573 Target: 8,700 (Target Not Met)	8,573	10,000	Increase
2.4.01 Number of 0–8-year-old children referred to mental health or related interventions (Outcome)	FY 2021: 3,614 Target: 2,160 (Target Exceeded)	3,614	5,000	Increase

Mental Health System Transformation and Health Reform

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Mental Health System Transformation and Health Reform	$3,779	$---	$3,779	$3,779	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2023 Authorization $0
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 serious mental illness (SMI), such as schizophrenia, bipolar disorder, and major depression, who want to work (66 percent) and the number of these individuals who are employed (less than 20 percent). The benefits of steady competitive employment for this population 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.[15]

In FY 2014, the Transforming Lives through Supported Employment Grant program was implemented, within the Mental Health System Transformation program, 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. This program aims to enhance state and community capacity to provide evidence-based supported employment programs for adults and youth with SMI or serious emotional disturbance (SED). These grants help people achieve their goals for competitive employment, building paths to self-sufficiency and recovery. They also support treatment and service providers and employers to prioritize employment as a standard of care by developing and maintaining sustained competitive employment opportunities for people with SMI or SED, 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 2021 program data show that 3,584 people in the mental health and related workforce were trained and 82 programs or organizations collaborated, coordinated, or shared resources with other organizations as a result of the grant. In addition, over 50 percent of individuals served by the program were employed or in school at six-month follow-up; while 75 percent reported positive functioning and 54.7 percent had a stable place to live.

In FY 2021 and FY 2022 Annualized CR, SAMHSA will fund seven grant continuations.

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

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$3,779,000	
FY 2020	$3,779,000	
FY 2021 Final	$3,779,000	
FY 2022 CR	$3,779,000	
FY 2023 President's Budget	$3,779,000	

Budget Request

The FY 2023 President's Budget request is $3.7 million, level with the FY 2022 Annualized Continuing Resolution. Funding will support the continuation of seven Transforming Lives through Supported Employment grants that will enhance state and community capacity to provide evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for adults and youth with SMI/SED and co-occurring mental and substance use disorders.

Outputs and Outcomes Table

Program: Mental Health System Transformation Grants and Health Reform

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.11 Number of persons in the mental health and related workforce trained in specific mental-health related practices/activities as a result of the grant (Outcome)	FY 2021: 352 Target: 3,574 (Target Not Met but Improved)	350	350	Maintain
1.2.21 Percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2021: 69.2 % Target: 62.7 % (Target Exceeded)	62.7 %	62.7 %	Maintain
1.2.22 Percentage of clients receiving services who had a permanent place to live in the community at 6-month follow-up. (Outcome)	FY 2021: 51.5 % Target: 54 % (Target Not Met)	54 %	54 %	Maintain
1.2.23 Percentage of clients receiving services who are currently employed at 6-month follow-up. (Outcome)	FY 2021: 48.5 % Target: 31.6 % (Target Exceeded)	31.6 %	31.6 %	Maintain

Primary and Behavioral Health Care Integration

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Primary and Behavioral Health Care Integration	$54,368	$---	$54,868	$104,868	$50,000
Primary and Behavioral Health Care Integration	*52,377*	---	*52,877*	*102,877*	*50,000*
Primary and Behavioral Health Care Integration TTA	*1,991*	---	*1,991*	*1,991*	-

Authorizing Legislation ..... Section 520K of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method ..... Competitive Grants/Cooperative Agreements
Eligible Entities ..... Qualified Community Mental Health Programs, States or State Agency

Program Description and Accomplishments

Adults with serious mental illness (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.[16] 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.[17] There is also a need to improve capacity to identify and treat mental disorders in primary care and other physical health care settings. The majority of people with mental disorders receive medical treatment in emergency rooms and primary care clinics, unfortunately between 60 and 70 percent of these individuals are discharged without receiving behavioral health care.[18]

The Primary and Behavioral Health Care Integration (PBHCI) Portfolio began in FY 2009 to address this intersection between primary care and treatment for mental illness and co-occurring disorders. This portfolio includes grants to states and community mental health centers. Across several cohorts, the PBHCI program supported 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 was designed 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.

---

[16] 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.
[17] E. Chesney et al., Risks of all-cause and suicide mortality in mental disorders: a meta-review, World Psychiatry; 2014: 13:1153-160.
[18] Klein, S., and M. Hostetter. 2014. In focus: Integrating behavioral health and primary care. New York: The Commonwealth Fund.

In FY 2017, SAMHSA awarded the first cohort of the Promoting Integration of Primary and Behavioral Health Care (PIPBHC) cooperative agreement grant program. The purpose of the PIPBHC program is to: (1) promote full integration and collaboration in clinical practice between primary and behavioral healthcare; (2) support the improvement of integrated care models for primary care and behavioral health care to improve the overall wellness and physical health status of adults with a serious mental illness (SMI) or children with a serious emotional disturbance (SED); and (3) promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases. In FY 2021, the PIPBHC grant program served over 12,028 consumers and provided training to over 9,000 individuals in the mental health and related workforce.

The percent of PIPBHC participants feeling healthy overall increased by 13 percent from intake to 6 months of program participation. 63.5% of program participants reported functioning in everyday life at 6 months, a 10 percent improvement above intake.

In FY 2019, SAMHSA funded a new technical assistance grant, the National Center of Excellence for Integrated Health Solutions (CIHS), for up to $1,889,486 a year for up to five years. The purpose of this program is to advance the implementation of high quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders. The program includes technical assistance and training for communities, individual practitioners, providers, and states on evidence-based and effective strategies to address the integration of primary and mental health care for individuals with mental disorders or co-occurring mental and substance use disorders.

In 2020, CIHS provided training to 23,880 individuals in the mental health and related workforce. Of those, 88 percent of these individuals were able to demonstrate improvement in knowledge, attitudes, and beliefs related to prevention and mental health promotion.

In FY 2021, SAMHSA supported one PBHCI and 23 PIPBHC grant continuations, one CHIS grant continuation, and awarded a new PIPBHC grant. In FY 2022 Annualized CR, SAMHSA will support 24 PIPBHC grant continuations, one CHIS grant continuation and a new PIPBHC grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$43,437,734	
FY 2020	$51,868,000	
FY 2021 Final	$54,368,001	
FY 2022 CR	$54,868,000	
FY 2023 President's Budget	$104,868,000	

Budget Request

The FY 2023 President's Budget request is $104.9 million, an increase of $50.0 million from the FY 2022 Annualized Continuing Resolution. Funding will support the continuation of 12 PIPBHC grants and one CIHS grant. The funding will also fund a new cohort of 37 PIPBHC grants. The purposed increase in funding will result in nearly 19,000 individuals in the mental health and related workforce trained in mental health practices and activities; and the number of individuals served will increase to 10,000.

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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.2.41 Increase the percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2021: 63.8 % Target: 59 % (Target Exceeded)	63 %	63%	Maintain
3.2.42 Increase the percentage of clients receiving services who are currently employed at 6-month follow-up. (Outcome)	FY 2021: 44.5 % Target: 27.7 % (Target Exceeded)	44 %	44 %	Maintain
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 2021: 75.5 % Target: 68 % (Target Exceeded)	75 %	75 %	Maintain

Suicide Prevention Programs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Suicide Prevention	$102,046	$70,000	$179,667	$779,947	$600,280
988 and Behavioral Health Crisis Services	---	---	---	*696,901*	*696,901*
Suicide Lifeline (non-add)	*24,000*	*32,000*	*101,621*	-	*(101,621)*
National Strategy for Suicide Prevention (non-add)	*23,200*	*18,000*	*23,200*	*23,200*	---
Zero Suicide (non-add)	*21,200*	---	*21,200*	*21,200*	---
Zero Suicide -AI/AN (non-add)	*2,400*	---	*2,400*	*2,400*	---
All Other National Strategy for Suicide Prevention (non-add)	*2,400*	---	*2,400*	*2,400*	---
GLS - Youth Suicide Prevention - States (non-add)	*36,427*	*17,600*	*36,427*	*36,427*	---
Budget Authority (non-add)	*24,427*	---	*24,427*	*24,427*	---
Prevention & Public Health Fund (non-add)	*12,000*	---	*12,000*	*12,000*	---
GLS - Youth Suicide Prevention - Campus (non-add)	*6,488*	*2,400*	*6,488*	*11,488*	*5,000*
GLS - Suicide Prevention Resource Center (non-add)	*9,000*	---	*9,000*	*9,000*	---
AI/AN Suicide Prevention Initiative (non-add)	*2,931*	---	*2,931*	*2,931*	---

Program Description

Approximately 45,979 Americans died by suicide in 2020[19].. From 1999 through 2019, the age adjusted suicide rate increased by over 30 percent from 10.5 to 13.9 per 100,000[20]. Suicide rates among youth age 5-24 in 2020 were highest among American Indian/Alaska Natives, followed by suicide among white youth. However, while suicide among whites decreased in 2020, suicide among blacks and American Indian/Alaska Natives increased. Suicide increased in 2020 among youth and young adults age 10-34, but decreased among those older than 35, except for an increase in those over 85[21]. Approximately 52.8% of all suicides in the United states, among youth and adults, utilized a firearm. The 2020 National Survey on Drug Use and Health reported that approximately 1.42 million Americans age 18 and over attempted suicide over the previous 12 months, 12.2 million seriously considered suicide, and 3.2 million made a plan. Among youth age 12-17 in 2020, 629,000 attempted suicide, 3 million seriously considered suicide, and 1.3 million made a suicide plan. The pandemic has magnified both suicide risk and increased overall reporting of depression and anxiety. In a CDC survey from February-March 2021, nearly two-thirds of adults with disabilities reported symptoms of at least one mental health condition or substance use in the past month. Even more alarming, serious thoughts of suicide were about 2.5 times as high among adults with disabilities as those without disabilities, with 31% of individuals with disabilities reporting that they seriously thought about trying to kill themselves within the 30 days prior to survey.

[19] https://www.cdc.gov/mmwr/volumes/71/wr/mm7108a5.htm.
[20] https://www.cdc.gov/nchs/data/vsrr/VSRR016.pdf

[21] https://www.cdc.gov/injury/wisqars/index.html.

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. Accordingly, SAMHSA supports a comprehensive portfolio of suicide prevention programs including the backbone of the portfolio, 988 and Behavioral Health Crisis Services (which subsumes the Suicide Lifeline), the National Strategy for Suicide Prevention, and targeted interventions for populations at higher risk of suicide such as the Garrett Lee Smith and the AI/NA programs.

988 and Behavioral Health Crisis Services

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
988 and Behavioral Health Crisis Services	$---	$---	$---	$696,901	$696,901
Suicide Lifeline (non-add)	24,000	32,000	101,621	---	(101,621)

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts
Eligible Entities..... States, Tribes, Community Organizations

Program Description and Accomplishments

Program Background

To prevent death and injury as the result of suicide attempts, individuals need rapid access to suicide prevention and crisis intervention services. "988 Behavioral Health and Crisis Services" represents an unprecedented investment in critical, life-saving resources for individuals in crisis.

On July 16, 2020, the Federal Communications Commission issued a final order designating 988 as the new, three-digit number for suicide prevention and mental health crises. On October 17, 2020, the National Suicide Hotline Designation Act of 2020 (Public Law 116-172) was signed into law, incorporating 988 into statute as the new number for individuals in crisis. As the National Hotline Designation Act mandates, all 988 contacts will be directed to the National Suicide Prevention Lifeline, which supports individuals in crisis through a network of roughly 200 crisis centers. 988 will continue to include a "Press 1" connection to the VA Crisis Line -- which offers 24/7 access to veterans, service members, and their families -- and a "Press 2" connection to the Spanish crisis subnetwork.

While some telecommunication providers have already made 988 operational, this new number will become available to all Americans using any cell phone, land line, or voice over internet device by July 16, 2022. As awareness of 988 spreads, SAMHSA expects Lifeline contact volume – and the need for subsequent crisis services – to increase significantly.

SAMSHSA recognizes 988 implementation and anticipated service uptake as a once-in-a-lifetime opportunity to strengthen and transform America's behavioral health crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation. SAMHSA also recognizes the demand still far exceeds capacity. As of December 2020, the Lifeline only had sufficient capacity to address approximately 85% of calls, 56% of texts, and 30% of chats. This means there were hundreds of thousands of Americans who sought help and were unable to connect with a trained counselor. With implementation of 988, SAMHSA anticipates the contact volume—including calls, texts, and chats—to increase from a projected 3.3 million in FY 2022 to approximately 7.6 million by FY 2023. The budget proposes an historic investment in the 988 program to ensure there is sufficient funding to support call center response.

Accomplishments

In FY 2020, call volume averaged 194,729 per month for a total of 2,336,743 contacts. 7,542 individuals were screened for mental health and suicidal concerns, 1,055 individuals were referred to services, and 84.1 percent received services. Analysis of the contacts indicated that most individuals who accessed a counselor through the chat system experienced reductions in both suicidal ideation and emotional distress. In FY 2021, call volume averaged 208,147 per month for a total of 2,497,765 contacts.

Five Year Funding Table- Suicide Lifeline

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$12,000,000	
FY 2020	$19,000,000	
FY 2021 Final	$24,000,000	$32,000,000
FY 2022 CR	$101,621,000	
FY 2023 President's Budget	$---	

Five Year Funding Table- 988 and Behavioral Health Crisis Services

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$---	
FY 2020	$---	
FY 2021 Final	$---	
FY 2022 CR	$---	
FY 2023 President's Budget	$696,901,000	

Budget Request

The FY 2023 President's Budget request is $696.9 million. The proposed allocation for FY 2023 represents a historic investment in suicide prevention and behavioral health crisis services. This funding level would ensure that 988 can respond to 100% of contacts in FY 2023. FY 2021 federal funds to the Lifeline totaled $24 million, while FY 2022 federal funding (including workforce funds from the American Rescue Plan) totaled $282 million. The FY 2023 proposed allocation amounts to nearly a 30x increase over FY 2021 funding levels. This funding will play an essential role in advancing the four areas to begin transforming the crisis system to meet the once-in-a-lifetime opportunity of 988 by:

- Strengthening network operations through the Lifeline grant -- Historically, Federal funding for the Lifeline has been dedicated to supporting the Lifeline administrator and centralized network functions, such as: staffing for backup call centers, core

chat/text centers, and specialized services; data and telephony infrastructure; standards, training, and quality improvement; evaluation and oversight. The FY 2023 investment further increases the capacity and performance of these key network infrastructure components and functions to the standard required for the projected contacts anticipated in FY 2023 and support collaborative efforts with partner organizations to improve local routing of contacts.

- Enhancing local capacity through partnerships in behavioral health crisis response -- Local center capacity is critical to ensuring that individuals in crisis receive responses that are tailored to the service system where they are located and that services across the continuum are linked and coordinated.
- Establishing and maintaining a 988 and Behavioral Health Crisis Coordination Office -- Coordination will support 988 implementation and broader crisis system transformation. Coordination activities will include technical assistance to states, and crisis centers; strategic planning, performance management, evaluation, and oversight; and formal partnerships, convenings, and cross-entity coordination.
- Supporting public awareness with targeted 988 national messaging -- The 988 code will provide a universal, easy-to-remember, three-digit phone number and connect people in crisis with life-saving resources. As 988 launches, SAMHSA anticipates the need and additional costs to educate the public on services covered by 988.

National Strategy for Suicide Prevention

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
National Strategy for Suicide Prevention	$23,200	$18,000	$23,200	$23,200	$---
Zero Suicide (non-add)	*18,800*	---	*18,800*	*18,800*	---
Zero Suicide -AI/AN (non-add)	*2,400*	---	*2,400*	*2,400*	---
All Other National Strategy for Suicide Prevention (non-add)	*2,000*	---	*2,000*	*2,000*	---

Authorizing Legislation ..... Section 520L of the Public Health Service Act
FY 2023 Authorization $0
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. Suicide rates rose by over 30 percent during 1999-2019. With the rising rates of suicide among adults, particularly middle-aged and older adults, focusing on preventing suicide among adults is urgently required to reduce suicides nationally. The baby boomer generation has had high rates of suicide throughout the generational lifecycle and is entering the stage of life that has historically had the highest rate of suicide. Very limited suicide prevention work has been directed toward older adults who have the highest rates of suicide.

The National Strategy for Suicide Prevention (NSSP) grant program supports the efforts of states, tribes, primary and behavioral healthcare organizations, public health agencies, and emergency departments 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 39,000 of the more than 45,000 suicides in the United States in 2020.

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

In FY 2021, SAMHSA supported the continuation of five NSSP grants, 30 Zero Suicide continuation grants, and a new cohort of 10 Zero Suicide grants, and 26 COVID Emergency Response Suicide Prevention grants. In FY 2022 Annualized CR, SAMHSA will support the continuation of five NSSP grants and 40 Zero Suicide continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$11,200,000	
FY 2020	$18,200,000	
FY 2021 Final	$23,200,000	$18,000,000
FY 2022 CR	$23,200,000	
FY 2023 President's Budget	$23,200,000	

Budget Request

The FY 2023 President's Budget request is $23.2 million, level with the FY 2022 Annualized Continuing Resolution. This funding will support 25 Zero Suicide continuation grants, award a new cohort of five NSSP and 21 new Zero Suicide grants. The grants support states, tribe, and provider organizations in implementing the NSSP goal to prevent suicide. Grantees 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 & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
GLS - Youth Suicide Prevention - States	$36,427	$17,600	$36,427	$36,427	$---
Prevention & Public Health Fund (non-add)	*12,000*	---	*12,000*	*12,000*	---
GLS - Youth Suicide Prevention - Campus	6,488	2,400	6,488	11,488	5,000

Authorizing Legislation ..... Sections 520E and 520E-2 of the Public Health Service Act
FY 2023 Authorization $0; $0
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. Depression affects one in six Americans at some point and very few families are untouched.[22]

The Garrett Lee Smith (GLS) Memorial Act authorizes SAMHSA to manage two significant youth suicide prevention grant programs and one resource center. The GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program has awarded 230 grants to 50 states and the District of Columbia, 63 unique tribes/tribal organizations, and two territories. These grants develop and implement youth suicide prevention and early intervention strategies involving public-private collaboration among youth-serving institutions.

Performance Evaluation

Previous evaluation results have shown that in the year following suicide prevention activities, counties who implemented GLS-supported activities had lower rates of suicide attempts among youth than matched counties that did not. This impact was maintained for two years and the impact was directly related to years of continued funding. More than 50 percent of the counties in America have received at least one year of funding since the program started in 2005.

In FY 2021, SAMHSA supported 44 GLS State/Tribal continuation grants, 38 GLS Campus continuation grants, and awarded a new cohort of six GLS State and Tribal grants and 25 GLS Campus grants. In additional, SAMSHA funded eight new GLS Campus grants through American Rescue Plan Act funds. 30,722 youth were screened for suicide risk, 15,614 were referred to services and 60.2% received services after referral. Grantees' efforts are reducing the likelihood of at-risk youth falling through the gaps in the system.

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

In FY 2022, the program purpose was modified to reflect a more comprehensive approach to suicide prevention, not just on pathology. The comprehensive approach model identifies students at risk, increases help-seeking behaviors, provides substance use disorder and mental health services, and promotes social connectedness.

In FY 2022 Annualized CR, SAMHSA will support 46 GLS State/Tribal continuation grants, 49 GLS Campus continuation grants (41 grants from annual appropriations and eight grants from American Rescue Plan Act funds) and award a new cohort of five GLS State and Tribal grants (one grant from annual appropriations and four grants from American Rescue Plan Act funds) and 21 GLS Campus grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$41,915,000	
FY 2020	$41,915,000	
FY 2021 Final	$42,915,000	$20,000,000
FY 2022 CR	$42,915,000	
FY 2023 President's Budget	$47,915,000	

Budget Request

The FY 2023 President's Budget request is 47.9 million, an increase of $5.0 million from the FY 2022 Annualized Continuing Resolution. Funds will support the continuation of 47 GLS State/Tribal grants and 54 GLS Campus grants (46 grants from annual appropriation and eight grants from American Rescue Plan Act funds), and a new cohort of 62 GLS Campus grants to continue developing and implementing youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions as well as to support suicide prevention among institutions of higher learning.

Garrett Lee Smith Suicide Prevention Resource Center

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
GLS - Suicide Prevention Resource Center	$9,000	$---	$9,000	$9,000	$---

Authorizing Legislation ..... Section 520C of the Public Health Service Act
FY 2023 Authorization $0
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.

SAMHSA's SPRC has played an important role in transforming suicide prevention and treatment across the lifespan, particularly for those at high risk for suicide. Efforts to advance suicide prevention include:

- Developing and promoting the adoption of evidence-based resources, tools, and online trainings to support strategic, comprehensive, best practice suicide prevention programs around the country;
- Building the capacity of suicide prevention programs nationwide by providing consultation, training, and resources to states, AI/AN communities, colleges and universities, health systems, and organizations serving groups at higher risk for suicide;
- Improving care for those at risk for suicide, including promoting the Zero Suicide model for safer suicide care in health and behavioral health care systems; and
- Providing leadership and operational support, which brings together more than 250 national partners from the public and private sectors to advance implementation of the goals and objectives of the National Strategy.

SAMHSA's SPRC provides free online courses to prepare the clinical workforce to address suicide risk in effective ways. In FY 2021, a total of 11,606 individuals received training through the SPRC. SPRC delivered four webinars focusing on the needs of the clinical workforce, delivered two webinars focused on aspects of the Zero Suicide model, and developed videos to support improved suicide prevention efforts through telehealth to improve care provided during the COVID-19 pandemic.

SAMHSA's SPRC worked with state agencies, communities, and organizations in all 50 states, the District of Columbia, several U.S. territories, and over 140 SAMHSA grantees to build leadership, capacity, and coordination for strategic, evidence-based suicide prevention across the country.

In addition, SAMHSA's SPRC collaborates closely with national and regional TA centers that focus on issues related to suicide prevention, such as mental health, injury prevention, substance use prevention and treatment, violence prevention, and others. SPRC's collaborations include contacts with the coordinating offices of SAMHSA's Mental Health Technology Transfer Centers (TTCs), Prevention TTCs, and Addiction TTCs; Service Member, Veterans, and their Families TA Center; Center for Integrated Health Solutions; and HRSA's National Center for Fatality Review and Prevention.

In FY 2021, approximately 15,723 individuals were exposed to mental health awareness messaging through SPRC, which included downloading resources from SPRC's website. In FY 2022 Annualized CR, SAMHSA will support one grant continuation, and provide $1 million supplement.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$5,988,000	
FY 2020	$7,988,000	
FY 2021 Final	$9,000,000	
FY 2022 CR	$9,000,000	
FY 2023 President's Budget	$9,000,000	

Budget Request

The FY 2023 President's Budget request is $9.0 million, level with the FY 2022 Annualized Continuing Resolution. This funding will support one continuation grant. The Suicide Prevention Resource Center will provide states, tribes, government agencies, private organizations, colleges and universities, and suicide survivors and mental health consumer groups with access to information and resources that support program development, intervention implementation, and adoption of policies that prevent suicide.

American Indian/Alaska Native Suicide Prevention Initiative

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
American Indian/Alaska Native Suicide Prevention Initiative.....	$2,931	$---	$2,931	$2,931	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2023 Authorization $0
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 misuse, 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 2020, 486 tribal communities have received specialized technical assistance and support in suicide prevention and related areas. In addition, more than 20,965 members of these communities received training in prevention and mental health promotion.

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

In FY 2021, SAMHSA funded a new contract and the existing continuation of the MHTTC Tribal Affairs Center. In FY 2022 Annualized CR, SAMHSA will continue to fund the existing contract and MHTTC Tribal Affairs Center.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$2,931,000	
FY 2020	$2,931,000	
FY 2021 Final	$2,931,000	
FY 2022 CR	$2,931,000	
FY 2023 President's Budget	$2,931,000	

Budget Request

The FY 2023 President's Budget request is $2.9 million, level with the FY 2022 Annualized Continuing Resolution. This funding will fund the new 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 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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.59 Number of individuals trained in youth suicide prevention (Outcome)	FY 2021: 118,062 Target: 73,000 (Target Exceeded)	118,000	118,000	Maintain
2.3.60 Number of youth screened (Output)	FY 2021: 64,453 Target: 137,790 (Target Not Met)	64,000	64,000	Maintain
2.3.61 Number of calls answered by the suicide hotline (Output)/1	FY 2021: 2,396,885 Target: 2,186,000	2,186,000		
2.3.62 Number of calls, chats, and texts answered by 988 and Behavioral Health Crisis Services (Output)	FY 2021: 3,324,484	3,324,484	7,600,000	+4,275,516
3.1.01 Number of individuals screened for mental health or related interventions (Intermediate Outcome)	FY 2021: 1,357,653.0 Target: 798,525.0 (Target Exceeded)	1,350,000.0	1,350,000.0	Maintain
3.1.02 Number of individuals referred to mental health or related services (Intermediate Outcome)	FY 2021: 81,553.0 Target: 110,000.0 (Target Not Met)	81,000.0	81,000.0	Maintain
3.1.03 Number of organizations that establish management information/information technology system links across multiple agencies (Intermediate Outcome)	FY 2021: 13.0 Target: 3.0 (Target Exceeded)	3.0	3.0	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.1.04 Number of organizations or communities that demonstrate improved readiness to change their systems (Intermediate Outcome)	FY 2021: 7.0 Target: 71.0 (Target Not Met)	Discontinued	Discontinued	N/A
3.5.11 Percent of respondents who say calling the lifeline stopped you from killing yourself a lot or a little (Outcome)	FY 2021: 86.0 Target: 76.0 (Target Exceeded)	76.0	76.0	Maintain

1/ Outcome 2.3.61 ends and is subsumed by 2.3.62

Homelessness Prevention Programs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Homelessness	$32,992	$---	$32,992	$37,992	$5,000
Homelessness Prevention Programs	*30,741*	---	*30,696*	*35,696*	*5,000*
Homelessness	*2,251*	---	*2,296*	*2,296*	---

Authorizing Legislation ..... Sections 520A of the Public Health Service Act
FY 2023 Authorization $0
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

Although 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 between 2019 and 2020 increased by just 2.2 percent (12,751 people). Many factors contribute to homelessness, such as lack of affordable housing, foreclosures, rising housing costs, job loss, underemployment, domestic violence, mental illness, and addiction, and most of these factors have been exacerbated by the COVID-19 pandemic. According to HUD, 580,466 individuals experienced homelessness on any given night in 2020 in the United States.[23] In addition, the number of individuals experiencing chronic homelessness was 105,583.[24] The number of veterans experiencing homelessness was 37,252.[25] About 20 percent of individuals experiencing homelessness have a serious mental illness (SMI) and 15 percent struggle with chronic substance use and misuse.[26]

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 (SMI), serious emotional disturbance (SED), or co-occurring disorder (i.e., SMI and substance use disorder [SUD] or a SED and SUD) who are experiencing homelessness. The goal of the TIEH 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.

---

[23].Ibid.
[24].Ibid.
[25] Ibid.
[26] 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

In FY 2021, SAMHSA supported 48 TIEH, one HHRC grant continuations and technical assistance activities. In FY 2022 Annualized CR, SAMHSA will support 48 TIEH, one HHRC grant continuations, and technical assistance activities. The FY 2021 TIEH data shows 4,451 individuals were served by the program, the number of individuals who were homeless decreased by 40.8 percent, and the rate of improvement in social connectedness increased by about 4 percent. The data also shows that 12,283 individuals were screened for mental health or mental health related interventions.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$32,992,000	
FY 2020	$32,992,000	
FY 2021 Final	$32,992,000	
FY 2022 CR	$32,992,000	
FY 2023 President's Budget	$37,992,000	

Budget Request

The FY 2023 President's Budget request is $37.9 million, an increase of $5.0 million from the FY 2022 Annualized Continuing Resolution. With this funding, SAMHSA will support 24 TIEH continuation grants, one HHRC continuation grant and technical assistance activities to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable and permanent housing. Grantees will expand access to treatment and connect homeless individuals experiencing Serious Mental Illness with safe, secure housing. In addition, SAMHSA will award a new cohort of 35 TIEH grants and the number of individuals served will increase to 7,000.

Outputs and Outcomes Table

Program: Homelessness Prevention Programs

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.4.23 The number of clients served (Output)	FY 2021: 4003 Target: 3634 (Target Exceeded)	4003	7000	+3997
3.4.24 Percentage of homeless clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2021: 35.9 % Target: 34.4 % (Target Exceeded)	35.9 %	36.9 %	+1 percentage point(s)
3.4.25 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2021: 30.9 % Target: 30.3 % (Target Exceeded)	30.9 %	41.9 %	+11 percentage point(s)

Minority AIDS

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Minority AIDS	$9,224	$---	$9,224	$9,224	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2023 Authorization $0
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

Adults with serious mental illness (SMI) receiving public specialty mental health services are not tested for HIV regularly[27] MAI-SI makes HIV testing and treatment, PrEP and PEP, and Hepatitis vaccination and treatment available to this underserved population. The Centers for Disease Control and Prevention (CDC) reports significantly higher rates of HIV/AIDS among racial/ethnic minorities compared with the general population. Only 7 percent of people with severe mental illness receive HIV testing and there are significant racial disparities. Asians/Pacific Islanders were 53 percent less likely, and blacks were 82 percent more likely to be tested. African Americans accounted for 45 percent and Hispanics accounted for 23 percent of all HIV/AIDS cases diagnosed in 2013.[28] 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 Initiative - Service Integration grant program (MAI-SI) is designed to meet the health needs of these vulnerable individuals. The MAI-SI program enhances and expands the provision of effective, culturally appropriate, HIV/AIDS-related mental health services in racial and ethnic minority communities for people with a mental illness who are living with or at high risk for HIV/AIDS. The goal of this grant program is to reduce the incidence of HIV and improve overall health outcomes for individuals with mental health disorders or co-occurring disorder. The population of focus is individuals with a mental illness or co-occurring disorder living with or at risk for HIV and/or hepatitis in at-risk populations, including racial and ethnic minority communities. Grant recipients provide evidence-based mental and substance use disorder (SUD) treatment and practices that are trauma-informed and recovery-oriented. Grantees also implement outreach strategies to inform individuals of available behavioral health services and HIV and

[27] https://pubmed.ncbi.nlm.nih.gov/28093055/
[28] 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.

hepatitis primary care and prevention services develop formal partnership with HIV treatment and care providers such as Ryan White providers to strengthen integration of care through case management and offer peer support and case management services to coordinate all aspects of care.

In FY 2021, SAMHSA supported 18 grant continuations. The FY 2021 data show that 78.4 percent of individuals receiving services are not experiencing serious psychological distress; 5.9 percent reported an increase in everyday functioning; and 76.1 percent of individuals were being retained in the community. In FY 2022 Annualized CR, SAMHSA will award a new cohort of 18 grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$9,224,000	
FY 2020	$9,224,000	
FY 2021 Final	$9,224,000	
FY 2022 CR	$9,224,000	
FY 2023 President's Budget	$9,224,000	

Budget Request

The FY 2023 President's Budget request $9.2 million, level with the FY 2022 Annualized Continuing Resolution. SAMHSA will continue to support 18 continuation grants focused on individuals with mental disorders and/or co-occurring disorders living with or at risk for HIV/AIDS.

Outputs and Outcomes Table

Program: Minority AIDS Initiative Service Integration

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.5.02 Percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2021: 66.3 Target: 67.0 (Target Not Met)	66.0	66.0	Maintain
3.5.03 Percentage of clients receiving services who had a permanent place to live in the community at six-month follow-up. (Outcome)	FY 2021: 64.5 Target: 62.0 (Target Exceeded)	62.0	62.0	Maintain
3.5.04 Percentage of clients receiving services who are currently employed at six-month follow-up. (Outcome)	FY 2021: 45.4 Target: 38.7 (Target Exceeded)	38.7	38.7	Maintain

Criminal and Juvenile Justice Programs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Criminal and Juvenile Justice Programs	$6,269	$---	$6,269	$56,394	$50,125

Authorizing Legislation ..... Sections 520G of the Public Health Service Act
FY 2023 Authorization $0
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 Units

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.[29] 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.[30] The costs associated with incarceration are high: state corrections budgets alone account for $39.0 billion in taxpayer costs.[31,32] 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.

The purpose of SAMHSA's Early Diversion grants is to establish or expand programs that divert adults with a SMI or a co-occurring disorder (COD) from the criminal justice system to community-based services prior to arrest and booking. Special consideration is given to applicants proposing to use grant funding to support early diversion services for veterans.

---

[29] 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
[30] The Role of Mental Health Courts in System Reform. (2003) The Bazelon Center for Mental Health Law. http://heinonline.org/HOL/LandingPage?handle=hein.journals/udclr7&div=10&id=&page=
[31] 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
[32] Henrichson, C., & Delaney, R. (2012). The price of prisons: What incarceration costs taxpayers. New York: Vera Institute of Justice.

Performance Evaluation

SAMHSA completed an evaluation of the first cohort of Behavioral Health Treatment Courts Collaborative (BHTCC) grantees in September 2014. Findings of the evaluation demonstrate that grantees built multi-agency workgroups or collaborative to oversee programs. Because of the grant funding, all grant recipients expanded access to specialty courts. Most grant recipients anticipated 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[33] 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[34]. Nearly 79 percent of participants either maintained good physical health or reported physical health improvements in the same time period. In addition, employment rates increased from 29 percent to 45 percent over the first six months, with monthly mean income increasing by $217.

In FY 2021, SAMHSA supported 17 grant continuations and conducted technical assistance activities. 82.9 percent of individuals served by this program reported that they were experiencing no serious psychological stress, and this represents an increase of 41.8 percent from baseline. Retention in the community increased from 29.6 percent to 70.4 percent, and 96.6 percent of individuals had no involvement with the criminal justice system.

In FY 2022 Annualized CR, SAMHSA will support 17 grant continuations and conduct technical assistance activities.

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

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$3,692,147	
FY 2020	$6,269,000	
FY 2021 Final	$6,269,000	
FY 2022 CR	$6,269,000	
FY 2023 President's Budget	$56,394,000	

Budget Request

The FY 2023 President's Budget request is $56.3 million, an increase of $50.1 million from the FY 2022 Annualized Continuing Resolution. SAMHSA will award a new cohort of up to 126 grants to support provision of services (screening, assessment, treatment, and linkage to services) to individuals by community-based behavioral health providers, both within jails and prisons, as well as after release and during reentry. This funding will establish pre-release relationships with community mental health providers and key stakeholders. This activity will address the unmet treatment needs of incarcerated individuals and allow these individuals to continue to access services from the same community-based providers post-incarceration for a seamless transition of care once they are released. The needs of individuals returning to society include the social determinants of recovery (i.e., housing, employment, access to health care) and other supportive resources for successful transition from incarceration. Special importance will be paid towards ensuring a commitment to racial and economic justice, trauma-informed approaches, as well as cultural awareness. SAMHSA will also improve the response to people with mental illness across local criminal justice and court systems, including through specialty mental health court programs, by expanding the number of opportunities for diversion for non-violent offenders when appropriate. This funding will help people who need treatment get the care they need, decrease recidivism, and increase public safety. SAMHSA will also support the continuation of six Early Diversion grants; 26 new grants to improve reentry into the community and access to treatment for people involved in the criminal justice system and one new grant for this program; and award a continuation contract for the technical assistance center.

This proposed increase aligns with the Administration's goal to address the unmet mental health treatment needs among incarcerated youth and adults and ensure their successful transition into the community post-incarceration. The needs of individuals returning to society include the social determinants of recovery (i.e., housing, employment, access to health care) and other supportive resources for successful transition from incarceration.

Outputs and Outcomes Table

Program: Criminal and Juvenile Justice

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.5.06 Percentage of clients receiving services who report positive functioning at 6-month follow-up (Outcome)	FY 2021: 59.9 Target: 40.0 (Target Exceeded)	40.0	40.0	Maintain
3.5.07 Percentage of clients receiving services who had a permanent place to live in the community at six-month follow-up. (Outcome)	FY 2021: 46.2 Target: 40.0 (Target Exceeded)	40.0	40.0	Maintain
3.5.08 Increase the percentage of clients receiving services who are currently employed at six-month follow-up. (Outcome)	FY 2017: 50.0 Target: 50.0 (Baseline)	Not Defined	Not Defined	Maintain
3.5.09 Number of individuals screened for mental health or related interventions. (Output)	FY 2021: 2,741.0 Target: 2,700.0 (Target Exceeded)	2,700.0	100,000	Increase

Practice Improvement and Training

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Practice Improvement and Training	$7,828	$---	$7,828	$9,828	$2,000

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts
Eligible Entities..... 105 Nationally Recognized Historically Black Colleges and Universities

Program Description and Accomplishments

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

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

In FY 2021 and FY 2022 Annualized CR, SAMHSA will fund the HBCU grant program and the Clinical Support Services TA Center.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$7,828,000	
FY 2020	$7,828,000	
FY 2021 Final	$7,828,000	
FY 2022 CR	$7,828,000	
FY 2023 President's Budget	$9,828,000	

Budget Request

The FY 2023 President's Budget request is $9.8 million, an increase of $2.0 million from the FY 2022 Annualized Continuing Resolution. The purposed funding increase will be targeted to the HBCU-CFE program, support continuation of the Clinical Support Services TA Center for SMI and provide supplemental funding for the school safety program.

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 105.

Consumer and Consumer-Supporter TA Centers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Consumer and Consumer-Supporter Technical Assistance Centers.....	$1,901	$---	$1,918	$1,918	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method ..... Competitive Grants
Eligible Entities.....Community Organizations

Program Description and Accomplishments

Consumer-centered services and supports, such as peer specialists, are key to improving the quality and outcomes of health and behavioral healthcare services for people with mental disorders including serious mental illness (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.

First funded in 1992, the Consumer and Consumer-Supporter Technical Assistance (TA) Centers provide technical assistance to facilitate quality improvement of the mental health system by the specific promotion of consumer-directed approaches for adults with SMI. This program also improves collaboration among consumers, families, providers, and administrators and helps to transform community mental health services into a more consumer and family driven model.

In FY 2021, the Consumer and Consumer-Supporter TA Centers provided training to approximately 30,043 people. These trainings covered a range of topics, including peer support, the Wellness Recovery Action Plan, Emotional CPR, financial literacy, and collaborative leadership. In addition, the Consumer and Consumer-Supporter TA Centers provided support and expertise to consumer organizations that led to these organizations obtaining over $334 thousand in funding (non-grant).

In FY 2021 and FY 2022 Annualized CR, SAMHSA will support five grant continuations.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$1,918,000	
FY 2020	$1,918,000	
FY 2021 Final	$1,901,492	
FY 2022 CR	$1,918,000	
FY 2023 President's Budget	$1,918,000	

Budget Request

The FY 2023 President's Budget request is $1.9 million, level with the FY 2022 Annualized Continuing Resolution. SAMHSA's funding request will support five continuation grants to provide technical assistance to facilitate the quality improvement of the mental health system by promoting consumer-directed approaches for adults with SMI.

The output and outcome measures for Consumer and Consumer-Supporter TA Centers are part of the Mental Health - Science and Service Activities Outputs and Outcomes table shown on page 105.

Disaster Response

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Disaster Response	$1,953	$---	$1,953	$1,953	$---

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2023 Authorization $0
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, such as the COVID-19 pandemic, wildfires in California, Colorado, and Washington; hurricanes and tropical storms along the coast; and midwestern floods and tornadoes; strike without warning. These unexpected disasters and events leave individuals, families, and whole communities struggling to rebuild. SAMHSA ensures that the nation is prepared to address, as well as respond to, the behavioral health needs that follow these disasters or events by funding three major programs: the Disaster Distress Helpline (DDH), the Crisis Counseling Assistance and Training Program (CCP), and the Disaster Technical Assistance Center (DTAC). These programs provide disaster behavioral health expertise around natural disasters, and emerging public health initiatives to develop and disseminate innovative consultation and technologies to communities, federal partners, and other stakeholders.

SAMHSA's DDH, the nation's first permanent hotline dedicated to providing immediate disaster crisis counseling. The DDH 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. SAMHSA operates the CCP through an interagency agreement with the Federal Emergency Management Agency (FEMA). This program assists individuals and communities to recover 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. The DTAC is funded by SAMHSA and FEMA and designed to provide additional technical assistance, strategic planning, consultation, and logistical support.

In FY 2020, SAMHSA responded to over 48,000 calls and received close to 120,000 text messages to the DDH. SAMHSA has seen an over 300 percent increase in its DDH call volume this year during the Covid-19 pandemic, compared to the year prior. In addition, SAMHSA's Disaster App (available on Apple and android platforms) provides 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 can share content anonymously and can function with limited Internet connectivity.

In FY 2021, the CCP Online Data Collection and Evaluation System showed the following contacts and encounters funded by 65 CCP grants:

- 2,723,064 in-person brief educational supportive contacts,
- 1,394,968 telephone/hotline contacts and 1,907,412 e-mail contacts,
- 583,620 individual and family crisis counseling encounters (lasting 15 to 60 minutes or more) serving 757,223 individuals, and
- 5,0297 group encounters (public education and group counseling) serving 861,134 individuals.

Analysis of the data show individual and family crisis counseling encounters were most often conducted with adults ages 40 to 64 (42 percent) followed by adults ages 18-39 (26 percent) and adults ages (23 percent). Individual and family encounters occurred most often with female (58 percent) disaster survivors and most (50 percent) were conducted in Spanish due to two large CCP grants running in Puerto Rico. The three most common risk factors reported by counseling participants were past trauma (20 percent), other financial loss (17 percent), and prolonged separation from family (14 percent). Across the four major health concern categories (behavioral, emotional, physical, and cognitive), the highest number of reported disaster event reactions fell within the emotional category and was "anxious/fearful" (n = 335,526). The next most prevalent reaction was "extreme change in activity level" (n= 249,039) under the behavioral category.

In FY 2021, SAMHSA funded one new National DDH grant and continue to support the DTAC contract. In FY 2022 Annualized CR, SAMHSA will support National Disaster Distress Helpline continuation grant and DTAC continuation contract.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$1,953,000	
FY 2020	$1,953,000	
FY 2021 Final	$1,953,000	
FY 2022 CR	$1,953,000	
FY 2023 President's Budget	$1,953,000	

Budget Request

The FY 2023 President's Budget request is $1.9 million, level with the FY 2022 Annualized Continuing Resolution Funding will 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 105.

Seclusion and Restraint

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Seclusion and Restraint	$1,147	$---	$1,147	$1,147	$---

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2023 Authorization $0
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 people 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 2018, SAMSHA funded a regionally based technical assistance effort focused on providing supports and services for individuals living with mental disorders and/or Serious Mental Illness (SMI). The purpose of the Mental Health Technology Transfer Center (MHTTC) Network is to disseminate and implement evidence-based practices for treating mental disorders into the field. The MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office. The collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. It works with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.

In FY 2021 and FY 2022 Annualized CR, SAMHSA will fund 11 MHTTC continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$1,147,000	
FY 2020	$1,147,000	
FY 2021 Final	$1,147,000	
FY 2022 CR	$1,147,000	
FY 2023 President's Budget	$1,147,000	

Budget Request

The FY 2023 President's Budget request $1.1 million, level with the FY 2022 Annualized Continuing Resolution. SAMHSA's funding request will provide support for the new cohort of the 11 MHTTC grants.

Assertive Community Treatment for Individuals with Serious Mental Illness

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Assertive Community Treatment for Adults with SMI	$9,000	$---	$9,000	$9,000	$---

Authorizing Legislation .....Sections 520M of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts
Eligible Entities..... States, local governments, Indian tribes, or tribal organizations, ...mental health systems, or health care facilities

Program Description and Accomplishments

The Assertive Community Treatment (ACT) for Individuals with SMI program is authorized under the 21st Century Cures Act. ACT is an evidence-based practice considered to be one of the most effective approaches to deliver services to individuals with the most severe impairments associated with SMI[35] and has been disseminated by SAMHSA for widespread use through its Evidence-based Toolkit series[36] beginning in 2008. ACT was developed to reduce re-hospitalization and improve outcomes in community settings. It is designed as an approach to provide a comprehensive array of services, including medication management and other recovery support services, directly rather than through referrals. An 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 team-based, comprehensive, individualized, and recovery-oriented treatment and case management services to approximately 100 people with SMI in community settings. Caseloads are one staff member to every 10 individuals. Services are provided 24 hours, 7 days a week and for as long as needed, wherever they are needed. Teams often find they can anticipate and avoid crises.

FY 2021 data indicated that 67.4 percent of individuals served by the ACT program reported positive functioning in everyday life in comparison to 51.8 percent reported at baseline. Individuals served by the ACT program had greater retention in the community at six-month reassessment (83.7 percent) than reported at baseline (52.9percent). In addition, the percent of individuals who had a stable place to live increased to 67.3 percent, a 31.3 increase at the time of the six-month reassessment. Data also showed that 432 individuals in the mental health workforce received training in mental health practices consistent with the goals of the program.

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

In FY 2021, SAMHSA supported 10 grant continuations and funded a new cohort of two ACT grants.

In FY 2022 Annualized CR, SAMHSA will support 12 grant continuations and fund a new cohort of one ACT grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$5,000,000	
FY 2020	$7,000,000	
FY 2021 Final	$9,000,000	
FY 2022 CR	$9,000,000	
FY 2023 President's Budget	$9,000,000	

Budget Request

The FY 2023 President’s Budget request $9.0 million, level with the FY 2022 Annualized Continuing Resolution. This funding will support the continuation of six grants to advance the ACT approach to address the needs of those living with SMI and award a new cohort of seven ACT grants.

Outputs and Outcomes Table

Program: Assertive Community Treatment Grants

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.4.13 Percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2021: 54.1 Target: 61.0 (Target Not Met)	54.0	54.0	Maintain
3.4.14 Percentage of clients receiving services who are currently employed at 6-month follow-up. (Outcome)	FY 2021: 17.0 Target: 23.0 (Target Not Met)	17.0	17.0	Maintain
3.4.15 Percentage of clients receiving services who have a permanent place to live in the community at 6-month follow-up. (Outcome)	FY 2021: 67.9 Target: 64.0 (Target Exceeded)	64.0	64.0	Maintain

Assisted Outpatient Treatment for Individuals with Serious Mental Illness

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Assisted Outpatient Treatment for Individuals with Serious Mental Illness..	$20,937	$---	$21,000	$21,420	$420

Authorizing Legislation ..... Section 224 of the Protecting Access to Medicare Act of 2014
FY 2023 Authorization $0
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 serious mental illness (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.

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 a civil court order to adults with SMI who meet specific state civil commitment AOT 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 grant program will help to identify evidence-based AOT practices that support improved outcomes, including outreach and engagement, clinical treatment and supportive services, and due process protections.

In FY 2016, SAMHSA implemented the AOT grant program and awarded 17 grants to eligible entities, such as a county, city, mental health system, mental health court, or any other entity with authority under the law of the state in which the grantee is located. This four-year program is intended to implement and evaluate new AOT programs and identify evidence-based practices that are effective in reducing disability by reducing 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. In FY 2021, the AOT grant program served over 500 consumers and provided training to 509 individuals in the mental health and related workforce.

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

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

In FY 2021, SAMHSA supported 20 grant continuations and awarded a new cohort of three grants. In FY 2022 Annualized CR, SAMHSA will support 20 grant continuations and award a new cohort of three grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$15,000,000	
FY 2020	$19,000,000	
FY 2021 Final	$20,936,953	
FY 2022 CR	$21,000,000	
FY 2023 President's Budget	$21,420,000	

Budget Request

The FY 2023 President's Budget request is $21.4 million, an increase of $420,000.0 from the FY 2022 Annualized Continuing Resolution. This funding will support 23 grant continuations to improve the health and social outcomes for individuals with SMI and continuation of the technical assistance center.

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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.4.06 Percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2021: 71.0 Target: 70.0 (Target Exceeded)	70.0	70.0	Maintain
3.4.07 Percentage of clients receiving services who are maintained at six-month follow-up. (Outcome)	FY 2021: 85.8 Target: 89.0 (Target Not Met)	86.0	86.0	Maintain
3.4.08 Number of people in the mental health and related workforce trained in mental health-related practices/activities. (Output)	FY 2021: 509.0 Target: 2,700.0 (Target Not Met)	Discontinued	Discontinued	N/A
*3.4.09 Number of consumers/family members who provide mental health-related services. (Output)	FY 2021: 31.0 Target: 72.0 (Target Not Met)	Discontinued	Discontinued	N/A

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

Outputs and Outcomes Table

Program: Mental Health – Other Capacity Activities [37]

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.5.00 Number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant (Output)	FY 2021: 28,869.0 Target: 28,746.0 (Target Exceeded)	28,746.0	28,746.0	Maintain
3.5.01 Number of consumers/family members representing consumer/family organizations who are involved in ongoing mental health-related planning and advocacy activities as a result of the grant (Output)	FY 2021: 6,669.0 Target: 12,334.0 (Target Not Met)	6,669.0	6,669.0	Maintain

[37] 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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.4.06 Number of people trained by CMHS Science and Service Programs (Output)	FY 2021: 1,706 Target: 30,983 (Target Not Met)	30,983	30,983	Maintain
1.4.14 Number of calls answered by the Disaster Distress Hotline (Output)	FY 2021: 38,631 Target: 56,700 (Target Not Met)	56,700	56,700	Maintain
1.4.15 Number of text messages answered by the Disaster Distress Hotline (Output)	FY 2020: 117,042 Target: 18,468 (Target Exceeded)	117,000	117,000	Maintain

Tribal Behavioral Health Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Tribal Behavioral Health Grants	$20,881	$---	$20,750	$23,250	$2,500

Authorizing Legislation..... Section 520A of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts
Eligible Entities..... Tribes

Program Description and Accomplishments

Suicide is a leading cause of death among American Indian/Alaska Native (AI/AN) youth and young adults ages ten to 14 years.[38] For American Indian/Alaska Native Youth age 10-19, the unadjusted suicide rate is more than three times the rate for the nation as a whole. Further, AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students.[39] 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).[40]

Consistent with the goals of the Tribal Behavioral Health Agenda, the Tribal Behavioral Health Grant (TBHG/Native Connections (NC) 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 use, trauma, and suicide and by promoting the mental health of AI/AN young people.

The first cohort of TBHG/NC grants was provided to 20 tribes or tribal organizations with high rates of suicide. These five-year grants help grantees develop and implement a plan that addresses suicide and substance misuse, 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,

---

[38] 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.
[39] 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.
[40] 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.

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.

In FY 2016, SAMHSA expanded activities through the braided TBHG/NC funding ($15.0 million in the Substance Use Prevention Services appropriation and $15.0 million in Mental Health appropriation) to allow tribes the flexibility to implement community-based strategies to address trauma, prevent substance misuse, and promote mental health and resiliency among youth in tribal communities.

In FY 2021, SAMHSA supported 124 grant continuations and awarded a new cohort of 29 grants and technical assistance activities. In FY 2022 Annualized CR, SAMHSA will support 140 grant continuations and award a new cohort of six grants and technical assistance activities.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$20,000,000	
FY 2020	$20,000,000	
FY 2021 Final	$20,881,047	
FY 2022 CR	$20,750,000	
FY 2023 President's Budget	$23,250,000	

Budget Request

The FY 2023 President's Budget request is $23.2 million, an increase of $2.5 million from the FY 2022 Annualized Continuing Resolution. The purposed increase, combined with $23.6 million in the Substance Use Prevention Services will support technical assistance activities, 78 continuation grants and award a new cohort of 38 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families. The increase in funding will result in an increase in the number of individuals contacted through program outreach efforts to nearly 600,000.

As a braided activity, SAMHSA is tracking 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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.4.12 Percentage of youth age 10 - 24 who received mental health or related services after screening, referral, or attempt (Output)	FY 2021: 338 Target: 47 (Target Exceeded)	33	33	Maintain
2.4.17 Number of youth with mental health or substance use disorders who are contacted through program outreach efforts (Output)	FY 2021: 570,655.0 Target: 570,655.0 (Baseline)	570,655.0	600,000	Increase

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Minority Fellowship Program	$10,059	$---	$10,059	$13,663	$3,604

Authorizing Legislation ..... Section 597 of the PHS Act
FY 2023 Authorization $0
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, marriage and family therapy, mental health counseling, psychology; and substance use/addiction counseling. In 2006, the program expanded to include marriage and family therapists and later added professional counselors. Professional guilds receive competitively awarded grants, and then competitively award the stipends to post-graduate students pursuing a degree in that professional field. The MFP program has had a variety of focus including youth and addiction counselors.

In FY 2021, SAMHSA supported eight grant continuations and exercised the option year on the MFP the technical assistance contract. In FY 2022 Annualized CR, SAMHSA will support eight grant continuations, the technical assistance contract and award a new cohort of one grant,

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$8,059,000	
FY 2020	$9,059,000	
FY 2021 Final	$10,059,000	
FY 2022 CR	$10,059,000	
FY 2023 President's Budget	$13,663,000	

Budget Request

The FY 2023 President's Budget request is $13.6 million, an increase of $3.6 million from the FY 2022 Annualized Continuing Resolution. The purposed funding will support two continuation grants, award a new cohort of 10 grants and the technical assistance contract. The increase in funding will increase the number of trained behavioral health providers to 6,500.

Infant and Early Childhood Mental Health

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Infant and Early Childhood Mental Health	$8,096	$---	$8,000	$37,500	$29,500

Authorization Legislation ..... Section 399Z-2 of the Public Health Service Act
FY 2023 Authorization $0
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.[41] It is also estimated that approximately 9.5 to 14.2 percent of children birth to 5 years old experience emotional, relational, or behavioral disturbance.[42] The national prevalence of children with a mental health disorder who did not receive treatment or counseling from a mental health provider is 49.4 percent [43]. 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.[44] Rising rates of substance-exposure in infants also require more intensive early childhood services to help improve the trajectories of the families where substance misuse is present.

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

[41] 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.

[42] 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

[43] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377

[44] 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

such as opioids, stimulants or other drugs that may impact development, and through the implementation of evidence-based multigenerational treatment approaches that strengthen caregiving relationships.

Infant Early Childhood Mental Health Consultation is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare, preschool, home visiting, early intervention, and their home. Mental health consultation equips caregivers to facilitate children's health social and emotional development.

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

In FY 2021, grantees accomplished the following:

- Trained 4,003 clinicians and early childhood providers on evidence-based mental health treatments for infants and young children;
- Screened and assessed 9,883 young children for developmental and behavioral disorders (including screening parents for behavioral health issues such as depression and substance misuse);
- Referred 3,551 children and parents for treatment; and
- Provided infant and early childhood mental health treatment (including multigenerational therapies) to 5,009 children and families.

Technical Assistance:

SAMSHA provides technical assistance to communities, states, territories, tribal communities, and grantees through the Center of Excellence for Infant & Early Childhood Mental Health Consultation. They also provide professional development to individual mental health consultants to increase access to high quality mental health consultation throughout the country.

In FY 2021, SAMHSA supported 13 grant continuations and provided supplement to support COE-CMHC technical assistance.

In FY 2022 Annualized CR, SAMHSA will support 13 grant continuations and award a new cohort of two grans.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$5,000,000	
FY 2020	$7,000,000	
FY 2021 Final	$8,096,291	
FY 2022 CR	$8,000,000	
FY 2023 President's Budget	$37,500,000	

Budget Request

The FY 2023 President's Budget request is $37.5 million, an increase of $29.5 million from the FY 2022 Annualized Continuing Resolution. The purposed funding will support the continuation of six grants and award a new cohort of 67 grants to increase access to a range of evidence-based and culturally appropriate infant and early childhood mental health services. With this significant increase in funding, it is expected that the number of children screened for mental health disorders will double to nearly 20,000; and the number of children subsequently referred to mental health and related services will increase to 7,000.

Outputs and Outcomes Table

Program: Infant and Early Childhood Mental Health Grant Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.4.16 Number of children screened for mental health or related interventions (Output)	FY 2021: 9,883.0 Target: 4,719.0 (Target Exceeded)	9,883.0	18,000	Increase
3.4.17 Number of children referred to mental health or related interventions (Output)	FY 2021: 3,551.0 Target: 2,339.0 (Target Exceeded)	3,500.0	7,000	Increase
3.4.18 Number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the program. (Output)	FY 2021: 5,099.0 Target: 3,537.0 (Target Exceeded)	5,000.0	14,000	Increase

Interagency Task Force on Trauma-Informed Care

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Interagency Task Force on Trauma-Informed Care	$---	$---	$---	$1,000	$1,000

Authorizing Legislation .....Section 582 of the Public Health Service Act
FY 2023 Authorization $81,887,000
Allocation Method .....Contract
Eligible Entities.....Domestic Public or Private Non-Profit Entities

Program Description and Accomplishments

The creation of an Interagency Task Force on Trauma-Informed Care was mandated in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) (P.L. 115-271). The SUPPORT for Patients and Communities Act is a comprehensive piece of legislation devoted to combatting substance use and the overdose epidemic, including a bipartisan commitment to supporting children and families who experience trauma and adverse childhood experiences (ACEs), including trauma from substance misuse.

Trauma-informed care is essential to ensure that people receive the necessary behavioral health treatment and support services for their substance use/misuse, to restore their mental health and well-being, and enhance their resilience. When considering trauma-informed care resources and interventions, it is important to acknowledge the changes that have occurred in the United States since the passage of the SUPPORT Act in 2018. The COVID-19 pandemic and its associated health, social, and economic challenges; the national conversation on racial inequality, systemic racism, and injustice; and the increase in children arriving unaccompanied at the border have created a heightened need for attention to the adversities faced by children, youth, families, and communities.

Under the SUPPORT Act, Congress required SAMHSA to lead an interagency task force in the development of an operating plan to implement a National Strategy for Trauma-informed Care. Broadly, the Task Force has been identifying, evaluating, and making recommendations regarding: (1) best practices for children and families who have experienced trauma or are at risk of experiencing trauma; and (2) ways federal agencies can better coordinate responses to families affected by substance use disorders and trauma.

Based on the requirements from the SUPPORT Act, the Task Force developed a National Strategy grounded in four pillars: best practices, research, data, and federal coordination. The SUPPORT Act also compelled the drafting of a plan that operationalizes the national strategy through an operating plan.

The budget request is necessary to meet the legislation requirements which includes the following: leading the Task Force; identification and evaluation of trauma-informed resources for practice

and data collection to then make recommendations to the general public and to federal agencies through an internet website; ongoing solicitation of input from stakeholders to inform the work; and coordinate federal agencies in their integration of trauma-informed principles and interventions into their ongoing work.

Implementation of the National Strategy is a phased approach. Phase One is focused on planning and laying the groundwork (Year 1); Phase Two is focused on delivering value to stakeholders (Years 2 and 3); and Phase Three is focused on sustainability (Years 4 and 5).

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$---	
FY 2020	$---	
FY 2021 Final	$---	
FY 2022 CR	$---	
FY 2023 President's Budget	$1,000,000	

Budget Request

The FY 2023 President's Budget request is $1.0 million, an increase of $1.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA requests funding to support the development of a website to post best practices of trauma-informed care.

PRNS Mechanism Table
Summary

(Dollars in thousands)

Program Activity	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Programs of Regional & National Significance						
Grants/Cooperative Agreements						
Continuations	634	$367.84	894	$487.64	729	$374.25
New/Competing	368	137.15	106	105.78	1,266	1,228.51
Supplements*	---	8.48	---	0.68	---	---
Subtotal	1,002	513.47	1,000	594.10	1,995	1,602.76
Contracts						
Continuations	4	35.92	7	38.94	6	51.80
New/Competing	3	5.22	---	3,500	1	25,323
Subtotal	7	41.14	7	42.44	7	77.12
Total, Mental Health PRNS	**1,009**	**$554.61**	**1,007**	**$636.54**	**2,002**	**$1,679.87**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Capacity:						
National Child Traumatic Stress Network						
Grants						
Continuations	34	$16.15	127	$66.00	118	$61.89
New/Competing	97	51.83	4	2.00	171	82.24
Supplements*	---	---	---	---	---	---
Subtotal	131	67.98	131	68.00	289	144.13
Contracts						
Continuations	---	3.69	---	3.89	---	5.87
New/Competing	---	---	---	---	---	---
Subtotal	---	3.69	---	3.89	---	5.87
Total, National Child Traumatic Stress Network	**131**	**71.67**	131	**71.89**	**289**	**150.00**
Project AWARE						
Grants						
Continuations	72	75.17	219	119.60	210	91.01
New/Competing	164	44.58	19	2.37	414	202.44
Supplements*	---	---	---	0.05	---	---
Subtotal	236	119.76	238	122.01	624	293.45
Contracts						
Continuations	---	9.33	---	6.45	---	14.55
New/Competing	---	---	---	2,500	---	---
Subtotal	---	9.33	---	8.95	---	14.55
Total, Project AWARE	**236**	**129.08**	**238**	**130.96**	**624**	**308.00**
Healthy Transitions						
Grants						
Continuations	27	26.95	28	28.00	18	17.43
New/Competing	1	1,000	---	---	41	41.57
Supplements*	---	---	---	---	---	---
Subtotal	28	27.95	28	28.00	59	59.00
Contracts						
Continuations	---	1.45	---	1.45	---	2.40
New/Competing	---	50	---	---	---	---
Subtotal	---	1.50	---	1.45	---	2.40
Total, Healthy Transitions	**28**	**29.45**	**28**	**29.45**	**59**	**61.40**
Children and Family Programs						
Grants						
Continuations	18	5.94	21	6.47	4	0.93
New/Competing	3	0.93	1	406	19	6,016
Subtotal	21	6.87	22	6.87	23	6.95
Contracts						
Continuations	---	0.36	---	0.36	---	0.28
New/Competing	---	---	---	---	---	---
Subtotal	---	0.36	---	0.36	---	0.28
Total, Children and Family Programs	**21**	**7.23**	**22**	**7.23**	**23**	**7.23**
Consumer and Family Network Grants						
Grants						
Continuations	25	2.37	25	2.36	47	4.76
New/Competing	25	2.36	25	2.35	---	---
Subtotal	50	4.73	50	4.71	47	4.76
Contracts						
Continuations	---	0.24	---	0.24	---	0.19
New/Competing	---	---	---	---	---	---
Subtotal	---	0.24	---	0.24	---	0.19
Total, Consumer and Family Network Grants	**50**	**4.97**	**50**	**4.95**	**47**	**4.95**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Project LAUNCH						
Grants						
Continuations	31	22.22	31	22.39	17	13.59
New/Competing	---	---	---	---	24	20,434
Supplements*	---	---	---	---	---	---
Subtotal	31	22.22	31	22.39	41	34.02
Contracts						
Continuations	---	1.29	---	1.21	---	1.39
New/Competing	---	---	---	---	---	---
Subtotal	---	1.29	---	1.21	---	1.39
Total, Project LAUNCH	**31**	**23.51**	**31**	**23.61**	**41**	**35.41**
Mental Health System Transformation and Health Reform						
Grants						
Continuations	3	3.59	3	3.59	3	2.69
New/Competing	---	---	---	---	---	944
Supplements*	---	---	---	---	---	---
Subtotal	3	3.59	3	3.59	3	3.63
Contracts						
Continuations	---	0.19	---	0.19	---	0.15
New/Competing	---	---	---	---	---	---
Subtotal	---	0.19	---	0.19	---	0.15
Reform	**3**	**3.78**	**3**	**3.78**	**3**	**3.78**
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Primary and Behavioral Health Care Integration						
Grants						
Continuations	24	47.73	24	47.77	12	24.48
New/Competing	1	2.00	1	2.25	37	74.37
Supplements*	---	---	---	---	---	---
Subtotal	25	49.73	25	50.02	49	98.85
Contracts						
Continuations	---	2.64	---	2.85	---	4.03
New/Competing	---	---	---	---	---	---
Subtotal	---	2.64	---	2.85	---	4.03
Total, PBHCI	**25**	**52.38**	**25**	**52.88**	**49**	**102.88**
National Strategy for Suicide Prevention						
Grants						
Continuations	35	16.77	45	21.50	25	11.86
New/Competing	10	4.84	---	---	26	10,427
Supplements*	---	0.45	---	0.38	---	---
Subtotal	45	22.06	45	21.88	51	22.29
Contracts						
Continuations	---	1.14	---	1.32	---	0.91
New/Competing	---	---	---	---	---	---
Subtotal	---	1.14	---	1.32	---	0.91
Total, National Strategy for Suicide Prevention	**45**	**23.20**	**45**	**23.20**	**51**	**23.20**
GLS - Youth Suicide Prevention - States						
Grants						
Continuations	43	30.18	46	32.56	47	34.00
New/Competing	6	4.31	1	1.07	---	---
Subtotal	49	34.49	47	33.63	47	34.00
Contracts						
Continuations	---	1.94	---	1.79	---	2.43
New/Competing	---	---	---	1,000	---	---
Subtotal	---	1.94	---	2.79	---	2.43
Total, GLS - States	**49**	**36.43**	**47**	**36.43**	**47**	**36.43**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
GLS - Youth Suicide Prevention - Campus						
Grants						
Continuations	37	3.63	41	4.04	46	4.66
New/Competing	25	2.52	21	2.13	62	6.31
Subtotal	62	6.15	62	6.17	108	10.96
Contracts						
Continuations	---	0.32	---	0.32	---	0.52
New/Competing	---	14	---	---	---	---
Subtotal	---	0.33	---	0.32	---	0.52
Total, GLS - Campus	**62**	**6.49**	**62**	**6.49**	**108**	**11.49**
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
GLS - Suicide Prevention Resource Center						
Grants						
Continuations	1	7.59	1	7.59	1	7.59
New/Competing	---	0.00	---	0.97	---	1.06
Subtotal	1	7.59	1	8.56	1	8.65
Contracts						
Continuations	---	0.44	---	0.44	---	0.35
New/Competing	---	---	---	---	---	---
Subtotal	---	0.44	---	0.44	---	0.35
Total, GLS - Suicide Prevention Resource Center	**1**	**8.03**	**1**	**9.00**	**1**	**9.00**
Suicide Lifeline						
Grants						
Continuations	2	0.67	1	21.97	---	---
New/Competing	1	15.15	3	77.67	---	---
Supplements*	---	7.00	---	---	---	---
Subtotal	3	22.82	4	99.64	---	---
Contracts						
Continuations	---	1.18	---	1.98	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	1.18	---	1.98	---	---
Total, Suicide Lifeline	**3**	**24.00**	**4**	**101.62**	**---**	**0.00**
AI/AN Suicide Prevention Initiative						
Grants						
Continuations	1	0.50	1	0.50	---	---
New/Competing	---	---	---	---	1	500
Subtotal	1	0.50	1	0.50	1	0.50
Contracts						
Continuations	---	0.19	1	2.43	1	2.43
New/Competing	1	2.24	---	---	---	---
Subtotal	1	2.43	1	2.43	1	2.43
Total, AI/AN	**2**	**2.93**	**2**	**2.93**	**2**	**2.93**
Homelessness Prevention Programs						
Grants						
Continuations	48	26.79	48	26.75	24	13.92
New/Competing	---	---	---	---	35	18.12
Supplements*	---	---	---	256	---	---
Subtotal	48	26.79	48	27.01	59	32.04
Contracts						
Continuations	1	3.61	1	3.69	1	3.65
New/Competing	---	---	---	---	---	---
Subtotal	1	3.61	1	3.69	1	3.65
Total, Homelessness Prevention Programs	**49**	**30.40**	**49**	**30.70**	**60**	**35.70**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Minority AIDS						
Grants						
Continuations	18	8.73	---	---	18	8,863
New/Competing	---	---	18	8.77	---	---
Subtotal	18	8.73	18	8.77	18	8.86
Contracts						
Continuations	---	0.49	---	0.45	---	0.36
New/Competing	---	---	---	---	---	---
Subtotal	---	0.49	---	0.45	---	0.36
Total, Minority AIDS	**18**	**9.22**	**18**	**9.22**	**18**	**9.22**
Criminal and Juvenile Justice Programs						
Grants						
Continuations	17	5.38	17	5.46	6	1.96
New/Competing	---	---	---	---	26	52.03
Subtotal	17	5.38	17	5.46	32	54.00
Contracts						
Continuations	---	0.35	1	0.81	1	2.40
New/Competing	1	0.55	---	---	---	---
Subtotal	1	0.89	1	0.81	1	2.40
Total, Criminal and Juvenile Justice Programs	**18**	**6.27**	**18**	**6.27**	**33**	**56.39**
Seclusion and Restraint						
Grants						
Continuations	11	1.08	11	1.09	---	---
New/Competing	---	---	---	---	11	1,102
Subtotal	11	1.08	11	1.09	11	1.10
Contracts						
Continuations	---	0.07	---	0.06	---	0.04
New/Competing	---	---	---	---	---	---
Subtotal	---	0.07	---	0.06	---	0.04
Total, Seclusion and Restraint	**11**	**1.15**	**11**	**1.15**	**11**	**1.15**
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Interagency Task Force on Trauma-Informed Care						
Grants						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	961
Supplements*	---	---	---	---	---	---
Subtotal	---	---	---	---	---	961
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	---	---	39
Subtotal	---	---	---	---	---	39
Total, Interagency Task Force on Trauma-Informed Care	**---**	**---**	**---**	**---**	**---**	**1,000**
988 and Behavioral Health Crisis Services						
Grants						
Continuations	---	---	---	---	3	22,640
New/Competing	---	---	---	---	275	646,988
Supplements*	---	---	---	---	---	---
Subtotal	---	---	---	---	278	669,628
Contracts						
Continuations	---	---	---	---	---	4,566
New/Competing	---	---	---	---	---	22,707
Subtotal	---	---	---	---	---	27,273
Total, 988 and Behavioral Health Crisis Services	**---**	**---**	**---**	**---**	**278**	**696,901**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Assertive Community Treatment for Individuals with SMI						
Grants						
Continuations	10	6.74	12	8.17	6	3.84
New/Competing	2	1.36	1	0.39	7	4.80
Subtotal	12	8.09	13	8.56	13	8.65
Contracts						
Continuations	---	0.44	---	0.44	---	0.35
New/Competing	---	---	---	---	---	---
Subtotal	---	0.44	---	0.44	---	0.35
Serious Mental Illness	**12**	**8.54**	**13**	**9.00**	**13**	**9.00**
Assisted Outpatient Treatment for Individuals with SMI						
Grants						
Continuations	20	17.22	20	17.62	23	20.46
New/Competing	3	2.40	3	2.28	---	---
Supplements*	---	0.08	---	---	---	---
Subtotal	23	19.69	23	19.89	23	20.46
Contracts						
Continuations	---	0.67	---	1.11	---	0.96
New/Competing	---	0.57	---	---	---	---
Subtotal	---	1.24	---	1.11	---	0.96
Total, AOT for Individuals with SMI	**23**	**20.94**	**23**	**21.00**	**23**	**21.42**
Tribal Behavioral Health Grants						
Grants						
Continuations	124	16.61	140	17.11	78	13.77
New/Competing	29	1.45	6	0.99	38	6.83
Subtotal	153	18.06	146	18.09	116	20.61
Contracts						
Continuations	---	1.02	1	2.66	1	2.64
New/Competing	1	1.80	---	---	---	---
Subtotal	1	2.82	1	2.66	1	2.64
Total, Tribal Behavioral Health Grants	**154**	**20.88**	**147**	**20.75**	**117**	**23.25**
Infant and Early Childhood Mental Health						
Grants						
Continuations	13	6.30	13	6.41	6	2.43
New/Competing	1	1.40	2	1.20	67	33.60
Subtotal	14	7.70	15	7.61	73	36.03
Contracts						
Continuations	---	0.39	---	0.39	---	1.47
New/Competing	---	---	---	---	---	---
Subtotal	---	0.39	---	0.39	---	1.47
Total, Infant and Early Childhood Mental Health	**14**	**8.10**	15	**8.00**	73	**37.50**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Science and Service:						
Primary and Behavioral Health Care Integration TA						
Grants						
Continuations	1	1.89	1	1.89	1	1.91
New/Competing	---	---	---	---	---	---
Supplements*	---	---	---	---	---	---
Subtotal	1	1.89	1	1.89	1	1.91
Contracts						
Continuations	---	0.10	---	0.10	---	0.08
New/Competing	---	---	---	---	---	---
Subtotal	---	0.10	---	0.10	---	0.08
Total, PBHCI TA	**1**	**1.99**	**1**	**1.99**	**1**	**1.99**
Practice Improvement & Training						
Grants						
Continuations	5	5.46	5	5.60	4	2.96
New/Competing	---	---	---	---	1	4,049
Supplements*	---	---	---	---	---	---
Subtotal	5	5.46	5	5.60	5	7.01
Contracts						
Continuations	1	2.36	1	2.23	1	0.65
New/Competing	---	---	---	---	---	2,174
Subtotal	1	2.36	1	2.23	1	2.82
Total, Practice Improvement & Training	**6**	**7.83**	**6**	**7.83**	**6**	**9.83**
Consumer and Consumer-Supporter TA Centers						
Grants						
Continuations	5	1.81	5	1.81	5	1.84
New/Competing	---	---	---	---	---	---
Subtotal	5	1.81	5	1.81	5	1.84
Contracts						
Continuations	---	0.10	---	0.11	---	0.08
New/Competing	---	---	---	---	---	---
Subtotal	---	0.10	---	0.11	---	0.08
Total, CCSTAC	**5**	**1.90**	**5**	**1.92**	**5**	**1.92**
Disaster Response						
Grants						
Continuations	---	---	---	1.04	---	1.03
New/Competing	---	1.04	---	---	---	---
Subtotal	---	1.04	---	1.04	---	1.03
Contracts						
Continuations	1	0.91	1	0.91	1	0.92
New/Competing	---	---	---	---	---	---
Subtotal	1	0.91	1	0.91	1	0.92
Total, Disaster Response	**1**	**1.95**	**1**	**1.95**	**1**	**1.95**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Science and Service:						
Homelessness						
Grants						
Continuations	1	2.14	1	2.15	1	0.79
New/Competing	---	---	---	---	---	1,415
Subtotal	1	2.14	1	2.15	1	2.21
Contracts						
Continuations	---	0.11	---	0.14	---	0.09
New/Competing	---	---	---	---	---	---
Subtotal	---	0.11	---	0.14	---	0.09
Total, Homelessness	**1**	**2.25**	**1**	**2.30**	**1**	**2.30**
Minority Fellowship Program						
Grants						
Continuations	8	8.22	8	8.22	2	2.93
New/Competing	---	---	1	0.94	10	9.80
Supplements*	---	0.95	---	---	---	---
Subtotal	8	9.17	9	9.16	12	12.73
Contracts						
Continuations	1	0.89	1	0.90	---	0.53
New/Competing	---	---	---	---	1	402
Subtotal	1	0.89	**1**	**0.90**	**1**	**0.94**
Total, Minority Fellowship Program	**9**	**10.06**	**10**	**10.06**	**13**	**13.66**
Subtotal, Science and Service	**23**	**25.98**	**24**	**26.05**	**27**	**31.65**
Total, Mental Health PRNS	**1,009**	**$554.61**	**1,007**	**$636.54**	**1,997**	**$1,679.87**

Grant Awards Table

(Whole dollars)

	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Number of Awards	1002	1004	1836
Average Awards	$512,446	$593,953	$872,785
Range of Awards	$15,000 - $6,000,000	$20,000 - $10,000,000	$20,000 - $10,000,000

Children's Mental Health Services

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Children's Mental Health Services	$125,000	$---	$125,000	$225,000	$100,000

Authorizing Legislation ..... Sections 561 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts
Eligible Entities..... States, Tribes, Communities, Territories

Program Description and Accomplishments

It is estimated that 49.5 percent of adolescent in the United States have a serious mental disorder. Of those with any mental disorder 22.2% had a severe impairment. Unfortunately, only 41 percent of those in need of mental health services receive treatment.[45] 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 (SED) and their families to increase their access to evidence-based treatment and supports.

The 21st Century Cures Act reauthorized the CMHI through FY 2022. Based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), Figure 5 shows lifetime prevalence of any mental disorder among U.S. adolescents aged 13-18.[46] 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 to meet the physical, intellectual, emotional, cultural, and social needs of children and youth throughout the U.S. The SOC approach helps prepare children and youth for successful transition to adulthood and assumption of adult roles and responsibilities. Services are delivered in the least restrictive environment with evidence-supported treatments and interventions. Individualized care management ensures that planned services and supports are delivered with an appropriate, effective, family-driven, and youth-guided approach. This approach has demonstrated improved outcomes for children at home, at school, and in their communities. For example, CMHI grantee data show that suicide attempt rates significantly decreased within 12 months after children and youth accessed CMHI-related SOC services. The proportion of children and youth who received good grades (defined as an average grade of C or better on the previous report card) significantly increased after 12 months of services, and arrest rates significantly decreased after 12 months of children and youth

[45] https://www.nimh.nih.gov/health/statistics/mental-illness.

[46] https://www.nimh.nih.gov/health/statistics/mental-illness.

beginning SOC-related services and supports.[47] 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. The evaluation is designed to provide information on: (1) the mental health outcomes of children and youth, and their families; (2) the implementation, process, and sustainability of SOC; and (3) critical and emerging issues in children's and youth's mental health. The evaluation includes an SOC assessment that describes the infrastructure and an assessment of outcomes derived from direct SOC services. A service experience study evaluates: (1) change in service use patterns of children and their families; (2) differences in client satisfaction between groups of children (and their families) in the SOC communities who receive an evidence-based treatment and those who do not; and (3) retention in services.

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

- **Significant, overall improvement in mental, emotional, and behavioral functioning from intake to follow-up.**
    - 12% decrease in total symptoms.
    - 12% decrease for externalizing symptoms.
    - 15% decrease for internalizing symptoms.
    - 11% decrease for attention problems.

- **Significant overall functional improvement from intake to follow-up:** Impairment rate decreased from 21.9% to 18.2%, improvement by 3.7%.

- **Improvement in Overall Health:** More children, youth, and young adults were healthy overall at follow-up (87.6%) compared to intake (81.5%), which represents a significant positive percent change of 7.46%.

---

[47] U.S. Department of Health and Human Services, Substance use 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.

- **Improvement in Everyday Functioning:** Children, youth, and young adults functioning in everyday life significantly improved at follow-up (67.6%) compared to intake (41.2%), which represents a positive change of 64.0%.

- **Improvement in Psychological Distress:** More children, youth, and young adults reported no serious psychological distress at follow-up (89.1%) compared to intake (75.8%), which represents a positive change of 17.5%.

- **Improvement in Illegal Substance Use:** More children, youth, and young adults reported that they were not using illegal substances at follow-up (78.8%) compared to intake (74.0%), which represents a positive change of 6.6%.

- **Improvement in Retention in Community:** More children, youth, and young adults were retained in the community at follow-up (92.0%) compared to intake (85.3%), which represents a 10.4%.

- **Improvement in Education/Employment:** More children, youth, and young adults were attending school regularly or were currently employed at follow-up (90.4%) compared to intake (83.3%), which represents an 8.5% improvement.

- **Improvement in Social Connectedness:** More children, youth, and young adults reported being more socially connected at follow-up (89.2%) compared to intake (76.1%), which represents a significant positive percent change of 17.3%.

In FY 2021, SAMHSA supported 63 continuation grants, and awarded a new cohort of 12 grants, and a technical assistance center. In FY 2022 Annualized CR, SAMHSA will support 68 continuation grants, award a new cohort of six grants, and a technical assistance center.

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

In FY 2018, SAMHSA implemented the Community Programs for Outreach with Youth and Young Adults at Clinical High Risk for Psychosis (CHR-P) often referred to as the "prodrome phase;" which is when a disease process has begun but is not yet diagnosable or inevitable. SAMHSA awarded 21 grants funded from a 10 percent set-aside of the base CMHI program. The program addresses if community-based intervention during this phase can prevent the development of psychosis. Grantees focus on youth and young adults who are identified to be at clinical high risk for developing a fist episode of psychosis. Grantees focus on this population 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 2021, SAMHSA supported 21 continuation grants. In FY 2022 Annualized CR, SAMHSA will award a new cohort of 19 grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$125,000,000	
FY 2020	$125,000,000	
FY 2021 Final	$125,000,000	
FY 2022 CR	$125,000,000	
FY 2023 President's Budget	$225,000,000	

Budget Request

The FY 2023 President's Budget request is $225.0 million, an increase of $100.0 million from the FY 2022 Annualized Continuing Resolution. The purposed budget increase will support the continuations of 19 Clinical High Risk for psychosis (CHR-P) grants and award a new cohort of 35 grants under the 10 percent set-aside. In addition, funding will support 48 CMHI continuation grants, a new cohort of 82 CMHI grants, and a technical assistance center. With this increase in funding, SAMHSA expects that the number of children served will nearly double to 30,000; and the number of peopled trained in mental health activities and practices will increase to 100,000.

Outputs and Outcomes Table

Program: Children's Mental Health Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.2.16 Number of children with severe emotional disturbance that are receiving services from the Children's Mental Health Initiative (Output)	FY 2021: 9,047 Target: 11,300 (Target Not Met)	10,000	30,000	Increase
3.2.25 Percentage of children receiving services who report positive social support at 6-month follow-up (Outcome)	FY 2021: 88.3 % Target: 77.0 % (Target Exceeded)	77.0 %	77.0 %	Maintain
3.2.26 Percentage of children receiving Systems of Care mental health services who report positive functioning at 6-month follow-up (Outcome)	FY 2021: 64.7 % Target: 63.4 % (Target Exceeded)	63.4 %	63.4 %	Maintain
3.2.27 Number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the program (Output)	FY 2021: 52,242 Target: 54,500 (Target Not Met)	54,500	100,000	Increase

Children's Mental Health Services
Mechanism Table

(Dollars in thousands)

Program Activity	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Children's Mental Health Services						
Grants/Cooperative Agreements						
Continuations	85	$98.46	69	$99.08	70	$77.80
New/Competing	12	19.83	25	19.69	117	137.44
Subtotal	97	118.29	94	118.77	187	215.24
Contracts						
Continuations	---	6.71	---	6.23	---	9.76
New/Competing	---	---	---	---	---	---
Subtotal	---	6.71	---	6.23	---	9.76
Total, Children's Mental Health Services	**97**	**$125.00**	**94**	**$125.00**	**187**	**$225.00**

Grant Awards Table

(Whole dollars)

	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Number of Awards	97	94	187
Average Awards	$1,219,466	$1,263,507	$1,148,387
Range of Awards	$330,000 - $2,000,000	$330,000 - $2,000,000	$330,000 - $2,000,000

Projects for Assistance in Transition from Homelessness

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
PATH	$64,635	$---	$64,635	$69,635	$5,000

Authorizing Legislation ..... Section 535(a) of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method ..... Formula Grants
Eligible Entities..... States and Territories

Program Description and Accomplishments

The Projects for Assistance in Transition from Homelessness (PATH) program was originally authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 and has been reauthorized as part of the Public Health Service Act. 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 use disorder treatment services, case management, assistance with accessing housing, and other supportive services. PATH engages people with SMI into mental disorder treatment as well as persons with SMI with a co-occurring substance use disorder. PATH outreach workers are specialized in engaging those who are most vulnerable in their communities and who are least likely to seek out services on their own. PATH's primary goal is to bring these individuals into the service system and to connect them with the mainstream resources and supportive services that they need to access and sustain stable housing, build social connections, and access treatment and services to support their recovery.

In 2020, an estimated 580,466 individuals experienced homelessness on an average night, an increase of 2.2 percent, from 2019[48] The U.S. Department of Housing and Urban Development (HUD) defines a person as homeless if he or she "lacks a fixed, regular, and adequate nighttime residence". On a single night each year, communities count and report their homeless population to HUD, including people who are unsheltered (in places not intended for human habitation such as sidewalks, parks, cars, or abandoned buildings) and people who are sheltered (in emergency shelters or transitional programs).[49] Data suggest that approximately 20 percent of individuals

[48] The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2020). The 2020 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Available at: https://www.huduser.gov/portal/sites/default/files/pdf2020-AHAR-Part-1.pdf
[49] The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2020). The 2020 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Available at: https://www.huduser.gov/portal/sites/default/files/pdf/2020-AHAR-Part-1.pdf

experiencing homelessness have a serious mental illness (SMI).[50] Mental illness affects individuals' abilities to maintain stable relationships, perform daily living activities, and maintain stable employment. Symptoms of mental disorders also often cause individuals to become estranged from family members and caregivers, leaving them without a support system. As a result, individuals with a mental illness are more likely to experience homelessness than those without mental illness and experience homelessness longer than the rest of the homeless population.

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

Government wide efforts to target the most vulnerable, including people experiencing chronic homelessness and veterans, may have served to reduce the number of people on the streets. In 2010, 106,107 of the people identified in the Point in Time (PIT) survey administered annually by HUD were experiencing chronic homelessness. By 2016, the number of people experiencing chronic homelessness was at its lowest, at 77,486. The following year, 2017, the number of individuals with chronic patterns of homelessness increased to 86.705. In 2018, the number increased to 88,640 followed by another increase in to 96,141 in 2019. Since 2011 that the number of people with chronic patterns of homelessness exceeded 100,000. The number of people experiencing chronic homelessness in 2020 increased to 110,528, approximately 15 percent from 2019. The recent increase was driven by a considerable increase in the number of sheltered individuals with chronic patterns of homelessness.[51]

Veterans were first tracked in the 2011 Continuum of Care Homeless Assistance Programs report on homeless populations and subpopulations. That year, 65,455 veterans were identified during the PIT. By 2020, that number had dropped to 37,253 or by 57 percent. This may be attributed to the additional resources created at the federal level to address veteran homelessness.

In FY 2020, PATH program staff contacted 115,686 persons experiencing homelessness; of those 60,039 were actively enrolled in PATH at some point during the reporting period.

Of the 60,039 people who were actively enrolled in PATH in 2020, 23,346 were experiencing co-occurring drug/alcohol use disorders. Of those enrolled in PATH, 25,960 were receiving community mental health services, 5,238 received substance use disorder treatment and 6,191 received referrals to substance use disorder treatment services in the community. PATH provided housing/moving assistance to 2,456 individuals, housing eligibility determination services to 13,302 individuals, and one-time rent eviction support services to 1,060 individuals. In addition,

---

[50] The U.S. Department of Housing and Urban Development, 2020 CoC Homeless Populations and Subpopulations Reports Available at
https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2020.pdf

[51] The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2020). The 2020 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Available at: https://www.huduser.gov/portal/sites/default/files *-s/pdf/2020-AHAR-Part-1.pdf

13,642 PATH clients were referred to permanent housing and of those, 6,610 were able to attain permanent housing. Of the 12,186 PATH clients who were referred to temporary housing, 7,286 attained the temporary housing. Services provided by the PATH program fill gaps in existing community resources and play a crucial role in communities' strategic plans to end homelessness.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$64,635,000	
FY 2020	$64,635,000	
FY 2021 Final	$64,635,000	
FY 2022 CR	$64,635,000	
FY 2023 President's Budget	$69,635,000	

Budget Request

The FY 2023 President's Budget request is $69.6 million, an increase of $5.0 million from the FY 2022 Annualized Continuing Resolution. This formula-based funding to all fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands will continue to provide PATH services in over 450 communities to support outreach workers and mental health specialists who engage with individuals 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 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. The estimated number of homeless individuals has risen over the past two years. The purposed increase in funding will help to compensate providers for the rising cost of services for up to 9,000 additional individuals. The proposed funds increase will also be used to establish a pilot program with HUD for PATH grantees to partner with public housing agencies, and to encourage grantees to use existing PATH outreach and engagement mechanisms to identify, qualify, and select individuals and initiate housing support services to meet the individuals' needs. The pilot program would be structured to address chronic homelessness among individuals with SMI through a pairing of housing vouchers with linked wraparound recovery supports and mitigate the increased needs in states and territories with high rates of homelessness.

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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.4.15 Percentage of enrolled homeless persons in the Projects for Assistance in Transition from Homelessness (PATH) program who receive community mental health services (Intermediate Outcome)	FY 2020: 64 % Target: 64 % (Target Met)	64 %	64 %	Maintain
3.4.16 Number of homeless persons contacted (Outcome)	FY 2020: 127,256 Target: 125,000 (Target Exceeded)	127,256	127,256	Maintain
3.4.17 Percentage of contacted homeless persons with serious mental illness who become enrolled in services (Outcome)	FY 2020: 57 % Target: 57 % (Target Met)	57 %	57 %	Maintain
3.4.20 Number of Projects for Assistance in Transition from Homelessness (PATH) providers trained on SSI/SSDI Outreach, Access, Recovery (SOAR) to ensure eligible homeless clients are receiving benefits (Output)	FY 2020: 2,647 Target: 2,214 (Target Exceeded)	2,647	2,647	Maintain

FY 2023 PATH Formula Grant Provisional Allotments
Appropriation Amount $69,635,000, State-Territory Total $66,424,568
CFDA # 93.150

State or Territory	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Alabama	$613,059	$613,059	$665,438	$52,379
Alaska	$300,000	$300,000	$300,000	$0
Arizona	$1,349,288	$1,349,288	$1,464,569	$115,281
Arkansas	$303,942	$303,942	$329,910	$25,968
California	$8,813,107	$8,813,107	$9,566,088	$752,981
Colorado	$1,019,120	$1,019,120	$1,106,192	$87,072
Connecticut	$799,372	$799,372	$867,670	$68,298
Delaware	$300,000	$300,000	$300,000	$0
District of Columbia	$300,000	$300,000	$300,000	$0
Florida	$4,334,339	$4,334,339	$4,704,659	$370,320
Georgia	$1,670,011	$1,670,011	$1,812,695	$142,684
Hawaii	$300,000	$300,000	$300,000	$0
Idaho	$300,000	$300,000	$300,000	$0
Illinois	$2,705,195	$2,705,195	$2,936,323	$231,128
Indiana	$1,011,504	$1,011,504	$1,097,925	$86,421
Iowa	$334,559	$334,559	$363,143	$28,584
Kansas	$377,391	$377,391	$409,634	$32,243
Kentucky	$468,904	$468,904	$508,966	$40,062
Louisiana	$733,046	$733,046	$795,676	$62,630
Maine	$300,000	$300,000	$300,000	$0
Maryland	$1,271,535	$1,271,535	$1,380,173	$108,638
Massachusetts	$1,558,865	$1,558,865	$1,692,053	$133,188
Michigan	$1,729,567	$1,729,567	$1,877,339	$147,772
Minnesota	$810,987	$810,987	$880,276	$69,289
Mississippi	$300,000	$300,000	$300,000	$0
Missouri	$893,779	$893,779	$970,143	$76,364
Montana	$300,000	$300,000	$300,000	$0
Nebraska	$300,000	$300,000	$300,000	$0
Nevada	$615,938	$615,938	$668,563	$52,625
New Hampshire	$300,000	$300,000	$300,000	$0
New Jersey	$2,138,153	$2,138,153	$2,320,833	$182,680

FY 2023 PATH Formula Grant Provisional Allotments
Appropriation Amount $69,635,000, State-Territory Total $66,424,568
CFDA # 93.150

State or Territory	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
New Mexico	$300,000	$300,000	$316,713	$16,713
New York	$4,223,135	$4,223,135	$4,583,954	$360,819
North Carolina	$1,379,612	$1,379,612	$1,497,484	$117,872
North Dakota	$300,000	$300,000	$300,000	$0
Ohio	$1,986,497	$1,986,497	$2,156,221	$169,724
Oklahoma	$452,833	$452,833	$491,522	$38,689
Oregon	$631,011	$631,011	$684,923	$53,912
Pennsylvania	$2,366,900	$2,366,900	$2,569,125	$202,225
Rhode Island	$300,000	$300,000	$300,000	$0
South Carolina	$680,221	$680,221	$738,338	$58,117
South Dakota	$300,000	$300,000	$300,000	$0
Tennessee	$909,771	$909,771	$987,500	$77,729
Texas	$4,995,571	$4,995,571	$5,422,386	$426,815
Utah	$591,476	$591,476	$642,011	$50,535
Vermont	$300,000	$300,000	$300,000	$0
Virginia	$1,472,215	$1,472,215	$1,597,999	$125,784
Washington	$1,329,170	$1,329,170	$1,442,732	$113,562
West Virginia	$300,000	$300,000	$300,000	$0
Wisconsin	$836,653	$836,653	$908,135	$71,482
Wyoming	$300,000	$300,000	$300,000	$0
Puerto Rico	$891,121	$891,121	$967,257	$76,136
Guam	$50,000	$50,000	$50,000	$0
Virgin Islands	$50,000	$50,000	$50,000	$0
American Samoa	$50,000	$50,000	$50,000	$0
Northern Mariana Islands	$50,000	$50,000	$50,000	$0

Protection and Advocacy for Individuals with Mental Illness (PAIMI)

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
PAIMI	$36,146	$---	$36,146	$36,146	$---

Authorizing Legislation ..... The PAIMI Act, 42 U.S.C. 10801 et seq.
FY 2023 Authorization $0
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 significant mental illness and significant emotional impairment, 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 or private care treatment facilities; or living in a community setting, including their own homes. The PAIMI Act authorized the same governor-designated state protection and advocacy (P&A) systems established under the DD Assistance 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 of abuse, neglect, and rights violations while residing in public or private care or treatment facilities or living in a community setting 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. The priority for services is individuals who are an in-patient or resident of public or private care and treatment facilities for individuals with mental illness.

In FY 2021, the 57 state PAIMI Programs:

- Served 8,876 PAIMI-eligible individuals/clients: 340 ages 0 to 10, 1,632 ages 11 to 22, 6,199 age 23-64, 619 age 65 and older, and 48 individuals whose age is unknown. Grantees helped these individuals file 6,773 complaints alleging abuse, neglect, and/or rights violations.
- Resolved 94 percent of abuse allegations, 88 percent of neglect allegations, and 96 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 2022 Annualized CR, SAMHSA will fund 57 annual grants to states and territories as well as the training and technical assistance activities for the grantees.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$36,146,000	
FY 2020	$36,146,000	
FY 2021 Final	$36,146,000	
FY 2022 CR	$36,146,000	
FY 2023 President's Budget	$36,146,000	

Budget Request

The FY 2023 President’s Budget request is $36.1 million, level with the FY 2022 Annualized Continuing Resolution. PAIMI programs will continue to focus on addressing abuse and neglect issues for vulnerable populations and advocate for the rights of individuals with mental illness as well as continue to assist individuals with serious mental illness increase access to treatment.

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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.4.12 Number of people served by the PAIMI program (Outcome)	FY 2020: 9,821 Target: 10,450 (Target Not Met)	9,821	9,821	Maintain
3.4.19 Number attending public education/constituency training and public awareness activities (Output)	FY 2020: 267,308 Target: 100,000 (Target Exceeded)	267,308	267,308	Maintain
3.4.21 Percentage of complaints of alleged abuse, neglect, and rights violations substantiated and not withdrawn by the client that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, elimination of other barriers to personal decision-making, as a result of Protection and Advocacy for Individuals with Mental Illness (PAIMI) involvement (Outcome)	FY 2020: 93 % Target: 89 % (Target Exceeded)	93 %	93 %	Maintain

FY 2023 PAIMI Formula Grant Provisional Allotments
Appropriation Amount $36,146,000, State-Territory Total $35,365,112
CFDA # 93.150

State or Territory	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Alabama	$458,033	$456,384	$457,398	$1,014
Alaska	$428,000	$428,000	$428,000	$0
Arizona	$654,516	$661,988	$665,448	$3,460
Arkansas	$428,000	$428,000	$428,000	$0
California	$3,019,439	$2,993,976	$2,976,996	-$16,980
Colorado	$451,860	$453,843	$459,010	$5,167
Connecticut	$428,000	$428,000	$428,000	$0
Delaware	$428,000	$428,000	$428,000	$0
District of Columbia	$428,000	$428,000	$428,000	$0
Florida	$1,823,324	$1,825,096	$1,835,828	$10,732
Georgia	$936,003	$942,067	$939,161	-$2,906
Hawaii	$428,000	$428,000	$428,000	$0
Idaho	$428,000	$428,000	$428,000	$0
Illinois	$1,024,388	$1,017,767	$1,001,172	-$16,595
Indiana	$590,974	$594,469	$591,468	-$3,001
Iowa	$428,000	$428,000	$428,000	$0
Kansas	$428,000	$428,000	$428,000	$0
Kentucky	$428,000	$428,000	$428,000	$0
Louisiana	$428,000	$428,000	$428,000	$0
Maine	$428,000	$428,000	$428,000	$0
Maryland	$461,915	$464,394	$468,379	$3,985
Massachusetts	$499,913	$498,368	$496,635	-$1,733
Michigan	$870,556	$876,669	$861,231	-$15,438
Minnesota	$448,602	$452,702	$453,162	$460
Mississippi	$428,000	$428,000	$428,000	$0
Missouri	$537,485	$542,077	$539,884	-$2,193
Montana	$428,000	$428,000	$428,000	$0
Nebraska	$428,000	$428,000	$428,000	$0
Nevada	$428,000	$428,000	$428,000	$0
New Hampshire	$428,000	$428,000	$428,000	$0
New Jersey	$658,968	$656,531	$658,267	$1,736

FY 2023 PAIMI Formula Grant Provisional Allotments
Appropriation Amount $36,146,000, State-Territory Total $35,365,112
CFDA # 93.150

State or Territory	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
New Mexico	$428,000	$428,000	$428,000	$0
New York	$1,441,606	$1,427,056	$1,424,514	-$2,542
North Carolina	$927,784	$935,436	$943,889	$8,453
North Dakota	$428,000	$428,000	$428,000	$0
Ohio	$1,014,623	$1,015,695	$1,006,710	-$8,985
Oklahoma	$428,000	$428,000	$428,000	$0
Oregon	$428,000	$428,000	$428,000	$0
Pennsylvania	$1,035,077	$1,034,444	$1,026,388	-$8,056
Rhode Island	$428,000	$428,000	$428,000	$0
South Carolina	$467,601	$471,722	$476,366	$4,644
South Dakota	$428,000	$428,000	$428,000	$0
Tennessee	$599,542	$602,991	$608,463	$5,472
Texas	$2,449,916	$2,454,782	$2,492,569	$37,787
Utah	$428,000	$428,000	$428,000	$0
Vermont	$428,000	$428,000	$428,000	$0
Virginia	$679,379	$680,626	$688,369	$7,743
Washington	$581,605	$584,446	$593,716	$9,270
West Virginia	$428,000	$428,000	$428,000	$0
Wisconsin	$490,174	$490,983	$493,057	$2,074
Wyoming	$428,000	$428,000	$428,000	$0
Puerto Rico	$507,319	$496,090	$504,532	$8,442
American Samoa	$229,300	$229,300	$229,300	$0
Guam	$229,300	$229,300	$229,300	$0
American Indian Consortium	$229,300	$229,300	$229,300	$0
Northern Mariana Islands	$229,300	$229,300	$229,300	$0
Virgin Islands	$229,300	$229,300	$229,300	$0

Community Mental Health Centers (CMHC)

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Community Mental Health Centers	$---	$---	$---	$412,500	$---

Authorizing Legislation .....Section 330 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Grants

Program Description and Accomplishments

SAMHSA proposes a new mandatory funding toward Community Mental Health Centers (CMHCs) to expand and improve the quality of services available to people with mental illness. The funding will be provided through 50 states and 6 territories by utilizing the Mental Health Block Grant formula. CMHCs have informally existed in communities across America for decades but lack standards or consistency in the services available. As part of the application, SAMHSA will require state behavioral health authorities to submit a description for their intended use of funds for the fiscal year of the amounts. This program is intended to offer an opportunity to increase the quality of mental health services in communities across the United States.

CMHC funding to states will require the providers to develop a continuum of behavioral health services plan, which incorporates a crisis care continuum (i.e., crisis residential, crisis stabilization, and mobile crisis teams); screening, treatment, and/or referral for substance use disorders and medical conditions; outpatient mental health services regardless of ability to pay; and recovery support services (i.e., case management; peer support, and family support approaches). Establishment of long-term support for CMHCs will directly increase the scope and quality of behavioral health services in CMHCs funded by the program, establish a higher standard as a target for all CMHCs and address the incomplete and inconsistent service array in much of America.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$---	
FY 2020	$---	
FY 2021 Final	$---	
FY 2022 CR	$---	
FY 2023 President's Budget	$412,500,000	

Budget Request

The FY 2023 President’s Budget request is $413 million, an increase of $413 million from the FY 2022 Annualized Continuing Resolution. The funding increase will be used to further develop the quality and continuum of behavioral health services in CMHCs, expanding access to crisis care,

integrated care, and other recovery support services in communities across America. It is estimated that these services will directly benefit at least 20,000 individuals per year, providing an improved level of treatment and support to meet the increase behavioral health services needs in local communities.

Certified Community Behavioral Health Clinic (CCBHC)

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Certified Community Behavioral Health Clinic	$249,249	$1,020,000	$250,000	$552,500	$302,500

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts
Eligible Entities.....Certified Community Behavioral Health Clinics, ...Community-Based Behavioral Health Clinics

Program Description and Accomplishments

More than 14 million adults 18 and older had a serious mental illness (SMI), more than 16 million adults misused prescription drugs, and about 40.3 million individuals aged 12 or older had an illicit drug or alcohol use disorder in the past year.[52] 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 often face significant delays and/or have access to limited services. Too often, services are incomplete and are not effectively coordinated care. Even people who receive some services, such as medication or psychotherapy, often do not have access to the range of supports they need, such as crisis management and recovery supports that include supported employment, supported housing and addressing, manage co-occurring physical health problems.

Congress created a new approach to addressing these issues by creating the Certified Community Behavioral Health Clinics (CCBHC) model as a part of the Protecting Access to Medicare Act of 2014 (PAMA). CCBHC's ensure access to and coordination of care so that individuals receive timely diagnosis, treatment, and recovery support services. As required in PAMA, HHS established criteria for clinics to be certified as CCBHCs in 2015. 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, and in FY 2017, CMS selected eight states to participate in a two-year CCBHC demonstration program. This demonstration program has been extended by Congress until 2023 and expanded to include two additional states. The CMS funded demonstration program is separate from the SAMHSA-funded CCBHC-E program in terms of source of funding. Through the CMS Medicaid prospective payment system CCBHC demonstration clinics are reimbursed for the care and services provided to Medicaid beneficiaries.

In 2018, SAMHSA established the CBHC-Expansion (CCBHC-E) grant program. SAMHSA's CCBHC-E program is separate from the Medicaid Demonstration program, though some clinics participate in both programs. The CCBHC-E program is designed to increase access to and

[52] 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

improve the quality of community behavioral health services by supporting the CCBHC model. Grant funding for the CCBHC-E program is provided directly to the certified clinics. Since 2020, applicants from all states can apply for CCBHC-E funding and the program is not restricted to the nine states participating in the Medicaid Demonstration nor the 24 states that received planning grants. As of August 30, 2021, CCBHC-E clinics are in 42 states, the District of Columbia, Puerto Rico, and Guam. CCBHCs funded under this program must provide access to services for individuals with serious mental illness (SMI) or substance use disorders (SUD), including opioid disorders; children and adolescents with serious emotional disturbance (SED); and individuals with co-occurring mental and substance use disorders (COD). Crisis services are a required element of the CCBHC model. The CCBHC-E program is intended to improve the behavioral health of individuals across the nation by providing increased access to a comprehensive range of services. These include community-based mental and substance use disorder services; treatment of co-occurring disorders; primary care screening and monitoring; and use of evidence-based practices chosen to meet community need. Data from intake to most recent reassessment for individuals served in the CCBHC program demonstrate that as of March 2022, clients have a 72-percent reduction in hospitalization and a 69-percent reduction in Emergency Department visits. Additionally, the data demonstrates that 12 percent had an increase in employment or started going to school, and a 25-percent increase in mental health functioning in everyday life.

In FY 2021, SAMHSA supported 102 continuation grants, awarded a new cohort of 31 grants (22 grants from annual appropriations and 9 grants from FY2019 Recovery funds), and a new Training and Technical Assistance Center. In addition, SAMHSA awarded 203 grants using funding from the Coronavirus Response and Relief Supplemental Appropriations Act and the American Rescue Plan Act. In FY 2022 Annualized CR, SAMHSA will support 70 continuation grants (30 grants from annual appropriation and 40 from the American Rescue Plan Act), award a new cohort of 246 grants (180 grants from annual appropriations and 66 grants from American Rescue Plan Act), and continue the technical training assistance center grant.

The table below provides a demographic breakdown of the clients served by the CCBHCs in FY 2020.

Demographics	%
Race	
American Indian	1.1%
Asian	1.2%
Black	17%
Native Hawaiian/ Alaska Native	0.4%
White	67.1%
Ethnicity	
Hispanic	14.3%
Non-Hispanic	84.0%
Gender	
Male	44.7%
Female	54.1%
Transgender	0.6%
Other	0.6%
Age	
5 and under	0.6%
5 through 9	4.2%
10 through 12	4.1%
13 through 15	5.7%
16 through 25	17.2%
26 through 34	19.5%
45 through 54	17.7%
55 through 64	12.0%
65 through 74	3.5%
75 through 84	0.6%
85 through 94	0.1%
95 and older	0.0%

The table below includes the amount of CCBHC-E funding awarded to community behavioral health clinics in each state in FY 2020. The total awards also include COVID-19 supplemental funding that was appropriated to Health Surveillance and Program Support

States	Total FY 2020 Award
Alaska	$6,000,000
Arkansas	$7,784,113
California	$13,995,620
Colorado	$6,000,000
Connecticut	$19,663,642
Florida	$5,983,150
Georgia	$2,000,000
Illinois	$16,000,000
Indiana	$16,803,613
Iowa	$17,835,330
Kansas	$1,999,817
Kentucky	$12,000,000
Maryland	$2,000,000
Massachusetts	$31,744,118
Michigan	$58,113,289
Minnesota	$3,947,094
Missouri	$13,835,917
Nebraska	$3,999,607
Nevada	$0
New Jersey	$26,019,053
New York	$91,644,691
North Carolina	$8,844,709
Ohio	$6,000,000
Oklahoma	$13,822,801
Oregon	$7,340,879
Pennsylvania	$12,098,008
Rhode Island	$7,695,402
Tennessee	$8,000,000
Texas	$26,362,333
Virginia	$7,971,825
Washington	$5,991,182
West Virginia	$3,999,871
Wisconsin	$4,000,000

Since 2018, CCBHC-E grantees have served over 276,000 individuals. CCBHC-E grantees have increased the availability of critical services, improved staffing and training, reduced wait times, enhanced the integration of physical and behavioral health care, expanded addiction treatment capacity including Medication Assisted Treatment (MAT) for opioid use disorder.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$150,000,000	
FY 2020	$200,000,000	
FY 2021 Final	$249,249,440	$1,020,000,000
FY 2022 CR	$250,000,000	
FY 2023 President's Budget	$552,500,000	

Budget Request

The FY 2023 President's Budget request is $552.0 million, an increase of $302.5 million from the FY 2022 Annualized Continuing Resolution. The purposed funding increase will support 152 continuation grants, a new cohort of 226 grants and technical training assistance center grant to continue the improvement of mental disorder treatment, services, and interventions for children and adults. With this increase in funding, SAMHSA expects that the number of individuals served will increase to 350,000.

Outputs and Outcomes Table

Program: Certified Community Behavioral Health Clinic

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.4.10 Percentage of clients receiving services who report positive functioning at 6 months follow-up. (Outcome)	FY 2021: 57.8 Target: 56.0 (Target Exceeded)	56.0	56.0	Maintain
3.4.11 Percentage of clients receiving services who are currently employed at 6-month follow-up. (Outcome)	FY 2021: 47.2 Target: 36.0 (Target Exceeded)	36.0	36.0	Maintain
3.4.12 Percentage of clients receiving services who have a permanent place to live in the community at 6-month follow-up. (Outcome)	FY 2021: 71.9 Target: 65.0 (Target Exceeded)	65.0	65.0	Maintain
3.5.10 Number of individuals served by the program (Output)	FY 2021: 188,224.0 Target: 85,000.0 (Target Exceeded)	188,000.0	350,000	Increase

Certified Community Behavioral Health Clinics
Mechanism Table

(Dollars in thousands)

Program Activity	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Certified Community Behavioral Health Clinics						
Grants/Cooperative Agreements						
Continuations	102	$195.62	31	$58.70	152	$307.67
New/Competing	23	44.35	181	180.59	226	225.76
Subtotal	125	239.97	212	239.29	378	533.44
Contracts						
Continuations	---	8.62	---	7.71	---	19.06
New/Competing	---	0.66	---	3,000	---	---
Subtotal	---	9.28	---	10.71	---	19.06
Total, Certified Community Behavioral Health Clinics	**125**	**$249.25**	**212**	**$250.00**	**378**	**$552.50**

Grant Awards Table

(Whole dollars)

	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Number of Awards	125	212	378
Average Awards	$1,919,758	$1,130,923	$1,410,833
Range of Awards	$886,998-$2,000,000	$1,000,000-$2,000,000	$1,000,000-$2,000,000

Community Mental Health Services Block Grant (MHBG)

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Community Mental Health Services Block Grant	$755,571	$3,150,000	$757,571	$1,652,571	$895,000
Budget Authority (non-add)	*734,532*	---	*736,532*	*1,631,532*	*895,000*
PHS Evaluation Funds (non-add)	*21,039*	---	*21,039*	*21,039*	---

Authorizing Legislation ..... Sections 1911 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method ..... Formula Grant
Eligible Entities..... States, Territories, Freely Associated States, and District of Columbia

Program Description and Accomplishments

There is renewed focus and increased awareness of the importance of psychological well-being of Americans during and after the COVID-9 pandemic. Serious mental illnesses are common in the United States. According to the 2020 National Survey on Drug Use and Health (NSDUH)[53], 5.6% of adults aged 18 and older had a serious mental illness in 2020 (an estimated 14200,000 individuals) and only 9,133,000 adults with SMI received services (64.5% received services in 2020). Studies and research indicate increased risk of COVID-19 mortality among individuals with mental illness[54]. The COVID-19 pandemic is also associated with high levels of psychological distress among general population[55], specifically among people with SMI and SED[56].

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.[57] The MHBG distributes funds can be used for a

---

[53] Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* (HHS Publication No. PEP21-07-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance use And Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

[54] Bitan, D. T., Kridin, K., Cohen, A. D., & Weinstein, O. (2021). COVID-19 hospitalization, mortality, vaccination, and postvaccination trends among people with schizophrenia in Israel: a longitudinal cohort study. *The Lancet Psychiatry*.

[55] Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., ... & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of affective disorders*.

[56] Dickerson, F., Katsafanas, E., Newman, T., Origoni, A., Rowe, K., Squire, A., ... & Yolken, R. (2021). Experiences of Persons With Serious Mental Illness During the COVID-19 Pandemic. *Psychiatric Services*, appi-ps.

[57] 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

variety of behavioral health 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 persons with serious mental illnesses, such as schizophrenia and bipolar disorders; supported employment and supported housing; rehabilitation services; crisis stabilization and case management; peer specialist and consumer-directed services; wraparound services for children and families; jail diversion programs; and services for at-risk populations (e.g., individuals, who experience homelessness, those in rural and frontier areas, military families, and veterans). Through the administration of the MHBG, SAMHSA supports the 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 more than eight million individuals with mental and substance use conditions in any given year. The MHBG's flexibility and stability have made it a vital support for public mental health systems. States rely on the MHBG for delivery of services and for an array of non-clinical coordination and support services that are not supported by Medicaid or other third-party insurance to strengthen their service.

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 plan, and provide information regarding their efforts to respond to various changes in federal and state law.[58,59]

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.

---

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

[58] 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).
[59] State Plan (Sec. 1932 (b) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 USC § 300x-32(b)).

According to the 2021 National Outcome Measures (NOMS) Report, the MHBG served 8,013,396 clients through the State Mental Health Systems. The table below provides 2021 demographics on the clients served.

Mental Health Block Grant Demographics	
Adults	5,774,536
Children	2,212,706
Female	52.2%
Male	47.7%
Age	
0-12	15.56%
13-17	12%
18-20	4.7%
20-24	5.6%
25-44	31.9%
45-64	24%
65-74	3.9%
75+	1.6%
75+	0.03%

The table below provides data on the FY 2020 evidence-based treatment services utilized by clients served by the MHBG.

Evidence-based Treatment Services Utilized	
Adults	
Supported Housing	2.3%
Supported Employment	1.9%
Assertive Community Treatment	1.8%
Family Psychoeducation	3.1%
Dual Diagnosis Treatment	9.5%
Illness Self-Management	19.1%
Medications Management	31.3%
Children	
Therapeutic Foster Care	1.7%
Multi-systemic Therapy	4.1%
Functional Family Therapy	5.8%

Most block grant recipients are currently reporting on NOMS for public mental health services within their state. State-level outcome data for mental health are currently reported by State Mental Health Authorities. The following outcomes for all people served by the publicly funded mental health system during 2020 show that:

- For the 57 states and territories that reported data in the Employment Domain, 23.6 percent of the mental health consumers were in competitive employment;

- For the 57 states and territories that reported data in the Housing Domain,84.7 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 24.58 people per 1,000 population;

- For the 48 states and territories that reported data in the Retention Domain, only 9.2 percent of the patients returned to a state psychiatric hospital within 30 days of state hospital discharge; and

- For the 49 states and territories that reported data in the Perception of Care Domain, 79.6 percent of adult mental health consumers improved functioning as a direct result of the mental health services they received.

Beginning in September 2016, SAMHSA, in partnership with National Institute of Mental Health (NIMH) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), initiated a 3-year evaluation study of the First Episode Psychosis programs funded through the MHBG set-aside to ascertain the effectiveness of these programs. The study, which focused on services in 36 diverse programs, collected clinical outcome data and conducted fidelity assessments. The results indicate that these evidence-based programs lead to statistically significant improvements in the health and well-being of individuals who participate in them, including reductions in hospitalization (-79%) and emergency room visits (-71%), criminal justice involvement (-41%), suicide attempts (-66%), and reductions in homelessness (-35%).

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.

Crisis Services Set-Aside

The budget proposes that states will be required to set-aside 10 percent, an increase of 5 percent, of their total allocation for evidence-based crisis care programs that address the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The set-aside will fund some or all of a set of core crisis care elements including centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.

A fully developed crisis response system is responsive any time and any place. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. SAMHSA recognizes that the development of fully accessible and responsive crises services involves complex problem solving with multiple entities and systems including a partnership between mental health and law enforcement. SAMHSA anticipates that 988 will play a critical role in such fully developed crisis systems. SAMHSA also recognizes that strategic crisis services implementation can result in better care and cost savings through the reduction in avoidable emergency department visits, psychiatric admissions, police engagement, arrests, incarcerations and 911 calls. SAMHSA views effective implementation of 988 as a catalyst for this crisis service development and transformation.

As the nation moves towards full availability of 988 as the new national suicide prevention and mental health crisis hotline number by July 2022, SAMHSA has emphasized to states the importance of preparing for 988 implementation, and that the MHBG crisis set aside can be used to support local Lifeline call centers who provide regional or statewide coverage and coordinate in real time. SAMSHA continues to partner with states on the crisis set aside through the provision of technical assistance on the use of funds, requests for information on specific allocations of funding across the crisis continuum of care, and recommended changes to the data reporting system.

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

States are required to set aside ten percent of their MHBG funds to support "evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders."[60] This totaled $68.5 million in FY 2020. SAMHSA is collaborating with the NIMH 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 use, increased hospitalizations, and reduced prospects for long-term recovery.

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

Through this funding, 50 states, DC and Puerto Rico implemented fully operating first-episode treatment programs and SAMHSA continues to monitor and ensure that the set-aside program is solely used to address first-episode psychosis.

Set-aside for Early Intervention and Prevention of Mental Disorders Among At-Risk Children and Adults

The FY 2023 budget proposes a new set-aside that would require states to expend at least 10 percent of MHBG for evidence-based prevention and early intervention programs to improve outcomes for at-risk youth and adults who are at risk to develop serious mental illness (SMI) or serious emotional disturbance (SED)through prevention, education, screening, and early identification. This investment will expand funding to support earlier identification and prevention of mental health disorders and further support targeted services for youth and prevent more serious symptoms further on in a person's life.

The table below identifies activities, which have been implemented with the 10 percent set-aside for First Episode Psychosis (FEP)/Early Serious Mental Illness (ESMI).

State	FY 2021 10% Set Aside Allotment	Program Description
Alabama	$1,039,379	State uses the EASA and OnTrack USA. Services are delivered through a Coordinated Specialty Care Team that is reflective of the demographic mix of the community.
Alaska	$162,654	Use the OnTrAK model. The staffing structure highlights the realities of the Mat-Su Borough in size, scope, and incidence rate leading to the development of a task-based team approach focused on outcome.
American Samoa	$14,131	AS has adopted the Assertive Community Treatment (ACT) model for community mental health services for use with individuals with FEP.
Arkansas	$629,052	State ESMI/FEP program is contractually assigned to the Community Mental Health Centers. Evidenced-based treatment models are utilized for each client newly diagnosed with psychosis.
California	$9,419,007	State allocates MHBG funds to 57 local county subrecipients who administer their own Mental Health Plans that are unique to their particular geographic and population circumstances each year and utilize models, such as Portland Identification and Early Referral (PIER).
Colorado	$1,413,144	Providers have implemented CSC models with high fidelity.
Connecticut	$697,199	State implemented four programs based on two distinct CSC models (Potential and STEP).
District of Columbia	$170,233	The District's early intervention program (EIP), the Youth Blossom program at Community Connections, is utilizing CSC model offers early treatment to young adults (age 16-25) experiencing their first psychotic break.
Delaware	$167,577	A statewide program, Community Outreach, Referral and Early Intervention (CORE)) has been implemented.
Florida	$4,776,058	The State of Florida currently has 7 Coordinated Specialty Care teams. Six of the seven utilize the NAVIGATE model and one utilizes the OnTrack model.
Georgia	$2,300,633	State has now implemented ten (10) Coordinated Specialty Care teams around the state. All programs are based on the LIGHT-ETP model.
Guam	$46,645	State has begun providing services in the I Fine'na program, which is based on OnTrackNY, and offers Early Serious Mental Illness (ESMI) services through the OASIS Empowerment Center.

State	FY 2021 10% Set Aside Allotment	Program Description
Hawaii	$362,111	State has implemented a program with three sites in Honolulu based on the OnTRACK model.
Idaho	$424,052	Four CSC programs have been implemented Idaho is implementing the STAR (Strength Through Active Recovery) program to provide FEP treatment based on the On-Track CSC treatment model.
Indiana	$1,288,471	State offers three programs based on the Prevention and Recovery Care (PARC) model and makes use of a "hub and spoke" design.
Iowa	$564,139	State has three functioning CSC programs based on the NAVIGATE model.
Kansas	$525,176	There are three teams in Kansas. The eligibility age was raised from 15 to 25-years-old to 15 to 36-years-old to increase access to women.
Kentucky	$934,076	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	$1,042,026	Six sites have been implemented. These programs are using the Navigate CSC model.
Maine	$282,072	State has implemented one program, Maine Medical Center/Portland Identification and Early Referral Program, based on the PIER Model in Portland. The state has also contracted with the PIER program to train staff at one other provider to provide FEP services.
Marshall Islands	$21,042	Use the set aside funding to develop first episode outreach practices and protocols for individuals experiencing FEP.
Maryland	$1,400,957	The state has implemented four CSC programs, two in Baltimore, one in Gaithersburg and one in Catonsville.
Massachusetts	$1,440,213	Seven Community Clinics with comprehensive specialized FEP services are in operation, and 3 outpatient hospital sites.
Michigan	$2,111,464	The State has implemented six CSC programs using the NAVIGATE CSC model.
Federated States of Micronesia	$28,815	Funds are being used to train staff on the OnTrack CSC model in four locations. The state also has developed outreach and screening processes in schools and in the community in Majuro, Ebeye and Outer Islands.
Minnesota	$1,089,245	State has implemented three CSC programs using the Navigate model.
Missouri	$1,210,697	State has established ten sites spread throughout the state that

State	FY 2021 10% Set Aside Allotment	Program Description
		provide Assertive Community Treatment for Transitional Age Youth (ACT-TAY) for individuals experiencing an early serious mental illness.
Montana	$220,246	The state has implemented the NAVIGATE model in one site.
Nebraska	$330,252	The state has implemented OnTrackUSA in two of the six behavioral health service regions of the state.
Nevada	$760,827	The state has implemented three CSC programs: in the Reno area and Las Vegas area using the Recovery After Initial Schizophrenic Episode (RAISE) TEAM approach and a third CSC program in Carson City that follows the NAVIGATE model.
New Hampshire	$253,468	State currently has one FEP program at the Greater Nashua Mental Health Center (GNMHC), utilizing the NAVIGATE model.
New Jersey	$1,970,795	State has implemented three CSC teams that provide CSC service in all 21 NJ counties.
New Mexico	$437,403	State is expanding access to the NAVIGATE model for specialty coordinated care for individuals with FEP through the already implemented University of New Mexico EARLY program.
New York	$4,032,160	State is spending set-aside funds to expand its existing OnTrackNY program to two new sites, for 22 CSC sites statewide.
North Carolina	$2,092,398	North Carolina supports four CSC for FEP programs.
North Dakota	$124,874	State implemented CSC services in Fargo, which serves six counties in the state.
Northern Mariana Islands	$14,456	The Community Guidance Center implemented a psychoeducation group geared toward family education, which will help families and the community better identify FEP symptoms in their family or community leading to earlier treatment of the client.
Oklahoma	$791,316	State indicates they have expanded to 14 CSC and ESMI programs.
Oregon	$1,140,559	Oregon is integrating Coordinated Specialty Care teams in all counties using a standard model of care supported by the EASA Center for Excellence at Oregon Health & Science University and Portland State University.

State	FY 2021 10% Set Aside Allotment	Program Description
Palau	$5,982	Supports one CSC team.
Pennsylvania	$2,359,765	State has 14 Coordinated Specialty Care Programs for First Episode Psychosis, serving 20 counties.
Puerto Rico	$915,984	Puerto Rico has implemented two Coordinated Specialty Care Programs using the OnTrack model.
Rhode Island	$267,129	Rhode Island will continue to use the entire set-aside amount to serve individual ages 16-25 experience a first episode of psychosis in the two CSC community health care centers.
South Carolina	$1,082,125	State is funding four programs for individuals with an early serious mental illness, one of which uses the NAVIGATE model.
South Dakota	$155,104	State has implemented two CSC programs in Sioux Falls and Rapid City. They have been trained by OnTrackNY.
Tennessee	$1,374,292	State uses the MHBG funds to provide OnTrackTN in five sites across the state.
Texas	$6,489,575	State offers 24 CSC programs in rural and urban. These sites serve both indigent and Medicaid-eligible populations.
Utah	$649,072	State has 5 programs in total, all funded by MHBG. Four are FEP programs that follow the RAISE model, and one is an ESMI program for Latinx youth (14-25).
Vermont	$123,198	State continues to partner with Vermont Corporative for Practice Improvement and Innovation to facilitate the initiative including targeted, research, implementation, workforce development, outreach, and education.
Virginia	$1,802,793	Eight (8) Virginia community services boards (CSBs) operate CSC programs.
Washington	$1,672,613	State operates nine sites using the New Journeys model based on the NAVIGATE model.
West Virginia	$391,866	State has seven provider sites utilizing the FIRST CSC model ESMI services to fidelity.
Wisconsin	$1,240,805	State is continuing to fund the CSC model PROPS program operated by JMHC in Madison, which serves three rural counties north of Madison. In addition, the state is funding a CSC program in Milwaukee.
Wyoming	$91,246	The state has two providers providing CSC FEP programs: Southwest Counseling Service Yellowstone Behavioral Health Center.

10 Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2014	$482,571,000	
FY 2015	$482,571,000	
FY 2016	$532,571,000	
FY 2017	$562,571,000	
FY 2018	$722,571,000	
FY 2019	$722,571,000	
FY 2020	$722,571,000	
FY 2021 Final	$755,571,000	$3,150,000,000
FY 2022 CR	$757,571,000	
FY 2023 President's Budget	$1,652,571,000	

Budget Request

The FY 2023 President's Budget request is $1.6 billion, an increase of $895.0 million from the FY 2022 Annualized Continuing Resolution. With this funding, SAMHSA will continue to address the needs of individuals with SMI and SED and will continue to maintain the 10 percent set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The set-aside funds help reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of serious mental illness.

The Budget also increases the set-aside for crisis intervention services from $75 million (5 percent of the FY 2022 Annualized Continuing Resolution funding level) to 10 percent. Increasing this set-aside will further support state efforts to build much needed crisis systems to address the needs of individuals in mental health crisis in a high quality, expeditious manner. The development of these services will promote 24/7 access to well-trained mental health professionals in the time of acute mental health crisis. This expansion of crisis services will play a critical role when the new national suicide prevention and mental health crisis hotline number (988) go live July 2022. SAMHSA is anticipating an increase demand in crisis related services, including aftercare. This increase in the crisis services set-aside will directly support the states in developing and or enhancing the 24/7 mobile crisis teams, crisis stabilization programs and local Lifeline call centers who provide regional or statewide coverage and coordinate in real time. SAMHSA also encourages states to use funding above 10 percent to invest in crisis response services.

<u>Set-aside for Early Intervention and Prevention of Mental Disorders Among Youth and Adults</u>

The FY 2023 budget proposes a new set-aside that would require states to spend at least 10 percent of MHBG funds to support early intervention and prevention for at-risk youth and adults. This investment will expand funding to support earlier identification and prevention of mental health

disorders and further support targeted services for youth and prevent more serious symptoms further on in a person's life. Early intervention and prevention programs can reduce risk factors and increase protective factors in an individual's life, which can decrease the likelihood of developing a mental health condition, reduce negative outcomes such as substance use, worsening symptoms, loss of employment, and justice involvement. With these critical investments, the MHBG continues will continue to serve as an invaluable safety net for mental health services for some of the nation's most vulnerable populations.

Outputs and Outcomes Table

Program: Mental Health Block Grant

Measure	Year and Most Recent Result /1 Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.11 Number of evidence-based practices (EBPs) implemented (Output)	FY 2020: 5.0 per State Target: 5.0 per State (Target Met)	5.0 per State	5.0 per State	Maintain
2.3.14 Number of people served by the public mental health system (Output)	FY 2020: 8,013,396 Target: 7,808,416 (Target Exceeded)	8,013,396	8,013,396	Maintain
2.3.15 Rate of consumers (adults) reporting positively about outcomes (Outcome)	FY 2020: 79.6 % Target: 75.4 % (Target Exceeded)	75.4 %	75.4 %	Maintain
2.3.16 Rate of family members (children/adolescents) reporting positively about outcomes (Outcome)	FY 2020: 74.6 % Target: 72 % (Target Exceeded)	72.3 %	72.3 %	Maintain
2.3.19A: Supported Housing Supported Housing: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2020: 2.3 % Target: 3.1 % (Target Not Met)	2.3 %	2.3 %	Maintain

Measure	Year and Most Recent Result /1 Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.19B Supported Employment: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2020: 1.9 % Target: 2.0 % (Target Not Met)	1.9 %	1.9 %	Maintain
2.3.19C Assertive Community Treatment: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Output)	FY 2020: 1.8 % Target: 1.9 % (Target Not Met)	1.9 %	1.9 %	Maintain
2.3.19D Family Psychoeducation: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2020: 3.1 % Target: 2.4 % (Target Exceeded)	3.1 %	3.1 %	Maintain
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 2020: 9.5 % Target: 10.4 % (Target Not Met)	9.5 %	9.5 %	Maintain
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 2020: 19.1 % Target: 18.0 % (Target Exceeded)	19.1 %	19.1 %	Maintain

Measure	Year and Most Recent Result /1 Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.19G Medication Management: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2020: 31.3 Target: 31.0 (Target Exceeded)	31.0	31.0	Maintain
2.3.19H Treatment Foster Care: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2020: 1.7 % Target: 0.7 % (Target Exceeded)	1.7 %	1.7 %	Maintain
2.3.19I Multi-Systemic Therapy: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2020: 4.1 % Target: 4.2 % (Target Not Met)	4.1 %	4.1 %	Maintain
2.3.19J Functional Family Therapy: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2020: 5.8 % Target: 5.9 % (Target Not Met)	5.8 %	5.8 %	Maintain
2.3.81 Percentage of service population receiving any evidence-based practice (Outcome)	FY 2020: 10.1 % Target: 10.1 % (Target Met)	10.1 %	10.1 %	Maintain

1/Performance data for FY 2021 will be available later in June 2022.

FY 2023 Mental Health Block Grant Provisional Allotments
Appropriation $1,652,571,000, State-Territory Total $1,567,373,326

State or Territory	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Alabama	$10,393,794	$10,546,174	$23,091,599	$12,545,425
Alaska	$1,626,540	$1,770,303	$3,879,759	$2,109,456
Arizona	$19,762,210	$17,893,192	$39,782,552	$21,889,360
Arkansas	$6,290,522	$6,366,821	$14,021,755	$7,654,934
California	$94,190,067	$94,286,334	$203,287,869	$109,001,535
Colorado	$14,131,439	$14,165,355	$31,125,992	$16,960,637
Connecticut	$6,971,987	$7,417,738	$16,082,392	$8,664,654
Delaware	$1,675,774	$1,521,185	$3,410,444	$1,889,259
District Of Columbia	$1,702,334	$1,752,862	$3,910,973	$2,158,111
Florida	$47,760,577	$49,315,472	$107,612,081	$58,296,609
Georgia	$23,006,325	$22,105,857	$48,386,438	$26,280,581
Hawaii	$3,621,113	$3,626,810	$7,849,820	$4,223,010
Idaho	$4,240,521	$3,919,827	$8,728,135	$4,808,308
Illinois	$25,297,546	$22,725,236	$49,253,523	$26,528,287
Indiana	$12,884,705	$14,391,336	$31,510,279	$17,118,943
Iowa	$5,641,385	$5,772,631	$12,718,882	$6,946,251
Kansas	$5,251,758	$5,321,252	$11,513,127	$6,191,875
Kentucky	$9,340,762	$9,445,007	$20,677,271	$11,232,264
Louisiana	$10,420,263	$9,439,727	$20,638,980	$11,199,253
Maine	$2,820,718	$2,861,437	$6,286,600	$3,425,163
Maryland	$14,009,566	$12,210,962	$26,648,600	$14,437,638
Massachusetts	$14,402,129	$15,439,387	$33,557,313	$18,117,926
Michigan	$21,114,635	$20,996,793	$45,963,887	$24,967,094
Minnesota	$10,892,453	$11,711,181	$25,557,222	$13,846,041
Mississippi	$6,575,274	$6,627,048	$14,445,289	$7,818,241
Missouri	$12,106,967	$12,342,068	$26,988,043	$14,645,975
Montana	$2,202,462	$2,623,107	$5,768,088	$3,144,981
Nebraska	$3,302,524	$3,377,353	$7,377,271	$3,999,918
Nevada	$7,608,268	$8,199,608	$18,297,146	$10,097,538
New Hampshire	$2,534,678	$2,416,860	$5,337,360	$2,920,500
New Jersey	$19,707,954	$19,881,419	$43,706,644	$23,825,225

FY 2023 Mental Health Block Grant Provisional Allotments
Appropriation $1,652,571,000, State-Territory Total $1,567,373,326

State or Territory	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
New Mexico	$4,374,034	$4,440,579	$9,719,256	$5,278,677
New York	$40,321,601	$41,983,741	$89,629,190	$47,645,449
North Carolina	$20,923,981	$21,432,740	$47,208,184	$25,775,444
North Dakota	$1,248,738	$1,295,433	$2,820,963	$1,525,530
Ohio	$22,426,204	$22,702,498	$49,618,168	$26,915,670
Oklahoma	$7,913,159	$8,073,660	$17,833,968	$9,760,308
Oregon	$11,405,593	$11,485,143	$25,107,062	$13,621,919
Pennsylvania	$23,597,645	$24,423,260	$53,226,711	$28,803,451
Rhode Island	$2,671,294	$2,535,702	$5,556,408	$3,020,706
South Carolina	10,821,253	$11,046,026	$24,370,358	$13,324,332
South Dakota	$1,551,040	$1,581,242	$3,481,329	$1,900,087
Tennessee	$13,742,918	$15,174,278	$33,433,161	$18,258,883
Texas	$64,895,752	$59,066,336	$130,144,366	$71,078,030
Utah	$6,490,722	$8,111,607	$17,828,532	$9,716,925
Vermont	$1,231,981	$1,248,749	$2,748,343	$1,499,594
Virginia	$18,027,933	$18,375,120	$40,326,459	$21,951,339
Washington	$16,726,128	$17,667,663	$38,493,979	$20,826,316
West Virginia	$3,918,663	$3,915,907	$8,473,761	$4,557,854
Wisconsin	$12,408,047	$11,116,952	$24,341,064	$13,224,112
Wyoming	$912,460	$949,418	$2,086,130	$1,136,712
State Subtotal	**$707,096,396**	**$707,096,396**	**$1,543,862,726**	**$836,766,330**
American Samoa	$141,308	$141,383	$295,860	$154,477
Guam	$466,446	$474,183	$1,051,846	$577,663
Northern Marianas	$144,556	$145,847	$323,696	$177,849
Puerto Rico	$9,159,843	$9,137,697	$19,917,141	$10,779,444
Palau	$59,820	$60,913	$134,420	$73,507
Marshall Islands	$210,419	$216,611	$485,323	$268,712
Micronesia	$288,152	$290,626	$638,765	$348,139
Virgin Islands	$297,421	$300,705	$663,549	$362,844

Substance Use Prevention Services

Table of Contents

Substance Use Prevention Services
Summary of the Request

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Total, Substance Use Prevention Services.....	$208,219	$---	$208,219	$311,912	$103,693

The Substance Use Prevention Services FY 2023 President's Budget request is $311.9, an increase of $103.6 million from the FY 2022 Annualized Continuing Resolution.

SAMHSA's substance use prevention programs reach across the lifespan, and across the substance use continuum, with the goal of reaching people wherever they are, to reduce the harmful impacts of substance misuse on their lives, on their families, and in their communities. The Center for Substance Use Prevention Services (CSUPS) does this primarily by supporting the efforts of States, Tribes, and communities to deliver a range of evidence-based, community public health programming, especially focusing on high-risk, underserved populations.

Broadly reaching young people early in life with primary prevention services has the greatest return on investment in reducing the lifelong negative impacts of alcohol and substance misuse on individuals, families, and communities. That is why over 85 percent of SAMHSA's prevention resources are dedicated to youth-focused, primary prevention services, which aim to lay the foundation for lifelong healthy decisions for the approximately 75 million young people under 18 in the US.

On the other end of the spectrum, SAMHSA's prevention programs have a significant investment in opioid and overdose prevention programs. The spike in overdose deaths the country is experiencing during the pandemic demonstrates the need to continue to focus on reaching vulnerable populations with prevention and harm reduction services that often serve as the gateway to eventually helping people recover or enroll in treatment services.

SAMHSA's prevention programs: 1) protect and strengthen equitable access to high quality and affordable healthcare; 2) expand equitable access to comprehensive, community-based, innovative, and culturally competent healthcare services while addressing social determinants of health; 3) enhance youth-focused promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death, 4) strengthen social well-being, equity and economic resilience; and 5) increase safeguards to empower families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence.

Substance Use Prevention Services
Programs of Regional and National Significance (PRNS)

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Capacity:					
Strategic Prevention Framework	$119,952	$---	$119,484	$126,674	$7,190
Non-SPF Rx (non-add)	*109,952*	---	*109,484*	*111,674*	$2,190
Budget Authority (non-add)	*109,952*	---	*109,484*	*111,674*	$2,190
PHS Evaluation Funds (non-add)	---	---	---	---	---
Strategic Prevention Framework Rx (non-add)	*10,000*	---	*10,000*	*15,000*	$5,000
Budget Authority (non-add)	*10,000*	---	*10,000*	*15,000*	$5,000
PHS Evaluation Funds (non-add)	---	---	---		---
Federal Drug-Free Workplace	4,921	---	4,894	5,139	$245
Sober Truth on Preventing Underage Drinking Act (STOP Act)	10,032	---	10,000	10,000	---
PHS Evaluation Funds (non-add)	---	---	---	---	---
Community-based Coalition Enhancement Grants (non-add)	*6,953*	---	*7,000*	*7,000*	---
National Adult-Oriented Media Public Service Campaign (non-add)	*2,049*	---	*2,000*	*2,000*	---
ICC on the Prevention of Underaged Drinking (non-add)	*1,029*	---	*1,000*	*1,000*	---
Tribal Behavioral Health Grants	20,642	---	20,750	23,665	$2,915
PHS Evaluation Funds (non-add)	---	---	---	---	---
Minority AIDS	40,705	---	41,205	42,029	$824
PHS Evaluation Funds (non-add)	---	---	---	---	---
Improving Access to Overdose Treatment	---	---	---	1,500	1,500
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	---	---	---	18,000	18,000
At-Home Prescription Drug Disposal Demonstration and Evalualtion (New)	---	---	---	---	---
First Responder Training (CARA)	---	---	---	67,500	67,500
First Responder Training (non-add)	---	---	---	*43,500*	*43,500*
Rural Set-Aside (non-add)	---	---	---	*24,000*	*24,000*
Subtotal, Capacity	**196,252**	**---**	**196,333**	**294,507**	**98,174**
Science and Service:					
Center for the Application of Prevention Technologies	7,493	---	7,493	11,993	$4,500
SAP Minority Fellowship Program	321	---	321	1,340	$1,019
Science and Service Program Coordination	4,153	---	4,072	4,072	---
Subtotal, Science and Service	**11,967**	**---**	**11,886**	**17,405**	**5,519**
Total, PRNS	**$208,219**	**---**	**$208,219**	**$311,912**	**$103,693**

Strategic Prevention Framework

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Strategic Prevention Framework	$119,952	$---	$119,484	$126,674	$7,190
Non-SPF Rx (non-add)	*109,952*	---	*109,484*	*111,674*	*2,190*
Budget Authority (non-add)	*109,952*	---	*109,484*	*111,674*	*2,190*
PHS Evaluation Funds (non-add)	---	---	---	---	---
Strategic Prevention Framework Rx (non-add)	*10,000*	---	*10,000*	*15,000*	*5,000*
Budget Authority (non-add)	*10,000*	---	*10,000*	*15,000*	*5,000*
PHS Evaluation Funds (non-add)	---	---	---	---	---

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2023 Authorization $0
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

Program Description and Accomplishments

Strategic Prevention Framework (SPF)

Drug and alcohol use are significant public health challenges. 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 youth and adolescent drug and alcohol use underscore the need for effective prevention and treatment programs.

Youth and adolescents use a variety of substances. Among people aged 12 or older in 2020, 59.3 million people used illicit drugs in the past year. The most commonly used illicit drug in the past year was marijuana, which was used by 49.6 million people. The second most common type of illicit drug use in the past year was the misuse of prescription pain relievers, which were misused by 9.3 million people. The 2020 National Survey on Drug Use and Health (NSDUH)[61] 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 2020, 16.1 percent of underage people reported current use of alcohol, 9.2 percent reported binge drinking, and 1.8 percent reported heavy alcohol use.

[61] Substance use And Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP 19-5068, NSDUH Series H-54). Rockville MD 20857 Retrieved from http://www.samhsa.gov/data.

Among people aged 12 or older, past month binge alcohol was 22.2 percent in 2020. Among people aged 12 or older, the percentage who were past month heavy alcohol users was 6.4 percent (or 17.7 million people) in 2020.

The Strategic Prevention Framework – Partnerships for Success (SPF-PFS) program helps states, tribes, and communities address locally identified prevention priorities through a data-driven process. Common priorities include underage drinking among youth and young adults age 12 to 20, marijuana, or prescription drug misuse. SPF-PFS is designed to ensure that prevention strategies and messages reach the populations most impacted by substance misuse. The program extends current established cross-agency and community-level partnerships by connecting substance misuse 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, transition age youth, and individuals who support persons with substance use issues (e.g., women, families, parents, caregivers, and young adults).

In 2021 the SPF-PFS program supported a total of 97 new and continuing grants to state, community, and tribal organizations to address underage drinking among youth and young adults ages 9 to 20 and allow communities, at their discretion, to use funds to target up to two additional data driven substance misuse prevention priorities addressing ages 9 and above.

In FY 2021, SAMHSA awarded 5 new grants and supported the continuation of 230 grants to state, tribal, and community organizations for preventing the onset and reducing the progression of substance use and its related challenges while strengthening prevention capacity and infrastructure at the community and state levels. In FY 2022 Continuing Resolution, SAMHSA will fund 235 continuing and 4 new PFS grants as well as 21 continuing and 8 new SPF Rx grants. In FY 2023, SAMHSA will support the continuation of 237 PFS grants as well as 54 new grants.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)

Provisional data from CDC's National Center for Health Statistics indicate that there were an estimated 100,306 drug overdose deaths in the United States during 12-month period ending in April 2021, an increase of 28.5 percent from the 78,056 deaths during the same period the year before.[62] This was nearly three times that of traffic accident deaths and twice that of gun deaths during the same period[63]. During 2020, black overdose deaths increased 45 percent, nearly doubling the growth rate of white overdose deaths. Overdose deaths from synthetic opioids (primarily fentanyl) and psychostimulants such as methamphetamine also increased in the 12-month period ending in April 2021. Cocaine deaths also increased, as did deaths from natural and semi-synthetic opioids (such as prescription pain medication).

[62] Centers for Disease Control and Prevention. (2021, November 17). Drug overdose deaths in the U.S. top 100,000 annually. Centers for Disease Control and Prevention. Retrieved February 18, 2022, from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

[63] *Drug overdose deaths hit record high*. News. (2021, November 19). Retrieved February 18, 2022, from https://www.hsph.harvard.edu/news/hsph-in-the-news/drug-overdose-deaths-hit-record-high/

The percentage of all U.S. deaths in 2020 attributable to overdoses has grown from 1.9 percent to 2.8 percent since 2015.[64]

The Strategic Prevention Framework for Prescription Drugs (SPF-Rx) 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.

Accomplishments

In FY 2020, grantees in 234 communities reported improvements in one or more targeted national outcome measure (NOMs) indicators as a result of implementing more than 1,400 evidence-based interventions. Fifteen (15) states and fourteen (14) tribal communities focused on alcohol use and at least one other substance, and many focused their prevention efforts on racial, ethnic, sexual, and gender subpopulations.

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

Since the start of the SPF-Rx program, grantees and their sub-recipients have implemented a total of 565 interventions. By the end of FY 2020, 372 of these interventions remained active. The most dramatic growth was in the first years of the program, as grantees added sub-recipients and they, in turn, developed their interventions. In FY 2020, 25 grantees and 130 sub-recipients reported 396 active interventions. The 396 grantee- and sub-recipient-level interventions active in FY 2019 most often involved the CSUPS Strategies of information dissemination (198 interventions or 50 percent) and environmental strategies (115 interventions or 29 percent).

Regarding interventions implemented, over a third of both grantees and their sub-recipients targeted the entire population in the jurisdictions they represent (i.e., the state, the county, the tribal community). The medical community in particular is often a focus for information and training. Of the 372 prevention interventions that were active in FY 2020, the three most common intervention service types were media campaigns, prescription drug safe storage and/or disposal, and training/educating environmental influencers.

[64] Baumgartner, JC and Radley DC, "The Drug Overdose Mortality Toll in 2020 and Near-Term Actions for Addressing It," To the Point (blog), July 15, 2021, updated Aug. 16, 2021. https://doi.org/10.26099/gb4y-r129

The reach of the program interventions into their communities has been impressive. Without addressing duplicative counting of individuals receiving multiple interventions, the 396 active interventions in FY 2020 reached a total of 12.2 million individuals across the grantee and sub-recipient sites. This total is impacted by a small number of interventions that reached a large number of individuals, notably the media campaigns. Over 33 million persons were indirectly reached through multiple channels, and over 122,000 were directly reached through trainings, prevention education programs, substance free activities, and screenings.

One important aspect of community-level interventions is partnership with community agencies and stakeholders to create and execute their interventions. Of the 155 sub-recipients and single-community grantees reporting in FY 2020, 89 percent recruited new community partners as a result of the funding, nearly 54 percent incorporated their goals and activities into other organizations and professional groups, and approximately 53 percent developed ongoing partnerships and structures to go beyond the grant funding to continue prevention activities.

One of the goals of the SPF-Rx program is to increase PDMP-related infrastructure and improve PDMP use. In grantee-level interviews conducted in the first and second years of the project, SPF-Rx project directors reported PDMP data availability as a common challenge. These issues have improved: In FY 2020, both grantees and sub-recipients reported that PDMP data became less of a challenge for them in terms of quality, analysis/reporting, and ease of use. Many of the sub-recipients, who as a group have the greatest challenges in accessing PDMP data, reported that their access problems decreased; from72 percent of sub-recipients reporting they had no access to PDMP data prior to SPF Rx funding to only 27 percent reporting any problems accessing PDMP data by FY 2020.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$119,484,000	
FY 2020	$119,484,000	
FY 2021 Final	$119,952,000	
FY 2022 CR	$119,484,000	
FY 2023 President's Budget	$126,674,000	

Budget Request

The FY 2023 President’s Budget request is $126.6 million, an increase of $7.2 million from the FY 2022 Annualized Continuing Resolution. The increase will support 266 new and continuing PFS grants as well as 30 new and continuing SPF Rx grants.

Outputs and Outcomes Table

Program: Partnerships for Success

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.79 Number of EBPs implemented by sub-recipient communities (Output)	FY 2020: 1,421 Target: 1,414 (Target Exceeded)	Discontinued	Discontinued	N/A
2.3.80 Number of sub-recipient communities that improved on one or more targeted NOMs indicators (Outcome)	FY 2020: 234 Target: 315 (Target Not Met)	Discontinued	Discontinued	N/A
2.3.81 Increase in the percent of grantees that report at least 5% improvement in the past 30 day use of targeted substance in target population (Outcome)	FY 2021: Result Expected Dec 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain
2.3.82 Increase in percent of grantees that report improvement of perception of risk from targeted substance use in target population. (Outcome)	FY 2021: Result Expected Dec 31, 2021 Target: Set Baseline (Pending)	Maintain Baseline	Maintain Baseline	Maintain

Program: Strategic Prevention Framework Rx

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.3.12 Percent of funded states reporting reductions in opioid overdoses (Outcome)	FY 2021: 75 % Target: 62 % (Target Exceeded)	75 %	75 %	Maintain

Federal Drug-Free Workplace

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Federal Drug-Free Workplace	$4,921	$---	$4,894	$5,139	$245

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2023 Authorization $0
Allocation Method ..... Inter-Agency Agreements/Contracts
Eligible Entities ..... Federal Agencies, Regulated Entities
..... (e.g., Department of Transportation, Nuclear Regulatory Commission),
..... HHS- Certified Laboratories

Program Descriptions and Accomplishments

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

The Federal Drug-Free Workplace Programs (DFWP) ensure employees in national security, public health, and public safety positions are tested for the use of illegal drugs and the misuse of prescription drugs and ensure the laboratories that perform this regulated drug testing are inspected and certified by HHS. The DFWP helps individuals refrain from using illegal drugs and demonstrates that illegal drug use will not be tolerated in the federal workplace. The DFWP achieves this through policies and procedures including drug testing which allows for the drug testing of all executive branch agency employees. A key program aim is to eliminate illicit drug use in federal workplaces and oversee the National Laboratory Certification Program (NLCP), which certifies laboratories to conduct forensic drug testing for federal agencies and federally regulated industries.

The program publishes mandatory guidelines to establish the scientific and technical regulatory aspects of the program, which includes specifying the drugs to be tested for and setting laboratory certification standards through the NLCP. Another key responsibility of the program is the development and oversight of the federal Custody and Control Form (CCF), the standardized OMB-approved form for specimen collectors to document the collection and forensic chain of custody of specimens at the collection site, for certified laboratories to report results, and for Medical Review Officers (MROs) to document and report verified results. SAMHSA allows the use of the CCF as a paper or electronic form.

Additionally, the DFWP helps reduce health insurance costs, improves attendance and employee productivity, provides a safer workplace with reduced accidents, and provides employee assistance programs (EAP) services to employees with substance use disorders.

The benefits of this program include:

- Implementation of urine, oral fluid, and hair drug testing programs with a federally supported performance testing program and a partial federally supported laboratory inspection program.
- Certification of laboratories across the nation to conduct federal and federally regulated drug tests which may include urine, oral fluid, and hair,
- Examining changes in drug testing methodologies, changes in law, and new and emerging issues related to marijuana (e.g., increased potency and use), cannabidiol (CBD) (e.g., increased availability due to the 2018 Farm Bill and possible risk of testing positive for marijuana), opioids, synthetic drugs, polysubstance use/misuse, and hair/oral fluid drug testing.
- Continued use of subject matter experts and partnerships with other federal agencies to establish the scientific standards set out in the mandatory guidelines.
- Proposing hair as an alternative specimen, subject to the legal and scientific supportability of this matrix for use in federal workplace drug testing programs.
- Technical and scientific leadership for federal agencies on workplace drug testing; and
- Analysis of and guidance on emerging issues (e.g., opioids/synthetic opiates; polysubstance use; young adults, high-risk workplaces).
- Certification of federal agency Drug-Free Workplace Program plans and standardization of the DFWP among executive branch agencies to ensure consistency and comprehensive implementation of the DFWP across all executive branch agencies.

SAMHSA implements the DFWP, 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 NLCP, which certifies laboratories to conduct forensic drug testing for federal agencies and federally regulated industries. The private sector also uses HHS-certified laboratories.

Since 1987, SAMHSA has funded the Drug-Free Workplace drug testing activities including the NLCP and the Drug Testing Advisory Board (DTAB). In FY 2019, SAMHSA issued mandatory guidelines for oral fluid. Testing activities continued in FY 2020 under the NLCP contract, which oversees the certification of the labs that perform federally regulated drug testing under the DFWP. In FY 2020, SAMHSA issued the proposed mandatory guidelines using hair in accordance with the DTAB recommendations to allow oral fluid and to pursue the use of hair as alternative specimens to urine. 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.

CSUPS'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.

Funding for the Federal Drug-Free Workplace Programs ensures 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 and certification of HHS-certified laboratories for the past 33 years. The Quest Drug Testing Index (DTI) shows the continued decrease of synthetic opioid positivity in the federally regulated drug testing program since the implementation in January of 2020.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$4,894,000	
FY 2020	$4,894,000	
FY 2021 Final	$4,921,000	
FY 2022 CR	$4,894,000	
FY 2023 President's Budget	$5,139,000	

Budget Request

The FY 2023 President's Budget request is $5.1 million, an increase of $245,000 from the FY 2022 Annualized Continuing Resolution. The increase supports the Division of Workplace Programs implementing the new Mandatory Guidelines for oral fluid and the proposing hair in the federally regulated drug testing program. This will include costs associated with laboratory proficiency testing specimens, application fees, inspector training, HHS pre-inspections for applicant laboratories, and HHS laboratory certification for new oral fluid testing laboratories. Along with the implementation of the new oral fluid testing program, SAMHSA will continue to pursue the implementation of hair and oversight of the Executive Branch Agencies' DFWP. This will review of Federal Drug-Free Workplace plans and implementation of oral fluid for those federal agencies that perform federal employee testing of those designated testing positions of national security, public health, and public safety, and testing for illegal drug use and the misuse of prescription drugs. SAMHSA will continue its oversight role for the inspection and certification of the HHS-certified laboratories.

Outputs and Outcomes Table

Program: Federal Drug-Free Workplace

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
6.0 Number of HHS Certified Labs (Output)	FY 2021: 23.0 certified labs Target: 26.0 certified labs (Target Not Met).	26.0 certified labs	26.0 certified labs	Maintain

Minority AIDS

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Minority AIDS	$40,705	$---	$41,205	$42,029	$824

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2023 Authorization $0
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 needs of people living with HIV and those who are at-risk for infection continue to evolve. Approximately 1.2 million people in the U.S. have HIV and about 13 percent don't know it and need testing. In 2019, nearly 37,000 people received an HIV diagnosis in the United States. HIV continues to disproportionally affect racial and ethnic minorities and gay, bisexual, and other men who have sex with men[65]. In addition, because HIV and viral hepatitis share common modes of transmission, one third of HIV infected individuals are also infected with hepatitis C.[66] The use of injection drugs is driving the increase in Hepatitis C cases.

The Minority AIDS program supports activities that build a strong foundation for delivering and sustaining high-quality and accessible substance misuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes, and tribal organizations 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 misuse 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 goal to end the HIV epidemic in the United States.

[65] Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. HIV Surveillance Supplemental Report 2021;26(No.1). http://www.cdc.gov/ hiv/library/reports/hiv-surveillance.html. Published May 2021. Accessed 18 February 2022.
[66] 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 use 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.

In FY 2021, SAMHSA funded 144 continuing and 37 new grant awards. In FY 2022 Continuing Resolution, SAMHSA will fund 161 continuing and 27 new grants.

Based on the latest data available, 14,876 persons received an HIV test in FY 2021 using grant funds, and of this number, 4,774 people were tested for the first time. Grantees purchased 30,465 HIV test kits with grant funds and referred 67 percent of the people who tested positive for HIV to treatment. Participants averaged about 5 direct service encounters, with an average duration of 85 minutes per encounter. MAI grantees provided referrals to 3,176 participants for additional services, comprising 7,257 total referrals. 11,577 participants responded to surveys, with the findings summarized below:

- At least 7,642 participants received substance misuse prevention education services (66 percent of survey respondents).
- 50.0 percent of participants who reported binge drinking at baseline reported abstinence at follow-up.
- The percentage of participants rating tobacco use once to twice weekly as a great risk increased 39.6percent from baseline to follow-up.
- The percentage of participants rating non-prescription opioid use once to twice weekly as a great risk increased 29 percent from baseline to follow-up.
- 85 percent of participants rated taking a prescription opioid without a prescription once to twice weekly as a great risk at follow-up, a 16.6 percent increase from baseline.
- 56.5 percent of participants rated binge drinking once to twice weekly a great risk at follow-up, a 34 percent increase from baseline.
- 62 percent of participants strongly agreed they would refuse if someone wanted to have sex without a condom at follow-up, with 32 percent reporting a higher level of agreement at follow-up compared to baseline.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$41,205,000	
FY 2020	$41,205,000	
FY 2021 Final	$40,705,000	
FY 2022 CR	$41,205,000	
FY 2023 President's Budget	$42,029,000	

Budget Request

The FY 2023 President's Budget request is $42.0 million, an increase of $824,000 from the FY 2022 Continuing Resolution. The increase will support 154 continuing and 46 new grants.

Outputs and Outcomes Table

Program: Minority AIDS Initiative

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.56 Number of program participants exposed to substance abuse prevention education services (Output)	FY 2021: 2,605 Target: 8,345 (Target Not Met)	8,345	8,345	Maintain
2.3.85a Number of persons tested for HIV through the Minority AIDS Initiative prevention activities (Output)	FY 2021: 13,314 Target: 31,514 (Target Not Met)	31,514	31,514	Maintain
2.3.90 Percentage of program participants who reported reduced binge drinking at follow-up. (Outcome)	FY 2021: 72 % Target: 64 % (Target Exceeded)	64 %	64 %	Maintain

Sober Truth on Preventing Underage Drinking Act (STOP Act)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Sober Truth on Preventing Underage Drinking Act	$10,032	*$---*	$10,000	$10,000	*$---*

Authorizing Legislation.....Section 519B of the PHS Act
FY 2023 Authorization.....$0
Allocation Method.....Competitive Grants/Contracts
Eligible Entities.....Current and former Drug Free Communities grantees

Program Description and Accomplishments

Among Americans under age 21, underage drinking is one of our nation's significant public health challenges, and its associated problems have profound negative consequences not just for underage drinkers, but also for their families, their communities, and society as a whole. Alcohol continues to be the most widely used substance of misuse among America's youth, and a higher proportion use alcohol than use tobacco or other drugs. Annually, alcohol is a factor in the deaths of approximately 3,500 youths in the United States, shortening their lives by an average of 60 years. Every day an estimated 2,125 children ages 12 through 14 begin using alcohol. Among 12- to 20-year-olds, 18.8 percent reported using alcohol in the last month. These young people face a number of harmful potential consequences, including death or injury, impaired brain function, decreased academic performance, and increased risk of developing an alcohol use disorder later in life.[67]

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 (Public Law 114-255) was the nation's first comprehensive legislation on underage drinking. The STOP Act was reauthorized in 2016 as part of the 21st Century Cures Act (Public Law 114-255). The Act states, "A multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort, and addresses particulars of the federal portion of that effort, as well as federal support for state activities."

In keeping with the STOP Act's language calling for a multi-faceted, coordinated approach, the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD) developed a Comprehensive Plan in 2006, with updates in 2018, and a pending update for 2021.

[67] U.S. Department of Health and Human Services. (December 2020). Report to Congress on the Prevention and Reduction of Underage Drinking, Rockville, MD: Substance use And Mental Health Services Administration Retrieved from www.stopalcoholabuse.gov. (National Survey on Drug Use and Health [NSDUH]; Center for Behavioral Health Statistics and Quality [CBHSQ], 2019c)

The plan includes consensus recommendations from the federal agency members as well as for all interested parties identified in the STOP Act, and established the following overarching goals and objectives:

1. Strengthen a national commitment to address the problem of underage drinking.
2. Reduce demand for, the availability of, and access to alcohol by persons under the age of 21.
3. Use research, evaluation, and scientific surveillance to improve the effectiveness of policies, programs, and practices designed to prevent and reduce underage drinking.

The STOP Act requires the HHS Secretary, in collaboration with other federal officials enumerated in the Act, to "formally establish and enhance the efforts of the ICCPUD that began operating in 2004." In 2006, SAMHSA assumed leadership as the HHS Secretary's designee.

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

A report on the evaluation of the adult oriented national media campaign to prevent underage drinking that includes the production, broadcasting, and effectiveness of the campaign – also known as "Talk They Hear You." The community-based coalition enhancement grant program provides up to $50,000 per year over four years to current or former grantees under the Drug-Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities.

The national media campaign to prevent underage drinking, — "Talk They Hear You." (TTHY) responds to directives set forth in Section 2(d) of the STOP Act ($2 million/year), to produce and oversee an adult-oriented national media campaign to provide parents and caregivers of youth under the age of 21 with information and resources to discuss the issue of alcohol with their children. The ICCPUD will continue to guide the development process of the national media campaign, and subsequent evaluation, which is included as Chapter 5 of the Report to Congress annually.

In FY 2021, SAMHSA funded 16 new grants and 117 continuing grants. In FY 2022, SAMHSA intends to fund 133 continuation awards. In FY 2023, SAMHSA plans to award 113 continuing and 23 new grant awards.

FY 2017 data showed that 58 percent of coalitions report at least 5 percent improvement in the 30-day use of alcohol in at least two grades, and 75 percent of coalitions reported improvement in youth perception of risk from alcohol in at least two grades.

Under ICCPUD's leadership, SAMHSA's Center for Substance Use Prevention Services developed the TTHY campaign in response to directives set forth in Section 2(d) of the STOP Act, requiring the HHS Secretary to fund and oversee a national adult-oriented media public service campaign and to report annually on the production, broadcasting, and evaluation of this campaign. ICCPUD has been instrumental in the overall development of TTHY, using input from experts and organizations representing a wide range of parties, including public health advocacy groups, the alcohol industry, ICCPUD member agencies, the U.S. Congress, and subject matter experts (SMEs). TTHY addresses all three of the core goals laid out in ICCPUD's "Preventing & Reducing Underage Drinking 2021 Comprehensive Plan," as well as several topics for ICCPUD consideration and recommendations for new activities

To maintain its lasting message and keep it consistent and relevant over time, the TTHY campaign trademarked its logo in 2016, making it the official property of HHS. This trademark instills trust in the campaign, lends credibility to TTHY materials, and promotes consistency when organizations implement TTHY in their communities.

The TTHY earned media campaign "Definition of earned media: Earned media, also referred to as media relations, word-of-mouth, public relations, or publicity, is an unpaid brand mention or recognition, such as a news article, published interview, or online review by a third party. In addition, earned media can also refer to a byline or article written by someone associated with the brand that is published by a third party." (Top Rank Marketing, n.d.) has yielded approximately a $15-to-$1 return on investment for every dollar invested. Key strategies of the earned media campaign were to (1) secure prominent campaign coverage in several major media outlets and (2) leverage regional relationships in communities through town hall meetings and public health observances (e.g., SAMHSA's Prevention Day and National Prevention Week) to further educate parents and caregivers of children under 21 about why and how they should talk with their kids about the dangers of underage drinking and other substance use. The campaign also hosts community engagement meetings throughout the year to interact with local groups who are implementing the campaign locally and to learn specific details about their prevention efforts.

Since the campaign's inception, initial investment costs for development and implementation have been a little more than $1.1 million per year, totaling nearly $15 million over a 13-year period. Earned media outreach efforts have generated an estimated $223.19 million in earned media placements on major networks and affiliates—with television, print, and radio PSAs having collectively garnered 18.1 billion impressions in all 50 states and in more than 300 cities. Distribution is augmented by community engagement, with groups such as the Community Anti-Drug Coalitions of America and the National Prevention Network, which have direct access to parents and caregivers. To date the campaign has licensed 1,395 partner organizations that are implementing TTHY to varying degrees in communities across the country.

Supporting the development and justification of the TTHY campaign involves a complex interplay of formative, process, and outcomes evaluation efforts. Evaluation findings to date suggest that

SAMHSA has met many markers for early success, including strongly resonating with intended TTHY audiences. The growing body of evidence presented in the Report to Congress for the Prevention and Reduction of Underage Drinking U.S. Department of Health and Human Services. (December 2020). *Report to Congress on the Prevention and Reduction of Underage Drinking*, Rockville, MD: Substance use And Mental Health Services Administration Retrieved from www.stopalcoholabuse.gov. (National Survey on Drug Use and Health [NSDUH]; Center for Behavioral Health Statistics and Quality [CBHSQ], 2019c) supports that key campaign messages serve as important cues to action that increase both the plans and actions of parents to talk with their children about underage drinking and other substance use. There is further evidence to suggest that TTHY increases parents' confidence not only in talking with their children about underage drinking and other substance use but also in the behavioral efficacy of that action.

In meeting the requirements of the STOP Act, SAMHSA, under the leadership of ICCPUD, will continue to garner support for program efficacy over the next year and implement evaluation plans for the upcoming 2022–2023 campaign evaluation cycle, which includes an evaluation of the usability, reach, and effectiveness of the TTHY mobile app and Screen4Success self-screening a referral management system; the initial development of a complementary youth campaign that includes message testing and audience segmentation analysis; and the beginning of a multi-year evaluation of the student assistance- and school health and wellness-focused training with formative, outcome, and long-term impact evaluation methodologies that can be adopted by schools and districts. The formative measures will assess how well the curriculums are being implemented, and the outcome and impact measures will look to the impact on the target audiences, the students. Armed with data from this and future efforts, SAMHSA will persist in its work to estimate overall campaign impact as well as to ensure that the TTHY campaign evolves in ways that resonate with its primary target audiences and meet the needs of the U.S. population at large.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$8,000,000	
FY 2020	$9,000,000	
FY 2021 Final	$10,032,000	
FY 2022 CR	$10,000,000	
FY 2023 President's Budget	$10,000,000	

Budget Request

The FY 2023 President's Budget request is $10.0 million, level with the FY 2022 Annualized Continuing Resolution and will support 111 continuing and 23 new grant awards.

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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.3.01 Percent of coalitions that report at least 5% improvement in the past 30-day use of alcohol in at least two grades (Outcome)	FY 2021: 83 % Target: 57.7 % (Target Exceeded)	83 %	83 %	Maintain
3.3.02 Percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades (Outcome)	FY 2021: 55 % Target: 62 % (Target Not Met but Improved)	75 %	75 %	Maintain

Center for the Application of Prevention Technologies

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Center for the Application of Prevention Technologies	$7,493	$---	$7,493	$11,993	$4,500

Authorizing Legislation.....Section 516 of the PHS Act
FY 2023 Authorization.....$0
Allocation Method..... Contracts
Eligible Entities.....Domestic and Public Entities

Program Description and Accomplishments

In 2019, SAMHSA funded the Prevention Technology Transfer Centers (PTTC) cooperative agreements. The PTTC Network is comprised of 10 Domestic Regional Centers, 1 National American Indian and Alaska Native PTTC, 1 National Hispanic and Latino PTTC, and Network Coordinating Office. Together the Network serves the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands.

The purpose of the PTTC Network is to improve implementation and delivery of effective substance use prevention interventions and provide training and technical assistance services to the substance misuse prevention field. This is accomplished by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals 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.

To date, the PTTC has delivered over 2,590 events and provided training/technical assistance to over 102,200 participants. The PTTC Network has developed many resources focusing on six priority areas: Community coalitions and collaborators; Building Health Equity and Inclusion; Data-informed decisions; Implementation Science; Cannabis Prevention; and Workforce Development. New products and resources addressing these specific areas have been developed and implemented

Together, the PTTC Network created a free online cultural competency program to support providers to improve the quality of care provided to clients from diverse backgrounds. The goal of this e-learning program is to help behavioral health professionals increase their cultural and linguistic competency. In response to COVID-19 pandemic, the PTTC Network developed several resources focused on “Bringing Prevention Virtual” to assist prevention professionals as they transition to delivering services and programming from face-to-face to virtual settings.

Among several events implemented and resources developed, the PTTC Network collaborates with the ATTC and the MHTTC to create a robust list of "Community Engagement Resources". Providing equitable mental health and substance use prevention, treatment, and recovery services means engaging with all communities to make sure all people feel welcome and supported.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$7,493,000	
FY 2020	$7,493,000	
FY 2021 Final	$7,493,000	
FY 2022 CR	$7,493,000	
FY 2023 President's Budget	$11,993,000	

Budget Request

The FY 2023 President's Budget request is $11.9 million, an increase of $4.5 million from the FY 2022 Annualized Continuing Resolution. The proposed funding increase will fund 13 new PTTC awards. The increase will allow the establishment of tailored state-of-the-art substance use prevention technical assistance to states, communities, Tribe, or territories, to strengthen grantee programs Prevention T/TA services are being conducted by the PTTCs. The funding will also support the HHS priority of advancing the goal of ending the opioid crisis and the ONDCP Drug Policy Priority of supporting evidence-based prevention efforts to reduce youth substance use. The increase in funding would be used to support supplemental funding to the existing PTTCs.

Outputs and Outcomes Table

Program: Center for the Application of Prevention Technologies

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.4.14 Number of people trained (Output)	FY 2021: 39,774.0 Target: 70,400.0 (Target Not Met)	39,774.0	39,774.0	Maintain
1.4.15 Percentage expecting to use information from training to change their practice. (Outcome)	FY 2021: 85.0 Target: 69.0 (Target Exceeded)	90.0	90.0	Maintain

Science and Service Program Coordination

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Science and Service Program Coordination	$4,153	$---	$4,072	$4,072	$---

Authorizing Legislation.....Section 516 of the PHS Act
FY 2023 Authorization.....$0
Allocation Method..... Contracts
Eligible Entities.....Domestic and Public Entities

Program Description and Accomplishments

SAMHSA has made preventing 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 2020, 138.5 million Americans aged 12 or older reported current use of alcohol, 61.6 million reported binge drinking and 17.7 million reported heavy drinking.[68] Alcohol continues to be the most widely used substance of abuse among American youth, and a higher proportion use alcohol than use tobacco, marijuana, or other drugs.[69]

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

The TTTAC is an innovative training and technical assistance (TTA) project that helps tribal communities facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce violence, bullying, substance misuse, 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.

---

[68] Substance use And Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance use And Mental Health Services Administration. Retrieved from http://www.samhsa.gov/data

[69] U.S. Department of Health and Human Services (HHS), SAMHSA. (2018). Report to Congress on the Prevention and Reduction of Underage Drinking. Retrieved from https://www.stopalcoholabuse.gov/resources/reporttocongress/rtc2018.aspx

The UADPEI heavily promotes the adoption of evidence-based policies, programs, and practices by developing materials, resources, and other engagement tools to strengthen community-based prevention efforts on underage drinking and other substances. The initiative collaborates with other federal agencies on underage drinking prevention strategy implementation through ICCPUD and the StopAlcoholAbuse.gov website.

As part of its work to support SAMHSA and ICCPUD, the UADPEI develops new resources for prevention professionals that call out important trends from the NSDUH and emphasize new ways to approach underage and problem drinking prevention. These types of resources are audience specific and range from data visualizations and parent guides to the *College Drinking: Prevention Perspectives* (CD: PP) videos and discussion guides. CD: PP videos highlight evidence-based underage drinking prevention strategies at institutions of higher education, including historically black colleges and universities (HBCUs) while the discussion guides provide campus communities an opportunity to think critically about how these strategies can be adapted and modified to fit their own needs.

The UADPEI also engages families, youth, youth-serving organizations, and institutions of higher education in initiatives such as SAMHSA's *Communities Talk to Prevent Underage Drinking*.

2021 *Communities Talk* to Prevent Underage Drinking

Approximately every two years, SAMHSA distributes Communities Talk planning stipends to community-based organizations (CBOs), institutions of higher education (IHEs), and statewide or state-based organizations to plan activities that raise awareness and educate youth, families, and communities about the potentially harmful consequences of underage and problem drinking among individuals 12 to 25 years old.

Given the public health concerns and requirements associated with the COVID-19 pandemic, SAMHSA provided additional guidance for groups participating in the initiative to account for COVID-related impacts on community gatherings. As a result, the 2021 cycle of Communities Talk encouraged organizers to implement prevention activities that shared important messages about underage drinking while accounting for social distancing guidelines, the limited capacity of prevention professionals, and the new realities associated with underage and problem drinking. To do this, SAMHSA gathered insights from community- and state-level prevention professionals, including those working in colleges and universities. Key changes to the initiative include additional support and resources for virtual activities (webinars, Public Services Announcements, interactive social media campaigns, etc.) and new messaging that creates a stronger link between overall wellness during the pandemic and substance use prevention.

During the 2021 stipend cycle, CBOs and IHEs registered to host events and activities in all 50 states, the District of Columbia, and the territories of Guam, Puerto Rico, and the U.S. Virgin Islands. With the support of revised and/or new tools and resources developed by SAMHSA, such as a "How to Register" video and a virtual activity toolkit, community-based organizers hosted innovative gatherings including:

- The Midwest Asian Health Association worked alongside the McKinley Park Underage Drinking and Other Substance Use Prevention Services (McK-UDOS) Coalition to host a virtual activity to discuss prevention strategies with their community.
- The New Britain Local Prevention Council (NBLPC) ran a weeklong social media campaign highlighting the testimonies of youth in their community as they shared why they chose not to engage in substance use.
- The Geneseo Healthy Campus and Community Coalition, in partnership with local college students, held an in-person event to educate middle school and high school students on the effects of underage drinking and substance misuse.

In 2021, SAMHSA reached its goal of 1,000 organizations hosting underage drinking prevention events, distributing 1,003 stipends for this cycle. More than 101 IHEs also participated in the 2021 *Communities Talk* cycle, with 15 Historically Black Colleges and Universities; 12 Hispanic-serving institutions; and 5 Tribal-serving and Native American-Serving Non-Tribal institutions. The 2021 stipend cycle also demonstrated high involvement from key federal and national organizations, with a high number of stipend recipients coming from the following groups:

- National Association of State Alcohol and Drug Abuse Directors' National Prevention Network
- Office of National Drug Control Policy's Drug-Free Communities
- Students Against Drunk Driving
- Boys & Girls Clubs of America
- American College Health Association

Tribal Training and Technical Assistance Contract (TTAC)

During FY 2020, GPRA data was collected from a total of 541 TTA participant questionnaires. The participant questionnaire results indicated an overall positive response to the TTA provided onsite and virtually. Respondents reported that the TTA improved their individual capacity and their organization's capacity to do prevention work. Overall, about 95 percent of participants reported TTA was useful and improved capacity for themselves and their organizations.

The total 541 TTA reported above also comprises the following FY 2020 activities. During FY 2020, the Tribal TTA Center team reported data on 9 Broad TTA events, 12 Focused TTA events, 31 Intensive TTA events, and 15 Opioids TTA events. The TTA Center collected GPRA measures on Onsite Broad TTA events serving a total of 123 participants representing 26 AI/AN communities over 10 days and 3 events. Six virtual Broad TTA events served a total of 244 participants. Onsite Focused TTA events served a total of 123 participants representing 73 AI/AN communities over 19 days and 6 events. Seven Focused virtual TTA events served a total of 56 participants. Intensive Virtual TA served 298 participants through 22 events and Intensive training served a total of 334 participants across 9 events. Onsite Opioids TTA events served a total of 309 participants representing 105 AI/AN communities over 15 days and 7 events. Eight Opioids virtual TTA events served a total of 397 participants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$4,072,000	
FY 2020	$4,072,000	
FY 2021 Final	$4,153,000	
FY 2022 CR	$4,072,000	
FY 2023 President's Budget	$4,072,000	

Budget Request

The FY 2023 President's Budget request is $4.0 million, level with the FY 2022 Annualized Continuing Resolution.

Outputs and Outcomes Table

Program: Prevention - Science and Service Activities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.100 Number of organizations or communities that demonstrate improved readiness to change their systems (Output)	FY 2020: 5.0 organizations Target: 5.0 organizations (Target Met)	5.0 organizations	5.0 organizations	Maintain

Tribal Behavioral Health Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Tribal Behavioral Health Grants	$20,642	$---	$20,750	$23,665	$2,915

Authorizing Legislation.....Section 516 of the PHS Act
FY 2023 Authorization.....$0
Allocation Method.....Grants/Contracts
Eligible Entities.....Tribes

Program Description and Accomplishments

Suicide is a leading cause of death among American Indian/Alaska Native (AI/AN) youth and young adults ages ten to 14 years.[70] For American Indian/Alaska Native Youth age 10-19, the unadjusted suicide rate is more than three times the rate for the nation as a whole. Further, AI/AN high school student report higher rates of suicidal behaviors than the general population of U.S. high school students.[71] 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).[72]

Consistent with the goals of the Tribal Behavioral Health Agenda, the Tribal Behavioral Health Grant (TBHG/Native Connections (NC) 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 use, trauma, and suicide and by promoting the mental health of AI/AN young people.

The first cohort of TBHG/NC grants was provided to 20 tribes or tribal organizations with high rates of suicide. These five-year grants help grantees develop and implement a plan that addresses suicide and substance misuse, 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,

---

[70] 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.
[71] 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.
[72] 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.

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.

In FY 2016, SAMHSA expanded activities through the braided TBHG/NC funding ($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 misuse, and promote mental health and resiliency among youth in tribal communities.

In FY 2021, SAMHSA supported 124 grant continuations and awarded a new cohort of 29 grants and technical assistance activities. In FY 2022 Annualized CR, SAMHSA will support 140 grant continuations and award a new cohort of six grants and technical assistance activities.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$20,750,000	
FY 2020	$20,000,000	
FY 2021 Final	$20,642,000	
FY 2022 CR	$20,750,000	
FY 2023 President's Budget	$23,665,000	

Budget Request

The FY 2023 President's Budget request is $23.6 million, an increase of $2.9 million from the FY 2022 Annualized Continuing Resolution. The increase will support technical assistance activities, 78 continuation grants and award a new cohort of 38 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families. The increase in funding will result in an increase in the number of individuals contacted through program outreach efforts to nearly 600,000.

As a braided activity with the Mental Health appropriation, SAMHSA is tracking 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

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.4.12 Percentage of youth age 10 - 24 who received mental health or related services after screening, referral, or attempt (Output)	FY 2021: 338 Target: 47 (Target Exceeded)	33	33	Maintain
2.4.17 Number of youths with mental health or substance use disorders who are contacted through program outreach efforts (Output)	FY 2021: 570,655.0 Target: 570,655.0 (Baseline)	570,655.0	644,840	Increase

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Minority Fellowship Program	$321	$---	$321	$1,340	$1,019

Authorizing Legislation.....Section 597 of the PHS Act
FY 2023 Authorization.....$0
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 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, marriage and family therapy, mental health counseling, psychology; and substance use/addiction counseling. In 2006, the program expanded to include marriage and family therapists and later added professional counselors. Professional guilds receive competitively awarded grants, and then competitively award the stipends to post-graduate students pursuing a degree in that professional field. The MFP program has had a variety of focus including youth and addiction counselors.

In FY 2021, SAMHSA supported eight grant continuations and exercised the option year on the MFP the technical assistance contract. In FY 2022 Annualized CR, SAMHSA will support eight grant continuations, the technical assistance contract and award a new cohort of one grant,

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$321,000	
FY 2020	$321,000	
FY 2021 Final	$321,000	
FY 2022 CR	$321,000	
FY 2023 President's Budget	$1,340,000	

Budget Request

The FY 2023 President's Budget request is $1.3 million, an increase of $1.0 million from the FY 2022 Annualized Continuing Resolution. The proposed funding increase will support two continuation grants, as well as a new cohort of 10 grants and the technical assistance contract. With this increase in funding, the number of trained behavioral health providers will increase to 6,500.

First Responder Training for Opioid Overdose Reversal Drugs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
First Responder Training (CARA).....	*$---*	*$---*	*$---*	$67,500	$67,500
First Responder Training (non-add)	---	---	---	*43,500*	*43,500*
Rural Set-Aside (non-add).....	---	---	---	*24,000*	*24,000*

[1/] This activity were funded in FY 2021 and in FY2022 CR in the Center for Substance Use Services..

Authorizing Legislation ..... Section 546 of the PHS Act
FY 2023 Authorization..... $0
Allocation Method…….....Competitive Grants
Eligible Entities.....States, local government entities, ... federally recognized American Indian/Alaska Native tribe or tribal organizations

Program Description and Accomplishments

SAMHSA's First Responders – Comprehensive Addiction and Recovery Act (FR-CARA) program is an important part of the US government's response to the opioid crisis. The FR-CARA program trains and equips firefighters, law enforcement officers, paramedics, emergency medical technicians, and other legally organized and recognized volunteer organizations in a position to respond to adverse opioid-related incidents. This program also establishes processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. FR-CARA's broader eligibility and rural-set asides ensure that much needed services reach rural and tribal areas.

Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. In FY 2021, SAMHSA awarded 67 grants to states, rural, and tribal organizations. Approximately 52 percent of the funds went to rural entities hit particularly hard by the overdose epidemic.

To date, grantees report having trained 124,392 first responders and community members on the use of naloxone or other FDA approved drugs or devices, and how to respond to overdose emergencies. The program has equipped these communities with 306,759 FDA-approved overdose reversal kits since the start of the program. Of these, 125,679 doses have been administered to treat suspected overdose cases, resulting in more than 38,406 confirmed overdose reversals.

Rural Emergency Medical Services Training Grant

SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country. In FY 2020 SAMHSA funded the first Rural Emergency Medical Services Training Grant (EMS Training) cohort. The purpose of this one-year grant program is to recruit and train emergency medical services (EMS) personnel in rural areas.

In 2021 SAMHSA funded 49 continuing and 48 new grants to ensure that EMS personnel are trained on mental and substance use disorders and care for people with such disorders in

emergency situations. During the first 6 months of this program the grantees recruited almost 400 EMS staff and enrolled over 1,900 EMS personnel in various types of training.

In FY 2022 SAMHSA will fund 42 continuing grants and 48 new grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	*$---*	
FY 2020	*$---*	
FY 2021 Final	*$---*	
FY 2022 CR	*$---*	
FY 2023 President's Budget	$67,500,000	

[1/] This activity was funded in the Center for Substance Use Services in FY 2019 - 2022 CR. The 2022 CR level is $42,000,000.

Budget Request

The FY 2023 President's Budget Request is $67.5 million, an increase of 25.5 million over the FY 2022 Annualized Continuing Resolution. The budget proposes to realign this program from the Center for Substance use Services to Center for Substance use Prevention. First Responder Training for Opioid Overdose Reversal Drugs (FR-CARA) is a key component of the public health response to the overdose epidemic. It uses a combination of community-based public health prevention and harm reduction strategies across the prevention continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities, which focus on individual clients who have been diagnosed with a substance use disorder.

In 2019, the funding for FR-CARA was realigned from Substance use Prevention Services (CSUPS) to Substance use Services (CSUS), however, CSUPS retained the administration of the program. Since 2019, the effort to coordinate both the administration and the funding across two centers has been challenging, therefore SAMHSA believes realigning this program back to CSUPS will reduce the burden on both centers to manage one program. Realigning the program will allow CSUPS to manage the program and ensure funding is targeted and complimentary to meeting the needs of the community-based organizations leading these critical prevention and harm reduction efforts.

The overdose epidemic has reached heights never seen before by taking the most Americans lives ever seen in a 12-month period. CDC provisional data indicates death by overdose increased by nearly 30 percent in 2020. There is a critical need for additional prevention funding to expand the reach of prevention services to high need communities. SAMHSA will utilize multiple sources of data (including, but not limited to, previous program, morbidity, and mortality data) to identify priority communities and populations in greatest need of funding. FR-CARA will continue to prevent overdoses with increasing access to overdose prevention that includes purchasing, training, and equipping first responders and community members with Naloxone and other FDA-approved overdose reversal devices. Additionally, this program will increase access for individuals treat

with naloxone for overdose to low threshold Buprenorphine accompanied by psychosocial support services that address the multifaceted challenges a person experiences after an overdose that includes follow-up support with the goal of facilitating referral and linkage with a warm hand off to Medication Assisted Treatment.

SAMHSA plans to use the increase in funds to award 26 continuation grants and 88 new grants. In addition, SAMHSA plans to fund 27 new Rural Emergency Medical Services Training Grants. The additional funding to FR-CARA allows SAMHSA to increase much needed support to combat the nation's opioid overdose epidemic. This program is critical to preventing death by overdose. Expanding the FR-CARA program will allow SAMHSA to fund more programs that expand organizational and workforce capacity. SAMHSA will support grant programs in enhancing linkage to care for people at risk for opioid overdose and implementing innovative prevention activities. More grant recipients will result in more programs equipped to address the challenges (i.e., access to care, service utilization, continuum of care, psycho-social needs, lack of funding) unique to their communities required to save lives. As of November 2021, these funds have supported over 34,400 overdose reversals, 26,000 trainings and 113,000 individuals trained.

Outputs and Outcomes Table

Program: First Responder Training-CARA

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
5.0.1 Number of FDA-approved overdose reversing medication kits distributed. (Output)	FY 2021: 85,827 Target: 73,845 (Target Exceeded)	171,831.0	171,831.0	Maintain
5.1.1 Number of first responders trained how to administer FDA-approved overdose reversing medication kits (Output)	FY 2021: 12,100 Target: 16,759.0 (Target Not Met)	44,155.0	44,155.0	Maintain

Improving Access to Overdose Treatment

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Improving Access to Overdose Treatment.....	*$---*	*$---*	*$---*	$1,500	$1,500

[1/] This activity were funded in FY 2021 and in FY2022 CR in the Center for Substance Use Services..

Authorizing Legislation . Section 302 of the Comprehensive Addiction and Recovery Act of 2016
FY 2023 Authorization..... $0
Allocation Method ..... Grants/Contracts
Eligible Entities..... Primary care, child welfare system, criminal justice system

Program Description and Accomplishments

Provisional data from CDC's National Center for Health Statistics indicate that there were an estimated 100,306 drug overdose deaths in the United States during 12-month period ending in April 2021, an increase of 28.5 percent from the 78,056 deaths during the same period the year before.

As part of SAMHSA's response, the Opioid Overdose Prevention Toolkit was developed to help reduce the number of opioid-related overdose deaths and adverse events. SAMHSA's Improving Access to Overdose Treatment (ODTx) grant program utilizes this toolkit and other resources to help grantees train and support health care providers and pharmacists on the prescribing of FDA approved drugs or devices for the emergency treatment of known or suspected opioid overdose.

In addition, the ODTx 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).

In FY 2022, 22 programs or best practices were developed for prescribing or co-prescribing FDA-approved opioid-overdose reversal drugs or devices. These best practices were used to train 595 pharmacists and health care providers.

In FY 2021, SAMHSA funded five continuation grants and intends to fund the continuation grants in FY 2022. In FY 2023, SAMHSA plans to fund two programs that will utilize a Training of Training model that leverages existing training models with proven success in reaching the recipient's population of focus for broad dissemination across the country and to rapidly expand workforce capacity in addressing the significant increase in overdose deaths.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	*$---*	
FY 2020	*$---*	
FY 2021 Final	*$---*	
FY 2022 CR	*$---*	
FY 2023 President's Budget	$1,500,000	

[1/] This activity was funded in the Center for Substance Use Services in FY 2019 - 2022 CR. The 2022 CR level is $1,000,000.

Budget Request

The FY 2023 President's Budget request is $1.5 million, an increase of $1.5 million. The budget proposes to realign this program from the Center for Substance use Services to Center for Substance use Prevention, and overall is an increase of $500,000 from the FY 2022 Annualized Continuing Resolution in the previous center. SAMHSA will support 2 continuation grants and approximately 5 new 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.

The ODTx program is a key component of the public health response to the overdose epidemic. It uses a combination of community-based public health prevention and harm reduction strategies across the prevention continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities, which focus on individual clients who have been diagnosed with a substance use disorder. In 2019, the funding for the ODTx program was realigned from Substance Use Prevention Services (CSUPS) to Substance Use Services (CSUS), however, CSUPS retained the administration of the program. Since 2019, the effort to coordinate both the administration and the funding across two centers has been challenging, therefore SAMHSA believes realigning this program back to CSUPS will reduce the burden on both centers to manage one program. Realigning the program will allow CSUPS to be able to manage the program and ensure funding is targeted and complimentary to meeting the needs of the community-based organizations leading these critical prevention and harm reduction efforts

Outputs and Outcomes Table

Program: Improving Access to Overdose Treatment (ODTx)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
5.2.1 Number trained on prescribing FDA-approved opioid-overdose reversal drugs or devices for emergency treatment of known or suspected opioid overdose. (Output)	FY 2021: 595.0 Target: 2,141.0 (Target Not Met)	2,141.0	2,141.0	Maintain

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths	*$---*	*$---*	*$---*	$18,000	$18,000

[1/] This activity were funded in FY 2021 and in FY2022 CR in the Center for Substance Use Services..

Authorizing Legislation ..... Section 516 and Section 546 of the PHS Act
FY 2023 Authorization $0, $36,000,000
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 remains a significant contributor to accidental deaths among those who use, misuse, or abuse illicit and prescription opioids (including synthetics such as fentanyl).[73] 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. While national data showed that overall numbers of overdose deaths and opioid involved deaths were beginning to decrease, provisional data from CDC's National Center for Health Statistics indicate that there were an estimated 100,306 drug overdose deaths in the United States during 12-month period ending in April 2021, an increase of 28.5 percent from the 78,056 deaths during the same period the year before. The highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from CDC. Provisional CDC data also indicate that 37 of 38 states reporting synthetic opioid data reported increases in overdose deaths tied to synthetic opioid use.[74] Fentanyl has been a significant driver of this increase.

SAMHSA supports 13 grants to 13 states for the Grants to Prevent Prescription Drug and Opioid Overdose-related Deaths program, which helps states identify communities of high need and provide education, training, and resources necessary to meet their specific needs. The grant funds can be used for purchasing overdose reversing drugs, equipping first responders with them, providing training on their use, developing other overdose-related death prevention strategies, and providing materials to assemble and disseminate overdose kits.
These grantees are also required to develop a dissemination plan and a training course tailored to

[73] 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
[74] Centers for Disease Control (CDC). Overdose Deaths Accelerating During COVID-19. (2020) Available from URL: https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html#:~:text=37%20of%20the%2038%20U.S.,in%20synthetic%20opioid%2Dinvolved%20deaths.

meet the needs of first responders in their communities. The course uses SAMHSA's Opioid Overdose Prevention Toolkit as a guide and includes a comprehensive prevention program that will focus on prevention, treatment, and recovery services to decrease the likelihood of drug overdose recurrence.

In FY 2021, SAMHSA funded 13 new grants. Grantees reported that they held 7,383 training sessions and trained 27,266 on naloxone administration or on other opioid-overdose related topics. This number exceeded the 2021 target of 22,279 people trained. Grantees held virtual trainings during the pandemic, which also increased their capacity to reach a broader and harder to reach audiences. SAMHSA estimates that this number of people will also be served in each of FY 2021 and FY 2022. Throughout FY 2021, grantees have acquired and distributed 73,104 Naloxone or other FDA-approved kits, which surpasses our previous target of 45,088. Due to the kits purchased and trainings held, grantees have successfully conducted 4,236 opioid overdose reversals.

In FY 2022, SAMHSA intends to fund up to seven new grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	*$---*	
FY 2020	*$---*	
FY 2021 Final	*$---*	
FY 2022 CR	*$---*	
FY 2023 President's Budget	$18,000,000	

[1/] This activity was funded in the Center for Substance Use Services in FY 2019 - 2022 CR. The 2022 CR level is $12,000,000.

Budget Request

The FY 2023 President's Budget request is $18.0 million. The budget proposes to realign this program from the Center for Substance use Services to Center for Substance use Prevention, an overall increase of $6 million above the FY 2022 Annualized Continuing Resolution of $12.0 million in the previous Center. FY 2023 funds will support 13 continuing and approximately 7 new grant awards. This 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.

The Grants to Prevent Prescription Drug and Opioid Overdose-related Deaths program is a key component of the public health response to the overdose epidemic. It uses a combination of community-based public health prevention and harm reduction strategies across the prevention continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities, which focus on individual clients who have been diagnosed with a substance use disorder.

In 2019, the funding for the program was realigned from Substance Use Prevention Services (CSUPS) to Substance Use Services (CSUS), however, CSUPS retained the administration of the program. Since 2019, the effort to coordinate both the administration and the funding across two centers has been challenging, therefore SAMHSA believes realigning this program back to CSUPS will reduce the burden on both centers to manage one program. Realigning the program will allow CSUPS to be able to manage the program and ensure funding is targeted and complimentary to meeting the needs of the community-based organizations leading these critical prevention and harm reduction efforts.

Outputs and Outcomes Table

Program: PDO/Naloxone

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
5.0 Number of Naloxone (or other FDA-approved) kits distributed (Output)	FY 2021: 73,104.0 Target: 45,088.0 (Target Exceeded)	73,104.0	73,104.0	Maintain
5.1 Number of lay persons trained how to administer Naloxone (or other FDA approved drug or device). (Output)	FY 2021: 27,266.0 Target: 22,279.0 (Target Exceeded)	27,266.0	27,266.0	Maintain

PRNS Mechanism Table
Summary

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final No.	FY 2021 Final Amount	FY 2022 CR No.	FY 2022 CR Amount	FY 2023 President's Budget No.	FY 2023 President's Budget Amount
Grants						
Continuations	641	$157,215	713	$172,381	658	$151,881
New/Competing	108	25,586	50	10,967	298	132,565
Supplements	---	---	---	---	---	---
Subtotal	749	182,801	763	183,349	956	284,446
Contracts						
Continuations	11	21,069	8	16,241	14	26,576
New	4	4,349	5	8,630	---	890
Subtotal	15	25,418	13	24,870	14	27,466
Total, Substance Use Prevention PRNS	**764**	**$208,219**	**776**	**$208,219**	**970**	**$311,912**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final No.	FY 2021 Final Amount	FY 2022 CR No.	FY 2022 CR Amount	FY 2023 President's Budget No.	FY 2023 President's Budget Amount
Capacity:						
Strategic Prevention Framework						
Grants						
Continuations	230	$99,770	256	$107,337	237	$74,245
New/Competing	26	11,818	12	4,241	59	45,224
Supplements	---	---	---	---	---	---
Subtotal	256	111,588	268	111,578	296	119,469
Contracts						
Continuations	3	7,100	1	6,894	3	7,205
New	1	1,264	2	1,012	---	---
Subtotal	4	8,364	3	7,906	3	7,205
Total, Strategic Prevention Framework	**260**	**119,952**	**271**	**119,484**	**299**	**126,674**
Federal Drug-Free Workplace						
Contracts						
Continuations	5	4,892	3	1,429	4	4,383
New	---	29	1	3,465	---	756
Subtotal	5	4,921	4	4,894	4	5,139
Total, Federal Drug-Free Workplace	**5**	**4,921**	**4**	**4,894**	**4**	**5,139**
Minority AIDS						
Grants						
Continuations	147	31,276	161	33,855	154	30,916
New/Competing	37	7,392	27	5,321	46	9,468
Subtotal	184	38,668	188	39,176	200	40,384
Contracts						
Continuations	---	2,029	---	2,029	---	1,645
New	---	8	---	---	---	---
Subtotal	---	2,037	---	2,029	---	1,645
Total, Minority AIDS	**184**	**40,705**	**188**	**41,205**	**200**	**42,029**
Sober Truth on Preventing Underage Drinking Act						
Grants						
Continuations	117	5,806	133	6,611	111	5,509
New/Competing	16	808	---	-28	23	1,165
Subtotal	133	6,613	133	6,583	134	6,674
Contracts						
Continuations	2	3,419	1	1,470	2	3,326
New	---	---	1	1,947	---	---
Subtotal	2	3,419	2	3,417	2	3,326
Total, Sober Truth on Preventing Underage Drinking Act	**135**	**10,032**	**135**	**10,000**	**136**	**10,000**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final No.	FY 2021 Final Amount	FY 2022 Enacted No.	FY 2022 Enacted Amount	FY 2023 President's Budget No.	FY 2023 President's Budget Amount
Tribal Behavioral Health Grants						
Grants						
Continuations	124	12,538	141	16,781	106	12,192
New/Competing	29	5,569	11	1,433	30	9,033
Subtotal	153	18,107	152	18,214	136	21,225
Contracts						
Continuations	---	1,022	1	2,536	1	2,440
New/Competing	1	1,513	---	---	---	---
Subtotal	1	2,535	1	2,536	1	2,440
Total, Tribal Behavioral Health Grants	**154**	**20,642**	**153**	**20,750**	**137**	**23,665**
Improving Access to Overdose Treatment						
Grants						
Continuations	---	---	---	---	2	406
New/Competing	---	---	---	---	5	1,036
Subtotal	---	---	---	---	7	1,441
Contracts						
Continuations	---	---	---	---	---	59
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	59
Total, Improving Access to Overdose Treatment	**---**	**---**	**---**	**---**	**7**	**1,500**
Grants to Prevent Prescription Drug/Opioid Overdose						
Grants						
Continuations	---	---	---	---	20	17,230
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	20	17,230
Contracts						
Continuations	---	---	---	---	---	704
New/Competing	---	---	---	---	---	66
Subtotal	---	---	---	---	---	770
Total, Grants to Prevent Prescription Drug/Opioid	**---**	**---**	**---**	**---**	**20**	**18,000**
First Responder Training (CARA)						
Grants						
Continuations	---	---	---	---	26	10,792
New/Competing	---	---	---	---	115	54,066
Subtotal	---	---	---	---	141	64,858
Contracts						
Continuations	---	---	---	---	---	2,642
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	2,642
Total, First Responder Training (CARA)	**---**	**---**	**---**	**---**	**141**	**67,500**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

	FY 2021 Final		FY 2022 Enacted		FY 2023 President's Budget	
Science and Service:	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Center for the Application of Prevention Technologies						
Grants						
Continuations	13	7,124	13	7,124	---	---
New/Competing	---	---	---	---	13	11,524
Subtotal	13	7,124	13	7,124	13	11,524
Contracts						
Continuations	---	369	---	369	---	469
New/Competing	---	---	---	---	---	---
Subtotal	---	369	---	369	---	469
Total, Center for the Application of Prevention Technol	**13**	**7,493**	**13**	**7,493**	**13**	**11,993**
SAP Minority Fellowship Program						
Grants						
Continuations	8	305	8	305	1	239
New/Competing	---	---	---	---	7	1,049
Supplements*	---	---	---	---	---	---
Subtotal	8	305	8	305	8	1,288
Contracts						
Continuations	---	16	---	16	---	52
New/Competing	---	313	---		---	---
Subtotal	---	16	---	16	---	52
Total, SAP Minority Fellowship Program	**8**	**321**	**8**	**321**	**8**	**1,340**
Science & Service Program Coordination						
Grants						
Continuations	2	396	1	368	1	352
New/Competing	---	---	---	---	---	---
Subtotal	2	396	1	368	1	352
Contracts						
Continuations	1	2,223	2	1,498	4	3,651
New	2	1,534	1	2,205	---	69
Subtotal	3	3,757	3	3,704	4	3,720
Total, Science & Service Program Coordination	**5**	**4,153**	**4**	**4,072**	**5**	**4,072**
Subtotal, Science and Service	**26**	**11,967**	**25**	**11,886**	**26**	**17,405**
Total, Substance Use Prevention	**764**	**$208,219**	**776**	**$208,219**	**970**	**$311,912**

Grant Awards Table

(Whole dollars)

	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Number of Awards	749	763	956
Average Award	$244,061	$240,300	$297,538
Range of Awards	$50,000 - $2,300,000	$50,000 - $2,300,000	$50,000 - $2,300,001

Substance Use Services

Table of Contents

Substance Use Services
Summary of the Request

(Dollars in thousands)

	FY 2021		FY 2022	FY 2023	
	Final	COVID-19 Supplemental/ 1	CR	President's Budget	FY 2023 +/- FY 2022
Programs of Regional and National Significance	$495,117	$---	$496,677	$566,364	69,687
PHS Evaluation Funds (non-add)	*2,000*	---	*2,000*	*2,000*	---
State Opioid Response Grants	1,498,030	---	1,500,000	2,000,000	500,000
Set-Aside for Tribes (non-add)	*50,000*	---	*50,000*	*75,000*	25,000
Substance Use Prevention and Treatment Block Grant	1,849,654	3,150,000	1,858,079	3,008,079	1,150,000
Budget Authority (non-add)	*1,770,454*	*3,150,000*	*1,778,879*	*2,928,879*	*1,150,000*
PHS Evaluation Funds (non-add)	*79,200*	---	*79,200*	*79,200*	---
Total, Substance Use Services	**$3,842,801**	**$3,150,000**	**$3,854,756**	**$5,574,443**	**$1,719,687**
FTE	**37**		**131**	**122**	**-9**

1/Supplemental funding was appropriated in HSPS but allocated to SUS to execute.

The Substance Use Services FY 2023 President's Budget Request is $5.6 billion, an increase of $1.7 billion from the FY 2022 Annualized Continuing Resolution.

SAMHSA's Center for Substance Use Services (CSUS) manages over 269 formula and discretionary grant programs with approximately 1,214 grantee entities throughout the nation. The Center's programs fund interventions across the continuum of care from prevention to harm reduction, treatment, and recovery services, with the broad goals of saving and improving lives, and recognizing the often long-term nature of substance use disorders The budget proposes increasing access to quality care and services for substance use disorders and addressing the overdose crisis for individuals, families, and communities —especially as it relates to opioid and stimulant use disorders.

CSUS's budget focuses on continuing investments not only in individuals and families impacted by substance use across the lifespan but also across diverse communities including pregnant and post-partum people and their children, individuals with substance use disorders who encounter the criminal justice system, and individuals specifically seeking treatment and recovery support services for heroin, fentanyl, and other opioids. SAMHSA's substance use disorder budget funds direct services, infrastructure development, system capacity building, and training and technical assistance efforts for service integration, quality improvement, and workforce development. CSUS's programs involve multiple systems beyond the specialty behavioral health system, such as primary healthcare, school, child welfare, criminal and juvenile justice, and housing systems.

Programs central to CSUS's direct services and encompassing the majority of the Center's current and proposed budgets, include the State Opioid Response (SOR) and Tribal Opioid Response (TOR) grants as well as the Substance Abuse Prevention and Treatment Block Grants (SAPT BG). The $5.0 billion of proposed funds across these three programs provide a foundation for states, tribes, tribal nations, and territories to create a safety net of substance use disorder care across harm reduction, treatment, and recovery support services. Additional CSUS programs support direct funding to behavioral health workforce and community organizations to expand and enhance treatment and recovery support services in different settings and for a range of priority populations.

This allows grant recipients to focus on meeting their community's unique needs. Workforce shortages is one of the greater challenges facing many behavioral health providers today. CSUS grants provide significant training and technical assistance opportunities to connect health professional students and practitioners with the behavioral health and addiction medicine/addiction psychiatry field. Funding also supports innovative delivery of pharmacologic therapies for opioid use disorder under CSUS's regulatory framework. With the COVID-19 pandemic driving regulatory flexibility, CSUS is identifying lessons learned to apply to revisions of regulations that may further improve access to care, maximize the current workforce, and help attract other practitioners to the field.

CSUS's programs prevent overdose; promote children and youth behavioral health; integrate primary and substance use disorder health care; and uses performance measures, data, and evaluation to guide decision-making. CSUS's strategies aim to improve access and reduce barriers to quality care and reduce the stigma of substance use disorders, which often prevents individuals from receiving needed services to promote recovery.

CSUS's programs support the framework of a coordinated, integrated continuous care model of substance use disorder services. To achieve this, the programs work to: 1) drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental and substance use disorder treatment and recovery services for individuals and families; 2) bolster the health workforce to ensure delivery of quality services and care; 3) enhance the promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death; expand access to high-quality services and resources for older adults and people with disabilities, and their caregivers to support increased independence and quality of life; and 4) improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion (due to the emphasis on funding programs using evidence-based practices).

Substance Use Services
Programs of Regional and National Significance (PRNS)

(Dollars in thousands)

Programs of Regional and National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Capacity:					
Opioid Treatment Programs/Regulatory Activities	$7,216	$---	$8,724	$13,086	$4,362
Screening, Brief Intervention and Referral to Treatment	29,698	---	30,000	30,560	560
Budget Authority (non-add)	*27,698*	---	*28,000*	*28,560*	*560*
PHS Evaluation Funds (non-add)	*2,000*	---	*2,000*	*2,000*	---
Targeted Capacity Expansion-General	102,331	---	102,192	147,916	45,724
Other Targeted Capacity Expansion	*11,331*	---	*11,192*	*11,416*	224
MAT for Prescription Drug and Opioid Addiction (non-add)	*91,000*	---	*91,000*	*136,500*	*45,500*
MAT for Prescription Drug and Opioid Addiction (Tribes)(non-add)	*11,000*	---	*11,000*	*16,500*	5,500
Pregnant and Postpartum Women	32,767	---	32,931	49,397	16,466
Recovery Community Services Program	2,512	---	2,434	5,151	2,717
Improving Access to Overdose Treatment2	1,068	---	1,000	---	-1,000
Building Communities of Recovery	10,013	---	10,000	20,000	10,000
Children and Families	29,479	---	29,605	30,197	592
Treatment Systems for Homeless	36,386	---	36,386	37,114	728
Minority AIDS	65,561	---	65,570	66,881	1,311
Criminal Justice Activities	89,000	---	89,000	124,380	35,380
Other Criminal Justice Activities (non-add)	*18,981*	---	*19,000*	*19,380*	*380*
Drug Court Activities(non-add)	*70,019*	---	*70,000*	*105,000*	*35,000*
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths2	11,833	---	12,000	---	-12,000
Peer Support TA Center	999	---	1,000	1,500	500
Treatment, Recovery, and Workforce Support	6,089	---	6,000	9,000	3,000
Emergency Department Alternatives to Opioids	5,908	---	6,000	9,000	3,000
Grants to Develop Curricula for DATA Act Waivers	---	---	---	---	---
Opioid Response Grants	3,000	---	3,000	---	-3,000
Comprehensive Opioid Recovery Centers	3,614	---	4,000	6,000	2,000
First Responder Training (CARA)2	42,389	---	42,000	---	-42,000
First Responder Training (non-add)	*18,000*	---	*18,000*	---	*-18,000*
Rural Set-Aside (non-add)	*24,000*	---	*24,000*	---	*-24,000*
Subtotal, Capacity	**479,864**	**---**	**481,842**	**550,182**	**68,340**
Science and Service:					
SAT Minority Fellowship Programs	**5,789**	---	5,789	7,136	1,347
Addiction Technology Transfer Centers	**9,465**	---	9,046	9,046	---
Subtotal, Science and Service	**15,254**	**---**	**14,835**	**16,182**	**1,347**
Total, PRNS	**$495,117**	**$---**	**$496,677**	**$566,364**	**$69,687**

Opioid Treatment Programs/Regulatory Activities

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Opioid Treatment Programs/Regulatory Activities.....	$7,216	$---	$8,724	$13,086	$4,362

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2023 Authorization $0
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

Our nation faces a crisis of overdose deaths from opioids, including heroin, illicit fentanyl, and prescription opioids. These deaths represent a fraction of the total number of Americans harmed by opioid misuse and opioid use disorder (OUD). An estimated 1.4 million Americans have OUD related to opioid painkillers and 438 thousand have heroin-related OUD.[75] Expanding access to medication for opioid use disorder (MOUD) is an important public health strategy and is central to the U.S. Department of Health and Human Services Overdose Prevention Strategy.[76]

A focus of SAMHSA's budget is closing the gap between the number of people needing treatment for OUD and the capacity to treat them with MOUD. MOUD refers to the use of the Food and Drug Administration (FDA) approved medications (e.g., buprenorphine, methadone, and naltrexone products) to treat opioid use disorder. These medications are often used in combination with additional evidence-based treatment and recovery support services.

Critical policy tools SAMHSA employs to expand access to MOUD include:

- Oversight of Opioid Treatment Programs (OTPs)--the only means of providing MOUD with methadone;
- Provision of waivers to allow qualified health care practitioners to provide MOUD with buprenorphine in an office-based setting such as primary care; and
- Education and training of health care students and practitioners for treatment of OUD, including MOUD, via universities and professional organizations.

[75] Center for Behavioral Health Statistics and Quality. (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed tables. Rockville, MD: Substance use And Mental Health Services Administration. Retrieved May 21, 2021, from www.samhsa.gov/data/
[76] Overdose Prevention Strategy. https://www.hhs.gov/overdose-prevention/treatment. 2021

MOUD in Opioid Treatment Programs

OTPs are critical to expanding access to OUD treatment. SAMHSA is responsible for regulating and certifying the country's OTPs. Oversight of the OTP certification process includes oversight of the various accrediting organizations, or accrediting bodies (ABs) and their review of OTPs. SAMHSA also provides direct support (information and technical assistance) to OTPs, healthcare systems and states regarding certification, accreditation and MOUD treatment.

During 2021 alone, 94 new OTPs were certified and 27 either closed or merged with other OTPs, bringing the total number of OTPs in this country to 1895 serving over 650,000 clients. This is a significant increase from in 2010, when there were 1,216 OTPs and in 2017 when there were 1371. Accrediting organizations must be approved by SAMHSA, and SAMHSA monitors these for quality assurance and improvement by making site visits to a percentage of programs that received accreditation review within that year. Currently, CSUS holds agreements with six accrediting bodies serving the nation's OTPs.

SAMHSA meets regularly with the state opioid treatment authorities (SOTAs) that provide oversight of OTPs in their respective state. SAMHSA provides technical assistance, guidance and support for issues related to MOUD, such as assisting state officials in evaluating state requirements and adherence to the federal regulations for OTPs and promoting evidence-based substance use disorder treatment and related care through discussion of scientific strategies implementation and review of the standards applied by the Accrediting Bodies.

These responsibilities and interactions enable SAMHSA to address barriers to treatment and promote means of expanding access to services. For example, on March 16, 2020, SAMHSA issued an exemption to OTPs whereby a state could request "a blanket exception for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient's medication for opioid use disorder" or "up to 14 days of Take-Home medication for those patients who are less stable". Almost two years since this exemption was granted, states, OTPs, and other stakeholders report that this has resulted in increased treatment engagement and improved patient satisfaction with care.[77] Given this positive evidence, SAMHSA granted OTPs an extension of this exemption, effective upon the expiration of the COVID-19 Public Health Emergency[78].

To address geographic and sociodemographic barriers to accessing OTP services, SAMHSA issued guidance on mobile and non-mobile medication units following the June 28, 2021, publication of the Drug Enforcement Administration final rule allowing OTPs the option of adding a mobile component to their existing registration. This will expand the reach of OTPs, improve geographic access, and enhance the provision of treatment to disparate populations.[79]

---

[77] Amram O, Amiri S, Panwala V, Lutz R, Joudrey PJ, Socias E. The impact of relaxation of methadone take-home protocols on treatment outcomes in the COVID-19 era. Am J Drug Alcohol Abuse. 2021 Oct 20:1-8. doi: 10.1080/00952990.2021.1979991. Epub ahead of print. PMID: 34670453.

[78] Methadone Take-Home Flexibilities Extension Guidance https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/methadone-guidance

[79] Letter to State Substance Abuse Directors on mobile medication untis:

MOUD in Office-Based Health Care Settings

Buprenorphine can be prescribed in an office setting by qualified health care practitioners who have received a waiver under the Drug Addiction Treatment Act of 2000 (DATA 2000). Initially, only physicians were allowed to provide office based MOUD treatment with buprenorphine. In November 2016, the Comprehensive Addiction and Recovery Act (CARA) widened the field to allow nurse practitioners (NPs) and physician assistants (PAs) to prescribe buprenorphine This was followed in October 2018 by the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act which made this allowance permanent and expanded prescribing privileges to Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists (CRNAs), and Certified Nurse Midwives (CNMs) until October 1, 2023.

Recognizing increasing deaths from opioid overdose during the pandemic, HHS released Revised Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder. Effective April 28, 2021, the guidelines exempt eligible providers from federal certification requirements related to training, counseling, and providing ancillary services and allows them to obtain a waiver treat up to 30 patients at any given time with buprenorphine[80]. These requirements have been cited as a barrier to obtaining a waiver, and the Practice Guidelines are designed to expand access to treatment while also reducing stigma around treatment activities. As of April 28, 2021, there were a total of 97,880 practitioners certified to prescribe buprenorphine. That number increased to a total of over 116,600 by February 1, 2022. During this period of April-February, SAMHSA certified more than 18,000 more practitioners to prescribe buprenorphine for OUD.

MOUD Education and Training of Providers

Medical students and physicians play a pivotal role in educating their patients and colleagues about substance use and substance use disorders; screening, diagnosing, and treating patients; and modeling positive attitudes to reduce the stigma attached to substance use disorders (SUD). A lack of preparedness has been identified as a barrier in the provision of buprenorphine to patients with opioid use disorder by early career family physicians[81], and a lack of appropriate education has also been shown to foster negative attitudes towards the provision of MOUD. [82] Comprehensive and uniform training on SUDs, and treatment and recovery modalities have the potential to overcome these deficits and positively impact graduates and their patients. SAMHSA promotes provider education through its grants and programs, including the Provider's Clinical

https://www.samhsa.gov/sites/default/files/2021-letter-state-authorities-mobile.pdf August 2021
OTP Directors, SOTAs and State Directors on mobile medication untis:
https://www.samhsa.gov/sites/default/files/2021-letter-mobile-component.pdf September 2021

[80] Revised practice guidelines. Federal Register, Vol. 86, No. 80, April 28, 2021.
https://www.govinfo.gov/content/pkg/FR-2021-04-28/pdf/2021-08961.pdf

[81] DeFlavio JR, Rolin SA, Nordstrom BR, Kazal LA, Jr. Analysis of barriers to adoption of buprenorphine maintenance therapy by family physicians. Rural & Remote Health. 201515:3019.

[82] Mackey K, Veazie S, Anderson J, Bourne D, and Peterson K. Evidence Brief: Barriers and Facilitators to Use of Medications for Opioid Use Disorder. Washington, DC: Evidence Synthesis Program, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs. 2019

Support System (PCSS) – Universities and PCSS-MAT. PCSS-U promotes SUD education in professional schools and aims to engage students in treating OUD upon graduation. The PCSS-MAT program expands the number of licensed providers completing training requirements for prescribing MOUD and provides mentoring and other supports for practitioners treating OUD.

There remains a significant need to increase the number of healthcare providers prepared to address the nation's need for increased access to care and treatment for opioid and other substance use disorders. The PCSS programs will continue to provide up-to-date and evidence-based information to support the training of health professionals and to address the complex issues of addiction.

The number of students trained to prescribe MOUD by PCSS-U and PCSS-MAT programs

CY End	PCSS-U	PCSS-MAT
2019	2160	28,921
2020	7115	47,179
2021	6064	35,196
Total	15, 339	111,296

In FY 2021, SAMHSA funded 27 new grants, one PCSS-MAT continuation grant and two contracts.

In FY 2022, SAMHSA anticipates funding six new and 27 continuation PCSS-U grants, supplemental funding for PCSS-MAT, and two contracts.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$8,724,000	
FY 2020	$8,724,000	
FY 2021 Final	$7,215,668	
FY 2022 CR	$8,724,000	
FY 2023 President's Budget	$13,086,000	

Budget Request

The FY 2023 President's Budget request is $13.1 million, an increase of 4.4 million from the FY 2022 Annualized Continuing Resolution. SAMHSA will award 17 new and 33 continuation PCSS-U grants, two new PCSS-MAT grants, and two contracts.

Screening, Brief Intervention, and Referral to Treatment

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Screening, Brief Intervention and Referral to Treatment.....	$29,698	$---	$30,000	$30,560	$560
Budget Authority (non-add).....	*27,698*	---	*28,000*	*28,560*	*560*
PHS Evaluation Funds (non-add).....	*2,000*	---	*2,000*	*2,000*	---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2023 Authorization $0
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 and Colleges

Program Description and Accomplishments

Among individuals aged 12 or older in 2020, 162.5 million (58.7 percent) used tobacco, alcohol, or an illicit drug in the past month. [83] Among the 138.5 million current alcohol users age 12 or older, 61.6 million (44.4 percent) were binge drinkers. Among past month binge drinkers, 17.7 million people (28.8 percent of current binge drinkers and 12.8 percent of current alcohol users) were past month heavy drinkers. 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 (September 15, 2020). [84] Of the individuals who need treatment for substance use disorder, only 10 percent received specialty treatment for their condition.[3] The vast majority meeting criteria for having a drug/alcohol substance use disorder have not been diagnosed.

In 2003, SAMHSA started the Screening, Brief Intervention and Referral to Treatment (SBIRT) program, which includes state implementation grants 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 if that is needed. The program's goals are to reduce the rate of substance misuse, intervene early to prevent progression to more severe illness, and increase the number of individuals with a substance use disorder who receive treatment. Studies have long shown that this approach is effective in helping reduce harmful alcohol consumption.[85,86,87]

---

[83] 2020 NSDUH Annual National Report https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report
[84] National Institute on Drug Abuse (2017), Trends and Statistics, http://www.drugabuse.gov/related-topics/trends-statistics.
[85] 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.
[86] Kahan, M., Wilson, L., & Becker, L. (1995). *Effectiveness of physician-based interventions with problem drinkers: A review*. Canadian Medical Association Journal*, 152,* 851–859.
[87] Wilk, A.I., Jensen, N.M., and Havighurst, T.C. (1997*). Meta-analysis of randomized control trails addressing brief interventions in heavy alcohol drinkers*. Journal of General Medicine, 12 (5), 274-283.

The SBIRT program 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 substance use disorder. They can support evidence-based client-centered interventions, such as Motivational Interviewing, brief treatment, and referral to specialty care for individuals exhibiting symptoms of substance use disorder. The population of focus is adults and adolescents seeking medical attention and intervention in primary care and other health care settings.

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 use disorder treatment and services.

Below represents the six National Outcome Measures (NOMS) for CSUS. The NOMS are based in GPRA survey instruments for all discretionary grant programs. These data help SAMHSA create a national picture of substance misuse to build evidence to support program outcomes associated with SAMHSA grants.

During FY 2021, 143,482 clients were served in the SBIRT program. Based on 143,482 client intakes assessments, and 1,654 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Screening, Brief Intervention and Referral to Treatment (SBIRT)	**At Intake**	**At 6-months**	**% increase in the number of clients reporting**
	(n=143,482)	**(n=1,654)**	
No past 30-day use alcohol/illegal drugs	5.20%	45.70%	779.50%
No past 30-day arrest	98.10%	99.40%	13.20%
Past 30-day employment or school attendance	33.90%	41.40%	22.20%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	24.20%	53.40%	120.70%
Past 30-day socially connectedness	60.20%	70.00%	16.30%
Past 30-day permanent place to live in the community	63.60%	55.10%	-13.40%

Source SAMHSA' Performance Accountability and Reporting System (SPARS). Data current as of December 7, 2021. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SBIRT funded 11 new grants and 16 continuations.

In FY 2022, SBIRT anticipates funding 27 continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$27,854,000	
FY 2020	$30,000,000	
FY 2021 Final	$29,698,399	
FY 2022 CR	$30,000,000	
FY 2023 President's Budget	$30,560,000	

Budget Request

The FY 2023 President's Budget request is $30.6 million, an increase of $560,000 from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award four new grants and 24 continuations.

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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.40 The number of clients served (Output)	FY 2021: 143,482 Target: 78,000 (Target Exceeded)	143,482	144,917	+1,435
1.2.41 Percentage of clients receiving services who had no past month substance use (Outcome)	FY 2021: 45.7 % Target: 41 % (Target Exceeded)	45.7 %	46.7 %	+1% point(s)

Targeted Capacity Expansion-General

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Targeted Capacity Expansion-General	$102,331	$---	$102,192	$147,916	$45,724
Other Targeted Capacity Expansion	*11,331*	---	*11,192*	*11,416*	*224*
MAT for Prescription Drug and Opioid Addiction (non-	*91,000*	---	*91,000*	*136,500*	*45,500*
MAT for Prescription Drug and Opioid Addiction	*11,000*	---	*11,000*	*16,500*	*5,500*

Authorizing Legislation ..... Sections 509 of the Public Health Service Act
FY 2023 Authorization $0
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 use Providers, Community Mental Health Centers,
.....Federally Qualified Health Centers, SAMHSA Certified Opioid Treatment Programs, and
.....Licensed Outpatient Substance Use Services Programs

Program Description and Accomplishments

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

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

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

MOUD refers to the use of the Food and Drug Administration-approved pharmacotherapies (i.e., buprenorphine products, methadone, and naltrexone products) for the treatment of OUD. Medications are often combined with evidence-based psychosocial interventions tailored to an individual's needs. This approach is a safe and effective strategy for decreasing the frequency and quantity of opioid misuse and reducing the risk of overdose and death. Recovery support services include linking patients and families to social, legal, housing, and other supports to improve retention in care and increase the probability of positive outcomes.

Among people aged 12 or older in 2020, 3.4 percent (or 9.5 million people) misused opioids in the

past year.[88] CDC provisional data indicates that there were an estimated 100,306 drug overdose deaths in the United States during 12-month period ending in April 2021, an increase of 28.5 percent from the 78,056 deaths during the same period the year before. Synthetic opioids, including illicitly manufactured fentanyl, were involved in 64 percent of >100,000 estimated U.S. drug overdose deaths during May 2020–April 2021. Despite gains, opioid overdose deaths increased in 2021 by 26 percent underscoring the risks of potent illicit synthetic opioids and need to continue to engage people in a continuum of harm reduction, treatment, and recovery services.[89]

The aim of the state MAT-PDOA continuation grants is to increase the number of individuals receiving services with FDA-approved MOUD; 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.

During FY 2021, 12,641 clients were served in the MAT-PDOA program. Based on 12,461 client intakes assessments, and 3,453 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)	**At Intake**	**At 6-months**	**% increase in the number of clients reporting**
	(n=12,461)	**(n=3,453)**	
No past 30-day use alcohol/illegal drugs	38.50%	60.70%	57.60%
No past 30-day arrest	93.40%	97.80%	4.80%
Past 30-day employment or school attendance	39.90%	43.30%	44.90%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	56.70%	77.20%	36.20%
Past 30-day socially connectedness	86.40%	89.70%	3.80%
Past 30-day permanent place to live in the community	42.80%	50.40%	17.80%

Source SAMHSA' Performance Accountability and Reporting System (SPARS). Data current as of December 7, 2021. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SAMHSA funded 127 new and 30 continuation grants.

In FY 2022, SAMHSA anticipates funding 30 new grants for five years and 122 continuation grants (five of these grants are on a 3-year grant cycle and 117 are on a five-year grant cycle).

---

[88] https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf

[89] https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

Targeted Capacity Expansion – Special Projects

In FY 2019, SAMHSA funded 23 grantees through the inaugural Targeted Capacity Expansion-Special Projects program. The purpose of this program is to develop and implement targeted strategies for the provision of substance use disorder (SUD) or co-occurring disorder treatment to support an underserved population or unmet need identified by the community. It enables a community to identify the specific need or population it wishes to assist through the provision of evidence-based substance use disorder treatment and/or recovery support services. In FY 2021, SAMHSA funded 23 continuation grants (3-year cycle) and three new grantees.

The initial TCE- Special Projects notice of funding opportunity received a substantial number of applications due to its flexibility in allowing grantees to identify the community and/or unmet need to be addressed in their community. The flexibility resulted in a cohort that is implementing projects focused on various areas or underserved populations such as: opioid use disorder, methamphetamine use disorder, co-occurring disorders, recovery housing, those engaged in the criminal justice system, pregnant and post-partum women, LGBTQ+, and youth.

During FY 2021, 2,533 clients were served in the TCE-SP program. Based on 2,533 client intakes assessments, and 1,388 client six-month follow-up reassessments, the following National Outcome Measures are reported:

TCE-SP	**At Intake**	**At 6-months**	**% increase in the number of clients reporting**
	(n=2,533)	**(n=1,388)**	
No past 30-day use alcohol/illegal drugs	47.40%	62.40%	31.70%
No past 30-day arrest	96.30%	98.70%	2.50%
Past 30-day employment or school attendance	47.30%	61.30%	29.70%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	80.20%	89.60%	11.70%
Past 30-day socially connectedness	66.50%	68.20%	2.50%
Past 30-day permanent place to live in the community	45.40%	51.90%	14.30%

Source SAMHSA' Performance Accountability and Reporting System (SPARS). Data current as of December 7, 2021. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SAMHSA funded three new and 23 continuation TCE-SP grants. In FY 2022, SAMHSA anticipates funding 22 new and three continuation TCE-SP grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$100,192,000	
FY 2020	$100,192,000	
FY 2021 Final	$102,331,321	
FY 2022 CR	$102,192,000	
FY 2023 President's Budget	$147,916,000	

Budget Request

The FY 2023 President's Budget request is $147.9 million, an increase of $45.7 million from the FY 2022 Annualized Continuing Resolution. SAMHSA continues to support the TCE-Special Projects and MAT PDOA grants. SAMHSA will fund 25 continuation TCE-Special Projects grants. Also, SAMHSA plans to fund 56 new and 157 MAT PDOA continuation grants, making MAT services accessible to 40 percent more individuals suffering from OUD.

Outputs and Outcomes Table

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

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.3.01 Number of admissions for Medication Assisted Treatment (Output)	FY 2021: 12461 Target: 2500 (Target Exceeded)	12461	12586	+125
1.3.03 Illicit drug use at 6-month follow-up (Outcome)	FY 2021: 61 % Target: 67 % (Target Exceeded)	61 %	62 %	+1 % point(s)

Program: Treatment-Targeted Capacity Expansion: Other

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.25 Percentage of adults receiving services who had no past month substance use (Outcome)	FY 2021: 62 % Target: 63 % (Target Not Met)	62 %	63 %	+1 percentage point(s)
1.2.26 Number of clients served (Output)	FY 2021: 2,815 Target: 1,357 (Target Exceeded)	2,815	2,844	+29
1.2.27 Percentage of adults receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2021: 59.1 % Target: 48 % (Target Exceeded)	59.1 %	60.1 %	+1 percentage point(s)
1.2.28 Percentage of adults receiving services who had a permanent place to live in the community (Outcome)	FY 2021: 53.3 % Target: 54 % (Target Not Met)	53.3 %	54.3 %	+1 percentage point(s)
1.2.29 The percentage of adults receiving services who had no involvement with the criminal justice system (Outcome)	FY 2021: 98.7 % Target: 98 % (Target Exceeded)	98.7 %	99.7 %	+1 percentage point(s)

Pregnant and Postpartum Women

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Pregnant and Postpartum Women	$32,767	$---	$32,931	$49,397	$16,466

Authorizing Legislation……. Section 508 of the Public Health Service Act
FY 2023 Authorization $29,931,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... Domestic Public and Private Non-Profit Entities

Program Description and Accomplishments

Since 2003, the Pregnant and Postpartum Women program (PPW) has used a family-centered approach to provide comprehensive residential substance use disorder 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). Section 501 of the Comprehensive Addiction and Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. CARA requires that twenty-five percent of all PPW funds are required to fund the pilot.

The PPW program provides services not covered under most public and private insurance.

Pregnant and Postpartum Women – Residential Treatment (PPW-R)

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 use disorder treatment. The PPW family-centered approach includes a variety of services and case management for women, children, and families. Services provided to women include: outreach; engagement; screening and assessment; withdrawal management; substance misuse education; substance use disorder 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 and education; testing, counseling and linkages to treatment of hepatitis, HIV/AIDS, and other sexually transmitted diseases.

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

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

In FY 2021, SAMHSA funded 43 continuation residential treatment grants and supplements for direct technical assistance. In FY 2022, SAMHSA anticipates funding 19 new residential treatment grants and 24 continuation grants, and supplements for direct technical assistance.

The PPW program has demonstrated benefits in the following: increasing access to medications for substance use disorders, mental disorders, and primary health conditions; integrating peer recovery approaches to engage and retain women in care; incorporating home visiting as part of the continuum of care, and as a key strategy to extend services to support recovery; and providing opportunities to increase access to care for diverse populations of women, particularly for those living in rural and remote locations in southern states.

In FY 2021, the PPW program served 1,312 women. Of the women served:

- 37.7 percent used methamphetamine,
- 31.5 percent used marijuana,
- 18.5 percent used heroin
- 18.3 percent used alcohol
- 14.9 percent used cocaine/crack

Based on 1,312 client intake assessments, and 425 client six-month follow-up reassessments the following National Outcome Measures are reported:

Pregnant and Postpartum Women - Residential	**At Intake** (n=1,312)	**At 6-months** (n=425)	**% increase in the number of clients reporting**
No past 30-day use alcohol/illegal drugs	32.10%	86.10%	168.70%
No past 30-day arrest	86.50%	98.60%	13.90%
Past 30-day employment or school attendance	8.00%	35.30%	341.20%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	40.20%	82.30%	104.80%
Past 30-day socially connectedness	90.80%	94.80%	4.40%
Past 30-day permanent place to live in the community	19.60%	27.40%	39.80%

Source SAMHSA' Performance Accountability and Reporting System (SPARS). Data current as of February 11, 2022. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

Pregnant and Postpartum Women – Pilot (PPW-PLT)

Section 501 of the Comprehensive Addiction and Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. CARA requires that twenty-five percent of all PPW funds are required to fund the pilot. Historically, the PPW program has only supported the provision of residential treatment services.

In FY 2021, SAMHSA funded four new and five PPW-PLT continuation grants. In FY 2022, SAMHSA anticipates funding nine PPW-PLT continuation grants.

In FY 2021, the PPW Pilot program served 392 women:

- 24.1 percent used marijuana or hashish
- 11.5 percent used methamphetamines
- 10.8 percent used alcohol
- 5.8 percent used cocaine/crack 5.0 percent used heroin

Based on 392 client intakes assessments, and 107 client six-month follow-up reassessments the following National Outcome Measures are reported:

Pregnant and Postpartum Women - Pilot	At Intake (n=392)	At 6-months (n=107)	% increase in the number of clients reporting
No past 30-day use alcohol/illegal drugs	55.20%	79.20%	43.10%
No past 30-day arrest	95.30%	98.10%	2.90%
Past 30-day employment or school attendance	22.60%	43.40%	91.70%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	80.60%	99.00%	22.80%
Past 30-day socially connectedness	92.50%	93.40%	1.00%
Past 30-day permanent place to live in the community	36.40%	43.00%	17.90%

Source SAMHSA' Performance Accountability and Reporting System (SPARS). Data current as of February 11, 2022. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$29,931,000	
FY 2020	$31,931,000	
FY 2021 Final	$32,766,850	
FY 2022 CR	$32,931,000	
FY 2023 President's Budget	$49,397,000	

Budget Request

The FY 2023 President's Budget request is $49.4 million, an increase of $16.5 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award eight new PPW- pilot grants, four pilot continuation grants; 42 new residential treatment grants, and 26 residential treatment continuation grants to provide an array of services and supports to pregnant women and their families.

Outputs and Outcomes Table

Program: Pregnant and Postpartum Women Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.84 Number of admissions of women who are currently pregnant or have a child to Substance Use Services programs (Output)	FY 2021: 1,312 Target: 1,700.0 (Target Not Met)	1,312	1,929.0	+617
1.2.85 Percentage of PPW clients reporting no drug use in the past month at six-month follow-up (Outcome)	FY 2021: 86.8 % Target: 90.0 (Target Not Met)	86.8 %	87.0 %	+0.2 %
1.2.86 Percentage of PPW clients who reported substance misuse at intake, percent who report reduction in substance misuse at six-month follow-up (Outcome)	FY 2021: 78.6 % Target: 94.0 % (Target Not Met)	78.9 %	79.6 %	+0.7 %
1.2.87 Percentage of PPW clients who reported child/children not living with client at intake, percent who report child/children is living with client at six-month follow-up (Outcome)	FY 2021: 49.9 % Target: 55.0 % (Target Not Met)	50.0 %	51.0 %	+1 %
1.2.88 Number of PPW-PLT women who are currently pregnant or have a child who receive SUD and related treatment services (Outcome)	FY 2021: 392.0 Target: 380.0 (Target Exceeded)	394.0	576.0	+182

Recovery Community Services Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Recovery Community Services Program	$2,512	$---	$2,434	$5,151	$2,717

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2023 Authorization $0
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

In 2020, 40.3 million people aged 12 or older had an SUD in the past year, including 28.3 million with alcohol use disorder, 18.4 million with an illicit drug use disorder, and 6.5 million with both alcohol use disorder and an illicit drug use disorder.[90] As public education increases, there is broader acknowledgement of substance use disorder as a treatable condition that can be successfully managed over the course of a lifetime with the appropriate resources. 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.

RCSP was designed to assist recovery communities to strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from substance use disorders across the nation. The delivery of recovery support services (RSS) by people in recovery is known as peer recovery support services (PRSS). SAMHSA initiated the RCSP to help build an infrastructure for PRSS programs to support the development and expansion of peer recovery services. These peer services are most frequently offered by Recovery Community Organizations (RCOs).

Though the RCSP was a services program from 2002-2010, it was evident that this approach needed to be taken system-wide to have a broader effect. 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 RCOs in the full continuum of treatment and recovery services, states have the ability to enhance their systems to ensure holistic approaches to care.

[90] Substance use And Mental Health Services Administration. (2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance use And Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

During 2021, 615 clients were served in the RCSP-Services program. Based on 615 client intakes assessments, and 432 client six-month follow-up reassessments the following National Outcome Measures are reported:

Recovery Community Services Program (RCSP) - Services	At Intake	At 6-months	% increase in the number of clients reporting
	(n=615)	(n=432)	
No past 30-day use alcohol/illegal drugs	68.40%	78.00%	14.00%
No past 30-day arrest	96.50%	98.40%	1.90%
Past 30-day employment or school attendance	34.00%	55.30%	62.60%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	79.60%	85.50%	7.40%
Past 30-day socially connectedness	91.80%	90.70%	-1.30%
Past 30-day permanent place to live in the community	51.60%	60.50%	17.10%

Source SAMHSA' Performance Accountability and Reporting System (SPARS). Data current as of February 11, 2022. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SAMHSA funded two new RCSP and six continuation RCSP grants. In FY 2022, SAMHSA anticipates funding eight RCSP continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$2,434,000	
FY 2020	$2,434,000	
FY 2021 Final	$2,512,107	
FY 2022 CR	$2,434,000	
FY 2023 President's Budget	$5,151,000	

Budget Request

The FY 2023 President's Budget request is $5.2 million, an increase of $2.7 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award four new and eight continuation RCSP grants, and four new RCSP-Statewide Network (SN) grants. SAMHSA starts supporting the RCSP-SN program again in FY 2023. This will allow SAMHSA to continue the efforts of building substance use disorder recovery networks throughout the nation and the collaboration among peer-run organizations.

Children and Families

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Children and Families	$29,479	$---	$29,605	$30,197	$592

Authorizing Legislation ..... Sections 509 and 514 of the Public Health Service Act
FY 2023 Authorization $0, $0
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.....Single State 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

SAMHSA's programs to treat youth with substance use and co-occurring substance use and mental disorders address gaps in service delivery. SAMHSA supports a youth treatment initiative to further the use of, and access to, evidence-based family-focused models for youth with alcohol and/or other substance use. In addition, 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, treatment, prevention, and harm reduction interventions appropriate for adolescents and transition-age youths.

Services for Adolescents, Transitional Aged Youth, and their Families (YFTREE)

During FY 2021, 1,706 clients were served through the YFTREE Program. Based on 1,706 client intakes assessments, and 757 client six-month follow-up reassessments the following National Outcome Measures are reported:

Youth and Family Tree (YFTREE)	At Intake (n=1,706)	At 6-months (n=757)	% increase in the number of clients reporting
No past 30-day use alcohol/illegal drugs	38.70%	61.00%	57.60%
No past 30-day arrest	94.10%	97.90%	4.00%
Past 30-day employment or school attendance	71.40%	78.40%	9.80%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	75.90%	85.70%	12.80%
Past 30-day socially connectedness	75.50%	78.70%	4.20%
Past 30-day permanent place to live in the community	57.50%	63.60%	10.60%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved February 11, 2021, from http://spars.samhsa.gov. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

National Center on Substance Abuse and Child Welfare

SAMHSA and the Administration for Children and Families (ACF) collaborate to support the National Center on Substance Abuse and Child Welfare (NCSACW). NCSACW provides training and technical assistance (TA) to improve collaborative practices among agencies and organizations that serve families affected by substance use disorders and involvement with child welfare services. This interagency agreement was established in 2002 and has been in place ever since.

It is important to note that in early 2021, ACF made the decision to have the NCSACW program operate out of their Op-Div to include the NCSACW website which SAMHSA currently hosts. In March 2022, ACF will start management of a 5-year contract to support the NCSACW program. SAMHSA/CSUS will continue to partner with ACF in this effort bringing along CSUPS as a partner in this interagency agreement.

In FY 2021, SAMHSA funded 18 new and 35 Youth and Family Tree (YFTREE) continuation grants. In FY 2022, SAMHSA anticipates funding 53 continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$29,605,000	
FY 2020	$29,605,000	
FY 2021 Final	$29,479,473	
FY 2022 CR	$29,605,000	
FY 2023 President's Budget	$30,197,000	

Budget Request

The FY 2023 President's Budget request is $30.2 million, an increase of $592,000 from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award 31 new and 22 continuation Youth and Family Tree grants. These grants will continue to support states and tribes who have not previously received funds under this initiative, and to address the gaps in substance use disorder treatment by providing services for youth, their families, and caregivers.

Outputs and Outcomes Table

Program: Enhancement and Expansion of Treatment and Recovery for Adolescents, Transitional Aged Youth, and their Families

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2023 Target	FY 2023 Target +/-FY 2021 Target
2.00.2 Percentage of adults receiving services who had no past substance use (Outcome)	FY 2021: 60.9% Target: 58.2 % Target Met	62%	63%	+1%
2.00.3 Number of clients served (Output)	FY 2021: 1,706 Target: 1,889.0 Target Not Met	1,706	1,723	1%
2.00.4 Percentage of adults receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2021: 78.4% Target: 79.0 % (Baseline) Target Not Met	79.0 %	80.0 %	+1%
2.00.5 Percentage of adults receiving services who had a permanent place to live in the community (Outcome)	FY 2021: 63.6% Target: 63.0 % Target Met	64%	65%	+1%
2.00.6 Percentage of adults receiving services who had no involvement with the criminal justice system (Outcome)	FY 2021: 97.9% Target: 98.0 % Target Met	99%	100%	+1%

Treatment Systems for Homeless

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Treatment Systems for Homeless	$36,386	$---	$36,386	$37,114	$728

Authorizing Legislation .....Section 506 of the Public Health Service Act
FY 2023 Authorization $0
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

On a single night in January 2020, 580,466 people were experiencing homelessness in the United States. Of these, 120,323 were experiencing chronic homelessness, 120,642 had severe mental illness, 98,646 were affected by chronic substance use, and 37,252 were veterans.[91] 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 misuse. 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, families, youth, and all other individuals.

SAMHSA's Treatment Systems for Homeless portfolio supports services for those with substance use disorders or co-occurring mental and substance use disorders who are experiencing homelessness, including youth, veterans, and families. The services and support offered through SAMHSA's Treatment Systems for Homeless programs are crucial to achieving U.S. Interagency Council on Homelessness's goals.

SAMHSA manages the following Treatment Systems for Homeless grant programs:

Grants for the Benefit of Homeless Individuals (GBHI)

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

[91] U.S. Department of Housing and Urban Development (HUD) 2020 Continuum of Care (CoC) Homeless Assistance Programs Homeless Populations and Subpopulations Report – Retrieve from https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2020.pdf

In FY 2021, 4,003 clients were served through the GBHI Program. Based on 4,003 client intakes assessments, and 1,733 client six-month follow-up reassessments the following National Outcome Measures are reported:

Grants for the Benefit of Homeless Individuals (GBHI)	At Intake	At 6-months	% increase in the number of clients reporting
	(n=4,003)	(n=1,733)	
No past 30-day use alcohol/illegal drugs	43.60%	55.60%	30.70%
No past 30-day arrest	96.50%	96.80%	0.30%
Past 30-day employment or school attendance	20.50%	35.90%	74.80%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	68.80%	79.20%	15.10%
Past 30-day socially connectedness	70.80%	77.70%	9.70%
Past 30-day permanent place to live in the community	9.30%	30.90%	232.50%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved December 3, 2021, from http://spars.samhsa.gov. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SAMHSA funded 85 continuations grants and supplements for direct technical assistance for 72 of the 85 continuation grants.

In FY 2022, SAMHSA anticipates funding 17 new grants and 68 continuation grants and supplements for direct technical assistance for 55 of the 68 continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$36,386,000	
FY 2020	$36,386,000	
FY 2021 Final	$36,386,000	
FY 2022 CR	$36,386,000	
FY 2023 President's Budget	$37,114,000	

Budget Request

The FY 2023 President's Budget request is $37.1 million, an increase of $728,000 from the FY 2022 Annualized Continuing Resolution. SAMHSA intends to fund 37 new and 52 GBHI continuation grants with grant supplements for direct technical assistance for 22 of the 55 continuation grants. SAMHSA plans to support grants to provide services to nearly 5,000 people experiencing homelessness.

Outputs and Outcomes Table

Program: Treatment System for Homelessness (GBHI)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
3.4.23 The number of clients served (Output)	FY 2021: 4003 Target: 3634 (Target Exceeded)	4003	4043	+40
3.4.24 Percentage of homeless clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2021: 35.9 % Target: 34.4 % (Target Exceeded)	35.9 %	36.9 %	+1% point(s)
3.4.25 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2021: 30.9 % Target: 30.3 % (Target Exceeded)	30.9 %	41.9 %	+11%point(s)

Minority AIDS

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Minority AIDS	$65,561	$---	$65,570	$66,881	$1,311

Authorizing Legislation……. Section 509 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... Domestic Public and Private Non-Profit Entities

Program Description and Accomplishments

The purpose of the Minority AIDS or Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS Services (TCE-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 or living with HIV/AIDS and receive HIV services and 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.

In FY 2021, 9,984 clients were served through SAMHSA's TCE-HIV Program. Based on 9,984 client intakes assessments, and 3,982 client six-month follow-up reassessments the following National Outcome Measures are reported:

Minority AIDS	At Intake (n=9,984)	At 6-months (n=3,982)	% increase in the number of clients reporting
No past 30-day use alcohol/illegal drugs	28.90%	50.10%	73.20%
No past 30-day arrest	96.80%	98.70%	1.90%
Past 30-day employment or school attendance	41.40%	55.40%	33.80%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	63.60%	81.00%	27.30%
Past 30-day socially connectedness	67.40%	72.20%	7.10%
Past 30-day permanent place to live in the community	48.60%	55.60%	14.40%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved December 13, 2021, from http://spars.samhsa.gov. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SAMHSA funded 121 TCE-HIV continuation grants and supplements for direct technical assistance.

In FY 2022, SAMHSA anticipates funding 61 new and 62 TCE-HIV continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$65,570,000	
FY 2020	$65,570,000	
FY 2021 Final	$65,560,870	
FY 2022 CR	$65,570,000	
FY 2023 President's Budget	$66,881,000	

Budget Request

The FY 2023 President’s Budget request is $66.9 million, an increase of $1.3 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award 41 new grants and 87 TCE-HIV continuation grants.

Outputs and Outcomes Table

Program: Treatment: Minority AIDS Initiative- Targeted Capacity Expansion-HIV

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.1.11 Percentage of adults receiving services who had no past month substance use at 6-month follow-up (Outcome)	FY 2021: 50.1 Target: 47.9 (Target Exceeded)	50.1	51.1	+1
2.1.12 Number of clients served (Output)	FY 2021: 9,984.0 Target: 8,388.0 (Target Exceeded)	9,984.0	10,084.0	+100
2.1.13 Percentage of adults receiving services who were currently employed or engaged in productive activities at 6-month follow-up (Outcome)	FY 2021: 55.4 Target: 44.0 (Target Exceeded)	55.4	56.4	+1
2.1.14 Percentage of adults receiving services who had a permanent place to live in the community at 6-month follow-up (Outcome)	FY 2021: 55.6 Target: 54.0 (Target Exceeded)	55.6	56.6	+1
2.1.15 Percentage of adults receiving services who had no involvement with the criminal justice system at 6-month follow-up (Outcome)	FY 2021: 98.7 Target: 99.0 (Target Not Met)	98.7	99.7	+1

Criminal Justice Activities

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Criminal Justice Activities	$89,000	$---	$89,000	$124,380	$35,380
Other Criminal Justice Activities (non-add)	*18,981*	---	*19,000*	*19,380*	*380*
Drug Court Activities (non-add)	*70,019*	---	*70,000*	*105,000*	*35,000*

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... Domestic Public and Private Non-Profit Entities, Operational ..... Individual Misdemeanor and Felony Adult Criminal Courts, Municipal Courts, ... Tribal, State, Local Government Proxies, Government with Direct Involvement with Adult .. Criminal Courts, Tribal Organizations, and Individual Adult Tribal Healing to Wellness Courts, ... and Public or private universities and colleges and Community- and faith-based organizations.

Program Description and Accomplishments

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

Referral Source for Substance Use Disorder Treatment

The criminal justice system is a major source of referrals to substance use disorder treatment, with probation or parole referrals representing the largest proportion of criminal justice system referrals to treatment.[92] Most probation or parole referrals to treatment are men between the ages of 18 and 44. The most common substances reported by these referrals are alcohol, marijuana, and methamphetamine.[93]

Drug Courts

More than half (58 percent) of state prisoners and two-thirds (63 percent) of sentenced jail inmates met diagnostic criteria for a substance use disorder (using Diagnostic and Statistical Manual

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

Version IV), according to data collected 2007-2009.[94] An estimated 42 percent of state prisoners and 49 percent of jail inmates met the criteria for both a mental illness and a substance use disorder.[95]

Drug Court Purpose

Drug courts are designed to combine the sanctioning power of courts with effective treatment services for a range of populations with circumstances that have put them in contact with the criminal justice system. This could be circumstances related to alcohol and/or other drug use and/or mental illness. Drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and substance use disorder treatment communities to intervene and break the cycle of substance use disorder and crime.

Drug Court Services

SAMHSA's Adult Treatment Drug Court (ATDC) 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 to and retention in care, drug test monitoring for illicit substances, educational support, relapse prevention and long-term management skills development, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements.

Medications for Opioid Use Disorder (MOUD)

SAMHSA's grant programs are encouraged to use part of their annual award to provide Medications for Opioid Use Disorder (MOUD) and are required to ensure that drug courts funded by SAMHSA not deny the use of Food and Drug Administration (FDA)-approved medications for opioid use disorder by drug court clients. Drug courts funded in FY 2021 are required to provide MOUD services, with judicial discretion in certain situations. Practitioners involved in the drug court program who are eligible by law to obtain a Drug Abuse Treatment Act (DATA) waiver must do so.

SAMHSA requires the use of evidence-based practices from federal resource access points. SAMHSA also has regular communications with the National Association of Drug Court Professionals to obtain and incorporate the latest findings and field expertise.

---

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

[95] 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

In FY 2021, 5,148 clients were served through SAMHSA's Adult Treatment Drug Court Programs. Based on 5,148 client intakes assessments, and 3,029 client six-month follow-up reassessments the following National Outcome Measures are reported:

Adult Treatment Drug Courts	At Intake	At 6-months	% increase in the number of clients reporting
	(n=5,148)	(n=3,029)	
No past 30-day use alcohol/illegal drugs	63.10%	85.10%	35.00%
No past 30-day arrest	89.31%	95.10%	6.80%
Past 30-day employment or school attendance	43.60%	63.80%	46.20%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	79.10%	91.70%	16.00%
Past 30-day socially connectedness	88.80%	94.40%	6.30%
Past 30-day permanent place to live in the community	35.90%	46.40%	29.30%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved February 11, 2022, from http://spars.samhsa.gov. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

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

Family Treatment Drug Courts

The purpose of the Family Treatment Drug Court (FTDC) program is to expand substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to parents with a SUD and/or co-occurring SUD and mental disorders, who have had a dependency petition filed against them or are at risk of such filing.

In FY 2021, 1,277 clients were served through SAMHSA's Family Drug Court programs. Based on 1,277 client intakes assessments, and 764 client six-month follow-up reassessments the following National Outcome Measures are reported:

Family Treatment Drug Courts	At Intake (n=1,277)	At 6-months (n=764)	% increase in the number of clients reporting
No past 30-day use alcohol/illegal drugs	53.50%	78.70%	47.30%
No past 30-day arrest	94.90%	97.10%	2.20%
Past 30-day employment or school attendance	35.80%	51.90%	45.00%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	68.90%	81.30%	17.90%
Past 30-day socially connectedness	94.10%	95.90%	1.80%
Past 30-day permanent place to live in the community	47.90%	54.60%	13.90%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved February 11, 2022, from http://spars.samhsa.gov. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SAMHSA funded two new and 179 continuation ATDC and FTDC grants, and one contract.

In FY 2022, SAMHSA anticipates funding 15 new and 166 continuation ATDC and FTDC grants, and one contract.

Reentry

Across the country, more than 600,000 Americans are released from prisons and jails every year, and more than 4.5 million are serving a community supervision sentence.[96] For these individuals, transitioning back to their communities following incarceration can be a challenge for a number of reasons. Often, when individuals are released, they face several critical barriers to successful reentry that they will need to overcome. Some have substance use issues, others have no place to live, and a criminal record makes it difficult for many to find a job.[97] For most, it is only a matter of time before they return to prison. According to the Bureau of Justice Statistics, 68 percent of state prisoners are rearrested within three years of their release.[98]

Other Criminal Justice /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

[96] Danielle Kaeble and Lauren Glaze, Correctional Populations in the United States, 2015, Bulletin, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, December 2016, NCJ 250374, https://www.bjs.gov/content/pub/pdf/cpus15.pdf

[97] Blair Ames, "NIJ-Funded Research Examines What Works for Successful Reentry," NIJ Journal 281, November 2019, https:// nij.ojp.gov/topics/articles/nij-funded-researchexamines-what-works-successful-reentry.

[98] Mariel Alper, Matthew R. Durose, and Joshua Markman, 2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014), Special Report, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, May 2018, NCJ 250975, https://www.bjs.gov/content/pub/ pdf/18upr9yfup0514.pdf.

technical support contract. Studies show that only about 10 percent of individuals involved with the criminal justice system who are in need of substance use disorder treatment receive it as part of their justice system supervision. Approximately one-half of the institutional treatment provided is educational programming.[99] ORP grants 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 to and retention in care, drug test monitoring for illicit substances, educational support, relapse prevention and long-term management skills development, 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 treatment with FDA-approved medications.

Performance data show that these grant programs are effective in improving the lives of Offender Reentry Program court participants.

In FY 2021, 2,109 clients were served through SAMHSA's Offender Re-entry Program. Based on 2,109 client intakes assessments, and 836 client six-month follow-up reassessments the following National Outcome Measures are reported:

Offender Re-Entry Program	At Intake	At 6-months	% increase in the number of clients reporting
	(n=2,109)	(n=836)	
No past 30-day use alcohol/illegal drugs	44.30%	79.20%	78.90%
No past 30-day arrest	84.20%	96.10%	14.20%
Past 30-day employment or school attendance	20.70%	51.20%	147.40%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	69.80%	89.90%	28.70%
Past 30-day socially connectedness	80.70%	82.90%	2.70%
Past 30-day permanent place to live in the community	11.80%	29.30%	149.00%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved December 3, 2021, from http://spars.samhsa.gov. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SAMHSA funded 33 ORP continuation grants.

In FY 2022, SAMHSA anticipates funding 33 ORP continuation grants and one contract.

[99] 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.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$89,000,000	
FY 2020	$89,000,000	
FY 2021 Final	$89,000,000	
FY 2022 CR	$89,000,000	
FY 2023 President's Budget	$124,380,000	

Budget Request

The FY 2023 President's Budget request is $124.4 million, an increase of $35.4 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to support 167 new and 96 drug court continuation grants, and 21 new and 12 continuation ORP grants, and one contract. At least 20 awards will be made to tribes/tribal organizations, and at least 20 awards will be made to FTDCs, pending sufficient application volume from these groups.

Outputs and Outcomes Table

Program: Criminal Justice – Drug Courts

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.72 Percentage of adult clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2021: 61.4 % Target: 60.1 % (Target Exceeded)	61.4 %	62.4 %	+1 % point(s)
1.2.73 Percentage of adult clients receiving services who had a permanent place to live in the community (Outcome)	FY 2021: 48 % Target: 47.3 % (Target Exceeded)	48 %	49 %	+1 % point(s)
1.2.74 Percentage of adult clients receiving services who had no involvement with the criminal justice system (Outcome)	FY 2021: 95.5 % Target: 96 % (Target Not Met)	95.5 %	96.5 %	+1 % point(s)
1.2.76 Percentage of adult clients receiving services who had no past month substance use (Outcome)	FY 2021: 83.9 % Target: 87.3 % (Target Not Met)	83.9 %	84.9 %	+1 % point(s)
1.2.79 Number of adult clients served (Output)	FY 2021: 6,425 Target: 6,960 (Target Not Met)	6,425	6,489	Increase

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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.80 Number of clients served (Outcome)	FY 2021: 2,109 Target: 1,661 (Target Exceeded)	2,109	2,130	+21
1.2.81 Percentage of clients who had no past month substance use (Outcome)	FY 2021: 79.2 % Target: 77.4 % (Target Exceeded)	79.2 %	80.2 %	+1 % point(s)
1.2.84 Percentage of clients receiving services who had no involvement with the criminal justice system (Outcome)	FY 2021: 96.1 % Target: 95 % (Target Exceeded)	96.1 %	97.1 %	+1 % point(s)

Outputs and Outcomes Table

Program: Treatment – Other Capacity

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.25 Percentage of adults receiving services who had no past month substance use (Outcome)	FY 2021: 62 % Target: 63 % (Target Not Met)	62 %	63 %	+1 % point(s)
1.2.26 Number of clients served (Output)	FY 2021: 2,815 Target: 1,357 (Target Exceeded)	2,815	2,844	+29
1.2.27 Percentage of adults receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2021: 59.1 % Target: 48 % (Target Exceeded)	59.1 %	60.1 %	+1 % point(s)
1.2.28 Percentage of adults receiving services who had a permanent place to live in the community (Outcome)	FY 2021: 53.3 % Target: 54 % (Target Not Met)	53.3 %	54.3 %	+1 % point(s)
1.2.29 The percentage of adults receiving services who had no involvement with the criminal justice system (Outcome)	FY 2021: 98.7 % Target: 98 % (Target Exceeded)	98.7 %	99.7 %	+1 % point(s)

Building Communities of Recovery (BCOR)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Building Communities of Recovery	$10,013	$---	$10,000	$20,000	$10,000

Authorizing Legislation . Section 302 of the Comprehensive Addiction and Recovery Act of 2016
FY 2023 Authorization $5,000,000
Allocation Method ..... Grants/Contracts
Eligible Entities. Recovery Community Organizations (RCOs) that are domestic private nonprofit .....entities in states, territories, or tribes that are led and governed by representatives of local .....communities of recovery. Only organizations controlled and managed by members of the .....addiction recovery community are eligible to apply

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 the first new cohort of grants through the Comprehensive Addiction Recovery Act (CARA) Building Communities of Recovery (BCOR) program. The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol misuse. Programs are designed to be overseen by individuals in recovery from SUDs who reflect the community served.

BCOR grants support linkages between recovery networks and a variety of other organizations, systems, and communities. These include primary care, specifically hospital emergency departments, other recovery networks such as recovery community centers, the child welfare system, the criminal justice system, recovery housing services, and education/employment systems. They are managed and implemented primarily by individuals with lived experience and who are in recovery from substance use disorders and who reflect the community being served. Grantees are using funds to 1) build connections and linkages between recovery networks, between RCOs, and other Recovery Support Services (RSS); 2) reduce the stigma associated with substance use disorder and recovery; and 3) conduct public education and outreach on issues relating to substance use disorder and recovery.

In FY 2021, 2,942 clients were served through SAMHSA's BCOR Program. Based on 2,942 client intakes assessments, and 1,215 client six-month follow-up reassessments the following National Outcome Measures are reported:

Building Communities of Recovery (BCOR)	At Intake	At 6-months	% increase in the number of clients reporting
	(n=2,942)	(n=1,215)	
No past 30-day use alcohol/illegal drugs	63.60%	78.10%	22.90%
No past 30-day arrest	97.30%	98.70%	1.40%
Past 30-day employment or school attendance	33.40%	65.60%	96.30%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	68.60%	72.50%	5.60%
Past 30-day socially connectedness	81.10%	87.00%	7.30%
Past 30-day permanent place to live in the community	27.80%	35.40%	27.50%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved December 3, 2021, from http://spars.samhsa.gov. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2021, SAMHSA funded 31 new and 18 BCOR continuation grants.

In FY 2022, SAMHSA anticipates funding 5 new and 44 BCOR continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$6,000,000	
FY 2020	$10,000,000	
FY 2021 Final	$10,012,768	
FY 2022 CR	$10,000,000	
FY 2023 President's Budget	$20,000,000	

Budget Request

The FY 2023 President's Budget request is $20.0 million, an increase of $10.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to support 40 new grants and 36 continuation grants for the BCOR program to develop, expand, and enhance recovery support services. The BCOR program supports linkages between recovery networks and a variety of organizations, including primary care, other recovery networks, the child welfare system, the criminal justice system, housing services, and education/employment systems.

Outputs and Outcomes Table

Program: Building Communities for Recovery

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.80 Number of clients receiving recovery services (Output)	FY 2021: 2,942.0 Target: 1,175.0 (Target Exceeded)	2,942.0	2,972.0	+30
1.2.81 Clients who report not having stable housing at baseline who report having stable housing at six-month follow-up (Outcome)	FY 2021: 35.4 Target: 47.4 (Target Not Met)	35.4	36.4	+1
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 2021: 65.6 Target: 64.5 (Target Exceeded)	65.6	66.6	+1

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Minority Fellowship Program	$5,789	$---	$5,789	$7,136	$1,347

Authorizing Legislation .....Section 597 of the Public Health Service Act
FY 2023 Authorization $0
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 substance use disorders among racial and ethnic minority populations. 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 substance use disorder. In FY 2018, an additional program was created to address specialized training in addiction psychiatry, psychology, and addiction medicine. Professional guilds receive competitively awarded grants, and then competitively award the stipends to graduate and post-graduate students pursuing a degree in corresponding professional fields.

This program is jointly administered by the Center for Substance Use Services (CSUS), the Center for Substance Use Prevention Services (CSUPS), and the Center for Mental Health Services (CMHS) at SAMHSA. CSUS also funded one additional grant 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 2021, SAMHSA funded nine MFP continuation grants with the supplemental funding for eight continuation grants, and one contract.

In FY 2022, SAMHSA anticipates funding nine MFP continuation grants and the supplemental funding for eight continuation grants, and one contract.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$4,789,000	
FY 2020	$4,789,000	
FY 2021 Final	$5,789,007	
FY 2022 CR	$5,789,000	
FY 2023 President's Budget	$7,136,000	

Budget Request

The FY 2023 President's Budget request is $7.1 million, an increase of $1.3 million from the FY 2022 Annualized Continuing Resolution. The purposed funding will support two continuation grants, award a new cohort of 10 grants and the technical assistance contract. The increase in funding will increase the number of trained behavioral health providers to 6,500.

Addiction Technology Transfer Centers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Addiction Technology Transfer Centers	$9,465	$---	$9,046	$9,046	---

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... Domestic Public and Private Non-Profit Entities

Program Description and Accomplishments

The estimated cost of substance use in the United States - including illegal drugs, alcohol, and tobacco - is more than $740 billion a year and growing.[100] Substance misuse in the U.S. costs society in increased healthcare costs, crime, and lost productivity. In recent years, the nation's attention has been on the increased misuse and lethal consequences of opioids. New CDC data documents that estimated overdose deaths from opioids increased to 75,673 in the 12-month period ending in April 2021, up from 56,064 the year before.[101] Illicitly manufactured fentanyl is driving the majority of deaths but mortality rates due to cocaine and psychostimulants such as methamphetamine have also increased, both with and without the presence of fentanyl. The misuse of opioids and opioid use disorder - including prescription pain relievers, heroin, and synthetic opioids such as fentanyl - is a serious national crisis that affects public health as well as social and economic welfare that likely is exacerbated by the ongoing COVID-19 pandemic. The country will be dealing with the repercussions of the pandemic's effect on substance use disorder for years to come. In the midst of these ongoing challenges, there is a critical need to recruit, train, and support treatment providers in the use of evidence-based practices.

The purpose of the Technology Transfer Centers (TTCs) is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides the continuum of prevention, harm reduction, treatment, and recovery support services for substance use disorder (SUD) and mental illness. The program's mission is to help people and organizations to incorporate effective evidence-based practices into all of these services. Together, the TTC network, that includes the Addiction Technology Transfer Centers, serves the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands.

After over 28 years of conducting training workshops, translating research into bite-size pieces for curricula or stand-alone products, and creating opportunities for performance feedback to enhance skill development, the Addiction Technology Transfer Centers (ATTCs) are improving and updating their programs to offer novel training and technical assistance (TA) options that include multiple learning components in new delivery formats focused on changing practices. In response

[100] (NIDA, Trends and Statistics. Published online, updated Feb. 2020)
[101] https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

to the COVID-19 pandemic, the ATTC program has developed and implemented many alternative ways to deliver training and technical assistance. A robust virtual platform has been used to support healthcare professionals with telehealth strategies and many adaptations of evidence-based interventions for the virtual settings. The ATTC centers will continue the response to the differential impact of the pandemic by addressing the needs of providers and continuing to develop resources to help to address the needs of all communities.

To date, under the current cycle (2017-2022), the 13 ATTCs combined have delivered over 6,300 training and technical assistance (TA) events for over 200,000 healthcare professionals and paraprofessionals who deliver services for patients with substance use disorders. Participant satisfaction rates were consistently high, with over 90 percent of attendees reporting that they were satisfied with their training or TA events.

In FY 2021, SAMHSA funded 12 continuation grants in the ATTC program (year 5 of the current cycle), and the network will continue to focus on delivering training and technical assistance for providers who are serving patients with substance use disorders by improving their capacity and understanding of evidence -based practices, especially practices that are effective in combating the opioid crisis.

In FY 2022, SAMHSA anticipates providing a 12-month cost extension for all 12 ATTC centers to line up the end of the program cycle with the Mental Health and Prevention Technology Transfer Centers which will complete their Year 5 cycle in September 2023.

Building on a rich history, the ATTC Network continuously strives to improve the quality of substance use disorder treatment and recovery services by facilitating alliances among front line counselors, treatment and recovery services agency administrators, faith-based organizations, policy makers, the health and mental health communities, consumers, and other stakeholders. The ATTC Network continues to respond to the emerging needs of the field by connecting providers to the latest research and information through activities such as skills training, academic education, online and distance education, conferences, workshops, and publications.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$9,046,000	
FY 2020	$9,046,000	
FY 2021 Final	$9,464,818	
FY 2022 CR	$9,046,000	
FY 2023 President's Budget	$9,046,000	

Budget Request

The FY 2023 President's Budget request is $9.0 million, level with the FY 2022 Annualized Continuing Resolution. SAMHSA plans to fund 12 new grants. Funding will allow the ATTC grantees to disseminate evidence-based, promising practices to substance use disorder treatment and recovery professionals, public health and mental health personnel, institutional and community corrections professionals, and other related disciplines.

Improving Access to Overdose Treatment

This program is being moved to the CSUPS chapter.

First Responder Training for Opioid Overdose Reversal Drugs

This program is being moved to the CSUPS chapter.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

This program is being moved to the CSUPS chapter.

Peer Support Technical Assistance Center

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Peer Support TA Center	$999	$---	$1,000	$1,500	$500

Authorizing Legislation .. Section 7152 of the SUPPORT for Patients and Communities Act (Sec. ……547A of the PHS Act)
FY 2023 Authorization $1,000,000
Allocation Method ..... Competitive Grants
Eligible Entities.....Recovery Community Organizations

Program Description and Accomplishments

The purpose of the National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support (Peer Support Technical Assistance Center) which is authorized by section 7152 of the SUPPORT for Patients and Communities Act (P.L. 115-271), is to enhance the field of peer recovery support services by providing training and technical assistance for recovery community organizations (RCOs), as well as peer support networks. The technical assistance is related to training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations and peer support networks.

Since its implementation, the Peer Support Technical Assistance Center has implemented 24 events serving over 5,400 participants with over 90 percent satisfaction with the overall quality of the events.

In FY 2021, SAMHSA funded one continuation grant.

In FY 2022, SAMHSA anticipates funding one continuation grant.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$---	
FY 2020	$1,000,000	
FY 2021 Final	$999,033	
FY 2022 CR	$1,000,000	
FY 2023 President's Budget	$1,500,000	

Budget Request

The FY 2023 President's Budget request is $1.5 million, an increase of $500,000 from the FY 2022 Annualized Continuing Resolution. SAMHSA continues to support the existing grantee in this program and requests to increase the funding available for the grantee.

Outputs and Outcomes Table

Program: Peer Support Technical Assistance Center

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	*FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.1.0 Number of people train for the support of the recovery community organizations and peer support networks (Output)	FY 2021: 4,766 Target: 2,000 (Target Exceeded)	5,000.0	2,000.0	+3,000
1.2.0 Number trained on technical assistance, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations (Output)	FY 2021: 174 Target: 100.0 (Target Exceeded)	300.0	300.0	Maintain

*Note: the target for FY 2022 has been maintained, may be increased 1-2% based on FY 2021 actuals.

Emergency Department Alternatives to Opioids

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Emergency Department Alternatives to Opioids	$5,908	$---	$6,000	$9,000	$3,000

Authorizing Legislation ..... Section 7091 of the SUPPORT for Patients and Communities Act
FY 2023 Authorization $0
Allocation Method ..... Competitive Grants
Eligible Entities..... Hospitals and Emergency Departments

Program Description and Accomplishments

The purpose of this new program, which is authorized by section 7091 of the SUPPORT for Patients and Communities Act (P.L. 115-271) is to provide funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. In addition, these funds are used to target common painful conditions, train providers and other hospital personnel to recognize the presence of an opioid use disorder, initiate treatment as appropriate, and provide alternatives to opioids for patients with painful conditions.

In FY 2021, SAMHSA funded two new grants and 10 continuation grants.

In FY 2022, SAMHSA anticipates funding 12 continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$---	
FY 2020	$5,000,000	
FY 2021 Final	$5,908,042	
FY 2022 CR	$6,000,000	
FY 2023 President's Budget	$9,000,000	

Budget Request

The FY 2023 President's Budget request is $9.0 million, an increase of $3.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award two new and 16 continuation grants.

Outputs and Outcomes Table

Program: Emergency Department Alternative to Opioids

Measure	*Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.60.1 Number of providers trained on non-opioids therapies. (Output)	FY 2021: 2,468 Target: 1,020 (Target Exceeded)	2,468	2,493	+25
1.60.2 Number of patients who received non-opioid therapies. (Output)	FY 2021: 113,563 Target: 8,364 (Target Exceeded)	113,563	114,698	+1,135

*Note: the target for FY 2022 has been maintained, may be increased 1-2% based on FY 2021 actuals. The difference between FY 2020 and FY 2022, reflect the increase in funding between FY 2021 and FY 2022.

Treatment, Recovery, and Workforce Support

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Treatment, Recovery, and Workforce Support.....	$6,089	$---	$6,000	$9,000	$3,000

Authorizing Legislation ..... Section 7183 of the SUPPORT for Patients and Communities Act
FY 2023 Authorization $5,000,000
Allocation Method ..... Competitive Grants
Eligible Entities..... SSAs, Tribes and Tribal Organizations,
..... Entities that offer treatment or
.....other services following a drug overdose (e.g., emergency departments)

Program Description and Accomplishments

The Treatment, Recovery and Workforce Support (TRWS) grants program was established by the Support Act in 2018 to address the public health crisis caused by escalating opioid misuse and substance use disorder across the nation. The Workforce Support program aims to implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Eligible entities are those that provide treatment or recovery services for individuals with substance use disorders and partner with one or more local or state stakeholders, which may include local employers, community organizations, the local workforce development board, local and state governments, and Indian tribes or tribal organizations, to support recovery, independent living, and participation in the workforce.

During 2021, 820 clients were served in the Workforce Support. Based on 820 client intakes assessments, and 221 client six-month follow-up reassessments the following National Outcome Measures are reported:

Workforce Support	At Intake (n=820)	At 6-months (n=221)	% increase in the number of clients reporting
No past 30-day use alcohol/illegal drugs	85.10%	86.40%	1.60%
No past 30-day arrest	99.10%	98.60%	-0.50%
Past 30-day employment or school attendance	24.00%	73.30%	205.70%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	91.80%	91.80%	0.00%
Past 30-day socially connectedness	95.90%	98.60%	2.80%
Past 30-day permanent place to live in the community	25.80%	41.60%	61.40%

Source SAMHSA' Performance Accountability and Reporting System (SPARS). Data current as of February 11, 2022. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

The Workforce Support initiative will continue implementing evidence-base programs supporting individuals in substance use disorder treatment and recovery to live independently and participate in the workforce with sustained employment during 2022 and 2023.

In FY 2021, SAMHSA funded four new and eight TRWS continuation grants.

In FY 2022, SAMHSA anticipates funding 12 TRWS continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$---	
FY 2020	$4,000,000	
FY 2021 Final	$6,089,298	
FY 2022 CR	$6,000,000	
FY 2023 President's Budget	$9,000,000	

Budget Request

The FY 2023 President’s Budget request is $9.0 million, an increase of $3.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award six new and 12 continuation grants.

Outputs and Outcomes Table

Program: Treatment, Recovery, and Workforce Support

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.21.1 Number of people participate in the workforce (Output)	FY 2021: 820.0 Target: 820.0 (Baseline)	820.0	820.0	Maintain
1.21.2 Number of clients who report having stable housing at six-month follow-up (Outcome)	FY 2021: 229.0 Target: 229.0 (Baseline)	229.0	229.0	Maintain

Comprehensive Opioid Recovery Centers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Comprehensive Opioid Recovery Center.....	$3,614	$---	$4,000	$6,000	$2,000

Authorizing Legislation .....…Section 7121 of the SUPPORT Act (Section 552 of the PHS Act)
FY 2023 Authorization $10,000,000
Allocation Method ..... Competitive Grants
Eligible Entities. Public and private nonprofit entities (that provide treatment for individuals with substance use disorders).

Program Description and Accomplishments

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

The CoRC Grantees have been utilizing funding to expand access to comprehensive services in a variety of ways, from improving the system of comprehensive MOUD care at the county level, improving follow up with clients who have experienced overdose reversals and removing barriers to MOUD in residential treatment to engaging special populations, such as homeless persons, people on probation, and LGBTQ services, and meeting the needs of underserved areas.

In FY 2021, SAMHSA funded two new and two continuation grants. There remains a need to expand comprehensive, recovery-oriented services. In FY 2022, SAMHSA anticipates funding four continuation grants.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$---	
FY 2020	$---	
FY 2021 Final	$3,613,766	
FY 2022 CR	$4,000,000	
FY 2023 President's Budget	$6,000,000	

Budget Request

The FY 2023 President's Budget request is $6.0 million, an increase of $2.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to support two new and four continuation grants. These funds will provide critical comprehensive care services, including long-term care and support services utilizing the full range of FDA-approved medications and evidence-based services and will cover the costs of critical linkage and system development not currently covered by other sources of funding. These funds will extend the reach of MOUD treatment and recovery support services to address the overdose epidemic across systems and regional locations, reducing scattered, uncoordinated treatment efforts, and expanding access to care for people with special needs and/or in rural areas.

Outputs and Outcomes Table

Program: Comprehensive Opioid Recovery Centers

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.1.1 Number of clients served with MOUD (Output)	FY 2021: 258.0 Target: 258.0 (Baseline)	258.0	261.0	+3
1.2.1 Percentage of adults receiving services who had no past month substance use at 6-month follow-up (Output)	FY 2021: 89.2 % Target: 89.2 % (Baseline)	89.2 %	90.2 %	+1 %
1.3.1 Percentage of adults receiving services who were currently employed or engaged in productive activities at 6-month follow-up (Outcome)	FY 2021: 64.9% Target: 64.9% (Baseline)	64.9%	65.9%	+1 %
1.4.1 Number of adults receiving recovery housing and community based and peer recovery support services at 6-month follow-up (Output)	FY 2021: 24.3 Target: 24.3 (Baseline)	24.3	25.3	+1

Opioid Response Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Opioids Response Grants	$3,000	$---	$3,000	$---	-$3,000

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method .....Competitive Grants
Eligible Entities.....Limited to Single State Agencies (SSAs), Existing
..... USDA Cooperative Extension Grantees, and
.....U.S. Territories, Tribes, and tribal organizations.

The Opioid Response Grants program is included in the State Opioid Response (SOR) narrative section on page 292.

PRNS Mechanism Table
Summary

(Dollars in thousands)

	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Continuations	691	$324,064	746	$352,857	603	$285,146
New/Competing	295	140,027	223	103,984	526	252,696
Supplements	8	5,387	---	13,202	---	295
Subtotal	994	469,478	969	470,044	1,129	538,137
Contracts						
Continuations	3	23,612	3	22,939	2	24,880
New	1	2,028	---	3,695	2	3,347
Subtotal	4	25,640	3	26,633	4	28,227
Total, Substance Use Services PRNS	**998**	**$495,117**	**972**	**$496,677**	**1,133**	**$566,364**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Capacity:						
Opioid Treatment Programs/Regulatory Activities						
Grants						
Continuations	1	$2,000	27	$3,956	33	$5,354
New/Competing	27	3,951	6	1,400	19	6,200
Supplements*	---	---	---	2,000	---	---
Subtotal	28	5,951	33	7,356	52	11,554
Contracts						
Continuations	2	1,265	2	1,301	1	648
New/Competing	---	---	---	67	1	883
Subtotal	2	1,265	2	1,368	2	1,532
Total, Opioid Treatment Programs/Regulatory Activities	**30**	**7,216**	**35**	**8,724**	**54**	**13,086**
Screening, Brief Intervention and Referral to Treatment						
Grants						
Continuations	16	17,562	27	28,209	24	25,156
New/Competing	11	10,637	---	---	4	3,980
Supplements*	---	---	---	---	---	---
Subtotal	27	28,200	27	28,209	28	29,136
Contracts						
Continuations	---	1,484	---	1,429	---	1,214
New/Competing	---	15	---	362	---	210
Subtotal	---	1,499	---	1,791	---	1,424
Total, Screening, Brief Intervention and Referral to Treatment	**27**	**29,698**	**27**	**30,000**	**28**	**30,560**
Targeted Capacity Expansion						
Grants						
Continuations	53	24,121	125	65,840	182	98,225
New/Competing	130	72,430	52	30,825	56	42,600
Supplements*	---	---	---	---	---	---
Subtotal	183	96,551	177	96,665	238	140,825
Contracts						
Continuations	---	5,687	---	5,532	---	6,574
New/Competing	---	92	---	-6	---	516
Supplements*	---	---	---	---	---	---
Subtotal	---	5,780	---	5,527	---	7,091
Total, Targeted Capacity Expansion	**183**	**102,331**	**177**	**102,192**	**238**	**147,916**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Pregnant and Postpartum Women						
Grants						
Continuations	48	$26,515	33	$20,661	30	$17,529
New/Competing	4	3,600	19	10,000	51	29,800
Supplements*	---	975	---	500	---	75
Subtotal	52	31,090	52	31,161	81	47,404
Contracts						
Continuations	---	1,677	---	1,622	---	1,986
New/Competing	---	---	---	148	---	7
Supplements*	---	---	---	---	---	---
Subtotal	---	1,677	---	1,770	---	1,993
Total, Pregnant and Postpartum Women	**52**	**32,767**	**52**	**32,931**	**81**	**49,397**
Recovery Community Services Program						
Grants						
Continuations	6	1,788	8	2,399	8	2,399
New/Competing	2	600	---	---	8	2,480
Supplements **	---	---	---	---	---	---
Subtotal	8	2,387	8	2,399	16	4,879
Contracts						
Continuations	---	124	---	120	---	208
New/Competing	---		---	-85	---	64
Subtotal	---	125	---	35	---	272
Total, Recovery Community Services Program	**8**	**2,512**	**8**	**2,434**	**16**	**5,151**
Children and Families						
Grants						
Continuations	35	18,266	53	28,111	22	11,770
New/Competing	18	9,650	---	---	31	17,000
Supplements *	---	---	---	---	---	---
Subtotal	53	27,916	53	28,111	53	28,770
Contracts						
Continuations	---	1,512	---	1,458	---	1,254
New/Competing	---	52	---	36	---	174
Subtotal	---	1,564	---	1,494	---	1,427
Total, Children and Families	**53**	**29,479**	**53**	**29,605**	**53**	**30,197**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final No.	FY 2021 Final Amount	FY 2022 CR No.	FY 2022 CR Amount	FY 2023 President's Budget No.	FY 2023 President's Budget Amount
Treatment Systems for Homeless						
Grants						
Continuations	85	$33,796	68	$27,045	52	$20,758
New/Competing	---	---	17	6,800	37	14,600
Supplements *	---	720	---	550	---	220
Subtotal	85	34,516	85	34,395	89	35,578
Contracts						
Continuations	---	1,859	---	1,792	---	1,531
New/Competing	---	12	---	199	---	5
Subtotal	---	1,870	---	1,991	---	1,536
Total, Treatment Systems for Homeless	**85**	**36,386**	**85**	**36,386**	**89**	**37,114**
Minority AIDS						
Grants						
Continuations	121	59,809	62	30,678	87	43,489
New/Competing	---	---	61	30,500	41	20,500
Supplements *	---	2,375	---	900	---	---
Subtotal	121	62,184	123	62,078	128	63,989
Contracts						
Continuations	---	3,350	---	3,229	---	2,775
New/Competing	---	27	---	263	---	117
Subtotal	---	3,377	---	3,492	---	2,892
Total, Minority AIDS	**121**	**65,561**	**123**	**65,570**	**128**	**66,881**
Criminal Justice Activities						
Grants						
Continuations	212	81,880	199	76,766	110	42,073
New/Competing	2	786	15	6,000	188	75,675
Supplements *	---	---	---	---	---	---
Subtotal	214	82,666	214	82,766	298	117,748
Contracts						
Continuations	---	4,544	0	4,383	1	6,630
New/Competing	1	1,790	---	1,851	---	3
Subtotal	1	6,334	0	6,234	1	6,632
Total, Criminal Justice Activities	**215**	**89,000**	**214**	**89,000**	**299**	**124,380**
Improving Access to Overdose Treatment						
Grants						
Continuations	5	913	5	917	---	---
New/Competing	---	---	---	---	---	---
Supplements *	---	104	---	104	---	---
Subtotal	5	1,017	5	1,021	---	---
Contracts						
Continuations	---	51	---	49	---	---
New/Competing	---	---	---	-70	---	---
Subtotal	---	51	---	-21	---	---
Total, Improving Access to Overdose Treatment	**5**	**1,068**	**5**	**1,000**	**---**	**---**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Building Communities of Recovery						
Grants						
Continuations	18	$3,472	44	$8,541	36	$7,108
New/Competing	31	6,039	5	959	40	12,096
Supplements *	---	---	---	---	---	---
Subtotal	49	9,511	49	9,500	76	19,204
Contracts						
Continuations	---	502	---	492	---	796
New/Competing	---	---	---	8	---	---
Subtotal	---	502	---	500	---	796
Total,Building Communities of Recovery	**49**	**10,013**	**49**	**10,000**	**76**	**20,000**
Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths						
Grants						
Continuations	---	591	13	11,633	---	---
New/Competing	13	11,042	---	---	---	---
Supplements *	---	200	---	---	---	---
Subtotal	13	11,833	13	11,633	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	367	---	---
Subtotal	---	---	---	367	---	---
Total, Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths	**13**	**11,833**	**13**	**12,000**	**---**	**---**
First Responder Training (CARA)						
Grants						
Continuations	49	28,601	42	24,384	---	---
New/Competing	48	13,788	48	17,500	---	---
Subtotal	97	42,389	90	41,884	---	---
Contracts						
Continuations	---	---	---	---	---	---
New/Competing	---	---	---	116	---	---
Subtotal	---	---	---	116	---	---
Total, First Responder Training (CARA)	97	**42,389**	**90**	**42,000**	**---**	**---**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Peer Support TA Center						
Grants						
Continuations	1	$950	1	$950	1	$950
New/Competing	---	---	---	---	---	---
Subtotal	1	950	1	950	1	950
Contracts						
Continuations	---	49	---	49	---	59
New/Competing	---	---	---	1	---	492
Subtotal	---	49	---	50	---	550
Total, Peer Support TA Centers	**1**	**999**	**1**	**1,000**	**1**	**1,500**
Treatment, Recovery, and Workforce Support						
Grants						
Continuations	8	3,989	12	5,911	12	5,937
New/Competing	4	1,951	---	---	6	2,900
Subtotal	12	5,940	12	5,911	18	8,837
Contracts						
Continuations	---	149	---	149	---	130
New/Competing	---	---	---	-60	---	32
Subtotal	---	149	---	89	---	163
Total, Treatment, Recovery, and Workforce Support	**12**	**6,089**	**12**	**6,000**	**18**	**9,000**
Emergency Department Alternatives to Opioids						
Grants						
Continuations	10	4,753	12	5,764	2	1,000
New/Competing	2	1,000	---	---	16	7,800
Subtotal	12	5,753	12	5,764	18	8,800
Contracts						
Continuations	---	149	---	149	---	130
New/Competing	---	6	---	87	---	70
Subtotal	---	155	---	236	---	200
Total, Emergency Department Alternatives to Opioids	**12**	**5,908**	**12**	**6,000**	**18**	**9,000**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
	No.	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Opioid Response Grants						
Grants						
Continuations	$---	$ ---	1	$2,852	$---	$ ---
New/Competing	1	2,852	---	---	---	---
Subtotal	1	2,852	1	2,852	---	---
Contracts						
Continuations	---	148	---	148	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	148	---	148	---	---
Total, Opioid Response Grants	**1**	**3,000**	**1**	**3,000**	**---**	**---**
Comprehensive Opioid Recovery Centers						
Grants						
Continuations	2	1,699	4	3,399	4	3,399
New/Competing	2	1,700	---	---	2	1,700
Subtotal	4	3,399	4	3,399	6	5,099
Contracts						
Continuations	---	215	---	197	---	272
New/Competing	---	---	---	404	---	629
Subtotal	---	215	---	601	---	901
Total, Comprehensive Opioid Recovery Centers	4	**3,614**	**4**	**4,000**	**6**	**6,000**
Total, Capacity	**968**	**479,864**	**961**	**481,842**	**1,104**	**550,182**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Science and Service	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Addiction Technology Transfer Centers						
Grants						
Continuations	12	$9,019	1	$500	$---	$ ---
New/Competing	---	---	---	---	12	8,665
Supplements *	---	---	11	8,101	---	---
Subtotal	12	9,019	1	8,601	12	8,665
Contracts						
Continuations	---	445	---	445	---	380
New/Competing	---	---	---	---	---	1
Subtotal	---	445	---	445	---	381
Total, Addiction Technology Transfer Centers	**12**	**9,465**	**1**	**9,046**	**12**	**9,046**
SAT Minority Fellowship Program						
Grants						
Continuations	9	4,340	9	4,340	---	---
New/Competing	---	---	---	---	15.385	6,700
Supplements *	8	1,012	---	1,048	---	---
Subtotal	17	5,353	9	5,388	15	6,700
Contracts						
Continuations	1	403	1	395	---	292
New/Competing	---	33	---	6	1	144
Subtotal	1	436	1	401	1	436
Total, Minority Fellowship Program (MF)	**18**	**5,789**	**10**	**5,789**	**16**	**7,136**
Subtotal, Science and Service:	**30**	**15,254**	**11**	**14,835**	**28**	**16,182**
Total, Substance Use Services PRNS	**998**	**$495,117**	**972**	**$496,677**	**1,133**	**$566,364**

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

Grant Awards Table

(Whole Dollars)

	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Number of Awards	994	969	1,129
Average Award	$472,455	$485,150	$476,853
Range of Awards	$300,000-$600,000	$300,000-$600,000	$300,000-$600,000

State Opioid Response Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
State Opioid Response Grants	$1,498,030	$---	$1,500,000	$2,000,000	$500,000
Set-Aside for Tribes (non-add)	*50,000*	---	*50,000*	*75,000*	*25,000*

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method ..... Competitive Grants
Eligible Entities..... Limited to Single State Agencies (SSAs), Existing USDA Cooperative .....Extension Grantees, and U.S. Territories, ...Tribes and tribal organizations are eligible to apply to set-aside funds described below.

Program Description & Accomplishments

The State Opioid Response Grants (SOR) program, and its Tribal Opioid Response (TOR) component, were established by Congress in 2018 to address the public health crisis caused by escalating opioid misuse and substance use disorder across the nation. According to the Centers for Disease Control and Prevention (CDC) provisional data, more than 104,000 people died of a drug overdose in the United States in the 12 months ending in September 2021, the highest number ever recorded in a 12-month period.[102] Illicitly manufactured fentanyl is driving the majority of deaths but mortality rates due to cocaine and psychostimulants such as methamphetamine have also increased, both with and without the presence of fentanyl. As in other areas, the COVID-19 years have seen an exacerbation of health disparities in overdoses. During 2020, overdose deaths among African Americans increased 45 percent, nearly twice the growth rate of overdose deaths among White individuals.

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 issues related to opioid misuse, and increasingly stimulant misuse. This program aims to address the overdose crisis by increasing access to - the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid-related overdose deaths through the provision of prevention, harm reduction, treatment, and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs) and stimulant use disorder as so elected by states. In FY 2018, SAMHSA started awarding base grants to 57 states and territories via a formula. In addition, the program includes a 15 percent set-aside for states with the highest mortality rate related to drug overdose deaths.

The SOR program requires grantees to: use epidemiological data to demonstrate the critical gaps in availability of treatment for OUDs, and stimulant use disorder if they so choose, in geographic, demographic, and service level terms; utilize evidence-based implementation strategies to identify

[102] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

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, including contingency management for stimulant use disorder if this is an included focus; report progress toward increasing availability of medication for opioid use disorder (MOUD) and reducing opioid-related overdose deaths, and the purchase and distribution of naloxone. The program supplements activities pertaining to opioids currently undertaken by the state agency and supports a comprehensive response to the overdose epidemic. The program identifies gaps and resources, while building upon existing substance use prevention, including naloxone purchase and distribution, harm reduction, and treatment activities as well as community-based recovery support services. A primary strategy to reduce overdose deaths in the SOR program, that will continue in FY 23, is education on, and purchase and distribution of naloxone, a proven medication that reverses opioid-related overdoses to save lives. While some states have reported data indicating challenges accessing low-cost naloxone and distribution impediments, as of December 16, 2021, states reported that 3,829,217 naloxone kits were distributed, and naloxone was used to reverse approximately 307,956 overdoses.

In addition to the grant program, SAMHSA supports a robust technical assistance and training effort to enhance education across the country to address the overdose crisis. This effort is available not only to SOR and TOR grantees but to all of their sub-recipients and affiliated entities. A key component of this technical assistance is local teams of multi-disciplinary experts on the ground in every state. Comprised of a range of clinicians, preventionists, and recovery specialists, these teams and the technical expertise and educational resources they bring provide training not just to individual practitioners but also to individuals and families, healthcare practices, and law enforcement, criminal justice groups, and other community-based organizations. Providing this training ensures that local response to the opioid and substance use crisis is tailored to local needs.

The SOR Evaluation Report to Congress was submitted to the Congress in October 2021. Since the SOR program began, approximately 971,372 patients have received treatment services, including 409,086 who have received an FDA-approved medication for opioid use disorder (MOUD). Of that number, 166,091 received methadone, 218,518 received buprenorphine, and 24,477 received naltrexone. Through the SOR program, 686,998 patients received recovery support services.[103]

While some grantees have reported data indicating challenges accessing low-cost naloxone and distribution impediments, as of December 16, 2021, grantees reported in the SPARs system, 3,829,217 naloxone kits were distributed.[104] Grantees also reported using naloxone to reverse approximately 307,956 overdoses. [105]

---

[103] Data is from the FY 2018 SOR cohort, including no-cost extensions, Performance Progress Reports (September 30, 2018-September 29, 2021); and the FY 2020 SOR cohort annual Performance Progress Reports (September 30, 2020 to September 29, 2021).

[104] Data reported is based on GPRA data generated in SPARs on December 16, 2021 for the number of naloxone kits distributed.

[105] Data is from the FY 2018 SOR cohort, including no-cost extensions, Performance Progress Reports (September

Tribal Opioid Response Grants

The Tribal Opioid Response Grants (TOR) program addresses the public health crisis caused by escalating opioid misuse and substance use disorder across tribal communities. The program aims to address the overdose crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including MOUD using one of the three FDA-approved medications for the treatment of OUD. The intent of this program is to reduce unmet treatment need and overdose related deaths through the provision of prevention, harm reduction, treatment and recovery activities for OUD and stimulant misuse including methamphetamine and cocaine. According to the Centers for Disease Control and Prevention, American Indians, and Alaska Natives (AI/AN) had the highest drug overdose death rates per 100,000 standard population in 2019. The rate for the American Indian and Alaska Native population was 41.2 percent higher than the national rate.

American Indian and Alaska Native communities experience high rates of physical, emotional, and historical trauma and significant socioeconomic disparities, which may contribute to higher rates of drug misuse in the tribal communities. The TOR program addresses the gaps in prevention, harm reduction, treatment, and recovery identified by the tribes and support strategies to purchase and disseminate naloxone and provide training on its use to first responders and other tribal members.

Rural Opioids Technical Assistance- Regional Centers (ROTA-R) Cooperative Agreements

The purpose of this SAMHSA program is to develop and disseminate training and technical assistance on addressing opioid and other stimulant issues affecting rural communities. Recipients are expected to facilitate the identification of model programs, develop and update materials related to the prevention, harm reduction, treatment, and recovery activities for Opioid Use Disorder (OUD) and/or Stimulant Use Disorder, and ensure that high-quality training is provided. In 2017, the Centers for Disease Control and Prevention (CDC) announced that the rates of drug overdose deaths were rising in rural areas, surpassing rates in urban areas. Moreover, a 2017 survey by two leading farm groups, the National Farmers Union, and the American Farm Bureau Federation, found that nearly 50 percent of rural Americans, and 74 percent of farmers, have been directly impacted by opioid misuse.

In FY 2021, SAMHSA funded 57 SOR, 16 ROTA continuation grants, 41 new TOR, and 40 TOR continuation grants and continues to support technical assistance and training grants.

In FY 2022, SAMHSA anticipates funding 59 SOR, 10 ROTA new cooperative agreements, 150 new TOR, and continues to support technical assistance and training grants.

From 2018 to 2021, SAMHSA has funded three cohorts of ROTA grantees. Together, they have implemented over 3,800 events and served over 105,000 community members, including

---

30, 2018- September 29, 2021); and the FY 2020 SOR cohort annual Performance Progress Reports (September 30, 2020 to September 29, 2021).

providers, in rural areas. SAMHSA continues to develop and disseminate training and technical assistance for rural communities addressing opioid and stimulant issues affecting their communities.

Client Outcomes

The data highlights the following positive client outcomes between intake and 6-month follow-up.

- The percentage of clients who abstained from alcohol or illegal drugs increased by 49.9%.
- The percentage of clients who were not arrested in the past 30 days increased by 3.9%., Of note, 92.7% of clients had no criminal justice involvement at intake.
- The percentage of clients who experienced no alcohol or illegal drug-related health, behavioral or social consequences[106] in the previous 30 days increased by 34.0%.
- The percentage of clients who were socially connected increased by 6.0%.
- The percentage of clients who had a permanent place to live in the community increased by 27.5%.
- The percentage of clients who were currently employed or attending school increased by 53.8%.

Data highlights the following positive mental health outcomes reported by SOR clients:

- The percentage of clients who reported experiencing depression decreased by 22.7%.
- The percentage of clients who reported experiencing anxiety decreased by 19.3%.
- The percentage of clients who reported experiencing hallucination decreased by 45.0%.
- The percentage of clients who reported having trouble understanding, concentrating, or remembering decreased by 33.2%.
- The percentage of clients who reported having trouble controlling violent behavior decreased by 39.0%.
- The percentage of clients who reported attempting to commit suicide decreased by 54.5%.
- The percentage of clients who reported being prescribed medication for psychological or emotional problems decreased by 4.5%.

SOR clients reported decreased use of emergency departments for urgent treatment of mental or emotional difficulties or alcohol and/or substance misuse as well as decreased numbers of hospital admissions for these conditions following six months of program participation.

The data below highlights the declines between intake and 6-month follow-up.

- The percentage of clients who reported seeking care in an emergency department for mental and emotional difficulties decreased from intake to 6-month follow-up by 69.6%.

[106] Defined as experiencing stress, reduction or cessation of important activities, and emotional problems as a result of substance use.

- The percentage of clients who reported seeking care in an emergency department for alcohol and/or substance use declined from intake to 6-month follow-up declined by 89.3%.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$1,500,000,000	
FY 2020	$1,500,000,000	
FY 2021 Final	$1,498,030,000	
FY 2022 CR	$1,500,000,000	
FY 2023 President's Budget	$2,000,000,000	

Budget Request

The FY 2023 President's Budget request is $2.0 billion, an increase of $500.0 million from the FY 2022 Annualized Continuing Resolution. These budgets include $75.0 million for TOR, an increase of $25.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to fund 59 new SOR grants to continue to support states and territories, including a 15 percent set-aside for states with the highest mortality rates related to drug overdose deaths. The allowable uses of this program will continue to include state efforts to address stimulants, including methamphetamine, and cocaine. Stimulants are an increasing source of concern and are responsible for more deaths than opioids in a growing number of states, even as opioid overdose deaths are continuing to increase. The increase of $500.0 million will enhance states' ability to address stimulants, as well as other issues related to the overdose epidemic that have been compounded due to COVID-19.

Based on an assessment of a state's naloxone purchasing and distribution, states will utilize SOR grant dollars to target naloxone to underserved areas and organizations. SAMHSA will assist states in the identification of underserved communities and agencies and require states to submit a plan as part of their SOR grant application with measurable targets and outcomes for the acquisition and distribution of naloxone.

Outputs and Outcomes Table

Program: State Opioid Response Grants

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.70 Number of admissions for OUD treatment (Output)	FY 2021: 127,500.0 Target: 90,487.0 (Target Exceeded)	127,500.0	133,875.0	+6,375
1.2.71 number of clients receiving recovery services (Output)	FY 2021: 49,180.0 Target: 38,147.0 (Target Exceeded)	38,147.0	51,639.0	+13,492
1.2.73 Illicit drug use at 6 months follow-up (Output)	FY 2021: 69.8 Target: 70.0 (Target Not Met)	70.0	73.3	+3.3

Substance Abuse and Mental Health Services Administration
FY2023 State Opioid Response Grant Provisional Allotments
Appropriation Amount $2,000,000,000, State-Territory Total $1,960,000,000
CFDA # 93.959

State or Territory	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Alabama	$16,086,041	$16,079,227	$21,395,996	$5,316,769
Alaska	$4,000,922	$4,000,000	$4,000,000	$0
Arizona	$31,606,462	$31,593,073	$45,757,439	$14,164,366
Arkansas	$10,761,139	$10,756,580	$9,575,212	-$1,181,368
California	$105,864,578	$105,819,731	$167,683,802	$61,864,071
Colorado	$20,842,436	$20,833,943	$28,946,115	$8,112,172
Connecticut	$14,215,214	$14,209,192	$19,360,193	$5,151,001
Delaware	$36,792,330	$36,789,643	$47,021,741	$10,232,098
District Of Columbia	$23,821,155	$23,819,356	$32,953,947	$9,134,591
Florida	$100,170,437	$100,128,003	$138,646,471	$38,518,468
Georgia	$29,276,244	$29,263,842	$40,782,451	$11,518,609
Hawaii	$4,001,647	$4,000,000	$5,030,471	$1,030,471
Idaho	$7,849,021	$7,845,696	$8,788,714	$943,018
Illinois	$36,780,089	$36,764,508	$48,005,969	$11,241,461
Indiana	$28,822,022	$28,809,812	$46,358,763	$17,548,951
Iowa	$8,981,573	$8,977,768	$13,843,563	$4,865,795
Kansas	$8,277,029	$8,273,523	$11,493,322	$3,219,799
Kentucky	$35,483,406	$35,473,903	$51,375,151	$15,901,248
Louisiana	$17,262,461	$17,255,148	$28,705,672	$11,450,524
Maine	$6,255,970	$6,253,320	$8,218,495	$1,965,175
Maryland	$50,751,132	$50,739,768	$63,405,258	$12,665,490
Massachusetts	$56,963,164	$56,945,944	$62,033,907	$5,087,963
Michigan	$36,440,925	$36,425,488	$38,825,055	$2,399,567
Minnesota	$11,230,464	$11,225,707	$12,908,266	$1,682,559
Mississippi	$7,161,998	$7,158,964	$8,474,706	$1,315,742
Missouri	$25,007,072	$25,007,072	$25,221,721	$214,649
Montana	$4,001,491	$4,000,000	$5,678,667	$1,678,667
Nebraska	$4,442,605	$4,440,723	$5,879,179	$1,438,456
Nevada	$16,536,539	$16,529,534	$17,129,745	$600,211
New Hampshire	$28,134,889	$28,132,184	$35,743,505	$7,611,321
New Jersey	$65,969,842	$65,948,806	$91,425,177	$25,476,371

Substance Abuse and Mental Health Services Administration FY2023 State Opioid Response Grant Provisional Allotments Appropriation Amount $2,000,000,000, State-Territory Total $1,960,000,000 CFDA # 93.959				
New Mexico	$7,533,719	$7,530,528	$11,925,668	$4,395,140
New York	$56,235,022	$56,211,200	$64,806,153	$8,594,953
North Carolina	$35,149,381	$35,134,491	$55,009,603	$19,875,112
North Dakota	$4,000,773	$4,000,000	$4,000,000	$0
Ohio	$96,228,429	$96,196,878	$139,849,683	$43,652,805
Oklahoma	$15,973,401	$15,966,634	$14,772,777	-$1,193,857
Oregon	$15,301,349	$15,294,867	$15,605,933	$311,066
Pennsylvania	$79,828,525	$79,803,922	$100,979,904	$21,175,982
Rhode Island	$4,393,836	$4,391,975	$5,170,873	$778,898
South Carolina	$17,939,482	$17,931,882	$18,391,048	$459,166
South Dakota	$4,001,239	$4,000,000	$4,000,000	$0
Tennessee	$30,117,291	$30,104,533	$41,364,454	$11,259,921
Texas	$52,194,013	$52,171,902	$63,533,710	$11,361,808
Utah	$10,721,130	$10,716,588	$14,532,119	$3,815,531
Vermont	$4,001,424	$4,000,000	$4,000,000	$0
Virginia	$27,640,634	$27,628,925	$35,910,464	$8,281,539
Washington	$27,173,792	$27,162,281	$46,710,387	$19,548,106
West Virginia	$43,761,652	$43,756,934	$55,922,311	$12,165,377
Wisconsin	$16,728,087	$16,721,001	$22,133,738	$5,412,737
Wyoming	$4,000,587	$4,000,000	$4,000,000	$0
State Subtotal	**$1,406,714,063**	**$1,406,224,999**	**$1,867,287,500**	**$461,062,501**
American Samoa	$250,000	$250,000	$250,000	$0
Guam	$250,000	$250,000	$250,000	$0
Northern Marianas	$250,000	$250,000	$250,000	$0
Puerto Rico	$12,025,000	$12,025,000	$15,962,500	$3,937,500
Palau	$0	$250,000	$250,000	$0
Marshall Islands	$0	$250,000	$250,000	$0
Micronesia	$250,000	$250,000	$250,000	$0
Virgin Islands	$250,000	$250,000	$250,000	$0
Indian Tribes	$50,000,000	$50,000,000	$75,000,000	$25,000,000
Territory Subtotal	**$63,275,000**	**$63,775,000**	**$92,712,500**	**$28,937,500**
Total State-Territory	**$1,469,989,063**	**$1,469,999,999**	**$1,960,000,000**	**$490,000,001**
Total Administrative	**$28,040,937**	**$30,000,001**	**$40,000,000**	**$9,999,999**
Total Appropriation	**$1,498,030,000**	**$1,500,000,000**	**$2,000,000,000**	**$500,000,000**

Note: These are the estimated numbers.

Substance Abuse Prevention and Treatment Block Grant

(Dollars in thousands)

Programs of Regional & National Significance	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Substance Abuse Prevention and Treatment Block Grant	$1,849,654	$3,150,000	$1,858,079	$3,008,079	$1,150,000
Budget Authority (non-add)	*1,770,454*	*3,150,000*	*1,778,879*	*2,928,879*	*1,150,000*
PHS Evaluation Funds (non-add)	*79,200*	---	*79,200*	*79,200*	---

Authorizing Legislation .....Section 1935 of the Public Health Service Act
FY 2023 Authorization $0
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 program (SABG) is a formula grant which funds 60 eligible states, territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians (referred to collectively as states). SABG grantees plan, implement, and evaluate substance use disorder (SUD) prevention, treatment, and recovery support services based on the specific needs of their state systems and populations. Ninety-five percent of SABG funding is distributed to states through a formula that allocates funds based on specified economic and demographic factors and provisions that limit fluctuations in allotments as the total SABG appropriation changes from year to year.

The goal of the SABG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, harm reduction, and recovery support services necessary to improve individual outcomes and reduce the impact of substance misuse on America's communities.

Target Services and Populations

The SABG program's authorizing statute and regulations afford states flexibility to identify and deliver substance use-related services to meet their state-specific needs while also ensuring attention to critical prevention-focused public health issues. However, certain service areas and populations are required to be addressed to receive SABG funds. The following services and target populations must be addressed using program funds:

1. Primary prevention services;
2. Tuberculosis (TB) services involving TB screening, counseling, and referral for medical evaluation and treatment;
3. Early intervention services for HIV/AIDS;
4. Services for substance using pregnant women and women with dependent children; and
5. Services for persons who inject drugs.

States must also comply with the Synar Amendment to receive their full SABG funding. The Synar Amendment requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the federal legal age of sale. 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 program is a critical component of the success of youth and young adult tobacco use prevention efforts. SAMHSA is charged with overseeing states' implementation of the Synar requirements and provides consultation to states to ensure compliance with the Synar requirements. States that fail to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the federal age of sale may face a potential penalty reduction of their block grant allotment.

Despite these requirements, the consistent federal funding and administrative flexibility of the SABG program enables states to respond to local and/or regional emergent SUD issues impacting health, public health, and public safety. States use program resources to fund their respective SABG sub-recipients, including, but not limited to, administrative service organizations, county, and municipal governments, as well as prevention, treatment, and recovery support service providers directly. Moreover, states have the flexibility to prioritize other underserved populations as determined by anecdotal and empirical data. For example, nearly one-third of states prioritized SUD treatment and recovery support services for adolescents and transitional age youth in FY 2022 and FY 2023.

Funding Set-Asides

The authorizing legislation and implementing regulations for the SABG include a maintenance of effort requirement, and specific funding set-asides, including 20 percent set-aside for primary prevention, a newly established 10 percent recovery support services set-aside, and five percent set-aside for early intervention services for HIV for designated states.

Maintenance of Effort (MOE):

A state must maintain its expenditures for certain SUD prevention and treatment activities at a level that is no less than the state's average expenditures for the previous two years. Additionally, the statute requires states to maintain the FY 1994 level of expenditures for treatment of substance-using pregnant women and women with dependent children. The statute and regulation provide states with the flexibility to expend a combination of federal and non-federal funds for women's services.

Primary Prevention Set-Aside

The 20 percent set-aside requires SABG grantees to spend at least 20 percent of their SABG funds to develop and implement a comprehensive substance misuse prevention program, which includes a broad array of prevention strategies directed at individuals not identified to need treatment. The prevention set-aside is one of SAMHSA's main vehicles aimed at preventing substance misuse and allows states to develop prevention infrastructure and capacity. A thriving prevention infrastructure will achieve and maintain long-term results by ensuring that states have the necessary supports in place to conduct needs assessments, develop strategic plans, provide

culturally appropriate services, capture data to make data driven decisions on how prevention resources should be allocated throughout communities in their state, and evaluate process and outcome data. 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. SAMHSA regularly works with states to improve their accountability systems for prevention and to establish necessary reporting capacities.

Recovery Support Services Set-Aside

The FY 2023 budget includes a 10 percent set-aside for non-clinical recovery support services. The set-aside requires that least 10 percent of grantees' SABG expenditures be used for recovery community organizations, peer recovery support services, and other recovery support services. Recovery support systems partner people in recovery from mental and substance use disorders, as well as their family members, with recovery services. These services may include recovery housing, recovery community centers, recovery schools, recovery industries, and recovery ministries. These programs utilize individual, community, and system-level approaches to increase the four dimensions of recovery as defined by SAMHSA:

1. Health (access to quality health and SUD treatment);
2. Home (housing with needed supports);
3. Purpose (education, employment, and other pursuits); and
4. Community (peer, family, and other social supports)[23]

States can use these funds to develop local recovery community support institutions, provide system navigation resources and supports, and collaborate and coordinate with local private, public, non-profit, and faith community response efforts. SAMHSA anticipates that this set-aside will help increase access to recovery support services across the country and complement the existing efforts to respond to the ongoing overdose crisis that has accelerated during the COVID-19 pandemic.

Key Accomplishments

Having a robust SUD services system is more critical than ever. An estimated 100,306 people died from drug overdose related deaths during 12-month period ending in April 2021, an increase of 28.5% from the same period the year before.[107] Moreover significant health disparities exist and were exacerbated by the COVID-19 pandemic. During 2020, overdose deaths among Black Americans increased 45 percent, nearly doubling the growth rate of that for White people.[1] Individuals and families without health coverage or whose health insurance benefit will not cover certain services rely heavily on the SABG as the source of funding for their SUD care. In FY2021, the SABG accounted for approximately 19 percent of total state substance use agency funding

[107] CDC/National Center for Health Statistics
https://www.hsph.harvard.edu/news/hsph-in-the-news/drug-overdose-deaths-hit-record-high/

compared to approximately 24 percent supported by state Medicaid dollars.[108]
States leverage SABG funds in several different ways. In some states, block grant dollars serve as the foundation for prevention and priority treatment and recovery support services for individuals without insurance or for whom coverage is terminated for short periods of time. Other states rely on the SABG to complement services covered by Medicaid, Medicare, and private insurance by supporting non-covered SUD prevention, treatment, and recovery support services as well as training for staff and implementation of improved business practices.

The COVID-19 pandemic brought extraordinary pressures and opportunities for the SABG.

In FY 2021, the COVID-19 and American Rescue Plan (ARP) supplemental funding added to the SABG program enabled grantees to provide much needed support for targeted housing and recovery support services. Both service areas have been integral to undergirding the substance use disorder treatment services that have been provided to clients at all levels of care at a time when the need for the continuum of care is at an all-time high. Services have also been adapted to address health and safety concerns related to COVID-19. There has been extensive adoption of telehealth services to provide continuous accessibility of services to clients and communities during the pandemic. Grantees have also been encouraged to use SABG funds to strengthen the crisis continuum of care, and to expand mobile substance use disorder services, including mobile medication services to reach persons with Opioid Use Disorder. Plans for FY 2023 are to continue strengthening service accessibility and quality, while expanding services to under-served populations, including the expansion of recovery support services with the newly established recovery support services set-aside.

Importantly, SABG funds are also directed towards the collection of performance and outcome data to determine the ongoing effectiveness of supported activities and provide states and the federal government the grounding to plan the implementation of new evidence-based services. At this critical moment in our country's substance use crisis, it is imperative that our response truly evolve from an acute, short-term, individual-focused treatment response to a broader community recovery response. Addiction is a chronic illness, and recovery often is a life-long process where the healthcare system, external community, and social determinants of health play vital roles in its sustainability. Modernizing the data component for the SABG will be a significant focus for FY2023.

Performance and Evaluation

The SABG program enables the development of comprehensive statewide systems of care that provide a broad continuum of SUD services and supports encompassing prevention, treatment, and recovery support services for all individuals who need them. Among the target populations for outreach and intervention are pregnant and postpartum women, persons who inject drugs,

[108] Web Block Grant Application System (WebBGAS) FY 2021 SABG State Agency Reported Expenditures by Target Activity Within Source of Funds, State/Jurisdiction Selection: All States/Jurisdictions. The numerator for this estimate is total Medicaid expenditures for report year 2021 (n= $2,128,032,758) and the denominator is the total state funding (all sources of funds) (n= $8,798,119,384). The denominator includes SABG, Medicaid, and other federal funding expenditures.

persons at risk for HIV, justice-involved populations, people with co-occurring mental disorders, and persons experiencing homelessness and housing instability. Therefore, to assess the performance of the SABG program in achieving its goals, SAMHSA must measure the impact of the program on individual client outcomes as well as enhancements to state SUD care delivery systems.

Specifically, SAMHSA will assess the extent to which the SABG program:

- Contributes to positive effects on the health and quality of life of individuals with SUD as demonstrated by positive client outcomes in the treatment domains of the National Outcomes Measures (NOMs);
- Improves state prevention and treatment systems' infrastructure and capacity resulting in an increase in services, development and implementation of evidence-based practices, development and collection of specific outcome measures, and development and maintenance of state data management systems;
- Aids states in leveraging requirements, resources, and federal guidance to sustain and improve state systems further emphasizing the importance of the SABG in the development of the same; and
- Contributes to the development and maintenance of successful state collaborations with other agencies and stakeholders concerned with preventing and treating SUD.

In FY 2022 -2023, SAMHSA is undertaking an agency-wide effort designed to develop a data strategy that will set the stage for a modernized set of common performance, evaluation, and quality metrics with which to assess the effectiveness of SAMHSA's grant programs.

SABG SUD Treatment Outcomes

SAMHSA data shows that, on average, the SABG program has been successful in expanding treatment capacity by annually supporting approximately two million[109] admissions to treatment programs receiving public funding. Outcome data for the SABG program show positive results as reported through the Behavioral Health Services Information System/Treatment Episode Data Set (TEDS) administered by SAMHSA's Center for Behavioral Health Statistics and Quality. In the FY 2021 SABG Annual Report, which reflects State Fiscal Year (SFY) 2020 data, at discharge, clients reported increased abstinence rates from both illegal drug (16.9 percent increase) and alcohol (10.2 percent increase) use.

In addition, in the FY 2021 SABG Annual Report, state substance use authorities reported the following outcomes for services provided during state fiscal year (SFY) 2020, the most recent year for which data is available:

- For participating states and territories, 46 of the 59 jurisdictions identified improvements in client abstinence from alcohol use
- Similarly, for participating states and territories, 40 of 59 jurisdictions identified

[109] Web Block Grant Application System (WebBGAS) FY 2015 - 2021 SABG Treatment Utilization Matrix Admissions & Persons Served, State/Jurisdiction Selection: All States/Jurisdictions.

improvements in client abstinence from drug use

- For participating states and territories, 52 of 59 jurisdictions identified improvements in client employment

- For participating states and territories, 53 of 59 jurisdictions reported an increase in clients with no arrests

- For participating states and territories, 51 of 59 jurisdictions identified improvements in stable housing for clients

- For participating states and territories, 52 states out of 59 jurisdictions identified improvements in client engagement in recovery support services

In FY 2021, states expended:

- $381,801,078 (23 percent of total SABG funds expended) for primary prevention activities
- $195,405 (0.01 percent) for tuberculosis services
- $18,256,336 (1.1 percent) for early intervention services for HIV
- $93,232,920 (5.62 percent) for state-level administration.

All states admitted 7,252,145 total clients, specifically:

- 262,394 persons admitted to withdrawal management services;
- 448,728 persons admitted to residential treatment levels of care;
- 4,888,360 persons admitted to ambulatory services; and
- 1,652,663 persons received outpatient treatment that included medications for opioid use disorder

FY 2021 SABG Demographics[110][111]	
Total Persons Served (Adults and Children)	1,758,392
Female	39.3%
Male	60.7%
Race	
White	66.6%
Blacks or African Americans	18.7%
American Indian/Alaska Natives	0.8%
Asians	0.4%
Native Hawaiian/Other Pacific Islanders	0.5%
Unknown	11.2%
Multi-Racial	2.3%
Ethnicity	
Not Hispanic or Latino	84.9%
Hispanic or Latino	15.1%
Age	
17 and Under	4.7%
18 - 24	10.8%
25 - 44	56.1%
45 - 64	26.0%
65 and Over	2.4%

Synar Program Outcomes

While the national weighted retailer violation rate declined steadily from 40.1 percent in the program's baseline year in FY 1997 through FY 2011, the rate increased from an all-time low of 8.5 percent in FY 2011 to 9.6 percent in FY 2018. In FY 2019 and FY 2020, the national weighted retailer violation rate was 7.6 and 8.4, respectively. One of the greatest predictors of a state's retailer violation rate is the amount and reach of their enforcement efforts. As states have faced budget shortfalls, some have scaled back their enforcement programs and this may be contributing to the higher rates of tobacco sales to youth and young adults. Also, under the Synar program, SAMHSA encourages states to include in their inspections the types of tobacco products most often used by youth and young adults 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 and young adults. Several states increased the age for tobacco sales from 18 to 21 prior to the federal law change in December 2019. These factors are likely contributing to the fluctuating national

[110] Source: FY 2020 SABG Report – Table 10 - Treatment Utilization Matrix has been used to reflect official total number of persons served. Kentucky did not supply data. Historically, Table 10 has been used to reflect official numbers of persons served. Furthermore, the table does not break out persons served by age or gender. The total reflects adults and children served.

[111] Source: FY 2020 SABG Report - Table 11 – Unduplicated Count of Persons Served for Alcohol and Other Drug Use. Kentucky did not supply data. Table 11 is the only table that collects gender and age data. Hence, gender and age percentages are calculated based on data from Table 11.

weighted retailer violation rate. SAMHSA is addressing this by providing consultation to states, as well as examining Synar data to provide states with guidance on best practices including enforcement, merchant education, and community mobilization.

Technical Assistance

In addition to the states and jurisdictions' plans and reports, authorizing legislation provides SAMHSA with resources to support technical assistance to the SABG grantees and their sub-recipients to ensure that they can effectively provide prevention, substance use disorder treatment, and recovery support services. SAMHSA's Knowledge Application Program (KAP) (https://www.samhsa.gov/kap) produces the Technical Assistance Publication Series that provide practical guidance and information related to the delivery of SUD 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. SAMHSA is also re-developing a two-pronged quality assurance and individualized, state-specific technical assistance program to provide additional support to states in their implementation of the SABG grant program.

10 Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2014	$1,815,443,000	
FY 2015	$1,819,856,000	
FY 2016	$1,858,079,000	
FY 2017	$1,857,079,000	
FY 2018	$1,858,079,000	
FY 2019	$1,858,079,000	
FY 2020	$1,858,079,000	
FY 2021 Final	$1,849,653,876	$1,500,000,000
FY 2022 CR	$1,858,079,000	
FY 2023 President's Budget	$3,008,079,000	

Budget Request

The FY 2023 President's Budget request is $3.0 billion, an increase of $1.2 billion from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to continue serving as a source of safety-net funding, including providing assistance to states in addressing and evaluating activities to prevent, reduce harm, treat, and provide recovery support services for individuals, families, and communities that are adversely impacted by substance use disorders (SUDs), and related conditions such as opioid use disorder. The need and demand for treatment and recovery support services for SUDs continues to grow, as exacerbated by the coronavirus pandemic. SAMHSA will continue to assist states and jurisdictions in planning for, expanding, enhancing, and building

capacity in their service systems to address these evolving needs. Continued Medicaid expansion and additional out-year funding to assist in responding to the COVID-19 pandemic (i.e., Coronavirus Response and Relief Supplement and American Rescue Plan) will bolster the SABG allowing the program to continue to serve as a safety net for vulnerable populations that rely on public funding to pay for specialty substance use disorder prevention, treatment, harm reduction, and recovery support services. States will continue to use the Coronavirus Response and Relief Supplement and American Rescue Plan funding through FY 2023 and FY 2025, respectively, as states expand their SUD infrastructure to address unmet service needs.

The Budget also includes new language that would use HIV cases as opposed to AIDS cases to calculate the HIV-set-aside.

Outputs and Outcomes Table

Program: Prevention Set-Aside

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.63 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 2020: 41.1 % Target: 37.3 % (Target Exceeded)	41.1 %	41.1 %	Maintain
2.3.65 Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 12-17) (Outcome)	FY 2020: 51.8 % Target: 53 % (Target Not Met)	67.5 %	67.5 %	Maintain
2.3.67 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 2021: 50 % Target: 63 % (Target Not Met)	63 %	63 %	Maintain
2.3.68 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 2021: 48.2 % Target: 43 % (Target Exceeded)	48 %	48 %	Maintain

Outputs and Outcomes Tables

Program: Treatment Activities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
1.2.43 Number of admissions to substance abuse treatment programs receiving public funding (Output)	FY 2021: 1,419,631 Target: 2,065,199 (Target Not Met)	1,419,631	1,448,024	+28,393
1.2.48 Percentage of clients reporting no drug use in the past month at discharge (Outcome)	FY 2021: 50.4 % Target: 55.7 % (Target Not Met)	50.4 %	52.4 %	+2 %point(s)
1.2.49 Percentage of clients reporting no alcohol use in the past month at discharge (Outcome)	FY 2021: 76.6 % Target: 77.3 % (Target Not Met)	76.6 %	78.6 %	+2 %point(s)
1.2.50 Percentage of clients reporting being employed/in school at discharge (Outcome)	FY 2021: 34.4 % Target: 36 % (Target Not Met)	34.4 %	36.4 %	+2 %point(s)
1.2.51 Percentage of clients reporting no involvement with the Criminal Justice System (Outcome)	FY 2021: 93.8 % Target: 95.5 % (Target Not Met but Improved)	93.8 %	95.8 %	+2 %point(s)
1.2.85 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2021: 90.9 % Target: 89 % (Target Exceeded)	90.9 %	92.9 %	+2 %point(s)

FY 2023 Substance Abuse Prevention and Treatment Block Grant Final Allotment
Appropriation Amount $3,008,079,00, State-Territory Total $2,852,998,623

CFDA # 93.95

State	FY 2021 Final	FY 2022 CR	President's Budget	FY 2023 +/- FY 2022
Alabama	$63,424,428	$23,434,686	$38,266,630	$14,831,944
Alaska	$16,176,677	$6,967,796	$11,280,296	$4,312,500
Arizona	$111,208,980	$44,772,475	$74,150,539	$29,378,064
Arkansas	$37,150,396	$13,571,345	$22,373,504	$8,802,159
California	$698,851,021	$243,141,334	$389,242,924	$146,101,590
Colorado	$79,425,864	$34,296,371	$56,159,881	$21,863,510
Connecticut	$50,027,098	$19,677,313	$31,720,781	$12,043,468
Delaware	$19,139,816	$6,967,796	$11,280,296	$4,312,500
District Of Columbia	$19,139,816	$6,967,796	$11,280,296	$4,312,500
Florida	$305,947,412	$111,499,562	$181,074,441	$69,574,879
Georgia	$156,991,228	$53,653,261	$87,879,185	$34,225,924
Hawaii	$23,574,467	$7,963,016	$12,795,880	$4,832,864
Idaho	$23,447,064	$8,567,768	$14,254,461	$5,686,693
Illinois	$185,815,955	$58,712,563	$90,813,195	$32,100,632
Indiana	$88,576,664	$35,085,997	$57,287,825	$22,201,828
Iowa	$35,966,072	$13,255,993	$21,886,021	$8,630,028
Kansas	$32,687,142	$12,468,529	$20,115,653	$7,647,124
Kentucky	$55,977,286	$20,176,790	$33,009,377	$12,832,587
Louisiana	$68,745,018	$21,721,473	$35,207,770	$13,486,297
Maine	$19,139,816	$6,967,796	$11,280,296	$4,312,500
Maryland	$93,614,194	$29,879,916	$48,509,506	$18,629,590
Massachusetts	$109,450,326	$42,188,762	$68,279,675	$26,090,913
Michigan	$153,971,391	$50,372,507	$81,684,594	$31,312,087
Minnesota	$66,205,806	$25,551,488	$41,460,402	$15,908,914
Red Lake Indians	$1,631,730	$629,750	$1,021,847	$392,097
Mississippi	$37,916,958	$13,458,457	$21,887,743	$8,429,286
Missouri	$72,925,914	$27,576,234	$45,002,740	$17,426,506
Montana	$19,139,816	$6,967,796	$11,280,296	$4,312,500
Nebraska	$20,989,696	$8,036,723	$13,139,005	$5,102,282
Nevada	$46,706,560	$19,136,280	$31,834,759	$12,698,479
New Hampshire	$19,139,816	$6,967,796	$11,280,296	$4,312,500

FY 2023 Substance Abuse Prevention and Treatment Block Grant Final Allotment
Appropriation Amount $3,008,079,00, State-Territory Total $2,852,998,623

CFDA # 93.959

State	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
New Jersey	$132,027,368	$49,278,700	$80,657,322	$31,378,622
New Mexico	$26,274,377	$9,850,657	$16,092,523	$6,241,866
New York	$307,185,612	$102,046,191	$161,554,589	$59,508,398
North Carolina	$123,588,118	$49,304,909	$81,158,058	$31,853,149
North Dakota	$17,946,981	$6,967,796	$11,280,296	$4,312,500
Ohio	$177,272,994	$56,013,230	$84,386,513	$28,373,283
Oklahoma	$47,107,464	$17,925,568	$29,659,426	$11,733,858
Oregon	$56,526,589	$25,009,809	$40,599,423	$15,589,614
Pennsylvania	$162,342,141	$56,425,585	$91,144,615	$34,719,030
Rhode Island	$20,872,227	$7,006,529	$11,344,396	$4,337,867
South Carolina	$65,150,271	$24,653,736	$40,516,658	$15,862,922
South Dakota	$16,595,954	$6,967,796	$11,280,296	$4,312,500
Tennessee	$87,840,939	$33,847,505	$55,616,665	$21,769,160
Texas	$397,499,759	$153,071,838	$252,716,230	$99,644,392
Utah	$45,567,115	$23,953,142	$39,550,175	$15,597,033
Vermont	$17,744,605	$6,967,796	$11,280,296	$4,312,500
Virginia	$115,314,454	$44,918,349	$73,752,263	$28,833,914
Washington	$103,790,564	$40,202,205	$65,086,197	$24,883,992
West Virginia	$23,163,698	$7,717,136	$12,508,205	$4,791,069
Wisconsin	$74,710,048	$25,685,791	$41,999,088	$16,313,297
Wyoming	$11,530,258	$5,831,326	$11,280,296	$5,448,970
American Samoa	$951,884	$346,768	$538,536	$191,768
Guam	$3,142,083	$1,163,019	$1,914,614	$751,595
Northern Marianas	$973,759	$357,717	$589,205	$231,488
Puerto Rico	$61,702,702	$22,411,845	$36,254,016	$13,842,171
Palau	$402,957	$149,400	$244,677	$95,277
Marshall Islands	$1,417,432	$531,277	$883,405	$352,128
Micronesia	$1,941,056	$712,812	$1,162,707	$449,895
Virgin Islands	$2,003,497	$737,532	$1,207,819	$470,287

Health Surveillance and Program Support

Table of Contents

Page intentionally left blank

Summary of the Request
Health Surveillance and Program Support Appropriation

(Dollars in thousands)

Program Name	FY 2021		FY 2022	FY 2023	
	Final	COVID-19 Supplemental	CR	President's Budget	FY 2023 +/- FY 2022
Health Surveillance and Program Support	$125,916	$---	$126,258	$136,613	$10,355
PHS Evaluation Funds (non-add)	*30,404*	---	*30,428*	*30,428*	---
Data Request/Publications User Fees	1,500	---	1,500	1,500	---
Public Awareness and Support	12,961	---	13,000	13,260	260
Performance and Quality Information Systems	9,970	---	10,000	10,200	200
Behavioral Health Workforce Data and Development	1,024	---	1,000	1,000	---
PHS Evaluation Funds (non-add)	*1,024*	---	*1,000*	*1,000*	---
Drug Abuse Warning Network	10,000	---	10,000	20,000	10,000
PHS Evaluation Funds (non-add)	---	---	---	---	---
Community-Based Funding for Local Substance use Disorder Services	---	*30,000*	---	---	---
Community-Based Funding for Local Behavioral Health Needs	---	*50,000*	---	---	---
COVID-19 Supplemental	---	*240,000*	---	---	---
Certified Community Behavioral Health Clinics - COVID-19	---	-	---	---	---
Suicide Prevention - COVID-19	---	-	---	---	---
Emergency Response - COVID-19	---	*240,000*	---	---	---
Community Mental Health Services Block Grant	---	-	---	---	---
Substance Abuse Prevention and Treatment Block Grant	---	-	---	---	---
Project AWARE	---	-	---	---	---
National Child Traumatic Stress Network	---	-	---	---	---
Total, Health Surveillance and Program Support	**$161,371**	**320,000**	**$161,758**	**$182,573**	**$20,815**

The Health Surveillance and Program Support FY 2023 President's Budget Request is $182.6 million, an increase of $20.8 million from the FY 2022 Annualized Continuing Resolution.

Health Surveillance

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Health Surveillance	$47,179	$---	$47,258	$53,295	$6,037
Budget Authority (non-add)	*16,751*	---	*16,830*	*22,867*	*6,037*
PHS Evaluation Funds (non-add)	*30,428*	---	*30,428*	*30,428*	---

Authorizing Legislation ..... Sections 501 and 505 of the Public Health Service Act
FY 2023 Authorization ..... Permanent
Allocation Method ..... Federal/Intramural, Contracts, Grants, Other
Eligible Entities..... Not Applicable

Program Description and Accomplishments

SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) is the lead Federal government agency for behavioral health data and research. Behavioral health data collected includes prevalence of mental health conditions and substance use disorders, behavioral health service provision and use, and evaluation data.

SAMHSA maintains multiple data collection systems and surveys on key topics in U.S. behavioral health. In FY 2021, the SAMHSA Data web page and Substance Abuse and Mental Health Data Archive (SAMHDA) received over 1.9 million page views overall, with over 65% of the traffic consisting of new visitors to the website. There were over 249,000 total files downloaded from SAMHSA and SAMHDA in FY 2021. NSDUH webpages within SAMHSA and SAMHDA received over 691,000 page views and over 175,000 downloads in FY 2021.

It is imperative that SAMHSA's data collections continue to collect relevant and timely data. SAMHSA's 2020 NSDUH data show 4.9 percent of adults aged 18 or older had serious thoughts of suicide, 1.3 percent made a suicide plan, and 0.5 percent attempted suicide in the past year. Among adolescents 12 to 17, 12 percent had serious thoughts of suicide, 5.3 percent made a suicide plan, and 2.5 percent attempted suicide in the past year. The findings vary among adults by race and ethnicity. Non-Hispanic adults of two or more races had higher prevalence of serious thoughts of suicide. These findings, which are helping to inform the 988 Behavioral Health and Crisis Services, as well as other SAMHSA programs, are a crucial example of SAMHSA using data to inform policy.

SAMHSA's data collections and evaluation plans: 1) restore trust and accelerate advancements in science and research for all; and 2) improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience. SAMHSA continues to ensure that evaluations across the agency are conducted with rigor, independence, and transparency. SAMHSA's DAWN strengthens surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions. SAMHSA continues to work on modernizing data collections and systems, while also reducing burden, maintaining scientific integrity, and increasing data access. The detailed funding for each activity along with a detailed narrative description of each project follows below.

Health Surveillance

Resources by Activity/Program

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Health Surveillance					
Population Data Collection, Analyis, and Dissemination	$12,487	$---	$15,102	$6,925	-$8,177
National Survey on Drug Use and Health (NSDUH)	*11,237*	---	*12,857*	*6,925*	*-5,932*
Treatment Services Data Collection, Analysis, and Dissemination	10,066	---	10,150	15,193	5,043
Behavioral Health Services Information System (BHSIS)	*10,066*	---	*10,150*	*15,193*	*5,043*
Behavioral Health Data Dissemination	1,872	---	1,903	2,174	272
Substance Abuse and Mental Health Data Archive (SAMHDA)	*1,332*	---	*1,349*	*2,174*	*825*
Analytic Support Center (ASC)	*541*	---	*553*	---	*-553*
Performance Measurement/Systems	3,443	---	2,475	2,474	-
SAMHSA Performance Accountability Reports System (SPARS)	*979*	---	---	---	---
WebBGAS	*477*	---	*487*	*487*	-
Evidence-Based Programs/Practices	264	---	---	---	---
Evidence Based Resource Center	*264*	---	---	---	---
Drug Abuse Warning Network	2,781	---	5,134	---	-5,134
PHS Evaluation (non add)	*236*	---	*1,881*	---	*-1,881*
Support	16,266	---	12,494	26,529	14,034
Operations	*16,266*	---	*12,494*	*26,529*	*14,034*
Total Health Surveillance	**$47,179**	**$---**	**$47,258**	**$53,295**	**$6,037**

Overview

The Center for Behavioral Health Statistics and Quality (CBHSQ) 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, SAMHSA's National Mental Health and Substance Use Policy Lab, and SAMHSA's Chief Medical Officer, as appropriate, to improve the quality of data collection services and evaluations of SAMHSA activities.

CBHSQ activities cross over multiple funding lines. CBHSQ receives funding for Health Surveillance (HS), the DAWN, and Performance and Quality Information Systems (PQIS) within the Health Surveillance and Program Support appropriation (HSPS) and the Substance Abuse Prevention and Treatment Block Grant's technical assistance set aside (SABG) funding sources. Programs are often funded from several sources. (A table detailing all funding sources can be found after the PQIS section). Under Health Surveillance, CBHSQ's 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.

Population Data Collection, Analysis, and Dissemination

NSDUH: 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 data collection, SAMHSA administers 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, tobacco, certain mental health issues, co-occurring drug/alcohol addiction and mental illness, and treatment for mental and substance use disorders. 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. State-specific NSDUH data provide states the opportunity to focus on their leading public health challenges. 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.

SAMHSA is continuously improving the quality of the NSDUH questionnaire, to ensure collection of the highest quality data and to address emerging and critical data needs related to mental health and substance use behaviors. In 2019, SAMHSA included medication-assisted treatment (MAT) and perceived recovery questions in the survey. In 2020, questions about vaping, including vaping nicotine or tobacco, were added. In addition, in Quarter 4 2020 the NSDUH questionnaire added items to assess impact of the COVID-19 pandemic on mental health and substance use. COVID-19 questions were added to assess changes in substance use frequency due to COVID-19, the use of telehealth for treatment, and suicidal ideation and behavior related to COVID-19 among both youth and adults. In 2021, questions were expanded to include vaping marijuana and other flavorings and non-prescription fentanyl use. In addition, the substance use disorder (SUD) module was updated to assess SUD using DSM-5 criteria.

From January to March 2020, NSDUH was conducted face-to-face. NSDUH data collection was suspended in March 2020 due to the COVID-19 pandemic. When data collection resumed in October 2020, SAMHSA responded quickly by implementing a new web survey mode in addition to face-to-face interviews in areas that were deemed safe.

In 2020, 40.3 million people aged 12 or older (or 14.5 percent) had an SUD in the past year, including 28.3 million who had alcohol use disorder, 18.4 million who had an illicit drug use disorder, and 6.5 million people who had both alcohol use disorder and an illicit drug use disorder. Among adults aged 18 or older in 2020, 21.0 percent (or 52.9 million people) had any mental illness (AMI) and 5.6 percent (or 14.2 million people) had serious mental illness (SMI) in the past year.

SAMHSA is committed to facilitating broader data use and dissemination. NSDUH data are released in three different formats: person-level analytic files, interactive online tools, and data-based products. Person-level data are optimal for complex analyses and are released in two different versions: public use- and restricted-use files. Public-use files are available at SAMHSA's web pages, while restricted-use files are accessible through Federal Statistical Research Data Centers (FSRDCs). The public can readily access NSDUH data via SAMHSA's interactive online

tools, specifically designed for customized analyses of substance use and mental health indicators, without needing to download any data. In addition, SAMHSA disseminates data-based products in the form of annual reports, data visualizations, slide decks, data tables and other types of reports.

In FY 2021, the SAMHSA Data web page and Substance Abuse and Mental Health Data Archive (SAMHDA) received over 1.9 million page views overall, with over 65% of the traffic consisting of new visitors to the website. There were over 249,000 total files downloaded from SAMHSA and SAMHDA in FY 2021. NSDUH webpages within SAMHSA and SAMHDA received over 691,000 page views and over 175,000 downloads in FY 2021.

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 health and substance use disorder treatment services. For this purpose, CBHSQ developed the BHSIS. Data collected through BHSIS provides information to the public on treatment services through the Behavioral Health Treatment Services Locator, which is part of the National Treatment Referral Service. The Locator provides accurate, timely, and regularly updated information on mental health and substance use disorder treatment facilities across the country.

BHSIS includes multiple data collection programs and information resources. The data collections comprise:

1) The National Substance Use and Mental Health Services Survey (N-SUMHSS), which provides information on all public and private specialty mental health disorder treatment facilities and substance use disorder treatment facilities in the United States;
2) The Treatment Episode Data Set (TEDS), which provides demographic, clinical, and substance use characteristics on publicly funded admissions and discharges from substance use disorder treatment facilities;
3) The Mental Health Treatment Episode Data Set (MH-TEDS) and the Mental Health Client Level Data (MH-CLD), which provide demographic characteristics and outcomes of individuals served by state mental health agencies (SMHAs) for mental health treatment; and
4) 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.

In 2021, SAMHSA combined two surveys, the National Mental Health Services Survey (N-MHSS) and the National Survey of Substance Use Services (N-SSATS), into the N-SUMHSS. The primary aim for combining the surveys was to reduce respondent burden and duplication of effort for facilities that provide both substance use and mental health treatment services and thus respond to both surveys. This streamlining of the two surveys will also improve overall quality of the data, which serve as the principal data source for the SAMHSA Behavioral Health Treatment Locator (https://findtreatment.samhsa.gov).

In FY 2023, SAMHSA proposes $5.7 million of additional funding for N-SUMHSS to increase the scope of eligible substance use and mental health treatment facilities, to include Certified Community Behavioral Health Clinics (CCBHCs), to improve access across culturally diverse

populations through the Behavior Health Treatment Services Locator. N-SUMHSS collects descriptive data on the location, insurance type accepted, services provided, and other operational characteristics. Although the N-SUMHSS census includes many specialty substance use facilities and mental health treatment facilities in the scope of the sampling frame, it does not capture the comprehensive scope of behavioral health providers. CCBHCs that currently provide treatment for substance use disorder and some limited integrated mental health services would not be captured in N-SUMHSS but with the proposed increase in funding, N-SUMHSS would capture the data from CCBHCs.

This proposed increase in funding would (1) increase N-SUMHSS' operational capacity in order to double the number of facility respondents (currently about 33,000), (2) provide resources for the first comprehensive needs assessment since the mid-1990s for determining and addressing "gaps" for facilities not currently eligible for the survey, (3) expand the data dissemination to include state and region-specific reports and evaluations for the provision of treatment services and underserved populations.

In FY 2021, the Behavioral Treatment Locator homepage received more than 950,000-page views, while the locator map had over 1.1 million-page views from individuals, families, community groups, and organizations, to identify appropriate treatment services.

In FY 2021, the data webpage received over 1.5 million-page views. Through this webpage the public downloaded more than 32,000 BHSIS publications, including 7,051 downloads of TEDS publications, 6,445 downloads of N-MHSS publications, 7,930of N-SSATS publications, and 8,574 URS tables. In FY 2020, SAMHSA awarded a new BHSIS contract that includes the N-SUMHSS, TEDS, MH-CLD, MH-TEDS, URS, and the Behavioral Health Treatment Locator.

Behavioral Health Data Dissemination

The SAMHDA makes public-use data files, available in a variety of formats, that anyone can download and use their software to analyze and explore. Through SAMHDA, CBHSQ provides access to a data visualization tool and 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 these data through an online interface.

Historically, CBHSQ has managed two separate websites/interfaces for data dissemination to the public. There is a data webpage, which makes reports, survey information, and supporting documentation available. This site currently resides at https://www.samhsa.gov/data/. There is also a data archive, SAMHDA, which makes public-use files and analytic tools available. This site currently resides at https://datafiles.samhsa.gov/. While SAMHDA's target population is researchers, the analytic tools available for access can be useful to various public audiences. SAMHSA removed overlapping functions and combined the SAMHDA and data webpage into a single contract in FY 2020.

SAMHSA has also been conducting user testing and through the implementation of user centric design, launched a refresh of SAMHDA in FY 2021, which allowed for easier access to a wider audience and promoted increased use and access to behavioral health data.

In a united effort to support broader use of restricted-use NSDUH data, SAMHSA collaborates with other federal agencies. Researchers apply for, and obtain access to, restricted-use NSDUH data via FSRDCs. SAMHSA promotes data use by aiding researchers in navigating resources, accessing relevant substance use and mental health indicators, and completing important public health investigations, while also protecting privacy and minimizing disclosure risk.

Buprenorphine Waiver Notification (BWNS)

Beginning in August 2020, CBHSQ assumed data management of the inventory of practitioners certified to provide MAT to individuals with Opioid Use conditions. SAMHSA implements DATA 2000 in coordination with the Drug Enforcement Administration (DEA), including approving waivers for qualified practitioners to provide MAT in office-based settings. As of January 2022, there were over 116,607 practitioners with an active waiver to prescribe buprenorphine to patients with OUDs. Among these practitioners, 71 percent can treat up to 30 patients, 22 percent can treat up to 100 patients, and 7 percent can treat up to 275 patients. Almost three quarters of practitioners with waivers are physicians (70 percent), while advanced practice registered nurses (APRNs) and physician assistants (PAs) comprise 24 percent and 6 percent, respectively, of waivered practitioners.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$47,258,000	
FY 2020	$47,258,000	
FY 2021 Final	$47,154,285	
FY 2022 CR	$47,258,000	
FY 2023 President's Budget	$53,295,000	

Budget Request

The FY 2023 President's Budget request is $53.3 million, an increase of $6.0 million from the FY 2022 Annualized Continuing Resolution.

The budget proposes an increase of $6.0 million in FY 2023 to enhance and expand the scope of the N-SUMHSS to ensure it collects the most up-to-date, accurate, and useful data for assessing the nature and extent of services provided across all active substance use and mental health treatment facilities in the United States. Additional funds would be used to:

- Increase the operational capacity and scope of the N-SUMHSS to double the number of facility respondents (currently about 33,000) and collect facility information from Certified Community Behavioral Health Clinics (CCBHCs) for inclusion in the Behavioral Health Treatment Services Locator;
- Conduct a new, comprehensive needs assessment of the N-SUMHSS to identify "gaps" in the survey methodology and develop inclusion criteria for addressing facilities that are

currently ineligible or serving SAMHSA's priority populations; and

- Expand the N-SUMHSS data dissemination to include state and region-specific reports as well as evaluations of underserved populations.

It is critical to modify and expand the N-SUMHSS data collection efforts as the landscape of behavioral health providers and availability of treatment services continues to evolve. Although the N-SUMHSS census includes many specialty substance use facilities and mental health treatment facilities in the scope of the sampling frame, it does not capture the comprehensive scope of behavioral health providers, including CCBHCs.

With the addition of CCBHCs and other community-based treatment facilities as well as an enhanced data dissemination, the N-SUMHSS will be more capable of informing the public on trends and access in both treatment services and utilization, which can assist policymakers and state and local governments to forecast and address potential deficits in treatment. For example, descriptive data from the N-SUMHSS on all active substance use treatment facilities and client counts within a small geographical area would enable a state or local government to target its limited resources during a public health emergency such as the opioid crisis. The additional data on CCBHCs will also benefit individuals seeking treatment, particularly vulnerable individuals with low access to care or those with the most serious mental illnesses and substance use disorders.

Mechanism Table

Health Surveillance

(Dollars in thousands)

Program Activity	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Health Surveillance						
Grants						
Continuations	---	$---	---	$---	---	$---
New/Competing	---	---	---	---	---	---
Subtotal	---	---	---	---	---	---
Contracts						
Continuations	22	47,154	---	47,258	---	53,295
New/Competing	---	---	---	---	---	---
Subtotal	22	47,154	---	47,258	---	53,295
Total, Health Surveillance	**22**	**47,154**	**---**	**47,258**	**---**	**53,295**

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 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
2.3.19L Percentage of adults with Serious Mental Illness (SMI) receiving mental health services (Outcome)	FY 2020: 64.5 % Target: 71.0 % (Target Not Met)	64.5 %	64.5 %	Maintain
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 2020: 6.5 % Target: 11.1 % (Target Not Met)	6.5 %	6.5 %	Maintain
2.3.19N Past year prescription pain reliever misuse (age 12 and older) (Outcome)	FY 2020: 9,300,000.0 Target: 9,500,000.0 (Target Exceeded)	9,300,000.0	9,300,000.0	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 2020: 46.9 % Target: 50.0 % (Target Not Met)	46.9 %	46.9 %	Maintain

Drug Abuse Warning Network (DAWN)

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Drug Abuse Warning Network	$10,000	$---	$10,000	$20,000	$10,000
PHS Evaluation Funds (non-add)	---	---	---	---	---

Authorizing Legislation……. Section 505 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method ..... Contracts
Eligible Entities.....Not Applicable

Program Description and Accomplishments

SAMHSA re-established DAWN in 2018 as a nationwide public health surveillance system to monitor emergency department (ED) visits related to recent substance use, including those related to opioids. Authorized by the 21st Century Cures Act, DAWN provides necessary information such as patient demographic details and substances used to respond effectively to the opioid and addiction crises in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. There are several important improvements for the new DAWN, including timeliness of data, data available at more frequent intervals, and data abstracted from a wider range of geographic area types— urban, suburban, and rural. Having data available more quickly means that DAWN can serve as a true "early warning" system and inform local public health response efforts.

DAWN data are abstracted from hospital ED records. Hospital participation is optional. SAMHSA is currently abstracting data from 52 hospitals and is recruiting a new hospital, achieving 98% of the target rate. By using data abstracted directly from ED records, DAWN captures detailed information about the substances involved in ED visits, and serves as an early warning system for the emergence of new and novel psychoactive substances. It monitors 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 a motor vehicle crash involving a driver who had combined medications with alcohol. These criteria encompass all types of drug-related events, from substance use and misuse to substance-related suicide attempts. In CY 2021, DAWN surveillance of ED visits was expanded to include those visits to due to alcohol use by individuals 21 years and older. Complete implementation of this critical data abstraction expansion was completed in Q2 of FY 2021. The detailed information captured by DAWN is used to assess health hazards associated with specific substances and monitor the impact of drug use and misuse on the Nation's health care system. As of January 2022, the DAWN surveillance system has reviewed more than 3,396,448 ED records from 53 participating hospitals (26 urban, 11 suburban, and 16 rural) and abstracted over 257,711 DAWN cases (7.6 percent of total ED records reviewed).

Preliminary analysis demonstrates that the most common substances associated with DAWN cases are alcohol (122,390 cases, 47.5 percent), illicit substances (98,516 cases, 38.2 percent) and

Central Nervous System (CNS) agents (42,804 cases, 16.6 percent); among illicit drugs, stimulants were the most commonly associated with DAWN cases, with the majority involving methamphetamine.

The increase in funding in FY 2023 will build on the existing infrastructure and expand the number of surveillance hospital sites and the information DAWN collects from each site to include toxicology reports. In addition, the budget will allow an increase to publicly available information from DAWN, including data on emerging trends of major metropolitan regions with higher drug related mortality rates and other geographic variables such as urban and rural. The increase in funding helps improve SAMHSA's ability to perform public health surveillance by increasing the number of hospitals, providing a more comprehensive dissemination strategy, and expanding the available information to include the toxicology reports. It will equip SAMHSA to play a larger role in COVID-19 recovery strategic planning within HHS using DAWN's ED data of adverse reactions of COVID-19 vaccines.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$10,000,000	
FY 2020	$10,000,000	
FY 2021 Final	$10,000,000	
FY 2022 CR	$10,000,000	
FY 2023 President's Budget	$20,000,000	

Budget Request

The FY 2023 President's Budget request is $20.0 million, an increase of $10.0 million from the FY 2022 Annualized Continuing Resolution.

SAMHSA proposes an increase of $10.0 million in FY 2023 to expand the capacity of DAWN to ensure it continues to collect comprehensive, useful data on ED visits related to substance use. With additional data elements and improved data collection and dissemination methods, DAWN will be able to inform public health stakeholders, clinicians, and policymakers on emerging substance use trends in a more timely and accurate manner. Additional funds would be used to:

- Recruit and manage additional hospitals for participation in the DAWN system, particularly hospitals in counties with high potential for ED visits related to substance use. Based on these high-risk areas, SAMHSA has targeted 5 sentinel hospitals for recruitment in order to enhance monitoring of potential drug-related outbreaks and 10 more hospitals to the probability sample-based hospital frame to release national estimates;
- Expand the DAWN data abstraction system to include toxicology results from ED visits related to substance use at each participating hospital. Toxicology reports are critical to minimize misclassification of drugs and monitor adverse effects of pharmaceuticals across geography and over time (including adverse effects of COVID-19 vaccines);

- Enhance the dissemination of DAWN data for public use by including data on emerging substance use trends in major metropolitan regions with high drug-related mortality rates as well as data for a wider range of geographic area types such as urban, suburban, and rural.

With an increase in funding to DAWN, SAMHSA will have an increased capability to perform public health surveillance of hospital ED visits related to substance use and provide a more comprehensive dissemination of the data abstracted from the DAWN system. Additional resources for DAWN are critical to increase hospital participation and accuracy of reporting, which would increase the amount of detailed information available on potential outbreaks related to new and novel psychoactive substances. Relevant stakeholders would be able to utilize this information to monitor substance use trends and allocate limited resources for a public health response.

Mechanism Table

Drug Abuse Warning Network

(Dollars in thousands)

Program Activity	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Drug Abuse Warning Network						
Contracts						
Continuations	1	10,000	1	10,000	1	20,000
New/Competing	---	---	---	---	---	---
Subtotal	1	10,000	1	10,000	1	20,000
Total, Drug Abuse Warning Network	**1**	**10,000**	**1**	**10,000**	**1**	**20,000**

Performance and Quality Information Systems

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Performance and Quality Information Systems	$9,970	$---	$10,000	$10,200	$200

Authorizing Legislation ..... Sections 501, 505, 509, 516, 520A, and 543A of the PHS Act
FY 2023 Authorization ..... Indefinite
Allocation Method ..... Contracts
Eligible Entities..... Not Applicable

Program Description and Accomplishments

The PQIS funding primarily supports the activities of CBHSQ. The detailed narrative description of each project follows.

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Performance and Quality Information Systems					
Performance Measurement and Performance Systems	$6,273	$---	$5,963	$7,338	$1,374
SAMHSA Performance Accountability Reports System (SPARS)	*6,898*	---	*5,963*	*7,338*	1,374
Evidence-Based Programs/Practices	1,789	---	2,110	2,110	---
Evidence Based Resource Center	*1,789*	---	*2,110*	*2,110*	---
Support	1,908	---	1,927	752	-1,174
Operations	*1,908*	---	*1,927*	*752*	*-1,174*
Total Performance and Quality Information Systems	**$9,970**	**$ ---**	**$10,000**	**$10,200**	**$200**

Performance Measurement and Performance Systems

SAMHSA collects data on key output and outcome measures to monitor and manage discretionary grant performance, improve the quality of treatment services, and inform the public and stakeholders on the impact of financial investments. SAMHSA collects these data in the SPARS. Data collected and analyzed through SPARS allow SAMHSA to monitor the progress of discretionary grants, support data-informed decision-making for funding, and provide an understanding of the services delivered through the programs. SAMHSA continues to implement the 21st Century Cures Act through continuously monitoring

In addition, CBHSQ's Office of Evaluation (OE) provides support to the three program centers, CMHS, CSUS, CSUPS, the Office of Tribal Affairs and Policy (OTAP), and the Office of Intergovernmental and External Affairs grantees and project officers, by initiating enhancements to the SPARS system. These enhancements improve data visualization options for examination of demographic data on both adult and youth participants for a single year or for multiple years of funding.
The OE SPARS team provides technical support, grantee and staff training, and help-desk

assistance to ensure SAMHSA effectively manages its grant portfolio and provides timely, accurate information to policy makers and stakeholders. In FY 2020 and FY 2021, OE offered Office Hours and Learning Labs to members of program centers and OTAP to support the use of data in all decision-making and to encourage rigorous monitoring of program data. During these two years, OE has completed over 60 Office Hour and 64 Learning Lab events.

The CBHSQ's OE is responsible for providing centralized planning and management of program evaluation activity across SAMHSA, including the evaluation reports for PATH, Garret Lee Smith programs, and the PPW-PLT program. In partnership with the program centers, OE provides oversight and management of agency quality improvement and performance management activities and advances agency goals and objectives relating to performance measurements and quality improvement. In FY 2020, CBHSQ in partnership with CMHS acquired management of the PATH Data Exchange (PDX) and in FY2021, CBHSQ's OE completed a triannual report summarizing outcomes from the PATH program over 2017, 2018 and 2019.

OE identifies and maintains performance indicators to monitor each SAMHSA program, and develops periodic evaluation reports for use in agency planning, program change, and reporting to departmental and external organizations. In FY 2020, OE developed over 40 Program Profiles for grant programs administered by SAMHSA. Currently, OE is developing an updated set of program and topical profiles in collaboration with program centers. These documents offer stakeholders an overview of the goal of each program, as well as a summary of the demographic and program outcome data associated with each grant program. OE works collaboratively with the National Mental Health and Substance Use Policy Laboratory and the Office of the Chief Medical Officer to provide support for SAMHSA evaluation activities.

The Center provides oversight of the agency's quality improvement efforts, including the identification of gaps in behavioral health quality measurement and the adoption and implementation of behavioral health quality measures. This work includes partnerships with the Center for Medicare & Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation (ASPE), among other federal partners, in quality measures 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 in the Measures Application Partnership, a group convened to guide HHS on measures adoption.

CBHSQ staff provides internal collaborations across SAMHSA, advising on quality measure issues and identifying key next steps. CBHSQ staff regularly consult with other federal agencies, the NQF, and other key stakeholders regarding behavioral health quality indicators, including barriers to and facilitators of data collection, tracking, and reporting. SAMHSA continues its behavioral health quality measure activities through ongoing identification of behavioral health measurement gaps and the capacity to address such gaps.

Evidence-Based Practice Resource Center (EBPRC)

Section 7002 of the 21st Century Cures Act directs SAMHSA to promote access to reliable and valid information on evidence-based programs and practices and share information on the strength of evidence associated with such programs and practices related to mental illness and drug/alcohol addiction. To fulfill this charge, SAMHSA has developed the Evidence-Based Practices Resource Center (EBPRC), which provides information on evidence-based programs and practices to states, local communities, non-profit entities, and other stakeholders.

The EBPRC, which is managed by the National Mental Health and Substance Use Policy Laboratory (NMHSUPL), provides communities, clinicians, policymakers, and others in the field with the information and tools that they need to incorporate evidence-based practices in their communities or clinical settings. As part of this effort, SAMHSA develops and disseminates resources, such as new or updated guidebooks, Treatment Improvement Protocols, guidance documents, clinical practice policies, toolkits, systematic reviews, data reports, and other actionable materials that incorporate the latest scientific evidence on mental health and substance use. This approach enables SAMHSA to quickly develop and disseminate expert consensus on the latest prevention, treatment, and recovery sciences in areas needing more information. The EBPRC currently includes 155 resources. SAMHSA expects to add at least 15 more resources over the next two years to the EBPRC, including five SAMHSA-developed Guidebooks each year.

SAMHSA convenes bimonthly committee meetings with staff from across the agency to review potential new resources on different topics related to mental illness and substance use for inclusion in EBPRC. The EBPRC enables SAMHSA to collaborate with experts in the field, to rapidly translate science into action. The EBPRC provides communities and practitioners with tools to facilitate comprehensive needs assessment, matches interventions to those needs, supports implementation, and incorporates continuous quality improvement into its prevention, treatment, and recovery efforts. This strategy, coupled with SAMHSA's regional and locally based training and technical assistance efforts, ensures that communities and practitioners are equipped to bring about the improvements in mental health and substance use prevention, treatment, and recovery that our Nation requires. The EBPRC website has recently been updated with new content and improvements to its functionality, which will enable a broad audience to easily access needed materials.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$10,000,000	
FY 2020	$10,000,000	
FY 2021 Final	$9,969,596	
FY 2022 CR	$10,000,000	
FY 2023 President's Budget	$10,200,000	

Budget Request

The FY 2023 President's Budget request is $10.2 million, an increase of $200,000 from the FY 2022 Annualized Continuing Resolution. SAMHSA will use these funds for modernization efforts and continuation of the SPARS and EBPRC contracts.

Mechanism Table

Performance and Quality Information Systems

(Dollars in thousands)

Program Activity	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Performance and Quality Information Systems						
Contracts						
Continuations	1	3,696	2	10,000	2	10,200
New/Competing	1	6,273	---	---	---	---
Subtotal	**2**	**9,970**	**2**	**10,000**	**2**	**10,200**

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)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Substance Use Services Appropriation					
Substance Abuse Block Grant Set Aside					
Population Data Collection, Analysis, and Dissemination	$45,380	$ ---	$45,893	$52,824	$6,931
PHS Evaluation (non add)	*45,380*	---	*45,893*	*52,824*	*6,931*
Treatment Services Data Collection, Analysis, and Dissemination	6,871	---	*5,916*	*40,931*	35,015
Budget Authority (non add)	---	---	---	*19,243*	*19,243*
PHS Evaluation (non add)	*6,871*	---	*5,916*	*21,687*	*15,772*
Behavioral Health Data Dissemination	357	---	357	357	---
PHS Evaluation (non add)	*357*	---	*357*	*357*	---
Support	2,996	---	3,438	4,202	764
PHS Evaluation (non add)	*2,996*	---	*3,438*	*4,202*	*764*
Total Substance Abuse Block Grant Set Aside	**55,603**	**---**	**55,603**	**98,314**	**42,710**
Total Substance Use Services PHS Evaluation	*55,603*	---	*55,603*	*79,070*	*23,467*
Health Surveillance and Program Support Appropriation					
Health Surveillance					
Population Data Collection, Analysis, and Dissemination	12,487	---	15,102	6,925	-8,177
PHS Evaluation (non add)	*11,237*	---	*12,857*	*6,925*	*-5,932*
Treatment Services Data Collection, Analysis, and Dissemination	10,066	---	10,150	15,193	5,043
PHS Evaluation (non add)	*9,155*	---	*10,150*	*9,493*	*-657*
Behavioral Health Data Dissemination	1,872	---	1,903	2,174	272
PHS Evaluation (non add)	*1,332*	---	*1,349*	*2,174*	*825*
Performance Measurement/Systems	3,443	---	2,475	2,474	---
PHS Evaluation (non add)	*3,137*	---	*2,162*	*2,162*	---
Evidence-Based Programs/Practices	264	---	---	---	---
Drug Abuse Warning Network	2,781	---	5,134	---	-5,134
PHS Evaluation (non add)	*236*	---	*1,881*	---	*-1,881*
Support	16,266	---	12,494	26,529	14,034
PHS Evaluation (non add)	*5,330*	---	*2,029*	*9,674*	*7,645*
Total Health Surveillance	**47,179**	**---**	**47,258**	**53,295**	**6,037**
Drug Abuse Warning Network	10,000	---	10,000	20,000	10,000
PHS Evaluation (non add)	---	---	---	---	---
Total Drug Abuse Warning Network	**10,000**	**---**	**10,000**	**20,000**	**10,000**
Performance and Quality Information Systems					
Performance Measurement/Systems	6,273	---	5,963	7,338	1,374
Evidence-Based Programs/Practices	1,789	---	2,110	2,110	---
Behavioral Health Data Dissemination	---	---	---	---	---
DAWN	---	---	---	---	---
Support	1,908	---	1,927	752	-1,174
Total Performance and Quality Information Systems	**9,970**	**---**	**10,000**	**10,200**	**200**
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	**68,149**	**---**	**68,258**	**84,495**	16,237
Total Health Surveillance and Program Support PHS Evaluation	*31,428*	---	*31,428*	*31,428*	---
Total Center for Behavioral Health Statistics and Quality	**$123,752**	**$ ---**	**$123,861**	**$182,809**	**$58,947**

Program Support

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Program Support	$78,762	$---	$79,000	$83,318	$4,318
FTE	**420**		**438**	**526**	**88**

Authorizing Legislation .....Section 501 of the Public Health Service Act
FY 2023 Authorization $0
Allocation Method ..... Direct Federal/Intramural, Contracts, Grants, 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 and utilities. In addition, this budget supports the Unified Financial Management System (UFMS), which covers administrative activities such as human resources, information technology, financial integrity, and the centralized services provided by HHS and the Program Support Center.

SAMHSA supported 472 Full Time Equivalents (FTEs) in FY 2021. SAMHSA's FTE increase in FY 2022 and FY 2023 will balance the supervisory to employee ratio as well as mitigate the workload of SAMHSA's Government Program Officers and Grant's Management Specialists. Staff positions that are not covered through the Health Surveillance and Program Support appropriation are funded with Substance Use Prevention Services and Treatment and Mental Health Block Grant set-asides for activities associated with technical assistance, data collection, and evaluation.

FY 2023 CJ FTE By Bureau			
HR Center/Offie	**FY 2021 Final**	**FY 2022 CR**	**FY 2023 President's Budget**
CBHSQ	40	71	74
CMHS	85	113	120
CSAP	54	65	89
CSAT	69	104	105
OAS	54	76	100
OC	12	16	17
OFR	115	143	153
OMTO	37	50	55
PLAB	6	12	12
Grand Total	472	650	725

SAMHSA applies an estimated internal administrative charge for overhead expenses to all programs, projects, and activities.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$79,000,000	
FY 2020	$79,000,000	
FY 2021 Final	$78,762,000	
FY 2022 CR	$79,000,000	
FY 2023 President's Budget	$83,318,000	

Budget Request

The FY 2023 President's Budget request is $83.3 million, an increase of $4.3 million from the FY 2022 Annualized Continuing Resolution. SAMHSA will continue to support staff to administer and manage SAMHSA's diverse array of programs. At this funding level, SAMHSA will also ensure the agency can efficiently and effectively respond to the evolving and growing opioid crisis, as well as provide the significant resources, technical assistance, and leadership within the mental health and behavioral health public health sphere. This level of funding will also continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges.

Mechanism Table

Program Support

(Dollars in thousands)

Program Activity	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Program Support						
Grants						
Continuations	21	2,787	1	800	1	800
New/Competing	---	---	8	1,987	8	1,987
Subtotal	21	2,787	9	2,787	9	2,787
Contracts						
Continuations	---	75,975	---	76,213	---	80,531
New/Competing	---	---	---	---	---	---
Subtotal	---	75,975	---	76,213	---	80,531
Total, Program Support	**21**	**78,762**	**9**	**79,000**	**9**	**83,318**

Public Awareness and Support

(Dollars in thousands)

Program Name	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget	FY 2023 +/- FY 2022
Public Awareness and Support	$12,961	$---	$13,000	$13,260	$260

Authorizing Legislation…… Sections 501, 509, 516, and 520A of the Public Health Service Act
FY 2023 Authorization ..... Indefinite
Allocation Method ..... Contracts
Eligible Entities..... Not Applicable

Program Description and Accomplishments

Part of SAMHSA's mission is to increase public's awareness and understanding of mental and substance use disorder, serve as an expert on mental health and substance use disorders, lead public health efforts to advance the behavioral 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 public. OC staff use various channels to communicate this information. These channels include online print, radio, and television media; social media platforms; the SAMHSA.gov website; the SAMHSA Store, the subscription-based e-blast system; and inquiries received through the National Helpline. In addition, the OC staff manage SAMHSA events to interact with stakeholders, media organizations, and the 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; and provides in-house media support to the Centers and Offices. The team 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 Op-Divs. The media team collaborates with SAMHSA staff when a disaster occurs to quickly disseminate press releases and social media featuring SAMHSA's Disaster Distress Helpline and links to relevant SAMHSA resources.

The OC digital team manages SAMHSA's social media presence on Facebook, Twitter, LinkedIn, Instagram, and YouTube. In addition to print and traditional media, social media messaging is now incorporated in communications plans and is employed daily to communicate messages about SAMHSA news and resources. The OC has staff who specialize in monitoring social media conversations, creating content, participating in Twitter chats and Facebook Live sessions, and writing and posting blogs on SAMHSA.gov. The OC is responsible for managing the SAMHSA.gov website, which provides enterprise-wide content and related public-facing websites and supports Section 508 activities.

The OC also manages the Public Engagement Platform (PEP) and the Contact Center. 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 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).

The OC manages the SAMHSA Public Awareness and Support Activities contract that enables the agency to develop and disseminate public service announcements (PSAs) for television and radio and other materials for a broad range of platforms. Topics, audiences, and formats range but all phases from creative concepts to storyboards as well as focus group testing are included. As an example, the OC has issued, with the assistance of this contract, PSAs targeted at providers on the use of naltrexone for opioid use disorder and the public on the importance of seeking specialized treatment for mental health issues and reminding people with substance use disorders that there is hope and treatment available. This contract also enables SAMHSA to develop and conduct a variety of national informational campaigns.

The OC manages the Materials Development and Editing Support (MDES), which provides communication support to the OC and in turn to the rest of SAMHSA. The communications support includes services such as media outreach, publications, digital products, speechwriting, graphics, copyediting, and meeting/event logistics.

Five Year Funding Table

Fiscal Year	Amount	COVID-19 Supplemental Funding
FY 2019	$13,000,000	
FY 2020	$13,000,000	
FY 2021 Final	$12,961,000	
FY 2022 CR	$13,000,000	
FY 2023 President's Budget	$13,260,000	

Budget Request

The FY 2023 President's Budget request is $13.3 million, an increase of $260,000 from the FY 2022 Annualized Continuing Resolution. SAMHSA intends to fund 5 contracts that will allow SAMHSA to manage media relationships, maintain its web and social media presence, manage critical helplines, deliver publications and resources, produce, and deliver PSAs, and conduct national campaigns.

Mechanism Table

Public Awareness and Support

(Dollars in thousands)

Program Activity	FY 2021 Final		FY 2022 CR		FY 2023 President's Budget	
Public Awareness and Support						
Contracts						
Continuations	3	6,154	5	7,955	6	10,541
New/Competing	3	6,807	2	5,045	1	2,719
Subtotal	6	12,961	7	13,000	7	13,260
Total, Public Awareness and Support	**6**	**12,961**	**7**	**13,000**	**7**	**13,260**

Outputs and Outcomes Table

Program: Public Awareness and Support

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2022 Target	FY 2023 Target	FY 2023 Target +/-FY 2022 Target
4.4.12 The number of individuals referred for behavioral health treatment resources. (Output)	FY 2021: 1,023,496 Target: 667,783 (Target Exceeded)	1,023,496	1,054,200	+30,704
4.4.13 The total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits (Output)	FY 2021: 59,441,622 Target: 55,238,274 (Target Exceeded)	59,441,622	61,224,900	+1,783,278

Drug Control Budget

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance use And Mental Health Services Administration

(Dollars in millions)

Resource Summary	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget
Drug Resources by Decision Unit and Function				
Programs of Regional and National Significance				
Substance Use Prevention Services	$208.22	$.00	$208.22	$311.91
Substance Use Services	495.12	30.00	496.68	566.36
Total Programs of Regional and National Significance	703.34	30.00	704.90	878.28
State Opioid Response Grants	1,498.03	-	1,500.00	2,000.00
Substance Abuse Prevention and Treatment Block Grant[1]				
Prevention	369.93	630.00	371.62	601.62
Treatment	1,479.72	2,520.00	1,486.46	2,406.46
Total, Substance Abuse Prevention and Treatment Block Grant	1,849.65	3,150.00	1,858.08	3,008.08
Health Surveillance and Program Support[2]				
Prevention	22.41	.00	22.21	22.01
Treatment	89.63	.00	88.85	88.06
Total, Health Surveillance and Program Support	112.03	.00	111.06	110.07
Total Funding	**4,163.06**	**3,180.00**	**4,174.04**	**5,996.43**
Drug Resources Personnel Summary				
Total FTEs[3]	267	-	316	318
Drug Resources as a Percent of Budget				
Total Agency Budget	**5,999.39**	**3,180.00**	**6,094.63**	**10,697.15**
Drug Resources Percentage	69.4%	100.0%	68.5%	56.1%

[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%).

[3]Only Direct FTEs included in total

Drug Budget Split between Prevention and Treatment FY 2021-2023

(Dollars in millions)

Substance Use Prevention Services	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget
Programs of Regional and National Significance (PRNS)				
Strategic Prevention Framework	$119.95		$119.48	$126.67
Strategic Prevention Framework Rx (non-add)	*10.00*		*10.00*	*15.00*
Budget Authority (non-add)	*10.00*		*10.00*	*15.00*
PHS Evaluation Funds (non-add)	-		-	-
Federal Drug-Free Workplace	4.92		4.89	5.14
Minority AIDS	40.71		41.21	42.03
Sober Truth on Preventing Underage Drinking	10.03		10.00	10.00
Center for the Application of Prevention Technologies	7.49		7.49	11.99
Science and Service Program Coordination	4.15		4.07	4.07
First Responder Training (CARA)[3]	.00		.00	67.50
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths[3]	.00		.00	18.00
Improving Access to Overdose Treatment[3]	.00		.00	1.50
Tribal Behavioral Health Grants	20.64		20.75	23.67
SAP Minority Fellowship Program	.32		.32	1.34
Total, Substance Use Prevention Services PRNS	**208.22**	**.00**	**208.22**	**311.91**
Substance Abuse Prevention and Treatment Block Grant[1]	369.93	630.00	371.62	601.62
PHS Evaluation Funds (non-add)	*15.84*		*15.84*	*15.84*
Total, Substance Abuse Prevention and Treatment Block Grant	**369.93**	**630.00**	**371.62**	**601.62**
Health Surveillance and Program Support[2]				
Health Surveillance and Program Support	17.47		17.29	15.30
Health Surveillance	6.54		6.47	5.97
Budget Authority (non-add)	*2.32*		*2.31*	*2.56*
PHS Evaluation Funds (non-add)	*4.22*		*4.17*	*3.41*
Program Support	10.93		10.82	9.33
Public Awareness and Support	1.30		1.30	1.33
Performance and Quality Information Systems	1.38		1.37	1.14
Behavioral Health Workforce Data and Development	.10		.10	.10
PHS Evaluation Funds (non-add)	*.10*		*.10*	*.10*
Drug Abuse Warning Network	2.00		2.00	4.00
Data Request/Publication User Fees	.15		.15	.15
Total, Health Surveillance and Program Support	**22.41**	**.00**	**22.21**	**22.01**
Total, Substance Use Prevention Services	**600.56**	**630.00**	**602.05**	**935.54**

[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%).

[3] Programs are being realigned from Treatment to Prevention in FY 2023, therefore FY 2022 President's budget is zero.

Drug Budget Split between Prevention and Treatment FY 2021-2023

(Dollars in millions)

Substance Use Services	FY 2021 Final	FY 2021 COVID-19 Supplemental	FY 2022 CR	FY 2023 President's Budget
Programs of Regional and National Significance (PRNS)				
Opioid Treatment Programs/Regulatory Activities	$7.22		$8.72	$13.09
Screening, Brief Intervention and Referral to Treatment	29.70		30.00	30.56
Budget Authority (non-add)	*27.70*		*28.00*	*28.56*
PHS Evaluation Funds (non-add)	*2.00*		*2.00*	*2.00*
Targeted Capacity Expansion	102.33		102.19	147.92
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (non-add)	*91.00*		*91.00*	*136.50*
Pregnant and Postpartum Women	32.77		32.93	49.40
Improving Access to Overdose Treatment[3]	1.07		1.00	.00
Recovery Community Services Program	2.51		2.43	5.15
Children and Family Programs	29.48		29.61	30.20
Treatment Systems for Homeless	36.39		36.39	37.11
Minority AIDS	65.56		65.57	66.88
SAT Minority Fellowship Program	5.79		5.79	7.14
Criminal Justice Activities	89.00		89.00	124.38
Addiction Technology Transfer Centers	9.46		9.05	9.05
Building Communities of Recovery	10.01		10.00	20.00
Peer Support TA Center	1.00		1.00	1.50
Treatment, Recovery, and Workforce Support	6.09		6.00	9.00
Emergency Department Alternatives to Opioids	5.91		6.00	9.00
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths[3]	11.83		12.00	.00
Opioid Response Grants	3.00		3.00	.00
Comprehensive Opioid Recovery Centers	3.61		4.00	6.00
Community Based Funding for Local Substance use Disorder Services	.00	30.00	.00	.00
First Responder Training (CARA)[3]	42.39		42.00	.00
Total, Substance Use Services PRNS	**495.12**	**30.00**	**496.68**	**566.36**
State Opioid Response Grants	1,498.03		1,500.00	2,000.00
Substance Abuse Prevention and Treatment Block Grant[1]	**1,479.72**	**2,520.00**	**1,486.46**	**2,406.46**
PHS Evaluation Funds (non-add)	*63.36*	*.00*	*63.36*	*63.36*
Total, Substance Abuse Prevention and Treatment Block Grant	**1,479.72**	**2,520.00**	**1,486.46**	**2,406.46**
Health Surveillance and Program Support[2]				
Health Surveillance and Program Support	$69.90		$69.17	$61.18
Health Surveillance	26.18		25.89	23.87
Budget Authority (non-add)	*9.30*		*9.22*	*10.24*
PHS Evaluation Funds (non-add)	*16.88*		*16.67*	*13.63*
Program Support	43.72		43.28	37.31
Public Awareness and Support	5.18		5.20	5.30
Performance and Quality Information Systems	5.53		5.48	4.57
Behavioral Health Workforce Data and Development	.41		.40	.40
PHS Evaluation Funds (non-add)	*.41*		*.40*	*.40*
Drug Abuse Warning Network	8.00		8.00	16.00
Data Request/Publication User Fees	.60		.60	.60
Total, Health Surveillance and Program Support	**89.63**	**.00**	**88.85**	**88.06**
Total, Substance Use Services	**3,562.50**	**2,550.00**	**3,571.99**	**5,060.88**

[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%).

[3] Programs are being realigned from Treatment to Prevention in FY 2023.

METHODOLOGY

SAMHSA distributes drug control funding into two functions: prevention and treatment. Both functions include a portion of funding from the HSPS appropriation. Within the program 20 percent is prevention and 80 percent treatment.

The portion of the HSPS account attributed to the Drug Budget uses the following calculations:

- The Drug Abuse Warning Network is allocated fully to Substance Use Prevention Services and treatment.

- The Health Surveillance, Program Support, and PQIS portions of the HSPS appropriation are divided between Mental Health and Substance Abuse using the same percentage 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 the Substance Use Prevention Services appropriation, including the Substance Use Prevention Services PRNS, and 20 percent of the SABG funds specifically appropriated for prevention activities from the Substance Use Services appropriation. The treatment function also includes the Substance Use Services appropriation, including the Substance Use Services PRNS, SOR grants, and 80 percent of the SABG funds.

EQUITY

The Office of Behavioral Health Equity (OBHE) coordinates SAMHSA's efforts to reduce mental and/or substance use disorders across a spectrum of under resourced populations by advancing equity. The SAMHSA Office of Behavioral Health Equity (OBHE) was established in accordance with Section 10334(b) of the Patient Protection and Affordable Care Act (ACA) of 2010. OBHE advances behavioral health equity by reducing disparities in racial, ethnic, LGBTQIA+, and other under-resourced communities across the country by improving access to quality services and supports that enables all to thrive, participate, and contribute to healthier communities. OBHE is organized around 5 key public-facing strategic domains on policy, data, quality practice and workforce development, communication, and technical assistance. OBHE also has one internal facing strategy area focused on infrastructure. For the next three years, OBHE's efforts are focused on the promotion of behavioral health equity for a targeted population: under resourced racial and ethnic minority, LGBTQIA+, Mixed race, and poor rural white residents.

OBHE currently funds two sperate contracts from The National Network to Eliminate Disparities in Behavioral Health (NNED) and NNEDLearn. OBHE Flagship Initiatives includes the Disparity Impact Statement (DIS), Elevate Community Based Organizations (CBOs), The NNED, and CoE LGBT. Additionally, OBHE conducts a monthly SAMHSA-wide Equity Cross-Cutting workgroup that addresses topics like Diversity Equity and Inclusion (DEI) that also includes SAMHSA's key Offices and Centers. OBHE also works closely with the Agency for Healthcare Research and Quality's (AHRQ) to co-produce racial/ethnic/LGBTQ small reports data snap shots. OBHE also serves on President Biden's Equity driven Executive Order (EO) workgroups (EO 13985, 13995, 14021, and others) and other trans-HHS workgroups such as NIH's SDoH as well as serve on NASEM Forum on Mental Health and Substance Use Disorders.

Disparity Impact Statement 2.0 Initiative

SAMHSA's Disparity Impact Statement 2.0 Initiative seeks to improve the current mechanism to ensure that the investments made by SAMHSA to its grantees reach all Americans in need of behavioral health services- no matter their race, ethnicity, social economic status, or sexual orientation. This Initiative will involve analyzing how the current DIS is implemented across the agency, the capacity of SAMHSA to expand the DIS across a greater segment of its investments and programs, and the necessary changes needed to update the current DIS components and framework. This Initiative will also provide guidance to SAMHSA to facilitate the development of clear guidance for grantees on the purpose and expectations for targeting and addressing behavioral health disparities in their communities, provide clear instruction on how to submit an appropriate DIS to SAMHSA, and determine the most effective method to report, monitor and evaluate DIS impact to ensure effectiveness.

Elevate CBOs Initiative

Elevate CBOs is an overarching policy-driven initiative at SAMHSA's Office of Behavioral Health Equity to build capacity, increase the visibility, and highlight the unique role of CBOs serving under-resourced communities in behavioral health. Community-based organizations (CBOs) play an important role when serving their respective communities. CBOs work at the local level to maintain community morale and cohesion, build connection between officials at various levels of government with community and provide critical services to the community.

The National Network to Eliminate Disparities in Behavioral Health (NNED)

NNED is a virtual network of community-based organizations across the U.S. focused on the mental health and substance use issues of diverse racial, ethnic, cultural, and sexual minority communities. Using data informed approach, the NNED supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity. It is currently funded by SAMHSA and managed by SAMHSA's Office of Behavioral Health Equity (OBHE). NNED opportunities include NNEDLearn, Partner Central, and NNEDshare. NNEDLearn is an annual intensive training for NNED members from community-based organizations to develop their skills in evidence-supported and culturally appropriate practices for mental illness and substance use. Partner Central is a private space for NNED members to search for community-based organizations in the network to build partnerships to achieve a shared goal. NNEDshare is

a collaborative online space for NNED members and the public to share resources and intervention efforts to improve the delivery of behavioral health care interventions in diverse populations.

LGBTQ+ Behavioral Health Equity Center of Excellence

The Center of Excellence on LGBTQ+ Behavioral Health Equity (CoE LGBTQ+ BHE) will provide behavioral health practitioners with vital information on supporting the population of people identifying as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities and expressions (LGBTQ+). Research shows that LGBTQ+ populations of all ages disproportionately experience more instances of mental health and substance use disorders, suicidality, and poorer wellbeing outcomes compared to their heterosexual and cisgender peers. The CoE LGBTQ+ BHE's mission is to bring information and resources to the behavioral health field to enhance culturally responsive care and decrease disparities for this population.

BUDGET REQUEST

The FY 2023 President's Budget Request is $6.0 billion, an increase of $1.8 billion from the FY 2022 Annualized Continuing Resolution.

The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has three major drug-related portfolios, and attendant decision units: Substance Use Prevention Services, Substance Use Services, and Health Surveillance and Program Support.

Each decision unit is discussed below:

Substance Use Prevention Services

Programs of Regional and National Significance

Strategic Prevention Framework
FY 2023 Budget Request: $126.7 million, an increase of $7.2 from the FY 2022 Annualized Continuing Resolution.

SAMHSA's Strategic Prevention Framework (SPF) grant programs support activities to help grantees build a solid foundation for delivering and sustaining effective Substance Use Prevention Services and reducing substance abuse problems. The Strategic Prevention Framework – Partnerships for Success (SPF-PFS) 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. To accelerate the healing of our youth and communities, SAMHSA is proposing to sustain the Strategic Prevention Framework-Partnerships for Success (SPF-PFS) program with the provision of augmented guidance and technical assistance to all grantees. Funding will provide communities with much needed resources to implement prevention programming, including evidence-based programs, awareness campaigns, targeted strategies to address disparities, developing and maintaining data systems, hiring prevention staff, and other activities.

Strategic Prevention Framework for Prescription Drugs

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 (SPF-Rx) 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. The SPF-Rx programs are currently being implemented in 18 states and three Tribes.

Federal Drug-Free Workplace
FY 2023 Budget Request: $5.1 million, an increase of $245,000 from the FY 2022 Annualized Continuing Resolution.

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 includes: 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. The increase in funding is based on the implementation of the new mandatory guidelines for oral fluid and hair in the federally regulated drug testing program. This increase will allow SAMHSA to continue oversight of the Executive Branch Agencies' Federal

Drug-Free Workplace programs and to operationalize the newly authorized specimen and new drug testing program for oral fluid, a first in over 30 years.

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
FY 2023 Budget Request: $10.0 million, level with the FY 2022 Annualized Continuing Resolution.

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. SAMHSA, under the leadership of the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD), continue to garner support for program efficacy over the next year and implement evaluation plans for the upcoming 2022–2023 campaign evaluation cycle, which includes an evaluation of the usability, reach, and effectiveness of the TTHY mobile app and Screen4Success self-screening a referral management system; the initial development of a complementary youth campaign that includes message testing and audience segmentation analysis; and the beginning of a multi-year evaluation of the student assistance- and school health and wellness-focused training with formative, outcome, and long-term impact evaluation methodologies that can be adopted by schools and districts.

Tribal Behavioral Health Grants
FY 2023 Budget Request: $23.7 million, an increase of $2.9 million from the FY 2022 Annualized Continuing Resolution.

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. In FY 2016, SAMHSA expanded activities through the braided TBHG/NC funding to allow tribes the flexibility to implement community-based strategies to address trauma, prevent substance misuse, and promote mental health and resiliency among youth in tribal communities.

This request, along with $23.1 million in the Center of Mental Health Services will continue to support grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

Centers for the Application of Prevention Technologies
FY 2023 Budget Request: $12.0 million, an increase of $4.5 million from the FY 2022 Annualized Continuing Resolution.

In 2019, Center for the Application of Prevention Technologies (CAPT) changed how it delivered services and began providing science-based training and technical assistance through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective Substance Use Prevention Services interventions and provide training and technical assistance services to the Substance Use Prevention Services field. The PTTC does this by developing and disseminating tools and strategies needed to improve the quality of Substance Use Prevention Services efforts; providing intensive technical assistance and learning resources to prevention professionals 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.

The increase in funding will allow the establishment of tailored state-of-the-art substance use prevention technical assistance to states, communities, Tribe, or territories, to strengthen grantee programs. The capacity to provide direct technical assistance was not available in the previous fiscal year. Grantees and the field have expressed challenges with this loss of technical assistance capacity. This funding will support the HHS priority of advancing the goal of ending the opioid crisis and the ONDCP Drug Policy Priority of supporting evidence-based prevention efforts to reduce youth substance use.

Science and Service Program Coordination
FY 2023 Budget Request: $4.1 million, level with the FY 2022 Annualized Continuing Resolution.

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

This funding will support SAMHSA's Substance Use Prevention Services efforts and include a focus on preventing underage drinking and providing technical assistance and training to American Indians/Alaska Native communities.

Improving Access to Overdose Treatment
(program being realigned from Treatment to Prevention in FY 2023)
FY 2023 Budget Request: $1.5 million, an increase of $500,000 from the FY 2022 Annualized Continuing Resolution.

As part of SAMHSA's response to the increase in the number of opioid-related overdose deaths, the Opioid Overdose Prevention Toolkit was developed to help reduce the number of opioid-related overdose deaths and adverse events. SAMHSA's Improving Access to Overdose Treatment (ODTx) grant program utilizes this toolkit and other resources to help grantees train and support health care providers and pharmacists on the prescribing of FDA approved drugs or devices for the emergency treatment of known or suspected opioid overdose. In addition, the ODTx 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). FY 2023 funds will 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.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths
(program being realigned from Treatment to Prevention in FY 2023)
FY 2023 Budget Request: $18.0 million, level with the FY 2022 Annualized Continuing Resolution.

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. FY 2023 funds will continue to 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.

First Responder Training
(program being realigned from Treatment to Prevention in FY 2023)
FY 2023 Budget Request: $63.0 million, an increase of $26.0 million from the FY 2022 Annualized Continuing Resolution.

First Responder Training supports efforts to help first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. The FR-CARA program provides funding to state, Tribal and local governments to train and equip first responders to administer naloxone. To date,

grantees report having trained 124,392 first responders and community members on the use of naloxone or other FDA approved drugs or devices, and how to respond to overdose emergencies. The program has equipped these communities with 306,759 FDA-approved overdose reversal kits since the start of the program. Of these, 125,679 doses have been administered to treat suspected overdose cases, resulting in more than 38,406 confirmed overdose reversals. The additional funds will support expanding the program to an additional 7 communities.

Substance Use Services

Substance Abuse Prevention and Treatment Block Grant:
FY 2023 Budget Request: $3.0 billion, an increase of $1.2 billion from the FY 2022 Annualized Continuing Resolution.

The goal of the SABG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, harm reduction, and recovery support services necessary to improve individual outcomes and reduce the impact of substance misuse on America's communities. SABG grantees plan, implement, and evaluate substance use disorder (SUD) prevention, treatment, and recovery support services based on the specific needs of their state systems and populations.

The SABG program enables the development of comprehensive statewide systems of care that provide a broad continuum of SUD services and supports encompassing prevention, treatment, and recovery support services for all individuals who need them. Funding will aid in having a positive effect on the health and quality of life of individuals with SUD as demonstrated by positive client outcomes in the treatment domains of the National Outcomes Measures (NOMs); improve state prevention and treatment systems' infrastructure and capacity resulting in an increase in services, development and implementation of evidence-based practices, development and collection of specific outcome measures, and development and maintenance of state data management systems; aid states in leveraging requirements, resources, and federal guidance to sustain and improve state systems further emphasizing the importance of the SABG in the development of the same; and contribute to the development and maintenance of successful state collaborations with other agencies and stakeholders concerned with preventing and treating SUD.

It is imperative that our addiction crisis response evolves from an acute short-term individual-focused treatment response to a broader community recovery response. Addiction is a chronic illness, and recovery often is a life-long process where external community and social determinants of health play a vital role in its sustainability. Starting in FY 2022, a new 10 percent set aside within the SABG for non-clinical recovery support services. The set-aside requires that least 10 percent of grantees' SABG expenditures be used for recovery community organizations, peer recovery support services, and other recovery support services. These services may include recovery housing, recovery community centers, recovery schools, recovery industries, and recovery ministries; develop strategies and educational campaigns, trainings, and events to reduce addiction/recovery-related stigma and discrimination at the local level; provide addiction treatment and recovery resources and support system navigation; make accessible peer recovery support services that support diverse populations and are inclusive of all pathways to recovery; and collaborate and coordinate with local private and non-profit clinical health care providers, the faith community, city, county, state, and federal public health agencies, and criminal justice response efforts. SAMHSA anticipates that this set-aside will help increase access to recovery support services across the country and complement the existing efforts to respond to the ongoing overdose crisis that has accelerated during the COVID-19 pandemic.

State Opioid Response
FY 2023 Budget Request: $2.0 billion, an increase of $500 million from the FY 2022 Annualized Continuing Resolution.

Substance use 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 treatment that includes the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, 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 is awarded grants to states and territories via formula. The program also includes a 15 percent set-aside for the states with the highest mortality rates related to drug overdose deaths. The program also includes a $75 million set-aside for tribes. Given the varying nature of substance misuse across the United States, the budget continues to allow the use of State Opioid Response grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. States and communities across the country are dealing with rising rates of stimulant use and its negative health, social, and economic consequences. The funding increase in FY 2023 will allow the program to continue to include state efforts to address stimulants, including methamphetamine, and cocaine. Stimulants are an increasing source of concern and are responsible for more deaths than opioids in a growing number of states, even as opioid overdose deaths are continuing to increase. The increase will also enhance states' ability to address stimulants, as well as other issues related to the overdose epidemic that have been compounded due to COVID-19. A primary strategy to reduce overdose deaths in the SOR program, that will continue in FY 2023, is education on, and purchase and distribution of naloxone, a proven medication that reverses opioid-related overdoses to save lives. In the FY 2022 funding announcement, the SOR program will require a comprehensive needs assessment with accompanying strategies to include a focus on naloxone distribution and saturation particularly in areas with high rates of overdose mortality.[112]

Programs of Regional and National Significance

Opioid Treatment Programs/Regulatory Activities
FY 2023 Budget Request: $13.1 million, an increase of $4.4 million from the FY 2022 Annualized Continuing Resolution.

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

[112] Irvine MA, Oller D, Boggis J, Bishop B, Coombs D, Wheeler E, Doe-Simkins M, Walley AY, Marshall BDL, Bratberg J, Green TC. Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. Lancet Public Health. 2022 Feb 10:S2468-2667(21)00304-2. doi: 10.1016/S2468-2667(21)00304-2. Epub ahead of print. PMID: 35151372.

training to enhance program clinical activities. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs. This request supports the Secretary's five-prong strategy to address the opioid crisis priorities. In this program, this is through regulatory activities, ongoing training, certification, and technical assistance to provider groups and communities impacted by the opioid crisis. The funding increase in FY 2023 will allow SAMHSA to continue to award new and continuation Provider's Clinical Support System- Universities (PCSS-U) grants and Provider's Clinical Support System - Medication Assisted Treatment Grant (PCSS-MAT) to address the nation's need for increased access to care and treatment for opioid and other substance use disorders.

Targeted Capacity Expansion
The FY 2023 Budget Request: $148 million, an increase of $46.0 million from the FY 2022 Annualized Continuing Resolution.

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. The funding increase in FY 2023 will allow SAMHSA to continue to fund TCE-Special Projects and MAT PDOA grants which will make MAT services accessible to 40 percent more individuals suffering from OUD.

Treatment Systems for Homeless
The FY 2023 Budget Request: $37.1 million, an increase of $73,000 from the FY 2022 Annualized Continuing Resolution.

SAMHSA's Treatment Systems for Homeless portfolio supports services for those with substance use disorders or co-occurring mental and substance use disorders who are experiencing homelessness, including youth, veterans, and families. SAMHSA's Treatment Systems for Homeless programs are crucial to achieving reducing homelessness for nearly 5,000 people. In FY 2021, 4,003 clients were served through SAMHSA's Grants for the Benefit of Homeless Individuals (GBHI) program. The increase in FY 2023 will continue to fund new and continuing GBHI grants with grant supplements for direct technical assistance to about 22 of the 55 continuation grants.

Pregnant and Postpartum Women
FY 2023 Budget Request: $49.4 million, an increase of $16.5 million from the FY 2022 Annualized Continuing Resolution.

The Pregnant and Postpartum Women supports grants for residential treatment and the Pregnant and Postpartum Women Pilot, authorized in the Comprehensive Addiction and Recovery Act (CARA), helps state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings and promote a coordinated, effective, and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. The PPW program provides services not covered under most

public and private insurance. In FY 2020, SAMHSA funded new state PPW pilot grants and continuation state PPW pilot grants for program implementation, supplement for direct technical assistance, and continuation evaluation contract to provide an array of services and supports to pregnant women and their children. During FY 2021, 392 clients were served in the PPW-PLT program. The funding increase in FY 2023 will allow SAMHSA to continue to fund state PPW pilot grants, pilot continuation grants, and residential treatment grants.

Building Communities of Recovery
FY 2023 Budget Request: $49.4 million, an increase of $16.5 million from the FY 2022 Annualized Continuing Resolution.

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 misuse. Programs are designed to be overseen by individuals in recovery from SUDs who reflect the community served. 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 substance use disorders 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. The funding increase in FY 2023 will continue to support new and continuation grants to develop, expand, and enhance recovery support services.

Criminal Justice Activities
FY 2023 Budget Request: $124.4 million, an increase of $35.4 million from the FY 2022 Annualized Continuing Resolution.

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

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. 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.

Ex-Offender Re-Entry Program

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

The funding increase in FY 2023 will continue to support new and continuing drug court grants, ORP grants, and one contract. From these, at least 20 awards will be made to tribes/tribal organizations.

Peer Support Technical Assistance Center
FY 2023 Budget Request: $1.5 million, an increase of $500,000 from the FY 2022 Annualized Continuing Resolution.

The program is authorized by section 7152 of the SUPPORT for Patients and Communities Act (P.L. 115-271), is to provide funding for the creation of a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, or the Center. The Center provides training and technical assistance and support to recovery community organizations (RCOs), and peer support networks. The technical assistance is related to training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations and peer support networks. Since its implementation, the Peer Support Technical Assistance Center has implemented 24 events serving over 5,400 participants with over 90 percent satisfaction with the overall quality of the events. The increase in FY 2023 will continue to support the existing grantee in this program.

Treatment, Recovery, and Workforce Support
FY 2023 Budget Request: $9.0 million, an increase of $3.0 million from FY 2022 Annualized Continuing Resolution.

The program is authorized by section 7081 of the SUPPORT for Patients and Communities Act, is to support the implementation of evidence-based programs for care and treatment of individuals after a drug overdose, as appropriate, which may include utilizing recovery coaches, establishing policies and procedures that address the provision overdose reversal medication and FDA-approved medications to treat substance use disorders, and establishing integrated models of care for individuals who have experienced a non-fatal drug overdose. SAMHSA is directed, in consultation with the Secretary of Labor, to award competitive grants to entities to carry out evidence- based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. The funding increase in FY 2023 will continue to fund new and continuation grants.

Emergency Department Alternatives to Opioids
FY 2023 Budget Request: $9.0 million, an increase of $3.0 million from FY 2022 Annualized Continuing Resolution.

The program is authorized by section 7091 of the SUPPORT for Patients and Communities Act (P.L. 115-271) is to provide funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. In addition, the program seeks to target common painful conditions, train providers and other hospital personnel, and provide alternatives to opioids for patients with painful conditions. The funding increase in FY 2023 will continue to fund new and continuing grants.

Other PRNS Treatment Programs
FY 2023 Budget Request: $50.4 million, an increase of $5.3 million from FY 2022 Annualized Continuing Resolution.

The budget request includes resources for several Treatment Capacity programs including: Recovery Community Services Program; Children and Families; Addiction Technology Transfer Centers; and Comprehensive Opioid Recovery Centers. The 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.

Health Surveillance and Program Support Appropriation

The FY 2023 Budget Request is $113.4 million, an increase of $15.0 million from the FY 2022 Annualized Continuing Resolution. The budget request 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 2023 Budget Request: $80.0 million, an increase of $5.0 million from the FY 2022 Annualized Continuing Resolution.

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.

SAMHSA intends to continue funding the continuation of the NSDUH, BHSIS, SAMHDA, and EBPRC contracts and payroll Program Support funding will continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges. The increase in funding in FY 2023 will allow CBHSQ to increase the scope of the eligible substance use and mental health treatment facilities for the National Substance Use and Mental Health Services Survey (N-SUMHSS), including certified community behavioral health centers and licensed substance use and mental health group practices. Expanding the eligible universe of substance use and mental health providers will increase access across culturally diverse populations by making comprehensive information readily available to the public. The FY 2023 funding increase to Program Support will allow SAMHSA to hire additional FTE to balance the supervisory to employee ratio as well as the workload of SAMHSA's Grant's Management Specialists.

Public Awareness and Support
FY 2023 Budget Request: $7.0 million, level with the FY 2022 Annualized Continuing Resolution.

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. The funding for Public Awareness and Support will support contracts that will allow SAMHSA to manage media relationships, maintain its web and social media presence, manage critical helplines, and deliver publications and resources.

Performance and Quality Information Systems
FY 2023 Budget Request: $6.0 million, a decrease of $1.0 million from the FY 2022 Annualized Continuing Resolution.

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.

SAMHSA will use these funds to continue its performance management, quality improvement, and activities. This funding will ensure that SAMHSA continues a strong focus on developing and implementing evidence-based practices and programs and continues its emphasis on performance management for quality improvement and program monitoring.

Behavioral Health Workforce Data and Development
FY 2023 Budget Request: $0.5 million, level with the FY 2022 Annualized Continuing Resolution.

The purpose of this program is to provide comprehensive data and analysis on individuals who comprise the prevention and treatment fields to address mental and substance use disorders. The goal of the program is to provide valid data on the existing practitioners and usable information to SAMHSA on which to make policy and planning decisions.

Drug Abuse Warning Network
FY 2023 Budget Request: $20.0 million, an increase of $10.0 million from FY 2022 Annualized Continuing Resolution.

DAWN is a nationwide public health surveillance system that will improve emergency department monitoring of substance use crises, including those related to opioids. Authorized by the 21st Century Cures Act, this program is necessary to respond effectively to the opioid and addiction crisis in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. This request represents the total funding available for these activities. The Drug Abuse Warning Network is allocated fully to substance abuse. This funding will continue to support contract to fund the expansion of additional hospitals for FY 2022 to inform stimulant abuse prevention and response strategies. DAWN's expansion to additional hospitals will allow for SAMHSA DAWN data-based estimates to be more generalizable and more representative across the country and will also allow SAMHSA to produce more accurate and complete assessment of geographic patterns (e.g., substance use disparities in urban, suburban, and rural areas) and temporal trends (e.g., emerging, or new substance misuse or

abuse) in substance use related ED visits in the United States. In addition, the budget request will increase publicly available information from DAWN, including data on emerging trends of major metropolitan regions and other geographic variables such as urban and rural.

Data Request and Publication User Fees
FY 2023 Budget Request: $0.75 million, level with the FY 2022 Annualized Continuing Resolution.

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.

Supplementary Tables

Table of Contents

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Summary Direct Budget Authority

(Dollars in Thousands)

Object Class - Direct Budget Authority[1,2]	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$48,082	$48,563	$50,019
Other than full-time permanent (11.3)	2,061	2,081	2,144
Other personnel compensation (11.5)	1,260	1,273	1,311
Military personnel (11.7)	3,401	3,503	3,598
Special personnel services payments (11.8)	18	19	19
Subtotal personnel compensation:	54,823	55,439	57,092
Civilian benefits (12.1)	15,961	16,137	16,791
Military benefits (12.2)	1,792	1,846	1,896
Subtotal Pay Costs:	72,575	73,422	75,778
Travel and transportation of persons (21.0)	59	60	61
Transportation of things (22.0)	2	2	2
Rental payments to GSA (23.1)	6,766	6,875	7,005
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3)	463	470	479
Printing and reproduction (24.0)	1,347	1,369	1,395
Other Contractual Services:			
Advisory and assistance services (25.1)	36,407	36,990	37,692
Other services (25.2)	183,097	184,653	193,724
Purchase of Goods & Svcs. from Govt. Accts (25.3)	31,583	32,089	32,698
Operation and maintenance of facilities (25.4)	47	48	49
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	1,080	1,098	1,119
Subtotal Other Contractual Services:	252,215	254,877	265,282
Supplies and materials (26.0)	60	61	62
Equipment (31.0)	68	70	71
Grants, subsidies, and contributions (41.0)	5,518,661	5,610,259	9,787,351
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	5,779,642	5,874,041	10,061,709
Total Direct Obligations	$5,852,217	$5,947,463	$10,137,487

[1] Does not include PHS Evaluation Funds.

[2] Does not include Prevention and Public Health Funds.

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Mental Health

(Dollars in Thousands)

Object Class - Direct Budget Authority[1]	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$1,396	$1,410	$1,453
Other than full-time permanent (11.3)	27	27	28
Other personnel compensation (11.5)	18	18	18
Military personnel (11.7)	---	---	---
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	1,441	1,455	1,499
Civilian benefits (12.1)	456	460	470
Military benefits (12.2)	---	---	---
Subtotal Pay Costs:	1,896	1,915	1,969
Travel and transportation of persons (21.0)	---	---	---
Transportation of things (22.0)	2	2	2
Rental payments to GSA (23.1)	483	491	500
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3)	394	400	408
Printing and reproduction (24.0)	155	157	160
Other Contractual Services:		---	---
Advisory and assistance services (25.1)	17,889	18,175	18,521
Other services (25.2)	48,858	49,640	50,583
Purchase of Goods & Svcs. from Govt. Accts (25.3)	11,575	11,760	11,984
Operation and maintenance of facilities (25.4)	---	---	---
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	399	405	413
Subtotal Other Contractual Services:	78,721	79,981	81,501
Supplies and materials (26.0)	16	17	17
Equipment (31.0)	16	16	16
Grants, subsidies, and contributions (41.0)	1,672,270	1,753,877	4,098,114
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	1,752,057	1,834,941	4,180,718
Total Direct Obligations	$1,753,954	$1,836,857	$4,182,687

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Substance Use Prevention Services

(Dollars in Thousands)

Object Class - Direct Budget Authority[1]	FY 2021 Final	FY 2022 CR	FY 2023 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)	---	---	---
Other Contractual Services:			
Advisory and assistance services (25.1)	5,205	5,289	5,389
Other services (25.2)	15,277	15,521	15,816
Purchase of Goods & Svcs. from Govt. Accts (25.3)	4,045	4,110	4,188
Operation and maintenance of facilities (25.4)	---	---	---
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	24,527	24,920	25,393
Supplies and materials (26.0)	1	1	1
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	183,691	183,298	286,518
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	208,219	208,219	311,912
Total Direct Obligations	$208,219	$208,219	$311,912

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Substance Use Services

(Dollars in Thousands)

Object Class - Direct Budget Authority[1]	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$3,182	$3,214	$3,311
Other than full-time permanent (11.3)	85	86	89
Other personnel compensation (11.5)	55	55	57
Military personnel (11.7)	---	---	---
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	3,323	3,356	3,456
Civilian benefits (12.1)	1,037	1,064	1,107
Military benefits (12.2)	---	---	---
Subtotal Pay Costs:	4,359	4,419	4,564
Travel and transportation of persons (21.0)	---	---	---
Transportation of things (22.0)			
Rental payments to GSA (23.1)	191	194	198
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3)	2	2	2
Printing and reproduction (24.0)	952	967	985
Other Contractual Services:			
Advisory and assistance services (25.1)	12,067	12,260	12,493
Other services (25.2)	72,867	74,033	75,440
Purchase of Goods & Svcs. from Govt. Accts (25.3)	11,940	12,131	12,362
Operation and maintenance of facilities (25.4)	47	48	49
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	408	414	422
Subtotal Other Contractual Services:	97,329	98,887	100,765
Supplies and materials (26.0)	---	---	---
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	3,658,768	3,669,087	5,386,729
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	3,757,242	3,769,137	5,488,679
Total Direct Obligations	$3,761,601	$3,773,556	$5,493,243

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Health Surveillance and Program Support

(Dollars in Thousands)

Object Class - Direct Budget Authority[1]	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$43,503	$43,938	$45,256
Other than full-time permanent (11.3)	1,949	1,969	2,028
Other personnel compensation (11.5)	1,188	1,200	1,235
Military personnel (11.7)	3,401	3,503	3,598
Special personnel services payments (11.8)	18	19	19
Subtotal personnel compensation:	50,060	50,628	52,137
Civilian benefits (12.1)	14,468	14,613	15,214
Military benefits (12.2)	1,792	1,846	1,896
Subtotal Pay Costs:	66,320	67,087	69,246
Travel and transportation of persons (21.0)	59	60	61
Transportation of things (22.0)			
Rental payments to GSA (23.1)	6,092	6,189	6,307
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3)	66	67	69
Printing and reproduction (24.0)	241	245	249
Other Contractual Services:			
Advisory and assistance services (25.1)	1,246	1,266	1,290
Other services (25.2)	46,094	45,458	51,885
Purchase of Goods & Svcs. from Govt. Accts (25.3)	4,023	4,088	4,165
Operation and maintenance of facilities (25.4)	---	---	---
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	274	278	283
Subtotal Other Contractual Services:	51,637	51,089	57,623
Supplies and materials (26.0)	43	43	44
Equipment (31.0)	53	54	55
Grants, subsidies, and contributions (41.0)	3,932	3,995	15,991
Interest and dividends (43.0)	---	---	---
Subtotal Non-Pay Costs	62,123	61,743	80,400
Total Direct Obligations	$128,443	$128,830	$149,645

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Summary PHS Evaluation Funds

(Dollars in Thousands)

Object Class - PHS Evaluation Funds	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel Compensation:			
Full Time Permanent (11.1)	$7,960	$8,040	$8,214
Other than Full-Time Permanent (11.3)	466	470	477
Other Personnel Compensation (11.5)	185	186	190
Military Personnel Compensation (11.7)	345	356	365
Special personnel services payments (11.8)	---	---	---
Subtotal Personnel Compensation:	**8,956**	**9,052**	**9,246**
Civilian Personnel Benefits (12.1)	2,610	1,571	2,731
Military Personnel Benefits (12.2)	181	161	191
Subtotal Pay Costs:	**11,747**	**10,785**	**12,169**
Travel (21.0)			
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	---	---	---
Communications, Utilities and Misc. Charges (23.3)	---	---	---
Printing and Reproduction (24.0)	614	625	625
Other Contractual Services:	---	---	---
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	91,655	89,387	87,755
Purchase of Goods & Svcs. from Govt. Accts (25.3)	2,438	2,477	1,790
Operation and maintenance of equipment (25.7)	152	155	155
Subtotal Other Contractual Services:	**94,246**	**92,019**	**89,699**
Supplies and Materials (26.0)	18	18	18
Equipment (31.0)	40	41	41
Grants, Subsidies, and Contributions (41.0)	27,001	25,813	25,208
Subtotal Non-Pay Costs	**121,920**	**118,516**	**115,592**
Total PHS Evaluation Funds	**$133,667**	**$129,301**	**$127,760**

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Mental Health

(Dollars in Thousands)

Object Class - PHS Evaluation	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$1,611	$1,627	$1,676
Other than full-time permanent (11.3)	---	---	---
Other personnel compensation (11.5)	24	24	25
Military personnel (11.7)	107	110	113
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**1,742**	**1,762**	**1,814**
Civilian benefits (12.1)	549	554	571
Military benefits (12.2)	62	63	65
Subtotal Pay Costs:	**2,352**	**2,379**	**2,450**
Travel and transportation of persons (21.0)	---	---	---
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)	12,087	12,280	12,513
Purchase of Goods & Svcs. from Govt. Accts (25.3)	53	54	55
Operation and maintenance of equipment (25.7)	---	---	---
Subtotal Other Contractual Services:	**12,140**	**12,334**	**12,569**
Supplies and materials (26.0)	-	-	-
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	6,547	6,325	6,021
Subtotal Non-Pay Costs	**18,687**	**18,660**	**18,589**
Total PHS Evaluation Funds	**$21,039**	**$21,039**	**$21,039**

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Substance Use Services

(Dollars in Thousands)

Object Class - PHS Evaluation	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$3,029	$3,059	$3,151
Other than full-time permanent (11.3)	96	97	100
Other personnel compensation (11.5)	62	63	64
Military personnel (11.7)	175	180	185
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**3,362**	**3,399**	**3,500**
Civilian benefits (12.1)	967	992	1,022
Military benefits (12.2)	95	98	101
Subtotal Pay Costs:	**4,424**	**4,489**	**4,623**
Travel and transportation of persons (21.0)	---	---	---
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---
Printing and reproduction (24.0)	399	406	407
Other Contractual Services:		---	---
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	61,439	62,422	62,606
Purchase of Goods & Svcs. from Govt. Accts (25.3)	265	269	270
Operation and maintenance of equipment (25.7)	5	5	5
Subtotal Other Contractual Services:	**61,708**	**62,696**	**62,881**
Supplies and materials (26.0)	---	---	---
Equipment (31.0)	---	---	---
Grants, subsidies, and contributions (41.0)	14,668	13,609	13,289
Subtotal Non-Pay Costs	**76,776**	**76,710**	**76,577**
Total PHS Evaluation Funds	**$81,200**	**$81,200**	**$81,200**

Budget Authority by Object Class
Substance use And Mental Health Services Administration
Health Surveillance and Program Support

(Dollars in Thousands)

Object Class - PHS Evaluation	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$3,321	$3,354	$3,387
Other than full-time permanent (11.3)	370	374	377
Other personnel compensation (11.5)	99	100	101
Military personnel (11.7)	63	65	67
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation:	**3,852**	**3,892**	**3,932**
Civilian benefits (12.1)	1,095	25	1,139
Military benefits (12.2)	24	---	26
Subtotal Pay Costs:	**4,971**	**3,917**	**5,096**
Travel and transportation of persons (21.0)			
Transportation of things (22.0)	---	---	---
Rental payments to GSA (23.1)	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---
Printing and reproduction (24.0)	215	218	219
Other Contractual Services:			
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	18,130	14,685	12,636
Purchase of Goods & Svcs. from Govt. Accts (25.3)	2,120	2,154	1,464
Operation and maintenance of equipment (25.7)	147	150	150
Subtotal Other Contractual Services:	**20,397**	**16,989**	**14,251**
Supplies and materials (26.0)	18	18	18
Equipment (31.0)	40	41	41
Grants, subsidies, and contributions (41.0)	5,786	5,879	5,896
Subtotal Non-Pay Costs	**26,457**	**23,145**	**20,426**
Total Reimbursable Obligations	**$31,428**	**$27,062**	**$25,522**

Salaries and Expenses

(Dollars in Thousands)

Object Class - Direct Budget Authority[1,2]	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$48,082	$48,563	$50,019
Other than full-time permanent (11.3)	2,061	2,081	2,144
Other personnel compensation (11.5)	1,260	1,273	1,311
Military personnel (11.7)	3,401	3,503	3,598
Special personnel services payments (11.8)	18	19	19
Subtotal personnel compensation	54,823	55,439	57,092
Civilian benefits (12.1)	15,961	16,137	16,791
Military benefits (12.2)	1,792	1,846	1,896
Subtotal Pay Costs:	72,575	73,422	75,778
Travel (21.0)	59	60	61
Transportation of things (22.0)	2	2	2
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3)	463	470	479
Printing and reproduction (24.0)	1,347	1,369	1,395
Other Contractual Services:			
Advisory and assistance services (25.1)	36,407	36,990	37,692
Other services (25.2)	183,097	184,653	193,724
Purchase of Goods & Svcs. from Govt. Accts (25.3)	31,583	32,089	32,698
Operation and maintenance of facilities (25.4)	47	48	49
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	1,080	1,098	1,119
Subtotal Other Contractual Services:	252,215	254,877	265,282
Supplies and materials (26.0)	60	61	62
Subtotal Non-Pay Costs	254,146	256,839	267,282
Total Salary and Expenses	326,722	330,260	343,060
Rental Payments to GSA (23.1)	6,766	6,875	7,005
Grand Total, Salaries & Expenses and Rent	$333,488	$337,135	$350,065
Direct FTE	414	492	599

[1] Does not include PHS Evaluation Funds.

[2] Does not include Prevention and Public Health Funds.

Salaries and Expenses

(Dollars in Thousands)

Object Class - PHS Evaluation	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Personnel compensation:			
Full-time permanent (11.1)	$7,960	$8,040	$8,214
Other than full-time permanent (11.3)	466	470	477
Other personnel compensation (11.5)	185	186	190
Military personnel (11.7)	345	356	365
Special personnel services payments (11.8)	---	---	---
Subtotal personnel compensation	**8,956**	**9,052**	**9,246**
Civilian benefits (12.1)	2,610	1,571	2,731
Military benefits (12.2)	181	161	191
Subtotal Pay Costs:	**11,747**	**10,785**	**12,169**
Travel (21.0)			
Transportation of things (22.0)	---	---	---
Rental payments to Others (23.2)	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---
Printing and reproduction (24.0)	614	625	625
Other Contractual Services:			
Advisory and assistance services (25.1)	---	---	---
Other services (25.2)	91,655	89,387	87,755
Purch. Goods & Svcs. Govt. Accts (25.3)	2,438	2,477	1,790
Operation and maintenance of facilities (25.4)	152	155	155
Research and Development Contracts (25.5)	---	---	---
Operation and maintenance of equipment (25.7)	18	18	18
Subtotal Other Contractual Services:	**94,263**	**92,037**	**89,717**
Supplies and materials (26.0)	18	18	18
Subtotal Non-Pay Costs	**94,896**	**92,679**	**90,361**
Total Salary and Expenses	**106,643**	**103,465**	**102,530**
Rental Payments to GSA (23.1)	---	---	---
Grand Total, Salaries & Expenses and Rent	**$106,643**	**$103,465**	**$102,530**
Reimbursable FTE……..	58	158	126

Details of Full-Time Equivalent Employment

	FY 2021 Actual Civilian	FY 2021 Actual Military	FY 2021 Actual Total	FY 2022 Est. Civilian	FY 2022 Est. Military	FY 2022 Est. Total	FY 2023 Est. Civilian	FY 2023 Est. Military	FY 2023 Est. Total
Health Surveillance and Program Support.....									
Direct:.....	360	28	388	357	26	383	468	27	495
Reimbursable:.....	31	1	32	50	5	55	27	4	31
Total:.....	391	29	420	407	31	438	495	31	526
Mental Health Services.....									
Direct:.....	--	--	--	20	--	20	14	--	14
Reimbursable:.....	14	1	15	57	4	61	59	4	63
Total:.....	14	1	15	77	4	81	73	4	77
Substance Abuse Prevention.....									
Direct:.....	--	--	--	--	--	--	--	--	--
Reimbursable:.....	--	--	--	--	--	--	--	--	--
Total:.....	--	--	--	--	--	--	--	--	--
Substance Abuse Treatment.....									
Direct:.....	25	1	26	85	4	89	86	4	90
Reimbursable:.....	10	1	11	41	1	42	31	1	32
Total:.....	35	2	37	126	5	131	117	5	122
SAMHSA FTE Total.....	**440**	**32**	**472**	**610**	**40**	**650**	**685**	**40**	**725**

Detail of Positions

	FY 2021 Final	FY 2022 CR	FY 2023 President's Budget
Executive Level IV	1	1	1
Subtotal	1	1	1
Total - Exec Level Salaries	**$216,278**	**$176,300**	**$176,300**
SES	6	20	20
Subtotal	6	20	20
Total, SES salaries	**$1,625,311**	**$5,417,705**	**$5,417,705**
GM/GS-15/EE	56	64	70
GM/GS-14	100	134	147
GM/GS-13	160	217	260
GS-12	42	65	62
GS-11	30	27	37
GS-10	--	1	1
GS-09	10	27	33
GS-08	11	18	18
GS-07	19	22	22
GS-06	3	11	11
GS-05	2	3	3
GS-04	--	--	--
GS-03	--	--	--
GS-02	--	--	--
GS-01	--	--	--
Subtotal	433	589	664
Total, GS salaries	**$71,207,679**	**$99,056,106**	**$114,198,673**
CC-08/09	--	1	1
CC-07	--	--	--
CC-06	15	18	18
CC-05	5	9	9
CC-04	9	9	9
CC-03	3	3	3
CC-02	--	--	--
CC-01	--	--	--
Subtotal	32	40	40
Total, CC salaries	**$4,956,142**	**$6,334,569**	**$6,477,097**
Total Positions	**472**	**650**	**725**
Average EX level	ES	ES	ES
Average EX salary	$216,278	$176,300	$176,300
Average SES level	SES	SES	SES
Average SES salary	$270,885	$270,885	$270,885
Average GS grade	13.7	13.7	13.7
Average GS salary	$164,452	$168,177	$171,986
Average CC level	5	5	5
Average CC salaries	$154,879	$158,364	$161,927

Physicians' Comparability Allowance Worksheet

1) Department and component:

HHS/Substance use And Mental Health Services Administration

2) Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

(*Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)*

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

3-4) Please complete the table below with details of the PCA agreement for the following years:

	FY 2021 (Final)	FY 2022 (Enacted)	FY 2023 (President's Budget)
3a) Number of Physicians Receiving PCAs	1	1	1
3b) Number of Physicians with One-Year PCA Agreements	-	-	-
3c) Number of Physicians with Multi-Year PCA Agreements	1	1	1
4a) Average Annual PCA Physician Pay (without PCA payment)	157,709	157,709	180.102
4b) Average Annual PCA Payment	16,000	16,000	16,000

5) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

(*Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per 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 to make the offer acceptable.

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

N/A

Significant Items

House Appropriations Committee, Labor/HHS/Education Subcommittee (H. Rept. 117-96)

1. **Behavioral Health Crisis Coordinating Office**: *The office will support technical assistance, data analysis and evaluation functions in order to develop a crisis care system encompassing nationwide standards with the objective of expanding the capacity of and access to local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, and rapid post crisis follow up, provided by the National Suicide Prevention and Mental Health Crisis Response System, Community Mental Health Centers, Certified Community Behavioral Health Clinics and other community mental health and substance use disorder (SUD) providers. The Committee directs the Secretary to include a multi-year plan in the fiscal year 2023 Congressional Budget Justification out lining a nationwide crisis care system plan of action.*

Actions Taken or to be taken

Within the proposed FY 2023 CJ, SAMHSA has included a Behavioral Health Crisis Coordinating Office as part of the consolidated 988 and Behavioral Health Crisis Services program. The Office will support standards setting, technical assistance and ongoing performance evaluation. Given the significant challenges associated with the upcoming transition to 988 in July of 2022, the workplan is focused on needed activities across the coming year (high level view attached). SAMHSA is concurrently working on a longer-term national roadmap to drive Office activities.

	January 2022	February 2022	March 2022
Key milestones	✓ *Jan 1: C*MS Issues **SHO for mobile crisis** (released at end of last year) ✓ *Jan 4:* Delivered **Reports to Congress** on Resources and Training and Access for High Risk Populations (training report delivered last year) ✓ *Jan 11-13*: **SAMHSA/CMS national convening for states on financing** options across the crisis continuum [SAMHSA] ✓ *Jan 13:* Release of **Mobile Crisis Funding Guidance** for States and Policy Recommendations for Federal Government (TAC) ✓ *Jan 21:* Final **988 State Planning Grant** Documents Completed [States, Vibrant] ✓ *Jan 25:* Release of 2022 **Mental Health Parity** and **Addiction Equity Act** Report to Congress [DoL] ✓ State/Territory NOFO Applications Due [States, SAMHSA] ✓ *Jan 31:* Establishment of **Lifeline KPIs and Hiring Milestones** [SAMHSA] ✓ *Jan 31:* Development of **draft data and evaluation plan** for 988 and crisis services [SAMHSA] ✓ *Jan 31:* Updated **Communications and Engagement Plan** ✓ *Jan 31:* Release of **National Mobile Crisis Survey** [Vibrant] ✓ *Jan 31:* Launch of **Unified Platform Technical Advisory Committee** [Vibrant] ✓ *Jan 31:* Launch of **988-911 Community of Practice** [Vibrant] ✓ *Jan 31:* Press release of **Crisis Compendium paper series** (NASMHPD) ✓ *Jan 31*: Release of **Toolkit for Community Responder Program**s (Co-responder consortium)	• *Feb 4:* **RFP responses** for new sub-contracted centers are due back to Vibrant [Crisis centers, Vibrant] • *Feb 8:* **External convening 1** focused on 988 readiness criteria [SAMHSA, NASMHPD] • *Feb 28:* Completion of HHS/ASPA **rollout plan to announce 988 state awards** [SAMHSA] • *Feb 28:* Finalize **data and evaluation plan** through BHCC subgroup [SAMHSA] • *Feb 28:* Draft **data dashboard** for 988 and crisis services [SAMHSA] • *Feb 28:* Completion of **white paper on 988 and Substance Use** Crisis Care Implementation Considerations [SAMHSA, NASADAD] • *Feb 28:* Completion of draft **operational playbooks** for states, territories, tribes on advancing readiness for crisis services [External convening] • *Feb 28:* Completion of **high-level vision** for **crisis services** [SAMHSA] • *Feb 28:* Launch of **formative research** on populations at high risk of suicide [SAMHSA, Vibrant]	• *Mar 7:* Finalize **contracts for 47 centers** (12 BUC, 30 chat/text, 5 SL) [Vibrant] • *Mar 7:* Updated **network agreements** with existing Lifeline centers [Vibrant] • *Mar 7:* **Recruitment and hiring** begins of staff to support new infrastructure and subcontracted center investments [Vibrant] • *Mar 15 (tentative):* **External convening 2** on federal crisis vision and operational playbooks • *Mar 31:* Revisions of **quality measures** for clinical quality assurance [Vibrant] • *Mar 31:* Holding **Tribal listening sessions** [SAMHSA] • *Mar 31:* Development of **crisis services inventory** / landscape mapping across federal agencies, as part of WH IPC on 988 and Crisis Care [SAMHSA, IPC] • *Mar 31:* Publication of **youth crisis service companion** document [SAMHSA] • *Mar 31:* Action Alliance to post online **988 Messaging Framework**– a product of the national messaging task force that SAMHSA co-led with Vibrant Emotional Health [Action Alliance]

2. **Infant and Early Childhood Mental Health**: *The Committee urges SAMHSA to expand grants to entities such as State agencies, tribal communities, and university or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. The Committee is pleased with SAMHSA's use of a portion of funding to provide technical assistance to existing grantees to better integrate infant and early childhood mental health into state systems and encourages that work to continue.*

Actions Taken or to be taken

The Infant and Early Childhood Mental Health grants are statutorily limited to human services agencies or non-profits organizations that (1) employ licensed mental health professionals who have specialized training and experience in infant and early childhood mental health assessment, diagnosis, and treatment OR is accredited or approved by the appropriate state agency to provide promotion, prevention, and/or treatment services; AND (2) provides infant and early childhood mental health services that are evidence-based or that have been scientifically demonstrated to show promise but would benefit from further applied development. States, tribal communities, and universities/medical centers can apply for funding if they can also meet the statutory eligibility requirements.

3. **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**: *The Committee urges SAMHSA to continue working to ensure SBIRT screening is more widely adopted by health providers, and directs this increase be used for implementing grants to pediatric health care providers in accordance with the specifications outlined in Section 9016 of P.L. 114–255, Sober Truth in Preventing Underage Drinking Reauthorization. Training grants should focus on screening for underage drinking, opioid use, and other drug use, and be managed by CSUS within the existing SBIRT program.*

Actions Taken or to be taken

SAMHSA continues to support the SBIRT program. The purpose of this program is to implement screening, brief intervention, and referral to treatment services for children, adolescents, and/or adults in primary care and community health settings with a focus on screening for underage drinking, opioid use, and other substance use. In fact, in the FY 2021 SBIRT funding opportunity SAMHSA reserved at least $2 million of the funding for applicants providing services specifically in pediatric health care settings. We plan to apply this strategy in future funding opportunities.

4. **NSPL Text-Based Crisis Support Capabilities:** *Given the high number of individuals whose cell phone number does not match the cell phone area code in their area, the regional model that is in place for routing telephone calls to a local crisis center may not be necessary for texters in crisis. Furthermore, both the Veterans Crisis Line and the Disaster Distress Hotline have employed national backup centers to receive texts. As SAMHSA considers making text-based crisis support capabilities available to members of the public, the Committee directs SAMHSA to avoid duplicating existing capabilities to the extent possible. The Committee directs SAMHSA to coordinate and work with existing text and chat providers that have the technology to triage text conversations based upon severity of risk, to improve risk assessment and response capacity.*

Actions Taken or to be taken

The 988 and Behavioral Health Crisis Services administrator is in the process of increasing its network to include providers with expertise in chat and text response and plans to leverage existing capabilities to the extent possible while assuring consistent quality and user experience. Additionally, with additional funding through SAMHSA, the administrator has issued a Request for Proposals from providers to expand chat and text response.

5. **NSPL Partnerships:** *As SAMHSA considers partnerships to administer 988, the Committee encourages SAMHSA to consider partnering with non-profit or academic institutions with first-hand experience administering a national network of local behavioral health crisis call services to ensure the highest level of quality and efficiency.*

Actions Taken or to be taken

SAMHSA has awarded a Cooperative Agreement in 2021 to Vibrant Emotional Health, which has over 15 years of experience administrating the national network of crisis centers. SAMHSA and Vibrant Emotional Health are both engaged with a number of additional organizations with national scope to continue to drive performance improvement, particularly for populations at high risk of suicide.

6. **Evidence-Based Programs for People Experiencing Homelessness:** *The Committee encourages SAMHSA to prioritize the development of evidence-based programs and treatments specifically tailored for those with alcohol and substance use disorder and who are at a high risk of becoming homeless, and to consider grant applications that include targeting resources to address SUD within the homeless population.*

Actions Taken or to be taken

SAMHSA currently funds 68 Grants for the Benefit of Homeless Individuals projects. The purpose for this program is to support the development and/or expansion of local implementation of a community infrastructure that integrates substance use disorder treatment, housing services and other critical services for individuals (including youth) and families experiencing homelessness. SAMHSA continues to ensure all funding appropriated for this program is allocated to use evidence-based practices for delivering direct treatment to individuals with alcohol or other substance use disorders who are experiencing homelessness.

7. **National Recovery Month:** *The Committee recognizes SAMHSA as an important leader in National Recovery Month and encourages SAMHSA to maintain a leadership role in these efforts.*

Actions Taken or to be taken

National Recovery Month is a national observance to promote and support new evidence-based treatment and recovery practices, the emergence of a strong and proud recovery community, and the dedication of service providers and community members across the nation who make recovery in all its forms possible. SAMHSA will continue to serve as a leader for this important observance.

8. **Recovery Housing:** *In order to increase the availability of high-quality recovery housing, the Committee encourages SAMHSA to collaborate with other Federal agencies, including HUD, the Department of Labor, the Department of Justice, and the Bureau of Indian Affairs, to coordinate activities across the Federal government and develop recommendations to improve policies on recovery housing.*

Actions Taken or to be taken

SAMHSA strongly believes that recovery housing is an important component in the substance use disorder (SUD) treatment and recovery continuum of care and SAMHSA is currently prioritizing recovery housing as an allowable expenditure in many of its FY 2022 funding opportunities.

Providing individuals with a safe and stable place to live can potentially be the foundation for a lifetime of recovery. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery and are safe, healthy, family-like substance-free living environments that support individuals in recovery. It is important to note that substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by the

Food and Drug Administration (FDA) for treatment of opioid use disorder. SAMHSA continues to collaborate and coordinate with other Federal agencies to improve policies on recovery housing. For example, SAMHSA collaborated and provided recommendations to HUD on their recovery housing program required by Section 8071 SUPPORT Act. SAMHSA also is exploring future strategies in FY 2023 to collaborate with other federal agencies to expand high-quality recovery housing and other recovery services.

9. **Data Collection for SUD Grants to States:** *A December 2020 GAO report examining SUD grants to States found that SAMHSA does not have consistent, relevant, and timely data on the number of individuals provided treatment and recovery support through the SABG, State Targeted Response to the Opioid Crisis Grant (STR), and SOR programs. The Committee recognizes the challenges the lack of data poses in evaluating the effectiveness of these grants and encourages SAMHSA to adopt GAO's recommendation to identify and implement changes to their data collection efforts to improve the consistency, relevance, and timeliness of data collected on the number of individuals who receive substance use disorder treatment and recovery support services with funding from the SABG and SOR programs.*

Actions Taken or to be taken

SAMHSA has begun its efforts to improve the consistency, relevance, and timeliness of the data it collects on individuals served by the SOR grant and SABG programs. Currently, SAMHSA is taking a multi-prong approach to evaluate the SABG program, guided by the December 2020 GAO report "Substance Use Disorder: Reliable Data Needed for Substance Abuse Prevention and Treatment Block Grant Program". Based on GAO's recommendations, SAMHSA has initiated an assessment of the quality of grantees' self-reported data. This includes conducting quantitative and qualitative analysis to understand reliability issues associated with grantees' self-reported data, barriers to data collection, and identify potential alternative data sources and methodological approaches to address data gaps. This effort is expected to result in a set of recommendations in August 2022 for implementing changes to the SABG program's data collection efforts to improve the consistency and relevance of the data collected. Improving the data quality for the SABG program is an important first step in a longer-term process of evaluating the impact of the overall program.

Although the GAO recommendation to improve the data was focused on SABG, SAMHSA also revised in FY 2022 its program performance tool improve the consistency of data for the SOR grant program. The revisions will improve the quality of the data collected as well as ensure more timely collection of the data. In addition to data on the purchase and distribution of Naloxone overdose kits, the revised tool will also collect consistent data on overdose reversals, fentanyl test strips purchase and distribution, education of school-aged children, first responders, and key community sectors on opioid and/or stimulant misuse, and outreach activities that target underserved and/or diverse populations. This data will be used to strengthen program monitoring rather than evaluation. SAMHSA is separately planning efforts to evaluate the SOR program.

10. **Substance Use Disorder Response in Rural America:** *The Committee encourages SAMHSA to support initiatives to advance SUD objectives in rural areas, specifically focusing on addressing the needs of individuals with SUD in rural and medically- underserved areas, and programs that stress a comprehensive community-based approach involving academic institutions, health care providers, and local criminal justice systems.*

Actions Taken or to be taken

SAMHSA funded 59 grants for the Rural Emergency Medical Service (EMS) Training program in FY 2020 and FY 2021 and it plans to award a new cohort of 27 grants in FY 2022. The purpose of this program is to recruit

and train EMS personnel in rural areas with a focus on addressing both mental and substance use disorders. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.

SAMHSA funded 29 grants in FY 2020 for the Rural Opioid Technical Assistance (ROTA) program, and it plans to fund 10 new grants in FY 2022. The purpose of this program is to develop and disseminate training and technical assistance on addressing opioid and other stimulant issues affecting rural communities. It is expected that recipients will facilitate the identification of model programs, develop and update materials related to the prevention, harm reduction, treatment, and recovery activities for opioid use disorder (OUD) and/or stimulant use disorder, and ensure that high-quality training is provided for communities and providers in rural areas.

11. Opioid Use Disorder Relapse: *The Committee recognizes that relapse might occur after opioid use disorder treatment. The Committee appreciates SAMHSA's efforts to address this by emphasizing the importance of adherence to evidence-based practices that have been demonstrated to reduce the risk of relapse to opioid dependence and encourages SAMHSA to disseminate and emphasize implementation of these practices in all settings where treatment is offered, including rehabilitation and criminal justice settings.*

Actions Taken or to be taken

SAMHSA approaches opioid use disorder (OUD) through a long-term, continuous care lens that is grounded in the science of substance use disorders as health conditions and similar, in many ways, to other chronic conditions such as diabetes. SAMHSA therefore recognizes that recurrence can and does happen along the trajectory of people's lives as they live with OUD. However, SAMHSA does not view recurrence as a failure or loss of hope. Evidence-based practices supported by SAMHSA, such as naloxone and fentanyl test strip distribution, save lives when recurrence happens. The continuum of treatment that includes FDA-approved medications for opioid use disorder and recovery support services reduces recurrence risk – and is strongly supported and promoted by SAMHSA in all treatment settings, across grant programs, and through multiple publications. In FY2022, SAMHSA's Center for Substance Use Services (CSUS) began including and emphasizing the continuum of harm reduction, evidence-based treatment, and recovery support services in most of its Notice of Funding Opportunities focused on OUD and will continue this approach in FY2023.

12. ***Criminal Justice Activities:*** *The Committee encourages SAMHSA to prioritize funding for centers that provide assistance to those with severe mental health needs who are at risk of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry supports. The Committee also encourages SAMHSA to prioritize applications from areas with high rates of uninsured individuals, poverty, and substance use disorders.*

Actions Taken or to be taken

CSAT continues to fund its Drug Court grants and its Offender Reentry programs. These programs are designed to serve individuals with substance use disorders (SUDs) as their primary diagnosis. These grants may also serve individuals with co-occurring SUDs and mental disorders. However, CMHS's criminal justice portfolio focuses on individuals with mental disorders and co-occurring SUDs as a primary population of focus. In FY 2018, CMHS awarded Law Enforcement Behavioral Health Partnerships for Early Diversion (Short Title: Early Diversion) grants. Early Diversion participants are individuals with Serious Mental Illness (SMI) or a Co-occurring Disorder (COD). The program is intended to divert participants from arrest and booking, thereby

keeping them out of the criminal justice system. Many participants are homeless and repeat offenders without insurance or a source of income. In FY 2022, SAMHSA proposed a new program within CMHS to focus on the needs of individuals returning to the community from jails and prisons. This continues to be a priority for FY 2023 as SAMHSA seeks to develop community systems that reduce criminal justice system involvement for people with SMI and SUD and promote public safety, recovery, stability in the community, and address disparities.

13. **Project AWARE**: *The Committee encourages SAMHSA to sustain and strengthen its grant and other programs that support school-based and campus-based services aimed at preventing and treating mental health challenges experienced by younger Americans.*

Actions Taken or to be taken

SAMHSA continues to support Project AWARE grantees during the pandemic's virtual learning environment and, more recently, students' subsequent return to the classroom. AWARE grantees e to provide robust mental health awareness, mental health services, and suicide prevention training programs to school personnel and community members that interact with school-aged youth. This allows for early identification, screening, and brief intervention services and supports to be provided to the young person and their family in the schools and needed referral for more in-depth clinical treatment before mental health concerns become more serious. SAMHSA believes that early identification is critical in preventing more serious behavioral health challenges.

Proposed Law

Renames Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, and Center for Substance Abuse Prevention.

SEC.__. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration";

(2) by striking "Center for Substance Abuse Treatment" each place it appears and inserting "Center for Substance Use Services"; and

(3) by striking "Center for Substance Abuse Prevention" each place it appears and inserting "Center for Substance Use Prevention Services".

(b) Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) in the title heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION";

(2) in section 501—

(A) in the section heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION"; and

(B) in subsection (a), by striking "(hereafter referred to in this title as the 'Administration')" and inserting "(hereafter referred to in this title as 'SAMHSA' or the 'Administration')";

(3) in section 507, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES";

(4) in section 513(a), in the subsection heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES"; and

(5) in section 515, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(c) Section 1932(b)(3) of the Public Health Service Act (42 U.S.C. 300x-32(b)(3)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(d) Section 1935(b)(2) of the Public Health Service Act (42 U.S.C. 300x-35(b)(2)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(e) The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(f) The Social Security Act is amended in sections 1861, 1866F, and 1945 (42 U.S.C. 1395x, 1395cc-6, 1396w-4) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(g) Section 105(a)(7)(C)(i)(III) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(C)(i)(III)) is amended by striking "Substance Abuse and Mental Health Services Administration" and inserting "Substance use And Mental Health Services Administration".

(h)(1) Except as provided in paragraph (2), any reference in any law, regulation, map, document, paper, or other record of the United States—

(A) to the Substance Abuse and Mental Health Services Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration;

(B) to the Center for Substance Abuse Treatment of such Administration shall be treated as a reference to the Center for Substance Use Services of such Administration; and

(C) to the Center for Substance Abuse Prevention of such Administration shall be treated as a reference to the Center for Substance Use Prevention Services of such Administration.

(2) Paragraph (1) shall not be construed to alter or affect section 6001(d) of the 21st Century Cures Act (42 U.S.C. 290aa note), providing that a reference to the Administrator of the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.