DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2024

Substance Abuse and Mental Health Services Administration

Justification of Estimates for Appropriations Committees

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Letter from Assistant Secretary

I am pleased to present the FY 2024 President's Budget Request for the Substance use And Mental Health Services Administration (SAMHSA). The FY 2024 President's Budget includes a total of $10.8 billion. As the primary Federal agency responsible for leading public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes, SAMHSA takes seriously our responsibility to ensure that the best evidence-based care reaches the millions of people in communities across America who are affected by mental illness and substance use disorders.

The FY 2024 President's Budget for SAMHSA demonstrates a commitment to addressing pressing public health challenges, including America's overdose and mental health crises, and aims to improve the lives of people across the United States and its territories. This Budget supports, among other efforts, the U.S. Department of Health and Human Services' (HHS) 2022-2026 Strategic Plan, the SAMHSA Interim Strategic Plan, the Biden-Harris Administration's inaugural National Drug Control Strategy and Unity Agenda, and the Bipartisan Safer Communities Act. This Budget also reflects SAMHSA's principles of prioritizing equity, applying trauma-informed approaches, supporting recovery, and demonstrating a commitment to data and evidence-informed practices as we address our five key priorities:

1. Preventing Overdose,
2. Enhancing Access to Suicide Prevention and Crisis Care,
3. Promoting Resilience and Emotional Health for Children, Youth, and Families,
4. Integrating Behavioral and Physical Health Care,
5. Strengthening the Behavioral Health Workforce.

The FY 2024 Budget includes investments to:

- Address the overdose crisis by expanding programs that support prevention, harm reduction, treatment, and recovery support services. SAMHSA plans to do this, for example, through providing resources to prevention professionals like the Strategic Prevention Framework, which serves as a comprehensive guide to planning, implementing, and evaluating prevention practices and programs. The Budget also includes funding to support programs that bridge harm reduction and low-threshold treatment of opioid use disorder through a new Community Harm Reduction and Engagement Initiative. SAMHSA also aims to increase access to overdose reversal medications and Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder through expanding the State Opioid Response program, and bolstering community recovery services through expanding programs like the Building Communities of Recovery and the Treatment, Recovery, and Workforce Support programs;
- Continue transforming America's behavioral health crisis care system into one that saves lives by serving anyone, at any time, from anywhere across the nation by significantly expanding the 988 and Behavioral Health Crisis Services program;
- Provide America's youth and families with accessible, affordable, and appropriate mental

health and substance use prevention, intervention, treatment, and recovery services in communities and schools through expanding programs like the Infant and Early Childhood Mental Health program, the Children's Mental Health Initiative the Project Advancing Wellness and Resiliency in Education (Project AWARE), and the Resiliency in Communities After Stress and Trauma (ReCAST) program;

- Provide effective community practices and mental healthcare services for children and adolescents exposed to traumatic events by expanding programs like the National Child Traumatic Stress Initiative (NCTSI).
- Create healthy environments across the country, including in historically underserved communities and populations, through expanding programs like Mental Health Awareness Training (MHAT), Project Linking Actions Unmet Needs in Children Health (Project LAUNCH), Healthy Transitions, and Tribal behavioral health programs;
- Further integrate behavioral and physical health care through expanding SAMHSA's Primary and Behavioral Health Integration and Certified Community Behavioral Health Clinic (CCBHC) programs;
- Strengthen the behavioral health workforce, address workforce shortages, reduce health disparities, and improve behavioral health care outcomes for minority populations by expanding programs like the Minority Fellowship Program and further developing the pipeline through Mental Health Practice Improvement and Training efforts; and
- Address homelessness among individuals at risk for mental health conditions and substance use disorders through the Projects for Assistance in Transition from Homelessness and Substance Use Services Targeted Capacity Expansion-General programs.

In FY 2024, SAMHSA maintains a strong commitment to enhancing the accessibility of evidence-based, effective behavioral health care services. SAMHSA continues to streamline its business operations while expanding access to mental health and substance use disorder services, including through the provision of technical assistance and training, to optimize service delivery across all of the United States' communities. The work that SAMHSA does and the services we provide to Americans with mental health and substance use disorder needs are vital to the health of our Nation. I am confident that this budget supports our shared vision that people with, affected by, or at risk for mental illness and substance use disorders receive timely and appropriate care, are able to thrive, and achieve wellbeing.

Miriam E. Delphin-Rittmon, Ph.D.
Assistant Secretary for Mental Health and Substance Use

Table of Contents

Fiscal Year 2024 Budget **Page**

Letter from Assistant Secretary i
Table of Contents iii
Organizational Structure vi
Performance Budget Overview Executive Summary 1
Introduction 1
Mission 2
Vision 2
Overview of the Budget Request 3
All-Purpose Table 12
Budget Exhibits 13
Appropriation Language Guidelines 14
Language Analysis 19
Amounts Available for Obligation 26
Summary of Changes 27
Budget Authority by Activity 28
Authorizing Legislation 29
Appropriations History 32
Appropriations Not Authorized by Law 33
Mental Health 34
Summary of the Request 35
Programs of Regional and National Significance (PRNS) 37
Project AWARE 38
Mental Health Awareness Training 42
Healthy Transitions 44
Children and Family Programs 47
Consumer and Family Network Grants 49
Project LAUNCH 51
Mental Health System Transformation and Health Reform 55
Primary and Behavioral Health Care Integration 58
Suicide Prevention Programs 62
Mental Health Crisis Response Partnership Program 79
Homelessness Prevention Programs 81
Minority AIDS 83
Criminal and Juvenile Justice Programs 86
Practice Improvement and Training 90
Consumer and Consumer-Supporter TA Centers 92
Disaster Response 94
Seclusion and Restraint 98
Assertive Community Treatment for Individuals with Serious Mental Illness 100
Tribal Behavioral Health Grants 103
Minority Fellowship Program 106
Infant and Early Childhood Mental Health 109
Interagency Task Force on Trauma-Informed Care 112
National Child Traumatic Stress Network 114

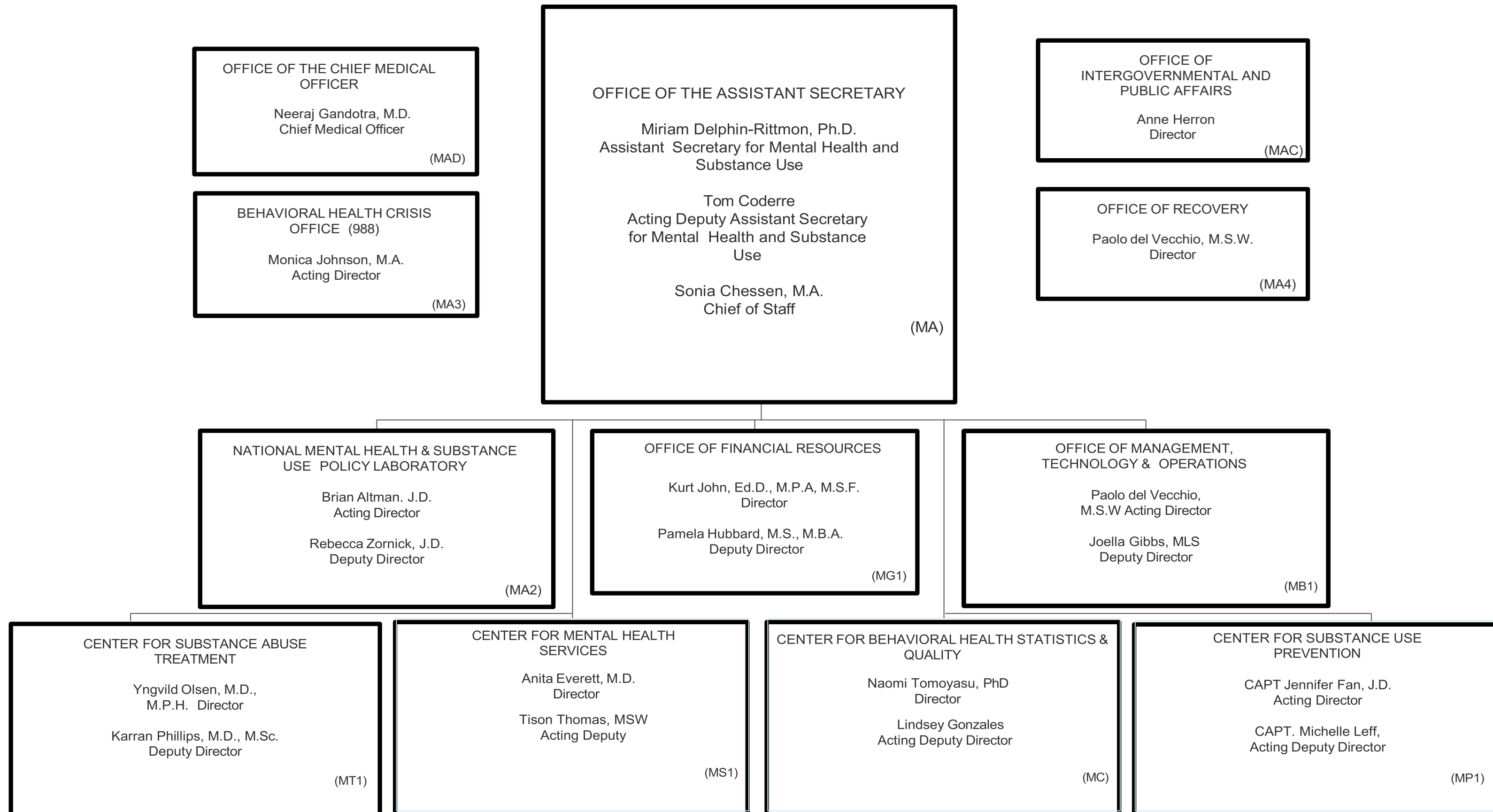
SAMHSA

Assisted Outpatient Treatment for Individuals with Serious Mental Illness 117
Children's Mental Health Services 120
Projects for Assistance in Transition from Homelessness 125
Protection and Advocacy for Individuals with Mental Illness (PAIMI) 130
Community Mental Health Centers (CMHC) 135
Certified Community Behavioral Health Clinics (CCBHC) 137
Community Mental Health Services Block Grant (MHBG) 144
Substance Use Prevention Services 171
Summary of the Request 172
Programs of Regional and National Significance (PRNS) 173
Strategic Prevention Framework 174
Federal Drug-Free Workplace 180
Sober Truth on Preventing Underage Drinking Act (STOP Act) 183
Tribal Behavioral Health Grants 187
Minority AIDS Initiative 190
Center for the Application of Prevention Technologies 193
Minority Fellowship Program 196
Science and Service Program Coordination 198
PRNS Mechanism Table 201
Grant Awards Table 204
Substance Use Services 205
Programs of Regional and National Significance (PRNS) 208
Opioid Treatment Programs/Regulatory Activities 209
Screening, Brief Intervention, and Referral to Treatment 213
Targeted Capacity Expansion-General 217
Pregnant and Postpartum Women 224
Improving Access to Overdose Treatment 229
Building Communities of Recovery (BCOR) 232
Recovery Community Services Program 236
Children and Families 240
Treatment Systems for Homeless 244
Criminal Justice Activities 248
Minority AIDS Initiative 255
Minority Fellowship Program 258
Addiction Technology Transfer Centers 260
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths 263
Peer Support Technical Assistant Center 266
Treatment, Recovery, and Workforce Support 269
Emergency Department Alternatives to Opioids 272
Comprehensive Opioid Recovery Centers 275
First Responder Training – Comprehensive Addiction and Recovery Act 279
Youth Prevention and Recovery Initiative 286
PRNS Mechanism Table 288
Grant Awards Table 294
State Opioid Response Grants 295
Substance Use Prevention, Treatment, and Recovery Services Block Grant 304

SAMHSA

Health Surveillance and Program Support 317
Summary of the Request 318
Health Surveillance 319
Performance and Quality Information Systems (PQIS) 324
Drug Abuse Warning Network (DAWN) 328
Program Support 330
Public Awareness and Support 331
PRNS Mechanism Table 335
Supplementary Tables 336
Budget Authority by Object Class 337
Salaries and Expenses 346
Details of Full-Time Equivalent Employment 348
Detail of Positions 349
Physicians' Comparability Allowance Worksheet 350
Resources for Cyber Activities 351
Drug Control Programs 352
Significant Items 382
Proposed Law 386

Organizational Structure



Performance Budget Overview Executive Summary

Introduction

In these unprecedented times, individuals, families, and communities across the nation are experiencing the challenges of living with mental and substance use disorders. In 2021, National Survey on Drug Use and Health (NSDUH) data estimated 21.9 percent (or 61.2 million people) used illicit drugs in the past year. In addition, among adults aged 18 and older 22.8 percent (or 57.8 million people) had any mental illness (AMI) and 5.5 percent (or 14.1 million people) had serious mental illness (SMI). In his 2023 State of the Union Address, President Biden provided an update on the progress made in advancing efforts to tackle the mental health crisis and beat the opioid and overdose epidemic - two of the four pillars of his Unity Agenda. This Budget builds on the progress made and outlines ways to sustain and grow SAMHSA's efforts to strengthen system capacity, connect more Americans to care, and create a continuum of support that aims to transform our health and social services infrastructure to address mental health and substance use holistically and equitably.

Mission

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Vision

SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve wellbeing.

Overview of the Budget Request

The FY 2024 President's Budget Request is $10.8 billion, an increase of $3.3 billion from the FY 2023 Enacted level. The Budget Request supports, among other efforts, the HHS 2022-2026 Strategic Plan, the SAMHSA Interim Strategic Plan, and the Biden-Harris Administration's inaugural National Drug Control Strategy and Unity Agenda.

The Budget also reflects SAMHSA's principles of prioritizing equity, trauma-informed approaches, recovery and a commitment to data and evidence as well as five key priorities:

1. Preventing Overdose
2. Enhancing Access to Suicide Prevention and Crisis Care
3. Promoting Resilience and Emotional Health for Children, Youth, and Families
4. Integrating Behavioral and Physical Health Care
5. Strengthening the Behavioral Health Workforce

Preventing Overdose

SAMHSA's FY 2024 Budget proposals prioritize preventing overdose and support the HHS Overdose Prevention Strategy, which outlines four pillars: Primary Prevention, Harm Reduction, Evidence-Based Treatment, and Recovery Support. The Strategy is built on the principles of maximizing health equity by using best available data and evidence to inform policy and actions, integrating substance use disorder (SUD) services into other types of health care and social services, and reducing stigma. The Budget proposals address the full continuum of integrated care and services needed to help prevent substance use, expand quality treatment, and sustain recovery from SUD, all while emphasizing HHS' commitment to helping historically under-resourced populations.

The FY 2024 President's Budget Request includes $50 million for a new Community Harm Reduction and Engagement Initiative program, an increase of $50 million from the FY 2023 Enacted level. Harm reduction approaches, such as distribution of naloxone and fentanyl test strips to those at high risk for overdose, their family members and first responders are a key component in addressing the overdose crises. The American Rescue Plan (ARP) Act afforded SAMHSA the opportunity to launch a dedicated harm reduction grant program. SAMHSA's budget seeks to build off the ARP program with this proposed Community Harm Reduction and Engagement Initiative that will bridge harm reduction and low-threshold treatment of opioid use disorder (OUD).

The FY 2024 President's Budget Request includes $28.0 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths (PDO) and increase of $12.0 million from the FY 2023 Enacted level. The purpose of the PDO grant program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention and harm reduction strategies, including the purchase and distribution of naloxone to first responders.

The FY 2024 President's Budget Request for the First Responder Training for Opioid Reversal Drugs program is $77.5 million, an increase of $21.5 million from the FY 2023 Enacted level to enhance linkage to care for people at risk for opioid overdose through purchasing, training, and equipping first responders and community members with naloxone and other FDA-approved overdose reversal devices. SAMHSA anticipates an additional 71,975 overdose reversal devices will be distributed and an additional 14,310 First Responders will be trained.

The FY 2024 President's Budget Request for the Building Communities of Recovery program is $28.0 million, an increase of $12.0 million from the FY 2023 Enacted level, and the Budget request for the Recovery Community Services Program is $5.2 million, a $717,000 increase from the FY 2023 Enacted level. Community recovery services support individuals as they address their substance use and other life challenges and help them to achieve and sustain recovery. The increased funding for these programs will further invest in peer led recovery community organizations and recovery support services and provide career services for people in recovery from substance use disorder through partnerships with local organizations.

The FY 2024 Budget Request for the Targeted Capacity Expansion program is $157.9 million, an increase of $35.5 million above the FY 2023 Enacted level. Within this increase, the budget proposes $10 million for a new Low-Threshold Housing First Pilot Project, which will address service needs and housing instability for people with SUDs and/or CODs. This program will combine services that span the continuum of public health-focused harm reduction, treatment, and recovery supports with housing and intensive case management, delivered based on individualized needs assessments, at home and in the community. This request also includes $136.5 million for the Medication Assisted Treatment for Prescription Drug and Opioid Addiction program. SAMHSA expects to serve between 12,000 and 14,000 people with substance use disorders.

The FY 2024 President's Budget Request for the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) is $140.5 million, an increase of $5.0 million from the FY 2023 Enacted level. This increase will advance primary prevention and provide services to underserved populations and decrease prescription drug misuse.

The FY 2024 President's Budget Request provides $13.1 million for Opioid Treatment Programs (OTPs)/Regulatory Activities. This is a $2.4 million increase from the FY 2023 Enacted level.

The FY 2024 President's Budget Request also provides $9.0 million for Emergency Department Alternatives to Opioids, an increase of $1.0 million from the FY 2023 Enacted level and maintains funding for several additional recovery-related programs to ensure continued programmatic improvement, including $9.0 million for the Addiction Technology Transfer Centers and $6.0 million for Comprehensive Opioid Recovery Centers.

The FY 2024 President's Budget Request for Substance Use Services Targeted Capacity Expansion-General program is $157.9 million, an increase of $35.5 million from the FY 2023 Enacted level. These funds will support $136.5 million for MAT for Prescription Drug and Opioid Addiction which is $25.5 million from the FY 2023 Enacted level.

The FY 2024 President's Budget Request for Criminal Justice is $124.4 million, an increase of $31.0 million from the FY 2023 Enacted level. This includes $105 million for SAMHSA's Drug Court Program, which is $31 million from the FY 2023 Enacted level. The Criminal Justice activities portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with alcohol and other drug use disorders and/or co-occurring alcohol and other drug use disorders and mental illness. This program supports the Adult Treatment Drug Court (ATDC), Family Treatment Drug Court (FTDC), and the Adult Reentry (AR) programs.

The FY 2024 President's Budget Request for Substance Use Services Targeted Capacity Expansion-General program is $157.9 million, an increase of $35.5 million from the FY 2023 Enacted level. This additional funding includes $10 million to create an innovative pilot program to address housing needs for people with substance use disorder and those with other mental health conditions who are at risk for homelessness. This program will combine services that span the continuum of public health-focused harm reduction, treatment, and recovery supports with housing and intensive case management, delivered based on individualized needs assessments, at home and in the community.

The President's 2024 Budget Request includes $20 million for the Drug Abuse Warning Network a $7.0 million increase from the FY 2023 Enacted level, to expand data collection capacity and improve data collection on emergency department visits related to substance use.

The 2024 President's Budget Request for the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) includes $2.7 billion, an increase of $700.0 million from the FY 2023 Enacted level. The goal of the SUPTRS BG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, public health interventions and recovery support services necessary to improve individual outcomes and reduce the impact of substance use on America's communities. The Budget request includes a 10 percent set-aside within the SUPTRS BG for recovery support services to significantly expand the upstream and downstream continuum of care. The Budget request also uses Human Immunodeficiency Virus (HIV) cases as opposed to Acquired Immunodeficiency Syndrome (AIDS) cases to calculate the HIV-set aside.

The FY 2024 President's Budget Request includes $2.0 billion for the State Opioid Response (SOR) program, an increase of $425.0 million from the FY 2023 Enacted level. Of this amount, $75.0 million is set-aside for tribes. The budget request addresses the overdose crisis by providing resources to states and territories for increasing access to Food and Drug Administration (FDA)-approved medications for the treatment of OUD, and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other co-occurring SUDs. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine.

Enhancing Access to Suicide Prevention and Crisis Care

Suicide is a serious public health problem in the United States. After 2 consecutive years of

declines in suicide (47,511 in 2019 and 45,979 in 2020), 2021 data indicate an increase in suicide to 48,183, nearly returning to the 2018 peak (48,344) with an age-adjusted rate of 14.1 suicides per 100,000 population (versus 14.2 in 2018). Enhancing access to suicide prevention and crisis care is a priority for SAMHSA. By improving the nation's efforts in this area, individuals experiencing suicidal ideation and other behavioral health crises can thrive and achieve wellbeing.

The FY 2024 President's Budget Request for SAMHSA's suicide and crisis-related programs is $1.0 billion in total an increase of $417.4 million from the FY 2023 Enacted level. Within this level, the FY 2024 President's Budget includes $836 million to support the 988 Suicide and Crisis Lifeline, an increase of $334.4 million from the FY 2023 Enacted level. This increase will fund local crisis call centers, support network operations, enable critical media campaigns, and maintain the 988 coordinating office operations. Additionally, funds within the network operations budget will be invested in services for specialized populations, including people who are LGBTQI+, and services for Spanish speakers. Also, the FY 2024 President's Budget includes $100 million for the mobile crisis program, an increase of $80 million from the FY 2023 Enacted level. This critical investment will expand access to mobile crisis services so that individuals in communities across the country have someone to respond when a behavioral health crisis arises. The Community Mental Health Services Block Grant includes a 10 percent set-aside for crisis services. The set-aside funds 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. SAMHSA 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 systems.

The Mental Health Block Grant 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. The FY 2024 President's Budget includes $1.7 billion, is an increase of $645.0 million above FY 2023 Enacted.

SAMHSA also proposes permanent mandatory funding for Community Mental Health Centers (CMHCs) work 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. This request totals is $412.5 million annually, starting in 2024, and will be used to further develop the quality and continuum of behavioral health services in CMHCs, and expand 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. SAMHSA is requesting that this be funded as a mandatory grant program.

Certified Community Behavioral Health Clinics (CCBHCs) transform community behavioral health systems and provide comprehensive, coordinated behavioral health care. SAMHSA's FY 2024 Budget requests $552.5 million for the CCBHC Expansion program, which is a $167.5 million increase above the FY 2023 Enacted level. This Budget proposes to establish an accreditation process which would ensure consistent adherence to the CCBHC model and create

capacity to confirm adherence to the criteria and the model.

Promoting Resilience and Emotional Health for Children, Youth, and Families

Nearly 1 in 5 young people had a diagnosable mental health condition, and 1 in 10 had a serious emotional disturbance that negatively impacted their ability to function at home, in school, or in the community[1,2]. In 2021, there were 2.2 million adolescents aged 12 to 17 with a SUD[3], and death by suicide was the second leading cause of death for individuals ages 10-34 in the United States.[4] Unfortunately, many young people do not receive the treatment supports they need.

SAMHSA's vision for youth behavioral health is that all children, youth, young adults, and their families thrive in their homes and communities. SAMHSA will achieve this through a tiered public health approach that matches each child with the right intervention at the right time by working upstream and acting early in the risk trajectory through a system of care. Significant investments are proposed that span the promotion, prevention, and treatment continuum and emphasize equity, trauma-informed approaches and recovery.

The FY 2024 President's Budget is $244.0 million, a $104.0 increase above the FY 2023 Enacted level for Project AWARE. The funding for this program will support Project AWARE State Grants, ReCAST grants, Trauma-Informed Services in Schools grants, and technical assistance on the provision of school-based mental health services. Additionally, this investment in Project AWARE will continue to expand access to broader populations, including college students and adults, as well as non-traditional settings.

The FY 2024 President's Budget for Mental Health Awareness Training (MHAT) is $64.0 million, a $36.0 million increase above the FY 2023 Enacted level. 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 SED. 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.

Project LAUNCH promotes the wellness of young children by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The FY 2024 President's Budget is $35.4 million, an increase of $9.8 million from the FY 2023 Enacted level. 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.

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[1] Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children - United States, 2013-2019. MMWR Suppl. Feb 25 2022;71(2):1-42.
[2] Williams NJ, Scott L, Aarons GA. Prevalence of Serious Emotional Disturbance Among U.S. Children: A Meta-Analysis. Psychiatr Serv. Jan 1 2018;69(1):32-40.
[3] Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf Accessed February 13, 2023.
[4]National Institute of Mental Health. Suicide. National Institute of Mental Health. Available at: https://www.nimh.nih.gov/health/statistics/suicide#part_2585. Accessed August 15, 2022.

The FY 2024 President's Budget is $46.9 million for Tribal Behavioral Health Grants, an increase of $500,000 above the FY 2023 Enacted level. Consistent with the goals of the Tribal Behavioral Health Agenda, this program addresses the high incidence of substance use and suicide among tribal populations. The increase will further support 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 Native American youth.

The FY 2024 President's Budget is $37.5 million for Infant and Early Childhood Mental Health which is an increase of $22.5 million above the FY 2023 Enacted level. This 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). This funding will increase access to a range of evidence-based and culturally appropriate infant and early childhood mental health services.

The National Child Traumatic Stress Network (NCTSN) is a national network of grantees who develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events. The President's FY 2024 Budget Request is $150.0 million for the National Child Traumatic Stress Initiative, an increase of $56.1 million above the FY 2023 Enacted level. The Budget will support the NCTSN efforts to improve of mental disorder treatment, services, and interventions for children and adolescents exposed to traumatic events.

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. The FY 2024 President's Budget is $61.4 million for Healthy Transitions, an increase of $30.9 million above the FY 2023 Enacted level.

The Children's Mental Health Initiative (CMHI) provides "systems of care" (SOC) for children and youth with SED and their families. The FY 2024 President's Budget is $225.0 million for Children's Mental Health Services, a $95.0 million increase above the FY 2023 Enacted level. This funding would increase access to services to prevent the development of psychosis for youth and young adults who are identified to be at clinical high risk for developing a first episode of psychosis.

The FY 2024 Budget is $49.4 million for the Pregnant and Postpartum Women (PPW) program, a $10.5 million increase from the FY 2023 Enacted level. The PPW program uses 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 other family members. The proposed increase will provide an array of services and supports to pregnant women and their families.

Integrating Behavioral and Physical Health Care

Improving health holistically for people with behavioral health conditions can be addressed through the integration of behavioral and physical healthcare to improve comprehensive care in all settings. A whole-person approach considers the individual at the center of care regardless of treatment setting, integrates their goals and priorities into a person-centered care plan, is culturally informed and appropriate, and aims for the creation of health and well-being – not just the absence of disease. A key to achieving a whole-person care approach is advancing the bi-directional integration of behavioral health with all other health care services and systems.

SAMHSA is committed to advancing the bi-directional integration of behavioral health with all other health care services and systems. Programs that will help us achieve this goal include the Primary and Behavioral Health Care Integration (PBHCI) Grant program. The FY 2024 President's Budget for the PBHCI program is $102.9 million, an increase of $47.0 million above the FY 2023 Enacted level.

Strengthening the Behavioral Health Workforce

Growing the nation's workforce of mental health and SUD providers is critical to providing Americans with access to essential health care services. Prior to the pandemic, there was already a projected shortage of behavioral health care providers, with acute shortages predicted for psychiatrists and addiction counselors through 2030. [5]

SAMHSA's Minority Fellowship Program (MFP) aims to reduce health disparities and improve behavioral health care outcomes for minority populations. The FY 2024 President's Budget is $36.7 million, an increase of $17.2 million above the FY 2023 Enacted level. The proposed doubling of the MFP will significantly advance access to care. This proposal will provide additional mentoring opportunities and pathways for individuals from minority communities to further diversify the behavioral health workforce. The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.

SAMHSA's FY 2024 President's Budget Request is $15.8 million for Mental Health Practice Improvement and Training efforts, an increase of $8.0 million above the FY 2023 Enacted level. This increase creates a training pipeline from institutions of higher education that reach underserved populations. This proposed investment will build upon the existing Historically Black Colleges and Universities Center of Excellence.

The Projects for Assistance in Transition from Homelessness (PATH) program addresses this issue through local homeless outreach workers who provide sustained engagement and trust building with the population of individuals with SMI or SMI and a co-occurring SUD experiencing homelessness, many of whom are chronically homeless. The FY 2024 Budget Request for the PATH program is $109.6 million, an increase of $43.0 million above the FY 2023 Enacted level.

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[5] Health Resources and Services Administration. *Behavioral Health Workforce Projections, 2017 – 2030*. Behavioral Health Workforce Projections, 2017-2030: (hrsa.gov).

The increase will ensure the program is sufficiently funded to meet the intended level of service of this formula grant and restore the number of providers to 2012 levels and result in contacting 212,000 individuals.

SAMHSA's FY 2024 President's Budget for the Center for the Application of Prevention Technologies is $12.0 million, an increase of $2.5 million above the FY 2023 Enacted level. The increase in funding will be used for the Prevention Fellowship program – approximately 20 fellows will be chosen for a new FY 2024 cohort, allowing them to spend one year in intensive training. Individuals with a mental illness are more likely to experience homelessness than those without mental illness, and they experience homelessness longer than the rest of the homeless population.

Conclusion

SAMHSA's FY 2024 President's Budget Request is central to advancing President Biden's Unity Agenda. Through new programs and increased investments to prevent overdose; enhance access to suicide prevention and crisis care; promote resilience and emotional health for children, youth, and families; integrate behavioral and physical health care; and strengthening the behavioral health workforce, SAMHSA will ensure people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve wellbeing.

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. Data is also collected on the number of people served, the number trained, and the number of training events held.

Additionally, SAMHSA collects data on key measures to monitor and manage discretionary grant performance, improve the quality of treatment, prevention, and mental health services. Data collected are in line with the Government Performance and Results Act (GPRA). SAMHSA grantees submit these data into the SAMHSA Performance Accountability and Reporting System (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 implements the requirements of 21st Century Cures Act through continuously monitoring key performance. Monitoring staff work with SAMHSA Center and Program Officers to enhance the system to be more user friendly with greater data visualization strategies.

The Center for Behavioral Health Statistics and Quality's (CBHSQ) Office of Evaluation (OE) is responsible for providing centralized planning and management of program evaluation and performance management activity across SAMHSA. In this role, OE provides support and oversight to SAMHSA's centers by supporting evaluation proposals, performance management and monitoring and quality improvement activities.

Additionally, SAMHSA established an Evidence and Evaluation Board (SEEB) comprised of representative from all Centers and Offices. The purpose the SEEB is to serve as the agency's principal evaluation and evidence forum for managing SAMHSA's evaluation portfolio, evaluation and evidence data, and as a strategic asset to support the agency in meeting its mission and agency priorities, including implementation of the Evidence Act.

All-Purpose Table

(Dollars in millions)

	FY 2022	FY 2023	FY 2024 CJ	
	Final	**Enacted**	**President's Budget**	**FY 2024 +/- FY 2023**
CMHS				
Programs of Regional and National Significance	$577.616	$1,044.033	$1,778.269	$734.236
National Child Traumatic Stress Network	81.887	93.887	150.000	56.113
Assisted Outpatient Treatment for Individuals with SMI	21.420	21.420	21.420	--
Children's Mental Health Services	125.000	130.000	225.000	95.000
Community Violence Pilot (non-add)	--	--	--	--
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*12.500*	*13.000*	*22.500*	*9.500*
Projects for Assistance in Transition from Homelessness	64.635	66.635	109.635	43.000
Protection and Advocacy for Individuals with Mental Illness	38.000	40.000	40.000	--
Community Mental Health Centers	--	--	412.500	412.500
Community Mental Health Services Block Grant	857.571	1,007.571	1,652.571	645.000
Budget Authority (non-add)	*836.532*	*986.532*	*1,631.532*	*645.000*
PHS Evaluation Funds (non-add)	*21.039*	*21.039*	*21.039*	--
Certified Community Behavioral Health Clinics	315.000	385.000	552.500	167.500
Total, Mental Health	**2,081.129**	**2,788.546**	**4,941.895**	**2,153.349**
Budget Authority (non-add)	*2,048.090*	*2,755.507*	*4,496.356*	*1,740.849*
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	218.219	236.879	245.738	8.859
Subtotal, Programs of Regional and National Significance	**218.219**	**236.879**	**245.738**	**8.859**
Total, Substance Use Prevention Services	**218.219**	**236.879**	**245.738**	**8.859**
Budget Authority (non-add)	*218.219*	*236.879*	*245.738*	*8.859*
CSUS				
Programs of Regional and National Significance	521.517	574.219	755.008	180.789
State Opioid Response Grants	1,525.000	1,575.000	2,000.000	425.000
Set-Aside for Tribes (non-add)	*55.000*	*55.000*	*75.000*	*20.000*
Substance Use Prevention, Treatment, and Recovery Services Block Grant	1,908.079	2,008.079	2,708.079	700.000
Budget Authority (non-add)	*1,828.879*	*1,928.879*	*2,628.879*	*700.000*
PHS Evaluation Funds (non-add)	*79.200*	*79.200*	*79.200*	--
Total, Substance Use Services	**3,954.596**	**4,157.298**	**5,463.087**	**1,305.789**
SAT Budget Authority (non-add)	*3,873.396*	*4,076.098*	*5,381.887*	*1,305.789*
SAT PHS Evaluation Funds (non-add)	*81.200*	*81.200*	*81.200*	--
Health Surveillance and Program Support				
Health Surveillance and Program Support	130.123	135.123	137.795	2.672
Program Support	81.500	84.500	84.500	--
Health Surveillance (non-add)	48.623	50.623	53.295	2.672
Budget Authority (non-add)	*18.195*	*20.195*	*22.867*	*2.672*
PHS Evaluation Funds (non-add)	*30.428*	*30.428*	*30.428*	--
Subtotal, Health Surveillance and Program Support	**130.123**	**135.123**	**137.795**	**2.672**
Congressional Earmarks	*127.535*	*160.777*	--	*-160.777*
Data Request and Publications User Fees	1.500	1.500	1.500	--
Public Awareness and Support	13.000	13.260	13.260	--
Budget Authority (non-add)	*13.000*	*13.260*	*13.260*	--
Performance and Quality Information Systems	10.000	10.200	10.200	--
Budget Authority (non-add)	*10.000*	*10.200*	*10.200*	--
Behavioral Health Workforce Data and Development	1.000	1.000	1.000	--
PHS Evaluation Funds (non-add)	*1.000*	*1.000*	*1.000*	--
Drug Abuse Warning Network	10.000	13.000	20.000	7.000
Total, Health Surveillance and Program Support	**293.158**	**334.860**	**183.755**	**-151.105**
HSPS Budget Authority (non-add)	*260.230*	*301.932*	*150.827*	*-151.105*
HSPS PHS Evaluation Funds (non-add)	*31.428*	*31.428*	*31.428*	--
Data Request and Publications User Fees(non-add)	*1.500*	*1.500*	*1.500*	--
TOTAL, SAMHSA Program Level	**6,547.102**	**7,517.583**	**10,834.475**	**3,316.892**
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	*-133.667*	*-133.667*	*-133.667*	--
Data Request and Publications User Fees	*-1.500*	*-1.500*	*-1.500*	--
TOTAL, SAMHSA Budget Authority	**6,399.935**	**7,370.416**	**10,274.808**	**2,904.392**
TOTAL, SAMHSA FTE	**577**	**725**	**865**	**140**

Budget Exhibits
Table of Contents

Budget Exhibits 13
Appropriation Language Guidelines 14
Language Analysis 19
Amounts Available for Obligation 26
Summary of Changes 27
Budget Authority by Activity 28
Authorizing Legislation 29
Appropriations History 32
Appropriations Not Authorized by Law 33

Appropriation Language Guidelines

MENTAL HEALTH

For carrying out titles III, V, and XIX of the PHS Act with respect to mental health, the Protection and Advocacy for Individuals with Mental Illness Act, and the SUPPORT for Patients and Communities Act, [$2,693,507,000] *$4,496,356,000*: *Provided,* That of the funds made available under this heading, [$93,887,000] *$150,000,000* shall be for the National Child Traumatic Stress Initiative: *Provided further,* That notwithstanding section 520A(f)(2) of the PHS Act, no funds appropriated for carrying out section 520A shall be available for carrying out section 1971 of the PHS Act: Provided further, That in addition to amounts provided herein, $21,039,000 shall be available under section 241 of the PHS Act *to supplement funds otherwise available for mental health activities and* to carry out subpart I of part B of title XIX of the PHS Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of part B of title XIX: *Provided further*, That of the funds made available under this heading for subpart I of part B of title XIX of the PHS Act, [at least 5 percent] *not less than 10 percent* shall be available to support evidence-based crisis systems: *Provided further*, That up to 10 percent of the amounts made available to carry out the Children's Mental Health Services program may be used to carry out demonstration grants or contracts for early interventions with persons not more than 25 years of age at clinical 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 [$385,000,000*]$552,500,0000* shall be available until September 30, [2025] *2026* 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 each State shall expend at least 10 percent of the amount it 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 [ABUSE TREATMENT] *USE SERVICES*

For carrying out titles III and V of the PHS Act with respect to substance [abuse] *use* treatment and title XIX of such Act with respect to substance [abuse] *use* treatment and prevention, *section 1003 of the 21st Century Cures Act*, and the SUPPORT for Patients and Communities Act, [$4,076,098,000] *$5,381,887,000*: *Provided,* That [$1,575,000,000] *$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 abuse prevention and treatment block grant under subpart II of part B of title XIX of the PHS Act (42 U.S.C. 300x–21 et seq.)] *carrying out section 1003 of the 21st Century Cures Act: Provided further*, That of such amount [$55,000,000] *$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 in allocating the amount made available in the preceding proviso, the Secretary shall ensure that the formula avoids a significant cliff between States with similar overdose mortality rates to prevent unusually large funding changes in States when compared to prior year allocations: *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 [four] provisos, the Secretary shall make allocations to States, territories, and the District of Columbia according to a formula using [national survey results] *data* that the Secretary determines [are] *to be* the most objective and reliable measure of drug use and drug-related deaths[: *Provided further*, That the Secretary shall submit the formula methodology to the Committees on Appropriations of the House of Representatives and the Senate not less than 21 days prior to publishing a Funding Opportunity Announcement]: *Provided further*, That prevention and treatment activities funded through such grants may include education, treatment (including the provision of medication), behavioral health services for individuals in treatment programs, referral to treatment services, recovery support, and medical screening associated with such treatment[: *Provided further*, That each State, as well as the District of Columbia, shall receive not less than $4,000,000]: *Provided further*, That in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) $79,200,000 *to supplement funds otherwise available for substance use treatment activities and* to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX; and (2) $2,000,000 to evaluate substance [abuse] *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.

For carrying out titles III and V of the PHS Act with respect to substance [abuse] *use* prevention, **[**$236,879,000**]** *$245,738,000*.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

For program support and cross-cutting activities that supplement activities funded under the headings "Mental Health", "Substance **[**Abuse Treatment**]** *Use Services*", and "Substance **[**Abuse**]** *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 **[**Abuse**]** *use* And Mental Health Services Administration, **[**$301,932,000**]** *$150,827,000*: Provided, That **[**of the amount made available under this heading, $160,777,000 shall be used for the projects, and in the amounts, specified in the table titled "Community Project Funding/Congressionally Directed Spending" included for this division in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act): Provided further, That none of the funds made available for projects described in the preceding proviso shall be subject to section 241 of the PHS Act or section 205 of this Act: Provided further, 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, **[**2024**]** *2025:* Provided further, That funds made available under this heading (other than amounts specified in the first proviso under this heading) may be used to supplement program support funding provided under the headings "Mental Health", "Substance **[**Abuse Treatment**]** *Use Services*", and "Substance **[**Abuse**]** *Use* Prevention *Services".*

<u>General Provisions</u>

SEC. 240. (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 to the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment of Such Administration, or the Center for Substance Abuse Prevention of such Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration, the Center for Substance Use Services of such Administration, or the Center for Substance Use Prevention Services of such Administration, respectively.
(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.

Language Analysis

Language Provision	Explanation
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:	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 titles XIX as well as under tit 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, [at least 5 percent] *not less than 10 percent* shall be available to support evidence-based crisis systems:	Increases the set-aside in the Community Mental Health Services Block Grant for crisis services to 10 percent.
Provided further, That section 520E(b)(2) of the PHS Act shall not apply to funds appropriated in this Act for fiscal year 2023	Language not necessary as States cannot hold more than one grant at any time.

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.
For carrying out titles III and V of the PHS Act with respect to substance [abuse] *use* treatment and title XIX of such Act with respect to substance [abuse] *use* treatment and prevention, *section 1003 of the 21st Century Cures Act*, and the SUPPORT for Patients and Communities Act, [$4,076,098,000] *$5,381,887,000*:	Adds authorization of the State Opioid Response program.
Provided, That [$1,575,000,000] *$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 abuse prevention and treatment block grant under subpart II of part B of title XIX of the PHS Act (42 U.S.C. 300x–21 et seq.)] *carrying out section 1003 of the 21st Century Cures Act: Provided further*, That of such amount [$55,000,000] *$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*,	Adds authorization of the State Opioid Response program as amended by Section 1273 of the Consolidated Appropriations Act, 2023 and removes duplicative language. Set-aside $75 million for the Tribal Opioid Response program. Provides increased flexibility to use the most accurate data.

Language Provision	Explanation
That in allocating the amount made available in the preceding proviso, the Secretary shall ensure that the formula avoids a significant cliff between States with similar overdose mortality rates to prevent unusually large funding changes in States when compared to prior year allocations: *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 [four] provisos, the Secretary shall make allocations to States, territories, and the District of Columbia according to a formula using [national survey results] *data* that the Secretary determines [are] *to be* the most objective and reliable measure of drug use and drug-related deaths[: *Provided further*, That the Secretary shall submit the formula methodology to the Committees on Appropriations of the House of Representatives and the Senate not less than 21 days prior to publishing a Funding Opportunity Announcement]: *Provided further*, That prevention and treatment activities funded through such grants may include education, treatment (including the provision of medication), behavioral health services for individuals in treatment programs, referral to treatment services, recovery support, and medical screening associated with such treatment[: *Provided further*, That each State, as well as the District of Columbia, shall receive not less than $4,000,000]:	
Provided further, That in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) $79,200,000 *to supplement funds otherwise available for substance use treatment activities and* to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX; and (2) $2,000,000 to evaluate substance [abuse] *use* treatment programs:	Sets the amount of Public Health Service Evaluation Fund dollars allocated to supplement the budget authority available for programs and activities authorized under title XIX, titles III and V, and substance abuse treatment activities.

Language Provision	Explanation
Provided further, That 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 Use Prevention, Treatment, and Recovery Services Block Grant.
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:	Sets-aside 10 percent of the Substance Use Prevention, Treatment, and Recovery Services Block Grant for recovery support services.
For program support and cross-cutting activities that supplement activities funded under the headings "Mental Health", "Substance **[**Abuse Treatment**]** *Use Services*", and "Substance **[**Abuse Prevention**]** *Use Prevention*" in carrying out titles III, V, and XIX of the PHS Act and the Protection and Advocacy for Individuals with Mental Illness Act in the Substance **[**Abuse**]** *Use* and Mental Health Services Administration, **[**$301,932,000**]** *$150,827,000*:	Updates names of SAMHSA accounts.
[Provided, That of the amount made available under this heading, $160,777,000 shall be used for the projects, and in the amounts, specified in the table titled "Community Project Funding/Congressionally Directed Spending" included for this division in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act): Provided further, That none of the funds made available for projects described in the preceding proviso shall be subject to section 241 of the PHS Act or section 205 of this Act**]**	Funding for this activity is not included in the Budget.

Language Provision	Explanation
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";*	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
(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".*	

Language Provision	Explanation
(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 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
General Fund Discretionary Appropriation:			
Appropriation……………………………………….	$6,399,934,998	$7,370,416,000	$10,274,808,000
Across-the-board reductions…………………………..	---	---	---
Subtotal, Appropriation ……………………………	6,399,934,998	7,370,416,000	10,274,808,000
Rescission ………………………………………….	---	---	---
Subtotal, adjusted appropriation……………………	6,399,934,998	7,370,416,000	10,274,808,000
Total, Discretionary Appropriation…………..	**6,399,934,998**	**7,370,416,000**	**10,274,808,000**
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…………………………………….	**$6,547,101,998**	**$7,517,583,000**	**$10,834,475,000**

Summary of Changes
(Whole dollars)

2023 Enacted…………………………………………………………………………..	
Total estimated budget authority……………………………………………………	$7,370,416,000
(Obligations)…………………………………………………………………………..	7,370,416,000
2024 President's Budget…………………………………………………………….	
Total estimated budget authority…………………………………………………...	10,274,808,000
(Obligations)…………………………………………………………………………..	10,274,808,000
Net Change……………………………………………………………………………	**+$2,904,392,000**

	FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023	
	BA	**FTE**	**BA**	**FTE**	**BA**	**FTE**
Increases:						
A. Built-in:						
1. Annualization of 2022 commissioned corps pay increase…..	$98,557,528	---	$125,723,105	---	+27,165,578	---
2. Annualization of 2022 civilian pay increase………………..	5,844,452	---	8,531,277	---	+2,686,825	---
Subtotal, Built-in Increases……………………………….	**104,401,979**	**---**	**134,254,382**	**---**	+29,852,402	**---**
B. Program:						
1. Mental Health……………………………………………..	2,742,085,390	137	4,473,492,105	184	+1,731,406,716	+47
2. Substance Use Prevention…………………………………	222,451,727	80	230,013,806	83	+7,562,078	+3
3.Substance Use Services……………………………………	4,059,097,509	130	5,356,428,403	175	+1,297,330,894	+45
4. Health Surveillance and Program Support……………….	81,602,395	378	80,619,305	423	-983,090	+45
Congressional Earmarks………………………………..						
Subtotal, Program Increases……………………………	**7,105,237,021**	**725**	**10,140,553,618**	**865**	**3,035,316,598**	**+140**
Total Increases………………………………………...	**7,209,639,000**	**725**	**10,274,808,000**	**865**	**3,065,169,000**	**+140**
Decreases:						
A. Built-in:						
1. Absorption of built-in increases ………………………….				---		---
Subtotal, Built-in Decreases…………………………….				**---**		**---**
B. Program:						
4. Health Surveillance and Program Support……………….						
Congressional Earmarks………………………………..	160,777,000	---	---	---	-160,777,000	---
Subtotal, Program Decreases…………………………	**160,777,000**	**---**	**---**	**---**	**-160,777,000**	**---**
Total Decreases……………………………………….	**160,777,000**	**---**	**---**	**---**	**-160,777,000**	**---**
Net Change………………………………………….					**+$2,904,392,000**	**+$140**

Budget Authority by Activity

(Dollars in thousands)

	FY 2022 Final	FY2023 Enacted	FY2024 President's Budget
Mental Health			
Programs of Regional and National Significance	$577,616	$1,044,033	$1,778,269
National Child Traumatic Stress Network	81,887	93,887	150,000
Assisted Outpatient Treatment for Individuals with SMI	21,420	21,420	21,420
Children's Mental Health Services	125,000	130,000	225,000
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*12,500*	*13,000*	*22,500*
Projects for Assistance in Transition from Homelessness	64,635	66,635	109,635
Protection and Advocacy for Individuals with Mental Illness	38,000	40,000	40,000
Community Mental Health Centers (CMHC)	--	--	412,500
Community Mental Health Services Block Grant	857,571	1,007,571	1,652,571
Budget Authority (non-add)	*836,532*	*986,532*	*1,631,532*
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*
Certified Community Behavioral Health Clinics	315,000	385,000	552,500
Total, Mental Health	**2,081,129**	**2,788,546**	**4,941,895**
Substance Use Prevention Services			
Programs of Regional and National Significance	218,219	236,879	245,738
Total, Substance Use Prevention Services	**218,219**	**236,879**	**245,738**
Substance Use Services			
Programs of Regional and National Significance	521,517	574,219	755,008
State Opioid Response Grants	1,525,000	1,575,000	2,000,000
Set-Aside for Tribes (non-add)	*55,000*	*55,000*	*75,000*
Substance Use Prevention, Treatment, and Recovery Services Block Grant	1,908,079	2,008,079	2,708,079
Budget Authority (non-add)	*1,828,879*	*1,928,879*	*2,628,879*
PHS Evaluation Funds (non-add)	*79,200*	*79,200*	*79,200*
Total, Substance Use Services	**3,954,596**	**4,157,298**	**5,463,087**
Health Surveillance and Program Support			
Health Surveillance and Program Support	130,123	135,123	137,795
Program Support (non-add)	81,500	84,500	84,500
Health Surveillance (non-add)	48,623	50,623	53,295
Budget Authority (non-add)	*18,195*	*20,195*	*22,867*
PHS Evaluation Funds (non-add)	*30,428*	*30,428*	*30,428*
Subtotal, Health Surveillance and Program Support	**130,123**	**135,123**	**137,795**
Congressional Earmarks	*127,535*	*160,777*	
Data Request and Publications User Fees	1,500	1,500	1,500
Public Awareness and Support	13,000	13,260	13,260
Budget Authority (non-add)	*13,000*	*13,260*	*13,260*
Performance and Quality Information Systems	10,000	10,200	10,200
Budget Authority (non-add)	*10,000*	*10,200*	*10,200*
Behavioral Health Workforce Data and Development	1,000	1,000	1,000
PHS Evaluation Funds (non-add)	*1,000*	*1,000*	*1,000*
Drug Abuse Warning Network	10,000	13,000	20,000
Total, Health Surveillance and Program Support	**293,158**	**334,860**	**183,755**
HSPS Budget Authority (non-add)	*260,230*	*301,932*	*150,827*
HSPS PHS Evaluation Funds (non-add)	*31,428*	*31,428*	*31,428*
Data Request and Publications User Fees(non-add)	*1,500*	*1,500*	*1,500*
TOTAL, SAMHSA Program Level	**6,547,102**	**7,517,583**	**10,834,475**
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	*-133,667*	*-133,667*	*-133,667*
Data Request and Publications User Fees	*-1,500*	*-1,500*	*-1,500*
TOTAL, SAMHSA Budget Authority	**$6,399,935**	**$7,370,416**	**$10,274,808**
FTEs	**577**	**725**	**865**

Substance use And Mental Health Services Administration

Authorizing Legislation

(Whole dollars)

Activity	FY 2023 Amount Authorized	FY 2023 Amount Appropriated	FY 2024 Amount Authorized	FY 2024 President's Budget
1. Grants for the Benefit of Homeless PHS Act, Section 506....................................	$ 41,304,000	$ 37,114,000	$ 41,304,000	$ 37,114,000
2. Residential Substance Use Services Programs for Pregnant and Postpartum Women PHS Act, Section 508....................................	$ 29,931,000	$ 38,931,000	$ -	$ 49,397,000
3. Priority Substance Use Services Needs of Regional and National Significance PHS Act, Section 509....................................	$ 521,517,000	$ 572,219,000	$ 521,517,000	$ 753,008,000
4. Substance Use Services for Children and Adolescents PHS Act, Section 514....................................	$ 29,600,000	$ 30,197,000	$ 29,600,000	$ 30,197,000
5. Priority Substance Use Prevention Needs of Regional and National Significance PHS Act, Section 516..	$ 218,219,000	$ 236,879,000	$ 218,219,000	$ 245,738,000
6. Sober Truth on Preventing Underage Drinking PHS Act, Section 519B....................................	$ 14,500,000	$ 14,500,000	$ 14,500,000	$ 14,500,000
7. Priority Mental Health Needs of Regional and National Significance PHS Act, Section 520A....................................	$ 599,000,000	$ 1,044,033,000	$ 599,000,000	$ 1,778,269,000
8. Suicide Prevention Technical Assistance Center PHS Act, Section 520C..................................	$ 9,000,000	$ 11,000,000	$ 9,000,000	$ 11,000,000
9. Youth Suicide Early Intervention and Prevention Strategies PHS Act, Section 520E.................................	$ 40,000,000	$ 43,806,000	$ 40,000,000	$ 43,806,000
10. Mental Health and Substance Use Disorder Services on Campus PHS Act, Section 520E-2.................................	$ 7,000,000	$ 8,488,000	$ 7,000,000	$ 11,488,000
11. 988 and Behavioral Health Crisis Services PHS Act, Section 520A.....................................	$ 101,621,000	$ 501,618,000	$ 101,621,000	$ 836,000,000

Authorizing Legislation (continued)

(Whole dollars)

Activity	FY 2023 Amount Authorized	FY 2023 Amount Appropriated	FY 2024 Amount Authorized	FY 2024 President's Budget
12. Grants for Jail Diversion Programs PHS Act, Section 520G...........	$ 14,000,000	$ 11,269,000	$ 14,000,000	$ 56,394,000
13. Mental Health Awareness Training PHS Act, Section 520J............	$ 24,963,000	$ 27,963,000	$ 24,963,000	$ 64,000,000
14. Integration Incentive Grants and Cooperative Agreements PHS Act, Section 520K...........	$ 60,000,000	$ 57,868,000	$ 60,000,000	$104,868,000
15. Adult Suicide Prevention PHS Act, Section 520L...........	$ 30,000,000	$ 28,200,000	$ 30,000,000	$ 28,200,000
16. Assertive Community Treatment Grant Program PHS Act, Section 520M..........	$ 9,000,000	$ 9,000,000	$ 9,000,000	$ 9,000,000
17. Projects for Assistance in Transition From Homelessness PHS Act, Sections 521-535(a).	$ -	$ 66,635,000	$ -	$109,635,000
18. First Responder Training PHS Act, Section 546.............	$ 36,000,000	$ 56,000,000	$ -	$ 77,500,000
19. Building Communities of Recovery PHS Act, Section 547.............	$ 5,000,000	$ 16,000,000	$ -	$ 28,000,000
20. Community Mental Health Services for Children with Serious Emotional Disturbances PHS Act, Sections 561-565(ff).	$125,000,000	$130,000,000	$125,000,000	$225,000,000
21. Grants to Address the Problems of Persons Who Experience Violence Related Stress PHS Act, Section 582.............	$ 63,887,000	$ 93,887,000	$ -	$150,000,000

Authorizing Legislation (continued)

(Whole dollars)

Activity	FY 2023 Amount Authorized	FY 2023 Amount Appropriated	FY 2024 Amount Authorized	FY 2024 President's Budget
22. Community Mental Health Services Block Grants PHS Act, Section 1911-1920......................................	$ 857,571,000	$ 1,007,571,000	$ 857,571,000	$ 1,652,571,000
23. Substance Abuse Prevention and Treatment Block Grants PHS Act, Section 1921-1935......................................	$ 1,908,079,000	$ 2,008,079,000	$ 1,908,079,000	$ 2,708,079,000
24. Assisted Outpatient Treatment Grant Program for Individuals With SMI Section 224 of the Protecting Access to Medicare Act of 2014…………………………………………………	$ 22,000,000	$ 21,420,000	$ 22,000,000	$ 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…………………	$ -	$ 40,000,000	$ -	$ 40,000,000
26. Heath Surveillance PHS Act, Section 501, 505..	$ 135,123,000	$ 135,123,000	$ 137,795,000	$ 137,795,000
27. Public Awareness and Support PHS Act, Section 501, 509, 516, 520A.......................	$ 13,260,000	$ 13,260,000	$ 13,260,000	$ 13,260,000
28. Performance and Quality Improvement Systems PHS Act, Section 501, 509, 516, 520A.......................	$ 10,200,000	$ 10,200,000	$ 10,200,000	$ 10,200,000
29. Drug Abuse Warning Network PHS Act, Section 505..	$ 13,000,000	$ 13,000,000	$ 20,000,000	$ 20,000,000
* Sunset date: 2003				

Appropriations History

(Whole dollars)

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2015				
General Fund Appropriation:				
Annual (P.L. 113-235)..	$3,297,669,000	---	$3,431,878,000	$3,474,045,000
Subtotal...	$3,297,669,000	---	$3,431,878,000	$3,474,045,000
FY 2016				
General Fund Appropriation:				
Annual (P.L. 114-113)...	$3,395,663,000	$3,642,710,000	$3,314,817,000	$3,634,269,000
Subtotal...	$3,395,663,000	$3,642,710,000	$3,314,817,000	$3,634,269,000
FY 2017				
General Fund Appropriation:				
Supplemental (21st Century Cures Act).....................................				$500,000,000
Annual (P.L. 115-31)...	$3,488,783,000	$4,211,603,000	$3,739,577,000	$3,611,003,000
Subtotal...	$3,488,783,000	$4,211,603,000	$3,739,577,000	$4,111,003,000
FY 2018				
General Fund Appropriation:				
Supplemental (21st Century Cures Act).....................................				$500,000,000
Annual (P.L. 115-141)..	$3,770,668,000	$4,193,936,000	$4,279,092,000	$4,513,327,000
Subtotal..	$3,770,668,000	$4,193,936,000	$4,279,092,000	$5,013,327,000
FY 2019				
General Fund Appropriation:				
Annual (P.L. 115-245)..	$3,425,887,000	$5,319,561,000	$5,592,827,000	$5,596,829,000
Subtotal...	$3,425,887,000	$5,319,561,000	$5,592,827,000	$5,596,829,000
FY 2020				
General Fund Appropriation:				
Supplemental (CARES Act P.L. 116-136)...............................	---	---	---	$425,000,000
Annual (P.L. 116-94)...	$5,534,908,000	$5,870,996,000	$5,856,496,000	$5,736,829,000
Subtotal..	$5,534,908,000	$5,870,996,000	$5,856,496,000	$5,736,829,000
FY 2021				
General Fund Appropriation:				
Supplemental (American Rescue Plan Act of 2021 P.L. 117-2)..	---	---	---	$3,560,000,000
Supplemental: (Coronavirus Emergency Reponse and Relief Act P.L. 116-260).	---	---	---	$4,250,000,000
Annual (P.L. 116-260)...	$5,597,651,000	$5,830,829,000	$5,853,840,000	$5,869,841,000
Subtotal..	$5,597,651,000	$5,830,829,000	$5,853,840,000	$13,679,841,000
FY 2022				
General Fund Appropriation:				
Supplemental (Bipartisan Safer Communities Act P.L. 117-159)......	---	---	---	$312,500,000
Annual (P.L. 117-103)...	$9,586,844,000	$9,014,610,000	$8,957,412,000	$6,399,935,000
Subtotal..	$9,586,844,000	$9,014,610,000	$8,957,412,000	$6,712,435,000
FY 2023				
General Fund Appropriation:				
Annual (P.L. 117-328)...	$10,137,487,000	$9,024,713,000	$9,002,834,000	$7,370,416,000
Subtotal..	$10,137,487,000	$9,024,713,000	$9,002,834,000	$7,370,416,000
FY 2024				
General Fund Appropriation:				
Base...	$10,274,808,000	---	---	---
Subtotal...	$10,274,808,000	---	---	---

Appropriations Not Authorized by Law

(Whole dollars)

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2024
Protection and Advocacy for Individuals with Mental Illness Act				
P.L. 99-319, Sec. 117	2003	$ 19,500,000	$ 19,500,000	$ 40,000,000
TOTAL, SAMHSA Budget Authority		$ 19,500,000	$ 19,500,000	$ 40,000,000

Mental Health

Table of Contents

Mental Health **34**

Summary of the Request 35

Programs of Regional and National Significance (PRNS) 37

Project AWARE *38*

Mental Health Awareness Training *42*

Healthy Transitions *44*

Children and Family Programs *47*

Consumer and Family Network Grants *49*

Project LAUNCH *51*

Mental Health System Transformation and Health Reform *55*

Primary and Behavioral Health Care Integration *58*

Suicide Prevention Programs *62*

Mental Health Crisis Response Partnerships Program *79*

Homelessness Prevention Programs *81*

Minority AIDS *83*

Criminal and Juvenile Justice Programs *86*

Practice Improvement and Training *90*

Consumer and Consumer-Supporter TA Centers *92*

Disaster Response *94*

Seclusion and Restraint *98*

Assertive Community Treatment for Individuals with Serious Mental Illness *100*

Tribal Behavioral Health Grants *103*

Minority Fellowship Program *106*

Infant and Early Childhood Mental Health *109*

Interagency Task Force on Trauma-Informed Care *112*

National Child Traumatic Stress Network 114

Assisted Outpatient Treatment for Individuals with Serious Mental Illness 117

Children's Mental Health Services 120

Projects for Assistance in Transition from Homelessness 120

Protection and Advocacy for Individuals with Mental Illness (PAIMI) 130

Community Mental Health Centers (CMHC) 135

Certified Community Behavioral Health Clinics (CCBHC) 137

Community Mental Health Services Block Grant (MHBG) 144

Mental Health
Summary of the Request
(Dollars in thousands)

	FY 2022	FY 2023	FY 2024	
	Final	Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023 Enacted
Programs of Regional and National Significance.........................	$577,615	$1,044,033	$1,778,269	$734,236
Prevention and Public Health Fund (non-add).......................	*12,000*	*12,000*	*12,000*	---
National Child Traumatic Stress Network..................................	81,887	93,887	150,000	56,113
Assisted Outpatient Treatment for Individuals with SMI............	21,420	21,420	21,420	---
Children's Mental Health Services...	125,000	130,000	225,000	95,000
Projects for Assistance in Transition From Homelessness..........	64,635	66,635	109,635	43,000
Protection and Advocacy For Individuals with Mental Illness.....	38,000	40,000	40,000	---
Certified Community Behavioral Health Clinics.........................	315,000	385,000	552,500	167,500
Community Mental Health Services Block Grant.......................	857,571	1,007,571	1,652,571	645,000
PHS Evaluation Funds (non-add)...	*21,039*	*21,039*	*21,039*	---
CMHS Mandatory Programs..				
Community Mental Health Centers..	---	--	412,500	412,500
Total, Mental Health..	**2,081,128**	**2,788,546**	**4,941,895**	**2,153,349**
FTE...	**121**	**137**	**184**	**47**

The Mental Health FY 2024 President's Budget Request is $4.9 billion, an increase of $2.2 billion from the FY 2023 Enacted level.

SAMHSA's Center for Mental Health Services (CMHS) Manages over 40 formula and discretionary grant programs, with approximately 2,500 grant and technical assistance programs throughout the US. The programming, which covers individuals' lifespan, funds interventions across the full range of the public health model, from mental health promotion, prevention, case identification/screening, early intervention, treatment, and recovery support 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). However, much of CMHS' programming is targeted towards supporting and treating adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED).

CMHS's grant and technical assistance programs are a critical response to our nation's mental health crisis. The programs increase access to quality services that include prevention, early intervention, treatment, and recovery supports for individuals across the lifespan. CMHS grants support direct services, infrastructure development, capacity building, and technical assistance to enhance the behavioral health system for all Americans. SAMHSA programs meet people where they are through supporting services beyond office based behavioral health systems, such as in primary healthcare clinics, schools, child welfare, criminal and juvenile justice, and supported housing services.

In designing and maintaining these programs, CMHS collaborates with federal partners and often requires grantees to engage with related state or community providers to ensure alignment and impact. This cross-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. CMHS programs also advance the HHS Strategic Plan FY 2022-2026 objectives to bolster the health workforce, strengthen early childhood development, 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 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023 Enacted
Capacity				
Project AWARE	119,984	140,001	244,000	103,999
Project AWARE: State Grants(non-add)	*100,484*	*110,501*	*213,250*	*102,749*
Project AWARE: Civil Unrest(non-add)	*12,500*	*17,500*	*18,750*	*1,250*
Project AWARE -School-based Trauma-Informed Care (non-add)	*7,000*	*12,000*	*12,000*	-
Mental Health Awareness Training	24,946	27,963	64,000	36,037
Healthy Transitions	29,434	30,451	61,400	30,949
Children and Family Programs	7,212	7,229	7,229	-
Consumer and Family Network Grants	4,937	4,954	4,954	-
MH System Transformation and Health Reform	3,762	3,779	3,779	-
Project LAUNCH	23,588	25,605	35,408	9,803
Primary and Behavioral Health Care Integration	52,860	55,877	102,877	47,000
Suicide Prevention Programs	196,979	617,043	1,034,425	417,382
988 and Behavioral Health Crisis Services	---	501,618	836,000	334,382
[1]Suicide Lifeline	101,621	--		-
National Strategy for Suicide Prevention	23,183	28,200	28,200	-
Zero Suicide (non-add)	*18,783*	*22,800*	*22,800*	-
Zero Suicide AI/AN(non-add)	*2,400*	*3,400*	*3,400*	-
All Other NSSP (non-add)	*2,000*	*2,000*	*2,000*	-
GLS - Youth Suicide Prevention - States	38,789	43,806	43,806	-
Budget Authority (non-add)	*26,789*	*31,806*	*31,806*	-
Prevention and Public Health Fund (non-add)	*12,000*	*12,000*	*12,000*	-
GLS - Youth Suicide Prevention - Campus	6,471	8,488	11,488	3,000
Suicide Prevention Resource Center	8,983	11,000	11,000	-
AI/AN Suicide Prevention Initiative	2,931	3,931	3,931	-
MH Crisis Response Grants	10,000	20,000	100,000	-
Behavioral Health Crisis Coordinating Office	5,000	--	--	-
Homelessness Prevention Programs	30,679	33,696	35,696	2,000
Criminal and Juvenile Justice Programs	6,252	11,269	56,394	45,125
Assertive Community Treatment for Individuals with SMI	8,983	9,000	9,000	-
Minority AIDS	9,207	9,224	9,224	-
Seclusion & Restraint	1,130	1,147	1,147	-
Tribal Behavioral Health Grants	20,733	22,750	23,250	500
Infant and Early Childhood Mental Health	9,983	15,000	37,500	22,500
Interagency Task Force on Trauma-Informed Care	1,000	2,000	2,000	-
Subtotal, Capacity	**551,671**	**1,016,988**	**1,732,283**	**715,295**
Science and Service:				
Primary and Behavioral Health Care Integration TTA	1,974	1,991	1,991	-
Practice Improvement and Training	7,811	7,828	15,828	8,000
Consumer and Consumer Support TA Centers	1,901	1,918	1,918	--
Disaster Response	1,936	1,953	1,953	--
Homelessness	2,279	2,296	2,296	--
MH Minority Fellowship Program	10,042	11,059	22,000	10,941
Subtotal, Science and Service	**25,944**	**27,045**	**45,986**	**18,941**
Total, PRNS	**577,615**	**1,044,033**	**1,778,269**	**734,236**

[1/] The Suicide Lifeline was realigned to the 988 and Behavioral Health Crisis Services program in FY 2023.

Project AWARE

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024+/ 2023 Enacted
Project AWARE	$119,984	$140,001	$244,000	$103,999
Project AWARE State Grants (non-add)	*100,484*	*110,501*	*213,250*	$102,749
Project AWARE - Civil Unrest (non-add)	*12,500*	*17,500*	*18,750*	$1,250
Project AWARE -School-based Trauma-Informed Care (non-add)	*7,000*	*12,000*	*12,000*	$0

Authorizing Legislation ..Sections 520A and 520J of the Public Health Service Act; Section 7134 (42 USC 280h-7) of the SUPPORT Act for Patients and Communities Act (P.L. 115-271)
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities...State and Local Education Agencies,
…..............Local Governmental Entities, Community Organizations and Provider Organizations,
…............Community Colleges, Networks, National Non-Profit Organizations, States and Tribes

Program Description

According to the CDC Web-based Injury Statistic Query and Reporting Systems Leading Causes of Death Reports, suicide was the second leading cause of death among individuals between the ages of 10-14, and the third leading cause of death among individuals between the ages of 15-24 in 2020 [6]. In 2021, 42% of high school students felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing their usual activities. Female students were more likely than male students to experience persistent feelings of sadness or hopelessness.[7] In 2021, 22% of high school students seriously considered attempting suicide during the past year. Female students were more likely than male students to seriously consider attempting suicide. LGBTQI+ students and students who had any same-sex partners were more likely than their peers to seriously consider attempting suicide. Multiracial students were more likely than Asian, Black, and White students to experience persistent feelings of sadness or hopelessness. LGBTQI+ students and students who had any same-sex partners were more likely than their peers to experience persistent feelings of sadness or hopelessness.[8]

Project AWARE (Advancing Wellness and Resiliency in Education) is made up of three components: Project AWARE; ReCAST (Resilience in Communities after Stress and Trauma); and Cooperative Agreements for School-Based Trauma-Informed Support Services and Mental Health Care for Children and Youth (Trauma-Informed Services in Schools). All three programs are a part of a comprehensive mental health project that focuses on building infrastructure within schools and communities to provide trauma-informed, developmentally appropriate, and culturally competent services to children and youth, their families, and their communities.

[6] *Web-based Injury Statistics Query and Reporting System.* (2020). Retrieved from the Center for Disease Control and Prevention: https://wisqars.cdc.gov/data/lcd/home

[7] https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

[8] Ibid.

Project AWARE

Established in 2014, Project AWARE grantees develop collaborative partnerships that include the State Education Agency, Local Education Agency, Tribal Education Agency, the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. Award recipients will leverage their partnerships to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services. SAMHSA expects that this program will promote the healthy social and emotional development of school-aged youth and prevent youth violence in school settings.

ReCAST

Established in 2016, ReCAST grantees support efforts in high-crime, high-poverty communities that have experienced civil unrest, community violence, and collective trauma within the previous 24 months. ReCAST grantees are guided by a community-based coalition of residents and community-based, non-profit organizations, in partnership with other entities (e.g., health and human service providers, schools, institutions of higher education, faith-based organizations, businesses, state and local government, law enforcement, and employment, housing, and transportation services agencies). ReCAST grantees work to create more equitable access to trauma-informed community behavioral health resources and strengthen the integration of behavioral health services and other community systems to address the social determinants of health. Through these community-based coalitions, ReCAST grantees build a foundation to promote well-being, resiliency, and change that promote community and youth engagement.

School-Based Trauma-Informed Support Services and Mental Health Care for Children and Youth (Trauma Informed Services in Schools)

Established in FY 2022, Trauma-Informed Services in Schools grantees increase students' access to evidence-based, culturally relevant, and trauma-informed mental health care by developing innovative initiatives, activities, and programs to link local school systems with mental health systems and support, including those under the Indian Health Service. The COVID-19 pandemic has increased the need for school and community-based trauma-informed services for children and youth, and their families. The collaborative efforts of this program will create and/or improve identification, referral, early intervention, and treatment, and support services for students that need specialized support. With this program, SAMHSA aims to further enhance and improve trauma-informed support and mental health services for children and youth.

Budget Request

The FY 2024 President's Budget request is $244.0 million, an increase of $104.00 million from the FY 2023 Enacted level. Funding for this program will support 87 continuations for Project AWARE grants, award 52 new AWARE grants, 12 continuations for School-based Trauma grants and 17 continuations for ReCAST grants. The funding will expand the programs' population of focus 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 this funding for the three Project AWARE grant programs will help to identify and refer approximately 120,000 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.

Funding History Table

5 Year Funding Table		
Fiscal Year	**Amount**	**Supplemental Funding**
FY 2020	$102,001,000	
FY 2021	$105,117,728	$80,000,000
FY 2022 Final	$119,984,000	
FY 2023 Enacted[1]	$140,001,000	$60,000,000
FY 2024 President's Budget[1]	$244,000,000	$60,000,000

1/Supplemental funding represents BSCA advanced appropriations in 2023 and 2024.

Program Accomplishments

Project AWARE

In FY 2022, SAMHSA supported 46 Project AWARE grant continuations and awarded a new cohort of nine grants (five grants with base budget authority and four grants American Rescue Plan Act funds). In FY 2022, Project AWARE grantees trained 252,498 individuals in mental health and related practices; screened 254,001 children and youth for mental health related concerns; and referred 62,748 children and youth for mental health services and treatment.

In FY 2023, SAMHSA anticipates funding 39 continuation grants (35 grants with base budget authority and four grants with American Rescue Plan Act) and award a new cohort of 44 grants (21 new grants with base budget authority and 23 grants with Bipartisan Safer Community Act). In FY 2023, it is estimated that the number of individuals trained in mental health-related practices will increase to 440,000; that the number of children and youth screened for mental health-related concerns will increase to 450,000; and that the number of children and youth referred to mental health and related services will increase to 120,000.

ReCAST

In FY 2022, SAMHSA awarded 11 grant continuations and awarded one new grant. In FY 2022, the ReCAST grantees trained 7,664 individuals; reached 198,915 community members with mental health messaging addressing trauma-informed practices; and provided evidence-based mental health-related services to 9,395 individuals. The percentage of individuals receiving

mental health services after referral

In the FY 2023, SAMHSA anticipates funding 10 continuation grants and 17 new awards (7 new grants with base budget authority and 10 grants with Bipartisan Safer Community Act). SAMHSA anticipates that ReCAST grantees will train 8,200 individuals; will reach 190,000 community members with mental health messaging addressing trauma-informed practices; and provide evidence-based mental health-related services to 9,900 individuals.

Trauma-Informed Services in Schools

In FY 2022, SAMHSA awarded a new cohort of seven grants.

In FY 2023, SAMHSA anticipates funding 7 grant continuations, and awarding a new cohort of 13 grants (5 with based budget authority and 8 with Bipartisan Safer Communities Act funding). SAMHSA anticipates that grantees will screen approximately 62,400 children and youth for services and will serve nearly 57,500 children and youth.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.2.21 Percentage of individuals receiving mental health services after referral.	FY 2022: 70.0 Target: 74.5 (Target Not Met)	74.5	74,5	Maintain
3.2.39 Number of individuals who have received training in prevention or mental health promotion (Outcome)	FY 2022: 266,096 Target: 226,000.0 (Target Exceeded)	300,000	500,000.0	+200,000
3.2.51 Number of individuals referred to mental health or related interventions (Output)	FY 2022: 63,998 Target: 43,000.0 (Target Exceeded)	64,000	120,000	+56,000

Mental Health Awareness Training

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Mental Health Awareness Training	$24,946	$27,963	$64,000	$36,037

Authorizing Legislation ....Sections 520J of the Public Health Service Act
FY 2024 Authorization $24,963,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities……………State and Territories, Political Sub-divisions of States; Tribes or ……………………………………………………..Tribal Organizations; and Non-Profit Entities

Program Description

Established in 2018, the purpose of the Mental Health Awareness Training (MHAT) program is to (1) train individuals (e.g., school personnel and emergency services personnel including fire department and law enforcement personnel, veterans, armed services members and their families, etc.) to recognize the signs and symptoms of mental disorders and how to safely de-escalate crisis situations involving individuals with a mental illness and (2) provide education on resources available in the community for individuals with a mental illness and other relevant resources, including how to establish linkages with school and/or community-based mental health agencies.

The MHAT program uses several evidence-based activities and programs to ultimately increase the number of individuals prepared and trained on how to respond to individuals appropriately and safely with mental disorders, particularly individuals with serious mental illness (SMI) and/or serious emotional disturbance (SED). These programs include but are not limited to: Mental Health First Aid and its associated specialty curriculums, Question, Persuade, Refer; Applied Suicide Intervention Skills Training; and Crisis Intervention Training. With the MHAT program, SAMHSA aims to increase the number of individuals prepared and trained on how to respond to individuals with mental disorders appropriately and safely.

Budget Request

The FY 2024 President's Budget request is $64.0 million, an increase of $36.0 million from the FY 2023 Enacted funding level for this program will support 197 continuation grants and 277 new grants. The budget will enable populations to be trained, including college students, veterans and armed services personnel and their family members, and to broaden applicable settings for trainings to include noneducational, non-health care settings. With this funding, it is estimated the number of individuals referred to mental health and related services will near 325,000 and the number of individuals trained to recognize the signs and symptoms of mental illness will be approximately 600,000.

Funding History Table

5 Year Funding Table		
Fiscal Year	**Amount**	**Bipartisan Safer Communities Act/[1]**
FY 2020	$22,963,000	
FY 2021	$23,963,000	
FY 2022 Final	$24,946,200	
FY 2023 Enacted	$27,963,000	$30,000,000
FY 2024 President's Budget	$64,000,000	$30,000,000

[1]/Funds are in advance of Appropriations in 2023 and 2024.

Program Accomplishments

In FY 2022, SAMHSA awarded 159 grant continuations and awarded a new cohort of 30 grants. The grantees trained 118,911 individuals in mental health awareness, out of which 76.50 percent demonstrated an improvement in their knowledge and beliefs related to prevention and mental health treatment; and referred 78,816 youth to mental health and related services and activities.

In FY 2023, SAMHSA anticipates funding 175 continuation grants and awarding a cohort of 260 new grants (22 grants with base budget authority and 238 grants with Bipartisan Safer Community Act). In FY 2023, the MHAT grantees are expected to train 21,772 individuals in mental health awareness, out of which 90.5 percent demonstrated improvement in their knowledge and beliefs related to prevention and mental health treatment; and referred 25,328 individuals to mental health and related services and activities.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.6.1 Number of individuals trained in prevention or mental health promotion		270,000	600,000	Increase
3.6.2 Number of individuals referred to mental health or related interventions		179,000	325,000	Increase

Healthy Transitions

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Healthy Transitions	$29,434	$30,451	$61,400	$30,949

Authorizing Legislation……………………….…Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities...States and Territories; Political Sub-divisions of States; Indian Tribes or Tribal Organizations; Health Facilities Operated in accordance with the Indian Health Service.

Program Description

The Healthy Transitions Program has comprised several iterations of the program since its creation in 2022. The program began with the Partnership for Youth Transitions in 2002-2004, followed by the Healthy Transitions Initiative (2009-2014), and the Healthy Transitions: Now is the Time (NITT) from 2014-2019. The current program's iteration is called the Healthy Transitions Initiative (HTI) which began in 2018.

The purpose of this program is to improve and expand access to developmentally, culturally, and linguistically appropriate services and supports for transition-aged youth and young adults (ages 16-25) who either have, or are at risk for developing, serious mental health conditions. One of the risks affecting transition-aged youth is that it coincides with the age of onset for most mental and behavioral health challenges. Most mental health challenges emerge in the late teens to early 20's, with roughly 50 percent of mental health challenges beginning by the early 20s.[9] Serious mental illness or diagnosable mental health challenges that substantially interfere with or limit major life activities, are more prevalent during the transition age than at any other period.[10]

Since 2018, the Healthy Transitions program has provided states, territories, and tribes with resources to improve access to mental health treatment and related support services for youth and young adults ages 16-25 with serious mental health conditions. Grantees use these funds to provide direct services and supports to address serious mental health conditions, co-occurring disorders, and risks for developing SMI among young people ages 16-25. This is accomplished by improving awareness, outreach and engagement strategies, screening and assessment, referrals to treatment, coordination of care, and evidence-based/informed treatment for youth and young adults. Grantees also develop formal partnerships with child and adult serving organizations to promote seamless and coordinated care, develop sustainable policies, and provide needed training both at the state and community levels to effectively engage and serve this unique population. Appropriate outreach and engagement processes are imperative to create access to effective behavioral health

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[9] Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. Age of onset of mental disorders: a review of recent literature. Curr Opin Psychiatry. 2007;20:359–364.
[10] Zajac, K., Sheidow, A. J., & Davis, M. (September 2013). Transitional Youth with Mental Health Challenges in the Juvenile Justice System. *Juvenile Justice Resource Series*. Retrieved from

interventions and supports. With the Healthy Transitions program, SAMHSA aims to improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Budget Request

The FY 2024 President's Budget request is $61.4 million, an increase of $30.9 million from the FY 2023 Enacted level This budget will support 14 continuation grants and fund a new cohort of 44 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 this program will serve approximately 5,800 young people and provide quality supports and services needed to engage this population.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	28,951,000
FY 2021	29,451,000
FY 2022 Final	29,433,536
FY 2023 Enacted	30,451,000
FY 2024 President's Budget	$61,400,000

Program Accomplishments

In FY 2022, SAMHSA awarded 27 grant continuations. In FY 2022, 3,199 youth and young adults were served by the Healthy Transitions grant program. The FY 2022 outcome demonstrated that at 6 months, 56 percent of youth and young adults reported positive everyday functioning, 73 percent reported positive social connectedness, 68 percent of youth and young adults reported that they were attending school or employed, and 76 percent reported no serious psychological distress.

In FY 2023, SAMHSA anticipates funding 18 grant continuations and awarding a new cohort of 11 grants.   It is expected that 3,200 youth and young adults will be served by this program.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.2.34 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2022: 56 % Target: 58.6 % (Target Not Met)	58%	58%	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 2022: 49 % Target: 35 % (Target Exceeded)	Discontinued	Discontinued	N/A
3.2.36 Percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2022: 43 % Target: 65 % (Target Not Met)	Discontinued	Discontinued	N/A

Children and Family Programs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Children and Family Programs	$7,212	$7,229	$7,229	$---

Authorizing Legislation………………………... Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method .... Competitive Grants/Contracts/ Interagency Agreements
Eligible Entities .... Tribes

Program Description

Initially funded in 1998, the Circles of Care program is a three-year infrastructure/planning grant that provides tribes and tribal organizations with the tools and resources to plan and design a family-driven, community-based, and culturally and linguistically competent system of care. A system of care is "a spectrum of effective community-based services and supports for children and youth, with or at risk for mental health or other challenges, and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order for them to function better at home, in school, and throughout life."[11]

AI/AN children face major difficulties from birth that stem from historical trauma, health inequities, socioeconomic barriers, and racism.[12] When compared with the general U.S. child population, AI/AN children have higher levels of obesity, obesity-related cardiovascular issues, mental health concerns, suicide, toxic stress, substance use disorder, injury and violence, and exposure to environmental hazards.[13] More specifically, AI/AN children and adolescents have the highest rates of lifetime major depressive episodes and the highest self-reported depression rates.[14] They begin to use and abuse alcohol and other drugs at younger ages and at higher rates than other ethnic/racial groups.[15] With the Circles of Care program, SAMHSA aims to increase resilience and improve emotional health for American Indian/Alaska Native (AI/AN) children, youth, and families

Budget Request

The FY 2024 President's Budget request is $7.2 million, same level with the FY 2023 Enacted level. This funding will support 19 Circles of Care continuation grants and award a new cohort of three grants. Funding will enhance and improve the quality of existing services and promote

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[11] https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf
[12] https://www.aap.org/en/patient-care/native-american-child-health/
[13] ibid
[14]https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf
[15] https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health

the use of culturally competent services and support for children and youth with, or at risk for, serious mental health conditions, and their families. SAMHSA will maintain the FY 2023 targets: 1,500 mental health professionals trained in mental health-related practices; develop collaborative partnerships and shared resources with nearly 2,500 organizations; and contact 28,000 individuals through program outreach efforts.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$7,229,000
FY 2021	$7,229,000
FY 2022 Final	$7,212,200
FY 2023 Enacted	$7,229,000
FY 2024 President's Budget	$7,229,000

Program Accomplishments

In FY 2022, SAMHSA awarded 20 continuation grants and the Circles of Care grantees have already surpassed the number of individuals contacted in FY 2021 through program outreach efforts (40,075). The program is expected to exceed the target of contacts in FY 23.

In FY 2023, SAMHSA anticipates funding 3 continuation grants and a new cohort of 19 grants. It is estimated that in FY 2023, Circles of Care grantees will provide training to 1,500 mental health professionals, developed collaborative partnerships and shared resources with nearly 2,500 organizations, and contact 40,075 individuals through program outreach efforts.

Consumer and Family Network Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Consumer and Family Network Grants..	$4,937	$4,954	$4,954	$---

Authorizing Legislation…………………………Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants
Eligible Entities...Domestic public or private non-profit organizations; States and Territories; Political Sub-divisions of States; AI/AN tribes and tribal organizations

Program Description

Across the health care 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.[16] 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 program was first funded in 1997. SCN grants focus on the needs of adults (18 years and older) with SMI or serious emotional disturbance (SED) 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.

Initiated in 1993, 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

[16] Edgman-Levitan, S., Schoenbaum, S.C. Patient-centered care: achieving higher quality by designing care through the patient's eyes. Isr J Health Policy Res 10, 21 (2021). https://doi.org/10.1186/s13584-021-00459-9

leadership skills among families of children and adolescents with SED; and (3) identifying and addressing the technical assistance needs of children and adolescents with SED and their families. The SFN program focuses on families, parents, and the primary caregivers of children, youth, and young adults.

Budget Request

The FY 2024 President's Budget request is $4.9 million, level with the FY 2023 Enacted level. Funds will be used for 20 continuation grants and 8 new 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. It is expected that in FY 2024, SCN will train 16,000 individuals in the mental health and related workforce and SFN will train 25,500 individuals in prevention, mental health promotion, and mental health-related practices/activities,

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$4,954,000
FY 2021	$4,970,508
FY 2022 Final	$4,937,200
FY 2023 Enacted	$4,954,000
FY 2024 President's Budget	$4,954,000

Program Accomplishments

In FY 2022, SAMHSA awarded 24 continuations (13 SFN and 11 SCN) and awarded a new cohort of 19 new grants (13 SFN and 6 SCN). The SCN grantees trained 5,564 individuals in the mental health and related workforce and SFN grantees trained 10,877 individuals in the mental health and related workforce. 60.4 percent of the SCN grantees advisory boards were comprised of consumers and family members. The SFN grantees trained 25,573 people in prevention, mental health promotion, and mental health-related practices/activities, including those in the mental health and related workforce; and involved 7,178 consumers and family members in ongoing mental health-related planning and advocacy activities.

In FY 2023, SAMHSA anticipates funding 43 continuations (26 SFN and 17 SCN) and awarding a new cohort of one SFN grant. In FY 2023, SAMHSA will maintain the target outputs for both SCN and SFN programs.

Project LAUNCH

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Project LAUNCH	$23,588	$25,605	$35,408	$9,803

Authorizing Legislation…………………………………… Section 520A of the Public Health Act
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities……………………..States and Territories; Political Sub-divisions of States;
……………………………..Indian Tribes or Tribal Organizations; Health Facilities or program
……………………………………………operated in accordance with the Indian Health Service

Program Description

Established in 2008, Project LAUNCH (Linking Actions to Unmet Needs in Children's Health) promotes the wellness of young children, from birth to 8 years of age, by addressing the social, emotional, cognitive, physical, and behavioral aspects of their development. High quality early care and education benefits all children, especially those from disadvantaged backgrounds. Children of color experience unequal behavioral health treatment beginning at an early age, which contributes to inequalities in learning and development. However, based on state eligibility parameters, roughly 79 percent of eligible Black children, 92 percent of eligible Hispanic/Latino children, and 95 percent of eligible Asian children under 13 years old lack access to childcare subsidies. [17]

Project LAUNCH is designed to build the capacities of adult caregivers of young children to promote healthy social and emotional development; to prevent mental, emotional, and behavioral disorders; and to identify and address behavioral concerns before they develop into serious emotional disturbances (SED). This program also serves to address these inequities among children and families of color and to create programs and services to broaden access to high quality education and care. The grant awards provide local communities or tribes resources to disseminate effective and innovative early childhood mental health practices and services.

Symptoms of historical trauma—including poverty, substance abuse, and disproportionate representation in the child welfare system—are evident in many Native American communities. And while many of the traumatic events happened decades ago, the impact can be passed from one generation to another as American Indian/Alaska Native (AI/AN) children grow up in challenging circumstances in their homes and communities. In addition, parenting practices, which are shaped by parents' own upbringing, play an important role in child development. AI/AN children who face excessive stress without the buffer of supportive caregivers are at risk for having learning difficulties and long-term health problems.[18] The current approach to early education also segregates children by family income and race, enrolls only one percent of Hispanic/Latino and four percent of Black three- and four-year-old children in high-quality state pre-K settings, and disproportionately disenfranchises students of color, especially Black boys, through punitive

[17] https://www.newamerica.org/education-policy/collections/equity-ece/
[18] https://www.minneapolisfed.org/article/2017/the-promise-of-early-childhood-development-in-indian-country

discipline practices.[19],[20]

Established in FY 2017, Indigenous Project LAUNCH (I-LAUNCH) promotes the wellness of young children from birth to eight years within tribes, territories, and Pacific Island jurisdictions. This program provides local communities or tribes the opportunity to disseminate effective and innovative early childhood mental health practices and services, ultimately leading to better outcomes for young children and their families. Through Indigenous LAUNCH, children can thrive in safe, supportive environments and enter school ready to learn and succeed. With these Project LAUNCH programs, SAMHSA aims to promote resilience and emotional health for children, youth, and their families.

Budget Request

The FY 2024 President's Budget request is $35.4 million, an increase of $9.8 million from the FY 2023 Enacted level. This funding will support 13 continuation grants, award a new cohort of 17 grants and the Center of Excellence for Infant and Early Childhood Mental Health Consultation (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. It is expected that approximately 29,000 young children will be screened for mental health disorders, and about 8,500 children will be referred for mental health and related services.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$23,605,000
FY 2021	$23,508,709
FY 2022 Final	$23,588,200
FY 2023 Enacted	$25,605,000
FY 2024 President's Budget	$35,408,000

Program Accomplishments

In FY 2022, SAMHSA awarded 26 grant continuations and the CoE-IECMHC. In FY 2022, LAUNCH grantees trained 6,328 people in mental health-related workforce in mental health-related practices/activities; 17,447 children were screened for mental health or related interventions; 5,577 children were referred to mental health or related services; 4,602 children received evidence-based mental health-related services; and 213 organizations collaborated,

[19] https://www.newamerica.org/education-policy/collections/equity-ece/
[20] https://www.americanprogress.org/article/new-data-reveal-250-preschoolers-suspended-expelled-every-day/

coordinated, and shared resources with other organizations.

I-LAUNCH grantees achieved the following outcomes in FY 2022: trained 4,178 people in the mental health and related workforce in mental health-related practices/activities; 7,539 children were screened for mental health or related interventions; 915 children were referred to mental health or related services; 4,602 children and 265 organizations collaborated, coordinated, and shared resources with other organizations.

The CoE-IECMHC advances the implementation of high-quality infant and early childhood mental health consultation across the nation through the development of tools, resources, and mentorship to the infant and early childhood mental health field. In FY 2022, the CoE-IECMHC work resulted in 2,238 people in mental health and related workforce receiving training in mental health-related practices/activities and 37 programs/organizations/communities implementing evidence-based mental health-related practices/activities.

In FY 2023, SAMHSA anticipates funding 17 continuation grant; and awarding a new cohort of 13 grants and the CoE-IECMHC. In FY 2023, SAMHSA estimates that the number of individuals in the mental health and related workforce who are trained in mental health-related practices/activities will near 10,500; that the number of children screened for mental health or related interventions will near 22,000; that the number of children referred to mental health or related services will near 6,500; that the number of children receiving evidence-based mental health services will near 9,600, and that the number of organizations collaborating, coordinating, and/or sharing resources with other organizations will near 540.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.3.94 Number of persons served (Output)	FY 2022: 9,637 Target: 5,700 (Target Exceeded)	9,600	12,600	+3,000
2.3.95 Number of persons trained in mental illness prevention or mental health promotion (Outcome)	FY 2022: 11,024 Target: 8,200 (Target Exceeded)	10,500	14,500	+4,500
2.4.00 Number of 0-8 year old children screened for mental health or related interventions (Outcome)	FY 2022: 25,427 Target: 8,500 (Target Exceeded)	22,000	29,000	+7,000
2.4.01 Number of 0-8 year old children referred to mental health or related interventions (Outcome)	FY 2022: 6,881 Target: 3,600 (Target Exceeded)	6,500	8,500	+2,000

Mental Health System Transformation and Health Reform

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Mental Health System Transformation and Health Reform..	$3,762	$3,779	$3,779	$---

Authorizing Legislation ....Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities...States and Tribes

Program Description

Mental Health System Transformation and Health Reform funding supports the Transforming Lives through Supported Employment Program (SEP). 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).[21] The benefits of steady competitive employment for individuals with SMI 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.[22]

In FY 2014, the Transforming Lives through Supported Employment (SEP) Grant program was initiated 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 aimed to enhance state and community capacity to provide evidence-based supported employment programs for adults and youth with SMI or serious emotional disturbance (SED). In FY 2023, the program continued to support state and community efforts to refine, implement, and sustain evidence-based practices but altered its population of focus to include both adults with SMI or co-occurring disorders (COD). The end goal is the same – for individuals to achieve competitive employment and build paths to self-sufficiency and recovery. With this program, SAMHSA aims to increase state and community capacity to implement and sustain SEP models and integrated supports to improve competitive employment outcomes.

Budget Request

The FY 2024 President's Budget Request is $3.8 million, level with the FY 2023 Enacted level. Funding will support one continuation grant and 3 new SEP 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. It is estimated that 800 individuals will be served.

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

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$3,779,000
FY 2021	$3,779,000
FY 2022 Final	$3,762,200
FY 2023 Enacted	$3,779,000
FY 2024 President's Budget	$3,779,000

Program Accomplishments

In FY 2022, SAMHSA funded four grant continuations. In FY 2022, 59.9 percent of participants were competitively employed at six-month follow-up, compared to 18.4 percent at intake (baseline), representing a 45.6 percent positive change. Additionally, 57.7 percent reported having a stable place to live at follow-up compared to 39.1 percent at intake, and 89.4 percent were retained in the community compared to 59.9 percent at intake.

In FY 2023, SAMHSA anticipates funding three continuation grants and awarding one new grant to support state and community efforts to refine, implement, and sustain evidence-based supported employment programs and mutually compatible and supportive evidence-based practices (e.g., supported education) for adults with SMI or co-occurring mental and substance use disorders. In FY 2023, SAMHSA will maintain the performance measures targets.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 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 2022: 290 Target: 350 (Target Not Met)	Discontinued	Discontinued	N/A
1.2.21 Percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2022: 72.5 % Target: 62.7 % (Target Exceeded)	70.0%	70.0 %	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 2022: 57.7 % Target: 54 % (Target Exceeded)	56.0 %	56.0 %	Maintain
1.2.23 Percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2022: 59.4 % Target: 31.6 % (Target Exceeded)	55.0 %	55.0 %	Maintain

Primary and Behavioral Health Care Integration

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY2024 +/- 2023 Enacted
Primary and Behavioral Health Care Integration	$54,834	$57,868	$104,868	$47,000
Primary and Behavioral Health Care Integration	*52,860*	*55,877*	*102,877*	$47,000
Primary and Behavioral Health Care Integration TTA	*1,974*	*1,991*	*1,991*	$---

Authorizing Legislation .... Section 520K of the Public Health Service Act
FY 2024 Authorization $60,000,000
Allocation Method .... Competitive Grants/Cooperative Agreements
Eligible Entities... States or State Agency

Program Description

The Primary and Behavioral Health Care Integration (PBHCI) grant program was established in FY 2009 to address the intersection between primary care and treatment for mental illness and co-occurring disorders, and PBHCI was replaced by the Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant program in FY 2017. Adults with SMI 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.[23] People with SMI and physical health problems have decreased quality of life and are at higher risk for premature death. In fact, mortality among people with SMI and substance use disorders are higher and are often exacerbated by fragmented and poor-quality physical health care.[24, 25] People with SUDs also are at an increased risk of a range of physical health problems. Beyond tragic and prevalent overdose risk, SUDs are associated with increased rates of smoking and related physical health problems; cardiovascular disease; infectious disease, including HIV and viral hepatitis; organ damage; and cancer.[26] As a result, there is a need to improve whole-person health by increasing capacity and access to treat mental and substance use disorders and co-occurring physical health conditions in bi-directional primary and behavioral health care settings.

The purpose of PIPBHC is to (1) promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare; (2) support the adoption and improvement of integrated care models for behavioral healthcare and primary/physical healthcare to improve the overall wellness and physical health status of: adults with a serious mental illness (SMI); adults who have co-occurring mental illness and physical health conditions or chronic

[23] 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.
[24] Liu, N. H., Daumit, G. L., Dua, T., Aquila, R., Charlson, F., Cuijpers, P., Druss, B., Dudek, K., Freeman, M., Fujii, C., Gaebel, W., Hegerl, U., Levav, I., Munk Laursen, T., Ma, H., Maj, M., Elena Medina-Mora, M., Nordentoft, M., Prabhakaran, D., Pratt, K., … Saxena, S. (2017). Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas. World psychiatry: official journal of the World Psychiatric Association (WPA), 16(1), 30–40. https://doi.org/10.1002/wps.20384.
[25] Druss, B.G., & Goldman, H.H. (2018). Integrating health and mental health services: A past and future history. American Journal of Psychiatry, 175:1199-1204; doi:10.1176/appi.ajp.2018.18020169.
[26] Schulte, M. T., & Hser, Y. I. (2014). Substance Use and Associated Health Conditions throughout the Lifespan. Public health reviews, 35(2)

disease; children and adolescents with a SED who have a co-occurring physical health conditions or chronic disease; individuals with a substance use disorder (SUD); or persons with co-occurring mental health and substance use conditions; and (3) promote the implementation and improvement of bidirectional integrated care services, including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders, and co-occurring physical health conditions and chronic diseases. In FY 2022, the PIPBHC program was reauthorized to include a focus on implementation of the Collaborative Care Model in primary care settings. In FY 2023, Congress directed that up to 10 percent of new grants be awarded to states that proposed to partner with primary care practices and providers implementing the Collaborative Care Model.

In FY 2019, SAMHSA established The National Center of Excellence for Integrated Health Solutions (CoE-IHS), 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 complements the PIPBHC program by offering technical assistance and training for communities, individual practitioners, providers, and states on evidence-based strategies that address the integration of primary and behavioral health care for individuals with mental and substance use disorders and co-occurring physical health conditions and chronic diseases.

Budget Request

The FY 2024 President's Budget Request is $104.9 million, an increase of $47.0 million from the FY 2023 Enacted level. Funding will support the continuation of 21 PIPBHC grants and a new cohort of 29 PIPBHC grants. SAMHSA anticipates that this increase in funding will enable the PIPBHC program to greatly expand its reach across the U.S. and enable the program to advance the integration of physical and behavioral health care, through evidence-based models, including the Collaborative Care Model. It is expected that this increase in funding will also enable the program to reach approximately 40,000 people with treatment and services.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$51,868,000
FY 2021	$54,368,001
FY 2022 Final	$54,834,400
FY 2023 Enacted	$57,868,000
FY 2024 President's Budget	$104,868,000

Program Accomplishments

In FY 2022, SAMHSA supported 24 PIPBHC grant continuations, and awarded one new PIPBHC grant. All active PIPBHC grants collected data on program recipients to demonstrate favorable outcomes on critical domains. These outcomes included: improvement in mental health functioning; reduction in substance use; reduction in homelessness, and reduction in criminal justice system involvement. For example, 77.9 percent of assessed individuals reported no psychological distress at the six-month reassessment in comparison to 67.8 percent at baseline. Together, these outcomes comprise measurement for an improvement in overall quality of life. Also, the CoE-IHS provided training to 62,806 people across the country, further advancing an integration framework that defines and measures the uptake of integrated care in future years.

In FY 2023, SAMHSA anticipates funding 12 PIPBHC grant continuations, awarding a new cohort of 15 grants, and continuing to support the CoE-IHS. SAMHSA anticipates that these grants will provide care to 24,000 people.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.2.41 Increase the percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2022: 60.9 % Target: 63 % (Target Not Met)	63 %	63 %	Maintain
3.2.42 Increase the percentage of clients receiving services who are currently employed at 6month follow-up. (Outcome)	FY 2022: 40.1 % Target: 40 % (Target Exceeded)	40.1 %	40.1 %	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 2022: 67.9 % Target: 75 % (Target Not Met)	75 %	83 %	N/A
3.2.54 Number of clients served	12,028	24,000	40,000	+16,000

Suicide Prevention Programs
Summary of the Request

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Suicide Prevention	$196,979	$617,043	$1,034,425	$417,382
988 and Behavioral Health Crisis Services	-	501,618	836,000	334,382
Suicide Lifeline	101,621	-	-	-
National Strategy for Suicide Prevention (non-add)	23,183	28,200	28,200	-
Zero Suicide (non-add)	*18,783*	*22,800*	*22,800*	-
Zero Suicide -AI/AN (non-add)	*2,400*	*3,400*	*3,400*	-
All Other National Strategy for Suicide Prevention (non-add)	*2,000*	*2,000*	*2,000*	-
GLS - Youth Suicide Prevention - States (non-add)	38,789	43,806	43,806	-
Budget Authority (non-add)	*26,789*	*31,806*	*31,806*	-
Prevention & Public Health Fund (non-add)	*12,000*	*12,000*	*12,000*	-
GLS - Youth Suicide Prevention - Campus (non-add)	6,471	8,488	11,488	$3,000
Suicide Prevention Resource Center (non-add)	8,983	11,000	11,000	-
AI/AN Suicide Prevention Initiative (non-add)	2,931	3,931	3,931	-
MH Crisis Response Grants	10,000	20,000	100,000	$80,000
Behavioral Health Crisis Coordinating Office	5,000	-	-	-

Program Description

From 1999 through 2019, the overall age-adjusted suicide rate increased by over 30 percent from 10.5 to 13.9 per 100,000.[27] Rates among youth aged 5-24 in 2020 were highest among American Indian/Alaska Natives, followed by suicide among white youth.[28] Non-Hispanic White persons experienced a 4.5 percent decline in suicide rate.[29] Suicide increased in 2020 among youth and young adults aged 10-34, but decreased among those older than 35, except for an increase in those over 85.[30] Approximately 47,646 Americans died by suicide in 2021.[31] The 2021 National Survey on Drug Use and Health reported that approximately 1.7 million Americans ages 18 and older attempted suicide over the previous 12 months, 12.3 million seriously considered suicide, and 3.5 million made a plan.[32] Among youth ages 12-17 in 2021, 892,000 attempted suicide, 3.3 million seriously considered suicide, and 1.5 million made a suicide plan[33].

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

[27] ibid
[28] Ehlman DC, Yard E, Stone DM, Jones CM, Mack KA. Changes in Suicide Rates — United States, 2019 and 2020. MMWR Morb Mortal Wkly Rep 2022;71:306–312. DOI: http://dx.doi.org/10.15585/mmwr.mm7108a5external icon.
[29] Ehlman DC, Yard E, Stone DM, Jones CM, Mack KA. Changes in Suicide Rates — United States, 2019 and 2020. MMWR Morb Mortal Wkly Rep 2022;71:306–312. DOI: http://dx.doi.org/10.15585/mmwr.mm7108a5external icon.
[30] https://www.cdc.gov/injury/wisqars/index.html.
[31]Curtin, S.C., Garnett, M.F., and Ahmad, F.B. *Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021*. Vital Statistics Rapid Release; no 24. September 2022. DOI: https://dx.doi.org/10.15620/cdc:120830.
[32] Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report
[33] ibid

as well as suicide attempts. Accordingly, SAMHSA supports a comprehensive portfolio of suicide prevention programs including the 988 and Behavioral Health Crisis Services (which subsumes the Suicide Lifeline); the National Strategy for Suicide Prevention and Zero Suicide grant programs; and interventions that focus on youth suicide prevention such as the Garrett Lee Smith and the AI/AN programs.

988 and Behavioral Health Crisis Services

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
988 and Behavioral Health Crisis Services...	$---	$501,618	$836,000	$334,382
Suicide Lifeline	$101,621	$---	$---	$---

Authorizing Legislation……..............Section 520A and 520E-3 of the Public Health Service Act
FY 2024 Authorization……………………......…………………….……………………$106,621,000
Allocation Method……………..............…………………………. Competitive Grants/Contracts
Eligible Entities……………………….……………………States, Tribes, Community Organizations

Program Description

Individuals need rapid access to suicide prevention and crisis intervention services to prevent death and injury as the result of suicide attempts,. Implementation of the 988 Lifeline has been and continues to be 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. Planning for the 988 program was accelerated on July 16, 2020, when 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. On July 16, 2022, the U.S. transitioned from the previous 10-digit hotline to the 988 Suicide & Crisis Lifeline.

In FY 2022, SAMHSA established and began implementation of a national 988 strategy, with critical performance targets to ensure 988 meets national demands. The key performance indicators and target outcomes include, but are not limited to, monthly and as-needed reports on the total number of call, chats, and texts contacts received; monthly and as-needed reports on the total number of call, chats, and texts contacts answered—with a 90% or greater target for local centers and a 95% or greater target for the full network; and monthly and as-needed reports on the speed to answer call, chats, and texts—with a 95% answered in 20 seconds full target for the full network. In addition, SAMHSA monitors abandonment rate and rollover contacts from the local to backup centers and provide action plans for improvement of responses as required.

The new 988 hotline builds directly on the original Lifeline that was established in 2005. The 988 system operates 24 hours per day, 7 days per week and contains three primary elements:

- A network of independently local call centers, including chat, text, and Spanish language centers;
- A network of national backup centers;
- A single system administrator; and
- The Federal 988 & Behavioral Health Crisis Coordination Office

Budget Request

The FY 2024 Budget Request is $836.0 million, an increase of $334.4 million from the FY 2023 Enacted level. This funding level will increase capacity for 988 to respond to 100 percent of the estimated 9 million contacts in 2024. In FY 2024, SAMHSA will invest in the following essential areas:

- Supporting network operations and specialized services. Network operations include centralized network functions, such as: staffing for backup call centers; core chat/text centers; data and telephony infrastructure; standards, training, and quality improvement; evaluation and oversight. Specialized services include services for LGBTQ+ youth and Spanish language services.
- 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.
- Maintaining the 988 and Behavioral Health Crisis Coordination Office. Coordination activities include technical assistance to states, and crisis centers; strategic planning, performance management, evaluation, and oversight; and formal partnerships, convenings, and cross-entity coordination.

- Enhancing public awareness with targeted 988 national messaging. A research-based campaign will save lives through the use of preferred and effective communication channels and messengers to promote help seeking behavior.

Funding History Table - Suicide Lifeline

5 Year Funding Table		
Fiscal Year	**Amount**	**COVID-19 Supplemental Funding**
FY 2020	$19,000,000	
FY 2021	$24,000,000	$32,000,000
FY 2022 Final	$101,621,000	$150,000,000
FY 2023 Enacted	$---	

Suicide Lifeline was realigned to 988 and Behavioral Health Crisis Services in 2023

Funding History Table - 988 and Behavioral Health Crisis Services

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$---
FY 2021	$---
FY 2022 Final	$---
FY 2023 Enacted	$501,618,000
FY 2024 President's Budget	$836,000,000

Program Accomplishments

The development of operational targets strengthened the performance of the system, with notable improvements in handled volume of contacts, response rates across all communication channels and average speed to answer. In addition, SAMHSA has undertaken a number of strategies to drive system improvement, including dissemination of performance targets, technical assistance, and publication of operational tools to advance readiness, and engagement with state governors and commissioners. The extent and sustainability of local investments will continue to be essential to overall system performance.

The 988 Suicide & Crisis Lifeline has received more than 2 million contacts since the transition on July 16 to 988 as the easy-to-remember number to reach trained crisis counselors for help with suicide, mental health, and substance use-related crises. From July to December 2022, the 988 Lifeline answered 2,134,735 contacts, not including 327,319 calls routed to the Veterans Crisis Line. Compared to the same six-month timeframe in 2021, the 988 Lifeline answered 892,867 more contacts -- calls, chats, and texts -- and significantly improved how quickly contacts were answered.

The historical challenges in system response due to insufficient funding in previous years have been noted in prior SAMHSA reports. In December 2021, the Lifeline only had sufficient capacity to address approximately 82% of calls, 52% of texts, and 24% chats. With increased FY 2022 investments and federal leadership, by December 2022, the number of calls, chats and texts answered increased by 43 percent, 224 percent, and 1,145 percent, respectively. The average speed to answer across all contacts decreased from 2 minutes and 46 seconds to 49 seconds. While these are significant gains, there remain gaps in access to care, particularly local response to chat and text. Additionally, more work is required to further reduce average speed to answer to the 20 second target. With expected increases in volume in FY 2024, there is risk of losing these gains without increased investments.

In FY 2022, the 988 Lifeline launched a pilot program to offer specialized call, text, and chat supports for lesbian, gay, bisexual, transgender, queer, questioning, and other sexual and gender minority (LGBTQI+) youth and young adults. The program aims to support people under the age of 25 who reach out to the 988 Lifeline and want the option of connecting with a counselor specifically focused on meeting the needs of LGBTQI+ youth and young adults. Since it began in September of 2022, the demand for LGBTQI+ youth and young adult services (calls, chats, texts) accounted for about 5% of calls routed in the network and 9% of routed chats and texts, or about 111,000 contacts total.

In FY 2023, SAMHSA will continue efforts to strengthen the 988 Lifeline and Crisis Coordination in a number of key areas, as Lifeline volume is expected to increase to 6 million contacts over the course of FY 2023. Strategic actions will be taken to:

- Strengthen network infrastructure, training, technology and security for the Lifeline administrator, along with support for national backup centers and Spanish subnetwork services. This includes new videophone services for people who are deaf and hard of hearing;
- Expand the current pilot program providing specialized service to LGBTQI+ youth and young adults;
- Enhance language access through Spanish text and chat;
- Strengthen capacity for local response within states and territories, particularly for text and chat, and will expand partnerships with 911 centers and first responders to promote diversions to 988 where appropriate;
- Further expand implementation of an evidence-based practice shown to reduce suicide risk;
- Enhance technical assistance to grantees and partners to promote access, quality and sustainability of services; and
- Focus efforts to better understand communications preferences for populations at higher risk of suicide and to expand awareness and education on 988 services.

Output and Outcomes Table

The table below highlights some of the key performance indicators and target outcomes.

Key Performance Indicators**	**Definition**	**Target**	**Action**
Calls, Chats, Texts Received	Total number of contacts received	n/a	Monthly report out and ad hoc
Calls, Chats, Texts Answered	Total number of contacts answered	90% or greater (local) 95% or greater (full network)	Monthly report out and ad hoc, track state transition rates and provide action plans for improvement of response as required
Phone, Chat, Text Average Speed to Answer**	Speed to answer contact	95% answered in 20 seconds (full network target)	Monthly Report out and ad hoc
Abandonment Rate	Percentage of contacts received vs disconnected prior to answer	Less than 5%	Monthly report and ad hoc
Direct/Rollover calls to Backup Centers	Total number of phone contacts sent to the Lifeline Centers	Less than 10%	Monthly report and ad hoc

National Strategy for Suicide Prevention

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
National Strategy for Suicide Prevention..	$23,183	$28,200	$28,200	$---
Zero Suicide (non-add)..	*18,783*	*23,674*	*23,674*	$---
Zero Suicide -AI/AN (non-add)..	*2,400*	*3,400*	*3,400*	$---
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 2024 Authorization $30,000,000
Allocation Method .... Competitive Grants
Eligible Entities …………………………………..Community –based primary care or behavioral health entity, Federally Recognized, American Indian/Alaska Native tribe or tribal organizations, State mental health or public health agency

Program Description

In January 2021, the Office of the Surgeon General issued a Call to Action to implement the National Strategy for Suicide Prevention (National Strategy). With the rising rates of suicide among adults, reducing suicide among adults is necessary to reduce suicides nationally. The baby boomer generation has had high rates of suicide throughout the generational lifecycle[34] and is entering the stage of life that has historically had the highest rate of suicide[35]. Very limited suicide prevention work has been directed toward older adults who have the highest rates of suicide.

Established in FY 2014, the National Strategy for Suicide Prevention (NSSP) grant program is intended to address the Call to Action's broad-based public health approach to suicide prevention by enhancing collaboration with key community stakeholders (e.g., county health departments, workplace settings, criminal justice settings, senior-serving organizations, community firearm stakeholders[36]), raising awareness of the available resources for suicide prevention, and implementing lethal means safety. 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 who comprised more than 40,000 of the more than 47,000 suicides in the United States in 2021.[37]

Established in FY 2017, the Zero Suicide program funds a comprehensive, multi-setting approach to suicide prevention in health systems, including tribal health systems. The purpose of this program is to implement suicide prevention and intervention programs by systematically applying

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[34] Phillips. J.A. A changing epidemiology of suicide? The influence of birth cohorts on suicide rates in the United States Social Science Medicine 2014 August

[35] Ismael Conjero, Emilie Olie, Philippe Courtet &Raffella Calati (2018) Suicide in older adults : current perspectives ,Clinical Interventions in Aging ,13,691-699

[36] Community firearm stakeholders include firearm safety instructors, members of law enforcement, firearm retailers, and gun owners.

[37] Curtin SC, Garnett MF, Ahmad FB. Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021. Vital Statistics Rapid Release; no 24. September 2022. DOI: https://dx.doi.org/10.15620/cdc:120830.

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 individuals who are at risk for suicide being seen in health care systems.

Budget Request

The FY 2024 President's Budget Request is $28.2 million, level with FY 2023 Enacted level. This funding will support 42 Zero Suicide continuation grants, and support five NSSP grants. It is expected that 98,000 individuals will be referred for services.

Funding History Table

5 Year Funding Table		
Fiscal Year	**Amount**	**COVID-19 Supplemental Funding**
FY 2020	$18,200,000	
FY 2021	$23,200,000	$18,000,000
FY 2022 Final	$23,183,200	
FY 2023 Enacted	$28,200,000	
FY 2024 President's Budget	$28,200,000	

Program Accomplishments

In FY 2022, SAMHSA supported the continuation of five NSSP grants, and 40 Zero Suicide continuation grants. In Fiscal Year 2022, the NSSP program contacted 49,678 people through program outreach efforts and screened 16,781 people for mental health interventions with a focus on suicide risk. The Zero Suicide grant program screened 982,268 people for mental health interventions with a focus on suicide risk and referred 97,344 individuals for mental health services with 63.3 percent receiving services after referral.

In FY 2023, SAMHSA anticipates funding 25 Zero Suicide grant continuations, awarding a new cohort of 17 Zero Suicide grants and five NSSP grants, and anticipates slight increases in contact and outreach targets from FY 2022 for both programs.

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

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
GLS - Youth Suicide Prevention - States	$38,789	$43,806	$43,806	$---
Prevention & Public Health Fund (non-add)	*12,000*	*12,000*	*12,000*	$---
GLS - Youth Suicide Prevention - Campus	6,471	8,488	11,488	$3,000

Authorizing Legislation .... Sections 520E and 520E-2 of the Public Health Service Act
FY 2024 Authorization $47,000,000
Allocation Method .... Grants/Contracts
Eligible Entities...Private\ and public non-profit institution of higher education, including Tribal colleges and universities; States and territories; public organizations of private non-profit organization designated by a State; or a federal recognized Indian tribe, tribal organization, or an Urban Indian organization.

Program Description

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. In his memory, the Garrett Lee Smith Memorial Act was signed into law.

The Garrett Lee Smith (GLS) Memorial Act authorizes SAMHSA to manage two significant youth suicide prevention grant programs and one resource center. Since its inception in 2005, the GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program has awarded 256 grants to 50 states and the District of Columbia, 67 unique tribes/tribal organizations, and two territories. These grants develop and implement comprehensive youth suicide prevention and early intervention strategies including public-private collaboration among youth-serving institutions.

Since 2005, the GLS Campus Suicide Prevention grant program has implemented a comprehensive public health approach to suicide prevention across an array of institutions of higher education include state university systems, private colleges, community colleges, and historically black colleges and universities. The goals of this grant are to engage the entire college community to enhance protective factors, identify risks, and promote an array of suicide prevention initiatives. This comprehensive approach identifies students at risk, increases help-seeking behaviors, provides substance use disorder and mental health services, and promotes social connectedness.

Budget Request

The FY 2024 President's Budget request is $55.3 million, an increase of $3.0 million from the FY 2023 Enacted level. Funds will support the continuation of 25 GLS State/Tribal grants and award a new cohort of 30 new grants. Funding will also support 44 GLS Campus continuation grants and award a new cohort of 54 grants. The program will 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. It is anticipated that 125,000 individuals will be served.

Funding History Table

5 Year Funding Table		
Fiscal Year	**Amount**	**COVID-19 Supplemental Funding**
FY 2020	$41,915,000	
FY 2021	$42,915,000	$20,000,000
FY 2022 Final	$45,260,200	
FY 2023 Enacted	$52,294,000	
FY 2024 President's Budget	$55,294,000	

Program Accomplishments

In FY 2022, SAMHSA supported 46 GLS State/Tribal grant continuations, 49 GLS Campus grant continuations (41 grants with base budget authority and eight grants with American Rescue Plan Act) and awarded a new cohort of 11 GLS State and Tribal grants (four grants with base budget authority and five grants with American Rescue Plan Act) and awarded 21 new GLS Campus grants (22 grants with base budget authority and one grant with American Rescue Plan Act). In FY 2022, the GLS State/Tribal program screened 51,362 youth for suicide risk and referred 12,706 to services, of which 71.0 percent received services after referral. In FY 2022, the GLS Campus program provided services to 66,310 youth and reached 2,066,374 individuals with awareness activities.

In FY 2023, SAMHSA anticipates funding 56 GLS State/Tribal grant continuations (51 grants with base budget authority and five with American Rescue Plan Act), 55 GLS Campus grant continuations (46 grants with base budget authority and nine grants with American Rescue Plan Act) and awarding a new cohort of five GLS State and Tribal grants and 23 GLS Campus grants. It is expected that in FY 2023, the GLS State/Tribal program will screen 53,300 youth for suicide risk and refer 13,000 to services, of which 72 percent will receive services after referral. In FY 2023, the GLS Campus program will provide services to 69,000 youth and reach 2,200,000 individuals with awareness activities.

Suicide Prevention Resource Center

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Suicide Prevention Resource Center..	$8,983	$11,000	$11,000	$---

Authorizing Legislation .... Section 520C of the Public Health Service Act
FY 2024 Authorization $9,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities..Domestic Public and Private Nonprofit Entities

Program Description

SAMHSA supports the Suicide Prevention Resource Center (SPRC), first funded in 2002. The SPRC's purpose 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 NSSP), with the overall goal of reducing suicides and suicidal behaviors in the nation. This work includes support for the National Action Alliance for Suicide Prevention which is a public-private partnership and working to advance high-impact objectives of the NSSP.

The 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.

In addition, the SPRC collaborates closely with national and regional technical assistance (TA) centers that focus on issues related to suicide prevention, such as mental health, injury prevention, substance use prevention and treatment, and violence prevention. 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 Health Resources and Services Administration (HRSA)'s National Center for Fatality Review and Prevention.

Budget Request

The FY 2024 President's Budget Request is $11.0 million, level with FY 2023 Enacted to support one continuation grant. The SPRC 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. The funding will expand youth suicide prevention and early intervention strategies involving public-private collaboration. It is estimated that the number of individuals served will remain approximately at 13,000.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$7,988,000
FY 2021	$9,000,000
FY 2022 Final	$8,983,200
FY 2023 Enacted	$11,000,000
FY 2024 President's Budget	$11,000,000

Program Accomplishments

In FY 2022, SAMHSA supported one SPRC grant continuation, which provided free online courses to prepare the clinical workforce to address suicide risk in effective ways. In FY 2022, 10,964 individuals had received training through the SPRC. Trainings included "Locating and Understanding Data Online Suicide Prevention Course" and the "Strategic Planning for Suicide Prevention Online Suicide Prevention Course," among others. SPRC delivered six webinars focusing on the needs of the clinical workforce and two webinars focused on aspects of the Zero prevention efforts through telehealth to improve care provided during the COVID-19 pandemic. SPRC is currently developing courses on safety planning for youth and lethal means intervention for crisis workers.

In FY 2023, SAMHSA anticipates supporting this grant continuation and increasing the performance targets as FY 2022.

American Indian/Alaska Native Suicide Prevention Initiative

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
American Indian/Alaska Native Suicide Prevention Initiative................................	$2,931	$3,931	$3,931	$---

Authorizing Legislation ....Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method .... Grants/Contracts
Eligible Entities.. Domestic Public and Private Non-Profit Entities

Program Description

Established in FY 2013, 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.

Additionally, in FY 2018, SAMHSA awarded a Mental Health Transfer Technology Center (MHTTC) grant for Tribal Affairs to develop a collaborative network to support resource development and dissemination, training and technical assistance, and workforce development to the field and SAMHSA grant recipients; at this same time, SAMHSA's Centers for Substance Use Prevention and Substance Use Treatment also funded their own TTCs for Tribal Affairs. In FY 2023, SAMHSA merged the three Tribal Affairs TTCs into one Center to coordinate and manage SAMHSA'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.

Budget Request

The FY 2024 President's Budget Request is $3.9 million, level with the FY 2023 Enacted level. This funding will provide funding for the 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.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$2,931,000
FY 2021	$2,931,000
FY 2022 Final	$2,931,000
FY 2023 Enacted	$3,931,000
FY 2024 President's Budget	$3,931,000

Program Accomplishments

In FY 2022, SAMHSA funded the Tribal TTA Center contract and the continuation of the MHTTC Tribal Affairs Center. From September 2018 to March 2022, 296 tribes or tribal serving organizations received 1,870 days of virtual TTA and 375 days of on-site TTA, for a total of 2,245 days of TTA. A total of 28,982 participants received specialized TTA and support in suicide prevention, substance abuse prevention, and mental health promotion. Interventions included Gathering of Native Americans/Gathering of Alaska Natives; Mental Health First Aid; Question, Persuade, Refer; and Applied Suicide Intervention Skills Training. In FY 2023, SAMHSA anticipates maintaining all performance targets.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.3.59 Number of individuals trained in youth suicide prevention (Outcome)	FY 2022: 198,449 Target: 118,000 (Target Exceeded)	210,000	220,000	+10,000
2.3.60 Number of youth screened (Output)	FY 2022: 98,352 Target: 64,000 (Target Exceeded)	105,000	110,000	+5,000
2.3.61 Number of contacts answered by the 988 Suicide and Crisis Lifeline (Output)	FY 2022: 2,396,885 Target: 2,186,000 (Target Exceeded)	6,000,000	9,000,000	Increase
3.1.01 Number of individuals screened for mental health or related interventions (Intermediate Outcome)	FY 2022: 1,791,874.0 Target: 1,350,000.0 (Target Exceeded)	1,500,000.0	1,500,000.0	Maintain
3.1.02 Number of individuals referred to mental health or related services (Intermediate Outcome)	FY 2022: 136,569.0 Target: 81,000.0 (Target Exceeded)	136,000	136,000	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.1.03 Number of organizations that establish management information/information technology system links across multiple agencies (Intermediate Outcome)	FY 2022: 17.0 Target: 10.0 (Target Exceeded)	Discontinued	Discontinued	N/A
3.1.04 Number of organizations or communities that demonstrate improved readiness to change their systems (Intermediate Outcome)	FY 2022: 14.0 Target: 71.0 (Target Not Met but Improved)	Discontinued	Discontinued	N/A
3.2.37 Number of youths referred to mental health or related services (Output)	FY 2022: 96,342 Target: 76,000 (Target Not Met)	96,000	96,000	Maintain
3.5.11 Percentage 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)	86	86	Maintain

Mental Health Crisis Response Partnership Program

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY2024 +/- 2023 Enacted
MH Crisis Response Partnerships Program...	$10,000	$20,000	$100,000	$80,000

Authorizing Legislation………………………… Section 520F of the Public Health Service Act
FY 2024 Authorization……………………………………………..$10,000,000 current level
Allocation Method………………………………………… Competitive Cooperative Agreements
Eligible Entities……………….……...States, Territories, Local Governments, Tribes, and CBOs

Program Description

In FY 2022, SAMHSA established the Cooperative Agreements for Innovative Community Crisis Response Partnerships (ICCRP) program. In the FY 2023 Omnibus, Congress authorized this program under Section 520F "Mental Health Crisis Response Partnership Program." The purpose of this program is to create or enhance existing mobile crisis response teams to divert adults, children, and youth experiencing mental health crises from law enforcement in high-need communities. The program uses SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit as a guide for best practices in the delivery of mobile crisis services. Mobile crisis team services (including co-responder teams) will offer community-based intervention to individuals in need wherever they are, including at home, work, or anywhere else in the community where the person is experiencing a crisis. These grants will enable communities across the country to leverage the implementation of the 988 system and improve mobile crisis response systems through partnerships with law enforcement, emergency medical services, 911 Public Safety Answering Points and 988 call centers.

Historically, mental health crisis services in the United States have been inconsistent and inadequate, resulting in the overuse of law enforcement, jails, hospital emergency rooms, and psychiatric hospital beds. In some communities, law enforcement agencies have been the mental health crisis responders by default and over the past years, law enforcement agencies have reported increases in police contacts with individuals experiencing mental health challenges.[38] This can result in drawing valuable police resources away from public safety priorities, increasing stigma and trauma for those experiencing a crisis, and may even result in tragic outcomes if law enforcement does not have the specialized training required to successfully de-escalate behavioral health crises. However, strong partnerships between crisis care systems and law enforcement (and other first responders) are essential for public safety, including suicide prevention.

ICCRP recipients employ a wide array of required activities to help achieve 24/7 coverage of mobile crisis response services, dispatch times standards, increased professional response capacity, incorporation of telehealth when appropriate, improved service access in rural and remote areas, community-based stabilization with coordinated referrals to mental health services

[38] https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

and supports, and minimization of law enforcement involvement and involuntary transport whenever possible. Additionally, recipients ensure that crisis response and follow-up services are delivered in a culturally responsive and developmentally appropriate manner, and that partnerships and training opportunities are established with first responders, law enforcement, 988 call centers, public safety answering points (911 call centers), and other relevant stakeholders.

Budget Request

The FY 2024 President's Budget Request is $100.0 million, an increase of $80.0 million from the FY 2023 Enacted level. In FY 2024, the program will support 26 grant continuations and award a new cohort of 107 grants. These projects will support communities across the country to improve crisis response capacity and integrate community 988 and crisis systems. It is estimated that in FY 2024, 24,000 individuals will be screened and 15,000 will be referred for services.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$---
FY 2021	$---
FY 2022 Final	$10,000,000
FY 2023 Enacted	$20,000,000
FY 2024 President's Budget	$100,000,000

Program Accomplishments

In FY 2022, the first cohort of 12 grants was funded in September 2022 and was required to begin service delivery by the end of December 2022. In FY 2023, it is estimated that 8,000 individuals will be screened, and 5,000 individuals will be referred for mental health and related services.

Homelessness Prevention Programs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Homelessness	$32,958	$35,992	$37,992	$2,000
Homelessness Prevention Programs	*30,679*	*33,696*	*35,696*	$2,000
Homelessness	*2,279*	*2,296*	*2,296*	$---

Authorizing Legislation .... Sections 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities.......................................States, Domestic Public and Community Organizations,
….........................Private Nonprofit Entities, and Community-based Public or Nonprofit Entities

Program Description

In FY 2018, SAMHSA initiated the Treatment for Individuals Experiencing Homelessness (TIEH) program to support the development and/or expansion of 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 who are experiencing homelessness. The goal of the TIEH program is the development and/or expansion of an infrastructure that integrates behavioral health treatment, peer support, recovery support services, and linkages to sustainable permanent housing.

Homelessness continues to be a significant challenge for communities across the nation, further exacerbated by COVID-19. Between 2020 and 2022, the overall number of people experiencing homelessness increased by less than one percent (1,996 people). This increase reflects a three percent increase in people experiencing unsheltered homelessness, which was offset by a two percent decline in people staying in sheltered locations. However, between 2021 and 2022, sheltered homelessness increased by seven percent, or 22,504 people. [39] Many factors contribute to homelessness, such as lack of affordable housing, foreclosures, rising housing costs, job loss, underemployment, domestic violence, mental illness, and addiction. According to HUD, 582,462 individuals experienced homelessness on any given night in 2022 in the United States.[40] In addition, the number of individuals experiencing chronic homelessness was 138,361.[41] The number of veterans experiencing homelessness was 33,129.[42] Over 122,000 individuals experiencing homelessness have a SMI and over 95,000 struggle with chronic substance use.[43]

[39] Exchange, H. U. D. (2022). The 2022 Annual Homeless Assessment Report (AHAR) to Congress. Available at https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdfExchange, H. U. D. (2021). The 2020 Annual Homeless Assessment Report (AHAR) to Congress. https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html

[40] The U.S. Department of Housing and Urban Development, 2022 CoC Homeless Populations and Subpopulations Reports. Available at https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf
[41] Ibid.
[42] Ibid.
[43] Ibid.

Budget Request

The FY 2024 President's Budget Request is $38.0 million, an increase of $2.0 million from the FY 2023 Enacted level. With this funding, SAMHSA will support 37 TIEH continuation grants, 25 TIEH new grants, one Housing and Homeless Resource Center (HHRC) continuation grant, and one SSI Outreach Access and Recovery (SOAR) contract 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 SMI with safe, secure housing. The number of individuals served is estimated to increase to approximately 9,000 individuals.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$32,992,000
FY 2021	$32,992,000
FY 2022 Final	$32,958,400
FY 2023 Enacted	$35,992,000
FY 2024 President's Budget	$37,992,000

Program Accomplishments

In FY 2022, SAMHSA supported 48 TIEH grants, one HHRC grant, and one SOAR contract. In FY 2022, 5,132 individuals were served by the TIEH program, achieving 133.3 percent of the annual goal. FY 2022 data also show a 23 percent improvement in housing stability, from 37.7 percent at 6-month reassessment compared to 17.4 percent at intake (baseline), and a 51.2 percent improvement in social connectedness, from 61.9 percent at 6-month reassessment compared to 47.9 at intake. Additionally, 51.0 percent of individuals served by the TIEH program reported that they were functioning in everyday life compared to 33.2 percent at intake.

In FY 2023, SAMHSA anticipates funding 24 TIEH grants, one HHRC grant, one SOAR contract, technical assistance activities and a new cohort of 32 grants. This will expand access to 7,000 individuals with SMI, SED, SUD, or co-occurring disorders, who are experiencing homelessness or at imminent risk of homelessness.

Minority AIDS

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Minority AIDS	$9,207	$9,224	$9,224	$---

Authorizing Legislation ....Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities....................................Community and faith-based organizations, Tribes, Urban
…..........................Indian organizations, Hospitals, Public and private universities, and colleges

Program Description

Initiated in FY 2017, the Minority AIDS Initiative – Service Integration (MAI-SI) grant program provides resources to help reduce the co-occurring epidemics of HIV, hepatitis, and mental health disorders through accessible, evidence-based, culturally appropriate mental and co-occurring disorder treatment that is integrated with HIV primary care and prevention services. SAMHSA expects that this program will help reduce the incidence of HIV and improve overall health outcomes for those at-risk individuals with a mental health disorder or co-occurring disorder (COD). The population of focus is individuals, ages 18 and over, of racial and ethnic minorities (e.g., black/African American, Hispanic/Latino, American Indian, Alaska Native, Native Hawaiian, and Asian and Pacific Islander populations) with a mental health disorder or COD with or at risk for HIV and/or hepatitis. These at-risk populations are disproportionately impacted by HIV and hepatitis[44]. Grantees provide evidence-based mental, and substance use disorder (SUD) treatment and practices that are trauma-informed and recovery-oriented.

In 2019, Black/African Americans represented 13 percent of the US population, but 40 percent of people with HIV.[45] Hispanics/Latinos represented 18 percent of the population, but 25 percent of people with HIV.[46] Similar disparities are seen in the latest incidence of HIV among Blacks/African Americans representing 40 percent of new HIV cases while Hispanics/Latinos represent 25 percent of new HIV cases.[47] Three quarters of new HIV cases in the United States are among racial and ethnic minorities.[48]

Budget Request

The FY 2024 President's Budget Request is $9.2 million, level with the FY 2023 Enacted level. SAMHSA will support 19 continuation grants focused on individuals with mental disorders and/or co-occurring disorders living with or at risk for HIV/AIDS. SAMHSA will also maintain its

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44 https://www.hiv.gov/hiv-basics/overview/data-and-trends/impact-on-racial-and-ethnic-minorities
45 https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/black-african-american-factsheet.html
46 https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/hispanic-latino-factsheet.html
47 ibid
48 https://www.hiv.gov/hiv-basics/overview/data-and-trends/impact-on-racial-and-ethnic-minorities

performance measure targets for FY 2024 except for the percentage of clients receiving services who are currently employed at six-month follow-up which is projected to increase by 9.6 percent.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$9,224,000
FY 2021	$9,224,000
FY 2022 Final	$9,207,200
FY 2023 Enacted	$9,224,000
FY 2024 President's Budget	$9,224,000

Program Accomplishments

In FY 2022, SAMHSA awarded a new cohort of 19 new grants. In FY 2022, 84.2 percent of individuals receiving services were not experiencing serious psychological distress at six-month follow-up, compared to 78.9 percent at intake (baseline), and 85.0 percent of individuals were retained in the community at six-month follow-up, compared to 50.0 percent at intake.

In FY 2023 SAMHSA expects to support 19 grant continuations focused on individuals with mental disorders and/or co-occurring disorders living with or at risk for HIV/AIDS. SAMHSA expects to maintain the FY 2022 performance targets. Starting in FY 2023, SAMHSA will begin collecting the number of organizations collaborating, coordinating, and sharing resources with other organizations as a result of the grant, as well as the number of individuals screened for mental health or related interventions.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.5.02 Percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2022: 61% Target: 66.0 (Target Not Met)	66%	66%	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 2022: 62.3 Target: 62.0 (Target Exceeded)	62	62	N/A
3.5.04 Percentage of clients receiving services who are currently employed at six-month follow-up. (Outcome)	FY 2022: 46.1 Target: 38.7 (Target Exceeded)	38.7	38.7	N/A
3.5.45 Number of clients served		2,000	2,000	Maintain

Criminal and Juvenile Justice Programs

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Criminal and Juvenile Justice Programs	$6,252	$11,269	$56,394	$45,125

Authorizing Legislation .... Sections 520G of the Public Health Service Act
FY 2024 Authorization $56,394,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities...States and Territories; Political Sub-Divisions of States; Indian Tribes or Tribal Organizations; Health Facilities or Programs Operated in Accordance with a contract or award with the Indian Health Service.

Program Description

SAMHSA's Behavioral Health Partnerships for Early Diversion grants commenced in FY 2013. The purpose of this program is to establish or expand programs that divert adults and/or youth with a mental illness or a co-occurring disorder (COD) from the criminal or juvenile justice system to community-based mental health and substance use disorder services (SUD) and other supports prior to arrest and booking.

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 U.S. Department of Justice, Office of Justice Programs, reported that 1 in 7 state and federal prisoners (14 percent) and 1 in 4 jail inmates (26 percent) reported experiences that met the threshold for serious psychological distress.[49] Approximately 383,000 individuals with serious mental illness (SMI) are incarcerated at any given time[50] and more than 90 percent of arrests for people with SMI are for non-violent offenses[51] such as trespassing or disorderly conduct.

Additionally, high rates of incarceration disproportionately impact communities of color, especially among African American, Hispanic/Latino and LGBTQI+ populations. Black Americans are incarcerated in state prisons nationally at nearly five times the rate of whites and Latino people are 1.3 times as likely to be incarcerated than non-Latino whites.[52] According to data from the National Survey on Drug Use and Health, in 2019, gay, lesbian, and bisexual individuals were 2.25 times as likely as straight individuals to be arrested within the last 12 months. This, like the imprisonment rates of LGBTQI+ people, is largely the result of disparate arrests of lesbian and bisexual women who were arrested at 4 times the rate of straight women. Gay and

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[49] Bronson, J. and Berzofsky, M. (2017). Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12. Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12 (ojp.gov)
[50] Center, T. A. (2016). Serious mental illness (SMI) prevalence in jails and prisons. Arlington, VA: Treatment Advocacy Center. https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695
[51] Compton, M. T., Zern, A., Pope, L. G., Gesser, N., Stagoff-Belfort, A., Tan de Bibiana, J., ... & Smith, T. E. (2022). Misdemeanor Charges Among Individuals With Serious Mental Illnesses: A Statewide Analysis of More Than Two Million Arrests. *Psychiatric Services*, appi-ps.
[52]https://www.sentencingproject.org/reports/the-color-of-justice-racial-and-ethnic-disparity-in-state-prisons-the-sentencing-project/

bisexual men were arrested at 1.35 times the rate of straight men, according to the survey.[53]

Sixty-five to seventy percent of children in the juvenile justice system have a diagnosable mental health condition, and children in the juvenile justice system have substantially higher rates of behavioral health conditions than children in the general population. At least seventy-five percent of youth in the juvenile justice system experienced traumatic victimization, and ninety-three percent reported exposure to adverse childhood experiences including child abuse, family and community violence, and serious illness. Unfortunately, children are often involved in the juvenile justice system because of a lack of community-based treatment options and are detained or placed in juvenile facilities for minor, nonviolent offenses. [54] Moreover, "when a student is suspended or expelled his or her likelihood of being involved in the juvenile justice system the subsequent year increases significantly." African American students are disproportionately affected by this school to prison pipeline.[55] There is a clear and largely unmet need for effective behavioral health services and supports that are accessible before, during, and after incarceration as needed for this high-risk population.

Budget Request

The FY 2024 President's Budget Request is $56.4 million, an increase of $45.1 million from the FY 2023 Enacted level. In addition to funding thirty-one grant continuations, SAMHSA expects to award up to 71 new Justice Behavioral Health Community Collaborative (JBHCC) grants to help individuals who are already involved in the criminal justice system. SAMHSA estimates the total number of individuals served by both programs will increase to 28,000.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$6,269,000
FY 2021	$6,269,000
FY 2022 Final	$6,252,200
FY 2023 Enacted	$11,269,000
FY 2024 President's Budget	$56,394,000

Program Accomplishments

In FY 2022, SAMHSA awarded 17 grant continuations and conducted technical assistance

[53] https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

[54] Mental Health America (2022). Position Statement 51: Children With Emotional Disorders In The Juvenile Justice System, 2015. https://www.mhanational.org/issues/position-statement-51-children-emotional-disorders-juvenile-justice-system

[55] Justice Center: The Council of State Governments, Public Policy Research Institute (2020). Breaking Schools' Rules: A Statewide Study of How School Discipline Relates to Students' Success and Juvenile Justice Involvement, 2011.

activities and served 513 individuals. In FY 2022, after 6 months of receiving grant services, 9.8 percent of individuals served by this program reported that they were hospitalized for mental health care in the past 30 days, compared with 23.5 percent at baseline. Similar improvements were seen in homelessness, from 10.2 percent at 6 months compared to 24.5 percent at baseline. Additionally, after 6 months of receiving grant services, 3.9 percent of individuals served by this program reported spending time in a correctional facility compared with 7.8 percent at baseline, 76 percent reported being retained in the community compared with 42 percent at baseline, and 34.6 percent reported improved functioning in everyday life compared with 26.9 percent at baseline.

In FY 2023, SAMHSA anticipates funding 6 grant continuations and awarding a new cohort of 25 grants and conduct technical assistance activities that will expand access to people with mental illness across local criminal justice and court systems. SAMHSA expects that 1,800 individuals will be served through this program in FY 2023.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.5.06 Percentage of clients receiving services who report positive functioning at 6-month follow-up (Outcome)	FY 2022: 32.7 Target: 40.0 (Target Not Met)	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 2022: 45.1 Target: 40.0 (Target Exceeded)	45.0	45.0	Maintain
3.5.09 Number of individuals screened for mental health or related interventions. (Output)	FY 2022: 4,103.0 Target: 2,700.0 (Target Exceeded)	7,200	28,000	+20,800
3.5.40 Number of clients served		1,800	6,000	+4,200

Practice Improvement and Training

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Practice Improvement and Training	$7,811	$7,828	$15,828	$8,000

Authorizing Legislation ....Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities………………………………States and Territories; Political sub-divisions of States, Indian Tribes or Tribal Organizations; health facilities or programs operated in accordance with the Indian Health Services; 105 Nationally Recognized Historically Black Colleges and Universities

Program Description

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. Three programs are funded with PIT: Historically Black Colleges and Universities Center of Excellence (HBCU-COE); Transforming Lives through Supported Employment Program (SEP); and the Clinical Support Services Technical Assistance Center.

The purpose of the HBCU-COE program is to network the 105 HBCUs throughout the United States and promote behavioral health workforce development by 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-COE program simultaneously expands service capacity on campuses and in other treatment venues.

Established in FY 2014, the purpose of SEP is to support state and community efforts to refine, implement, and sustain evidence-based practices but altered its population of focus to include both adults with serious mental illness (SMI) or co-occurring disorders (COD). Please refer to Mental Health System Transformation and Mental Health Reform for more information on this program.

In FY 2018, SAMHSA strengthened its clinical and science-based approach to addressing SMI through the establishment of the Clinical Support System for Serious Mental Illness Technical Assistance Center. The purpose of this program is to provide technical assistance (TA) for the implementation and provision of evidence-based treatment and recovery support programs for individuals living with SMI.

Budget Request

The FY 2024 President's Budget request is $15.8 million, an increase of $8.0 million from the FY 2023 Enacted level. The proposed funding increase responds to HHS priority goal of expanding and diversifying the behavioral health workforce. The proposed funding increase uses existing SAMHSA authorities to support the creation of a training pipeline from institutions of higher education that reach underserved populations. Aligning with the White House Initiative

Executive Order 14041 on advancing educational equity, additional funding to HBCUs will increase the capacity to recruit and expose HBCU students to evidence-based practices and current trends in behavioral health. The request also will continue to support continuation of the Clinical Support Services TA Center for SMI and will support five grant continuations and award a new cohort of 11 Transforming Lives through Supported Employment Programs (SEP).

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$7,828,000
FY 2021	$7,828,000
FY 2022 Final	$7,811,200
FY 2023 Enacted	$7,828,000
FY 2024 President's Budget	$15,828,000

Program Accomplishments

In FY 2022, SAMHSA funded the HBCU grant program, three SEP grants, and the Clinical Support Services TA Center. In FY 2022, SAMHSA funded a total of seven SEPs. These include four grant continuations from the Mental Health Systems Transformation and Health Reform funds and another three grants from PIT funds.

In FY 2022, 59.9 percent of participants in the seven grant funded programs were competitively employed at six-month follow-up, compared to 18.4 percent at intake (baseline), representing a 45.6 percent positive change. Additionally, 57.7 percent reported having a stable place to live at follow-up compared to 39.1% at intake, and 89.4 percent were retained in their community compared to 59.9 percent at intake (baseline).

In FY 2023, SAMHSA anticipates funding a new cohort of five SEP grants, awarding a new Clinical Support Services TA Center, and continuing to fund the HBCU grant program to support workforce development.

Consumer and Consumer-Supporter TA Centers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Consumer and Consumer-Supporter Technical Assistance Centers........................	$1,901	$1,918	$1,918	$---

Authorizing Legislation ....Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method .... Competitive Grants
Eligible Entities...States, political subdivisions of states, health facilities or programs operated in accordance with the Indian Health Service, or other domestic public or private non-profit entities

Program Description

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 serious mental illness (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.

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 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.

Budget Request

The FY 2024 President's Budget request is $1.9 million, level with the FY 2023 Enacted level. This 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 and focus on coordination with the state-wide consumer network program and engaging people with lived experience of mental illness to improve mental health systems and supports and advance community inclusion, recovery, and resilience. In FY 2024, SAMHSA will continue to maintain the performance measure targets for this program.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$1,918,000
FY 2021	$1,901,492
FY 2022 Final	$1,901,200
FY 2023 Enacted	$1,918,000
FY 2024 President's Budget	$1,918,000

Program Accomplishments

In FY 2022, SAMHSA awarded five grant continuations and provided training to 32,000 individual and reached more than 330,313 people with mental health awareness activities. These trainings covered a range of topics, including peer support, peer-run crisis services, employment and education supports, mental health first aid, and improving care for people with mental illness and intellectual or developmental disabilities.

In FY 2023, SAMHSA expects to support five grant continuations and provide technical assistance to facilitate the quality improvement of the mental health system by promoting consumer-directed approaches for adults with SMI. SAMHSA will continue to maintain its performance measure targets.

Disaster Response

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Disaster Response	$1,936	$1,953	$1,953	$---

Authorizing Legislation ....Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities…………………………...............States, political sub-divisions of states, health
…facilities or programs operated in accordance with the Indian Health Service, or other domestic
…………………………………………………………public or private non-profit entities

Program Description

Natural and human caused disasters and emergent events, such as the COVID-19 pandemic, wildfires; mass shootings; hurricanes and tropical storms along the coast; and floods and tornadoes strike without warning and leave individuals, families, and whole communities struggling to rebuild. SAMHSA's Disaster Behavioral Health Program aims to ensure 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 is the nation's first permanent hotline dedicated to providing immediate disaster crisis counseling. SAMHSA launched the Oil Spill Distress Helpline in 2010 following the Deepwater Horizon Explosion/BP Oil Spill. The number then transitioned to the national Disaster Distress Helpline in February 2012. 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). The CCP was established in 1974 under the Stafford Act. Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5183, which authorizes FEMA to fund mental health assistance and training activities in areas that have been declared a major disaster by the President. 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.

The DTAC is funded by SAMHSA and FEMA that was founded in 2002. This program is designed to provide additional technical assistance, strategic planning, consultation, and logistical support. 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.

Budget Request

The FY 2024 President's Budget Request is $2.0 million, level with the FY 2023 Enacted level. Funding will continue the support of a nationally available disaster distress crisis counseling telephone line and the DTAC. In FY 2024, SAMHSA will continue to maintain the same performance measure targets as FY 2023.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$1,953,000
FY 2021	$1,953,000
FY 2022 Final	$1,936,200
FY 2023 Enacted	$1,953,000
FY 2024 President's Budget	$1,953,000

Program Accomplishments

In FY 2022, the SAMHSA DDH responded to over 27,746 calls and answered close to 3,389 text messages. While FY 2022 DDH volume was down 30 percent from its peak in FY 2020/2021 during the height of the COVID-19 pandemic, overall volume is 150 percent higher compared to FY 2019. The majority of DDH callers and texters are experiencing acute, temporary stress related to a disaster. DDH crisis counselors utilize stabilization, psychological first aid, and other brief supportive counseling techniques regardless of presenting concern. COVID-19 continued to be the most common presenting concern of DDH callers and texters in FY 2022, followed by hurricanes and tropical storms (Ida, Fiona, Ian), incidents of mass violence (including mass shootings in Buffalo and Uvalde in May), floods, and wildfires. Following Hurricanes Fiona (9/18) and Ian (9/28) call volume to the DDH increased by 120 percent in the last two weeks of FY 2022, and Spanish-language call volume in September 2022 was almost 200 percent higher compared to September 2021.

During FY 2022, the CCP Online Data Collection and Evaluation System (ODCES) showed the following contacts and encounters funded by 54 CCP grants:

- 2,159,022 in-person brief educational supportive contacts.
- 703,523 telephone/hotline contacts and 1,285,298 2 e-mail contacts.
- 555,788 individual and family crisis counseling encounters (lasting 15 to 60 minutes or more) serving 651,059 individuals; and
- 68,427 group encounters (public education and group counseling) serving 865,489 individuals.

Individual and family crisis counseling encounters were most often conducted with adults ages 40 to 64 (281,637), followed by adults ages 18-39 (181,154), older adults (141,603), and children (46,665). Individual and family encounters occurred most often with female (58 percent) disaster survivors, compared to males (41.5 percent) and transgender (0.6 percent). A little less than half (43.8 percent) were conducted in Spanish due to three large CCP grants running in Puerto Rico. The three most common risk factors reported by counseling participants were past trauma (19.2 percent), other financial loss (17.8 percent), prolonged separation from family or social network (14.5 percent) and preexisting physical disability (11.8 percent). Across the four major health concern categories (behavioral, emotional, physical, and cognitive), the highest number of reported disaster event reactions fell within the emotional category (716,421), followed by behavioral (691,690), physical (549,975), and cognitive (418,590).

In FY 2023, SAMHSA anticipates continued funding for DDH and DTAC to support a nationally available disaster distress crisis counseling telephone line and the Disaster Technical Assistance Center and will continue to maintain its performance measures targets.

Output and Outcomes

Mental Health - Science and Service Activities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.4.06 Number of people trained by CMHS Science and Service Programs (Output)	FY 2022: 884 Target: 900 (Target Not Met)	900	900	Maintain
1.4.14 Number of calls answered by the Disaster Distress Hotline (Output)	FY 2022:28,746 Target: 29,000 (Target Not Met)	29,000	29,000	Maintain
1.4.15 Number of text messages answered by the Disaster Distress Hotline (Output)	FY 2022: 3,889 Target: 6,000 (Target not met	6,000	6,000	Maintain

Seclusion and Restraint

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Seclusion and Restraint	$1,130	$1,147	$1,147	$---

Authorizing Legislation .... Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,000
Allocation Method .... Grants/Cooperative Agreements
Eligible Entities .... Domestic Public and Private Non-Profit Entities

Program Description

Because of the inappropriate use of seclusion and restraint practices, people die, countless others are injured, and many people are traumatized by coercive practices. Schoolchildren, with and without disabilities, have been restrained and secluded in the United States since at least the 1950s.[56] 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. Even if children suffer no physical harm as the result of the use of seclusion and restraints, studies have shown they remain severely traumatized and may even experience post-traumatic stress disorder.[57] As a result of their experiences, children who have been restrained have reported nightmares, anxiety, and mistrust of adults in authority.[58]

In 2018, SAMHSA 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), including the dissemination of trauma-informed practices across multiple service settings and promoting alternatives to restraint, seclusion, and other coercive practices. 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. In FY 2023, the MHTTC Network includes 10 Regional Centers, 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.

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[56] Joseph B. Ryan & Reece L. Peterson, Physical Restraint in School, 29 J. COUNS. FOR CHILD. BEHAV. DISORDERS 154, 158 (2004).
[57] CCBD, supra note 14; see also NDRN, supra note 3 (compiling research on harmful effects of seclusion and restraint).
[58] David M. Day, Review of the Literature on Restraints and Seclusion with Children and Youth: Toward the Development of a Perspective in Practice (2000).

Budget Request

The FY 2024 President's Budget request is $1.1 million, level with the FY 2023 Enacted level SAMHSA's will support the MHTTC and maintain the same performance measure targets as FY 2023.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$1,147,000
FY 2021	$1,147,000
FY 2022 Final	$1,130,198
FY 2023 Enacted	$1,147,000
FY 2024 President's Budget	$1,147,000

Program Accomplishments

In FY 2022, SAMHSA funded 13 MHTTC continuation grants. In FY 2022, the MHTTCs have conducted 986 trainings and technical assistance activities for 51,946 individuals.

In FY 2023, SAMHSA expects to fund 11 MHTTC continuation grants and maintain the FY 2023 performance measure targets.

Assertive Community Treatment for Individuals with Serious Mental Illness

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Assertive Community Treatment for Adults with SMI..	$8,983	$9,000	$9,000	$---

Authorizing Legislation .... Section 520M of the Public Health Service Act
FY 2024 Authorization $9,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities………………States, Political Sub-divisions of states; community-based behavioral health non-profit organizations; Indian tribes or tribal organizations, mental health systems; health care facilities

Program Description

Initiated in FY 2018, the Assertive Community Treatment (ACT) for Individuals with serious mental illness (SMI) program establishes or expands and maintains ACT programs for transition-aged youth and adults with a SMI or serious emotional disturbance (SED). Grantees are expected to implement an ACT program to fidelity and provide ACT services to the population of focus. With this program, SAMHSA aims to improve behavioral health outcomes for individuals by reducing rates of hospitalization, mortality, substance use, homelessness, and involvement with the criminal justice system.

ACT is an evidence-based practice considered to be one of the most effective approaches to delivering services to individuals with the most severe impairments associated with SMI/SED.[59] Individuals with severe functional impairments tend to need services from multiple providers (e.g., physicians, socials workers) and multiple systems (e.g., social services, housing services, health care). ACT was developed to deliver comprehensive effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches.

ACT is a services-delivery model, not a case management program. The ACT team model is composed of 10-12 multi-disciplinary behavioral health care staff who work together to deliver a mix of individualized, recovery-oriented services to individuals living with SMI/SED to help them successfully reintegrate into the community. Team members themselves provide the comprehensive array of services directly rather than through referrals. Caseloads are approximately one staff for every 10 individuals served. Services are provided 24 hours – 7 days a week, as long as needed and wherever they are needed. Based on the ACT model, a multi-disciplinary team is available around the clock to deliver a wide range of services in a person's home or other community settings. The ACT Evidence-Based Practices toolkit is available in SAMHSA's Evidenced-Based Resource Center.

[59] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3589962/

Budget Request

The FY 2024 President's Budget Request is $9.0 million, level with the FY 2023 Enacted level. This funding will support the continuation of 13 grants to advance the ACT approach to address the needs of those living with SMI.

ACT is considered one of the most effective evidence-based programs designed to support community living for individuals with the most severe functional impairments associated with SMI. As a result, the ACT model is implemented widely across the United States. The ACT program is focused on innovation and pairs grantees with a technical assistance center. This strategy supports grantees, captures lessons learned from grantee innovations, gives support to ACT providers outside the grant program, and supports state planning related to ACT and the continuum of care for people with serious mental illness. In FY 2024, SAMHSA will continue to maintain the same performance measure targets as FY 2023.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$7,000,000
FY 2021	$9,000,000
FY 2022 Final	$8,983,200
FY 2023 Enacted	$9,000,000
FY 2024 President's Budget	$9,000,000

Program Accomplishments

In FY 2022 SAMHSA awarded 12 grant continuations. FY 2022 data indicate that 50.6 percent of individuals served by the ACT program report positive functioning in everyday life, compared to 41.8 percent reported at baseline. In addition, the percentage of individuals who experienced homelessness in the last 30 days decreased from 16.7 percent at baseline to 6.0 percent at the 6-month reassessment; further, 26.2 percent of individuals served by the program reported that they had a stable place to live at baseline, compared to 59.5 percent at the 6-month reassessment. At baseline, 4.8 percent of the individuals served reported time spent in a correctional facility in the past 30 days, compared to 0 percent at 6-month assessment. Additionally, there was a decrease in hospitalization for mental health care in the past 30 days from 32.9 percent at baseline to 8.5 percent at the 6-month reassessment, and an increase in retention in the community from 34.1 percent to 84.1 at reassessment. There was also a decrease in emergency room usage for behavioral health issues in the past 30 days, from 22 percent at baseline to 3.7 percent at reassessment. Lastly, data showed that 465 individuals in the mental health workforce received training in mental health practices consistent with the goals of the program for FY 2022.

In FY 2023 SAMHSA supported 5 continuation grants and awarded a new cohort of eight grants

to advance the ACT approach to address the needs of those living with SMI. SAMHSA will continue to maintain its performance measure targets for FY 2023.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.4.13 Percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2022: 49.4 Target: 54.0 (Target Not Met)	50.0	50.0	Maintain
3.4.14 Percentage of clients receiving services who are currently employed at 6-month follow-up. (Outcome)	FY 2022: 19.8 Target: 17.0 (Target Exceeded)	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 2022: 58.3 Target: 64.0 (Target Not Met)	58.0	58.0	Maintain
3.4.36 Number of Clients Served		500	500	Maintain

Tribal Behavioral Health Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Tribal Behavioral Health Grants..	$20,733	$22,750	$23,250	$500

Authorizing Legislation………………... Section 520A (290bb-22) and 516 (290bb-22) of the Public Health Service Act, as amended.
FY 2024 Authorization $599,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities………………………………………………………………….........Tribes

Program Description

Starting in FY 2014, the Tribal Behavioral Health grant 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 American Indian/Alaska Native (AI/AN) young people. The purpose of this program is to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24, by building a healthy network of systems, services, and partnerships that impact youth.

In 2020, suicide was the leading cause of death among AI/AN youth and young adults ages ten to 14 years. For AI/AN ages 10-19, the unadjusted suicide rate was nearly twice the rate for the nation as a whole.[60] In 2019, AI/AN high school students reported higher rates of suicidal behaviors than the general population of U.S. high school students. These behaviors include serious thoughts of suicide (1.8 times as likely than the general population), suicide plans (1.5 times as likely as the general population), and suicide attempts (2.9 times as likely as the general population).[61] American Indian or Alaska Native (27.6%) are also more likely to have a substance use disorder (SUD) in the past year compared with Black or African American (17.2%), White (17.0%), Hispanic or Latino (15.7%), or Asian people (8.0%).[62]

In addition, SAMHSA's Tribal Training and Technical Assistance Center [63] provides training and education to AI/AN grantees and organizations serving AI/AN populations to support their ability to achieve their goals.

[60] Centers for Disease Control and Prevention. Fatal injury data, 2020. Web-based Injury Statistics Query and Reporting System. Available at www.cdc.gov/injury/wisqars/fatal.html. Accessed January 25, 2023.
[61] 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.
[62] Center for Behavioral Health Statistics and Quality. (2022). 2021 National Survey on Drug Use and Health: Methodological summary and definitions. https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions
[63] (http://www.samhsa.gov/tribal-ttac)

Budget Request

The FY 2024 President's Budget Request is $23.25 million, an increase of $500,000 from the FY 2023 Enacted level. Combined with $23.7 million in the Substance Use Prevention Services appropriation, these funds will support technical assistance activities, 118 continuation grants and award a new cohort of 35 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families. In FY 2024, SAMHSA will continue the same performance measures and it is expected that 500,000 youth with mental health or substance use disorders will be contacted through program outreach efforts targets.

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

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$20,000,000
FY 2021	$20,881,047
FY 2022 Final	$20,733,200
FY 2023 Enacted	$22,750,000
FY 2024 President's Budget	$23,250,000

Program Accomplishments

In FY 2022, SAMHSA awarded 133 grant continuations and a new cohort of 12 grants and technical assistance activities to expand youth suicide prevention and early intervention strategies for the tribal nations. In FY 2022, grantees screened 14,702 individuals for mental health and suicide concerns, 365,825 individuals were contacted through program outreach efforts, and 1,325 organizations implemented specific mental health related practices and activities that aligned with program goals.

In FY 2023, SAMHSA anticipates supporting 105 grant continuations and awarding a new cohort of 39 grants and technical assistance activities to expand youth suicide prevention and early intervention strategies for the tribal nations.

Outcomes and Outputs

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.4.12 Percentage of youth age 10 - 24 who received mental health or related services after screening, referral or attempt (Output)	FY 2022: 35.0 Target: 33.0 (Target Exceeded)	33.0	33.0	Maintain
2.4.17 Number of youths with mental health or substance use disorders who are contacted through program outreach efforts (Output)	FY 2022: 470,790.0 Target: 570,655.0 (Target Not Met)	500,000	500,000	Maintain

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Minority Fellowship Program	$10,042	$11,059	$22,000	$10,941

Authorizing Legislation .... Section 597 of the PHS Act
FY 2024 Authorization $25,000,000
Allocation Method .... Grants/Contracts
Eligible Entities...Organizations that represent individuals obtaining post-baccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, ...social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling

Program Description

SAMHSA's Minority Fellowship Program (MFP) is intended to increase behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and 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; substance use/addiction counseling, marriage and family therapists and professional counselors. This program is jointly administered by the Center for Substance Use Services (CSUS), the Center for Substance Use Prevention (CSUP), and the Center for Mental Health Services (CMHS) at SAMHSA. Combined, this program will support fellowships for hundreds of students as well as support additional training through webinars on culturally appropriate services to thousands of students.

Budget Request

The FY 2024 President's Budget Request is $22.0 million, an increase of $10.9 million from the FY 2023 Enacted level. Combined with $12.0 million in the Substance Use Services appropriation and $2.7 million in the Substance Use Prevention appropriation, funds will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase in fellows will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.

Please note, SAMHSA is tracking separately any amounts spent, or awarded, under the Minority

Fellowship Program through the distinct appropriations to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$9,059,000
FY 2021	$10,059,000
FY 2022 Final	$10,042,200
FY 2023 Enacted	$11,059,000
FY 2024 President's Budget	$22,000,000

Program Accomplishments

In FY 2022, SAMHSA supported eight grant continuations, and the MFP technical assistance contract. In FY 2022, the MFP grant supported 428 fellows (see the table below for details). In addition, the MFP program provided over 135 trainings and workshops for the fellows and other interested participants.

In FY 2023, SAMHSA anticipates funding one grant continuation and a new cohort of eight grants and a new MFP technical assistance contract. In FY 2022, the MFP grantees reported the following program accomplishments:

- The American Association for Marriage and Family Therapy had 57 master’s fellows representing their largest cohort since expanding to include master’s education in 2014, which is a 40% increase.
- The American Nurses Association used the Infusionsoft software to send weekly email blasts to prospective applicants, Historically Black Colleges, and Universities (HBCUs), tribal colleges, Hispanic Serving Institutions, and other major universities with a psychiatric nursing program.
- The American Psychiatric Association fellows participated in the Presidential Taskforce on Social Determinants of Mental Health. Fellows joined a group discussion and provided their input and feedback based on their understanding of the social determinants of mental health based on their pre-clinical and clinical curriculum and training.
- The American Psychological Association launched a leadership development program containing 10-modules with content, discussion, and implementation sections. Topics included mapping out your career, cultural competencies, professionalism, ethics, and others.
- The Council on Social Work Education launched several new initiatives: 1) Monthly

Monday group mentoring sessions where MFP alum were invited to come and share their experiences, 2) Lunch and Learns on the last Wednesday of each month to discuss specific topics, and 3) Office hours twice a month on Fridays for fellows to ask questions.
- The National Board of Certified Counselors hosted a virtual career fair, The Counseling Foundations: Your Path to Career Success virtual career fair, which aimed to connect employers, recent graduates from master's and doctoral counseling programs, and seasoned counseling professionals nationwide in a virtual setting to explore current and future staffing opportunities.

Outcomes and Outputs

Total Doctoral and Master's Fellows	**FY 2022 Total (428)**		**FY 2023 Total (428)**	
Grantee Organization	Masters Fellows	Masters Fellows	Doctoral Fellows	Doctoral Fellows
National Board of Certified Counselors	70	70	20	20
Council on Social Work Education	45	45	28	28
Interdisciplinary Minority Fellowship Program	18	18	37	37
Amer. Psychological Association	13	13	24	24
Amer. Psychiatric Association	0	0	51	51
American Nurses Association	16	16	24	24
Amer. Association for Marriage and Family Therapy	57	57	25	25
TOTAL:	219	219	209	209

Infant and Early Childhood Mental Health

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Infant and Early Childhood Mental Health..	$9,983	$15,000	$37,500	$22,500

Authorization Legislation..................................Section 399Z-2 of the Public Health Service Act
FY 2024 Authorization...$50,000,000
Eligible Entities……………………………Human Services Agencies or Non-profit Institutions

Program Description

Infant and Early Childhood Mental Health Funding supports two programs: The Infant and Early Childhood Mental Health (IECMH) grant program and the Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE-IECMHC)

Established in FY 2018, the IECMH programs are focused on improving the 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. The purpose is to improve outcomes using 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.

In FY 2019, the CoE-IECMCH was established to provide technical assistance to communities, states, territories, tribal communities, and IECMH grantees, as well as professional development to individual mental health consultants to increase access to high quality mental health consultation throughout the country.

The IECMH program and the CoE-IECMHC have: (1) helped to increase access to a range of evidence-based and culturally appropriate infant and early childhood mental health services; (2) equipped caregivers to facilitate children's mental health and social and emotional development, and (3) strengthened positive caregiving relationships, via multigenerational therapy approach and services. These IECMHC programs aid in addressing the national shortage of mental health professionals with infant and early childhood expertise.

Budget Request

The FY 2024 President's Budget Request is $37.5 million, an increase of $22.5 million from the FY 2023 Enacted level. The proposed funding will support the continuation of 28 grants and award a new cohort of 43 new grants, which will increase the number people in the mental health and related workforce who are trained to nearly 21,000; the number of young children screened for mental health disorders to nearly 52,000; and the number of children referred to nearly 18,000.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$7,000,000
FY 2021	$8,096,291
FY 2022 Final	$9,983,200
FY 2023 Enacted	$15,000,000
FY 2024 President's Budget	$37,500,000

Program Accomplishments

In FY 2022, SAMHSA awarded 13 grant continuations, five new grants, and provided supplement to support COE-IECMHC technical assistance. In FY 2022, grantees trained 3,799 people in the mental health and related workforce in mental health-related practices/activities; screened 9,470 children for mental health or related interventions; and referred 3,378 children for mental health services.

In FY 2023, SAMHSA expects to support nine grant continuations and award a new cohort of 19 grants. It is expected that the number of people trained in mental health-related practices/activities will near 7,000; the number of young children screened for mental health disorders will near 14,000; and the number of children referred for mental health and related services will near 5,000.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.4.16 Number of children screened for mental health or related interventions (Output)	FY 2022: 9,792.0 Target: 9,883.0 (Target Not Met)	14,000	52,000	+38,000

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2023 Target**	**FY 2024 Target**	**FY 2024 Target +/-FY 2023 Target**
3.4.17 Number of children referred to mental health or related interventions (Output)	FY 2022: 3,643.0 Target: 3,500.0 (Target Exceeded)	5,000	18,000.0	+13,000
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 2022: 6,454.0 Target: 5,000.0 (Target Exceeded)	7,000	14,000.0	+7,000

Interagency Task Force on Trauma-Informed Care

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Interagency Task Force on Trauma-Informed Care..	$1,000---	$2,000	$2,000	$---

Authorizing Legislation ....…………………Section 7132 of the Support Act
FY 2024 Authorization $0
Allocation Method ....Contract
Eligible Entities..Domestic Public or Private Non-Profit Entities

Program Description

Trauma-informed approaches are essential to ensure that children, youth, and their families receive the necessary behavioral health treatment and support services for substance use/misuse and mental health challenges to enhance their resilience, facilitate their recovery, and improve their well-being. Trauma-informed approaches are more critical now as we recognize the impact that COVID-19 and the resulting effects, i.e., social isolation, increased rates of anxiety and depression, have had on children, youth, and their families. Providing trauma-informed care is not limited to behavioral health interventions and can help increase the effectiveness of other kinds of interventions such as supportive employment services and health care.

The creation of an Interagency Task Force on Trauma-Informed Care (Task Force) was mandated in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).[64] The SUPPORT for Patients and Communities Act is a bipartisan, comprehensive piece of legislation devoted to combatting substance use and the overdose epidemic and supporting children and families who experience trauma and adverse childhood experiences (ACEs), including trauma from substance misuse.

The SUPPORT Act mandated SAMHSA lead an interagency task force comprised of twenty agencies in the development of a National Strategy for Trauma-informed Care and submit an operating plan outlines its implementation. In FY 2022, SAMHSA developed an operating plan to implement a National Strategy for Trauma-informed Care that establishes recommendations for children/families who have experienced trauma and federal agencies' coordinated response, as well as publish best practices of trauma-informed care.

The Task Force submitted this plan to Congress detailing its implementation. The National Strategy is grounded in equity with four main pillars: best practices, research, data, and federal coordination. Implementation of the National Strategy is being implemented in 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). The Task Force has begun the implementation of Phase One.

SAMHSA anticipates the Interagency Task Force's effort will result in the cataloguing of over

[64] (P.L. 115-271)

1,200 different resources. These resources will provide much needed information to equip providers with trauma-informed evidenced based approaches and help to mitigate risks of further traumatizing the most vulnerable children and families. Based on SAMHSA's experience with the National Child Traumatic Stress Network (NCTSN) website and prior stakeholder engagement, it is estimated that the website will have over 1 million visitors and that the resources provided will influence the care of over 2 million children and their families receive within the first three years. The Task Force will also develop a research agenda, create shared understanding of how to measure trauma-informed care, and enhance federal coordination.

Budget Request

The FY 2024 President's Budget Request is $2.0 million, level with the FY 2023 Enacted level. In FY 2024, SAMHSA expects to continue the implementation of the operating plan through a series of expert panel meetings, youth, family, and community stakeholder engagement; analysis of scientific reviews of the research and evidence based interventions; three environmental scans to identify currently used measures and tools in the area of trauma and trauma-informed care data collection; identification of facilitators and barriers of coordinating across the government in the area of trauma-informed care; and development of an initial design for the best practices website.

Based on SAMHSA's experience with the NCTSN website and prior stakeholder engagement, it is estimated that the website will have over 1 million visitors and that the resources provided will influence the care received of over 2 million children and their families.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$---
FY 2021	$---
FY 2022 Final	$1,000,000
FY 2023 Enacted	$2,000,000
FY 2024 President's Budget	$2,000,000

National Child Traumatic Stress Network

(Dollars in thousands)

	FY 2022	FY 2023	FY 2024	
	Final	Enacted	President's Budget	FY2024 +/- 2023 Enacted
National Child Traumatic Stress Network...	$81,887	$93,887	$150,000	$56,113

Authorizing Legislation ....Section 582 of the Public Health Service Act
FY 2024 Authorization $0
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible EntitiesStates, Local Governments, Tribes, Institutions of Higher Education, and Community Organizations

Program Description

Child traumatic stress is a pervasive and potentially life changing experience that affects tens of thousands of children each year.[65] Traumatic stress occurs when children and adolescents are exposed to events or situations that overwhelm their ability to cope and interfere with a wide range of childhood developmental capabilities, including social and educational functioning.[66] Trauma experienced during childhood can have long-term mental, emotional, and physical consequences. Adverse childhood experiences (ACEs) study results using a sample size of 45,287 showed the most prevalent exposure experience by children was (22.5%) economic hardship.[67] Additional study findings suggest a higher prevalence of childhood traumatic events among rural children.[68] At the same time, access to care in underserved/under-resourced communities is associated with inadequate trauma-responsive care.[69] "Evidence-based treatments are available to address trauma-related symptoms, but their impact is hindered because access is limited and unequal. In the U.S., adverse experiences and mental disorders disproportionately affect socioeconomically disadvantaged groups that face treatment access barriers."[70] 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[71].

Since the establishment in 2000, SAMHSA has funded a national network of grantees known as the National Child Traumatic Stress Network (NCTSN) to increase access to effective trauma- and grief-focused treatment and services systems for children, adolescents, and their families, who

[65] Crouch, E., Probst, J.C., Radcliff, E., Bennett, K.J., McKinney, S.H. (2019). Prevalence of adverse childhood experiences (ACEs) among US children. Child Abuse and Neglect, (92), 209-218.
[66] Ibid
[67] Ibid
[68] Ibid
[69] IbidCrouch, E., Probst, J.C., Radcliff, E., Bennett, K.J., McKinney, S.H. (2019). Prevalence of adverse childhood experiences (ACEs) among US children. Child Abuse and Neglect, (92), 209-218.
Mersky, J.P, Topitzes, J., Langlieb, J., Dodge, K.A. (2021). Increasing mental health treatment access and equity through trauma-responsive care. American Journal of Orthopsychiatry, (91), 6, 703-731.

experience traumatic events. The NCTSN has grown from a collaborative network of 17 to 184 centers and over 200 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. 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, and continue to be a principal source of child trauma information and training for the nation. With this program, SAMHSA aims to raise the standard of care and improve access to evidence-based services for children experiencing trauma across the nation.

Budget Request

The FY 2024 President's Budget Request is $150.0 million, an increase of $56.1 million from the FY 2023 Enacted level. SAMHSA will support 170 grant continuations and award a new cohort of 76 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. SAMHSA estimates approximately 16,000 children and adolescents will be served and the approximately 500,000 people in the mental health and related workforce will be trained.

Funding History Table

5 Year Funding Table		
Fiscal Year	**Amount**	**Supplemental Funding**
FY 2020	$68,887	
FY 2021	$71,671	$20,000
FY 2022 Final	$81,887	
FY 2023 Enacted[1]	$93,887	$10,000
FY 2024 President's Budget[1]	$150,000	$10,000

[1]/Supplemental funding in 2023 and 2024 represents BSCA Advanced Appropriations.

Program Accomplishments

In FY 2022, SAMHSA supported 129 grant continuations (127 grants with base budget authority and two grants with American Rescue Plan Act) and awarded a new cohort of 28 grants. In FY 2022, NCTSN grantee sites provided trauma-informed training to over 326,177 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 496,000 registered users accessing this evidence-based child trauma resource. Data collected in FY 2022 demonstrate that the current NCTSN grantees provided screening to over 84,767 individuals and evidence-based treatment to 42,109 children, adolescents, and family members

which includes 7,500 children and adolescents. 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 2023, SAMHSA anticipates funding 144 grant continuations (142 grants with base budget authority and two grants with American Rescue Plan Act) and awarding a new cohort of 49 grants (28 new grants with base budget authority and 21 new grants with Bipartisan Safter Community Act). With the increase in funding, SAMHSA estimates that NCTSN grantees will provide screening to over 180,000 individuals and evidence-based treatment to 100,000 children, adolescents, and family members.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.2.02a Percentage of children receiving trauma informed services who report positive functioning at 6-month follow-up (Outcome)	FY 2022: 65.6 % Target: 70 % (Target Not Met)	70 %	70 %	Maintain
3.2.23 Unduplicated count of the number of children and adolescents receiving trauma-informed services (Outcome)	FY 2022: 7,500 Target: 50,000 (Target Not Met)	12,000	16,000	+4,000
3.2.39 Number of child-serving professionals trained in providing trauma-informed services (Outcome)	FY 2022: 326,177 Target: 550,000 (Target Not Met)	326,000	500,0000	+224,000

Assisted Outpatient Treatment for Individuals with Serious Mental Illness

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Assisted Outpatient Treatment for Individuals with Serious Mental Illness............	$21,420	$21,420	$21,420	$---

Authorizing Legislation .... Section 224 of the Protecting Access to Medicare Act of 2014
FY 2024 Authorization $22,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities……………………………………………………States and communities

Program Description

SAMHSA initiated the Assisted Outpatient Treatment (AOT) program in FY 2016. AOT is the practice of delivering outpatient treatment under a civil court order to adults with serious mental illness (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 program is intended reduce the incidence and duration of psychiatric hospitalization, homelessness, individual incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a SMI. The AOT program is designed to work with families and courts to allow individuals with SMI to obtain treatment while continuing to live in the community and their homes.

In 2020, there were an estimated 14.2 million adults aged 18 or older in the United States with SMI, such as schizophrenia, bipolar disorder and major depression.[72] Approximately 4.2 million individuals remain untreated for serious mental illness, costing 28 billion dollars in hospitalization costs per year.[73]

To increase access to evidence-based mental health services for individuals with SMI, Congress passed the Protecting Access to Medicare Act of 2014 (PAMA), which authorized a four-year Assisted Outpatient Treatment (AOT) program for individuals with SMI. This authorization was extended in the 21st Century Cures Act.

Budget Request

The FY 2024 President's Budget Request is $21.4 million, level with the FY 2023 Enacted level. This funding will support six grant continuations and award a new cohort of 15 grants to improve the health and social outcomes for individuals with SMI and continuation of the technical assistance center. In FY 2024, SAMHSA will maintain the same performance targets as FY 2023.

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[72] https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Mental%20illnesses%20are%20common%20in,mild%20to%20moderate%20to%20severe./Updated January 2022.
[73] Treatment Advocacy Center. (2017, May). Serious Mental Illness and Treatment Prevalence. Retrieved from Treatment Advocacy Center: https://www.treatmentadvocacycenter.org/

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$19,000,000
FY 2021	$20,937,000
FY 2022 Final	$21,420,000
FY 2023 Enacted	$21,420,000
FY 2024 President's Budget	$21,420,000

Program Accomplishments

In FY 2022, SAMHSA supported 20 grant continuations and awarded a new cohort of three grants**.** In FY 2022, AOT data was used to capture outcomes in the four areas listed below:

1. Cost savings and public health outcomes including hospitalization, and use of services
   - 6.5 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 46.8 percent at intake.
   - 6.0 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 28.7 percent at intake.

2. Rates of Incarceration
   - 2.8 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 7.9 percent at intake.

3. Rates of Homelessness
   - 6.4 percent of AOT program participants reported spending one or more homeless nights in the past 30 days at their most recent reassessment compared to 10.1 percent at intake.

4. Patient and family satisfaction with program participation
   - 87.0 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 2023, SAMHSA supported 23 grant continuation that improve the health and social outcomes for individuals with SMI and continuation of the technical assistance center. SAMHSA will continue to maintain the performance measures targets as in FY 2022.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.4.06 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2022: 66.1 Target: 70.0 (Target Not Met)	70%	70%	Maintain
3.4.10 The number of organizations collaborating, coordinating, and/or sharing resources with other organizations as a result of the grant. (Output)	FY 2022: 276.0 Target: 373.0 (Target Not Met)	Discontinued	Discontinued	N/A
3.4.31 Number of clients served		1,000	1,000	Maintain

Children’s Mental Health Services

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Children's Mental Health Services..	$125,000	$130,000	$225,000	$95,000,000

Authorizing Legislation .... Sections 561 of the Public Health Service Act
FY 2024 Authorization $125,000,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities…..States and territories, governmental units within political sub-divisions of states, and federally recognized American Indian/Alaska Native tribes and tribal organizations

Program Description

It is estimated that 49.5 percent of adolescents in the United States have any mental illness, of which 22.2 percent had a severe impairment. Unfortunately, only 41 percent of those in need of mental health services receive treatment.[74] 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. 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 funding supports two grant programs: Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with SED (CMHI); and Clinical High Risk for Psychosis (CHR-P) grants. CMHI supports the implementation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI). With this program, SAMHSA aims to provide mental health services to children and youth, from birth through age 21, at risk for or with SED and their families. SAMHSA intends to prepare children and youth at risk for or with SED for successful transition to adulthood and assumption of adult roles and responsibilities.

In FY 2018, SAMHSA implemented the CHR-P, often referred to as the prodrome phase, in which a disease process has begun but is not yet diagnosable or inevitable. The population of focus for CHR-P are youth and young adults (not more than 25 years of age) who are identified to be at clinical high risk for developing a first episode of psychosis. Award recipients are expected to use evidence-based intervention to: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social, academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms.

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

SAMHSA also funds the National Training & Technical Assistance Center for Children, Youth, & Family Mental Health (NTTAC) to provide resources that increase access to, effectiveness of, and dissemination of evidence-based mental health services for young people (birth to age 21) and their families, including young people experiencing serious mental illness (SMI) or SED. NTTAC supports CMHI grantees and provides an array of trainings, technical assistance, and resources to providers, organizations, and agencies from across the system of care. With these programs, SAMHSA aims to prevent the onset of psychosis or lessen the severity of psychotic disorders among youth and youth adults.

Budget Request

The FY 2024 President's Budget Request is $225.0 million, an increase of $95.0 million from the FY 2023 Enacted level. This funding will support the continuations of 31 CHR-P and award a new cohort of 23 grants under the 10 percent set-aside for CHR-P. In addition, funding will support 45 CMHI continuation grants, a new cohort of 79 CMHI grants, and a technical assistance center. SAMHSA expects to serve 30,000 children and the train 80,000 in mental health activities and practices.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$125,000,000
FY 2021	$125,000,000
FY 2022 Final	$125,000,000
FY 2023 Enacted	$130,000,000
FY 2024 President's Budget	$225,000,000

Program Accomplishments

In FY 2022, SAMHSA awarded 69 CMHI- SOC continuation grants and awarded a new cohort of six grants, and a technical assistance center. In FY 2022, CMHI SOC served 9,485 individuals with serious mental illness (SMI) or serious emotional disturbance (SED) diagnoses. Of those enrolled, 54.1 percent reported positive functioning in everyday life at 6-month follow-up, and 79 percent were attending school regularly. In addition to direct service care, this grant program trained 24,067 individuals in the mental health and related workforce in specific mental health-related practices/activities.

In FY 2022, SAMHSA also awarded 19 CHR-P grants funded from a 10 percent set-aside of the base CMHI program. In FY 2022, CMHI CHR-P served 664 youth and young adults at clinical high risk for psychosis. Of those enrolled, 66.1 percent reported positive functioning in everyday life at 6-month follow-up, and 84.8 percent were attending school regularly and or currently employed. In addition to direct service care, CHR-P screened 8,560 individuals for mental health and related interventions. CHR-P provided outreach to 17,424 individuals and made 5,873 referrals to mental health or related services.

In FY 2022, NTTAC provided trainings to 5,182 individuals in the mental health and related work force in specific mental-health related practices/ activities. In addition, during FY 2022, NTTAC exposed 212, 938 individuals to mental-health awareness messages.

In FY 2023, SAMHSA anticipates funding 49 CMHI SOC continuation grants, funding one continuation award for the NTTAC, and awarding a new cohort of 26 grants. In FY 2023, SAMHSA also anticipates supporting 19 CHR-P continuation grants. In FY 2023, it is expected that CMHI-SOC grantees will train 25,000 individuals in mental and mental health-related services and activities and serve 9,600 youth; CHR-P grantees will provide services to screen 8,560 and refer to services 5,900 youth and provide outreach to 17,50 individuals; and the NTTAC will train 5,400 individuals in the mental health and related workforce and expose 215,000 individuals to mental health-awareness messages.

Output and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.2.16 Number of children with severe emotional disturbance that are receiving services from the Children's Mental Health Initiative (Output)	FY 2022: 9,482 Target: 9,000 (Target Exceeded)	9,000	30,000	+21,000
3.2.25 Percentage of children receiving services who report positive social support at 6 month follow-up (Outcome)	FY 2022: 85.7 % Target: 77.0 % (Target Exceeded)	85.0 %	85.0 %	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 2022: 58.4 % Target: 63.4 % (Target Not Met)	60.0 %	60.0 %	Maintain
3.2.27 Number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the program (Output)	FY 2022: 30,282 Target: 52,000 (Target Not Met)	52,000	80,000	+28,000

Mechanism Table

Program Activity	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
Children's Mental Health Services						
Grants/Cooperative Agreements						
Continuations	69	$86.62	69	$78.48	77	$85.46
New/Competing	25	22.50	38	43.91	103	129.02
Supplements*	13	3.94	---	---	---	0.00
Subtotal	107	113.07	107	122.39	180	214.49
Contracts						
Continuations	---	11.93	---	7.11	---	10.51
New/Competing	---	---	---	499	---	---
Subtotal	---	11.93	---	7.61	---	10.51
Total, Children's Mental Health Services	**107**	**$125.00**	**107**	**$130.00**	**180**	**$225.00**

* Totals may not add due to rounding.

Grant Awards Table

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 Lower Level
Number of Awards	107	107	179	180
Average Awards	$1,056,702	$1,143,663	$1,188,659	$1,195,879
Range of Awards	$330,000 - $2,000,000	$330,000 - $2,000,000	$330,000 - $2,000,000	$330,000 - $2,000,001

Projects for Assistance in Transition from Homelessness

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
PATH	$64,635	$66,635	$109,635	$43,000

Authorizing Legislation .... Section 535(a) of the Public Health Service Act
FY 2024 Authorization ....Reauthorized at current level of $64,635,0000
Allocation Method .... Formula Grants
Eligible Entities..States and Territories

Program Description

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 most recently by the Consolidated Appropriations Act, 2023. 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.

On a single night in 2022, roughly 582,500 people were experiencing homelessness in the United States. Six in ten (60%) were staying in sheltered locations—emergency shelters, safe havens, or transitional housing programs—and four in ten (40%) were in unsheltered locations such as on the street, in abandoned buildings, or in other places not suitable for human habitation. Nearly one-third (30%) of all individuals experiencing homelessness in 2022 had chronic patterns of homelessness.[75] Data also suggest that at least 20 percent of individuals experiencing homelessness have a serious mental illness (SMI).[76] 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 funds community-based outreach, mental illness and substance use disorder treatment services, case management, assistance with accessing housing, and other supportive services for individuals with SMI or a co-occurring disorder (COD) who are experiencing homelessness in 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. PATH

The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. The 2022 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Available at: https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf [76] 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

[76] 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

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. The primary goal of the PATH program is to link and connect homeless individuals into the mainstream treatment and service systems and supportive services that they need to access and stable housing, build social connections, and access treatment and services to support their recovery.

Budget Request

The FY 2024 President's Budget Request is $109.6 million, an increase of $43.0 million from the FY 2023 Enacted level. The PATH program was flat funded from FY 2010 to FY 2022 and increased by $2 million in FY 2023, while costs associated with the program have steadily increased. The number of providers has decreased significantly over the past 10 years. In FY 2022, 406 providers across the country provided PATH-related services, compared to 505 PATH providers in FY 2012. The PATH program pays for the street outreach and engagement not covered by most funding sources and helping to bring one of the most vulnerable groups, individuals with serious mental illness lacking housing, off the street. SAMHSA expects that the FY 2024 budget request will increase the local PATH providers to 505, resulting in 200,000 individuals being contacted and 119,000 individuals enrolled in the PATH program. All of those contacted receive referrals to important local services and resources, and those eligible individuals who are enrolled receive extended engagement and supportive services to help them gain or maintain stable housing. In addition, the increase will expand the geographic reach of the program to a scope of communities consistent with earlier years of the program.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$64,635,000
FY 2021	$64,635,000
FY 2022 Final	$64,635,000
FY 2023 Enacted	$66,635,001
FY 2024 President's Budget	$109,635,000

Program Accomplishments

In FY 2021, PATH program staff contacted 103,933 persons experiencing homelessness; of those 58,821 were actively enrolled in PATH at some point during the reporting period. Of the 58,821 people who were actively enrolled in PATH in 2021, 24,815 were experiencing co-occurring drug/alcohol use disorders. Of those enrolled in PATH, 24,843 were receiving community mental health services, 4,813 received substance use disorder treatment and 6,447 received referrals to substance use disorder treatment services in the community. PATH provided housing/moving assistance to 1,974 individuals, housing eligibility determination services to 14,700 individuals, and one-time rent eviction support services for eviction prevention to 1,606 individuals. In addition, 16,365 PATH clients were referred to permanent housing and of those, 7,468 were able to attain permanent housing. Of the 12,966 PATH clients who were referred to temporary housing, 6,381 attained the temporary housing.

In FY 2022, SAMHSA funded 50 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 to provide PATH services in over 400 communities.

In FY 2023, SAMHSA anticipates funding 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 and continuing to provide PATH services in over 400 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.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 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 2021: 44 % Target: 64 % (Target Not Met)	64 %	64 %	Maintain
3.4.16 Number of homeless persons contacted (Outcome)	FY 2021: 103,933 Target: 125,000 (Target Not Met)	105,000	200,000	+95,000
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 2021: 2,214 Target: 2,122 (Target Exceeded)	2,500	5,000	Maintain

DEPARTMENT OF HEALTH AND HUMAN SERVICES SAMHSA FY 2024 PATH Formula Grant Provisional Allotments Appropriation Amount $109,635,000, State-Territory Total $103,805,816 CFDA # 93.150				
STATE/TERRITORY	**FY 2022 Final**	**FY 2023 Enacted**	**FY 2024 President's Budget**	**FY2024+/- FY2023**
Alabama	$613,296	$629,605	$1,064,255	$434,650
Alaska	$300,000	$300,000	$300,000	-
Arizona	$1,349,810	$1,385,704	$2,342,329	$956,625
Arkansas	$304,060	$312,145	$527,635	$215,490
California	$8,816,517	$9,050,968	$15,299,328	$6,248,360
Colorado	$1,019,514	$1,046,625	$1,769,165	$722,540
Connecticut	$799,681	$820,947	$1,387,689	$566,742
Delaware	$300,000	$300,000	$300,000	-
District of Columbia	$300,000	$300,000	$300,000	-
Florida	$4,336,015	$4,451,319	$7,524,300	$3,072,981
Georgia	$1,670,657	$1,715,084	$2,899,096	$1,184,012
Hawaii	$300,000	$300,000	$444,903	$144,903
Idaho	$300,000	$300,000	$362,414	$62,414
Illinois	$2,706,241	$2,778,206	$4,696,147	$1,917,941
Indiana	$1,011,895	$1,038,803	$1,755,944	$717,141
Iowa	$334,688	$343,588	$580,785	$237,197
Kansas	$377,537	$387,576	$655,140	$267,564
Kentucky	$469,085	$481,559	$814,004	$332,445
Louisiana	$733,329	$752,830	$1,272,548	$519,718
Maine	$300,000	$300,000	$300,000	-
Maryland	$1,272,026	$1,305,852	$2,207,351	$901,499
Massachusetts	$1,559,468	$1,600,938	$2,706,150	$1,105,212
Michigan	$1,730,236	$1,776,247	$3,002,483	$1,226,236
Minnesota	$811,300	$832,874	$1,407,851	$574,977
Mississippi	$300,000	$300,000	$375,082	$75,082
Missouri	$894,125	$917,902	$1,551,578	$633,676
Montana	$300,000	$300,000	$300,000	-
Nebraska	$300,000	$300,000	$449,536	$149,536
Nevada	$616,176	$632,561	$1,069,252	$436,691
New Hampshire	$300,000	$300,000	$300,000	-

DEPARTMENT OF HEALTH AND HUMAN SERVICES SAMHSA FY 2024 PATH Formula Grant Provisional Allotments Appropriation Amount $109,635,000, State-Territory Total $103,805,816 CFDA # 93.150				
STATE/TERRITORY	**FY 2022 Final**	**FY 2023 Enacted**	**FY 2024 President's Budget**	**FY2024+/- FY2023**
New Jersey	$2,138,979	$2,195,860	$3,711,777	$1,515,917
New Mexico	$300,000	$300,000	$506,529	$206,529
New York	$4,224,768	$4,337,114	$7,331,252	$2,994,138
North Carolina	$1,380,145	$1,416,846	$2,394,970	$978,124
North Dakota	$300,000	$300,000	$300,000	-
Ohio	$1,987,265	$2,040,111	$3,448,507	$1,408,396
Oklahoma	$453,008	$465,054	$786,106	$321,052
Oregon	$631,255	$648,041	$1,095,418	$447,377
Pennsylvania	$2,367,816	$2,430,781	$4,108,877	$1,678,096
Rhode Island	$300,000	$300,000	$435,762	$135,762
South Carolina	$680,484	$698,580	$1,180,846	$482,266
South Dakota	$300,000	$300,000	$300,000	-
Tennessee	$910,122	$934,324	$1,579,338	$645,014
Texas	$4,997,503	$5,130,398	$8,672,181	$3,541,783
Utah	$591,705	$607,440	$1,026,788	$419,348
Vermont	$300,000	$300,000	$300,000	-
Virginia	$1,472,784	$1,511,949	$2,555,727	$1,043,778
Washington	$1,329,684	$1,365,043	$2,307,404	$942,361
West Virginia	$300,000	$300,000	$300,000	-
Wisconsin	$836,976	$859,233	$1,452,407	$593,174
Wyoming	$300,000	$300,000	$300,000	-
State Subtotal	**$60,528,150**	**$62,002,107**	**$102,058,854**	**$40,056,747**
Puerto Rico	$891,465	$915,171	$1,546,962	$631,791
Guam	$50,000	$50,000	$50,000	-
Virgin Islands	$50,000	$50,000	$50,000	-
American Samoa	$50,000	$50,000	$50,000	-
Northern Mariana Islands	$50,000	$50,000	$50,000	-
Territory Subtotal	**$1,091,465**	**$1,115,171**	**$1,746,962**	**$631,791**
Total Allotments	**$61,619,615**	**$63,117,278**	**$103,805,816**	**$40,688,538**
Total Administrative Costs	**$3,015,385**	**$3,517,722**	**$5,829,184**	**$2,311,462**
Total Appropriation Amount	**$64,635,000**	**$66,635,000**	**$109,635,000**	**$43,000,000**

Protection and Advocacy for Individuals with Mental Illness (PAIMI)

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
PAIMI	$38,000	$40,000	$40,000	$---

Authorizing Legislation..The PAIMI Act, 42 U.S.C. 10801 et seq.
FY 2024 Authorization $0
Allocation Method .... Formula Grants
Eligible Entities...States and Territories

Program Description

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program ensures that the most vulnerable individuals with serious mental illness (SMI) 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.

PAIMI 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 residents of public or private care and treatment facilities for individuals with mental illness.

Budget Request

The FY 2024 President's Budget Request is $40.0 million, level with the FY 2023 Enacted level. 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 SMI increase access to treatment.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$36,146,000
FY 2021	$36,146,000
FY 2022 Final	$38,000,000
FY 2023 Enacted	$40,000,000
FY 2024 President's Budget	$40,000,000

Program Accomplishments

In FY 2022, SAMHSA funded 57 annual grants to states, District of Columbia, and territories as well as the training and technical assistance activities for the grantees. It is expected that, when available in July 2023, PAIMI grantees will serve 8,800 individuals.

In FY 2023, SAMHSA anticipates supporting 57 annual grants to states, District of Columbia, and territories. In FY 2024, SAMHSA and maintaining the same performance targets as FY 2023.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.4.12 Number of people served by the PAIMI program (Outcome)	FY 2021: 8,876 Target: 9,821 (Target Not Met)	9,821	9,821	Maintain
3.4.19 Number attending public education/constituency training and public awareness activities (Output)	FY 2021: 145,437 Target: 100,000 (Target Exceeded)	120,000	120,000	Maintain

Measure	**Year and Most Recent Result / Target for Recent Result / (Summary of Result)**	**FY 2023 Target**	**FY 2024 Target**	**FY 2024 Target +/-FY 2023 Target**
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 2021: 92 % Target: 89 % (Target Exceeded)	92 %	92 %	Maintain

DEPARTMENT OF HEALTH AND HUMAN SERVICES SAMHSA FY 2024 PAIMI Formula Grant Provisional Allotments Appropriation $40,000,000, State-Territory Total $38,848,340 CFDA # 93.150				
STATE/TERRITORY	**FY 2022 Final**	**FY 2023 Enacted**	**FY 2024 President's Budget**	**FY2024+/- FY2023**
Alabama	$480,022	$500,629	$510,653	$10,024
Alaska	$450,000	$473,700	$473,700	-
Arizona	$696,274	$728,342	$695,212	-$33,130
Arkansas	$450,000	$473,700	$473,700	-
California	$3,149,043	$3,258,367	$3,204,804	-$53,563
Colorado	$477,348	$502,394	$492,397	-$9,997
Connecticut	$450,000	$473,700	$473,700	-
Delaware	$450,000	$473,700	$473,700	-
District of Columbia	$450,000	$473,700	$473,700	-
Florida	$1,919,623	$2,009,341	$1,961,748	-$47,593
Georgia	$990,859	$1,027,926	$1,028,928	$1,002
Hawaii	$450,000	$473,700	$473,700	-
Idaho	$450,000	$473,700	$473,700	-
Illinois	$1,070,480	$1,095,797	$1,099,271	$3,474
Indiana	$625,258	$647,370	$644,156	-$3,214
Iowa	$450,000	$473,700	$473,700	-
Kansas	$450,000	$473,700	$473,700	-
Kentucky	$450,000	$473,700	$473,700	-
Louisiana	$450,000	$473,700	$473,700	-
Maine	$450,000	$473,700	$473,700	-
Maryland	$488,446	$512,647	$525,406	$12,759
Massachusetts	$524,180	$543,574	$549,080	$5,506
Michigan	$922,075	$942,630	$951,290	$8,660
Minnesota	$476,148	$495,993	$498,570	$2,577
Mississippi	$450,000	$473,700	$473,700	-
Missouri	$570,152	$590,911	$590,245	-$666
Montana	$450,000	$473,700	$473,700	-
Nebraska	$450,000	$473,700	$473,700	-
Nevada	$450,000	$473,700	$473,700	-
New Hampshire	$450,000	$473,700	$473,700	-

DEPARTMENT OF HEALTH AND HUMAN SERVICES SAMHSA FY 2024 PAIMI Formula Grant Provisional Allotments Appropriation $40,000,000, State-Territory Total $38,848,340 CFDA # 93.150				
STATE/TERRITORY	**FY 2022 Final**	**FY 2023 Enacted**	**FY 2024 President's Budget**	**FY2024+/- FY2023**
New Jersey	$690,534	$720,483	$755,144	$34,661
New Mexico	$450,000	$473,700	$473,700	-
New York	$1,500,968	$1,559,151	$1,618,029	$58,878
North Carolina	$983,884	$1,033,101	$1,001,626	-$31,475
North Dakota	$450,000	$473,700	$473,700	-
Ohio	$1,068,301	$1,101,859	$1,111,018	$9,159
Oklahoma	$450,000	$473,700	$473,700	-
Oregon	$450,000	$473,700	$473,700	-
Pennsylvania	$1,088,021	$1,123,397	$1,149,469	$26,072
Rhode Island	$450,000	$473,700	$473,700	-
South Carolina	$496,154	$521,389	$510,969	-$10,420
South Dakota	$450,000	$473,700	$473,700	-
Tennessee	$634,222	$665,972	$659,789	-$6,183
Texas	$2,581,922	$2,728,154	$2,712,634	-$15,520
Utah	$450,000	$473,700	$473,700	-
Vermont	$450,000	$473,700	$473,700	-
Virginia	$715,878	$753,430	$754,810	$1,380
Washington	$614,716	$649,831	$642,915	-$6,916
West Virginia	$450,000	$473,700	$473,700	-
Wisconsin	$516,413	$539,658	$542,739	$3,081
Wyoming	$450,000	$473,700	$473,700	-
State Subtotal	**$35,430,921**	**$37,042,246**	**$37,000,802**	**-$41,444**
Puerto Rico	$521,784	$552,218	$578,538	$26,320
American Samoa	$241,100	$253,800	$253,800	-
Guam	$241,100	$253,800	$253,800	-
American Indian Consortium	$241,100	$253,800	$253,800	-
Northern Mariana Islands	$241,100	$253,800	$253,800	-
Virgin Islands	$241,100	$253,800	$253,800	-
Territory Subtotal	**$1,727,284**	**$1,821,218**	**$1,847,538**	**$26,320**
Total Allotments	**$37,158,205**	**$38,863,464**	**$38,848,340**	**-$15,124**
Total Administrative Costs	**$812,898**	**$1,136,536**	**$1,151,660**	**$15,124**
Total Appropriation Amount	**$37,971,103**	**$40,000,000**	**$40,000,000**	-

Community Mental Health Centers (CMHC)

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Community Mental Health Centers..	$---	$---	$412,500	$412,500

Authorizing Legislation Section 330 of the Public Health Service Act
FY 2024 Authorization $0
Allocation Method ....Grants
Eligible Entities……Community Mental Health Centers, State and Local Government-Operated ……………………………………………………………Community Mental Health Centers

Program Description

SAMHSA proposes new mandatory funding for Community Mental Health Centers (CMHCs) to expand and improve the quality of services available to people with mental illness. The funding is 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. This program is intended to offer an opportunity to increase the quality of mental health services in communities across the United States.

The purpose of this program is to enable CMHCs to support and restore the delivery of clinical services that were impacted by the COVID-19 pandemic and effectively address the needs of individuals with serious emotional disturbance (SED), serious mental illness (SMI), and individuals with SMI or SED and substance use disorders, referred to as co-occurring disorder (COD). SAMHSA recognizes the needs of individuals with behavioral health conditions, including minority populations and economically disadvantaged communities, have not been met during the pandemic and that CMHC staff and other caregivers have been impacted.

Budget Request

The FY 2024 President's Budget Request is $412.5 million, an increase of $412.5 million from the FY 2023 Enacted level. The funding increase will be used to further develop the quality and continuum of behavioral health services, expanding access to crisis care, integrated care, and other recovery support services. CMHC funding to states would require the providers to develop a continuum of behavioral health services plan, which incorporates a crisis care continuum (i.e., crisis residential, crisis stabilization, adverse event crisis coordination, and mobile crisis teams); screening (i.e., mental health, substance use disorder, and common medical conditions), 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), including screening, treatment and recovery supports for children's mental and co-occurring disorders. Funding would also support the development and implementation of the behavioral health services plan, including overhead costs (subject to all existing limitations on use of SAMHSA funds). 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.

SAMHSA is requesting that this be funded as a mandatory grant program. 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. SAMHSA is requesting that this be funded as a mandatory grant program.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$---
FY 2021	$---
FY 2022 Final	$---
FY 2023 Enacted	$---
FY 2024 President's Budget	$412,500

Program Accomplishments

In FY 2021, SAMHSA awarded 230 CMHC grants for two years with COVID 19 Relief supplemental funding.

In FY 2022, CMHC grantees trained 61,390 individuals in mental health and mental health-related practices, 161,755 individuals received evidence-based services, and 56.2 percent of all individuals served indicated that their functioning in everyday life improved from baseline to 6-month follow-up.

Certified Community Behavioral Health Clinics (CCBHC)

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- 2023 Enacted
Certified Community Behavioral Health Clinic..	$315,000	$385,000	$552,500	$167,500

Authorizing Legislation ....Section 520A of the Public Health Service Act
FY 2024 Authorization $599,000,0000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities...Certified Community Behavioral Health Clinics,
…..Community-Based Behavioral Health Clinics

Program Description

In 2021, among adults aged 18 or older, 22.8 percent (or 57.8 million people) had a mental illness and 5.5 percent (or 14.1 million people) had a serious mental illness (SMI) in the past year. 46.3 million people aged 12 or older (or 16.5 percent) had an SUD in 2021.[77] While effective treatment and supportive services exist, many individuals with behavioral health conditions do not receive the help they need[78]. When they do try to access services, they often face significant delays and/or have limited access to services[79]. Too often, services are incomplete and uncoordinated. People who receive services, such as medication or psychotherapy, often do not get other supports they need, such as crisis management, supported employment, supportive housing, and care for co-occurring physical health problems[80],[81],[82].

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). The purpose of this program is to transform community behavioral health systems and provide comprehensive, coordinated behavioral health care by (a) enhancing and improving CCBHCs that meet the CCBHC Certification Criteria; (b) providing a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery supports based on a needs assessment with fidelity to the CCBHC Certification Criteria; and (c) supporting recovery from mental illness and/or substance use disorders by providing access to high-quality mental health and substance use services, regardless of an individual's ability to pay.

CCBHC's ensure access to coordinated care so that individuals receive timely diagnosis,

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[77] Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report
[78] Ibid.
[79] https://www.gao.gov/assets/gao-22-104597.pdf
[80] https://www.samhsa.gov/data/sites/default/files/reports/rpt39371/Alabama.pdf
[81] Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report
[82] https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

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. Crisis services are also required with the CCBHC model.

CCBHCs serve all individuals across the lifespan in need of behavioral health services in the geographic catchment area served by the CCBHC. This includes individuals with SMI; SUD, including opioid use disorders; children and youth with SED; individuals with COD; and people experiencing a mental health or substance use related crisis. SAMHSA expects that applicants will include a focus on groups facing health disparities, as identified in the community needs assessment in the population of focus.

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-Expansion (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 (CCBHC-E) grant program. 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. SAMHSA's CCBHC-E program is separate from the Medicaid Demonstration program, though some clinics participate in both programs.

Since 2020, applicants from all states can apply for SAMHSA's CCBHC-E grants, grant funding for the CCBHC-E program is provided directly to the certified clinics. Grantees must use CCBHC-E funds to provide access to services for individuals with SMI or substance use disorders (SUD), including opioid disorders; children and adolescents with SED; and individuals with co-occurring mental and substance use disorders (COD).

In FY 2022, SAMHSA also revamped the CCBHC-E funding announcement requirements and awarded two new cohorts of the program. One cohort is for clinics that are interested in newly becoming CCBHCs [the CCBHC Planning, Development, and Implementation (CCBHC-PDI) Grants], and the other cohort is for clinics that are already established CCBHCs seeking to expand, improve, and advance their services [the CCBHC Improvement and Advancement (CCBHC-IA) Grants].

SAMHSA expects that CCBHC-E grants will improve behavioral health care for individuals across the lifespan by supporting providers to operate in accordance with the Federal CCBHC criteria and:

- Increase access to and availability of high-quality services that are responsive to the needs of the community;

- Support recovery from mental health and substance use disorder challenges via comprehensive community-based mental and substance use disorder treatment and supports;

- Use evidence-based practices that address the needs of the individuals the CCBHC serves;

- Continually work to measure and improve the quality of services; and

- Meaningfully involve consumers and family members in their own care and the broader governance of the CCBHC.

Budget Request

The FY 2024 President's Budget Request is $552.5 million, an increase of $167.5 million from the FY 2023 Enacted level. The funding will support 360 continuation grants, award a new cohort of 158 grants, and a technical training assistance center grant to continue the improvement of mental disorder treatment, services, and interventions for children and adults. SAMHSA expects to serve approximately 400,000 individuals.

Funding History Table

5 Year Funding Table		
Fiscal Year	**Amount**	**COVID-19 Supplemental Funding**
FY 2020	$200,000,000	
FY 2021	$249,249,440	$1,020,000,000
FY 2022 Final	$315,000,000	
FY 2023 Enacted	$385,000,000	
FY 2024 President's Budget	$552,500,000	

Program Accomplishments

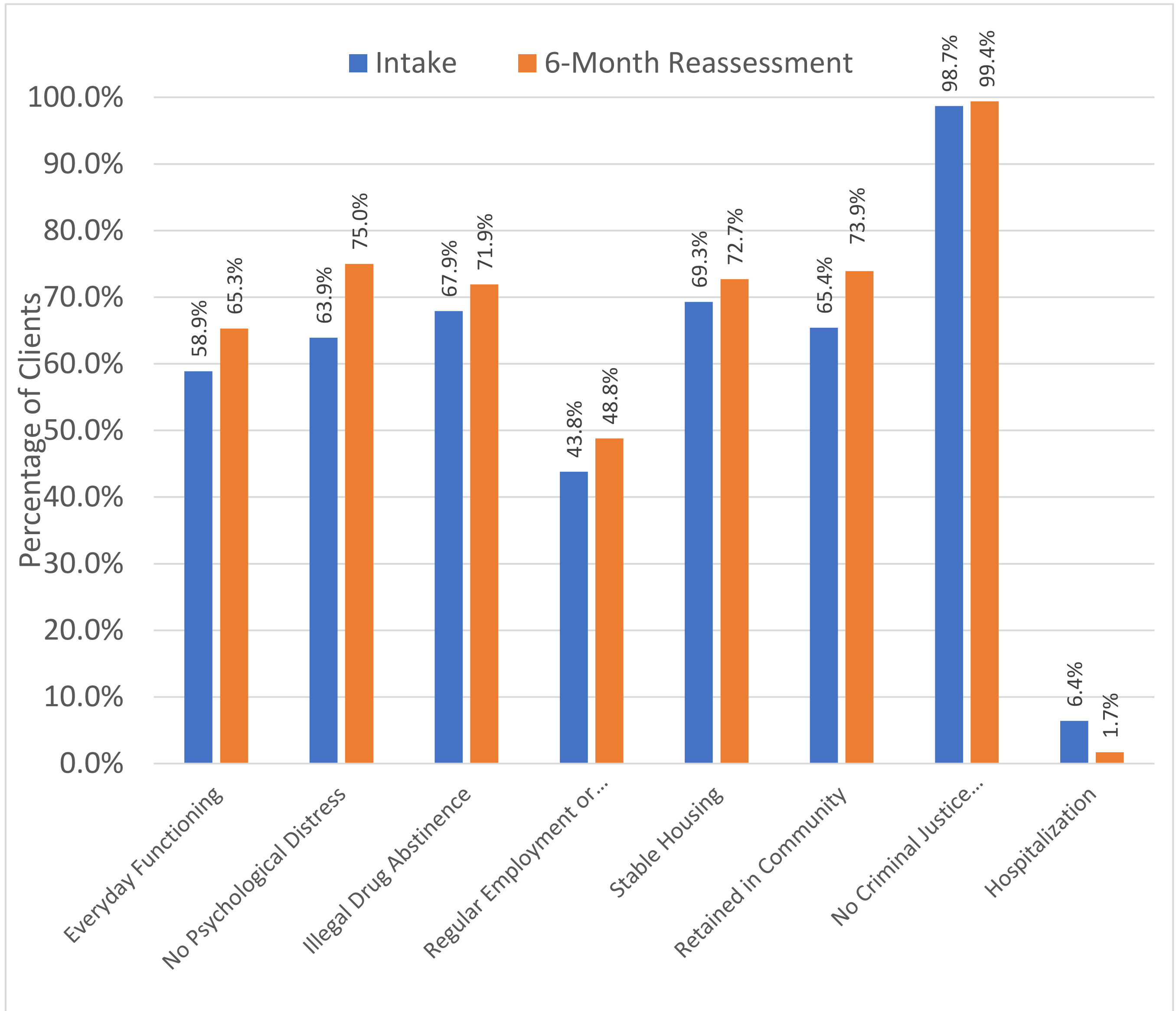
In FY 2022, SAMHSA supported 31 continuation grants, awarded a new cohort of 301 grants (169 new grants with base budget authority, and a Training and Technical Assistance Center. As of FY 2022, CCBHC-E clinics have been funded in 42 states and Guam. Collected data on program recipients demonstrate favorable outcomes on critical domains. These outcomes include improvement in mental health functioning; reduction in substance use; reduction in homelessness and reduction in criminal justice system involvement. For example, 75 percent of assessed individuals reported no psychological distress at the six-month reassessment in comparison to 63.9 percent at baseline. Additionally, data from intake to most recent reassessment for individuals served in the CCBHC program demonstrate that as of July 2022, clients have a 72 percent reduction in hospitalization and a 69 percent reduction in Emergency Department visits. 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. Together, these outcomes together comprise measurement for an improvement in overall quality of life.

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, and expanded addiction treatment capacity while overcoming concerns related to behavioral health workforce challenges and COVID disruptions. CCBHC-E grantees provided services to 73,338 individuals in FY 2020, 168,246 individuals in FY 2021, and 311,282 individuals in FY 2022.

In FY 2023, SAMHSA anticipates funding 302 continuation grants (169 grants with base budget authority awarding a new cohort of 124 grants and continuing the technical training assistance center grant.) SAMHSA anticipates serving over 300,000 people in FY 2023.

Improvements in Functioning: Intake to Six Month Reassessment



Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.4.10 Percentage of clients receiving services who report positive functioning at 6 months follow-up. (Outcome)	FY 2022: 55.0 Target: 56.0 (Target Not Met)	56.0	56.0	Maintain
3.4.11 Percentage of clients receiving services who are currently employed at 6-month follow-up. (Outcome)	FY 2022: 40.9 Target: 45.0 (Target Not Met)	Discontinued	Discontinued	N/A
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 2022: 67.2 Target: 65.0 (Target Exceeded)	Discontinued	Discontinued	N/A
3.5.10 Number of individuals served by the program (Output)	FY 2022: 311,282.0 Target: 188,000.0 (Target Exceeded)	311,000	400,000	Maintain

Mechanism Table

Program Activity	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
Certified Community Behavioral Health Clinics						
Grants/Cooperative Agreements						
Continuations	31	$58.83	236	$235.13	360	$359.04
New/Competing	278	240.31	124	123.78	158	158.30
Subtotal	309	299.14	360	358.91	518	517.34
Contracts						
Continuations	---	15.43	---	20.84	2	35.16
New/Competing	---	423	2	5,255	---	---
Subtotal	---	15.86	2	26.09	2	35.16
Total, Certified Community Behavioral Health Clinics	**309**	**$315.00**	**362**	**$385.00**	**520**	**$552.50**

Grant Awards Table

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Number of Awards	309	360	518
Average Awards	$968,098	$996,961	$998,725
Range of Awards	$1,000,000-$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 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY2024 +/- 2023 Enacted
Community Mental Health Services Block Grant	$857,571	$1,007,571	$1,652,571	$645,000
Budget Authority (non-add)	*836,532*	*986,532*	*1,631,532*	*$645,000*
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*	*$---*

Authorizing Legislation....................Section 1911 of the PHS Act
FY 2024 Authorization $857,571,000
Allocation Method ....Formula Grant
Eligible Entities..................States, Territories, Freely Associated States, and District of Columbia

Program Description

According to the 2021 National Survey on Drug Use and Health (NSDUH),[83] 5.5 percent of adults aged 18 and older had a serious mental illness (SMI) in 2021 (an estimated 14.1 million adults) and only 65.4 percent adults with SMI received services in 2021 (an estimated 9.1 million adults). Studies and research indicate increased risk of COVID-19 mortality among individuals with mental illness,[84] The COVID-19 pandemic is also associated with high levels of psychological distress among general population[85], and specifically among people with SMI and Serious Emotional Disturbance (SED).[86]

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

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[83] Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance use And Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

[84] 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.

[85] 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.

[86] 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.

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

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 SED and adults with SMI. MHBG services include: outpatient treatment for persons with SMI, 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).

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 Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) 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.[88,89]

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 SUPTRS BG 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.

Crisis Services Set-Aside

States are required to set aside 5 percent of their total allocation for evidence-based crisis care programs that address the needs of individuals with SMIs and children with serious mental and emotional disturbances. The set-aside funds some or all of a set of core crisis care elements

[88] 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).
[89] State Plan (Sec. 1932 (b) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 USC § 300x-32(b)).

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 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.

Now that the National Suicide Prevention Lifeline has transitioned to the 988 Suicide and Crisis Lifeline, SAMHSA has emphasized to states the importance of 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. SAMHSA 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. The Budget increases the crisis set-aside to 10 percent.

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 SMI, including psychotic disorders"[90]. This totaled $81.5 million in FY 2022. SAMHSA is collaborating with the NIMH and states to implement this provision.

The majority of individuals with SMI 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.

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

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

The FY 2024 Budget includes a new set-aside that would require states to expend at least 10 percent of their MHBG funding for evidence-based prevention and early intervention programs to improve outcomes for at-risk youth and adults who are at risk to develop SMI or SED through prevention, education, screening, and early identification. This investment expands 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.

Budget Request

The FY 2024 President's Budget Request is $1.6 billion, an increase of $645.0 million from the FY 2023 Enacted level. 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 SMI, including psychotic disorders. The 10 percent crisis care set set-aside funds help reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of SMI. The Budget also includes a 10 percent set-aside for evidence-based programs for early intervention and prevention of mental disorders among at-risk children and adults. States will continue to use the Coronavirus Response and Relief Supplement and American Rescue Plan funding through FY 2023 (or FY 2024 with No Cost Extension request approvals) and FY 2025, respectively, as states expand their MHBG infrastructure to address unmet service needs.

Funding History Table

10 Year Funding Table		
Fiscal Year	**Amount**	**COVID-19 Supplemental Funding**
FY 2015	$482,571,000	
FY 2016	$532,571,000	
FY 2016	$562,571,000	
FY 2018	$722,571,000	
FY 2019	$722,571,000	
FY 2020	$722,571,000	
FY 2021	$755,571,000	$3,150,000,000
FY 2022 Final	$857,571,000	
FY 2023 Enacted[1]	$1,007,571,000	$62,500,000
FY 2024 President's Budget[1]	$1,652,571,000	$62,500,000

[1]/Funds are in advance of Appropriations in 2023 and 2024.

Program Accomplishments

Most block grant recipients are currently reporting on National Outcome Measures (NOMS) for public mental health services within their state. State-level outcome data for mental health are currently reported by State Mental Health Authorities. According to the 2021 NOMS Report, the MHBG served 8,195,517 clients through the State Mental Health Systems. The table below provides 2021 demographics on the clients served.

Mental Health Block Grant Demographics	
Adults	5,986,533
Children	2,208,984
Female	53.6%
Male	46.4%
Age	
0-12	14.8%
13-17	12.1%
18-20	4.9%
20-24	5.9%
25-44	32.9%
45-64	23.6%
65-74	4.0%
75+	1.6%
75+	0.01%

The following outcomes for all people served by the publicly funded mental health system during 2021 show that:

For the 59 states and territories that reported data in the Employment Domain, 24.6 percent of the mental health consumers were in competitive employment;

For the 58 states and territories that reported data in the Housing Domain, 84.9 percent of the mental health consumers were living in private residences;

For the 59 states and territories that reported data in the Access/Capacity Domain, state mental health agencies provided mental health services for approximately 24.59 people per 1,000 population;

For the 43 states and territories that reported data in the Retention Domain, only 7.6 percent of the patients returned to a state psychiatric hospital within 30 days of state hospital discharge and

For the 51 states and territories that reported data in the Perception of Care Domain, 77.2 percent of adult mental health consumers improved functioning as a direct result of the mental health services they received.

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

State	FY 2023 10% Set Aside Allotment	Program Description
Alabama	$1,405,119	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	$236,083	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	$18,003	AS has adopted the Assertive Community Treatment (ACT) model for community mental health services for use with individuals with FEP.
Arizona	$2,420,760	State has CSC model at 3 sites with planned expansion.
Arkansas	$853,221	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	$12,370,027	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	$1,894,011	Providers have implemented CSC models with high fidelity.
Connecticut	$978,610	State implemented four programs based on two distinct CSC models (Potential and STEP).
Delaware	$207,525	A statewide program, Community Outreach, Referral and Early Intervention (CORE)) has been implemented.
District of Columbia	$237,982	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.
Florida	$6,548,174	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	$2,944,305	State has now implemented ten (10) Coordinated Specialty Care teams around the state. All programs are based on the LIGHT-ETP model.

State	FY 2023 10% Set Aside Allotment	Program Description
Guam	$64,005	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.
Hawaii	$477,660	State has implemented a program with three sites in Honolulu based on the OnTRACK model.
Idaho	$531,105	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	$2,997,067	State offers three programs based on the Prevention and Recovery Care (PARC) model and makes use of a "hub and spoke" design.
Iowa	$1,917,394	State has three functioning CSC programs based on the NAVIGATE model.
Kansas	$773,941	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	$700,572	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	$1,258,208	Six sites have been implemented. These programs are using the Navigate CSC model.
Maine	$382,538	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	$29,532	Use the set aside funding to develop first episode outreach practices and protocols for individuals experiencing FEP.
Maryland	$1,255,878	The state has implemented four CSC programs, two in Baltimore, one in Gaithersburg and one in Catonsville.
Massachusetts	$2,041,956	Seven Community Clinics with comprehensive specialized FEP services are in operation, and 3 outpatient hospital sites.
Michigan	$2,796,893	The State has implemented six CSC programs using the NAVIGATE CSC model.
Federated States of Micronesia	$38,869	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.

State	FY 2023 10% Set Aside Allotment	Program Description
Minnesota	$1,555,152	State has implemented three CSC programs using the Navigate model.
Mississippi	$878,993	State is fully implementing the NAVIGATE CSC programs to provide training and technical assistance to five CSC teams.
Missouri	$1,642,217	State has established ten sites spread throughout the state that provide Assertive Community Treatment for Transitional Age Youth (ACT-TAY) for individuals experiencing an early SMI.
Montana	$350,987	The state has implemented the NAVIGATE model in one site.
Northern Mariana Islands	$19,697	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.
Nebraska	$448,906	The state has implemented OnTrackUSA in two of the six behavioral health service regions of the state.
Nevada	$1,113,378	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	$324,777	State currently has one FEP program at the Greater Nashua Mental Health Center (GNMHC), utilizing the NAVIGATE model.
New Jersey	$2,659,541	State has implemented three CSC teams that provide CSC service in all 21 NJ counties.
New Mexico	$591,415	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	$5,453,918	State is spending set-aside funds to expand its existing OnTrackNY program to two new sites, for 22 CSC sites statewide.
North Carolina	$2,872,609	North Carolina supports four CSC for FEP programs.
North Dakota	$171,655	State implemented CSC services in Fargo, which serves six counties in the state.

State	FY 2023 10% Set Aside Allotment	Program Description
Ohio	$3,019,256	State has expanded to 17 teams serving 37 counties.
Oklahoma	$1,085,193	State indicates they have expanded to 14 CSC and ESMI programs.
Oregon	$1,527,760	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.
Palau	$8,179	Supports one CSC team.
Pennsylvania	$3,238,835	State has 14 Coordinated Specialty Care Programs for First Episode Psychosis, serving 20 counties.
Puerto Rico	$1,211,954	Puerto Rico has implemented two Coordinated Specialty Care Programs using the OnTrack model.
Rhode Island	$338,106	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	$1,482,932	State is funding four programs for individuals with an early SMI, one of which uses the NAVIGATE model.
South Dakota	$211,838	State has implemented two CSC programs in Sioux Falls and Rapid City. They have been trained by OnTrackNY.
Tennessee	$2,034,401	State uses the MHBG funds to provide OnTrackTN in five sites across the state.
Texas	$7,919,259	State offers 24 CSC programs in rural and urban. These sites serve both indigent and Medicaid-eligible populations.
Utah	$1,084,863	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 Hispanic/Latino youth (14-25).
Vermont	$167,236	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.
Virgin Islands	$40,377	State reports site using the CSC model
Virginia	$2,453,857	Eight (8) Virginia community services boards (CSBs) operate CSC programs.
Washington	$2,342,351	State operates nine sites using the New Journeys model based on the NAVIGATE model.

State	FY 2023 10% Set Aside Allotment	Program Description
West Virginia	$515,627	State has seven provider sites utilizing the FIRST CSC model ESMI services to fidelity.
Wisconsin	$1,481,149	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	$126,941	The state has two providers providing CSC FEP programs: Southwest Counseling Service Yellowstone Behavioral Health Center.

Outputs and Outcomes

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.3.11 Number of evidence-based practices (EBPs) implemented (Output)	FY 2021: 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 2021: 8,195,517 Target: 7,808,416 (Target Exceeded)	8,200,000	8,200,000	Maintain
2.3.15 Rate of consumers (adults) reporting positively about outcomes (Outcome)	FY 2021: 77.1 % Target: 75.4 % (Target Exceeded)	75.0 %	75.0 %	Maintain
2.3.16 Rate of family members (children/adolescents) reporting positively about outcomes (Outcome)	FY 2021: 72.2 % Target: 72 % (Target Exceeded)	72.2 %	72.2 %	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 2021: 3.0 % Target: 3.1 % (Target Not Met but Improved)	3.1 %	3.1 %	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 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 2021: 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 2021: 2.0 % Target: 1.9 % (Target Exceeded)	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 2021: 2.6 % Target: 2.4 % (Target Exceeded)	2.6 %	2.6 %	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 2021: 10.1 % Target: 10.1 % (Target Not Met)	10.1%	10.1 %	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
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 2021: 18.7 % Target: 18.0 % (Target Exceeded)	18.7 %	18.7 %	Maintain
2.3.19G Medication Management: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2021: 30.5 Target: 31.0 (Target Not Met)	30.5	30.5	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 2021: 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 2021: 3.7 % Target: 4.2 % (Target Not Met)	4.1 %	4.1 %	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
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 2021: 5.1 % 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 2021: 10.1 % Target: 10.1 % (Target Met)	10.1 %	10.1 %	Maintain

DEPARTMENT OF HEALTH AND HUMAN SERVICES SAMHSA FY2024 Mental Health Block Grant Provisional Allotments Appropriation $1,652,571,000 State-Territory Total $1,563,677,000 CFDA # 93.958				
State or Territory	**FY 2022 Final**	**FY 2023 Enacted**	**FY 2024 President's Budget**	**FY 2024 +/- FY 2023**
Alabama	$11,970,063	$14,051,192	$23,419,507	$9,368,315
Alaska	$2,009,320	$2,360,826	$3,898,005	$1,537,179
Arizona	$20,309,036	$24,207,604	$37,896,751	$13,689,147
Arkansas	$7,226,436	$8,532,210	$13,831,996	$5,299,786
California	$107,016,379	$123,700,265	$201,400,930	$77,700,665
Colorado	$16,077,887	$18,940,105	$30,546,212	$11,606,107
Connecticut	$8,419,241	$9,786,104	$16,424,865	$6,638,761
Delaware	$1,726,567	$2,075,248	$3,476,177	$1,400,929
District Of Columbia	$1,989,524	$2,379,819	$3,446,134	$1,066,315
Florida	$55,973,788	$65,481,738	$105,019,695	$39,537,957
Georgia	$25,090,473	$29,443,052	$48,057,958	$18,614,906
Hawaii	$4,116,483	$4,776,600	$8,235,334	$3,458,734
Idaho	$4,449,061	$5,311,053	$9,037,812	$3,726,759
Illinois	$25,793,477	$29,970,671	$49,342,238	$19,371,567
Indiana	$16,334,378	$19,173,943	$31,435,272	$12,261,329
Iowa	$6,552,022	$7,739,414	$12,715,570	$4,976,156
Kansas	$6,039,700	$7,005,715	$11,477,520	$4,471,805
Kentucky	$10,720,222	$12,582,078	$20,553,587	$7,971,509
Louisiana	$10,714,229	$12,558,779	$20,423,192	$7,864,413
Maine	$3,247,773	$3,825,384	$6,292,248	$2,466,864
Maryland	$13,859,621	$16,215,620	$27,315,545	$11,099,925
Massachusetts	$17,523,932	$20,419,558	$33,912,367	$13,492,809
Michigan	$23,831,669	$27,968,934	$46,298,361	$18,329,427
Minnesota	$13,292,363	$15,551,519	$25,578,063	$10,026,544
Mississippi	$7,521,797	$8,789,930	$14,209,451	$5,419,521
Missouri	$14,008,429	$16,422,171	$26,664,883	$10,242,712
Montana	$2,977,265	$3,509,870	$5,872,471	$2,362,601
Nebraska	$3,833,345	$4,489,055	$7,316,430	$2,827,375
Nevada	$9,306,676	$11,133,777	$17,966,099	$6,832,322
New Hampshire	$2,743,172	$3,247,773	$5,405,074	$2,157,301

DEPARTMENT OF HEALTH AND HUMAN SERVICES SAMHSA FY2024 Mental Health Block Grant Provisional Allotments Appropriation $1,652,571,000 State-Territory Total $1,563,677,000 CFDA # 93.958				
State or Territory	**FY 2022 Final**	**FY 2023 Enacted**	**FY 2024 President's Budget**	**FY 2024 +/- FY 2023**
New Mexico	$5,040,123	$5,914,148	$9,773,595	$3,859,447
New York	$47,652,165	$54,539,184	$91,873,507	$37,334,323
North Carolina	$24,326,475	$28,726,086	$46,006,456	$17,280,370
North Dakota	$1,470,335	$1,716,550	$2,803,728	$1,087,178
Ohio	$25,767,670	$30,192,557	$49,663,696	$19,471,139
Oklahoma	$9,163,723	$10,851,934	$17,685,057	$6,833,123
Oregon	$13,035,807	$15,277,597	$24,979,078	$9,701,481
Pennsylvania	$27,720,760	$32,388,348	$54,142,366	$21,754,018
Rhode Island	$2,878,060	$3,381,064	$5,807,574	$2,426,510
South Carolina	$12,537,402	$14,829,315	$23,786,115	$8,956,800
South Dakota	$1,794,733	$2,118,382	$3,440,133	$1,321,751
Tennessee	$17,223,030	$20,344,012	$33,405,886	$13,061,874
Texas	$67,041,162	$79,192,589	$129,251,007	$50,058,418
Utah	$9,206,794	$10,848,626	$17,971,486	$7,122,860
Vermont	$1,417,349	$1,672,361	$2,866,721	$1,194,360
Virginia	$20,856,032	$24,538,570	$40,021,818	$15,483,248
Washington	$20,053,058	$23,423,510	$38,053,909	$14,630,399
West Virginia	$4,444,613	$5,156,267	$8,346,031	$3,189,764
Wisconsin	$12,617,904	$14,811,489	$24,590,333	$9,778,844
Wyoming	$1,077,604	$1,269,406	$2,061,315	$791,909
State Subtotal	**$779,999,127**	**$939,437,408**	**$1,540,221,845**	**$600,784,437**
American Samoa	$160,472	$180,030	$292,534	$112,504
Guam	$538,205	$640,046	$1,065,004	$424,958
Northern Marianas	$165,539	$196,969	$325,929	$128,960
Puerto Rico	$10,371,421	$12,119,541	$19,828,515	$7,708,974
Palau	$69,137	$81,794	$136,361	$54,567
Marshall Islands	$245,856	$295,318	$497,363	$202,045
Micronesia	$329,865	$388,687	$641,491	$252,804
Virgin Islands	$341,304	$403,768	$667,958	$264,190
Territory Subtotal	**$12,221,799**	**$14,306,153**	**$23,455,155**	**$9,149,002**
Total State-Territory	**$792,220,926**	**$953,743,561**	**$1,563,677,000**	**$609,933,439**
Total Administrative	**$42,784,370**	**$53,827,439**	**$88,894,000**	**$35,066,561**
Total Appropriation	**$835,005,296**	**$1,007,571,000**	**$1,652,571,000**	**$645,000,000**

PRNS Mechanism Table
Summary
(dollars in millions)

MH PRNS

Program Activity	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
Programs of Regional & National Significance						
Grants/Cooperative Agreements						
Continuations	730	$384.20	638	$308.15	796	$514.85
New/Competing	138	59.46	329	258.97	749	1,156.35
Supplements*	2	77.73	---	---	---	0.00
Subtotal	868	521.39	967	567.12	1,545	1,671.20
Contracts						
Continuations	6	50.45	4	474.13	29	93.24
New/Competing	---	5,774	1	2,779	119	3,827
Subtotal	6	56.22	5	476.91	148	97.07
Total, Mental Health PRNS	**874**	**$577.62**	**972**	**$1,044.03**	**1,693**	**$1,768.27**

* Excluding Supplements number count to avoid duplication.

PRNS Mechanism Table
Program, Project, and Activity
(dollars in millions)

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
Capacity:						
Project AWARE						
Grants						
Continuations	57	90.83	52	78.11	87	136.46
New/Competing	13	18.16	33	54.31	52	94.33
Supplements*	---	0.00	---	---	---	---
Subtotal	70	108.99	85	132.42	139	230.79
Contracts						
Continuations	---	10.99	---	7.58	---	13.21
New/Competing	---	---	---	0.00	---	---
Subtotal	---	10.99	---	7.58	---	13.21
Total, Project AWARE	**70**	**119.98**	**85**	**140.00**	**139**	**244.00**
MH Awareness Training						
Grants						
Continuations	159	20.16	175	21.44	197	26.47
New/Competing	30	3.66	22	5.01	277	34.06
Supplements*	---	---	---	---	---	---
Subtotal	189	23.83	197	26.45	474	60.54
Contracts						
Continuations	---	1.12	---	1.52	---	3.46
New/Competing	---	---	---	---	---	---
Subtotal	---	1.12	---	1.52	---	3.46
Total, MH Awareness Training	**189**	**24.95**	**197**	**27.96**	**474**	**64.00**
Healthy Transitions						
Grants						
Continuations	27	24.63	18	17.43	14	14.97
New/Competing	---	---	11	11.37	44	43.11
Supplements*	---	---	---	---	---	---
Subtotal	27	24.63	29	28.80	58	58.08
Contracts						
Continuations	---	4.80	---	1.65	---	3.32
New/Competing	---	---	---	---	---	---
Subtotal	---	4.80	---	1.65	---	3.32
Total, Healthy Transitions	**27**	**29.43**	**29**	**30.45**	**58**	**61.40**
Children and Family Programs						
Grants						
Continuations	20	6.50	3	0.93	19	5.91
New/Competing	---	0.00	19	5.91	3	0.93
Subtotal	20	6.50	22	6.84	22	6.84
Contracts						
Continuations	---	0.72	---	0.39	---	0.39
New/Competing	---	---	---	---	---	---
Subtotal	---	0.72	---	0.39	---	0.39
Total, Children and Family Programs	**20**	**7.21**	**22**	**7.23**	**22**	**7.23**
Consumer and Family Network Grants						
Grants						
Continuations	24	2.26	43	4.54	20	2.42
New/Competing	19	2.28	1	0.15	8	0.95
Subtotal	43	4.54	44	4.69	28	3.38
Contracts						
Continuations	---	0.40	---	0.27	---	0.27
New/Competing	---	---	---	---	11	1,309
Subtotal	---	0.40	---	0.27	11	1.58
Total, Consumer and Family Network Grants	**43**	**4.94**	**44**	**4.95**	**39**	**4.95**

PRNS Mechanism Table
Program, Project, and Activity
(dollars in millions)

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
Project LAUNCH						
Grants						
Continuations	26	18.73	17	13.59	13	12.13
New/Competing	---	2,352	13	10.63	17	21.36
Supplements*	---	---	---	---	---	---
Subtotal	26	21.08	30	24.22	30	33.49
Contracts						
Continuations	---	2.51	---	1.39	---	1.92
New/Competing	---	---	---	---	---	---
Subtotal	---	2.51	---	1.39	---	1.92
Total, Project LAUNCH	**26**	**23.59**	**30**	**25.61**	**30**	**35.41**
Mental Health System Transformation and Health Reform						
Grants						
Continuations	4	3.20	3	2.69	1	888
New/Competing	---	---	1	0.89	3	2.69
Supplements*	---	---	---	---	---	---
Subtotal	4	3.20	4	3.57	4	3.57
Contracts						
Continuations	---	0.56	---	0.20	---	0.20
New/Competing	---	---	---	---	---	---
Subtotal	---	0.56	---	0.20	---	0.20
Total, Mental Health System Transformation and Health Reform	**4**	**3.76**	**4**	**3.78**	**4**	**3.78**
Primary and Behavioral Health Care Integration						
Grants						
Continuations	24	47.51	12	23.43	21	41.10
New/Competing	1	1.68	15	29.42	29	56.21
Supplements*	---	---	---	---	---	---
Subtotal	25	49.19	27	52.85	50	97.31
Contracts						
Continuations	---	3.67	---	3.02	---	5.57
New/Competing	---	---	---	---	---	---
Subtotal	---	3.67	---	3.02	---	5.57
Total, PBHCI	**25**	**52.86**	**27**	**55.88**	**50**	**102.88**
National Strategy for Suicide Prevention						
Grants						
Continuations	45	21.64	25	11.64	47	25.67
New/Competing	---	---	22	14.04	---	0.49
Supplements*	---	0.00	---	---	---	---
Subtotal	45	21.64	47	25.67	47	25.67
Contracts						
Continuations	---	1.54	---	1.53	---	2.53
New/Competing	---	---	---	1,000	---	---
Subtotal	---	1.54	---	2.53	---	2.53
Total, National Strategy for Suicide Prevention	**45**	**23.18**	**47**	**28.20**	**47**	**28.20**
GLS - Youth Suicide Prevention - States						
Grants						
Continuations	46	32.39	51	36.06	25	18.69
New/Competing	6	3.22	5	35.74	30	21.15
Subtotal	52	35.60	56	36.06	55	39.84
Contracts						
Continuations	---	1.73	---	4.17	---	3.96
New/Competing	---	1.46	---	---	---	---
Subtotal	---	3.18	---	4.17	---	3.96
Total, GLS - States	**52**	**38.79**	**56**	**40.23**	**55**	**43.81**

PRNS Mechanism Table
Program, Project, and Activity
(dollars in millions)

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 Higher Level	
GLS - Youth Suicide Prevention - Campus						
Grants						
Continuations	41	4.03	46	4.66	44	4.50
New/Competing	21	2.13	23	2.36	54	5.37
Subtotal	62	6.15	69	7.03	98	9.87
Contracts						
Continuations	---	0.32	---	0.46	---	1.62
New/Competing	---	---	---	1,000	---	---
Subtotal	---	0.32	---	1.46	---	1.62
Total, GLS - Campus	**62**	**6.47**	**69**	**8.49**	**98**	**11.49**
GLS - Suicide Prevention Resource Center						
Grants						
Continuations	1	7.59	1	7.59	2	10.40
New/Competing	---	0.97	1	2.82	---	0.00
Supplements*					---	0.00
Subtotal	1	8.56	2	10.40	2	10.40
Contracts						
Continuations	---	0.43	---	0.60	---	0.60
New/Competing	---	---	---	---	---	---
Subtotal	---	0.43	---	0.60	---	0.60
Total, GLS - Suicide Prevention Resource Center	**1**	**8.98**	**2**	**11.00**	**2**	**11.00**
Suicide Lifeline						
Grants						
Continuations	1	20.60	---	---	---	---
New/Competing	---	0.00	---	---	---	---
Supplements*	2	77.00	---	---	---	---
Subtotal	1	97.60	---	---	---	---
Contracts						
Continuations	---	4.02	---	---	---	---
New/Competing	---	---	---	---	---	---
Subtotal	---	4.02	---	---	---	---
Total, Suicide Lifeline	**1**	**101.62**	**---**	**---**	**---**	**---**
AI/AN Suicide Prevention Initiative						
Grants						
Continuations	1	0.50	---	---	1	0.50
New/Competing	---	---	1	0.50	---	---
Subtotal	1	0.50	1	0.50	1	0.50
Contracts						
Continuations	---	2.43	1	3.43	1	3.43
New/Competing	---	---	---	---	---	---
Subtotal	---	2.43	1	3.43	1	3.43
Total, AI/AN	**1**	**2.93**	**2**	**3.93**	**2**	**3.93**
Homelessness Prevention Programs						
Grants						
Continuations	48	27.07	24	13.77	37	19.34
New/Competing	---	---	32	15.84	25	12.17
Supplements*	---	0.00	---	---	---	---
Subtotal	48	27.07	56	29.62	62	31.51
Contracts						
Continuations	1	3.61	1	4.08	---	1.93
New/Competing	---	---	---	---	1	2.25
Subtotal	1	3.61	1	4.08	1	4.19
Total, Homelessness Prevention Programs	**49**	**30.68**	**57**	**33.70**	**63**	**35.70**

PRNS Mechanism Table
Program, Project, and Activity
(dollars in millions)

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024	Higher Level
Minority AIDS						
Grants						
Continuations	---	---	19	8.72	19	8.72
New/Competing	19	9.21	---	---	---	---
Subtotal	19	9.21	19	8.72	19	8.72
Contracts						
Continuations	---	-0.01	---	0.50	---	0.50
New/Competing	---	---	---	---	---	---
Subtotal	---	-0.01	---	0.50	---	0.50
Total, Minority AIDS	**19**	**9.21**	**19**	**9.22**	**19**	**9.22**
Criminal and Juvenile Justice Programs						
Grants						
Continuations	17	5.36	6	1.96	31	10.07
New/Competing	---	---	25	8.09	---	43.08
Subtotal	17	5.36	31	10.06	31	53.15
Contracts						
Continuations	1	0.89	1	1.21	1	3.24
New/Competing	---	---	---	---	---	---
Subtotal	1	0.89	1	1.21	1	3.24
Total, Criminal and Juvenile Justice Programs	**18**	**6.25**	**32**	**11.27**	**32**	**56.39**
Seclusion and Restraint						
Grants						
Continuations	11	1.08	---	---	11	1.08
New/Competing	---	---	11	1.08	---	---
Subtotal	11	1.08	11	1.08	11	1.08
Contracts						
Continuations	---	0.05	---	0.06	---	0.06
New/Competing	---	---	---	---	---	---
Subtotal	---	0.05	---	0.06	---	0.06
Total, Seclusion and Restraint	**11**	**1.13**	**11**	**1.15**	**11**	**1.15**
Interagency Task Force on Trauma-Informed Care						
Grants						
Continuations	1	---	---	0.00	---	1.89
New/Competing	---	0.99	---	1,892	---	0.00
Supplements*	---	---	---	---	---	---
Subtotal	1	0.99	---	1.89	---	1.89
Contracts						
Continuations	---	0.01	---	0.11	---	0.11
New/Competing	---	---	---	---	---	---
Subtotal	---	0.01	---	0.11	---	0.11
Total, Interagency Task Force on Trauma-Informed Care	**1**	**1.00**	**---**	**2.00**	**---**	**2.00**

PRNS Mechanism Table
Program, Project, and Activity
(dollars in millions)

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
Behavioral Health Crisis Coordinating Office						
Grants						
Continuations..	---	---	---	---	---	---
New/Competing..	---	0.64	---	---	---	---
Supplements*..	---	---	---	---	---	---
Subtotal..	---	0.64	---	---	---	---
Contracts						
Continuations..	---	0.31	---	---	---	---
New/Competing..	---	4.05	---	---	---	---
Subtotal..	---	4.36				
Total, Behavioral Health Crisis Coordinating Office	**---**	**5.00**	**---**	**---**	**---**	**---**
Mental Health Crisis Response Grants						
Grants						
Continuations..	---	0.00	11	8.23	26	19.61
New/Competing..	12	9.63	14	10.69	107	74.98
Supplements*..	---	0.00	---	0.00	---	0.00
Subtotal..	12	9.63	25	18.92	133	94.59
Contracts						
Continuations..	---	0.37	---	1.08		0.00
New/Competing..	---	0.00	---	0.00		0.00
Subtotal..	---	0.37	---	1.08	133	0.00
Total, Mental Health Crisis Response Grants	**12**	**10.00**	**25**	**20.00**	**266**	**94.59**
988 and Behavioral Health Crisis Services						
Grants						
Continuations..	---	---	1	22.15	93	69.16
New/Competing..			92	46.70	---	721.59
Supplements*..	---	---	---	---	---	0.00
Subtotal..	---	---	93	68.85	93	790.75
Contracts						
Continuations..	---			432.77	2	45.25
New/Competing..	---	---	---	---	---	---
Subtotal..	---	---	---	432.77	2	45.25
Total, 988 and Behavioral Health Crisis Services	**---**	**---**	**93**	**501.62**	**95**	**836.00**

PRNS Mechanism Table
Program, Project, and Activity
(dollars in millions)

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 Higher Level	
Assertive Community Treatment for Individuals with SMI						
Grants						
Continuations	12	8.11	5	3.38	13	8.51
New/Competing	---	0.00	8	5.14	---	---
Subtotal	12	8.11	13	8.51	13	8.51
Contracts						
Continuations	---	0.60	---	0.49	---	0.49
New/Competing	---	271	---	---	---	---
Subtotal	---	0.87	---	0.49	---	0.49
Total, Assertive Community Treatment for Individuals with Serious Mental Illness	**12**	**8.98**	**13**	**9.00**	**13**	**9.00**
Tribal Behavioral Health Grants						
Grants						
Continuations	133	16.29	105	13.64	118	15.30
New/Competing	12	1.22	39	5.88	35	5.07
Subtotal	145	17.51	144	19.53	153	20.37
Contracts						
Continuations	1	3.22	1	3.22	---	2.88
New/Competing	---	---	---	---	---	---
Subtotal	1	3.22	1	3.22	---	2.88
Total, Tribal Behavioral Health Grants	**146**	**20.73**	**145**	**22.75**	**153**	**23.25**
Infant and Early Childhood Mental Health						
Grants						
Continuations	13	6.36	9	4.53	28	14.37
New/Competing	5	3.31	19	9.65	43	21,099,190
Supplements*	---	0.00				
Subtotal	18	9.67	28	14.19	71	35.47
Contracts						
Continuations	---	0.31	---	0.81	---	2.03
New/Competing	---	---	---	---	---	---
Subtotal	---	0.31	---	0.81	---	2.03
Total, Infant and Early Childhood Mental Health	18	**9.98**	28	**15.00**	71	**37.50**

PRNS Mechanism Table
Program, Project, and Activity
(dollars in millions)

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
Science and Service:						
Primary and Behavioral Health Care Integration TA						
Grants						
Continuations	1	1.89	1	1.88	---	---
New/Competing	---	---	---	---	1	1,883
Supplements*	---	---	---	---	---	---
Subtotal	1	1.89	1	1.88	1	1.88
Contracts						
Continuations	---	0.08	---	0.11	---	0.11
New/Competing	---	---	---	---	---	---
Subtotal	---	0.08	---	0.11	---	0.11
Total, PBHCI TA	**1**	**1.97**	**1**	**1.99**	**1**	**1.99**
Practice Improvement & Training						
Grants						
Continuations	4	4.48	4	2.96	6	5.81
New/Competing	---	---	6	4.18	11	8.90
Supplements*	---	---	---	---	---	---
Subtotal	4	4.48	10	7.14	17	14.71
Contracts						
Continuations	1	3.33	---	0.69	---	0.86
New/Competing	---	---	---	0.00	---	263
Subtotal	1	3.33	---	0.69	---	1.12
Total, Practice Improvement & Training	**5**	**7.81**	**10**	**7.83**	**17**	**15.83**
Consumer and Consumer-Supporter TA Centers						
Grants						
Continuations	5	1.81	5	1.81	5	1.81
New/Competing	---	---	---	---	---	---
Subtotal	5	1.81	5	1.81	5	1.81
Contracts						
Continuations	---	0.10	---	0.11	---	0.11
New/Competing	---	---	---	---	---	---
Subtotal	---	0.10	---	0.11	---	0.11
Total, CCSTAC	**5**	**1.90**	**5**	**1.92**	**5**	**1.92**
Disaster Response						
Grants						
Continuations	---	0.85	---	0.85	---	0.85
New/Competing	---	---	---	---	---	---
Subtotal	---	0.85	---	0.85	---	0.85
Contracts						
Continuations	1	1.09	---	1.10	---	1.10
New/Competing	---	---	---	---	---	---
Subtotal	1	1.09	---	1.10	---	1.10
Total, Disaster Response	**1**	**1.94**	**---**	**1.95**	**---**	**1.95**

PRNS Mechanism Table
Program, Project, and Activity
(dollars in millions)

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 Higher Level	
Science and Service:						
Homelessness						
Grants						
Continuations..	1	2.14	1	0.77	1	2.19
New/Competing..	---	---	---	1.40	---	---
Subtotal..	1	2.14	1	2.17	1	2.19
Contracts						
Continuations..	---	0.14	---	0.12	---	0.10
New/Competing..	---	---	---	---	---	---
Subtotal..	---	0.14	---	0.12	---	0.10
Total, Homelessness	**1**	**2.28**	**1**	**2.30**	**1**	**2.30**
Minority Fellowship Program						
Grants						
Continuations..	8	8.22	1	1.39	9	9.68
New/Competing..	---	---	8	8.29	7	10.32
Supplements*..	---	728	---	---	---	---
Subtotal..	8	8.95	9	9.68	16	20.01
Contracts						
Continuations..	1	1.10	---	0.60	1	1.99
New/Competing..	---	---	1	0.78	---	0.00
Subtotal..	1	1.10	1	1.38	1	1.99
Total, Minority Fellowship Program	**9**	**10.04**	**10**	**11.06**	**17**	**22.00**
Subtotal, Science and Service	**22**	**25.94**	**27**	**27.05**	**41**	**45.99**
Total, Mental Health PRNS	**874**	**$577.62**	**1,064**	**$1,040.46**	**1,693**	**$1,777.78**

* Excluding Supplements number count to avoid duplication.

Other Programs Mechanism Table
Program, Project, and Activity
(dollars in millions)

Other Programs	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
National Child Traumatic Stress Network						
Grants						
Continuations	127	65.98	142	$72.05	170	$88.75
New/Competing	28	12.08	28	16.76	76	54.57
Supplements*	---	---	---	---	---	---
Subtotal	155	78.06	170	88.81	246	143.33
Contracts						
Continuations	---	3.83	---	5.08	---	6.68
New/Competing	---	---	---	---	---	---
Subtotal	---	3.83	---	5.08	---	6.68
Total, National Child Traumatic Stress Network	**155**	**81.89**	**170**	**93.89**	**246**	**150.00**
Assisted Outpatient Treatment for Individuals with SMI						
Grants						
Continuations	20	17.67	23	20.30	6	5.04
New/Competing	3	2.60	---	---	15	15.38
Supplements*	---	---	---	---	---	---
Subtotal	23	20.28	23	20.30	21	20.42
Contracts						
Continuations	---	1.14	---	1.12	---	1.00
New/Competing	---	---	---	---	---	---
Subtotal	---	1.14	---	1.12	---	1.00
Total, AOT for Individuals with SMI	**23**	**21.42**	**23**	**21.42**	**21**	**21.42**
Total, Other Programs	**178**	**103.31**	**193**	**115.31**	**267**	**171.42**

Grant Awards Table

(Whole dollars)

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 Lower Level
Number of Awards	868	1059	1635	1422
Average Awards	$600,821	$532,731	$1,020,335	$1,164,306
Range of Awards	$20,000 - $10,000,000	$20,000 - $10,000,000	$20,000 - $10,000,000	$20,000 - $10,000,000

Substance Use Prevention Services

Table of Contents

Summary of the Request 172
Programs of Regional and National Significance (PRNS) 173
Strategic Prevention Framework 174
Federal Drug-Free Workplace 180
Sober Truth on Preventing Underage Drinking Act (STOP Act) 183
Tribal Behavioral Health Grants 187
Minority AIDS Initiative 190
Center for the Application of Prevention Technologies 193
Minority Fellowship Program 196
Science and Service Program Coordination 198
PRNS Mechanism Table 201
Grant Awards Table 204

Substance Use Prevention Services
Summary of the Request

(Dollars in thousands)

	FY 2022	FY 2023	FY 2024	
Programs of Regional & National Significance	**Final**	**Enacted**	**President's Budget**	**FY 2024 +/- FY 2023**
Total, Substance Use Prevention Services	$218,219	$236,879	$250,738	$13,859
FTE	**76**	**80**	**83**	**3**

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) leads SAMHSA's substance use prevention programs, supporting providing resources to states, tribes, and communities to deliver a range of evidence-based, community public health programming, especially focusing on high-risk, underserved populations.

CSUPS 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.

CSUPS programs largely reach young people early in life with primary prevention services. Primary prevention has the greatest return on investment in reducing the lifelong negative impacts of alcohol and substance misuse on individuals, families, and communities. Over 85 percent of the resources are dedicated to youth-focused primary prevention services, which aim to lay the foundation for lifelong healthy decisions for the approximately 74 million young people under 18 in the U.S.[91] In addition, these prevention programs make an important contribution to responding to the opioid and overdose crises. The spike in overdose deaths the country is experiencing demonstrates the need to focus on reaching vulnerable populations with intensive prevention programs that not only help people reduce harmful substance use but can also become a gateway to other behavioral health services.

[91] *U.S. Census Bureau quickfacts: United States*. (n.d.). Retrieved February 15, 2023, from https://www.census.gov/quickfacts/fact/table/US/PST045222

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

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Capacity:				
Strategic Prevention Framework	$127,484	$135,484	$140,484	$5,000
Non-SPF Rx (non-add)	*117,484*	*125,484*	*125,484*	---
Budget Authority (non-add)	*117,484*	*125,484*	*125,484*	---
PHS Evaluation Funds (non-add)	---	---	---	--
SPF-Prevention Workforce Initiative (non-add, new)	---	---	---	--
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	4,894	5,139	5,139	--
Sober Truth on Preventing Underage Drinking Act (STOP Act)	12,000	14,500	14,500	--
Community-based Coalition Enhancement Grants (non-add)	*9,000*	*7,000*	*11,000*	*4.000*
National Adult-Oriented Media Public Service Campaign (non-add)	*2,000*	*2,000*	*2,500*	*0.500*
ICC on the Prevention of Underaged Drinking (non-add)	*1,000*	*1,000*	*1,000*	--
Tribal Behavioral Health Grants	20,750	23,665	23,665	--
Minority AIDS	41,205	43,205	43,205	--
Subtotal, Capacity	**206,333**	**221,993**	**226,993**	**5,000**
Science and Service:				
Center for the Application of Prevention Technologies	7,493	9,493	11,993	2.500
SAP Minority Fellowship Program	321	1,321	2,680	1.359
Science and Service Program Coordination	4,072	4,072	4,072	--
Subtotal, Science and Service	**11,886**	**14,886**	**18,745**	**3,859**
Total, PRNS	**$218,219**	**$236,879**	**$245,738**	**$8,859**

Strategic Prevention Framework

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Strategic Prevention Framework	$127,484	$135,484	$140,484	$5,000
Non-SPF Rx (non-add)	*117,484*	*125,484*	*125,484*	---
Budget Authority (non-add)	*117,484*	*125,484*	*125,484*	---
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*

Authorizing Legislation....................Section 516 of the PHS Act
FY 2024 Authorization....................$218,219,000
Allocation Method....................Competitive Grants/Cooperative Agreements/Contracts
Eligible Entities....................States, Tribes, and Communities

Program Description

The Strategic Prevention Framework (SPF) is a five-step data-driven community engagement model grounded in public health principles and focused on providing evidence-based prevention services to high-risk underserved communities. Under the Strategic Prevention Framework, SAMHSA funds the Strategic Prevention Framework Partnership for Success Program (SPF-PFS) and the Strategic Prevention Framework for Prescription Drugs (SPF Rx) grants. The SPF-PFS was developed to prevent the onset and reduce the progression of substance misuse and related problems while strengthening prevention capacity and infrastructure at the community and state level. The SPF Rx is intended to provide resources to help prevent and address prescription drug misuse within a state or locality.

Strategic Prevention Framework- Partnerships for Success Program (SPF-PFS)

SPF-PFS is designed to help state, community, and tribal organizations reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of substance misuse prevention and mental health promotion services. The program extends 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 misuse (e.g., children entering the foster care system and transition age youth) and individuals who support persons with substance misuse issues (e.g., women, families, parents, caregivers, and young adults). Beginning in 2019, both states and communities were eligible for SPF-PFS funds. SPF-PFS helps states, tribes, and communities address locally identified prevention priorities through a data-driven process. Common priorities include underage drinking, as well as marijuana and other drug misuse among youth and young adults aged 12 to 20.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)

While illicit opioids, contributed to the spike in the opioid overdose crisis, prescription drugs continue to play a significant role, with prescription opioids contributing to over 16,000 overdose deaths in 2020.[92] In addition to amplifying opioid overdose rates, opioid prescriptions can lead to dependence and opioid use disorder (OUD). An estimated 14.3 million individuals aged 12 or older in 2021 misused one or more prescription psychotherapeutic drugs in the past year including prescription pain killers (8.7 million), tranquilizers or sedatives (4.9 million), and stimulants (3.7 million).[93] In addition, 46.3 million people aged 12 or older in 2021 had a substance use disorder (SUD) in the past year.[94] Among those aged 12 and older, 0.5 percent (or 1.5 million people) had a prescription stimulant use disorder, and 0.8 percent (or 2.2 million people) had a prescription tranquilizer use disorder or sedative use disorder in the past year.[95]

The purpose of the SPF Rx grant program is to provide resources to help prevent and address prescription drug misuse within a state or locality. The program was established in 2016 to raise awareness about the dangers of sharing medications as well as the risks of fake or counterfeit pills purchased over social media or other unknown sources, and to work with pharmaceutical and medical communities on the risks of overprescribing. Grant recipients are required to track reductions in opioid related overdoses and incorporate relevant prescription and overdose data into strategic planning and future programming. Recipients are expected to leverage knowledge gained through participation in the SPF process to address targeted community needs more effectively.

Budget Request

The FY 2024 President Budget is $140.5 million an increase of $5.0 million from the FY 2023 Enacted level.

SPF-PFS

In FY 2024, the SPF-PFS program will award 57 new and 180 continuing grants. These grants will continue to support the development and delivery of state and community substance misuse prevention and mental health promotion services. CSUP intends to maintain outcome targets for

[92] National Institute on Drug Abuse (2022, January 22). *Overdose death rates*. https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates

[93] 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. PEP21-07-01-003, NSDUH Series H-56). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/

[94] 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. PEP21-07-01-003, NSDUH Series H-56). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/

[95] 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. PEP21-07-01-003, NSDUH Series H-56). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/

the SPF-PFS program in FY 2024.

SPF-Rx

In FY 2024, the SPF-Rx program will award a new cohort of 8 new grants and 37 grant continuations. The $5 million increase will be utilized to for a new cohort of grants. The increase of $5M for SPF-Rx will be used to allow more underserved populations to receive important technical support for the purposes of decreasing prescription drug misuse. Grantees seeking partnerships with agencies that manage state PDMPs will have more opportunities to engage in productive data-sharing agreements and activities. Access to and leveraging this data to reduce opioid dependency, and overdose incidence is at the very center of this program and SAMHSA's intent for these funds. In FY 2024, the SPF-Rx program will also be evaluated and mined for "lessons learned," because the grant program was opened to nonprofit agencies working with the single state agency (SSA) in FY 2022.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$119,484,000
FY 2021	$119,484,000
FY 2022 Final	$127,484,000
FY 2023 Enacted	$135,484,000
FY 2024 President's Budget	$140,484,000

Program Accomplishments

SPF-PFS

In FY 2022, SAMHSA awarded 12 new SPF-PFS grants (5 states and 9 communities) and supported the continuation of 234 existing SPF-PFS grants in FY 2022. States, territories, tribes, and other community-level organizations competed under the same notice of funding opportunity. The percent of SPF-PFS grantees that reported at least 5 percent improvement in past 30-day use of targeted substances among focal populations increased from 79.2 percent in FY 2021 to 84.6 percent in FY 2022, which exceeded the FY 2022 target set at 79.2 percent. However, the percent of grantees that reported improvement in focal population perceptions of risk from use of targeted substances was 39.7 percent, which did not meet the FY 2022 target set at 50 percent. Grantees report a number of challenges that may have contributed to this decrease. These include difficulty sampling target populations, lack of available data to assess differences for racial/ethnic minorities, low survey response rates, and continued impact of COVID on states and communities.

In FY 2023, the SPF-PFS program will award 74 new and 218 continuing grants to support state,

community, and tribal organizations. SAMHSA is committed to addressing substance misuse prevention with its state prevention partners through population health strategies and with its community and tribal organization partners through community health and evidenced-based prevention strategies. For 2023, PFS will implement two separate notices of funding opportunity (NOFOs) aimed at states and communities respectively to better address the specific needs of states and communities. While there will be two NOFOs, overall, PFS will continue to focus on the intersection of the needs, understanding and priorities for prevention and health, and the best methods for documenting the prevention and health evidence garnered from practice in the community and tribal organizations.

SPF-Rx

In FY 2022, the SPF-Rx program supported 6 new grants and 21 continuations to address the nature and consequences of prescription drug misuse, raise awareness about the dangers of sharing medications, and work with the medical community on risk of over-prescribing that affects persons 12 years and older. SPF-Rx grants active during FY 2022 received their new grant awards at the end of FY 2021 or FY 2022, so data reported provided baseline only. As a result, there were insufficient data to calculate the percent of funded states reporting reductions in opioid overdoses. However, most SPF-Rx funded states also participate in syndromic surveillance systems captured by CDC's Drug Overdose Surveillance and Epidemiology (DOSE) system; 77.8 percent of those states experienced a decrease in suspected opioid overdose emergency department visits in FY 2022.[96]

In FY 2023, SPF-Rx will support 27 continuations to continue the work of addressing the nature and consequences of prescription drug misuse and bringing prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and patients. SAMHSA also plans to track reductions in opioid overdoses by incorporating Prescription Drug Monitoring Program (PDMP) data into needs assessments and strategic plans as indicators of the program's success.

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[96] *Centers for Disease Control and Prevention. Drug Overdose Surveillance and Epidemiology (DOSE) System.* Atlanta, GA: US Department of Health and Human Services, CDC. Accessed January 26, 2023. Available at: https://www.cdc.gov/drugoverdose/nonfatal/dashboard

Outputs and Outcomes

Program: Partnerships for Success

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.3.79A Number of individuals served by EBPPs implemented through the grant (Output)		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)	FY2022: 84.6% Target: 79.2 % (Target Exceeded)	79.2 %	79.2 %	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 2022: 39.7% Target: 50 % (Target Not Met)	50 %	50 %	Maintain

Program: Strategic Prevention Framework Rx

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.3.12 Percent of funded states reporting reductions in opioid overdoses (Outcome)	FY 2021: 75 %[97] Target: 62 % (Target Exceeded)	TBD	TBD	Maintain

[97] SPF-Rx grants active during FY 2022 received their new grants awards at the end of FY 2021 or FY 2022. There were insufficient data to calculate the percent of funded states reporting reductions in opioid overdoses for FY2022.

Federal Drug-Free Workplace

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Federal Drug-Free Workplace…………………………………………	$4,894	$5,139	$5,139	$---

Authorizing Legislation .... Section 516 of the PHS Act
FY 2024 Authorization $218,219,000
Allocation Method..Inter-Agency Agreements/Contracts
Eligible Entities..Federal Agencies, Regulated Entities
……………………… (e.g., Department of Transportation, Nuclear Regulatory Commission),
…………………………………………………………………HHS- Certified Laboratories

Program Description

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 through policies and procedures including drug testing, which allows for the drug testing of all executive branch agency employees. 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.

In FY 2019, SAMHSA issued mandatory guidelines for oral fluid testing. In FY 2020, SAMHSA issued the proposed mandatory guidelines using hair in accordance with the Drug Testing Advisory Board (DTAB) recommendations to allow oral fluid and to pursue the use of hair as alternative specimens to urine. The final mandatory guidelines for hair testing are expected to be issued in FY 2023.

The Workplace Helpline supports the DFWP. The Helpline is a toll-free telephone service that answers questions from federal agencies, the public and private sectors about drug testing in the workplace.

Budget Request

The FY 2024 President's Budget is $5.1 million, level with the FY 2023 Enacted level. The funding supports the DFWP implementing and maintaining Mandatory Guidelines for oral fluid and the proposing hair in the federally regulated drug testing program. This includes 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 as well as continue its oversight role for the inspection and certification

of the HHS-certified laboratories.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$4,894,000
FY 2021	$4,894,000
FY 2022 Final	$4,894,000
FY 2023 Enacted	$5,139,000
FY 2024 President's Budget	$5,139,000

Program Accomplishments

In FY 2022, the Federal Drug-Free program target was 26 HHS Certified Labs. In FY 2023 the target was updated due to several factors including final regulatory rules from other federal partners and financial decisions from laboratories on continuing to test federally regulated specimens. For FY 2022, there were 20 HHS Certified Labs, a decrease from 23 HHS Certified Labs in FY 2021. Due to financial reasons or consolidation, HHS certified labs decided to withdraw from the program. In FY 2022, the program implemented the Oral Fluid Mandatory Guidelines, with the goal that additional labs would become HHS Certified for Oral Fluid testing. Due to the delays from the Department of Transportation (DOT) not implementing 49 CRF Part 40 to include Oral Fluid, labs had decided to wait for DOT's final rule prior to applying for HHS Certification

Accomplishments for FY 2022 included (1) creating and implementing an Online DFWP Supervisor Training program for federal agencies that have allowed them to meet the requirements of the DFWP (Executive Order 12564 and Public Law 100-71) saving over $2.1 million in training costs, (2) conducting 32 studies to support creating evidence based polices within the Mandatory Guidelines which are supported by science, reliable throughout the laboratory system, protect our stakeholders, are legally defensible, promote public safety, ensure consistency between our polices, and ensure that we account for the worst-case scenarios in drug use, and (3) proposing hair as an alternative specimen, subject to the legal and scientific supportability of this matrix for use in federal workplace drug testing programs.

In FY 2023, plans for Drug Free Workplace include (1) certification of new laboratories across the nation to conduct federal and federally regulated drug tests that may include urine, oral fluid, and hair, (2) analysis of and guidance on new emerging issues (e.g., opioids/synthetic opiates; polysubstance use; young adults, high-risk workplaces), (3) analysis of and guidance on Employee Assistance Programs (EAPs), and (4) support the public and private drug testing industry through Helpline inquiry responses providing research and consultation on approaches to prevent the use and misuse of those substances in a workplace setting and include a revised and updated Workplace Toolkit.

Outputs and Outcomes

Program: Federal Drug-Free Workplace

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
6.0 Number of HHS Certified Labs (Output)	FY 2022: 20.0 certified labs Target:26.0 certified labs (Target Not Met)	20.0 certified labs	20.0 certified labs	Maintain

Sober Truth on Preventing Underage Drinking Act (STOP Act)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Sober Truth on Preventing Underage Drinking Act……………………………….	$12,000	$14,500	$14,500	$---

Authorizing Legislation..Section 519B of the PHS Act
FY 2024 Authorization...$11,500,000
Allocation Method...Competitive Grants/Contracts
Eligible Entities..Current and former Drug Free Communities grantees

Program Description

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 was the nation's first comprehensive legislation on underage drinking and was reauthorized in 2022 as part of Consolidated Appropriations Act, 2023 (Public Law No. 117-328). The Act 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 ICCPUD developed a Comprehensive Plan in 2022, with updates in 2023. 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; and
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 Interagency Coordinating Committee for the Prevention of Underage Drinking (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 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 ($2.5 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 meeting the requirements of the STOP Act, SAMHSA, under the leadership of Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD), will continue to garner support for program efficacy over the next year and will implement evaluation plans for the upcoming 2023–2024 campaign evaluation cycle. These plans include 1) an evaluation of the usability, reach, and effectiveness of the TTHY mobile app and Screen4Success self-screening, a referral management system; 2) the initial development of a complementary youth campaign that includes message testing and audience segmentation analysis; and 3) 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 campaign is being implemented, and the outcome and impact measures will look to examine 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 meets the needs of the U.S. population at large. The community-based coalition enhancement grant program provides up to $60,000 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.

Budget Request

The FY 2024 President's Budget is $14.5 million, level with the FY 2023 Enacted level. SAMHSA plans to fund 93 new grants and 114 continuations and will continue to assess technical assistance needs to address areas identified as challenges in data collection and reporting processes, to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States. The STOP Act Program aims to (1) address norms regarding alcohol use by youth, (2) reduce opportunities for underage drinking, (3) create changes in underage drinking enforcement efforts, (4) address penalties for underage use, and/or (5) reduce negative consequences associated with underage drinking.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$9,000,000
FY 2021	$10,000,000
FY 2022 Final	$12,000,000
FY 2023 Enacted	$14,500,000
FY 2024 President's Budget	$14,500,000

Program Accomplishments

In FY 2022, SAMHSA funded 40 new grants and 108 continuations. Funding supported plans to increase the number of communities that have the capacity to develop and implement interventions that identify, address, and reduce underage drinking within their jurisdictions among underage populations. Grantees stated 66.7 percent of coalitions reported significant reductions in past 30-day alcohol use in at least two grades, but this fell short of the FY 2022 target set at 83 percent of coalitions. In addition, 33.3 percent of coalitions reported improvement in youth perceptions of risk from alcohol in at least two grades. However, this did not meet the FY 2022 target set at 75%. Grantees report a number of challenges that may have contributed to this decrease. These include difficulty sampling target populations, low survey response rates, and continued impact of COVID on states and communities.

In FY 2023, SAMHSA anticipates funding 148 continuation grants for continued support to communities to implement interventions that identify, address, and reduce underage drinking among the underage population within their jurisdictions. The FY 2023 and FY 2024 targets were updated due to better reflect grantees abilities given identified challenges with data collection, access to target populations, and the ongoing impact of COVID. These targets will align with SAMHSA's efforts to address identified challenges and the ongoing impact of COVID on program activities.

Outputs and Outcomes

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

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 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)	FY2022: 66.7% Target: 83% (Target Not Met)	66.7 %	66.7 %	Maintain
3.3.02 Percent of coalitions that report improvement in youth perception of risk from alcohol in at least two grades (Outcome)	FY2022: 33.3% Target: 75% (Target Not Met)	75 %	75 %	Maintain

Tribal Behavioral Health Grants

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Tribal Behavioral Health Grants…………………………………………...	$20,750	$23,665	$23,665	$---

Authorizing Legislation...Section 520A and 516 (290bb-22) of the PHS Act
FY 2023 Authorization $218,219,000
Allocation Method...Grants/Contracts
Eligible Entities...Tribes

Program Description

Suicide is a leading cause of death among American Indian/Alaska Native (AI/AN) youth and young adults ages 10-24.[98] For American Indian/Alaska Native Youth aged 10-24, the unadjusted suicide rate is nearly twice the rate for youth nationwide. Further, AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students.[99] These behaviors include serious thoughts of suicide, suicide plans, suicide attempts, and medical attention for a suicide attempt.

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.

These five-year grants help tribes or tribal organizations develop and implement a plan that addresses suicide and substance misuse, thereby promoting mental health among tribal youth. Grant recipients implement a variety of prevention strategies focused on suicide and substance use, but also on reducing the impact of trauma and promoting mental health. Grant recipients also focus on improving responses to young people who may have a history of suicidal behavior or are deemed at risk for suicide.

In addition, SAMHSA's Tribal Training and Technical Assistance Center (TTAC)[100] provides training and education to AI/AN grantees and organizations serving AI/AN populations to support their ability to achieve their goals.

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[98] Centers for Disease Control and Prevention. Fatal injury data, 2020. Web-based Injury Statistics Query and Reporting System. Available at www.cdc.gov/injury/wisqars/fatal.html. Accessed January 9, 2023.
[99] Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). High School YRBS, United States 2019 Results. Available at http://www.cdc.gov/healthyyouth/yrbs/index.htm. Accessed January 15, 2023.
[100] (http://www.samhsa.gov/tribal-ttac)

Budget Request

The FY 2024 President's Budget is $23.7 million, level with the FY 2023 Enacted level. Combined with $25 million in the Mental Health appropriation, these funds will support technical assistance activities, 118 continuation grants and award a new cohort of 10 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families. CSUP intends to maintain targets in FY 2024.

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.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$20,750,000
FY 2021	$20,000,000
FY 2022 Final	$20,750,000
FY 2023 Enacted	$23,665,000
FY 2024 President's Budget	$23,665,000

Program Accomplishments

In FY 2022, SAMHSA supported grant continuations, awarded a new cohort of 14 grants, and one technical assistance contract. As of July 2022, grantees have screened 9,995 individuals for mental health and suicide concerns, 176,229 individuals were contacted through program outreach efforts, and 771 organizations implemented specific mental health related practices and activities that aligned with program goals. Also, 38.10 percent of youth aged 10-24 received mental health or related services after screening, referral or attempt, which exceeded the FY 2022 target of 33 percent. In addition. 470,790 youth with mental health or substance use disorders were contacted through program outreach efforts, which did not meet the FY 2022 target set at 570,655. CSUP will be conducting an analysis to identify factors associated with this decrease. In FY 2022, TTAC responded to 133 training and technical assistance (TTA) requests, including conducting 14 on-site TTA visits. TTAC provided 631 days of virtual TA to 139 tribes and conducted 26 webinars with 463 participants.

In FY 2023, SAMHSA anticipates funding 108 continuation grants and a new cohort of 37 grants and technical assistance activities to expand youth suicide prevention and early intervention strategies for the tribal nations. SAMHSA intends to maintain the same target of 33 percentage of youth aged 10 - 24 who received mental health or related services after screening, referral or attempt in FY 2023 and FY 2024. In addition, SAMHSA intends to adjust the target to 470,790 youths with mental health or substance use disorders who are contacted through program outreach efforts in FY 2023 and FY 2024 to reflect actual performance.

Outputs and Outcomes

Program: Tribal Behavioral Health

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.4.12 Percentage of youth age 10 - 24 who received mental health or related services after screening, referral or attempt (Output)	FY 2022: 38.10% Target: 33% (Target Exceeded)	33	33	Maintain
2.4.13 Number of programs/organizations that implemented specific mental-health related practices/activities as a result of the grant (Outcome)	FY 2020: 3,076 Target: 6,880 (Target Not Met)	Discontinued	Discontinued	N/A
2.4.17 Number of youth with mental health or substance use disorders who are contacted through program outreach efforts (Output)	FY 2022: 470,790 Target: 570,655.0 (Target No Met)	470,790	470,790	Maintain

Minority AIDS Initiative

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Minority AIDS………………………………………………………...	$41,205	$43,205	$43,205	$---

Authorizing Legislation ....Section 516 of the Public Health Service Act
FY 2024 Authorization $218,219,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible EntitiesLocal Government Entities, Community-based Organization, Minority Serving Institutions, and Institutions of Higher Education

Program Description

The Minority AIDS Initiative (MAI), established in 1998, provides funding designed to strengthen and expand organizational capacity of HIV-related services within minority communities. The purpose of the MAI is to provide services to those at highest risk for HIV and substance use disorders. CSUPS oversees two MAI programs: Prevention Navigator and HIV Capacity Building Initiative (HIV CBI). The programs use a navigation approach (community health workers, neighborhood navigators, and peer support specialists) to expedite services for these populations. The programs provide training and education around the risks of substance misuse, education on HIV/AIDS, and needed linkages to service provision for individuals with HIV. The HIV CBI program was established in 2017 to support an array of activities to assist grant recipients in building a solid foundation for delivering and sustaining quality and accessible state-of-the-science substance misuse and HIV prevention services.

The MAI serves racial and ethnic minorities ages 13-24 at highest risk for HIV and substance use disorders. HIV CBI aims to engage community-level domestic public and private non-profit entities, as well as tribes and tribal organizations to prevent and reduce the onset of substance use disorders and transmission of HIV/AIDS among at-risk populations ages 13-24, including racial/ethnic minority youth and young adults, hereafter referred to as the "population of focus." Applicants may elect to serve youth aged 13-17, young adults aged 18-24, or both youth and young adults. SAMHSA is particularly interested in eliciting the interest of college and university clinics/wellness centers and community-based providers who can provide comprehensive prevention strategies to reduce the impact of substance misuse, HIV, and viral hepatitis in high-risk communities.

Budget Request

The FY 2024 President's Budget is $43.2 million, level with the FY 2023 Enacted level. This will fund 189 continuing and 5 new grants to support new activities in the Prevention Navigator Program. The activities include: outreach to men who have sex with men (MSM) ages 13-35 including transgender individuals who are unaware of their HIV status and are not in stable housing; educating providers on the importance of screening for HIV and hepatitis; partnering with Ryan White and other HHS providers including various community sectors, such as healthcare,

schools, justice systems, social services, faith-based communities, and other relevant community sectors to implement comprehensive, community-based substance misuse, HIV, hepatitis, and other prevention strategies; and new messaging around mental health promotion, risk behaviors, and appropriate cautions associated with the risk of HIV and hepatitis transmission, as a strategy for behavior change to reduce stigma.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$41,205,000
FY 2021	$41,205,000
FY 2022 Final	$41,205,000
FY 2023 Enacted	$43,205,000
FY 2024 President's Budget	$43,205,000

Program Accomplishments

In FY 2022, SAMHSA funded 22 new grant awards and 161 continuations. MAI-funded programs tested 31,255 individuals for HIV. Although the number of individuals tested for HIV did not meet the FY 2022 target set at 31,514, this was a marked improvement over FY 2021 where only half as many individuals (15,716) were tested for HIV. 8,936 individuals were also tested for viral hepatitis (VH). In addition to HIV/VH testing, MAI grants also supported other health care services (e.g., VH vaccination), individual services (e.g., risk reduction counseling and education), and group services (e.g., group counseling and opioid prevention education). 8,647 individuals were exposed to substance abuse prevention education services, which exceeds the target set at 8,345. Although the percent of program participants who reported reduced binge drinking at follow-up (63.4%) did not meet the FY 2022 target set at 64 percent, this was a marked improvement over the 57 percent reported in FY 2021.

Findings from baseline, exit and follow-up surveys completed by 13,429 MAI program participants indicate marked rate increases in knowledge and perceived risk of substance use, as well as decreases in the rate of substance use and risky sexual behavior in FY22. Examples include the following:

- 49.43 percent increase in perceived risk of marijuana or hashish use,
- 36.45 percent increase in perceived risk of having sex while under the influence of drugs or alcohol,
- 36.93 percent decrease in binge drinking,
- 40.74 percent decrease in use of nonprescription opioid drugs, and
- 16.44 percent decrease in unprotected sex in the past 30 days.

In FY 2023, SAMHSA anticipates funding 41 new grants and 148 continuation grants. The MAI program plans to support 3,119 participating in baseline, exit and follow-up MAI surveys, 1,466 in HIV testing, 507 viral hepatitis tests, and 1,381 in risk reduction counselling. Over 2,176 persons

exposed to substance use and prevention education services as well as 1,623 referrals to support services are anticipated. SAMHSA intends to maintain the same targets in FY 2024.

Outputs and Outcomes

Program: Minority AIDS Initiative

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.3.56 Number of program participants exposed to substance abuse prevention education services (Output)	FY 2022: 8,647 Target: 8,345 (Target Exceeded)	8,345	8,345	Maintain
2.3.85a Number of persons tested for HIV through the Minority AIDS Initiative prevention activities (Output)	FY 2022: 31,255 Target: 31,514 (Target Not Met but Improved)	31,514	31,514	Maintain
2.3.90 Percentage of program participants who reported reduced binge drinking at follow-up. (Outcome)	FY 2022: 63.40 % Target: 64 % (Target Not Met but Improved)	64 %	64 %	Maintain

Center for the Application of Prevention Technologies

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Center for the Application of Prevention Technologies ………………………..	$7,493	$9,493	$11,993	$2,500

Authorizing Legislation...Section 516 of the PHS Act
FY 2023 Authorization $218,219,000
Allocation Method.. Contracts
Eligible Entities..Domestic and Public Entities

Program Description

The Prevention Technology Transfer Centers (PTTC) Network is comprised of 10 Domestic Regional Centers, and Network Coordinating Office. Together the Network serves the 50 U.S. states, District of Columbia, Puerto Rico, U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Republic of Palau, Republic of the Marshall Islands, Federated States of Micronesia, and the Commonwealth of Northern 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 use and 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.

Since 2018, the PTTC has delivered over 3,747 events and provided training/technical assistance to over 140,530 participants and 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.

Budget Request

The FY 2024 President's Budget is $11.9 million, an increase of $2.5 million from the FY 2023 Enacted level. The increase in funding will be used for the Prevention Fellowship program – approximately 20 fellows will be chosen for a new FY 2024 cohort, allowing them to spend one year in intensive training. This program is a key component to expanding and enhancing the prevention workforce. A pilot program was launched in FY 2022 (see accomplishments below) with a grant supplement. The funding increase will allow this important program to be an inherent part of the PTTC. The program funding includes support for a new grant cohort to continue the PTTC to ensure consistent high quality, easily accessible technical assistance resources are available to the prevention field. This funding also supports 11 PTTC continuation grants to continue support for the provision of state-of-the-art substance use prevention technical assistance

to states, communities, tribal communities, and territories. In FY 2024, CSUP intends to continue to advance key prevention knowledge transfer and workforce development through the PTTCS, including continued support of the prevention fellowship program and continued training of the prevention workforce.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$7,493,000
FY 2021	$7,493,000
FY 2022 Final	$7,493,000
FY 2023 Enacted	$9,493,000
FY 2024 President's Budget	$11,993,000

Program Accomplishments

In FY 2022, SAMHSA awarded 13 continuation grants. The PTTCs were successful in completing additional but related projects to support the prevention infrastructure. At the request of the Center for Substance Use Prevention Services (CSUPS), the PTTCs conducted a national inquiry of the 2014 to 2020 SAMHSA Strategic Prevention Framework - Partnerships for Success (SPF-PFS) grantees (n=255) to identify factors of grantee success, barriers in meeting program requirements, and improvement recommendations. The PTTCs also conducted an environmental scan to organize substance use prevention resources to address social determinants of health, addressing the physical, mental, and psychosocial needs of communities to support substance use prevention, treatment, and recovery across every US state and territory. The PTTC Network was able to identify 59,460 resources across 12 priority categories and upload the data into Microsoft Power BI, allowing users to easily see contact information and services provided at each location. Additionally, reports were created using the resources, County Health Rankings and US census data allowing users to examine some of the social determinants of health variables impacting access to resources. The PTTC Network also launched a new interactive tool entitled “The Prevention Certification Matrix.” This is a user-friendly tool where the prevention workforce can easily find and explore state, territory, and US military prevention specialist certification requirements.

In FY 2022, the PTTC Network launched a new initiative that created a Coalition Business Administration (CBA) intensive training. The PTTC Network identified the need for a career path in prevention that supports leadership growth, professional advancement, and thusly retention. Additionally, they identified a need for those working in prevention to have more in depth

knowledge of business administration to maintain consistent funding, staff and growth of the coalitions, and non-profits in which they work. In collaboration with Community Anti-Drug Coalitions of America (CADCA), they created the CBA intensive training to meet both these needs.

Additionally, in FY 2022, two new initiatives were funded with supplemental funds which included a Prevention Core Competencies curriculum and a Prevention Fellowship Program (PFP). The PTTC National Coordinating Center was tasked with developing a training curriculum for preventionists based on the Prevention Core Competencies to address the workforce needs of entry-level and mid-level preventionists that will build upon and complement existing workforce training curricula and resources. They will collaborate with interested stakeholders to develop the curriculum outline and training curriculum for entry-level and mid-level preventionists and develop a strategy to deploy this training with the aim of training 5,000 entry-level and mid-level preventionists by the end of FY 2023. The ten PTTC Regional Centers, the PTTC Hispanic and Latino Center, and the PTTC Tribal Affairs Center have been tasked with leading the charge for the development of the Prevention Fellowship Program. The PFP will support internships for fellows with hands-on experience working with state and community agencies while supported by state and community agency mentors with virtual and in-person training in professional development and prevention. In FY 2022, the number of people trained was 37,896, which did not meet the target set at 39,774. However, 91.0% of people trained stated that they expected to use information from training to change their practice, exceeding the 69.0% target.

In FY 2023, SAMHSA anticipates funding 11 PTTCs as well as two Centers of Excellence (COEs). SAMHSA intends to maintain a 90 percent target for people trained in FY 2023 and FY 2024.

Outputs and Outcomes

Program: Center for the Application of Prevention Technologies

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.4.14 Number of people trained (Output)	FY 2022: 37,896 Target: 39,774 (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 2022: 91.0% Target: 69.0 (Target Exceeded)	90.0	90.0	Maintain

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Minority Fellowship Program………………………………………………...	$321	$1,321	$2,680	$1,359

Authorizing Legislation..Section 597 of the PHS Act
FY 2023 Authorization $25,000,000
Allocation Method..Grants/Contracts
Eligible Entities......Organizations that represent individuals obtaining post baccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals 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

SAMHSA's Minority Fellowship Program (MFP) is intended to increase behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and 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; substance use/addiction counseling, marriage and family therapists and professional counselors. In FY 2023, SAMHSA added addiction medicine as a component of the MFP. This program is jointly administered by the Center for Substance Use Services (CSUS), the Center for Substance Use Prevention (CSUP), and the Center for Mental Health Services (CMHS) at SAMHSA. Combined, this program will support fellowships for hundreds of students as well as support additional training through webinars on culturally appropriate services to thousands of students.

Budget Request

The FY 2024 President's Budget is $2.7 million, an increase of $1.3 million from the FY 2023 Enacted level. Combined with $22.0 million in the Mental Health appropriation and $12 million in the Substance Use Services appropriation, funds will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase in fellows will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.

Please note, SAMHSA is tracking separately any amounts spent, or awarded, under the Minority Fellowship Program through the distinct appropriations to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$321,000
FY 2021	$321,000
FY 2022 Final	$321,000
FY 2023 Enacted	$1,321,000
FY 2024 President's Budget	$2,680,000

Program Accomplishments

In FY 2022, SAMHSA supported eight grant continuations, and the MFP technical assistance contract. In FY 2022, the MFP grant supported 428 fellows and provided over 135 trainings and workshops for the fellows and other interested participants.

In FY 2023, SAMHSA anticipates funding one grant continuation, awarding a new cohort of 8 grants, and a new MFP Coordinating Center, which will increase the number of trained behavioral health providers.

Science and Service Program Coordination

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Science and Service Program Coordination……………………………………..	$4,072	$4,072	$4,072	$---

Authorizing Legislation..Section 516 of the PHS Act
FY 2023 Authorization $218,219,000
Allocation Method.. Contracts
Eligible Entities...Domestic and Public Entities

Program Description

The Substance Use Disorder Prevention Engagement Initiatives (SUDPEI) contributes to SAMHSA's efforts to collaborate across the agency to promote wider adoption and application of effective SUD prevention strategies across the continuum of care, with an emphasis on integrating prevention services into other systems through efforts such as partner engagement. The SUDPEI promotes the adoption of evidence-based policies, programs, and practices by developing materials, resources, and other engagement tools to strengthen community-based prevention efforts to address substance use and misuse. The initiative supports the Interagency Coordinating Committee on the Prevention on Underage Drinking (ICCPUD) through operation and maintenance of the ICCPUD web portal, StopAlcoholAbuse.gov. As part of its work to support SAMHSA and the ICCPUD, the SUDPEI develops communications resources for prevention professionals and community coalitions that call out important trends from the NSDUH and promote evidence-based strategies to prevent substance use and misuse and related issues. Another key SUDPEI activity, Communities Talk to Prevent Substance Use Disorders, is designed to raise awareness of SUD prevention issues as well as mobilize and support community action.

Communities Talk to Prevent Substance Use Disorders

Historically, every two years, the SUDPEI has distributed 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 and other substance misuse among individuals 12 to 25 years old. Community events and activities have been conducted in every state and territory.

Budget Request

The FY 2024 President's Budget is $4.0 million, level with the FY 2023 Enacted level. Funding will continue to maintain improvements in community readiness in identified tribal communities through tribally focused, and tribally specific technical assistance delivery. In FY 2024, CSUP intends to maintain a target of improving community readiness in six tribal organizations.

In FY 2024, CSUP will also continue to elevate community success stories via its podcast series, webinars, and prominent placement of stories on the Communities Talk website. Additionally, CSUP will expand its use of mini campaigns, which promote and amplify substance use data, research, and prevention resources related to alcohol and substance misuse by youth and youth adults. Other focus areas for communications activities will include technical assistance in bridging prevention service delivery between substance misuse and mental health promotion as well as operationalizing diversity, equity, and inclusion in prevention service delivery.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$4,072,000
FY 2021	$4,153,000
FY 2022 Final	$4,072,000
FY 2023 Enacted	$4,072,000
FY 2024 President's Budget	$4,072,000

Program Accomplishments

In FY 2022, the number of organizations or communities that demonstrate improved readiness to change their systems was 5 organizations meeting the FY 2022 target. In FY 2022, key changes to the SUDPEI included availability of annual planning stipends to support community prevention efforts; expansion of public education initiatives using evidence-based mini-campaigns, webinars, and social media; development of audience focused materials and products; and expanded engagement with other federal agencies and national organizations to leverage communications resources to broaden resource sharing and dissemination to a wider range of audiences.

In FY 2022, the Communities Talk activity worked with communities to implement prevention activities that promoted targeted messaging about underage drinking and substance use disorder (SUD) prevention. During and post-pandemic, the program deployed new strategies to share new resources and community prevention success stories through podcasts, webinars, and partner engagement.

Beginning in FY 2023, 500 *Communities Talk* planning stipends will be distributed every year to

CBOs and IHEs to conduct community-based prevention activities, with the focus broadening to address the potentially harmful consequences of underage and problem drinking and substance use and misuse. To support community-based planning, a new web-based planning app is now available. Using an OMB-approved survey, data regarding community activities will be captured in FY 2023. In addition, success stories are also developed and shared via https://www.stopalcoholabuse.gov/communitiestalk/.

In FY 2024, CSUP will continue to elevate community success stories via its podcast series, webinars, and prominent placement of stories on the Communities Talk website. Additionally, CSUP will expand its use of mini campaigns, which promote and amplify substance use data, research, and prevention resources related to alcohol and substance misuse by youth and youth adults. Other focus areas for communications activities will include technical assistance in bridging prevention service delivery between substance misuse and mental health promotion as well as operationalizing diversity, equity, and inclusion in prevention service delivery.

Outputs and Outcomes

Program: Prevention - Science and Service Activities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.3.100 Number of organizations or communities that demonstrate improved readiness to change their systems (Output)	FY 2022: 5.0 organizations Target: 5.0 organizations (Target Met)	5.0 organizations	5.0 organizations	Maintain

PRNS Mechanism Table
Summary

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Grants						
Continuations	709	170.57	661	133.45	659	168.68
New/Competing	93	22.29	232	75.46	196	48.33
Supplements	---	--	---	--	---	--
Subtotal	802	192.86	893	208.91	855	217.01
Contracts						
Continuations	10	16.51	13	24.86	13	26.63
New	6	8.85	1	3.11	1	2.09
Subtotal	16	25.36	14	27.97	14	28.72
Total, Substance Use Prevention PRNS	**818**	**218.22**	**907**	**236.88**	**869**	**245.74**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final No.	FY 2022 Final Amount	FY 2023 Enacted No.	FY 2023 Enacted Amount	FY 2024 President's Budget No.	FY 2024 President's Budget Amount
Capacity:						
Strategic Prevention Framework						
Grants						
Continuations	255	106.85	256	83.42	217	94.52
New/Competing	18	12.74	74	42.75	66	36.39
Supplements	---	--	---	--	---	--
Subtotal	273	119.59	330	126.17	283	130.91
Contracts						
Continuations	2	7.61	2	7.64	2	8.74
New	2	0.28	1	1.68	1	0.83
Subtotal	4	7.90	3	9.31	3	9.58
Total, Strategic Prevention Framework	**277**	**127.48**	**333**	**135.48**	**286**	**140.48**
Federal Drug-Free Workplace						
Contracts						
Continuations	2	1.50	3	4.55	3	4.57
New	1	3.40	---	0.59	---	0.57
Subtotal	3	4.89	3	5.14	3	5.14
Total, Federal Drug-Free Workplace	**3**	**4.89**	**3**	**5.14**	**3**	**5.14**
Minority AIDS						
Grants						
Continuations	161	33.65	148	30.51	189	39.70
New/Competing	22	5.47	41	10.36	5	1.17
Subtotal	183	39.12	189	40.87	194	40.87
Contracts						
Continuations	---	1.83	---	2.13	---	2.34
New	---	0.25	---	0.21	---	--
Subtotal	---	2.09	---	2.34	---	2.34
Total, Minority AIDS	**183**	**41.21**	**189**	**43.21**	**194**	**43.21**
Sober Truth on Preventing Underage Drinking Act						
Grants						
Continuations	131	6.46	148	7.39	114	5.74
New/Competing	39	2.11	60	3.07	93	4.65
Subtotal	170	8.57	208	10.46	207	10.39
Contracts						
Continuations	---	0.53	2	4.04	2	4.11
New	2	2.89	---	--	---	--
Subtotal	2	3.43	2	4.04	2	4.11
Total, Sober Truth on Preventing Underage Drinking Act	**172**	**12.00**	**210**	**14.50**	**209**	**14.50**

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Enacted No.	FY 2022 Enacted Amount	FY 2023 President's Budget No.	FY 2023 President's Budget Amount	FY 2024 President's Budget No.	FY 2024 President's Budget Amount
Tribal Behavioral Health Grants						
Grants						
Continuations	140	15.82	108	11.90	118	18.49
New/Competing	14	1.97	37	9.28	10	2.60
Subtotal	154	17.79	145	21.18	128	21.09
Contracts						
Continuations	1	2.96	1	2.48	1	2.57
New/Competing	---	--	---	--	---	--
Subtotal	1	2.96	1	2.48	1	2.57
Total, Tribal Behavioral Health Grants	**155**	**20.75**	**146**	**23.67**	**129**	**23.67**
Subtotal, Capacity	**790**	**206.33**	**881**	**221.99**	**821**	**226.99**
	FY 2022 Final		**FY 2023 Enacted**		**FY 2024 President's Budget**	
Science and Service:	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Center for the Application of Prevention Technologies						
Grants						
Continuations	13	7.16	---	--	13	8.98
New/Competing	---	--	13	8.98	5	2.36
Subtotal	13	7.16	13	8.98	18	11.34
Contracts						
Continuations	---	0.33	---	0.47	---	0.65
New/Competing	---	0.00	---	0.05	---	--
Subtotal	---	0.33	---	0.51	---	0.65
Total, Center for the Application of Prevention Technol	**13**	**7.49**	**13**	**9.49**	**18**	**11.99**
SAP Minority Fellowship Program						
Grants						
Continuations	8	0.30	1	0.24	8	1.25
New/Competing	---	--	7	1.01	7	1.17
Supplements*	---	--	---	--	---	--
Subtotal	8	0.30	8	1.25	15	2.42
Contracts						
Continuations	---	0.01	---	0.07	---	0.15
New/Competing	---	0.00	---	0.01	---	0.12
Subtotal	---	0.02	---	0.07	---	0.26
Total, SAP Minority Fellowship Program	**8**	**0.32**	**8**	**1.32**	**15**	**2.68**
Science & Service Program Coordination						
Grants						
Continuations	1	0.33	---	--	---	--
New/Competing	---	--	---	--	---	--
Subtotal	1	0.33	---	--	---	--
Contracts						
Continuations	5	1.72	5	3.49	5	3.51
New	1	2.02	---	0.59	---	0.57
Subtotal	6	3.74	5	4.07	5	4.07
Total, Science & Service Program Coordination	**7**	**4.07**	**5**	**4.07**	**5**	**4.07**
Subtotal, Science and Service	**28**	**11.89**	**26**	**14.89**	**38**	**18.75**
Total, Substance Use Prevention	**818**	**$218.22**	**907**	**$236.88**	**859**	**$245.74**

Grant Awards Table

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Number of Awards	802	893	845
Average Award	$240,473	$233,821	$256,820
Range of Awards	$50,000 - $2,300,000	$50,000 - $2,300,000	$50,000 - $2,300,000

Substance Use Services

Table of Contents

Substance Use Services 205

Summary of the Request 206

Programs of Regional and National Significance (PRNS) 208

Opioid Treatment Programs/Regulatory Activities 209

Screening, Brief Intervention, and Referral to Treatment 213

Targeted Capacity Expansion-General 217

Pregnant and Postpartum Women 224

Improving Access to Overdose Treatment 229

Building Communities of Recovery (BCOR) 232

Recovery Community Services Program 236

Children and Families 240

Treatment Systems for Homeless 244

Criminal Justice Activities 248

Minority AIDS Initiative 255

Minority Fellowship Program 258

Addiction Technology Transfer Centers 260

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths 263

Peer Support Technical Assistant Center 266

Treatment, Recovery, and Workforce Support 269

Emergency Department Alternatives to Opioids 272

Comprehensive Opioid Recovery Centers 275

First Responder Training – Comprehensive Addiction and Recovery Act 279

Community Harm Reduction and Engagement Initiative *........ 283*

Youth Prevention and Recovery Initiative 286

PRNS Mechanism Table 288

Grant Awards Table 294

State Opioid Response Grants 295

Substance Use Prevention, Treatment, and Recovery Services Block Grant 304

Substance Use Services
Summary of the Request

(*Dollars in thousands*)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Programs of Regional and National Significance	$521,517	$574,219	$755,008	180,789
PHS Evaluation Funds (non-add)	*2,000*	*2,000*	*2,000*	---
State Opioid Response Grants	1,525,000	1,575,000	2,000,000	425,000
Set-Aside for Tribes (non-add)	*55,000*	*55,000*	*75,000*	*20,000*
Substance Use Presentation, Treatment, and Prevention Recovery Services Block Grant	1,908,079	2,008,079	2,708,079	700,000
Budget Authority (non-add)	*1,828,879*	*1,928,879*	*2,628,879*	*700,000*
PHS Evaluation Funds (non-add)	*79,200*	*79,200*	*79,200*	---
Total, Substance Use Services	**$3,954,596**	**$4,157,298**	**$5,463,087**	**$1,305,789**
FTE	**97**	**130**	**175**	**45**

The FY 2024 President's Budget request is $5.5 billion, an increase of $1.3 billion from The FY 2023 Enacted level. The Budget request includes $5.4 billion for Budget Authorities and $81.2 million for Public Health Services Evaluation fund.

SAMHSA's Center for Substance Use Services (CSUS) manages over 35 formula and discretionary grant programs with approximately 1,223 grantee entities throughout the nation. The Center's programs fund interventions across the continuum of substance use 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 evidence-based 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 focus areas as outlined in this Budget align with ONDCP's National Drug Control Strategy and the seven Biden-Harris Administration drug policy priorities through support for expansion of access to evidence-based harm reduction, prevention, treatment, specifically medication for opioid use disorder, recovery services, and the addiction workforce.

The Budget for CSUS focuses on continuing investments not only in individuals and families impacted by substance use across the lifespan but also across diverse communities that are at especially high risk for overdose. This includes pregnant and post-partum women and their children, individuals with substance use disorders who encounter the criminal justice system or experience housing instability, and individuals specifically seeking treatment and recovery support services for addiction to heroin, fentanyl, and other opioids. SAMHSA's substance use disorder budget request funds direct services, infrastructure development, system capacity building, and training and technical assistance efforts for service integration, quality improvement, and workforce development. Multiple touchpoints exist for people with substance use disorders and their families. 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 system capacity building and encompassing the majority of the Center's current FY 2024 Budget Request, include the State Opioid Response (SOR) and Tribal Opioid Response (TOR) grants, as well as the Substance Use Prevention, Treatment, and Recovery Services Block Grants (SUPTRS BG). The $4.7 billion in proposed funds between these two formula grants 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 are 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.

CSUS's programs prevent overdose; promote children and youth behavioral health; integrate primary and substance use disorder health care; and use 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; and 4) improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion.

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

(Dollars in thousands)

Programs of Regional and National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/- FY 2023
Capacity:				
Opioid Treatment Programs/Regulatory Activities……………………..	$8,724	$10,724	$13,086	$2,362
Screening, Brief Intervention and Referral to Treatment………………...	31,840	33,840	33,840	---
Budget Authority (non-add)…………………………………………	*29,840*	*31,840*	*31,840*	---
PHS Evaluation Funds (non-add)…………………………………….	*2,000*	*2,000*	*2,000*	---
Targeted Capacity Expansion-General	112,192	122,416	157,916	$35,500
Other Targeted Capacity Expansion	*11,192*	*11,416*	*11,416*	---
MAT for Prescription Drug and Opioid Addiction (non-add)	*101,000*	*111,000*	*136,500*	*$25,500*
MAT for Prescription Drug and Opioid Addiction Tribes(non-add)	*12,000*	*14,500*	*16,500*	*$2,000*
Low-Threshold Housing First Pilot Project (non-add, new)	---	---	*10,000*	*$10,000*
Pregnant and Postpartum Women	34,931	38,931	49,397	$10,466
Recovery Community Services Program	2,434	4,434	5,151	$717
Improving Access to Overdose Treatmen[t]	1,000	1,500	1,500	---
Building Communities of Recovery	13,000	16,000	28,000	$12,000
Children and Families	29,605	30,197	30,197	---
Treatment Systems for Homeless	36,386	37,114	37,114	---
Minority AIDS	65,570	66,881	66,881	---
Criminal Justice Activities	89,000	94,000	124,380	$30,380
Other Criminal Justice Activities (non-add)	*19,000*	*20,000*	*19,380*	*-$620*
Drug Court Activities(non-add)	*70,000*	*74,000*	*105,000*	*$31,000*
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths	14,000	16,000	28,000	$12,000
Peer Support TA Center	1,000	2,000	2,000	---
Treatment, Recovery, and Workforce Support	10,000	12,000	12,000	---
Emergency Department Alternatives to Opioids	6,000	8,000	9,000	$1,000
Comprehensive Opioid Recovery Centers	5,000	6,000	6,000	---
Community Harm Reduction and Engagement Initiative (new)	---	---	50,000	$50,000
First Responder Training (CARA)	46,000	56,000	77,500	$21,500
First Responder Training (non-add)	*20,000*	*25,000*	*46,500*	*$21,500*
Rural Set-Aside (non-add)	*26,000*	*31,000*	*31,000*	---
Youth Prevention and Recovery Initiative	---	2,000	2,000	---
Subtotal, Capacity	**506,682**	**558,037**	**733,962**	**$175,925**
Science and Service:				---
SAT Minority Fellowship Programs	5,789	7,136	12,000	$4,864
Addiction Technology Transfer Centers	9,046	9,046	9,046	---
Subtotal, Science and Service	**14,835**	**16,182**	**21,046**	$4,864
Total, PRNS	**$521,517**	**$574,219**	**$755,008**	**$180,789**

Opioid Treatment Programs/Regulatory Activities

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Opioid Treatment Programs/Regulatory Activities...	$8,724	$10,724	$13,086	$2,362

Authorizing Legislation ....Section 509 of the Public Health Service Act
FY 2024 Authorization ....$ 521,517,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities .... American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Medical Association, American Osteopathic Association, American Psychiatric Association, American Dental Association Domestic Medical Schools, Physician Assistant Schools, and Schools of Nursing

Program Description

SAMHSA seeks to close the gap between the number of people needing treatment for Opioid Use Disorder (OUD) and the capacity to treat them with Food and Drug Administration (FDA)-approved Medications for Opioid Use Disorder (MOUD) (buprenorphine, methadone, and naltrexone products). These medications are often used in combination with additional evidence-based treatment and recovery support services. SAMHSA expands access to MOUD through Opioid Treatment Programs (OTPs), provider support for those who provide MOUD with buprenorphine in office-based settings and education and training of healthcare students and practitioners for treatment of OUD, including MOUD, via universities and professional organizations. These activities apply to multiple other CSUS programs and form a cornerstone of efforts related to the HHS Overdose Prevention Strategy.

<u>MOUD in Opioid Treatment Programs</u>

SAMHSA is responsible for regulating and certifying the country's OTPs; providing direct support to OTPs, healthcare systems, states, and other federal agencies regarding certification, accreditation, and evidence-based MOUD treatment; and overseeing accreditation of these programs. SAMHSA approves all organizations that accredit OTPs (accreditation bodies), reviews the standards they apply in their accreditation of OTPs, and monitors them for quality assurance and improvement. SAMHSA meets regularly with the State Opioid Treatment Authorities (SOTAs). SOTAs provide oversight of OTPs in their respective state; provide state-level 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 promote evidence-based substance use disorder (SUD) treatment and related care. These responsibilities and interactions enable SAMHSA to address barriers to treatment and promote means of expanding access to services.

A key population of focus are individuals with OUD who are involved in the criminal justice system. To address access to MOUD for this high-risk population, CSUS has partnered with the federal Bureau of Prisons (BOP), states' Departments of Corrections (DOC), the Drug Enforcement Administration (DEA), and other stakeholders to establish OTP services throughout federal and state correctional systems. For example, by the end of FY 2022, all 97 BOP facilities

were certified to provide MOUD for its residents with OUD. The next step is to assist states in implementing MOUD in their DOC facilities.

CSUS' certification and accreditation oversight activities continue in FY 2023. This includes continuing to assist the BOP with service implementation, arranging training and providing technical support as the sites prepare for accreditation, and working with at least five additional states to improve the capacity of their criminal justice systems to provide MOUD and training resources to support this expansion. In addition, during FY 2023, CSUS is identifying and addressing gaps in access to MOUD across the country and improving consistency of state-based approaches and federal guidance.

MOUD Education and Training of Providers

The Consolidated Appropriations Act, 2023, PL 117-238 removed the former requirement that practitioners hold a waiver that certifies their qualification to prescribe buprenorphine in an office-based setting, as established in the Drug Addiction Treatment Act of 2000 (DATA 2000). It also expanded the requirement of SUD training for all providers qualified to prescribe any controlled medications designated by the DEA as Schedule II-V substances. Together, these expand the range of providers available to treat OUD and the numbers of practitioners requiring training and other practice support.

Healthcare providers play a pivotal role in educating their patients and colleagues about substance use and SUD; screening, diagnosing, and treating patients; and modeling positive attitudes to reduce the stigma attached to SUD. Early career physicians have identified lack of preparedness to treat SUD as a barrier to prescribing MOUD[101]; further research shows that lack of appropriate education fosters an unwillingness to prescribe MOUD[102]. Comprehensive and uniform training on SUDs and treatment and recovery modalities can overcome these deficits. SAMHSA promotes provider education through its grants and contracted programs, including the Provider's Clinical Support System-University (PCSS-U) and Provider's Clinical Support System-Medications for Opioid Use Disorder (PCSS-MOUD.) PCSS-U promotes SUD education in professional healthcare schools and aims to engage students in treating SUD upon graduation. PCSS-MOUD expands the number of licensed providers completing training requirements for prescribing MOUD and provides mentoring and other supports for practitioners treating OUD and other SUDs. There remains a significant need to increase the number of healthcare providers prepared to provide treatment for OUD and other SUDs. SAMHSA 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 SUD.

[101] 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.

[102] 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

Budget Request

The FY 2024 President's Budget request is $13.1 million, an increase of $2.4 million from the FY 2023 Enacted level. SAMHSA plans to award 16 new and 9 continuation PCSS-U grants, plus three continuation cooperative agreements, each for PCSS-MOUD, PCSS-MAUD, and PCSS-CM and two contracts.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$8,724,000
FY 2021	$8,724,000
FY 2022 Final	$8,724,000
FY 2023 Enacted	$10,724,000
FY 2024 President's Budget	$13,086,000

Program Accomplishments

MOUD in Opioid Treatment Programs

In 2022, SAMHSA certified 151 new opioid treatment programs, new brick and mortar medication units, as well as new mobile units to expand treatment across the nation. As of December 2022, there were 1,994 active opioid treatment programs (OTPs) with 80 having affiliated brick and mortar medication units, and 24 with mobile locations. Additionally, SAMHSA assisted the Federal Bureau of Prisons (BOP) with establishing 97 OTPs for its hub and spoke model for providing methadone for treatment of OUD throughout their system. During FY 2023, SAMHSA will assist states and local jails in implementing MOUD in their criminal justice settings.

MOUD in Other Health Care Settings

As of the end of FY 2022, the number of practitioners certified to provide MOUD exceeded 137,000. With the removal of the DATA-waiver certification process and the addition of training requirements for all providers prescribing controlled substances, during FY 2023, CSUS expects to expand the support it provides for these and additional practitioners. It will also expand its support activities to assure MOUD providers and other systems of care have access to CSUS-funded technical assistance and training resources.

MOUD Education and Training of Providers

The number of students trained to prescribe MOUD by PCSS-U program in 2022 was 3,168 and PCSS-MOUD program was 22,361.

In FY 2023, SAMHSA initiated funding of a new PCSS that focuses on identification and treatment of alcohol use disorder (AUD). The purpose of this program is to provide training, guidance, and mentoring on the use of Medications for Alcohol Use Disorders (MAUD). It is intended to enhance the capacity of healthcare and counseling professionals to identify and treat AUD. Award recipients will be expected to develop discipline-specific and multidisciplinary curricula for practitioners, provide training on use of MAUD, and provide ongoing mentoring, consultation, and technical assistance to foster knowledge, adoption, and treatment with MAUD.

SAMHSA is also supporting a PCSS to provide training, mentoring, and ongoing support for organizations seeking to implement Contingency Management (CM) to foster knowledge adoption and best practices.

In FY 2022, SAMHSA funded six new and 27 PCSS-U continuation grants and two contracts.

In FY 2023, SAMHSA anticipates funding three new PCSS-U grants, one new PCSS-MOUD, one new PCSS-MAUD, and one new PCSS-CM cooperative agreement, 18 PCSS-U continuation grants and two contracts.

Screening, Brief Intervention, and Referral to Treatment

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Screening, Brief Intervention and Referral to Treatment	$31,840	$33,840	$33,840	---
Budget Authority (non-add)	*29,840*	*31,840*	*$31,840*	---
PHS Evaluation Funds (non-add)	*2,000*	*2,000*	*$2,000*	---

Authorizing Legislation ....Section 509 of the Public Health Service Act
FY 2024 Authorization $521,517,00
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

In 2021, 46.3 million people aged 12 or older (or 16.5 percent) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder, 24.0 million who had a drug use disorder, and 7.3 million people who had both an alcohol use disorder and a drug use disorder. Among the 133.1 million current alcohol users aged 12 or older in 2021, 60.0 million people (or 45.1 percent) were past month binge drinkers. Among past month binge drinkers, 16.3 million people were past month heavy drinkers (SAMHSA, 2022).[103] The National Institute on Drug Abuse estimates that the misuse of illicit drugs, tobacco, and alcohol costs society $740 billion each year.[104] Unfortunately, of the individuals who need treatment for substance use disorder, only 6.8 percent received specialty treatment for their condition[105].

The Screening, Brief Intervention and Referral to Treatment (SBIRT) program, including state implementation grants intended to help primary care physicians, identifies individuals who misuse substances and intervenes with education, brief interventions, or referral to specialty treatment if necessary. 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 who receive treatment for their substance use disorder (SUD). Studies have long shown that this approach is effective in helping reduce harmful alcohol consumption.

The SBIRT program is designed to expand/enhance the continuum of care for SUD services and reduce alcohol and other drug (AOD) consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability and the integration of behavioral health and primary care services through policy changes that increase treatment access in generalist and specialist practice. These grants support clinically appropriate services for persons at risk for SUD, as well as those diagnosed with SUD. The SBIRT program requires state

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[103] https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html
[104] https://nida.nih.gov/research-topics/trends-statistics
[105] Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

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 and community settings.

Recipients may use funds to screen for substance use and co-occurring mental illness and substance use disorders. They can support evidence-based person-centered interventions, such as reinforcement of less risky alcohol use, motivational interviewing, brief interventions, 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 program, like the majority of CSUS' discretionary grant programs, gathers grantee data on six National Outcome Measures (NOMS). SAMHSA's NOMS are built into GPRA-based survey instruments for all SAMHSA discretionary grant programs. This data helps SAMHSA create a national picture of substance misuse to build evidence to support program outcomes associated with SAMHSA grants.

Budget Request

The FY 2024 President's Budget request is $33.8 million, level with the FY 2023 Enacted level. SAMHSA plans to award 11 new grants and 20 continuations with these funds with a target of serving 146,366 people.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$30,000,000
FY 2021	$30,000,000
FY 2022 Final	$31,840,000
FY 2023 Enacted	$33,840,000
FY 2024 President's Budget	$33,840,000

Program Accomplishments

In FY 2022, SAMHSA funded 2 new and 27 continuation SBIRT grants. During this year, across 27 grants, 141,685 clients were served in the SBIRT program. Based on 141,685 client intakes assessments, and 1,366 client six-month follow-up reassessments, the recipients of SBIRT services saw improvements in key National Outcome Measures, specifically reductions in substance use and substance use-related consequences which are the targets for SBIRT programs. These data are displayed below.

In FY 2023, SAMHSA anticipates funding seven new and 24 continuation SBIRT grants. This year, the program has set a target of serving 144,917 people.

Screening, Brief Intervention and Referral to Treatment (SBIRT)	At Intake	At 6-months	percent +/-change between intake and 6-months follow-up
	(n=141,685)	(n=1,366)	
No past 30-day use alcohol/illegal drugs	6.3%	42.4%	569.7%
No past 30-day arrest	95.4%	98.9%	3.7%
Past 30-day employment or school attendance	44.1%	50.4%	14.3%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	24.1%	53.0%	119.7%
Past 30-day socially connectedness	63.5%	68.3%	7.6%
Past 30-day permanent place to live in the community	42.2%	40.8%	(-)3.3%

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Outputs and Outcomes

Program: Screening, Brief Intervention and Referral to Treatment

1. Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.2.40 The number of clients served (Output)	FY 2022: 141,685 Target: 143,482 (Target Not Met)	144,917	146,366	+1,449
1.2.41 Percentage of clients receiving services who had no past month substance use (Outcome)	FY 2022: 53.0% Target: 45.7% (Target Not Met)	46.7 %	47.7 %	+1%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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.

Targeted Capacity Expansion-General

(Dollars in thousands)

	FY 2022	FY 2023	FY 2024	
	Final	Enacted	President's Budget	FY 2024 +/- FY 2023
Targeted Capacity Expansion-General	$112,192	$122,416	$157,916	$35,500
MAT for Prescription Drug and Opioid Addiction (non add)	*101,000*	*111,000*	*136,500*	*25,500*
Set-Aside for Indian Tribes, Tribal Organizations, or Consortia (non-add)	*12,000*	*14,500*	*16,500*	*2,000*
Low-Threshold Housing First Pilot Project	---	---	*10,000*	*10,000*
Other Targeted Capacity Expansion	*11,192*	*11,416*	*11,416*	---

Authorizing Legislation ....Section 509 of the Public Health Service Act
FY 2024 Authorization $0
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities……..States, local governments, communities, other public and non-profit private entities, Indian tribes and tribal organizations, health facilities

Program Description

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 addressing these needs, SAMHSA initiated the Targeted Capacity Expansion (TCE) program. Projects within this program provide rapid, strategic, comprehensive, and integrated community-based responses to gaps and capacity for substance use disorder treatment and recovery support services. Examples of the gaps addressed by these projects include: limited or no access to medications 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. This program supports the MAT-PDOA and TCE-Special Projects.

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

The MAT-PDOA program addresses unique local treatment needs of individuals who have an opioid use disorder (OUD) by expanding/enhancing local treatment system capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based 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 2021, 3.3 percent (or 9.2 million people) misused opioids in the past year.[106] CDC provisional data indicate there were 107,477 predicted drug overdose deaths

[106] Highlights for the 2021 National Survey on Drug Use and Health (samhsa.gov)

in the United States during the 12-month period ending in August 2022, an increase of 3.3 percent from the 104,038 predicted deaths during the same period the year before.[107] In addition, there were an estimated 77,842 drug overdose deaths involving opioids for the 12-month period ending in August 2022, an increase of .01 percent from the 77,060 opioid-involved drug overdose deaths reported during the same period the year before.[108] 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 public health-focused harm reduction, treatment, and recovery services.[109]

Targeted Capacity Expansion – Special Projects

The Targeted Capacity Expansion-Special Projects (TCE-SP) program develops and implements targeted strategies for the provision of substance use disorder (SUD) treatment services to underserved populations and address unmet need identified by the community. The purpose of the program is to implement targeted strategies for the provision of SUD or co-occurring disorder (COD) public health-focused harm reduction, treatment, and/or recovery support services to support under-resourced populations or community-identified unmet needs. Diversity, equity, access, and inclusion are integrated in the provision of services and activities throughout the project including for example, when conducting eligibility assessments, outreach, and engagement or developing policies.

TCE-SP also supports the Historically Black Colleges and Universities (HBCU) Center for Excellence (COE) in Behavioral Health. This five-year discretionary grant program established in 2017 is jointly administered by the Center for Mental Health Services (CMHS) and the Center for Substance Use Services (CSUS). The purpose of this program is to recruit college-level students for careers in the behavioral health field addressing mental and substance use disorders, provide training that can lead to careers in behavioral health, and/or prepare students to obtain advanced degrees in behavioral health. Grant recipient's activities should emphasize education, awareness, and preparation for careers in mental and substance use disorder treatment.

Budget Request

The FY 2024 President's Budget request is $157.9 million, an increase of $35.5 million from the FY 2023 Enacted level. Of this, the request for MAT-PDOA is $136.5 million, an increase of $25.5 million from Enacted level, and $10 million to expand TCE to add a new program: the TCE - Low-Threshold Housing First Pilot Project, which will address service needs and housing instability for people with SUDs and/or CODs.

With this proposed funding, SAMHSA will award one new and 26 continuation TCE-SP grants, along with 10 new Low-Threshold Housing First Pilot Project cooperative agreements. Collectively, these grants are projected to serve over 5,000 individuals annually, an increase of

[107] Centers for Disease Control and Prevention, National Center for Health Statistics. Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts. Available at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
[108] Ibid
[109] https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

about 2,000 individuals served from FY 2023. SAMHSA plans to fund 183 continuation and 29 new MAT-PDOA grants and expects to serve between 12,000 and 14,000 people with substance use disorders.

TCE - Low-Threshold Housing First Pilot Project ($10 million)

The TCE - Low-Threshold Housing First Pilot program will address service needs and housing instability for people with substance use disorders (SUDs) and/or co-occurring substance use and mental disorders (CODs), regardless of where they are on the continuum of readiness to change. This program will combine services that span the continuum of public health-focused harm reduction, treatment, and recovery supports with housing and intensive case management, delivered based on individualized needs assessments, at home and in the community. With an expectation and requirement for supporting people taking a medication for opioid use disorder, including upon reentry from incarceration, this program aligns with ONDCP's National Drug Control Strategy objective of engaging people through "low barrier to entry settings" engagement and supporting at-risk populations.

The primary client-level outcomes for this program are housing attainment; reduced overdoses; increased access to and participation in public health activities, treatment, recovery support services; and education and employment activities. In addition, grantees will enhance coordinated efforts across health, housing, education, labor, criminal justice, and transportation. Based on other grant programs, SAMHSA anticipates a 95 percent increase in the number of clients served that are employed or attending school between intake and 6-month follow up, a 380 percent increase in the number of clients served that report having stable housing between intake and 6-month follow up, and that awardees will screen 78 percent of clients for co-occurring mental health and substance use disorders, of which 81 percent will screen positive.

Funding Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$100,192,000
FY 2021	$100,192,000
FY 2022 Final	$112,192,000
FY 2023 Enacted	$122,416,000
FY 2024 President's Budget	$157,916,000

Program Accomplishments

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

In FY 2022, SAMHSA funded 35 new and 122 continuation MAT-PDOA grants. During this year, 10,784 clients were served in the MAT-PDOA program. Based on 10,784 client intakes

assessments, and 3,797 client six-month follow-up reassessments, the recipients of MAT-PDOA services saw improvements across all National Outcome Measures (NOM). In FY 2023, the program has a target of serving 12,586 people. The NOMS are reported:

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)	At Intake	At 6-months	percent change between intake and 6-months follow-up
	(n=10,784)	(n=3,797)	
No past 30-day use alcohol/illegal drugs	38.0%	58.6%	54.3%
No past 30-day arrest	94.1%	97.8%	4.0%
Past 30-day employment or school attendance	32.3%	47.9%	48.3%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	56.0%	75.0%	34.0%
Past 30-day socially connectedness	86.5%	90.0%	4.1%
Past 30-day permanent place to live in the community	42.7%	50.4%	18.1%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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 2023, SAMHSA anticipates funding 24 new and 154 continuation MAT-PDOA grants. This year, SAMHSA has set a target of 12,586 clients served.

Targeted Capacity Expansion – Special Projects

In FY 2022, SAMHSA funded 22 new and 4 continuation TCE-SP grants along with the braided HBCU COE continuation grant. In FY 2022, the program achieved positive client outcomes for NOMs, improved mental health outcomes, reduced drug use and reduced risky behavior outcomes. Strategies utilized by the program included the following: 1) screening and assessing clients for the presence of SUD and/or COD and using the information obtained to develop appropriate harm reduction, treatment and/or recovery approaches; 2) providing evidence-based and population-appropriate harm reduction, treatment, and/or recovery approaches to meet the unique needs of diverse populations; 3) providing recovery support services designed to improve access and retention in services; 4) developing and implementing strategies that are inclusive and used to recruit and engage diverse people in care, ensuring those with the greatest need are being served by the program; 5) collaborating with trained community partners that can serve diverse populations to provide comprehensive services.

Based on 1,960 client intakes assessments, and 961 client six-month follow-up reassessments, the recipients of TCE-SP services saw improvements across all NOMS. The NOMS are reported:

TCE-SP	At Intake	At 6-months	percent change between intake and 6-months follow-up
	(n=1,960)	(n=961)	
No past 30-day use alcohol/illegal drugs	45.7%	63.3%	38.4%
No past 30-day arrest	97.6%	98.7%	1.2%
Past 30-day employment or school attendance	43.0%	60.6%	40.9%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	69.1%	88.4%	28.0%
Past 30-day socially connectedness	72.7%	73.1%	0.6%
Past 30-day permanent place to live in the community	36.5%	42.0%	15.2%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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 2023, SAMHSA anticipates funding 3 new and 25 continuation TCE-SP grants along with the new braided HBCU COE grant. This year, SAMHSA has set a target of 2,844 client served.

Outcomes and Outputs

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

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.3.01 Number of admissions for Medication Assisted Treatment (Output)	FY 2022: 10,784 Target: 12,461 (Target Not Met)	12,586	13,844	+1,258
1.3.03 Illicit drug use at 6-month follow-up (Outcome)	FY 2022: 58.6 % Target: 61% (Target Not Met)	62 %	67 %	+5 percentage point(s)

Program: Treatment-Targeted Capacity Expansion: Special Projects

Measure	Year and Most Recent Result /1 Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target/2	FY 2024 Target +/-FY 2023 Target
1.2.25 Percentage of adults receiving services who had no past month substance use (Outcome)	FY 2022: 69.6 % Target: 62 % (Target Exceeded)	63 %	64 %	+1 percentage point(s)
1.2.26 Number of clients served (Output)	FY 2022: 2,856 Target: 2,815 (Target Exceeded)	2,844	5,000	+2,156
22 a1.2.27 Percentage of adults receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2022: 58.7 % Target: 59.1% (Target Not Met)	60.1 %	61.1 %	+1 percentage point(s)
1.2.28 Percentage of adults receiving services who had a permanent place to live in the community (Outcome)	FY 2022: 44.3 % Target: 53.3 % (Target Not Met)	54.3 %	55.3 %	+1 percentage point(s)
1.2.29 The percentage of adults receiving services who had no involvement with the criminal justice system (Outcome)	FY 2022: 98.5 % Target: 98.7 % (Target Not Met)	99.7 %	99.7 %	Maintain

1/Target includes both TCE-SP and RCSP data

Pregnant and Postpartum Women

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Pregnant and Postpartum Women	$34,931	$38,931	$49,397	$10,466

Authorizing Legislation................................Section 508 of the Public Health Service Act
FY 2024 Authorization $29,931,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.. Domestic Public and Private Non-Profit Entities

Program Description

The Pregnant and Postpartum Women (PPW) program uses 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 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 support these ambulatory services. The PPW program provides services not covered under most public and private insurance and includes the Pregnant and Postpartum Women – Residential Treatment (PPW-R) program and Pregnant and Postpartum Women – Pilot (PPW-PLT) programs.

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

The PPW-R program provides services for pregnant and postpartum women for treatment of substance use disorders through programs in which: 1) the women reside in funded facilities; 2) the minor children of the women reside with the women in such facilities, at the request of the women; 3) the family members as designated by the women receive services; and 4) facilities providing these services are in locations accessible to low-income women. The PPW-R family-centered approach includes a variety of services and case management for women, children, and families. Interventions include outreach, substance use disorder assessment, public health harm reduction services, tobacco cessation therapies, FDA-approved medication for OUD, and recovery support services. Services available to children through the PPW-R program include screening and developmental diagnostic assessments addressing social, emotional, cognitive, and physical well-being; and interventions related to mental, emotional, and behavioral wellness. The PPW-R program also includes assessment for Fetal Alcohol Syndrome Disorders.

Pregnant and Postpartum Women – Pilot (PPW-PLT)

PPW-PLT program enhances the flexibility in the use of funds to support family-based services for pregnant and postpartum women with primary substance use disorders, emphasizing the

treatment of opioid use disorders; helping state substance use agencies address the continuum of care, including services provided to pregnant and postpartum women in nonresidential-based settings; and promoting a coordinated, effective and efficient state system managed by state substance use agencies by encouraging new approaches and models of service delivery.

Budget Request

The FY 2024 President's Budget request is $49.4 million, an increase of $10.5 million from the FY 2023 Enacted level. SAMHSA plans to award seven new and six continuation PPW-pilot grants, as well as 17 new and 50 continuation residential treatment grants to provide an array of services and supports to pregnant women and their families.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$31,931,000
FY 2021	$32,766,850
FY 2022 Final	$34,931,000
FY 2023 Enacted	$38,931,000
FY 2024 President's Budget	$49,397,000

Program Accomplishments

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

The PPW-R has demonstrated benefits in the following areas: increasing access to medications for substance use disorders, mental disorders, and primary health conditions; integrates 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 extending 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 2022, SAMHSA funded 23 new and 24 continuation PPW residential treatment grants. In FY 2022, the program served 1,288 women. Of the women served:

- 34.6 percent used methamphetamine
- 31.7 percent used marijuana
- 20.8 percent use any alcohol
- 18.8 percent used heroin
- 15.4 percent used cocaine

Program accomplishments were achieved despite challenges PPW grantees have experienced

coming out of the COVID-19 pandemic and workforce shortages. To overcome some of these challenges, SAMHSA has held quarterly learning communities during which external experts and grantees share successful strategies and best practices for mutual problem solving Based on 1,288 client intakes assessments, and 451 client six-month follow-up reassessments, the recipients of PPW-R services saw improvements across all National Outcome Measures (NOMS) data are displayed below.

Pregnant and Postpartum Women - Residential	At Intake (n = 1,288)	At 6-months (n = 451)	percent change between intake and 6-months follow-up
No past 30-day use alcohol/illegal drugs	28.6%	85%	197.7%
No past 30-day arrest	89.0%	98.4%	10.6%
Past 30-day employment or school attendance	8.4%	40.4%	378.9%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	37.1%	83.9%	125.9%
Past 30-day socially connectedness	87.9%	96.7%	9.9%
Past 30-day permanent place to live in the community	20.7%	31.8%	53.8%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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 2023, SAMHSA anticipates funding 23 new and 30 continuation PPW residential treatment grants to provide an array of services and supports to pregnant women and their families. This year, the PPW Residential program has a target of serving 12,586 people, of which, 1,929 are women.

Pregnant and Postpartum Women – Pilot (PPW-PLT)

In FY 2022, SAMHSA funded nine PPW-PLT continuation grants. During this year, the PPW - Pilot program severed 935 women. Of the women served:

- 37.9 percent used marijuana
- 10.1 percent used methamphetamine
- 9.2 percent use any alcohol
- 4.1 percent used heroin
- 3.3 percent used cocaine

Based on 935 client intakes assessments, and 188 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Pregnant and Postpartum Women - Pilot	At Intake	At 6-months	+/_percent change between intake and 6-months follow-up
	(n = 935)	(n = 188)	
No past 30-day use alcohol/illegal drugs	53.6%	72.6%	35.4%
No past 30-day arrest	95.8%	96.4%	0.6%
Past 30-day employment or school attendance	47.5%	61.3%	29.1%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	88.3%	89.6%	1.5%
Past 30-day socially connectedness	85.4%	84.8%	(-) 0.8%
Past 30-day permanent place to live in the community	55.6%	56.7%	2.0%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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.

SAMHSA's CSUS Children and Families Team hosted quarterly learning communities where staff, grantees and guest Subject Matter Experts shared learning from successful and unsuccessful project implementation and data collection experiences to deepen the collective knowledge and share best practices to overcome barriers.

In FY 2023, SAMHSA anticipates funding six new PPW-PLT grants and four PPW-PLT continuation grants.

Outputs and Outcomes

Program: Pregnant and Postpartum Women Program

Measure	Year and Most Recent Result /1 Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target/2	FY 2024 Target +/-FY 2023 Target
1.2.84 Number of admissions of women who are currently pregnant or have a child to substance abuse treatment programs (Output)	FY 2022: 1,288 Target: 1,312 (Target Not Met)	1,929.0	2,122	+193
1.2.85 Percentage of PPW clients reporting no drug use in the past month at six month follow-up (Outcome)	FY 2022: 85.0% Target: 86.8% (Target Not Met)	87.0	92.0	+5
1.2.86 Percentage of PPW-PLT clients who reported substance misuse at intake, percent who report reduction in substance misuse at six month follow-up (Outcome)	FY 2022: 72.6% Target: 78.9% (Target Not Met)	79.6	84.6	+5
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 2022: 56.4% Target: 50.0% Target Exceeded	51.0	56.0	+5
1.2.88 Number of PPW-PLT women who are currently pregnant or have a child who receive SUD and related treatment services (Outcome) (Outcome)	FY 2022: 935 Target: 394	576.0	634.0	+ 58

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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.

Improving Access to Overdose Treatment

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 President's Budget/1	FY 2024 President's Budget	FY 2024 +/- FY 2023
Improving Access to Overdose Treatment	$1,000	$1,500	$1,500	---

Authorizing Legislation……………………………Section 544 of the Public Health Service Act
FY 2024 Authorization $5,000,000
Allocation Method…………………………………………………………..Grants/Contracts
Eligible Entities...... Federally qualified health center (as defined in section 1861(aa) of the Social Security Act), an opioid treatment program under part 8 of title 42, Code of Federal Regulations, any practitioner dispensing narcotic drugs pursuant to section 303(h) of the Controlled Substances Act, or any other entity that the Secretary deems appropriate

Program Description

The Improving Access to Overdose Treatment (ODTA) program supports awards to Federally Qualified Health Centers (FQHCs), Opioid Treatment Programs, and practitioners who prescribe buprenorphine to expand access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose. Grant recipients serve individuals at high risk for opioid overdose by partnering with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. The ODTA 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 and can serve as an important engagement point to treatment for people with substance use disorders.

CDC provisional data indicate there were 107,477 predicted drug overdose deaths in the United States during the 12-month period ending in August 2022, an increase of 3.3 percent from the 104,038 predicted deaths during the same period the year before.[110] In addition, there were an estimated 76,683 drug overdose deaths involving opioids for the 12-month period ending in August 2022, a decrease of 0.49 percent from the 77,060 opioid-involved drug overdose deaths reported during the same period the year before.[111]

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[110] Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. Accessed January 25, 2023. Available at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[111] Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. Accessed January 25, 2023. Available at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Budget Request

The FY 2024 President's Budget request is $1.5 million, level with the FY 2023 Enacted level. SAMHSA will support seven continuation grants to continue increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, harm reduction, treatment, and recovery activities for opioid use disorder.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$1,000,000
FY 2021	$1,000,000
FY 2022 Final	$1,000,000
FY 2023 Enacted	$1,500,000
FY 2024 President's Budget	$1,500,000

Program Accomplishments

In FY 2022, SAMHSA funded five ODTA continuation 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. Grantees reported 1,864 physicians, pharmacists, and other healthcare professionals were trained in FY 2022 on prescribing FDA- approved opioid-overdose reversal drugs or devices for emergency treatment of known or suspected opioid overdose. Although this did not meet the target set at 2,141, this was a marked improvement over the 595 individuals trained in FY 2021.

In FY 2023, SAMHSA anticipates funding seven 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. This year, the ODTA program will focus its efforts on Trainer of Trainer Models (ToT) that will expand its scope to secondary and higher educational settings to reach future prescribers and train them in best practices on prescribing opioids. This approach will focus on demographic populations in rural and urban areas with the highest incidence of opioid overdose rates and substance use disorders to address the increasing overdose deaths in the U.S. The training curriculums will focus on reducing stigma using a culturally informed approach and scale up ToT models in person, virtually or hybrid settings to reach health care providers and pharmacists who will also train future providers in their regions. This program is moving from a grant to a cooperative agreement to enhance technical assistance opportunities and to develop resources for states and communities. The proposed number of grants to be funded is seven awards at $200,000 per year for up to five years. Eligibility is limited to FQHCs (as defined in section 1861(aa) of the Social Security Act), opioid treatment programs as defined under part 8 of title 42, Code of Federal Regulations, and practitioners dispensing narcotic drugs pursuant to section 303(g) of the Controlled Substances Act (including secondary and higher education settings).

Outputs and Outcomes

Program: Improving Access to Overdose Treatment (ODTA)

Measure	2022 Result Target for 2022 Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 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 2022: 1,864 Target: 2,141.0 (Target Not Met, but Improved)	2,141.0	2,141.0	Maintain

Building Communities of Recovery (BCOR)

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Building Communities of Recovery	$13,000	$16,000	$28,000	$12,000

Authorizing Legislation ....Section 547 of the Public Health Service Act
FY 2024 Authorization $5,000,0000
Allocation Method .... Grants/Contracts
Eligible Entities……………………Recovery Community Organizations (RCOs) that are domestic private nonprofit communities in states, territories, or tribes that are led and governed by representatives of local communities of recovery. Only organizations wholly or principally governed by people in recovery for substance use disorders who reflect the community served are eligible.

Program Description

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 launched the Building Communities of Recovery (BCOR) grant program. This program mobilizes resources within, and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance use disorder. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of and education about recovery. They are administered and implemented by individuals with lived experience who are in recovery from SUD and COD and reflect the needs and population of the community being served.

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Budget Request

The FY 2024 President's Budget Request is $28 million, an increase of $12 million from the FY 2023 Enacted level. SAMHSA plans to support 58 new grants and 32 continuation grants for the BCOR program serving 3,566 clients. The funding increase will further enhance coverage and integration of recovery support services in order to promote access to and use of these services. The BCOR program relies heavily on the peer support of others in recovery. Investing in peer recovery services bolsters a strong community of shared life experiences and a wealth of practical knowledge among program participants. With increased investment, SAMHSA is responding directly to concerns from the recovery community that more funding is needed to provide the full range of recovery services. This proposed increase also supports ONDCP's priority of increasing the number of peer-led recovery community organizations and certified recovery residences by 25 percent in 2025.[112]

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[112] https://www.whitehouse.gov/wp-content/uploads/2022/04/2022Performance-Reporting-System.pdf

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$12,000,000
FY 2021	$12,000,000
FY 2022 Final	$13,000,000
FY 2023 Enacted	$16,000,000
FY 2024 President's Budget	$28,000,000

Program Accomplishments

In FY 2022, SAMHSA funded 13 new and 44 continuation BCOR grants. During this year, several grantees identified goals of public education and outreach. One grantee in Colorado Springs produced and disseminated awareness videos as part of a campaign to reduce the stigma surrounding addiction and encourage hope for recovery. Another grantee in Tennessee hosted a successful Town Hall meeting with 70 individuals including school personnel, church or faith community members, civic leaders and state and local government officials, and law enforcement, courts, and detention facility staff. From the post-event feedback form, more than 70 percent of respondents 'strongly agreed' that the event offered insights into how to support individuals through the recovery process and 43 percent 'strongly agreed' that the event increased their knowledge and understanding of the recovery process.

In FY 2022, one grantee in Massachusetts established and expanded a 24/7 Recovery Support Hotline that now has 15 Recovery Coaches, two of whom are bilingual in English and Spanish. In the second half of FY 2022 the Hotline received 307 unduplicated calls and texts with callers requesting assistance from a Recovery Coach, and treatment referrals, including 288 unduplicated calls.

In FY 2022, 4,254 clients were served through SAMHSA's BCOR Program. Based on 4,254 client intakes assessments, and 1,987 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Comprehensive Addiction and Recovery Act: Building Community	**At Intake**	**At 6-months**	Percent +/- change between intake and 6-months follow-up
	(n=4,254)	**(n=1,987)**	
No past 30-day use alcohol/illegal drugs	60.2%	76.3%	26.7%
No past 30-day arrest	94.6%	98.3%	3.9%
Past 30-day employment or school attendance	40.8%	63.8.8%	56.4%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	64.6%	78.2%	21.1%

Past 30-day socially connectedness	83.3%	88.9%	6.7%
Past 30-day permanent place to live in the community	34.9%	44.6%	27.8%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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 2023, SAMHSA anticipates funding 18 new and 43 continuation BCOR grants to develop, expand, and enhance recovery support services. This year, the program has a target to serve 2,972 clients.

BCOR grantees conduct ongoing outreach to build relationships and expand their referral and engagement network for clients. Grantees prioritized many sectors and populations including: mental health, LGBTQI+, veterans, justice involved, Blacks/African Americans, Indigent, Hispanic and Spanish-speaking.

Other BCOR grant recipients have prioritized expanding Recovery Oriented Systems of Care (ROSC), including adding Tribal members, LGBTQI+ community centers, non-profits fighting human trafficking, and peer recovery support programs.

As a requirement of the BCOR grant, grantees prioritize lived experience first and foremost, allowing coaches to draw upon their insights, challenges and lessons learned when working with members. One grantee developed their own internal assessments used to determine the depth of lived experience, which helps the organization understand how well prospective coaches will relate to members in coaching sessions.

Additionally, grantees have also helped families by providing family coaching and various efforts including but not limited to food and clothing assistance as well as job placement. They hold Family Recovery meetings/groups to give the families their own time and their own meeting to discuss their obstacles. Aside from family events, they also provide weekly events, daily education, and nightly meetings at Resource Centers. Furthermore, they have spent a lot of time and resources doing community outreach to educate the community. BCOR grantees have long-term good standing relationships within the community and disseminate resources not only to individuals struggling with SUD but to their support systems as well.

Outputs and Outcomes

Program: Building Communities for Recovery

Measure	Year and Most Recent Result /1 Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target/2	FY 2024 Target +/-FY 2023 Target
1.2.80 Number of clients receiving recovery services (Output)	FY 2022: 4,254 Target: 2,942 (Target Exceeded	2,972.0	4,254	+594
1.2.81 Percent of clients who report not having stable housing at baseline who report having stable housing at six-month follow-up (Outcome)	FY 2022: 44.6% Target: 35.4% (Target Exceeded)	36.4%	41.4%	+5
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 2022: 63.8% Target: 65.6% (Target Not Met)	66.6%	71.6%	+5

Recovery Community Services Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Recovery Community Services Program...	$2,434	$4,434	$5,151	$717

Authorizing Legislation ....Section 509 of the Public Health Service Act
FY 2024 Authorization $521,517,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.. Family/Consumer Controlled Organizations, Domestic Public and Private Non-Profit Organizations in States, Territories, and Tribes, Recovery Community Organizations of Domestic Private Non-Profit Entities in States, Territories, and Tribal Organizations

Program Description

In 2021, 46.3 million people aged 12 or older (or 16.5 percent) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder, 24.0 million who had a drug use disorder, and 7.3 million people who had both an alcohol use disorder and a drug use disorder.[113] 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.

The Recovery Community Services Program (RCSP) is designed to assist recovery communities with strengthening their infrastructure and provide direct peer recovery support services to those in or seeking recovery from substance use disorders or co-occurring substance use and mental 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).

RCSP – Statewide Network (RCSP-SN) program

The RCSP – Statewide Network (RCSP-SN) program was established to further strengthen Recovery Community Organizations (RCOs), similar organizations, and their statewide network of recovery stakeholders as key partners in the delivery of state and local recovery support services (RSS). Other key partners include the specialty and general health care systems, state and local public health departments, payers, and other systems that collaborate with RCOs and the statewide recovery network to foster systems improvement, public health messaging, and training conducted with, and for, key recovery stakeholder organizations. By partnering with traditional SUD

[113] https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases

providers and other purchasers of RSS, RCSP-SN grantees strengthen and embed critical RSS service elements as part of the Recovery Oriented Systems of Care (ROSC) landscape.

Budget Request

The FY 2024 President's Budget Request is $5.2 million, an increase of $0.7 million from the FY 2023 Enacted level. SAMHSA plans to award two new and 12 continuation RCSP grants serving 915 clients, as well as two continuation RCSP-SN grants.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$2,434,000
FY 2021	$2,512,107
FY 2022 Final	$2,434,000
FY 2023 Enacted	$4,434,000
FY 2024 President's Budget	$5,151,000

Program Accomplishments

In FY 2022, SAMHSA funded eight RCSP continuation grants. This year, the clients served target was 806 individuals. SAMHSA exceeded this target, reaching a total of 896 individuals.

During FY 2022, 896 clients were served in the RCSP. Based on 896 client intakes assessments, and 562 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Recovery Community Services Program (RCSP) - Services	**At Intake**	**At 6-months**	percent change between intake and 6-months follow-up
	(n=896)	**(n=562)**	
No past 30-day use alcohol/illegal drugs	68.3%	80.4%	17.6%
No past 30-day arrest	96.4%	98.2%	1.9%
Past 30-day employment or school attendance	33.3%	55.4%	66.3%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	81.1%	87.4%	7.8%
Past 30-day socially connectedness	89.8%	93.6%	4.2%
Past 30-day permanent place to live in the community	32.2%	48.1%	49.4%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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 2022, grant recipients expanded trainings to include mental health first aid, de-escalation, trauma informed care, and increasing awareness of community resources through direct contact and exchange of information. In addition, grantees, recognizing the role of social support in enhancing the recovery experience, connected clients to ancillary services such as recreational activities, financial literacy, wellness and yoga sessions, intensive outpatient groups for alcohol and opioid use disorders to address community need. One grantee was successful in expanding their network and partnering with additional human services agencies and workforce development agencies resulting in 243 participants enrolled in their services.

One RCSP grantee established a recovery café serving women and families and included. transportation for people to get to and from this recovery community. The program trained nine peer recovery coaches, completed 22 naloxone trainings and established 35 community partnerships. Through intentional targeted outreach and recruitment, another grant recipient was able to broaden the demographics within their coaching pool, adding more women, a transgender individual, and people who identify as Black, Indigenous, People of Color (BIPOC). By April 2022, the pool of active coaches had grown to 27.

One grantee established an ongoing partnership with their Fire Department (FD) to integrate Recovery Centers into FD Safe Stations expanding outreach and engagement in response to crises/high risk episodes. Since January 2022, the FD Safe Stations Project has responded to 13 requests from local fire stations within the city. Their trained recovery coaches respond within one hour and 90 percent of people they encounter leave with overdose prevention, and other educational materials. The program also extends to working with FD first responders to offer support and promote engagement for individuals encountered when emergency medical technicians are dispatched to respond to potential overdoses or other substance use-related crises.

Grantees report ongoing challenges with recruiting participants from Treatment Centers, Emergency rooms, senior centers, veteran facilities, and healthcare clinics as community partners are still reluctant to allow outside providers in their facilities to minimize the spread of illness, including COVID 19, within their facilities. Despite those barriers, grantees continue to increase their network of partners and successfully enroll individuals into their recovery support services.

In FY 2023, SAMHSA anticipates funding four new and eight continuation RCSP grants and two new RCSP-SN grants. SAMHSA started supporting the RCSP-SN program again in FY 2023.

Children and Families

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Children and Families	$29,605	$30,197	$30,197	---

Authorizing Legislation ....Section 514 of the Public Health Service Act
FY 2024 Authorization $29,605,000
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

SAMHSA's Children and Families programs support youth-friendly treatment initiatives to further the use of, and access to, evidence-based family-focused models for youth with alcohol and/or other substance use disorders. In addition, programs support 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, recovery supports, public health-focused harm reduction interventions, and medication for opioid use appropriate for adolescents and young adults. This program supports the Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (YFTREE) grant and National Center on Substance Abuse and Child Welfare (NCSACW) contract.

Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (YFTREE)

The YFTREE program enhances and expands comprehensive outpatient-based treatment, early intervention, and recovery support services for adolescents (ages 12-18) and transitional aged youth (ages 16-25) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD), and their families/primary caregivers. The services include screening, assessment, treatment, and wraparound services in ambulatory settings.

National Center on Substance Abuse and Child Welfare (NCSACW)

SAMHSA and the Administration for Children and Families (ACF) collaborate to support the NCSACW contract. NCSACW provides training and technical assistance to improve collaborative practices among agencies and organizations that serve families affected by substance use disorders and have involvement with child welfare services.

Budget Request

The FY 2024 President's Budget Request is $30.2 million, level with the FY 2023 Enacted level.

SAMHSA plans to award one new and 52 continuation YFTREE grants, estimated to serve 1,740 people.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$29,605,000
FY 2021	$29,605,000
FY 2022 Final	$29,605,000
FY 2023 Enacted	$30,197,000
FY 2024 President's Budget	$30,197,000

Program Accomplishments

In FY 2022, SAMHSA funded 51 Youth and Family Tree (YFTREE) continuation grants.

During FY 2022, 2,924 clients were served through the YFTREE Program. Based on 2,924 client intakes assessments, and 1,338 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Youth and Family TREE (YFTREE)	**At Intake** (n=2,924)	**At 6-months** (n=1,338)	percent change between intake and 6-months follow-up
No past 30-day use alcohol/illegal drugs	44.3%	66.3%	49.5%
No past 30-day arrest	96.0%	98.0%	2.0%
Past 30-day employment or school attendance	83.5%	85.5%	2.4%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	81.9%	87.6%	7.0%
Past 30-day socially connectedness	63.0%	68.7%	9.0%
Past 30-day permanent place to live in the community	66.9%	69.4%	3.8%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, , 2023, 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 2023, SAMHSA anticipates funding 34 new and 18 continuation Youth and Family Tree (YFTREE) grants. This year, the Children and Families program has a target to serve 1,723 people.

Consistent with local and national behavioral health workforce trends, YFTREE programs

experienced staff hiring and retention challenges. Barriers to engaging adolescents and young adults over an extended period is a transition that comes with this population and affects program performance. Retaining parents/families is a recurring challenge. The prevalence and state legalization of cannabis use pose challenges among the YFTREE population.

The SAMHSA Children and Families Team emphasized prioritization of outreach efforts, continuous and frequent outreach activities coupled with the implementation of the evidence-based practice contingency management and public health-focused harm reduction intervention to counter barriers to engagement and retention of adolescents, youth adults, and families in treatment.

Outputs and Outcomes

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 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.00.2 Percentage of adults receiving services who had no past substance use (Outcome)	FY 2022: 66.3 Target: 62.0 (Target Exceeded)	63.0	64.0	+1
2.00.3 Number of clients served (Output)	FY 2022: 2,924 Target: 1,706.0 (Target Exceeded)	1,723.0	2,924	+1,201
2.00.4 Percentage of adults receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2022: 85.5 Target: 79.0 (Target Exceeded)	80.0	81.0	+1
2.00.5 Percentage of adults receiving services who had a permanent place to live in the community (Outcome)	FY 2022: 85.5 Target: 64.0 (Target Exceeded)	65.0	66.0	+1
2.00.6 Percentage of adults receiving services who had no involvement with the criminal justice system (Outcome)	FY 2022: 98.0 Target: 99.0 (Target Exceeded)	100.0	100.0	Maintain

Treatment Systems for Homeless

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Treatment Systems for Homeless	$36,386	$37,114	$37,114	---

Authorizing Legislation ....Section 506 of the Public Health Service Act
FY 2024 Authorization $41,304,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entities...Domestic Public and Community Organizations, Private Nonprofit Entities, and Community-based Public or Nonprofit Entities

Program Description

On a single night in January 2022, 582,462 people were experiencing homelessness in the United States. Of these, 138,361 were experiencing chronic homelessness, 122,888 had severe mental illness, 95,001 were affected by chronic substance use, and 33,129 were veterans.[114] Many factors contribute to the problem of homelessness, including lack of affordable housing, foreclosures, rising housing costs, job loss, underemployment, mental illness, and alcohol and other drug misuse and use disorders. 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, that includes programs from across the agency, supports services for those with substance use disorders, mental illness, 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.

The Grants for the Benefit of Homeless Individuals (GBHI) program managed in CSUS 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.

Budget Request

The FY 2024 President's Budget Request is $37.1 million, level with the FY 2023 Enacted level. SAMHSA intends to fund 15 new and 62 continuation GBHI grants with a target to serve 4,237people.

[114] U.S. Department of Housing and Urban Development (HUD) 2022 Continuum of Care (CoC) Homeless Assistance Programs Homeless Populations and Subpopulations Report – Retrieve from https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$36,386,000
FY 2021	$36,386,000
FY 2022 Final	$36,386,000
FY 2023 Enacted	$37,114,000
FY 2024 President's Budget	$37,114,000

Program Accomplishments

In FY 2022, SAMHSA funded 18 new grants and 69 continuation GBHI grants. During this year, the program achieved positive client outcomes for National Outcome Measures (NOMs), improved mental health outcomes, and reduced drug use outcomes. Strategies utilized by the program included the following: (1) Engaging and connecting the population of focus to behavioral health treatment, public health-focused harm reduction services, case management, and recovery support services; (2) Assisting with identifying sustainable permanent housing by collaborating with homeless services organizations and housing providers, including public housing agencies; and (3) Providing case management that includes care coordination/service delivery planning and other strategies that support stability across services and housing transitions. Challenges, though, continue as potential clients live in congregate settings (e.g., shelters) that periodically may be closed to external organizations. For enrolled clients, the program utilizes a combination of in-person and virtual service provision to maintain contact with clients and provide services.

In FY 2022, the program served 4,237 clients during the year. Based on 4,237 client intake assessments and 2,131 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	Percent +/-change between intake and 6-months follow-up
	(n=4,237)	(n=2,131)	
No past 30-day use alcohol/illegal drugs	44.0%	58.1%	32.1%
No past 30-day arrest	95.4%	97.9	2.5%
Past 30-day employment or school attendance	26.2%	42.8%	62.9%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	63.1%	75.6%	19.7%
Past 30-day socially connectedness	70.6%	77.6%	10.0%
Past 30-day permanent place to live in the community	9.1%	29.4%	224.1%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from

http://spars.samhsa.gov Based on 4,237 client intakes assessments, and 2,131 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2023, SAMHSA anticipates funding 31 new grants and 51 continuation GBHI grants. The program anticipates serving 4,237 clients during this year.

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Outputs and Outcomes

Program: Treatment System for Homelessness (GBHI)

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
3.4.23 The number of clients served (Output)	FY 2022: 4,237 Target: 4,003 (Target Exceeded)	4,043	4,237	+194
3.4.24 Percentage of homeless clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY2022: 42.8% Target: 35.9% (Target Exceeded)	36.9 %	37.9 %	+1 percentage point(s)
3.4.25 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY2022: 29.4% Target: 30.9% (Target Not Met)	41.9 %	42.9 %	+1 percentage point(s)

Criminal Justice Activities

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Criminal Justice Activities	$89,000	$94,000	$124,380	$30,380
Other Criminal Justice Activities (non-add)	*19,000*	*20,000*	*19,380*	*-620*
Drug Court Activities (non-add)	*70,000*	*74,000*	*105,000*	*31,000*

Authorizing Legislation .... Section 509 of the Public Health Service
FY 2024 Authorization $521,517,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities........ States; local, Tribal, and territorial governments; Tribal organizations; non-profit community-based organizations; and primary and behavioral health organizations

Program Description

SAMHSA's Criminal Justice Activities portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with alcohol and other drug use disorders and/or co-occurring alcohol and other drug use disorders and mental illness. This program supports the Adult Treatment Drug Court (ATDC), Family Treatment Drug Court (FTDC), and the Adult Reentry (AR) programs.

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.[115] Most probation or parole referrals to treatment are men between the ages of 18 and 44. The most commonly used substances reported by these individuals are alcohol, marijuana, and methamphetamine.[116]

Drug Courts

Estimates of substance use disorders among prison and jail populations range from 53 to 68 percent, in stark contrast to approximately 14.5 of those 12 years and older in the general public[117]. Similar trends exist among those with co-occurring mental and substance use disorders – 33 to 60

[115] 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.
[116] SAMHSA. (2022). *Criminal and Juvenile Justice*. Retrieved from http://www.samhsa.gov/criminal-juvenile-justice
[117] https://store.samhsa.gov/product/Guidelines-for-Successful-Transition-of-People-with-Mental-or-Substance-Use-Disorders-from-Jail-and-Prison-Implementation-Guide/SMA16-4998

percent of those in prison and jail have co-occurring disorders compared to 14 to 25 percent of those not incarcerated. [118] Individuals with an opioid use disorder are at significantly increased risk for recurrence, overdose, and death upon leaving incarceration compared with their community-dwelling peers and the general population.[119]

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.

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 disease management skills development, and HIV and viral hepatitis B and C testing and/or referral, conducted in accordance with state and local requirements.

The Family Treatment Drug Court (FTDC) program expands 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.

SAMHSA's grant programs are encouraged to use part of their annual award to support the provision of 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. 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.

Adult Reentry Program

Over 10,000 ex-prisoners are released from America's state and federal prisons every week and arrive on the doorsteps of our nation's communities. More than 650,000 ex-offenders are released from prison every year, and studies show that approximately two-thirds will likely be rearrested within three years of release.[120] The high volume of returnees is a reflection on the tremendous growth in the U.S. prison population during the past 30 years. For the communities to which most

[118] https://store.samhsa.gov/product/Guidelines-for-Successful-Transition-of-People-with-Mental-or-Substance-Use-Disorders-from-Jail-and-Prison-Implementation-Guide/SMA16-4998

[119] 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

[120] Prisons and Prisoners Re-Entry (n.d.). Retrieved September 6, 2022, from USDOJ: E Interact website: USDOJ: FBCI: Prisoners and Prisoner Re-Entry (justice.gov)

former prisoners return (communities which are often impoverished and disenfranchised neighborhoods with few social supports and persistently high crime rates), the release of ex-offenders represents a variety of challenges. 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.[121] For many, 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.[122]

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.[123] The Adult Reentry Program (AR) 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 disease management skills development, and HIV and viral hepatitis B and C testing and/or referral, conducted in accordance with state and local requirements. SAMHSA's AR grants are encouraged to use part of their annual award to provide MOUD treatment with FDA-approved medications. Performance data show that these grant programs are effective in improving the lives of Adult Reentry Program (AR) court participants.

Budget Request

The FY 2024 President's Budget Request is $124.4 million, an increase of $30.4 million from the FY 2023 Enacted level. SAMHSA plans to support 144 new and 105 drug court continuation grants, 43 continuation AR 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. Collectively, these programs are expected to serve over 9,900 people, with the drug court program serving 7,787 people and the Adult Reentry Program serving 2,151 people.

[121] 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.
[122] 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.
[123] 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.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$65,570,000
FY 2021	$65,570,000
FY 2022 Final	$89,000,000
FY 2023 Enacted	$94,000,000
FY 2024 President's Budget	$124,380,000

Program Accomplishments

The Criminal Justice Activities portfolio has seen significant improvements across a variety of outcome measures, including alcohol/drug use, criminal justice involvement, employment/school attendance, and housing stability.

In FY 2022, SAMHSA funded 20 new and 166 continuation ATDC and FTDC grants and one contract. In FY 2022, the ATDC and FTDC programs served 6,584 clients, which include 5,444 in the ATDC program and 1,140 in the FTDC program.

In FY 2023, SAMHSA anticipates funding 81 new and 97 continuation ATDC and FTDC grants and one contract.

For the ATDC program, based on 5,444 client intake assessments, and 2,860 client six-month follow-up reassessments, the following National Outcome Measures were reported:

Adult Treatment Drug Courts	At Intake (n=5,444)	At 6-months (n=2,860)	percent change between intake and 6-months follow-up
No past 30-day use alcohol/illegal drugs	61.2%	83.7%	36.7%
No past 30-day arrest	88.8%	94.7%	6.7%
Past 30-day employment or school attendance	48.2%	66.0%	37.0%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	80.4%	91.7%	14.0%
Past 30-day socially connectedness	90.1%	95.0%	5.5%
Past 30-day permanent place to live in the community	38.9%	47.1%	21.2%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from http://spars.samhsa.gov. Based on 5,444 client intakes assessments, and 2,860 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias

For the FTDC program, based on 1,140 client intake assessments, and 587 client six-month follow-up reassessments, the following National Outcome Measures were reported:

Family Treatment Drug Courts	At Intake (n=1,140)	At 6-months (n=587)	percent change between intake and 6-months follow-up
No past 30-day use alcohol/illegal drugs	55.5%	79.7%	43.7%
No past 30-day arrest	95.5%	98.6%	3.2%
Past 30-day employment or school attendance	45.3%	58.3%	28.8%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	76.9%	85.8%	11.5%
Past 30-day socially connectedness	92.4%	93.6%	1.3%
Past 30-day permanent place to live in the community	44.4%	55.1%	24.0%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from http://spars.samhsa.gov. Based on 1,140 client intakes assessments, and 587 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2022, SAMHSA funded 33 AR continuation grants and one contract.

In FY 2022, the AR program served 2,473 clients. Based on 2,473 intake assessments, and 1,106 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Adult Reentry Program	At Intake (n=2,473)	At 6-months (n=1,106)	percent change between intake and 6-months follow-up
No past 30-day use alcohol/illegal drugs	38.5%	73.6%	91.0%
No past 30-day arrest	77.4%	94.7%	22.5%
Past 30-day employment or school attendance	17.1%	44.4%	159.8%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	68.0%	83.7%	23.1%
Past 30-day socially connectedness	86.0%	88.8%	3.3%
Past 30-day permanent place to live in the community	10.5%	21.5%	105.2%

In FY 2023, SAMHSA anticipates funding 33 new and 11 continuation AR grants and one contract.

Outputs and Outcomes

Program: Criminal Justice – Drug Courts

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.2.72 Percentage of adult clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2022: 64.7 % Target: 61.4 % (Target Exceeded)	62.4 %	67.4 %	+5 percentage point(s)
1.2.73 Percentage of adult clients receiving services who had a permanent place to live in the community (Outcome)	FY 2022: 48.5 % Target: 48 % (Target Exceeded)	49 %	54 %	+5 percentage point(s)
1.2.74 Percentage of adult clients receiving services who had no involvement with the criminal justice system (Outcome)	FY 2022: 95.4 % Target: 95.5 % (Target Not Met)	96.5 %	98.5 %	+2 percentage point(s)
1.2.76 Percentage of adult clients receiving services who had no past month substance use (Outcome)	FY 2022: 83.0 % Target: 83.9 % (Target Not Met)	84.9 %	86.9 %	+1 percentage point(s)
1.2.79 Number of adult clients served (Output)	FY 2022: 6,584 Target: 6,425 (Target Exceeded)	6,489	7,787	+1,298

Program: Criminal Justice – Adult Reentry Program

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.2.80 Number of clients served (Outcome)	FY 2022: 2,473 Target: 2,109 (Target Exceeded)	2,130	2,151	+21
1.2.81 Percentage of clients who had no past month substance use (Outcome)	FY 2022: 73.6 % Target: 79.2 % (Target Not Met)	80.2 %	81.2 %	+1 percentage point(s)
1.2.84 Percentage of clients receiving services who had no involvement with the criminal justice system (Outcome)	FY 2022: 94.7 % Target: 96.1 % (Target Not Met)	97.1 %	98.1 %	+1 percentage point(s)

Minority AIDS Initiative

(Dollars in Thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Minority AIDS..	$65,570	$66,881	$66,881	---

Authorizing Legislation………………………………... Section 509 of the Public Health Service Act
FY 2024 Authorization $521,517,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities...... States, political subdivisions of States, Indian Tribes or Tribal organizations, health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, public and nonprofit private entities.

Program Description

The purpose of the Minority AIDS Initiative – High Risk Population (MAI-HRP) program is to increase engagement in care for racial and ethnic underrepresented 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. In FY 2019, the MAI-HRP grant program replaced the Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV) grant program. The final cohort of the TCE-HIV grant program will conclude grant activities in FY 2023. Eligible grant recipients are domestic public and private nonprofit entities.

Budget Request

The FY 2024 President's Budget request is $66.9 million, level with the FY 2023 Enacted level. SAMHSA plans to award 25 new grants and 103 MAI-HRP continuation grants with a target to serve 10,185 clients.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$65,570,000
FY 2021	$65,570,000
FY 2022 Final	$65,570,000
FY 2023 Enacted	$66,881,000
FY 2024 President's Budget	$66,881,000

Program Accomplishments

Although the COVID-19 pandemic necessitated office closures for some grantee organizations, MAI-HRP and TCE-HIV grant recipients have continued to serve the public by implementing evidence-based practices (EBP) while offering clients increased flexibilities, including the use of telehealth and the ability to receive HIV and hepatitis C self-test kits that could be mailed to them which was supported by grant funds. Grant recipients have generally been able to continue providing comprehensive whole-person care through creative social media marketing, strong partnerships, continuous community outreach and updated internal processes to engage clients. .

In FY 2022, SAMHSA funded 61 new MAI-HRP as well as 36 TCE-HIV and 26 MAI-HRP continuations grants and 2 COE grants. In FY 2022, the program served 9,923 clients. Based on 9,923 client intake assessments, and 4,293 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Minority AIDS	**At Intake**	**At 6-months**	**% Increase in the number of clients reporting percent change between intake and 6-months follow-up**
	(n=9,923)	**(n=4,293)**	
No past 30-day use alcohol/illegal drugs	33.1%	54.0%	63.1%
No past 30-day arrest	97.2%	99.0%	1.9%
Past 30-day employment or school attendance	44.90%	56.6%	26.0%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	67.6%	89.3%	20.4%
Past 30-day socially connectedness	61.7%	65.3%	5.9%
Past 30-day permanent place to live in the community	50.0%	53.3%	6.6%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from Based on 2,072 client intakes assessments, and 1,019client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2023, SAMHSA anticipates funding 42 new and 86 continuation MAI-HRP grants

Outputs and Outcomes

Program: Treatment: Minority AIDS Initiative- Targeted Capacity Expansion-HIV

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
2.1.11 Percentage of adults receiving services who had no past month substance use at 6-month follow-up (Outcome)	FY 2022: 54.0 Target: 50.1 (Target Exceeded)	51.1	52.1	+1
2.1.12 Number of clients served (Output)	FY 2022: 9,923 Target: 9,984.0 (Target Not Met)	10,084.0	10,185.0	+101
2.1.13 Percentage of adults receiving services who were currently employed or engaged in productive activities at 6-month follow-up (Outcome)	FY 2022: 56.6 Target: 55.4(Target Exceeded)	56.4	57.4	+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 2022: 53.3 Target: 55.6 (Target Not Met)	56.6	57.6	+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 2022: 99.09 Target: 98.7 (Target Exceeded)	99.7	99.7	Maintain

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from http://spars.samhsa.gov. Based on 2,072 client intakes assessments, and 1,019client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

Minority Fellowship Program

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Minority Fellowship Program	$5,789	$7,136	$12,000	$4,864

Authorizing Legislation ....Section 597 of the Public Health Service Act
FY 2024 Authorization $25,000,000
Allocation Method .... Grants/Contracts
Eligible Entities..... Organizations that represent individuals obtaining post-baccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling

Program Description

SAMHSA's Minority Fellowship Program (MFP) is intended to increase behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and 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; substance use/addiction counseling, marriage and family therapists and professional counselors. In FY 2023, SAMHSA added addiction medicine as a component of the MFP. This program is jointly administered by the Center for Substance Use Services (CSUS), the Center for Substance Use Prevention (CSUP), and the Center for Mental Health Services (CMHS) at SAMHSA. Combined, this program will support fellowships for hundreds of students as well as support additional training through webinars on culturally appropriate services to thousands of students.

Budget Request

The FY 2024 President's Budget request is $12.0 million, an increase of $4.9 million from the FY 2023 Enacted level. Combined with $22.0 million in the Mental Health appropriation and $2.7 million in the Substance Use Prevention appropriation, funds will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase in fellows will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.

Please note, SAMHSA is tracking separately any amounts spent, or awarded, under the Minority Fellowship Program through the distinct appropriations and to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$5,789,000
FY 2021	$5,789,000
FY 2022 Final	$5,789,000
FY 2023 Enacted	$7,136,000
FY 2024 President's Budget	$12,000,000

Program Accomplishments

In FY 2022, SAMHSA supported eight braided MFP grant continuations, one CSAT grant continuation and the MFP technical assistance contract. In FY 2022, the program supported 428 fellows and provided over 135 trainings and workshops for the fellows and other interested participants. In addition, 1,200 health professionals in the field of mental health and/or substance use disorder and related workforce were trained in specific mental health and/or substance use-related practices/activities. Using SAMHSA's Performance Accountability and Reporting System (SPARS) https://spars.samhsa.gov/, 29 events were completed, and 542 participants were targeted.

In FY 2023, SAMHSA will fund one continuation and eight new MFP, along with the MFP technical assistance contract. The program will continue to increase the number of trained behavioral health providers.

Addiction Technology Transfer Centers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Addiction Technology Transfer Centers..	$9,046	$9,046	$9,046	---

Authorizing Legislation ....Section 509 of the Public Health Service Act
FY 2024 Authorization $521,517,000
Allocation Method ....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.. Domestic Public and Private Non-Profit Entities

Program Description

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.[1] Substance misuse in the U.S. costs society in increased healthcare expenses, crime, and lost productivity. In recent years, the nation's attention has been on the increased misuse and lethal consequences of opioids. According to the Centers for Disease Control and Prevention (CDC), CDC provisional data indicate there were 107,477 predicted drug overdose deaths in the United States during the 12-month period ending in August 2022, an increase of 3.3 percent from the 104,038 predicted deaths during the same period the year before.2 In addition, there were an estimated 76,683 drug overdose deaths involving opioids for the 12-month period ending in August 2022, a decrease of .49 percent from the 77,060 opioid-involved drug overdose deaths reported during the same period the year before.[2] Illicitly manufactured fentanyl continues to drive the majority of deaths but mortality rates due to cocaine and psychostimulants such as methamphetamine are also on the rise, 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, and that was exacerbated by the 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 broad primary healthcare workforce who provides the continuum of prevention, public health 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 the aforementioned services. The TTCs are comprised of three networks, which include the Addiction Technology Transfer Centers (ATTC) network.

In 1993, SAMHSA established the ATTC network, which has undergone several maturations to evolve over time. The most recent iteration of the ATTC network from FYs 2017 to 2023 includes ten regional ATTCs, a National American Indian and Alaska Native ATTC, a National Hispanic and Latino ATTC and a ATTC National Coordinating Office. Together, the ATTC network serves the 50 United 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 target audience of the ATTC network includes medical and behavioral health professionals, recovery specialists, addictions counselors, criminal justice professionals, administrators, and educators.

Specific activities that the ATTC network carries out include: providing custom technical assistance, building capacity to address regional, local and/or population-specific needs on a variety of topics; promoting and facilitating relationship building among stakeholders in behavioral health policy, research, and practice; serving as a continuous feedback loop for innovation and practice; focusing on consultation and implementation to achieve systems change; and continually adapting and growing to improve, advance, and expand treatment and recovery services.

[1] https://nida.nih.gov/research-topics/trends-statistics.
[2] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Budget Request

The FY 2024 President's Budget Request is $9 million, level with the FY 2023 Enacted level. At this level, SAMHSA will fund 11 continuations and 3 cooperative agreement continuations and maintain the same performance target as FY 2023.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$9,046,000
FY 2021	$9,046,000
FY 2022 Final	$9,046,000
FY 2023 Enacted	$9,046,000
FY 2024 President's Budget	$9,046,000

Program Accomplishments

The ATTCs have been improving and updating their programs to offer novel training and technical assistance options that include multiple learning components in new delivery formats focused on changing practices. In response to the COVID-19 pandemic, the ATTC network developed and implemented many alternative ways to deliver training and technical assistance. The network developed a robust virtual platform that has proven successful in supporting healthcare professionals with telehealth strategies and many adaptations of evidence-based interventions for virtual settings. Using this platform and other training modalities, the ATTC network will continue to respond to the differential impact of the evolving overdose crisis by addressing the needs of

providers and continuing to develop resources to help to address the needs of all communities.

In FY 2022, SAMHSA funded a 12-month extension for 11 of the 12 ATTCs, which included ten regional ATTCs and one ATTC National Coordinating Office. During this time, the 12 ATTCs continued 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.

FY 2022 data shows that participant satisfaction rates were consistently high, with over 89.2 percent of participants reporting that they were satisfied with the quality of training or technical assistance events; over 90 percent of participants reporting that they expected benefits to themselves, clients, professional development, practice, or community from the events they attended; and close to 83 percent of participants reporting that they expect the events will improve their ability to work effectively.

In FY 2023, SAMHSA funded a nine-month extension for the National American Indian and Alaska Native ATTC, as part of an evolution of the specialty ATTC entities. Additionally, in FY 2023, SAMHSA anticipates funding 11 ATTC cooperative agreements (ten regional ATTCs and one ATTC National Coordinating Office) to disseminate evidence-based promising practices that are effective in combating substance misuse, including the opioid crisis. Using braided funding, SAMHSA will also fund two new Centers of Excellence (CoE), the American Indian Alaska Native Behavioral Health CoE and Hispanic Latino Behavioral Health CoE, to strengthen the behavioral health workforce who serves American Indian, Alaska Native, Hispanic, and Latino populations and communities.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 President's Budget	FY 2024 President's Budget	FY 2024 +/- FY 2023
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths…………..	$14,000	16,000	$28,000	$12,000

Authorizing Legislation .... Section 516 of the PHS Act
FY 2024 Authorization $0
Allocation Method ....Competitive Grants, Contracts
Eligible Entities...States, local government entities, federally recognized American Indian/Alaska Native tribe or tribal organizations

Program Description

The purpose of the Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) grant program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention and harm reduction strategies, including the purchase and distribution of naloxone to first responders. Examples of the long-term and short-term outcomes for education and distribution of naloxone include: (1) the rate of intentional, unintentional, and undetermined intentional opioid overdose (using hospitalization, emergency department, police, or other accessible data); (2) the number of opioid overdose-related deaths; (3) the number of opioid overdose reversals; (4) the number of referrals to substance use disorder treatment services; and (5) the number of naloxone kits that reached communities of high need.

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 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 and offer an engagement opportunity and linkage to care for people with a substance use disorder.

Budget Request

The FY 2024 President's Budget Request is $28 million, an increase of $12 million from the FY 2023 Enacted level. SAMHSA will fund 15 new and 17 continuation grants. 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. SAMHSA anticipates an additional 13,281 naloxone kits will be distributed and 6,793 more lay people will be trained with this additional funding.

While the PDO and First Responder Training -Comprehensive Addictions and Recovery Act (FR-CARA) programs are very similar, PDO places greater emphasis upon getting lifesaving opioid reversal kits into the hands of community organizations and individuals that are in close to proximity to those vulnerable to opioid overdose. Helping to support those organizations and

individuals to leverage digital information sharing mechanisms that will improve naloxone administration outcome measures will be critical as we enter FY 2024.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$14,000,000
FY 2021	$14,000,000
FY 2022 Final	$14,000,000
FY 2023 Enacted	$16,000,000
FY 2024 President's Budget	$28,000,000

Program Accomplishments

In FY 2022, SAMHSA funded two new and 13 continuation PDO grants. Grantees distributed 36,719 Naloxone or other FDA-approved kits in FY 2022, which did not meet the target set at 73,104. Nevertheless, grantees reported 4,907 administration events and 3,547 overdose reversals. In addition, 8,207 lay persons were trained how to administer Naloxone or other FDA approved drug or device in FY 2022, which did not meet the target set at 27,266. However, 8,207 first responders and 2,640 other individuals were also trained in FY 2022 for a combined total of 22,216 individuals trained in how to administer Naloxone or other FDA approved drug or device. Inconsistencies in grantee reporting and inaccuracies with how targets were calculated contributed to the program not meeting targets.

In FY 2023, SAMHSA will fund two new and 15 continuation grants. The program has set a FY 2023 target to distribute 36,719 Naloxone or other FDA-approved kits and to train 8,207 people.

SAMHSA has adjusted its targets for FY 2023 and FY2024 as a "correction to former targets" to better reflect real life circumstances within the communities in which our grantees conduct business. The FY 2023 targets are more pragmatic, as a result, and yet remain aspirational. These targets align with SAMHSA's efforts to reduce opioid overdose by saturating communities with high rates of opioid overdose with opioid overdose reversal medication, trained first responders and concerned public citizens, who have been trained to administer naloxone to those experiencing an overdose, and an increased emphasis to refer these individuals into buprenorphine and other related MAT and other forms of treatment and recovery supports, wherever appropriate. The program aims to distribute 50,000 Naloxone or other FDA-approved kits and train 15,000 lay persons how to administer them with the increased funding in FY 2024.

Outputs and Outcomes Table Program: PDO/Naloxone

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
5.0 Number of Naloxone (or other FDA-approved) kits distributed (Output)	FY 2022: 36,719 Target: 73,104 (Target Not Met)	36,719	50,000	+13,281
5.1 Number of lay persons trained how to administer Naloxone (or other FDA approved drug or device). (Output)	FY 2022: 8,207 Target: 27,266 (Target Not Met)	8,207	15,000	+6,793

Peer Support Technical Assistant Center

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Peer Support TA Center	$1,000	$2,000	$2,000	---

Authorizing Legislation ....Sec. 547A of the PHS Act
FY 2024 Authorization $5,000,000
Allocation Method ....Competitive Grants
Eligible Entities. Recovery Community Organizations (RCOs) and Recovery Community Centers ………………(RCCs) that are domestic private nonprofit entities in states, territories, or tribes.

Program Description

The Recovery Support Services – CoE program builds off the existing Peer Recovery Center of Excellence. The Peer Recovery Center of Excellence provides peer recovery support services through training and technical assistance for RCOs as well as peer support networks. The current Center reinforces recovery as a guiding principle in SAMHSA's policies, programs, and services. The RSS – CoE program will continue these efforts while also increasing the number of individuals served and expanding the topic areas for technical assistance, specifically recovery housing. For this reason, SAMHSA is proposing the new name of Recovery Support Services Center of Excellence (CoE) for this program.

RSS – CoE aligns with one of the seven ONDCP drug policy priorities, "Expanding access to recovery support services," as well as the four dimensions of 2022 National Drug Control Strategy of building a "recovery-ready nation" of "home, health, purpose, and community," which aims to (1) expand RSS and PRSS capacity and foster the adoption of more consistent standards for the peer workforce, RCCs, RCOs, and similar peer-led organizations and (2) foster the adoption of more consistent recovery housing standards.

Budget Request

The FY 2024 President's Budget Request is $2 million, level with the FY 2023 Enacted level. The RSS Center of Excellence will provide a regionally focused approach to technical assistance and provide higher quality guidance and tailored efforts in each region for the Peer Recovery Center being restructured. SAMHSA will award one new cooperative agreement at $2 million, providing training for 2,500 new individuals per year in peer support services and will support the National Drug Control Strategy goal of increasing the number of certified recovery residences by 25 percent by 2025.[124]

[124] https://www.whitehouse.gov/wp-content/uploads/2022/04/2022Performance-Reporting-System.pdf

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$1,000,000
FY 2021	$1,000,000
FY 2022 Final	$1,000,000
FY 2023 Enacted	$2,000,000
FY 2024 President's Budget	$2,000,000

Program Accomplishments

In FY 2022, SAMHSA will fund one continuation grant. During this year, 1,925 individuals were trained for the support of the recovery community organizations and peer support networks. There were also changes in leadership and competing priorities including high-priority deliverables such as the Optimizing Recovery Funding Reports and Comparative Analysis in FY 2022. Additionally, the CoE received supplemental funding, and had additional requirements as a result.

In FY 2023, SAMHSA will fund one continuation grant. The Peer CoE will continue to address four major service gaps: (1) discrimination in traditionally “non-peer” systems, (2) minimal workforce development for peer support workers, (3) deficiency of scalable approaches to build RCOs, and (4) shortage of mechanisms to spread existing and future peer recovery support evidence-based practices. Four goals for addressing these gaps are (1) increase the number of clinical and other settings that integrate peer support workers into care delivery (specifically those that have not traditionally used peers), (2) enhance professionalization of the peer support workforce, (3) increase the number of RCOs with strong organizational capacity to provide sustainable services to the communities in which they are located, and (4) improve the dissemination of peer recovery support evidenced base practices and practice-based evidence. Key activities will include conducting capacity assessments, develop and maintain a web-based resource library, provide TA to requesters, create toolkits/curriculum, webinars/podcasts, online courses, and educational and RCO leadership development events. In FY 2024, the program anticipates training 2,500 people with the increase in funding.

Outputs and Outcomes

Program: Peer Support Technical Assistance Center

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.1.0 Number of people train for the support of the recovery community organizations and peer support networks (Output)	FY 2022: 1,925 Target: 5,000 (Target Not Met)	2,100.0	2,500.0	+400
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: 174.0 Target: 100.0 (Target Exceeded)	174	174	N/A

Treatment, Recovery, and Workforce Support

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Treatment, Recovery, and Workforce Support	$10,000	$12,000	$12,000	---

Authorizing Legislation ....Section 509 of the Public Health Service Act
FY 2024 Authorization $521,517,000
Allocation Method ....Competitive Grants
Eligible Entities.......States, political subdivisions of States, Indian Tribes or Tribal organizations, health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, public and nonprofit private entities

Program Description

The Treatment, Recovery and Workforce Support (TRWS) program aims to implement evidence-based programming to support individuals in SUD 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. Grant recipients conduct outreach activities informing employers of substance use resources that are available to employees. Grant funds have been used to hire Case Managers, Care Coordinators, Peer Recovery Specialists and other professionals to provide services that support treatment and recovery for clients. As a result of innovative implementation strategies, the TRWS grant has assisted clients with sustaining recovery while attaining viable employment.

Budget Request

The FY 2024 President's Budget Request is $12 million, level with the FY 2023 Enacted level. This level will continue to provide access to career services for people in recovery from substance use disorder through partnerships with local organizations. SAMHSA plans to fund 23 continuation grants. The investment will further strengthen and develop America's workforce and allow for greater support to those in recovery. SAMHSA will maintain the same performance targets as in FY 2023.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$10,000,000
FY 2021	$10,000,000
FY 2022 Final	$10,000,000
FY 2023 Enacted	$12,000,000
FY 2024 President's Budget	$12,000,000

Program Accomplishments

In FY 2022, SAMHSA funded eight new and 12 continuation TRWS grants. The TRWS program has demonstrated significant process in several National Outcome Measures, including alcohol and other substance use, criminal justice involvement, and employment and/or school attendance. In FY 2022, the program served 1,623 clients. Based on 1,623 client intake assessments and 546 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Treatment Recovery and Workforce Services	At Intake	At 6-months	percent change between intake and 6-months follow-up
	(n=1,623)	(n=546)	
No past 30-day use alcohol/illegal drugs	83.4%	86.5%	3.8%
No past 30-day arrest	96.3%	99.3%	3.1%
Past 30-day employment or school attendance	20.6%	70.0%	240.5%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	86.3%	89.6%	3.9%
Past 30-day socially connectedness	92.6%	90.0%	-2.8%
Past 30-day permanent place to live in the community	25.1%	35.7%	41.9%

Grant recipients provide various career and workforce needs including but not limited to GED preparation classes, trainings and bootcamps, mock interviews and record expungement. Grant recipients also foster connections with other organizations such as the Department of Labor and have multiple partnerships to offer their clients job positions in areas they are interested in.

Grant recipients have continued to utilize telemedicine and virtual mediums to engage clients, provide entrepreneurial training and support programs, and work to improve linkages between

one-stop delivery systems and employers in their state.
In FY 2023, SAMHSA anticipates funding three new and 20 continuation TRWS grants. Grant recipients provide various career and workforce needs including but not limited to GED preparation classes, trainings and bootcamps, mock interviews and record expungement. Grant recipients also foster connections with other organizations such as the Department of Labor and have multiple partnerships to offer their clients job positions in areas they are interested in. Grant recipients have continued to utilize telemedicine and virtual mediums to engage clients, provide entrepreneurial training and support programs, and work to improve linkages between one-stop delivery systems and employers in their state.

Outputs and Outcomes

Program: Treatment, Recovery, and Workforce Support

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.21.1 Number of people participating in the workforce (Output)	FY 2022: 1,623.0 Target: 820.0 (Target Exceeded)	828.0	836.0	+8
1.21.2 Number of clients who report having stable housing at six-month follow-up (Outcome)	FY 2022: 546.0 Target: 229.0 (Target Exceeded)	231.0	233.0	+2

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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.

Emergency Department Alternatives to Opioids

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 Higher Level	FY 2024 +/- FY 2023 PB
Emergency Department Alternatives to Opioids..	$6,000	$8,000	$9,000	$1,000

Authorizing Legislation .... Section 1221 of the Consolidated Appropriations Act
FY 2024 Authorization $10,000,000
Allocation Method .... Competitive Grants
Eligible Entities... Nonprofit Hospitals and Emergency Departments

Program Description

The Emergency Department Alternative to Opioids (EDAO) program provides 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. 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.

Budget Request

The FY 2024 President's Budget Request is $9 million, an increase of $1 million from the FY 2023 Enacted level. SAMHSA plans to award two new and 15 continuation grants with a target of training 2,520 providers on using non-opioid therapies and providing non-opioid therapies to 115,850 patients.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$6,000,000
FY 2021	$6,000,000
FY 2022 Final	$6,000,000
FY 2023 Enacted	$8,000,000
FY 2024 President's Budget	$9,000,000

Program Accomplishments

In FY 2022, SAMHSA funded 12 continuation EDAO grants. During this year, EDAO trained 2,468 providers on using non-opioid therapies and providing non-opioid therapies to 113,563 patients.

In FY 2023, SAMHSA anticipates funding 15 new and two continuation EDAO grants. In FY

2023, EDAO anticipates training 2,493 providers on using non-opioid therapies and providing non-opioid therapies to 114,698 patients.

Outputs and Outcomes

Program: Emergency Department Alternative to Opioids

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.60.1 Number of providers trained on non-opioids therapies. (Output)	FY 2021: 2,468 Target: 1,020 (Target Exceeded)	2,493	2,520	+27
1.60.2 Number of patients who received non-opioid therapies. (Output)	FY 2021: 113,563 Target: 8,364 (Target Exceeded)	114,698	115,850	+1,152

Comprehensive Opioid Recovery Centers

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Comprehensive Opioid Recovery Center	$5,000	$6,000	$6,000	---

Authorizing Legislation .... Section 7121 of the SUPPORT Act
FY 2024 Authorization $0
Allocation Method .... Competitive Grants
Eligible Entities ... Public and private nonprofit entities (that provide treatment and other services for individuals with a substance use disorder).

Program Description

Comprehensive Opioid Recovery Centers (CORC) provide 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 medication for opioid use disorder (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.

Budget Request

The FY 2024 President's Budget Request is $6 million, level with the FY 2023 Enacted level. SAMHSA plans to fund two new and five continuation grants. SAMHSA is targeting to serve a baseline of 264 clients in FY 2024. 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. SAMHSA will maintain the same performance targets as in FY 2023.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$5,000,000
FY 2021	$5,000,000
FY 2022 Final	$5,000,000
FY 2023 Enacted	$6,000,000
FY 2024 President's Budget	$6,000,000

Program Accomplishments

In FY 2022, SAMHSA funded one new and four continuation CORC grants. The CORC Grantees have been utilizing funding to expand access to comprehensive services in a variety of ways, including improving the system of comprehensive MOUD care at the county level; improving access to overdose reversal medications and providing follow up with clients who have experienced overdose reversals; removing barriers to accessing MOUD in residential treatment; engaging special populations, such as homeless persons, tribal members, LGBTQI+, people in correctional settings and those on probation; and increasing access to services for those in underserved areas. Grantees have also ensured access to recovery-based services, including recovery housing and support.

The CORC program has demonstrated significant process in several National Outcome Measures, including alcohol and other substance use, criminal justice involvement, and employment and/or school attendance. In FY 2022, the program served 301 clients. Based on 301 client intake assessments and 137 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Comprehensive Opioid Recovery Centers	At Intake	At 6-months	Percent +/- change between intake and 6-months follow-up
	(n=301)	(n=137)	
No past 30-day use alcohol/illegal drugs	38.0%	76.6%	101.9%
No past 30-day arrest	94.1%	98.5%	4.7%
Past 30-day employment or school attendance	20.4%	50.4%	146.4%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	54.7%	89.8%	64,0%
Past 30-day socially connectedness	91.2%	89.1%	2.4%
Past 30-day permanent place to live in the community	19.3%	19.3%	0.0%

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from http://spars.samhsa.gov. Based on 301 client intakes assessments, and 137 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection

bias.

In FY 2023, SAMHSA anticipates funding two new and five continuation CORC grants. In addition to directly providing services and supports grantees are also required to conduct outreach activities. Grantees have provided outreach on the effectiveness of MOUD and strategies for overdose reversals to a variety of stakeholders, including criminal justice staff, college campuses, state health department representatives, Tribes, first responders, public transportation employees, and veterans' services organizations. Grantees will continue to raise awareness of MOUD services and overdose reversal medications in 2024.

Outputs and Outcomes

Program: Comprehensive Opioid Recovery Centers

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.1.1 Number of clients served with MOUD (Output)	FY 2022: 301 Target: 258.0 (Target Exceeded)	261.0	264.0	+3
1.2.1 Percentage of adults receiving services who had no past month substance use at 6-month follow-up (Output)	FY 2022: 89.8 Target: 89.2 (Target Exceeded)	90.2	91.2	+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 2022: 50.4 Target: 64.9 (Target Not Met)	65.9	66.9	+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 2022: 89.1 Target: 24.3 (Target Exceed)	25.3	26.3	+1

Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from http://spars.samhsa.gov. Based on 301 client intakes assessments, and 137 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

First Responder Training – Comprehensive Addiction and Recovery Act

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 President's Budget	FY 2024 President's Budget	FY 2024 +/- FY 2023
First Responder Training (CARA)	$46,000	$56,000	$77,500	$21,500
First Responder Training (non-add)	*20,000*	*25,000*	*46,500*	*21,500*
Rural Set-Aside (non-add)	*26,000*	*31,000*	*31,000*	---

Authorizing Legislation .... Section 546 of the PHS Act
FY 2024 Authorization... $0
Allocation Method……...Competitive Grants
Eligible Entities..States, local government entities, federally recognized American Indian/Alaska Native tribe or tribal organizations

Program Description

SAMHSA's First Responder Training – Comprehensive Addiction and Recovery Act (FR-CARA) program is an important part of the US government's response to the opioid crisis. The program provides resources to first responders and members of other key community sectors at the state, tribal, and other government levels to train, carry, and administer Federal Food, Drug, and Cosmetic Act approved drugs and devices for emergency reversal of known or suspected opioid overdose. 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 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, and provide a linkage and engagement point to treatment for individuals with a substance use disorder. The program serves populations disproportionately impacted (relative to national averages) by opioid use as evidenced by high rates of opioid and other drug-related overdose

Rural Emergency Medical Services Training Grant

The Rural Emergency Medical Services Training Grant (EMS Training) program is a one-year program to recruit and train EMS personnel in rural areas with a particular focus on addressing mental and substance use disorders. This program also provides activities to develop new ways to educate emergency health care providers using technology-enhanced educational methods. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country. SAMHSA funded the first EMS Training cohort in FY 2020.

Budget Request

The FY 2024 President's Budget Request is $77.5 million, an increase of $21.5 million from the FY 2023 Enacted level. SAMHSA anticipates funding 118 new and 75 continuation grants. 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 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, and provide a linkage and engagement point to treatment for individuals with a substance use disorder. This funding increase will allow SAMHSA to provide much needed support to combat the nation's opioid overdose epidemic and enhance linkage to care for people at risk for opioid overdose and implementing innovative strategies.

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. SAMHSA anticipates an additional 71,975 overdose reversal devices will be distributed and an additional 14,310 First Responders will be trained. Additionally, an important goal will be facilitating referral and linkage where the first responder is directly connecting the person in need of services with a provider of substance use services. This program will increase access for individuals treated with naloxone for overdose to obtain services such as low threshold buprenorphine with psychosocial support services to address the multifaceted challenges a person experiences after an overdose.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$46,000,000
FY 2021	$46,000,000
FY 2022 Final	$46,000,000
FY 2023 Enacted	$56,000,000
FY 2024 President's Budget	$77,500,000

Program Accomplishments

In FY 2022, SAMHSA funded 40 new and 42 continuation 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 this year, 58,025 FDA-approved overdose reversing medication kits were distributed, but this did not meet the target set at 171,831. In addition, 10,540 first responders were trained on how to administer FDA-approved overdose reversing medication kits. The target set for FY 2022 was based on the total number of individuals trained rather than the number of first responders trained, which in part explains why the program did not meet the FY 2022 target set at 44,155. However, the program also trained 20,620 lay persons and 2,657 community organization staff for a total of 33,817 individuals trained on how to administer FDA-approved

overdose reversing medication kits.

In FY 2023, the program will fund 86 new and 47 continuation grants that expand organizational and workforce capacity that enhances linkage to care for people at risk for opioid overdose and implementing innovative prevention activities. In FY 2024, the program has a target of 130,000 FDA-approved overdose reversing medication kits distributed and 25,000 first responders trained.

Output and Outcome

Program: First Responder Training-CARA

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
5.0.1 Number of FDA-approved overdose reversing medication kits distributed. (Output)	FY 2022: 58,025 Target: 171,831 (Target Not Met)	58,025	130,000	+71,975
5.1.1 Number of first responders trained how to administer FDA-approved overdose reversing medication kits (Output)	FY 2022: 10,690 Target: 44,155 (Target Not Met)	10,690	25,000	+14,310

Community Harm Reduction and Engagement Initiative

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Community Harm Reduction and Engagement Initiative (new).........................	---	---	$50,000	$50,000

Authorizing Legislation..............................Section 509 of the Public Health Service Act
FY 2024 Authorization $521,517,000
Allocation Method ....Competitive Grants/Contracts
Eligible Entity ....States; local, Tribal, and territorial governments; Tribal organizations; non-profit community-based organizations; and primary and behavioral health organizations

Program Description

Among people aged 12 or older in 2021, 61.2 million people (or 21.9 percent of the population) used illicit drugs in the past year.[125] Harm reduction is a proactive and evidence-based public health approach to reduce the negative individual and public health impacts of alcohol and other substance use/use disorder. With millions of Americans meeting diagnostic criteria for a substance use disorder and not receiving treatment, harm reduction approaches engage individuals in lifesaving care that meets people where they are. This program will address the gap in care by supporting broad-based community harm reduction activities and linkages to services.

Specifically, harm reduction services can:

- Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose, or to those who might respond to an overdose.
- Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections.
- Reduce infectious disease transmission among people who use drugs, including those who inject drugs by equipping them with accurate information and facilitating referral to resources.
- Reduce overdose deaths, promote linkages to care, facilitate co-location of services as part of a comprehensive, integrated approach.
- Reduce stigma associated with substance use and co-occurring disorders
- Promote a philosophy of hope and healing by utilizing those with lived experience of recovery in the management of harm reduction services, and connecting those who have expressed interest to treatment, peer support workers and other recovery support services.

The 2024 Budget proposes to remove the ban on federal funds to purchase syringes. Should this policy change be enacted, this program would also allow grantees to purchase syringes using

[125] SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021 | HHS.gov

federal funds and builds on the foundations established by the initial American Rescue Plan Act's investment.

SAMHSA's harm reduction proposal builds upon the following three components in support of the American Rescue Plan:

1) Support for smaller community-based harm reduction service organizations focused on high-risk populations such as those experiencing homelessness;
2) Expansion grants to existing programs such as SAMHSA's dedicated harm reduction program, Targeted Capacity Expansion-Special Projects program, and Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) program, with the inclusion of low-threshold buprenorphine initiation for opioid use disorder and linkages to harm-reduction oriented SUD treatment services; and
3) Technical assistance to support communities and organizations seeking to establish or improve existing harm reduction services.

In addition to the above, this new harm reduction program proposal will facilitate the distribution of naloxone to help prevent overdose deaths, increase testing for HIV and viral hepatitis and improve access to infectious disease care, and provide peer support services.

Budget Request

The FY 2024 President's Budget request is $50 million to establish this new harm reduction program. The SAMHSA harm reduction and engagement initiative aims to reach 330,000 individuals with harm reduction and low threshold treatment services through three approaches:

1) Harm Reduction Resources for Community-Based Organizations ($17 million): Develop a Notice of Funding Opportunity that is targeted to small, community-based organizations. This funding amount would reach at least 100 organizations already serving populations needing these services but without other federal resources to support harm reduction services. These organizations will receive technical assistance and capacity-building support, as well as resources to expand their services. These efforts will enable organizations to expand their reach to an additional 50,000 individuals.
2) Community Harm Reduction and Engagement Expansion Grants ($30 million): Develop a Notice of Funding Opportunity that is targeted to harm reduction organizations and harm reduction-oriented substance use disorder treatment programs. This funding level would support approximately 50 harm organizations, that collectively have the capacity to expand their services to an additional 100,000 individuals.
3) Harm Reduction Technical Assistance (TA) Center ($3 million): SAMHSA will support a TA center to provide TA to States, Tribes, and communities interested in establishing or strengthening their harm reduction services. SAMHSA will continue funding one in partnership with CDC. It is estimated this TA will reach a minimum of 120 organizations.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	---
FY 2021	---
FY 2022 Final	---
FY 2023 Enacted	---
FY 2024 President's Budget	$50,000,000

Youth Prevention and Recovery Initiative

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY2024 +/ FY 2023
Youth Prevention and Recovery Initiative	---	$2,000	$2,000	---

Authorizing Legislation ....Section 514 of the Public Health Service Act
FY 2024 Authorization $29,605,000
Allocation Method .... Competitive Grants
Eligible Entities............................ A local education agency that is seeking to establish or expend substance use prevention or recovery support services at one or more high schools; (ii) a State educational agency; (iii) an institution of higher education (or consortia of such institutions), which may include a recovery program at an institution of higher education; (iv) a local board or one-stop operator; (v) a nonprofit organization with appropriate expertise in providing services or programs for children, adolescents, or young adults, excluding a school; (vi) a State, political subdivision of a State, Indian tribe, or tribal organization; or (vii) a high school or dormitory serving high school students that receives funding from the Bureau of Indian Education.

Program Description

Access to treatment for individuals experiencing SUD is critical and the use of Medications for Opioid Use Disorder (MOUD) has been shown to be a safe and effective treatment. However, access to MOUD for adolescents and young adults remains low. In order to provide MOUD to those who need it, adolescent health care providers must have the ability to prescribe these medications and must also have access to the latest resources and training to be able to prescribe MOUD safely and effectively[126],[127].

The Preventing Youth Overdose: Treatment, Recovery, Education Awareness and Training (PYO-TREAT) is a new grant program in FY 2023 for health care providers and other entities. The purpose of this program is to increase access to medication for opioid use disorder (MOUD) for adolescents and young adults and to train healthcare providers on the safe prescribing of MOUD. The prevalence of documented OUD was higher with increasing age from 0.16% among 16–17 year-olds, to 0.67% among 18–21 year-olds, and 1.02% among 22–25 year-olds.[128] The program aims for healthcare providers and other entities to create SUD treatment and prevention programs that include the appropriate use of MOUD for adolescents and young adults (Society for

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[126] Andrew Terranella, Gery P. Guy, Christina Mikosz; Buprenorphine Dispensing Among Youth Aged ≤19 Years in the United States: 2015–2020. Pediatrics February 2023; 151 (2): e2022058755. 10.1542/peds.2022-058755 https://publications.aap.org/pediatrics/article-abstract/151/2/e2022058755/190503/Buprenorphine-Dispensing-Among-Youth-Aged-19-Years?redirectedFrom=fulltext

[127] COMMITTEE ON SUBSTANCE USE AND PREVENTION; Medication-Assisted Treatment of Adolescents With Opioid Use Disorders. Pediatrics September 2016; 138 (3): e20161893. 10.1542/peds.2016-1893 https://publications.aap.org/pediatrics/article/138/3/e20161893/52715/Medication-Assisted-Treatment-of-Adolescents-With

[128] Bagley, S.M., Chavez, L., Braciszewski, J.M. et al. Receipt of medications for opioid use disorder among youth engaged in primary care: data from 6 health systems. Addict Sci Clin Pract 16, 46 (2021). https://doi.org/10.1186/s13722-021-00249-3 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8262000/

Adolescent Health and Medicine).[129]

SAMHSA intends to advance the goal of increasing integrated behavioral health access to children, youth, and families by allocating funding for fiscal year (FY) 2023 to support the Youth Prevention and Recovery Initiative for Adolescents and Young Adults Program. The PYO TREAT new awards will address the overdose crisis that continues to adversely affect adolescents and young adults and has led to numerous preventable deaths.

Budget Request

The FY 2024 President's Budget Request is $2 million, level with the FY 2023 Enacted level. SAMHSA anticipates funding four continuation grants.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	---
FY 2021	---
FY 2022 Final	---
FY 2023 Enacted	$2,000,000
FY 2024 President's Budget	$2,000,000

Program Accomplishment

In FY 2023, SAMHSA anticipates funding four new PYO-TREAT grants.

[129] Society for Adolescent Health and Medicine. Medication for Adolescents and Young Adults With Opioid Use Disorder. J Adolesc Health. 2021 Mar;68(3):632-636. doi: 10.1016/j.jadohealth.2020.12.129. Epub 2021 Jan 21. PMID: 33485735; PMCID: PMC7902443. https://www.jahonline.org/article/S1054-139X(20)30848-X/fulltext

PRNS Mechanism Table
Summary
(Dollars in millions)

Programs of Regional & National Significance	FY 2022 Final No.	FY 2022 Final Amount	FY 2023 Enacted No.	FY 2023 Enacted Amount	FY 2024 President's Budget No.	FY 2024 President's Budget Amount
Capacity:						
Opioid Treatment Programs/Regulatory Activities						
Grants						
Continuations	27	6.18	18	3.20	12	7.20
New/Competing	6	1.47	6	5.74	16	3.92
Supplements*	---	--	---	--	---	--
Subtotal	33	7.64	24	8.93	28	11.12
Contracts						
Continuations	2	1.23	2	1.02	3	1.88
New/Competing	1	-0.15	1	0.78	---	0.08
Subtotal	3	1.08	3	1.79	3	1.96
Total, Opioid Treatment Programs/Regulatory Activities	**36**	**8.72**	**27**	**10.72**	**31**	**13.09**
Screening, Brief Intervention and Referral to Treatment						
Grants						
Continuations	27	26.17	24	25.06	20	21.65
New/Competing	2	3.84	7	6.97	11	10.95
Supplements*	---	--	---	--	---	--
Subtotal	29	30.01	31	32.02	31	32.59
Contracts						
Continuations	---	1.41	---	1.78	---	1.55
New/Competing	---	0.42	---	0.03	---	-0.30
Subtotal	---	1.83	---	1.82	---	1.25
Total, Screening, Brief Intervention and Referral to Treatment	**29**	**31.84**	**31**	**33.84**	**31**	**33.84**
Targeted Capacity Expansion						
Grants						
Continuations	127	65.31	179	96.13	208.83601	118.32
New/Competing	57	40.83	28	19.46	40	32.13
Supplements*	---	--	---	--	---	--
Subtotal	184	106.14	207	115.59	249	150.45
Contracts						
Continuations	---	5.63	---	6.63	---	7.29
New/Competing	---	0.43	---	0.20	---	0.18
Supplements*	---	--	---	--	---	--
Subtotal	---	6.05	---	6.82	---	7.47
Total, Targeted Capacity Expansion	**184**	**112.19**	**207**	**122.42**	**249**	**157.92**

PRNS Mechanism Table
Program, Project, and Activity

Programs of Regional & National Significance	FY 2022 Final No.	FY 2022 Final Amount	FY 2023 Enacted No.	FY 2023 Enacted Amount	FY 2024 President's Budget No.	FY 2024 President's Budget Amount
Pregnant and Postpartum Women						
Grants						
Continuations	34	20.13	34	19.10	56	31.91
New/Competing	23	12.07	29	17.48	24	15.01
Supplements*	---	0.48	---	--	---	--
Subtotal	57	32.68	63	36.58	80	46.91
Contracts						
Continuations	---	2.04	---	2.11	---	2.23
New/Competing	---	0.22	---	0.24	---	0.25
Supplements*	---	--	---	--	---	--
Subtotal	---	2.26	---	2.35	---	2.48
Total, Pregnant and Postpartum Women	**57**	**34.93**	**63**	**38.93**	**80**	**49.40**
Recovery Community Services Program						
Grants						
Continuations	8	2.39	8	2.40	14	4.20
New/Competing	---	-0.07	6	1.80	2	0.60
Supplements **	---	--	---	--	---	--
Subtotal	8	2.33	14	4.20	16	4.80
Contracts						
Continuations	---	0.11	---	0.24	---	0.23
New/Competing	---	--	---	---	---	0.12
Subtotal	---	0.11	---	0.24	---	0.35
Total, Recovery Community Services Program	**8**	**2.43**	**14**	**4.44**	**16**	**5.15**
Children and Families						
Grants						
Continuations	51	28.46	18	9.79	52	28.24
New/Competing	---	--	34	18.53	1	0.55
Supplements *	---	--	---	--	---	--
Subtotal	51	28.46	52	28.32	53	28.79
Contracts						
Continuations	---	1.32	---	1.63	---	1.35
New/Competing	---	-0.18	---	0.24	---	0.06
Subtotal	---	1.14	---	1.87	---	1.41
Total, Children and Families	**51**	**29.61**	**52**	**30.20**	**53**	**30.20**

PRNS Mechanism Table
Program, Project, and Activity

Programs of Regional & National Significance	FY 2022 Final No.	FY 2022 Final Amount	FY 2023 Enacted No.	FY 2023 Enacted Amount	FY 2024 President's Budget No.	FY 2024 President's Budget Amount
Treatment Systems for Homeless						
Grants						
Continuations	69	26.57	51	19.42	62	28.17
New/Competing	18	7.04	31	15.67	15	7.50
Supplements *	---	0.53	---	--	---	--
Subtotal	87	34.14	82	35.09	77	35.67
Contracts						
Continuations	---	1.62	---	2.01	---	1.66
New/Competing	---	0.63	---	0.01	---	-0.22
Subtotal	---	2.25	---	2.02	---	1.44
Total, Treatment Systems for Homeless	**87**	**36.39**	**82**	**37.11**	**77**	**37.11**
Minority AIDS						
Grants						
Continuations	63	31.09	85	42.30	103	51.34
New/Competing	62	30.55	42	20.94	25	12.50
Supplements *	---	0.88	---	--	---	--
Subtotal	125	62.51	127	63.24	128	63.84
Contracts						
Continuations	---	2.92	---	3.62	---	3.00
New/Competing	---	0.14	---	0.02	---	0.04
Subtotal	---	3.06	---	3.64	---	3.04
Total, Minority AIDS	**125**	**65.57**	**127**	**66.88**	**128**	**66.88**
Criminal Justice Activities						
Grants						
Continuations	199	76.38	108	41.56	148	59.12
New/Competing	20	7.13	114	45.42	144	57.60
Supplements *	---	--	---	--	---	--
Subtotal	219	83.51	222	86.98	292	116.72
Contracts						
Continuations	---	3.46	1	7.00	1	7.47
New/Competing	1	2.03	---	0.02	---	0.19
Subtotal	1	5.49	1	7.02	1	7.66
Total, Criminal Justice Activities	**220**	**89.00**	**223**	**94.00**	**293**	**124.38**
Improving Access to Overdose Treatment						
Grants						
Continuations	5	0.91	---	--	7	1.40
New/Competing	---	--	7	1.40	---	--
Supplements *	---	0.10	---	--	---	--
Subtotal	5	1.02	7	1.40	7	1.40
Contracts						
Continuations	---	0.04	---	0.08	---	0.07
New/Competing	---	-0.06	---	0.02	---	0.03
Subtotal	---	-0.02	---	0.10	---	0.10
Total, Improving Access to Overdose Treatment	**5**	**1.00**	**7**	**1.50**	**7**	**1.50**

PRNS Mechanism Table
Program, Project, and Activity

Programs of Regional & National Significance	FY 2022 Final No.	FY 2022 Final Amount	FY 2023 Enacted No.	FY 2023 Enacted Amount	FY 2024 President's Budget No.	FY 2024 President's Budget Amount
Building Communities of Recovery						
Grants						
Continuations	44	8.53	42	9.60	31	9.36
New/Competing	13	3.82	18	5.53	58	17.39
Supplements *	---	--	---	--	---	--
Subtotal	57	12.35	60	15.13	89	26.75
Contracts						
Continuations	---	0.58	---	0.87	---	1.25
New/Competing	---	0.08	---	0.00	---	--
Subtotal	---	0.65	---	0.87	---	1.25
Total,Building Communities of Recovery	**57**	**13.00**	**60**	**16.00**	**89**	**28.00**
Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths						
Grants						
Continuations	13	11.04	15	12.74	17	14.44
New/Competing	2	1.70	---	--	15	12.75
Supplements *	---	--	---	--	---	--
Subtotal	15	12.74	15	12.74	32	27.19
Contracts						
Continuations	---	1.12	---	0.87	---	0.80
New/Competing	---	0.13	---	0.69	---	0.01
Subtotal	---	1.26	---	1.56	---	0.81
Total, Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths	**15**	**14.00**	**15**	**14.30**	**32**	**28.00**
First Responder Training (CARA)						
Grants						
Continuations	42	21.87	47	25.29	75	39.72
New/Competing	66	21.58	86	27.68	118.1594	34.78
Subtotal	108	43.45	133	52.97	193	74.50
Contracts						
Continuations	---	2.53	---	3.03	---	3.00
New/Competing	---	0.03	---	--	---	--
Subtotal	---	2.55	---	3.03	---	3.00
Total, First Responder Training (CARA)	**108**	**46.00**	**133**	**56.00**	**193**	**77.50**

PRNS Mechanism Table
Program, Project, and Activity

Programs of Regional & National Significance	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Peer Support TA Center						
Grants						
Continuations	1	0.95	1	0.95	---	---
New/Competing	---	--	---	--	4.1168421	3.91
Subtotal	1	0.95	1	0.95	4	3.91
Contracts						
Continuations	---	0.04	---	0.11	---	0.09
New/Competing	---	0.01	---	--	---	--
Subtotal	---	0.05	---	0.11	---	0.09
Total, Peer Support TA Centers	**1**	**1.00**	**1**	**1.06**	**4**	**4.00**
Treatment, Recovery, and Workforce Support						
Grants						
Continuations	12	5.91	20	9.79	23	11.37
New/Competing	8	3.88	3	1.50	---	--
Subtotal	20	9.79	23	11.29	23	11.37
Contracts						
Continuations	---	0.20	---	0.36	---	0.28
New/Competing	---	0.01	---	0.35	---	0.35
Subtotal	---	0.21	---	0.71	---	0.63
Total, Treatment, Recovery, and Workforce Support	**20**	**10.00**	**23**	**12.00**	**23**	**12.00**
Emergency Department Alternatives to Opioids						
Grants						
Continuations	12	5.49	2	0.22	15.079254	7.54
New/Competing	---	--	15	7.54	2	1.00
Subtotal	12	5.49	17	7.76	17	8.54
Contracts						
Continuations	---	0.12	---	0.24	---	0.20
New/Competing	---	0.39	---	---	---	257.97
Subtotal	---	0.51	---	0.24	---	0.46
Total, Emergency Department Alternatives to Opioids	**12**	**6.00**	**17**	**8.00**	**17**	**9.00**

PRNS Mechanism Table
Program, Project, and Activity

Science and Service	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Addiction Technology Transfer Centers						
Grants						
Continuations	1	0.50	---	--	2	0.88
New/Competing	---	--	2	0.88	9.5399394	7.39
Supplements *	11	8.14	---	--	---	--
Subtotal	1	8.64	2	0.88	11.539939	8.27
Contracts						
Continuations	---	0.40	---	0.49	1	0.78
New/Competing	---	15	1	0.38	---	--
Subtotal	---	0.40	1	0.87	1	0.78
Total, Addiction Technology Transfer Centers	1	9.05	3	1.74	12.539939	9.05
SAT Minority Fellowship Program						
Grants						
Continuations	9	4.34		0.30	9	6.58
New/Competing	---	--	8	6.28	6	4.62
Supplements *	---	1.07	---	--	---	--
Subtotal	9	5.41	9	6.58	15	11.19
Contracts						
Continuations	1	0.41	---	0.39	---	0.64
New/Competing	---	-0.03	1	0.17	1	0.17
Subtotal	1	0.38	1	0.56	1	0.81
Total, Minority Fellowship Program (MF)	**10**	**5.79**	**10**	**7.14**	**16**	**12.00**
Subtotal, Science and Service:	**11**	**14.84**	**13**	**8.88**	**29**	**21.05**
Total, Substance Use Services PRNS	**1,031**	**$521.52**	**1,102**	**$556.28**	**1,454**	**$755.01**

Grant Awards Table

(Whole Dollars)

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Number of Awards	1,026	1,096	1,448
Average Award	$479,048	$480,300	$495,634
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 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
State Opioid Response Grants	$1,525,000	$1,575,000	$2,000,000	$425,000
Set-Aside for Tribes (non-add)	*55,000*	*55,000*	*75,000*	*20,000*

Authorizing Legislation ....Section 1003 of the 21st Century Cures Act
FY 2024 Authorization $1,750,000,000
Allocation Method .... Formula Grants
Eligible Entities........................... Limited to Single State Agencies (SSAs), and U.S. Territories, Tribes and Tribal organizations are eligible to apply to set-aside funds described below

Program Description

The State Opioid Response Grants (SOR) program was established by Congress in 2018 to address the public health crisis caused by escalating opioid misuse and substance use disorder across the nation. CDC provisional data indicate there were 107,477 predicted drug overdose deaths in the United States during the 12-month period ending in August 2022, an increase of 3.3 percent from the 104,038 predicted deaths during the same period the year before. In addition, there were an estimated 76,683 drug overdose deaths involving opioids for the 12-month period ending in August 2022, a decrease of 0.49 percent from the 77,060 opioid-involved drug overdose deaths reported during the same period the year before.[130] Illicitly manufactured fentanyl continues to drive 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 saw an exacerbation of health disparities in overdoses.

The SOR program provides resources to states and territories to continue and enhance the development of comprehensive strategies focused upon preventing, intervening, and promoting recovery from issues related to opioid use and misuse and stimulant use. This program aims to address the overdose crisis by increasing access to the three FDA-approved medications for the treatment of opioid use disorder (MOUD), reducing unmet treatment need, and reducing opioid-related overdose deaths through the provision of prevention, public health harm reduction interventions, treatment, and recovery activities for opioid use disorder (OUD) and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. In FY 2022, SAMHSA awarded base grants to 58 states and territories via a formula.

The SOR program requires grantees to use evidence-based treatments, practices, and interventions for OUD and stimulant use disorders. The program requires that MOUD is available to those diagnosed with OUD. MOUD includes methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, long-acting injectable buprenorphine products and injectable extended-release naltrexone. The program supplements

[130] Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. Accessed January 25, 2023. Available at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

activities pertaining to opioids currently undertaken by the state agency that also manages the Substance Use Prevention, Treatment, and Recovery Services Block Grant, and supports a comprehensive response to the overdose epidemic. The program identifies gaps and resources, while building upon existing substance use primary prevention, public health harm reduction interventions including naloxone and fentanyl test strip purchase and distribution, 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 2024, is education on, and purchase and distribution of, naloxone, a proven medication that reverses opioid-related overdoses to save lives.

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 Tribal Opioid Response grantees but to all their sub-recipients and affiliated entities. A key component of this technical assistance is local teams of multi-disciplinary experts, including clinicians, preventionists, and recovery specialists, in every state. These teams and the technical expertise and educational resources provide training not only 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 overdose crisis is tailored to local needs.

Tribal Opioid Response Grants

The Tribal Opioid Response Grants (TOR) is a key component of the SOR program and seeks to address the public health crisis of escalating opioid misuse and overdose in Tribal communities. The purpose of the TOR program is to assist in addressing the overdose crisis in Tribal communities by increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and supporting the continuum of prevention, public health harm reduction interventions, treatment, and recovery support services for opioid use disorder (OUD) and co-occurring substance use disorders. The TOR program also supports the full continuum of prevention, public health harm reduction, treatment and recovery support services for stimulant misuse and use disorders, including for cocaine and methamphetamine. According to the Centers for Disease Control and Prevention, American Indians and Alaska Natives (AI/AN) had the highest drug overdose death rates in both 2020 and 2021.

American Indian and Alaska Native communities experience high rates of physical, emotional, and historical trauma and significant socioeconomic disparities, all of which may contribute to higher rates of drug misuse in the Tribal communities.[131] The TOR program addresses the gaps in prevention, public health harm reduction, treatment, and recovery identified by Tribes and supports 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 Rural Opioids Technical Assistance- Regional Centers (ROTA-R) is a key component of the SOR

131 https://www.cdc.gov/injury/tribal/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Finjury%2Ffundedprograms%2Ftribal.html

program. The purpose of this 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, public health harm reduction, treatment, and recovery activities for OUD and/or Stimulant Use Disorder, and ensure that high-quality training is provided.

According to CDC National Center for Health Statistics Data Brief, from 1999 through 2019, the rate of drug overdose deaths increased from 4.0 to 19.6 in rural counties. They also reported that the in 2019, the rate of drug overdose deaths involving psychostimulants with abuse potential (drugs such as methamphetamine) was 1.4 times higher in rural counties (6.7 per 100,000) than in urban counties (4.8).[132]

The literature recognizes the need to develop creative and nuanced solutions that work with impacted communities.[133] The need for an innovative opioid response is particularly clear in rural areas, which face unique social, economic, and infrastructural challenges.[134] Some solutions offered by the evidence base include providing public overdose education, improving access to naloxone[135] and efforts to reduce OUD-related stigma.[136]

Budget Request

The FY 2024 President's Budget Request is $2.0 billion, an increase of $425.0 million from the FY 2023 Enacted level. The funding includes $75.0 million set-aside for the Tribal Opioid Response program. SAMHSA plans to fund 59 new SOR grants to continue to support states and territories. SAMHSA aims to admit 140,569 people for OUD treatment through SOR. 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 involved in a significant proportion of deaths in a number of states.[137]

Based on an assessment of a state's naloxone purchasing and distribution conducted in FY 2022 and further refined through technical assistance and early implementation in FY 2023, states will utilize SOR grant dollars as a key source of funds to target naloxone to underserved areas and organizations in FY 2024. SAMHSA will assist states in the identification of underserved communities and agencies and continue in FY 2024 to work with states on implementation and further refinement of naloxone distribution and saturation.

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[132] https://www.cdc.gov/nchs/data/databriefs/db403-H.pdf

[133] Nabila El-Bassel, Rebecca D Jackson, Jeffrey Samet, and Sharon L Walsh, "Introduction to the Special Issue on the HEALing Communities Study." *Drug and Alcohol Dependence*, (December 1, 2020): 1, https://doi.org/10.1016/j.drugalcdep.2020.108327

[134] Shannon Monnat and Khary Rigg, "The Opioid Crisis in Rural and Small Town America," *University of New Hampshire Carsey School of Public Policy*, (2018): 3, doi:10.34051/p/2020.332

[135] Joan Stephenson, "Commission Outlines New Strategies to Combat Opioid Crisis," JAMA Health Forum 3, no. 2 (2022): e220382, doi:10.1001/jamahealthforum.2022.0382

[136] Bernard Showers, Danielle Dicken, Jennifer S. Smith, and Aaron Hemlepp, "Medication for Opioid Use Disorder in Rural America: A Review of the Literature," *Journal of Rural Mental Health* 45, no. 3 (2021): 184, doi:10.1037/rmh0000187

[137] https://www.cdc.gov/nchs/data/databriefs/db457.pdf

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$1,525,000,000
FY 2021	$1,525,000,000
FY 2022 Final	$1,525,000,000
FY 2023 Enacted	$1,575,000,000
FY 2024 President's Budget	$2,000,000,000

Program Accomplishments

In FY 2022, SAMHSA awarded base grants to 58 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. Since the SOR program began, states report that approximately 1,148,915 patients have received treatment services, including 553,347 who have received an FDA-approved medication for opioid use disorder (MOUD). Of that number, 212,542 received methadone, 310,428 received buprenorphine, and 30,377 received naltrexone.[138] Through the SOR program, 97,768 patients received treatment services for stimulant use disorder [139] and 1,171,670 patients received recovery support services.[140]

During FY 2022, 117,358 clients had an intake assessment in the SOR program. Based on these 117,358 client intakes assessments, and 34,476 client six-month follow-up reassessments, the following National Outcome Measures are reported:

State Opioid Response	At Intake	At 6-months	percent change between the intake and 6-months follow-up
	(n=117,358)	(n=34,476)	
No past 30-day use alcohol/illegal drugs	52.2%	70.9%	35.7%
No past 30-day arrest	94.6%	97.8%	3.4%
Past 30-day employment or school attendance	31.4%	50.3%	60.5%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	68.4%	86.1%	25.8%

[138] 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 Performance Progress Reports (September 30, 2020, to September 29, 2022); this is the most current data available.
[139] Data is from the FY 2020 SOR cohort Performance Progress Reports (September 30, 2020, to September 29, 2022); this is the most current data available.
[140] 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 Performance Progress Reports (September 30, 2020, to September 29, 2022); this is the most current data available.

State Opioid Response	At Intake	At 6-months	percent change between the intake and 6-months follow-up
	(n=117,358)	(n=34,476)	
Past 30-day socially connectedness	89.0%	90.7%	1.9%
Past 30-day permanent place to live in the community	36.9%	45.9%	24.2%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, 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 2022, SAMSHA funded 102 new TOR grants. Since 2018, Tribes and Tribal organizations have provided TOR-funded treatment and recovery support services to 7,700 clients. Tribes have also purchased and distributed 16,955 naloxone kits and 7,045 fentanyl testing strips and trained 3,357 community members on the use of lifesaving naloxone. Tribes and Tribal organizations funded through TOR also educated over 25,000 individuals on the consequences of opioid misuse and overdose through prevention activities.

During FY 2022, 2,468 clients had an intake assessment in the TOR program. Based on these 2,468 client intakes assessments, and 421 client six-month follow-up reassessments, the following National Outcome Measures are reported:

Tribal Opioid Response	At Intake	At 6-months	% I=/- in the number of clients reporting
	(n=2,468)	(n=421)	
No past 30-day use alcohol/illegal drugs	42.1%	66.4%	57.8%
No past 30-day arrest	96.8%	95.4%	-1.5
Past 30-day employment or school attendance	44.8%	54.0%	20.7%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	61.9%	77.8%	25.7%
Past 30-day socially connectedness	84.7%	84.7%	0.0%
Past 30-day permanent place to live in the community	56.9%	58.8%	3.3%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from http://spars.samhsa.gov. Based on 2,468 client intakes assessments, and 420 client six-month follow-up reassessments. Based on 2,468client intakes assessments, and 421 client six-month follow-up reassessments.
Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2022, SAMHSA funded 10 new ROTA grants. From the beginning of FY 2022 through January 2023, the ROTA grantees have implemented 2,359 events serving over 52,300 providers and community members, disseminating training and technical assistance for rural communities addressing opioid and stimulant issues affecting their communities.

In FY23, SAMHSA aims to admit 133,875 people for OUD treatment through SOR.

During FY 2022, 117,358 clients had an intake assessment in the SOR program. Based on these 117,358 client intakes assessments, and 34,476 client six-month follow-up reassessments, the following National Outcome Measures are reported:

State Opioid Response	At Intake	At 6-months	percent change between the intake and 6-months follow-up
	(n=117,358)	(n=34,476)	
No past 30-day use alcohol/illegal drugs	52.2%	70.9%	35.7%
No past 30-day arrest	94.6%	97.8%	3.4%
Past 30-day employment or school attendance	31.4%	50.3%	60.5%
No past 30-day experience with alcohol or drug related health, behavioral, or social consequences	68.4%	86.1%	25.8%
Past 30-day socially connectedness	89.0%	90.7%	1.9%
Past 30-day permanent place to live in the community	36.9%	45.9%	24.2%

Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from . Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

In FY 2023, SAMHSA will fund 59 SOR grants with a target to admit 133,875 people for OUD treatment through SOR. The program also continues to support technical assistance and training grants that enhance states' ability to address stimulants, as well as other issues related to the evolving overdose epidemic As of January 20, 2023, grantees reported in the SAMHSA Performance Accountability and Reporting System (SPARs), 6,084,849 naloxone kits were distributed.[141] Grantees also reported using naloxone to reverse approximately 446,458 overdoses.[142]

In FY 2023, SAMHSA will fund 10 continuation ROTA grants.

In FY 2023, SAMHSA will fund 89 continuation TOR grants.

[141] Data reported is based on GPRA data generated in SPARs on January 20, 2023 for the number of naloxone kits distributed.
[142] 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 Performance Progress Reports (September 30, 2020, to September 29, 2022); this is the most current data available.

Outputs and Outcomes

Program: State Opioid Response Grants

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.2.70 Number of admissions for OUD treatment (Output)	FY 2022: 117,358.0 Target: 127,500.0 (Target Not Met)	133,875.0	140,569.0	+6,694
1.2.71 number of clients receiving recovery services (Output)	FY 2022: 60,648 Target: 38,147.0 (Target Exceeded)	51,639.0	54,221.0	+2,582
1.2.73 Illicit drug use at 6 months follow-up (Output)	FY 2022: 70.9 Target: 70.0 (Target Exceeded)	73.3	75.3	+2
1.2.74 Number of people educated on the consequences of opioid and/or stimulant misuse through prevention activities (Output)	FY 2022: 3,939,191 Target: Set Baseline (Not Applicable)	TBD	TBD	Maintain

Substance Abuse and Mental Health Services Administration FY 2024 State Opioid Response Budget Request $2,000,000,000, State - Territory Total $1,885,000,000				
STATE/TERRITORY	**FY 2022 Actual**	**FY 2023 Enacted**	**FY 2024 Request**	**FY 2024 +/- FY 2023**
Alabama	$16,267,833	$16,836,973	$21,409,214	$4,572,241
Alaska	$4,000,000	$4,000,000	$4,000,000	$0
Arizona	$31,963,651	$33,081,919	$42,065,631	$8,983,712
Arkansas	$10,882,752	$11,263,492	$14,322,201	$3,058,709
California	$107,060,968	$110,806,562	$140,897,143	$30,090,581
Colorado	$21,078,320	$21,815,758	$27,740,036	$5,924,278
Connecticut	$14,375,862	$14,878,810	$18,919,294	$4,040,484
Delaware	$37,284,006	$38,558,404	$48,866,126	$10,307,722
District Of Columbia	$24,139,141	$24,964,374	$31,638,786	$6,674,412
Florida	$101,302,478	$104,846,607	$133,318,707	$28,472,100
Georgia	$29,607,100	$30,642,922	$38,964,301	$8,321,379
Hawaii	$4,000,000	$4,000,000	$5,173,262	$1,173,262
Idaho	$7,937,724	$8,215,430	$10,446,409	$2,230,979
Illinois	$37,195,746	$38,497,062	$48,951,308	$10,454,246
Indiana	$29,147,743	$30,167,495	$38,359,767	$8,192,272
Iowa	$9,083,075	$9,400,852	$11,953,743	$2,552,891
Kansas	$8,370,570	$8,663,419	$11,016,053	$2,352,634
Kentucky	$35,916,929	$37,160,645	$47,182,039	$10,021,394
Louisiana	$17,457,546	$18,068,309	$22,974,932	$4,906,623
Maine	$6,326,670	$6,548,012	$8,326,187	$1,778,175
Maryland	$51,384,298	$53,158,433	$67,465,901	$14,307,468
Massachusetts	$57,647,564	$59,648,324	$75,758,979	$16,110,655
Michigan	$36,852,749	$38,142,065	$48,499,908	$10,357,843
Minnesota	$11,357,382	$11,754,726	$14,946,835	$3,192,109
Mississippi	$7,242,937	$7,496,336	$9,532,037	$2,035,701
Missouri	$25,300,398	$26,185,548	$33,296,484	$7,110,936
Montana	$4,000,000	$4,000,000	$4,685,231	$685,231
Nebraska	$4,492,812	$4,649,996	$5,912,746	$1,262,750
Nevada	$16,723,421	$17,308,500	$22,008,789	$4,700,289
New Hampshire	$28,507,046	$29,482,949	$37,372,768	$7,889,819
New Jersey	$66,756,027	$69,075,453	$87,746,134	$18,670,681

Substance Abuse and Mental Health Services Administration FY 2024 State Opioid Response Budget Request $2,000,000,000, State - Territory Total $1,885,000,000				
STATE/TERRITORY	**FY 2022 Actual**	**FY 2023 Enacted**	**FY 2024 Request**	**FY 2024 +/- FY 2023**
New Mexico	$7,618,859	$7,885,409	$10,026,768	$2,141,359
New York	$56,870,542	$58,860,193	$74,844,241	$15,984,048
North Carolina	$35,546,609	$36,790,229	$46,780,968	$9,990,739
North Dakota	$4,000,000	$4,000,000	$4,000,000	$0
Ohio	$97,370,121	$100,755,241	$127,999,733	$27,244,492
Oklahoma	$16,153,919	$16,719,074	$21,259,298	$4,540,224
Oregon	$15,474,271	$16,015,648	$20,364,851	$4,349,203
Pennsylvania	$80,784,879	$83,589,755	$106,172,794	$22,583,039
Rhode Island	$7,443,492	$7,598,950	$8,847,839	$1,248,889
South Carolina	$18,142,218	$18,776,935	$23,875,991	$5,099,056
South Dakota	$4,000,000	$4,000,000	$4,000,000	$0
Tennessee	$30,457,651	$31,523,231	$40,083,666	$8,560,435
Texas	$52,783,865	$54,630,540	$69,465,986	$14,835,446
Utah	$10,842,291	$11,221,615	$14,268,952	$3,047,337
Vermont	$4,000,000	$4,000,000	$4,473,714	$473,714
Virginia	$27,953,005	$28,930,958	$36,787,437	$7,856,479
Washington	$27,480,888	$28,442,323	$36,166,109	$7,723,786
West Virginia	$44,337,509	$45,856,535	$58,134,478	$12,277,943
Wisconsin	$16,917,133	$17,508,989	$22,263,724	$4,754,735
Wyoming	$4,000,000	$4,000,000	$4,000,000	$0
State Subtotal	**$1,425,840,000**	**$1,474,425,000**	**$1,867,567,500**	**$393,142,500**
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	$12,160,000	$12,575,000	$15,932,500	$3,357,500
Palau	$250,000	$250,000	$250,000	$0
Marshall Islands	$0	$0	$0	$0
Micronesia	$250,000	$250,000	$250,000	$0
Virgin Islands	$250,000	$250,000	$250,000	$0
Territory Subtotal	**$13,660,000**	**$14,075,000**	**$17,432,500**	**$3,357,500**
Total State - Territory	**$1,439,500,000**	**$1,488,500,000**	**$1,885,000,000**	**$396,500,000**
TOR	**$54,976,150**	**$55,000,000**	**$75,000,000**	**$20,000,000**
Total Administrative	**$30,523,850**	**$31,500,000**	**$40,000,000**	**$8,500,000**
Total Appropriation	**$1,525,000,000**	**$1,575,000,000**	**$2,000,000,000**	**$425,000,000**

Substance Use Prevention, Treatment, and Recovery Services Block Grant

(Dollars in thousands)

Programs of Regional & National Significance	FY 2022 Final	FY 2023 Enacted	FY 2024 Higher Level	FY 2024 +/- FY 2023 PB
Substance Use Prevention, Treatment, and Recovery Services Block Grant	$1,908,079	$2,008,079	$2,708,079	$700,000
Budget Authority (non-add)	*1,828,879*	*1,928,879*	*2,628,879*	*700,000*
PHS Evaluation Funds (non-add)	*79,200*	*79,200*	*79,200*	*---*

Authorizing Legislation ....Section 1935 of the Public Health Service Act
FY 2024 Authorization $1,908,079,000
Allocation Method .... Formula Grants
Eligible Entities....States, Territories, Freely Associated States, District of Columbia, and the Red Lake Band of Chippewa Indians

Program Description

The Substance Use Prevention, Treatment, and Recovery Services Block Grant program (SUPTRS BG) 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). SUPTRS BG 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 SUPTRS BG 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 SUPTRS BG appropriation changes from year to year.

The goal of the SUPTRS BG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, public health interventions and recovery support services necessary to improve individual outcomes and reduce the impact of substance use on America's communities.

Priority Services and Populations

The SUPTRS BG 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 statutorily required to be addressed to receive SUPTRS BG funds. The following services and populations of focus 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 for individuals in SUD treatment services;
3. Early intervention services for HIV/AIDS for individuals in SUD treatment services in designated states;
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 SUPTRS BG

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.

Maintenance of Effort (MOE)

The SUPTRS BG statute requires that a state maintain its state expenditures for certain SUD prevention, treatment, and recovery support activities at a level that is no less than the state's average expenditures for the previous two state fiscal years. Additionally, the statute requires states to maintain no less than an amount equal to the FFY 1994 level of expenditures for SUD treatment services for pregnant women and women with dependent children. The statute and regulation provide states with the flexibility to expend a combination of SUPTRS BG and state SUD treatment funds focused on women to satisfy the MOE for women's services.

Funding Set-Asides

The authorizing legislation and implementing regulations for the SUPTRS BG include two maintenance of effort requirements and two specific funding set-asides, including a 20 percent set-aside for primary prevention and a five percent set-aside for early intervention services for HIV for designated states. The President's Budget 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.

Primary Prevention Set-Aside

The 20 percent primary prevention set-aside requires SUPTRS BG grantees to spend at least 20 percent of their SUPTRS BG funds to develop and implement a comprehensive substance use/ misuse primary prevention program, which includes a broad array of prevention strategies directed at individuals not identified to need SUD treatment. The primary prevention program set-aside is one of SAMHSA's main vehicles aimed at preventing substance use/misuse and allows states to develop prevention infrastructure and capacity. A thriving prevention infrastructure will achieve and maintain long-term outcomes by ensuring that states have the necessary infrastructure 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 primary 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 Budget Request includes a 10 percent set-aside within the SUPTRS BG for recovery support services.

The SUPTRS BG strongly encourages states to expend funds to support a robust array of recovery support services. This includes recovery community organizations, peer recovery support services, and recovery housing which meets national certification standards, among others.

The FY 2024 budget includes a 10 percent set-aside for non-clinical recovery support services. The set-aside requires that at least 10 percent of grantees' SUPTRS BG 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)

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.

Section 1242 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) included language that requires states to describe the State's comprehensive statewide recovery support services activities, including the number of individuals being served, target populations, workforce capacity, and priority needs; and the amount of funds received expended on recovery support services, disaggregated by the amount expended for type of service activity. Further, the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2023 noted that the agreement does not include a new set-aside within the SUPTRS BG for recovery services but urges SAMHSA to strongly encourage States to use a portion of their SUPTRS BG funding for recovery support services. The Budget includes a 10 percent set-aside for recovery support services to ensure the more than 20 million Americans recovering from substance use disorder substance use disorder receive the services and supports to help them thrive.

Budget Request

The FY 2024 President's Budget request is $2.7 billion, an increase of $700 million from the FY 2023 Enacted level. Coming out of the COVID-19 pandemic, and with an evolving overdose crisis, the need and demand for prevention, treatment and recovery support services for SUDs continues to grow. The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) will continue to serve as a source of safety-net funding for vulnerable populations that rely on public funding to pay for substance use disorder prevention, treatment, public health interventions, and recovery support services. SAMHSA will provide 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 SAMHSA will also assist states and jurisdictions in

planning for, expanding, enhancing, and building capacity in their service systems to address these evolving needs. States will continue to use the Coronavirus Response and Relief Supplement and American Rescue Plan funding through FY 2023 (or FY 2024 with No Cost Extension request approvals) and FY 2025, respectively, as states expand their SUD infrastructure to address unmet service needs.

10 Year Funding Table

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	$1,858,079,000	$3,150,000,000
FY 2022 Final	$1,908,079,000	
FY 2023 Enacted	$2,008,079,000	
FY 2024 President's Budget	$2,708,079,000	

Program Accomplishments

States and their sub-recipients have learned a tremendous amount from the COVID 19 experience and the evolution of the overdose crisis. This includes the need for, and ability to provide, support for targeted housing and funding of 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. There has been extensive adoption of telehealth services to provide continuous accessibility of services to clients and communities. Grantees have also been encouraged to use SUPTRS BG 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 2024 are to continue strengthening service accessibility and quality, while expanding services to under-served populations, including the expansion of recovery support services.

Importantly, SUPTRS BG 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 response to a broader and longer-term community recovery

response. Substance use disorder 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 SUPTRS BG will be a significant focus for FY 2024.

Performance and Evaluation

The SUPTRS BG enables the development of comprehensive statewide systems of care that provide a broad continuum of SUD services and recovery supports encompassing prevention, treatment, and recovery support services for individuals in need. By statute, SAMHSA collects performance metric data from the states to monitor performance outcomes across the program. The data is used to measure and monitor state program goals and client outcomes. The data is used by the states for future strategic planning to enhance the state's SUD systems of care. In addition, the data is used by SAMHSA in policymaking and recommendations for innovative programs to address gaps in the SUD systems of care.
In FY 2023-2024, as part of SAMHSA's ongoing data modernization strategy, SAMHSA is developing a common performance, evaluation, and quality dataset, and clarifying reporting instructions for states. This new dataset and clearer instructions will increase SAMHSA's ability to assess and monitor SAMHSA's BG programs.

SUPTRS BG SUD Treatment Outcomes

States reported nearly two million[143] SUD treatment admissions for state fiscal year SFY 2022, suggesting ongoing critical support of SUD treatment by public funding, including BG funds. The outcome data from the Behavioral Health Services Information System/Treatment Episode Data Set (TEDS), administered by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) provides more detailed information for SFY 2022.

In SFY 2022, states expended Block Grant funds as follows:

- $139,970,636 for SUD Treatment for Pregnant Women and Women with Dependent Children
- $1,115,687,387 for All Other SUD Treatment and Prevention Services
- $356,542,698 for SUD Primary Prevention Program Services
- $299,148 for Tuberculosis Services
- $12,127,486 for HIV Early Intervention Services
- $83,509,694 for SSA Administration

Source: WebBGAS Report Title "SABG State Agency Reported Expenditures by Target Activity within Source of Funds" Report Year: 2023, Table 2a (for SFY 2022)

In total, all states and jurisdiction admitted 1,761,772 clients in SFY 2022, specifically:

[143] Web Block Grant Application System (WebBGAS) FY 2015 - 2021 SABG Treatment Utilization Matrix Admissions & Persons Served, State/Jurisdiction Selection: All States/Jurisdictions.

- 205,059 persons admitted to withdrawal management services;
- 329,034 persons admitted to residential treatment levels of care;
- 883,782 persons admitted to ambulatory services; and
- 343,897 persons received outpatient treatment that included medications for opioid use disorder

Source: WebBGAS Report Title “SABG Treatment Utilization Matrix - Summary of Admissions by Level of Care” Report Year: 2023, Table 10 (for SFY 2022).
Note: *this number does not represent unduplicated individuals as persons may have been admitted more than once to a particular service.*

SFY 2022 SUPTRS BG Demographics[144,145]	
Total Unduplicated Persons Served (Adults and Children)	**1,508,202**
Female	40.52%
Male	59.48%
Race	
White	62.11%
Blacks or African Americans	16.35%
American Indian/Alaska Natives	4.11%
Asians	0.76%
Native Hawaiian/Other Pacific Islanders	0.42%
Unknown	13.54%
Multi-Racial	2.69%
Ethnicity	
Not Hispanic or Latino	85.7%
Hispanic or Latino	14.3%
Age	
17 and Under	3.93%
18 – 24	9.17%
25 – 44	56.63%
45 – 64	27.40%
65 and Over	2.88%

Source: WebBGAS Report Titles "SABG Percentage of Unduplicated Persons Served by Age Group-Race" Report Year: 2023, Table 11A (for SFY 2022), and "SABG Unduplicated Count of Persons Served by Age Group with Gender and Ethnicity Breakout" Report Year: 2023, Table 11a (for SFY 2022).

Synar Program Outcomes

The Synar Program was established to monitor and enforce the federal prohibition on the sale or distribution of tobacco products to individuals under the age of 18, recently updated to 21, by conducting unannounced and random inspections of retailers selling such products. 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

[144] 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.
[145] 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.

violation rate was 7.6 and 8.4, respectively.[146] These figures represent the latest data as there are currently no withhold amounts under subsection (b) for the 3-year period immediately following the date of enactment of the Consolidated Appropriations Act, 2020.

Tobacco 21 legislation was included in a larger fiscal year 2020 appropriations package (P.L. 116-94) that was enacted in December 2019. Tobacco 21 legislation, signed into law in 2019, does not require that states pass laws to raise their sales age to 21, but, in line with Synar requirements, it does require states to demonstrate that their retailers are complying with the federal law not to sell tobacco products to individuals under the age of 21. Synar inspections are conducted on a federal fiscal year timeline. The next federal fiscal year that would subject states to penalty would be October 1, 2023-September 30, 2024.

Technical Assistance

In addition to the states and jurisdictions' plans and reports, authorizing legislation provides SAMHSA with resources to support technical assistance to the SUPTRS BG 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 SUPTRS BG program.

Program Accomplishments

States and their sub-recipients have learned a tremendous amount from the COVID 19 experience and the evolution of the overdose crisis. This includes the need for, and ability to provide, support for targeted housing and funding of 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. There has been extensive adoption of telehealth services to provide continuous accessibility of services to clients and communities. Grantees have also been encouraged to use SUPTRS BG 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 2024 are to continue strengthening service accessibility and quality, while expanding services to under-served populations, including the expansion of recovery support services.

Importantly, SUPTRS BG 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.

[146] https://www.samhsa.gov/sites/default/files/synar_program_rvr_table_1997-2018_dec_11_2018.pdf.

At this critical moment in our country's substance use crisis, it is imperative that our response truly evolve from an acute, short-term response to a broader and longer-term community recovery response. Substance use disorder 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 SUPTRS BG will be a significant focus for FY 2024.

Output and Outcomes

Program: Treatment Activities

Measure	Year and Most Recent Result ‘ Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.2.43 Number of admissions to substance abuse treatment programs receiving public funding (Output)	FY 2022: 1,501,647 Target: 1,419,631 (Target Exceeded)	1,448,024	1,476,984	+28,960
1.2.48 Percentage of clients reporting no drug use in the past month at discharge (Outcome)	FY 2022: 51.14% Target: 50.4% Target Exceeded	52.4 %	54.4 %	+2 %
1.2.49 Percentage of clients reporting no alcohol use in the past month at discharge (Outcome)	FY 2022: 77.12% Target: 76.6% Target Exceeded	78.6 %	80.6 %	+2%
1.2.50 Percentage of clients reporting being employed/in school at discharge (Outcome)	FY 2022: 30.11% Target: 34.4% (Target Not Met)	36.4 %	38.4 %	+2%
1.2.51 Percentage of clients reporting no involvement with the Criminal Justice System (Outcome)	FY 2022: 97.47% Target: 93.8% (Target Exceeded)	95.8 %	97.8 %	+2%
1.2.85 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2022: 87.87% Target: 90.9% (Target Not Met)	92.9 %	94.9 %	+2%

Program: Prevention Set-Aside

Measure	Year and Most Recent Result Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
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 2022: 62.5 % Target: 73.9 % (Target Not Met)	73.9 %	73.9 %	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 any illicit drugs other than marijuana (age 12-17) (Outcome)	FY 2022: 69.6 % Target: 63 % (Target Exceed)	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 any illicit drugs other than marijuana (age 18+) (Outcome)	FY 2022: 39.3 % Target: 48 % (Target Not Met)	48 %	48 %	Maintain

Substance Abuse and Mental Health Services Administration FY 2024 Substance Use Prevention, Treatment, and Recovery Services Block Grant Final Allotment Budget Request $2,708,079, State - Territory Total $2,523,049,352				
State/Territory	**FY 2022 Final**	**FY2023 Enacted**	**FY2024 Request**	**FY 2024 +/- FY 2023**
Alabama	$23,284,640	$24,686,455	$34,990,474	$10,304,019
Alaska	$6,365,096	$7,365,856	$10,155,296	$2,789,440
Arizona	$43,466,912	$47,835,777	$63,713,344	$15,877,567
Arkansas	$13,638,808	$14,433,529	$19,939,737	$5,506,208
California	$256,565,098	$260,569,705	$346,108,411	$85,538,706
Colorado	$33,296,290	$36,229,697	$49,656,123	$13,426,426
Connecticut	$19,103,524	$20,463,616	$29,045,529	$8,581,913
Delaware	$7,155,296	$7,530,296	$10,155,296	$2,625,000
District Of Columbia	$7,155,296	$7,530,296	$10,155,296	$2,625,000
Florida	$112,320,687	$116,814,207	$158,767,581	$41,953,374
Georgia	$57,635,273	$58,534,875	$78,755,502	$20,220,627
Hawaii	$8,654,757	$8,789,845	$12,115,686	$3,325,841
Idaho	$8,607,984	$9,195,796	$13,283,266	$4,087,470
Illinois	$68,217,527	$69,282,302	$81,952,056	$12,669,754
Indiana	$34,062,891	$36,957,352	$51,519,199	$14,561,847
Iowa	$13,204,014	$14,119,045	$19,750,194	$5,631,149
Kansas	$12,104,947	$12,976,950	$18,104,575	$5,127,625
Kentucky	$20,550,614	$21,294,912	$29,615,125	$8,320,213
Louisiana	$25,237,957	$25,631,884	$31,435,864	$5,803,980
Maine	$7,155,296	$7,530,296	$10,155,296	$2,625,000
Maryland	$34,368,033	$34,904,467	$44,791,940	$9,887,473
Massachusetts	$40,958,540	$44,048,382	$61,801,836	$17,753,454
Michigan	$56,526,618	$57,408,915	$73,908,249	$16,499,334
Minnesota	$24,806,407	$26,746,812	$37,423,306	$10,676,494
Mississippi	$13,920,231	$14,137,505	$19,436,489	$5,298,984
Missouri	$26,772,865	$29,032,034	$40,069,498	$11,037,464
Montana	$7,155,296	$7,530,296	$10,155,296	$2,625,000
Nebraska	$7,802,372	$8,476,196	$11,798,767	$3,322,571
Nevada	$18,578,267	$20,537,145	$28,086,137	$7,548,992
New Hampshire	$7,155,296	$7,530,296	$10,155,296	$2,625,000

Substance Abuse and Mental Health Services Administration FY 2024 Substance Use Prevention, Treatment, and Recovery Services Block Grant Final Allotment Budget Request $2,708,079, State - Territory Total $2,523,049,352				
State/Territory	**FY 2022 Final**	**FY2023 Enacted**	**FY2024 Request**	**FY 2024 +/- FY 2023**
New Jersey	$48,470,437	$52,033,413	$76,692,382	$24,658,969
New Mexico	$9,645,959	$10,381,561	$14,590,776	$4,209,215
New York	$112,775,260	$114,535,516	$148,379,060	$33,843,544
North Carolina	$47,867,180	$52,356,446	$71,357,798	$19,001,352
North Dakota	$7,061,663	$7,530,296	$10,155,296	$2,625,000
Ohio	$65,081,199	$66,097,021	$76,088,428	$9,991,407
Oklahoma	$17,402,859	$19,133,801	$26,640,940	$7,507,139
Oregon	$24,280,524	$26,191,379	$36,302,994	$10,111,615
Pennsylvania	$59,599,723	$60,529,987	$83,524,980	$22,994,993
Rhode Island	$7,662,698	$7,782,301	$10,608,117	$2,825,816
South Carolina	$23,934,835	$26,137,986	$35,622,838	$9,484,852
South Dakota	$6,530,070	$7,530,296	$10,155,296	$2,625,000
Tennessee	$32,860,513	$35,879,258	$50,067,126	$14,187,868
Texas	$148,608,271	$163,031,546	$226,630,442	$63,598,896
Utah	$23,254,669	$25,514,492	$36,202,490	$10,687,998
Vermont	$6,982,034	$7,530,296	$10,155,296	$2,625,000
Virginia	$43,608,532	$47,578,842	$65,860,547	$18,281,705
Washington	$39,029,910	$41,988,215	$57,458,398	$15,470,183
West Virginia	$8,503,953	$8,636,687	$11,138,226	$2,501,539
Wisconsin	$27,427,864	$27,855,973	$38,261,962	$10,405,989
Wyoming	$4,536,852	$5,250,164	$10,155,296	$4,905,132
Subtotal	**$1,780,951,837**	**$1,871,630,215**	**$2,523,049,352**	**$651,419,137**
Red Lake Indians	$611,387	$659,211	$922,347	$263,136
American Samoa	$356,222	$358,798	$479,377	$120,579
Guam	$1,194,727	$1,275,605	$1,745,230	$469,625
Northern Marianas	$367,469	$392,556	$534,101	$141,545
Puerto Rico	$23,022,866	$24,154,125	$32,493,119	$8,338,994
Palau	$153,473	$163,016	$223,456	$60,440
Marshall Islands	$545,761	$588,566	$815,032	$226,466
Micronesia	$732,246	$774,650	$1,051,215	$276,565
Virgin Islands	$757,640	$804,706	$1,094,587	$289,881
Subtotal Territory	**$27,741,791**	**$29,171,233**	**$39,358,464**	**$10,187,231**
Adjustments	**$99,385,372**	**$107,277,552**	**$145,671,184**	**$38,393,632**
Total Resources	**$1,908,079,000**	**$2,008,079,000**	**$2,708,079,000**	**$700,000,000**

Health Surveillance and Program Support

Table of Contents

Health Surveillance and Program Support 317
Summary of the Request 318
Health Surveillance 319
Performance and Quality Information Systems (PQIS) 324
Drug Abuse Warning Network (DAWN) 328
Program Support 330
Public Awareness and Support 331
PRNS Mechanism Table 335

Health Surveillance and Program Support
<u>Summary of the Request</u>

(Dollars in Thousands)

Program Name	FY 2022	FY 2023	FY 2024	
	Final	Enacted	President's Budget	FY 2024 +/- FY 2023
Health Surveillance and Program Support	$130,123	$135,123	$137,795	$2,672
Program Support (non-add)	81,500	84,500	84,500	
Health Surveillance (non-add)	48,623	50,623	53,295	2,672
Budget Authority (non-add)	*18,195*	*20,195*	*22,867*	*2,672*
PHS Evaluation Funds (non-add)..	*30,428*	*30,428*	*30,428*	---
Data Request/Publications User Fees	1,500	1,500	1,500	---
Public Awareness and Support...	13,000	13,260	13,260	---
Performance and Quality Information Systems.................................	10,000	10,200	10,200	---
Behavioral Health Workforce Data and Development......................	1,000	1,000	1,000	---
PHS Evaluation Funds (non-add)...	*1,000*	*1,000*	*1,000*	---
Drug Abuse Warning Network...	10,000	13,000	20,000	7,000
Community Project Funding..	*127,535*	*160,777*	---	*-160,777*
Total, Health Surveillance and Program Support	**$293,158**	**$334,860**	**$183,755**	**-151,105**
FTE	**354**	**378**	**423**	**45**

Overview

The Health Surveillance and Program Support (HSPS) FY 2024 President's Budget Request is $184 million, a decrease of $151 million from FY 2023 Enacted.

SAMHSA's maintains multiple U.S. behavioral health data collection systems and surveys, supports public awareness, and funds a range of business operations and processes within HSPS.

Health Surveillance

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023 Budget
Health Surveillance	$48,623	$50,623	$53,295	$2,672
Budget Authority (non-add)	*18,195*	*20,195*	*22,867*	*2,672*
PHS Evaluation Funds (non-add)	*30,428*	*30,428*	*30,428*	---

Authorizing Legislation…………………Sections 501 and 505 of the Public Health Service Act
FY 2024 Authorization .... Permanent
Allocation Method .... Federal/Intramural, Contracts, Grants, Other
Eligible Entities..Not Applicable

Program Description

The Center for Behavioral Health Statistics and Quality (CBHSQ) within SAMHSA is the lead Federal government agency for behavioral health data collection, evaluation, and research. CBHSQ promotes basic and applied research in behavioral health data systems and statistical methodology, designs and carries out special data collection and analytic projects to examine issues for SAMHSA and other federal agencies and participates with other federal agencies in developing national health statistics policy. CBHSQ's focus is to leverage data and evidence to strengthen SAMHSA data collection activities to prevent overdose; enhance access to suicide prevention and crisis care; promote resilience and emotional health for children, youth, and families; integrate behavioral and physical healthcare; and strengthen the behavioral health workforce.

CBHSQ performs activities that: (1) coordinate and implement SAMHSA's integrated data strategy, including annual data collection; (2) provide statistical and analytical support for SAMHSA's activities; (3) develop and manage a core set of performance metrics to evaluate high priority activities supported by SAMHSA; (4) coordinate with the Assistant Secretary, the Assistant Secretary for Planning and Evaluation, as well as SAMHSA's National Mental Health and Substance Use Policy Lab, Chief Medical Officer, and the Office of Behavioral Health Equity, as appropriate, to improve the quality of data collection services and evaluations of SAMHSA activities.

Health Surveillance supports the following activities: (1) Population Data Collection, Analysis, and Dissemination; (2) Treatment Services Data Collection, Analysis, and Dissemination; (3) Behavioral Health Data Dissemination; (4) Performance Measurement/Systems and; (5) Drug Abuse Warning Network (DAWN).

Resources by Activity/Program

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Health Surveillance				
Population Data Collection, Analyis, and Dissemination	$15,035	$8,805	$10,937	$2,132
National Survey on Drug Use and Health (NSDUH)……….	*15,035*	*8,805*	*10,937*	*2,132*
Treatment Services Data Collection, Analysis, and Dissemination	11,653	12,855	12,165	-690
Behavioral Health Services Information System (BHSIS)….	*11,653*	*12,855*	*12,165*	*-690*
Behavioral Health Data Dissemination	3,015	4,349	4,349	---
SAMHDA/Data Webpage…………………………………….	*3,015*	*4,349*	*4,349*	---
Performance Measurement/Systems	1,488	2,487	487	-2,000
WebBGAS…………………………………………………………	*1,488*	*2,487*	*487*	*-2,000*
Drug Abuse Warning Network	6,232	1,738	---	-1,738
PHS Evaluation (non add)……………………………….	*6,232*	*1,738*	---	*-1,738*
Support	11,200	20,388	25,357	4,968
Operations……………………………………………………….	*11,200*	*20,388*	*25,357*	*4,968*
Total Health Surveillance	**$48,623**	**$50,623**	**$53,295**	**$2,672**

Population Data Collection, Analysis, and Dissemination

CBHSQ leads SAMHSA's annual requirement to collect prevalence data on substance use and mental illness through the National Survey of Drug Use and Health (NSDUH). NSDUH is an annual collection of behavioral health data on persons aged 12 or older of the U.S. civilian, non-institutionalized population. It is used as 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. 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 a united effort to support broader use of restricted-use NSDUH data, researchers can apply for, and obtain access to, restricted-use NSDUH data using a process that has been streamlined and expanded to facilitate easier and broader access to the data. 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. Findings from the research analytic activities have been helpful in influencing program implementation of evidence-based interventions and strategies.

To ensure NSDUH is collecting the highest quality data to address emerging and critical data needs related to mental health and substance use behaviors, SAMHSA continues to revise the questionnaire. In 2021, questions were expanded to include vaping marijuana and other flavorings and non-prescription fentanyl use. In 2022, a number of changes were made including updating and renaming the Nicotine module (formerly Tobacco module) and the Alcohol and Drug Treatment module (formerly the Drug Treatment module). The Marijuana module was also updated through an extensive literature review, SME input, and three rounds of cognitive testing. This revised module includes updated terminology, updated modes of administration for marijuana, and items on CBD use.

Treatment Services Data Collection, Analysis, and Dissemination

CBHSQ collects data on mental health and substance use disorder treatment services through the Behavioral Health Services Informational System (BHSIS). Data collected through BHSIS provides information to the public on treatment services through the Behavioral Health Treatment Services Locator at FindTreatment.gov, which is part of the National Treatment Referral Service.

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 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.

Behavioral Health Data Dissemination

The Substance Abuse and Mental Health Data Archive (SAMHDA) makes public-use data files available in a variety of downloadable formats through SAMHDA, CBHSQ provides access to a data visualization tool and to public- and restricted-use data through a web-based analytic tool. This site currently resides at https://datafiles.samhsa.gov/. The Data webpage, which currently resides at https://www.samhsa.gov/data/, makes reports, survey information, and supporting documentation available for various public audiences. In FY 2022 CBHSQ updated the SAMHDA site, and the Data webpage. These updates have allowed easier access to a wider audience and promoted increased use and access to behavioral health data.

Drug Abuse Warning Network (DAWN)

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. DAWN data is used to better inform public health, clinicians, policymakers, and other stakeholders when responding to emerging substance use trends. By using data abstracted directly from emergency department (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. 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.

Budget Request

The FY 2024 Budget Request for SAMHSA's Health Surveillance programs is $53.3 million, an increase of $2.7 million from the FY 2023 Enacted level. CBHSQ plans to use the additional $2.7 million for N-SUMHSS to increase the scope of eligible substance use and mental health treatment facilities. The proposed increase in funding would: (1) increase N-SUMHSS' operational capacity in order to double the number of facility respondents (currently about 31,000), (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, and (3) expand the data dissemination to include state and region-specific reports and evaluations for the provision of treatment services and underserved populations. CBHSQ will begin designing the Spanish version of the FindTreatment.gov to expand treatment services to the racial and ethnic minorities. CBHSQ completed modernization of the FindTreatment.gov and further plans to implement features such as appointments, wait times for services reduce barriers for individuals and families to access treatment. Also, within BHSIS, CBHSQ is planning to implement a National Substance Use and Mental Health Services Summary (N-SUMHSS) supplement to gather additional information on racial and ethnic minority-based treatment facilities.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$47,258,000
FY 2021	$47,154,285
FY 2022 Final	$48,623,000
FY 2023 Enacted	$50,623,000
FY 2024 President's Budget	$53,295,000

Program Accomplishments

In FY 2022, the SAMHSA Data webpage (Data webpage) and Substance Abuse and Mental Health Data Archive (SAMHDA) received over 2 million page views overall, with around 64% of the traffic consisting of new visitors to the website. There were over 367,000 total files downloaded from SAMHSA and SAMHDA in FY 2022. NSDUH webpages within SAMHSA and SAMHDA received over 1 million page views and around 240,000 downloads in FY 2022.

In FY 2022, the Behavioral Treatment Locator homepage received more than 1.16 million page views, while the locator map had over 1.25 million-page views from individuals, families, community groups, and organizations, to identify appropriate treatment services. The Data webpage received over 1.8 million page views, with the public downloading more than 39,897 BHSIS publications, including 8,041 downloads of TEDS publications, 3,417 of MH-CLD publications, 3,211 downloads of DAWN publications, and 5,832 URS tables.

In FY 2022, the CBHSQ data webpage had over 457,000 users and almost 1.7 million page views and SAMHDA had around 145,000 users with 331,000 page views and around 64,000 files downloaded.

Performance and Quality Information Systems (PQIS)

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023 Budget
Performance and Quality Information Systems..............................	$10,000	$10,200	$10,200	$---

Authorizing Legislation .... Sections 501, 505, 509, 516, 520A, and 543A of the PHS Act
FY 2024 Authorization .... Indefinite
Allocation Method .... Contracts
Eligible Entities.. Not Applicable

Program Description

SAMHSA's maintains Performance Measurement and Performance Systems, Evidenced-Based Programs and Practices and CBHSQ's Operations with PQIS funds.

Resources by Activity/Program

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Performance and Quality Information Systems				
Performance Measurement and Performance Systems…………	$7,295	$6,118	$6,011	$6,011
SAMHSA Performance Accountability Reports System (SPARS)	*7,295*	*6,118*	*6,011*	*6,011*
Evidence-Based Programs/Practices……………………………	1,839	2,150	2,110	2,110
Evidence Based Resource Center...	*1,839*	*2,150*	*2,110*	*2,110*
Behavioral Health Data Dissemination…………………………	271	---	---	---
Support Operations…………………………………………...	595	1,932	2,079	2,079
Operations..	*595*	*1,932*	*2,079*	*2,079*
Total Performance and Quality Information Systems	**$10,000**	**$10,200**	**$10,200**	**$10,200**

Performance Measurement and Performance Systems

SAMHSA Performance Accountability and Reporting System (SPARS)

SAMHSA collects data on key client demographics, output, and outcome measures to monitor and manage discretionary grant performance to improve the quality of treatment, prevention and mental health services through SPARS. Data collected and analyzed through SPARS enable 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. The Office of Evaluation Center Evaluation Advisors (CEAs) work closely with SAMHSA

programmatic Centers and Program Officers to routinely enhance SPARS to be more user friendly with greater data visualization strategies. In FY 2022, the Office of Evaluation (OE) worked with programmatic Centers to develop a comprehensive list of proposed enhancements to SPARS. These enhancements will not only improve data visualization options for examination of demographic and outcomes data, SPARS enhancement will provide a better user experience offering more efficient data entry and access to resources. Also, in FY 2022, SPARS was updated to include new versions of more than 40 of SAMHSA's Government Performance Results Act (GPRA) tools for discretionary grant programs. These updated tools required CBHSQ to make significant changes to the SPARS system and required updates to GPRA documentation and resources including recorded videos and live, interactive training sessions. SPARS infrastructure and security were upgraded to ensure operational stability and protection.

Evidenced-Based Programs and Practices

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 is managed by the National Mental Health and Substance Use Policy Laboratory (NMHSUPL). The EBPRC enables SAMHSA to collaborate with experts in the field and to rapidly translate science into action. It provides states, local communities, clinicians, policymakers, and others in the field with the latest information and tools that they need to incorporate evidence-based practices in their communities or clinical settings. As part of this effort, SAMHSA develops, curates, and disseminates resources, such as new or updated guidebooks, advisories, treatment improvement protocols, practical guides, toolkits, systematic reviews, data reports, and other actionable materials from across the Department of Health and Human Services. In particular, SAMHSA disseminates the evidence-based practices listed in the EBPRC through various avenues including through regional and locally based training and technical assistance efforts, SAMHSA e-blasts and other tools to ensure 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.

Support

Operations

The CBHSQ/OE is responsible for providing centralized planning and management of program evaluation and performance management activity across SAMHSA. In this role, OE provides support to SAMHSA's three programmatic centers, CMHS, CSUS, CSUPS, the Office of Tribal Affairs and Policy (OTAP), and the Office of Intergovernmental and Public Affairs grantees and project officers, by supporting evaluation proposals, performance management and monitoring and quality improvement activities. 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 2022, OE led the creation

of a SAMHSA Evidence and Evaluation Board (SEEB) with the purpose of serving as the agency's principal evaluation and evidence forum and decision-making body for managing SAMHSA's evaluation portfolio, evaluation and evidence data, and as a strategic asset to support SAMHSA in meeting its mission and agency priorities, including implementation of the Evidence Act. The SEEB meets regularly and includes members for all SAMHSA Centers and Offices. In FY 2022, OE also created an Evaluation Policy and Procedures (P & P) document to formalize a systematic approach to planning, managing and overseeing programmatic and policy evaluation activities within SAMHSA.

The OE 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.

Budget Request

The FY 2024 President's Budget Request is $10.2 million, level with the FY 2023 Enacted level. CBHSQ will focus on modernization efforts and continuation of the SPARS and EBPRC contracts. SAMHSA plans to improve the SPARS system to handle the substantial increase in the number of discretionary grants reporting into SPARS in the past two years (more than 7,400 grants in FY 2022). This has led to an increase in the number of internal and external stakeholders who use the SPARS system requiring targeted training, resources both digital and printable, and technical support for use of the SPARS online system.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$10,000,000
FY 2021	$9,969,596
FY 2022 Final	$10,000,000
FY 2023 Enacted	$10,200,000
FY 2024 President's Budget	$10,200,000

Program Accomplishments

In FY 2022, CBHSQ/OE introduced "Data Parties' designed to bring together diverse stakeholders from across SAMHSA to collectively analyze data that have been collected and to support interpretation of what the data mean and implications for action. The first event included over 70 SAMHSA staff and leadership.

In FY 2022, OE conducted an internal evaluation of the quality measures currently used by SAMHSA grantees with recommendations approved by SAMHSA leadership in FY 2022. These new quality measures will be implemented in FY 2023 and beyond. In addition, CBHSQ/OE

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.

Drug Abuse Warning Network (DAWN)

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023 Budget
Drug Abuse Warning Network..	$10,000	$13,000	$20,000	$7,000

Authorizing Legislation……………………..……..Section 505 of the Public Health Service Act
FY 2024 Authorization $0
Allocation Method .... Contracts
Eligible Entities... Not Applicable

Program Description

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. DAWN data is used to better inform public health, clinicians, policymakers, and other stakeholders when responding to emerging substance use trends. By using data abstracted directly from emergency department (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. 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.

Budget Request

The FY 2024 President's Budget Request is $20.0 million, an increase of $7 million from the FY 2023 Enacted level. CBHSQ plans to increase the number of participating hospitals to report robust national estimates, as well as early warning system. SAMHSA began natural language processing for data abstraction as a pilot in selected hospitals in 2023. SAMHSA/CBHSQ also published two Drug Abuse Warning Network (DAWN) reports in 2022. SAMHSA/CBHSQ plans to disseminate multiple reports which includes annual estimates, non-fatal overdose report, methamphetamine report, methodology report, array of infographics, as well as trend report in 2023. SAMHSA/CBHSQ is planning to further expand machine learning based early warning system to identify patterns of drug-related emergency department (ED) visits to be made available to inform SAMHSA and policy makers. SAMHSA/CBHSQ implemented a technical expert panel that will involve engaging local public health officials and policy makers to assess their need for opioid related data to address local opioid crisis. SAMHSA further plans to expand substance use related public health surveillance of hospital ED visits and provide a more comprehensive campaign on drug overdose based on the data abstracted from the DAWN system in FY 2024.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$10,000,000
FY 2021	$10,000,000
FY 2022 Final	$10,000,000
FY 2023 Enacted	$13,000,000
FY 2024 President's Budget	$20,000,000

Program Accomplishments

In FY 2022, the DAWN surveillance system has reviewed more than 5,285,028 ED records from 53 participating hospitals (26 urban, 11 suburban, and 16 rural) and abstracted over 410,133 DAWN cases (7.8 percent of total ED records reviewed). Preliminary analysis demonstrates that the most common substances associated with DAWN cases are alcohol (191,800 cases, 38.8 percent), illicit substances (146,426 cases, 29.6 percent) and Central Nervous System (CNS) agents (71,951 cases, 14.6 percent); among illicit drugs, stimulants were the most commonly associated with DAWN cases, with the majority involving methamphetamine.

Program Support

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023 Budget
Program Support	$81,500	$84,500	$84,500	---
FTE	**354**	**378**	**423**	**45**

Authorizing Legislation ....Section 501 of the Public Health Service Act
FY 2024 Authorization $0
Allocation Method .... Direct Federal/Intramural, Contracts, Grants, Other
Eligible Entities..Not Applicable

Program Description

The Program Support budget supports 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's FTE increase in FY 2023 and FY 2024 supports programmatic growth described throughout the budget. SAMHSA also applies an estimated internal administrative charge for overhead expenses to all programs, projects, and activities.

Budget Request

The FY 2024 Budget Request is $84.5 million, level with FY 2023 Enacted level. 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 activities.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$79,000,000
FY 2021	$78,762,000
FY 2022 Final	$81,500,000
FY 2023 Enacted	$84,500,000
FY 2024 President's Budget	$84,500,000

Public Awareness and Support

(Dollars in thousands)

Program Name	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023 Budget
Public Awareness and Support..	$13,000	$13,260	$13,260	---

Authorizing Legislation…. Sections 501, 509, 516, and 520A of the Public Health Service Act
FY 2024 Authorization ………………………………………………………………. Indefinite
Allocation Method………………………………………………………………… Contracts
Eligible Entities...Not Applicable

Program Description

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. To support the mission, 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. Several channels are used to communicate this information, including 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 evaluate and act upon media inquiries; develop rollout plans; issue press releases, news bulletins, and media advisories; and provide in-house media support to SAMHSA centers and offices. The team build relationships with representatives of the media; identify and seek corrections to inaccuracies about SAMHSA in media products, when necessary; work to add SAMHSA's life-saving resources to journalistic and entertainment products; support broad HHS and administration communications priorities; and collaborate with departmental operating divisions. The media team also collaborate 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 manage SAMHSA's social media presence on Facebook, Twitter, LinkedIn, Instagram, and YouTube. Social media messaging is incorporated in all communications plans and is employed daily to communicate messages about SAMHSA news and resources. The staff monitor social media conversations, create content, participate in Twitter chats and Facebook Live sessions, and post blogs on SAMHSA.gov. The digital team also manage the SAMHSA.gov website, which provides enterprise-wide content and related public-facing websites, and support Section 508 activities.

The following contract services are managed within the OC and provide various levels of support to enable the sharing of vital information to the public. Examples of this work include content development and amplification of critical resources like the 988 Suicide and Crisis Lifeline, Disaster Distress Helpline, and findtreatment.gov; materials development and dissemination for national observances like Mental Health Awareness and Recovery Month, Prevention Week, and others; support for messaging around the Administration's behavioral health strategies and program funding; building and maintaining the new findsupport.gov resource and continuous revitalizing SAMHSA.gov webpages; and developing educational campaigns and resources to support people in recovery from mental health conditions and substance use disorder.

Public Awareness and Support Activities: Enables the agency to develop and disseminate a variety of national informational campaigns, public service announcements (PSAs), 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, information, graphics and resources for National Mental Health Awareness and National Recovery Month as well as the continued promotion of the 988 Suicide and Crisis Lifeline.

Materials Development and Editorial Services: Provides communication support services for media outreach, publications, digital products, speechwriting, graphics, copyediting, and meeting/event logistics. As an example, through this contract OC is supporting the Office of Recovery in developing reports and outreach materials for their programs and events.

Web Management and Support: Supports SAMHSA's website, list serve and subscriber database system, and mobile applications. For its online publication library (aka SAMHSA Store), the OC has entered into an interagency agreement with the U.S. Government Publishing Office (GPO) to manage a customer-oriented fulfillment and distribution center, including a warehouse to store SAMHSA publications. This contract also keeps the website current in terms of U.S. web standards, improved search engines, new dashboards, and a modernized homepage.

Contact Center: Supports the National Helpline (1-800-662-HELP) and the 1-877-SAMHSA-7 information 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 via phone or text (HELP4U). 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).

Budget Request

The FY 2024 President's Budget request is $13.3 million, level with FY 2023 Enacted level. SAMHSA intends to fund four contracts and one interagency agreement 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.

Funding History Table

5 Year Funding Table	
Fiscal Year	**Amount**
FY 2020	$13,000,000
FY 2021	$12,961,000
FY 2022 Final	$13,000,000
FY 2023 Enacted	$13,260,000
FY 2024 President's Budget	$13,260,000

Accomplishments

In FY 2022, OC increased content development and amplification of the 988 Suicide and Crisis Lifeline, Disaster Distress Helpline, and findtreatment.gov; materials development and dissemination for Mental Health Awareness and Recovery Month, Prevention Week, and others; support for messaging around the Administration's behavioral health strategies and program funding; building and maintaining the new findsupport.gov resource and continuous revitalizing SAMHSA.gov webpages; and developing educational campaigns and resources to support people in recovery from mental health conditions and substance use disorders. A significant accomplishment was the interagency agreement with the U.S. Government Publishing Office to manage a customer-oriented fulfillment and distribution center, including a warehouse to store SAMHSA publications.

In FY 2022, the number of individuals referred for behavioral health treatment resources exceeded the target by 92,404 referrals. In addition, the total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and website hits exceeded the target by over 16 million interactions.

Outputs and Outcomes

Program: Public Awareness and Support

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
4.4.12 The number of individuals referred for behavioral health treatment resources. (Output)	FY 2022: 1,115,900 Target: 1,023,496 (Target Exceeded)	1,054,200	1,085,800	+31,600
4.4.13 The total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits (Output)	FY 2022: 75,883,440 Target: 59,441,622 (Target Exceeded)	61,224,900	63,061,650	+1,836,750

PRNS Mechanism Table
Program, Project, and Activity

(Dollars in millions)

Program Activity	FY 2022 Final No.	FY 2022 Final Amount	FY 2023 Enacted No.	FY 2023 Enacted Amount	FY 2024 President's Budget No.	FY 2024 President's Budget Amount
Health Surveillance						
Contracts						
Continuations	---	48.62	---	47.62	---	50.62
New/Competing	---	---	1	3.00	1	2.67
Subtotal	---	48.62	1	50.62	1	53.30
Total, Health Surveillance	**---**	**48.62**	**1**	**50.62**	**1**	**53.30**
Program Support						
Grants						
Continuations	1	0.80	---	---	---	---
New/Competing	8	1.99	---	---	---	---
Subtotal	9	2.79	---	---	---	---
Contracts						
Continuations	---	78.71	---	84.50	---	84.50
New/Competing	---	---	---	---	---	---
Subtotal	---	78.71	---	84.50	---	84.50
Total, Program Support	**9**	**81.50**	**---**	**84.50**	**---**	**84.50**
Public Awareness and Support						
Contracts						
Continuations	5	7.95	5	10.21	6	13.26
New/Competing	2	5.05	2	3.05	---	--
Subtotal	7	13.00	7	13.26	6	13.26
Total, Public Awareness and Support	**7**	**13.00**	**7**	**13.26**	**6**	**13.26**
Performance and Quality Information Systems						
Contracts						
Continuations	2	10.00	2	10.20	2	10.20
New/Competing	---	---	---	---	---	---
Subtotal	**2**	10.00	**2**	10.20	**2**	10.20
Total, Performance and Quality Information Systems	**2**	**10.00**	**2**	**10.20**	**2**	**10.20**
Drug Abuse Warning Network						
Contracts						
Continuations	1	10.00	1	13.00	1	20.00
New/Competing	---	---	---	---	---	---
Subtotal	1	10.00	1	13.00	1	20.00
Total, Drug Abuse Warning Network	**1**	**10.00**	**1**	**13.00**	**1**	**20.00**
Behavioral Health Workforce Data and Development						
Grants						
Continuations	1	0.98	1	0.98	1	0.98
New/Competing	---	---	---	---	---	---
Subtotal	1	0.98	1	0.98	1	0.98
Contracts						
Continuations	---	0.02	---	0.02	---	0.02
New/Competing	---	---	---	---	---	---
Subtotal	---	0.02	---	0.02	---	0.02
Total, Behavioral Health Workforce Data and Development	**1**	**1.00**	**1**	**1.00**	**1**	**1.00**
Total, HSPS	**20**	**164.12**	**12**	**172.58**	**11**	**182.26**

[1]/ The table excludes Data Request and Publications User Fee of $1.5M and Congressional Earmarks of $127.5M in FY 22 and $160.7M in FY 23.

Supplementary Tables

Table of Contents

Budget Authority by Object Class 337
Salaries and Expenses 346
Details of Full-Time Equivalent Employment 348
Detail of Positions 349
Physicians' Comparability Allowance Worksheet 350
Resources for Cyber Activities 351

Budget Authority by Object Class

Summary Direct Budget Authority

(Dollars in thousands)

Object Class - Direct Budget Authority[1,2,3]	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$53,316	$66,801	$86,346	+$19,545
Other than full-time permanent (11.3)	1,535	2,341	2,838	+496
Other personnel compensation (11.5)	2,271	2,457	3,578	+1,121
Military personnel (11.7)	4,645	5,172	7,645	+2,474
Special personnel services payments (11.8)	16	16	28	+12
Subtotal personnel compensation:	**61,785**	**76,786**	**100,435**	**+23,648**
Civilian benefits (12.1)	21,575	26,943	32,933	+5,991
Military benefits (12.2)	618	673	886	+213
Subtotal Pay Costs:	**83,977**	**104,402**	**134,254**	**+29,852**
Travel and transportation of persons (21.0)	661	709	653	-56
Transportation of things (22.0)	11	16		-16
Rental payments to GSA (23.1)	6,830	6,953	7,078	+125
Rental payments to Others (23.2)	---	---	---	---
Communication, utilities, and misc. charges (23.3)	414	195	241	+46
Printing and reproduction (24.0)	584	618	915	+298
Other Contractual Services:				
Advisory and assistance services (25.1)	52,177	28,433	28,484	+51
Other services (25.2)	135,459	101,020	175,750	+74,730
Purchase of Goods & Svcs. from Govt. Accts (25.3)	34,297	25,308	34,627	+9,319
Operation and maintenance of facilities (25.4)	212	125	132	+7
Research and Development Contracts (25.5)	---	---	---	---
Operation and maintenance of equipment (25.7)	1,696	959	1,032	+73
Subtotal Other Contractual Services:	**223,841**	**155,845**	**240,025**	**+84,180**
Supplies and materials (26.0)	160	138	124	-14
Equipment (31.0)	414	240	250	+10
Grants, subsidies, and contributions (41.0)	6,073,628	7,100,934	9,890,918	+2,789,983
Insurance claims and indemnities (42.0)	341	366	350	-16
Interest and dividends (43.0)	---	---	---	---
Subtotal Non-Pay Costs	**6,306,886**	**7,266,014**	**10,140,554**	**+2,874,540**
Total Direct Obligations	**$6,390,863**	**$7,370,416**	**$10,274,808**	**+2,904,392**

[1] Does not include PHS Evaluation Funds.

[2] Does not include Prevention and Public Health Funds.

[3] Does not include Mandatory funds

Budget Authority by Object Class
Mental Health
(Dollars in thousands)

Object Class - Direct Budget Authority[1,2,3]	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$9,901	$8,257	$14,067	+$5,809
Other than full-time permanent (11.3)	201	167	285	+118
Other personnel compensation (11.5)	577	482	820	+339
Military personnel (11.7)	1,285	1,139	1,940	+801
Special personnel services payments (11.8)	8	7	12	+5
Subtotal personnel compensation:	**11,972**	**10,052**	**17,124**	**+7,072**
Civilian benefits (12.1)	3,856	3,216	5,478	+2,262
Military benefits (12.2)	174	154	262	+108
Subtotal Pay Costs:	**16,002**	**13,422**	**22,864**	**+9,442**
Travel and transportation of persons (21.0)	---	---	---	---
Transportation of things (22.0)				+
Rental payments to GSA (23.1)	1,854	1,887	1,921	+34
Rental payments to Others (23.2)	---	---	---	---
Communication, utilities, and misc. charges (23.3)	294	113	133	+20
Printing and reproduction (24.0)	5	2	3	+1
Other Contractual Services:				
Advisory and assistance services (25.1)	29,081	11,128	8,196	-2,933
Other services (25.2)	46,967	17,972	13,236	-4,736
Purchase of Goods & Svcs. from Govt. Accts (25.3)	16,883	6,460	4,757	-1,703
Operation and maintenance of facilities (25.4)	45	17	24	+7
Research and Development Contracts (25.5)	---	---	---	---
Operation and maintenance of equipment (25.7)	851	326	447	+121
Subtotal Other Contractual Services:	**93,827**	**35,903**	**26,660**	**-9,243**
Supplies and materials (26.0)	37	14	11	-3
Equipment (31.0)	216	83	98	+15
Grants, subsidies, and contributions (41.0)	1,933,546	2,704,082	4,444,666	+1,740,583
Interest and dividends (43.0)	---	---	---	---
Subtotal Non-Pay Costs	**2,029,780**	**2,742,085**	**4,473,493**	**+1,731,408**
Total Direct Obligations	**$2,045,781**	**$2,755,507**	**$4,496,356**	**+$1,740,850**

[1] Does not include PHS Evaluation Funds.

[2] Does not include ACA or PPHF

[3] Does not include Mandatory funds of $412.5M

Budget Authority by Object Class
Substance Use Prevention Services
(Dollars in thousands)

Object Class - Direct Budget Authority[1]	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$617	$9,712	$10,585	+$873
Other than full-time permanent (11.3)	49	777	846	+70
Other personnel compensation (11.5)	2	28	31	+3
Military personnel (11.7)	---	---	---	---
Special personnel services payments (11.8)	---	---	---	---
Subtotal personnel compensation:	**668**	**10,517**	**11,462**	**+945**
Civilian benefits (12.1)	249	3,911	4,262	+352
Military benefits (12.2)	---	---	---	---
Subtotal Pay Costs:	**917**	**14,427**	**15,724**	**+1,297**
Travel and transportation of persons (21.0)	---	---	---	---
Transportation of things (22.0)	---	---	---	---
Rental payments to GSA (23.1)	1,100	1,120	1,140	+20
Rental payments to Others (23.2)	---	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---	---
Printing and reproduction (24.0)	2	2	1	-1
Other Contractual Services:				
Advisory and assistance services (25.1)	5,455	3,556	4,127	+571
Other services (25.2)	15,723	10,249	11,786	+1,537
Purchase of Goods & Svcs. from Govt. Accts (25.3)	2,257	1,471	3,121	+1,650
Operation and maintenance of facilities (25.4)	167	108	108	-
Research and Development Contracts (25.5)	---	---	---	---
Operation and maintenance of equipment (25.7)	---	---	---	---
Subtotal Other Contractual Services:	**23,602**	**15,385**	**19,142**	**+3,757**
Supplies and materials (26.0)	---	---		+
Equipment (31.0)	---	---	---	---
Grants, subsidies, and contributions (41.0)	192,296	205,945	209,731	+3,786
Interest and dividends (43.0)	---	---	---	---
Subtotal Non-Pay Costs	**217,000**	**222,452**	**230,014**	**+7,562**
Total Direct Obligations	**$217,917**	**$236,879**	**$245,738**	**+$8,859**

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Substance Use Services
(Dollars in thousands)

Object Class - Direct Budget Authority[1]	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$8,085	$11,431	$17,118	+$5,687
Other than full-time permanent (11.3)	37	52	78	+26
Other personnel compensation (11.5)	370	524	784	+261
Military personnel (11.7)	517	776	1,163	+386
Special personnel services payments (11.8)	---	---	---	---
Subtotal personnel compensation:	**9,009**	**12,784**	**19,144**	**+6,360**
Civilian benefits (12.1)	2,952	4,173	6,249	+2,076
Military benefits (12.2)	29	44	65	+22
Subtotal Pay Costs:	**11,990**	**17,000**	**25,459**	**+8,458**
Travel and transportation of persons (21.0)	3	3	3	+
Transportation of things (22.0)	---	---	---	---
Rental payments to GSA (23.1)	2,776	2,826	2,877	+51
Rental payments to Others (23.2)	---	---	---	---
Communication, utilities, and misc. charges (23.3)	120	82	108	+27
Printing and reproduction (24.0)	13	9	911	+902
Other Contractual Services:				
Advisory and assistance services (25.1)	15,594	10,555	12,798	+2,243
Other services (25.2)	19,361	13,105	90,842	+77,736
Purchase of Goods & Svcs. from Govt. Accts (25.3)	4,703	3,184	12,345	+9,161
Operation and maintenance of facilities (25.4)	---	---	---	---
Research and Development Contracts (25.5)	---	---	---	---
Operation and maintenance of equipment (25.7)	687	464	422	-42
Subtotal Other Contractual Services:	**40,345**	**27,308**	**116,407**	**+89,098**
Supplies and materials (26.0)	23	15	10	-6
Equipment (31.0)	139	94	92	-2
Grants, subsidies, and contributions (41.0)	3,817,084	4,028,761	5,236,021	+1,207,260
Interest and dividends (43.0)	---	---	---	---
Subtotal Non-Pay Costs	**3,860,502**	**4,059,098**	**5,356,428**	**+1,297,331**
Total Direct Obligations	**$3,872,493**	**$4,076,098**	**$5,381,887**	**+$1,305,789**

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Health Surveillance and Program Support
(Dollars in thousands)

Object Class - Direct Budget Authority[1]	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$34,713	$37,400	$44,576	+$7,176
Other than full-time permanent (11.3)	1,248	1,345	1,628	+283
Other personnel compensation (11.5)	1,321	1,424	1,943	+519
Military personnel (11.7)	2,844	3,256	4,542	+1,286
Special personnel services payments (11.8)	8	9	16	+7
Subtotal personnel compensation:	**40,134**	**43,434**	**52,706**	**+9,271**
Civilian benefits (12.1)	14,519	15,643	16,944	+1,301
Military benefits (12.2)	415	475	558	+83
Subtotal Pay Costs:	**55,068**	**59,553**	**70,208**	**+10,655**
Travel and transportation of persons (21.0)	658	706	650	-56
Transportation of things (22.0)	11	16		-16
Rental payments to GSA (23.1)	1,100	1,120	1,140	+20
Rental payments to Others (23.2)	---	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---	---
Printing and reproduction (24.0)	564	605	1	-604
Other Contractual Services:				
Advisory and assistance services (25.1)	2,047	3,194	3,364	+170
Other services (25.2)	53,408	59,693	59,886	+193
Purchase of Goods & Svcs. from Govt. Accts (25.3)	10,454	14,193	14,403	+210
Operation and maintenance of facilities (25.4)	---	---	---	---
Research and Development Contracts (25.5)	---	---	---	---
Operation and maintenance of equipment (25.7)	158	169	163	-6
Subtotal Other Contractual Services:	**66,067**	**77,249**	**77,816**	**+567**
Supplies and materials (26.0)	101	108	103	-5
Equipment (31.0)	59	63	60	-3
Grants, subsidies, and contributions (41.0)	130,702	162,146	500	-161,646
Insurance claims and indemnities (42.0)	341	366	350	
Interest and dividends (43.0)	---	---	---	---
Subtotal Non-Pay Costs	**199,604**	**242,379**	**80,620**	**-161,760**
Total Direct Obligations	**$254,672**	**$301,932**	**$150,827**	**-$151,105**

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Summary PHS Evaluation Funds
(Dollars in thousands)

Object Class - PHS Evaluation Funds	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel Compensation:				
Full Time Permanent (11.1)	$10,575	$18,143	$20,526	+$2,383
Other than Full-Time Permanent (11.3)	30	62	62	+1
Other Personnel Compensation (11.5)	248	437	482	+45
Military Personnel Compensation (11.7)	729	1,283	1,398	+116
Special personnel services payments (11.8)	---	---	---	---
Subtotal Personnel Compensation:	**11,582**	**19,924**	**22,469**	**+2,545**
Civilian Personnel Benefits (12.1)	3,911	6,711	7,593	+882
Military Personnel Benefits (12.2)	78	140	152	+12
Subtotal Pay Costs:	**15,571**	**26,774**	**30,214**	**+3,439**
Travel (21.0)	4	10	10	---
Transportation of things (22.0)	---	---	---	---
Rental payments to GSA (23.1)	---	---	---	---
Communications, Utilities and Misc. Charges (23.3)	---	---	---	---
Printing and Reproduction (24.0)	950	1,000	1,001	+1
Other Contractual Services:				
Advisory and assistance services (25.1)	---	---	---	---
Other services (25.2)	109,692	100,109	97,015	-3,093
Purchase of Goods & Svcs. from Govt. Accts (25.3)	774	828	848	+20
Operation and maintenance of equipment (25.7)	---	---	---	---
Subtotal Other Contractual Services:	**110,466**	**100,937**	**97,863**	**-3,073**
Supplies and Materials (26.0)	---	---	---	---
Equipment (31.0)	---	---	---	---
Grants, Subsidies, and Contributions (41.0)...	5,218	4,946	4,580	-366
Subtotal Non-Pay Costs	**116,638**	**106,893**	**103,454**	**-3,438**
Total PHS Evaluation Funds	**$132,209**	**$133,667**	**$133,667**	**-$**

Budget Authority by Object Class
Mental Health
(Dollars in thousands)

Object Class - PHS Evaluation	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$3,529	$7,328	$7,820	+$492
Other than full-time permanent (11.3)	5	20	22	+1
Other personnel compensation (11.5)	91	196	210	+13
Military personnel (11.7)	542	1,055	1,126	+71
Special personnel services payments (11.8)	---	---	---	---
Subtotal personnel compensation:	**4,166**	**8,600**	**9,177**	**+578**
Civilian benefits (12.1)	1,299	2,713	2,895	+182
Military benefits (12.2)	61	119	126	+8
Subtotal Pay Costs:	**5,526**	**11,431**	**12,199**	**+768**
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)	12,494	6,871	6,477	-394
Purchase of Goods & Svcs. from Govt. Accts (25.3)	46	47	47	---
Operation and maintenance of equipment (25.7)	---	---	---	---
Subtotal Other Contractual Services:	**12,540**	**6,918**	**6,524**	**-394**
Supplies and materials (26.0)	---	---	---	---
Equipment (31.0)	---	---	---	---
Grants, subsidies, and contributions (41.0)	2,968	2,690	2,316	-374
Subtotal Non-Pay Costs	**15,508**	**9,608**	**8,840**	**-768**
Total PHS Evaluation Funds	**$21,035**	**$21,039**	**$21,039**	**-$**

Budget Authority by Object Class
Substance Use Services
(Dollars in thousands)

Object Class - PHS Evaluation	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$3,903	$4,473	$5,351	+$878
Other than full-time permanent (11.3)	10	12	14	+2
Other personnel compensation (11.5)	88	101	121	+20
Military personnel (11.7)	187	228	272	+45
Special personnel services payments (11.8)	---	---	---	---
Subtotal personnel compensation:	**4,189**	**4,813**	**5,758**	**+945**
Civilian benefits (12.1)	1,460	1,673	2,001	+329
Military benefits (12.2)	17	21	25	+4
Subtotal Pay Costs:	**5,666**	**6,507**	**7,785**	**+1,278**
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)	200	200	201	+1
Other Contractual Services:		---	---	
Advisory and assistance services (25.1)	---	---	---	---
Other services (25.2)	72,618	72,156	70,870	-1,286
Purchase of Goods & Svcs. from Govt. Accts (25.3)	80	81	81	+
Operation and maintenance of equipment (25.7)	---	---	---	---
Subtotal Other Contractual Services:	**72,698**	**72,237**	**70,951**	**-1,286**
Supplies and materials (26.0)	---	---	---	---
Equipment (31.0)	---	---	---	---
Grants, subsidies, and contributions (41.0)	2,250	2,256	2,263	+7
Subtotal Non-Pay Costs	**75,148**	**74,693**	**73,415**	**-1,278**
Total PHS Evaluation Funds	**$80,814**	**$81,200**	**$81,200**	**+$**

Budget Authority by Object Class
Health Surveillance and Program Support
(Dollars in thousands)

Object Class - PHS Evaluation	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$3,143	$6,343	$7,356	+$1,013
Other than full-time permanent (11.3)	15	29	27	-3
Other personnel compensation (11.5)	69	139	152	+12
Military personnel (11.7)	---	---	---	---
Special personnel services payments (11.8)	---	---	---	---
Subtotal personnel compensation:	**3,227**	**6,512**	**7,534**	**+1,022**
Civilian benefits (12.1)	1,152	2,325	2,696	+372
Military benefits (12.2)	---	---	---	---
Subtotal Pay Costs:	**4,379**	**8,837**	**10,230**	**+1,393**
Travel and transportation of persons (21.0)	4	10	10	---
Transportation of things (22.0)	---	---	---	---
Rental payments to GSA (23.1)	---	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---	---
Printing and reproduction (24.0)	750	800	800	---
Other Contractual Services:				
Advisory and assistance services (25.1)	---	---	---	---
Other services (25.2)	24,581	21,081	19,668	-1,413
Purchase of Goods & Svcs. from Govt. Accts (25.3)	648	700	720	+20
Operation and maintenance of equipment (25.7)	---	---	---	---
Subtotal Other Contractual Services:	**25,228**	**21,781**	**20,388**	**-1,393**
Supplies and materials (26.0)	---	---	---	---
Equipment (31.0)	---	---	---	---
Grants, subsidies, and contributions (41.0)	---	---	---	---
Subtotal Non-Pay Costs	**25,982**	**22,591**	**21,198**	**-1,393**
Total Reimbursable Obligations	**$30,361**	**$31,428**	**$31,428**	**+$**

Salaries and Expenses
(Dollars in thousands)

Object Class - Direct Budget Authority[1,2,3]	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$53,316	$66,801	$86,346	+$19,545
Other than full-time permanent (11.3)	1,535	2,341	2,838	+496
Other personnel compensation (11.5)	2,271	2,457	3,578	+1,121
Military personnel (11.7)	4,645	5,172	7,645	+2,474
Special personnel services payments (11.8)	16	16	28	+12
Subtotal personnel compensation	**61,785**	**76,786**	**100,435**	**+23,648**
Civilian benefits (12.1)	21,575	26,943	32,933	+5,991
Military benefits (12.2)	618	673	886	+213
Subtotal Pay Costs:	**83,977**	**104,402**	**134,254**	**+29,852**
Travel (21.0)	661	709	653	-56
Transportation of things (22.0)	11	16		-16
Rental payments to Others (23.2)	---	---	---	---
Communication, utilities, and misc. charges (23.3)	414	195	241	+46
Printing and reproduction (24.0)	584	618	915	+298
Other Contractual Services:				
Advisory and assistance services (25.1)	52,177	28,433	28,484	+51
Other services (25.2)	135,459	101,020	175,750	+74,730
Purchase of Goods & Svcs. from Govt. Accts (25.3)	34,297	25,308	34,627	+9,319
Operation and maintenance of facilities (25.4)	212	125	132	+7
Research and Development Contracts (25.5)	---	---	---	---
Operation and maintenance of equipment (25.7)	1,696	959	1,032	+73
Subtotal Other Contractual Services:	**223,841**	**155,845**	**240,025**	**+84,180**
Supplies and materials (26.0)	160	138	124	-14
Subtotal Non-Pay Costs	225,672	157,520	241,958	**+84,438**
Total Salary and Expenses	**309,649**	**261,922**	**376,213**	**+114,291**
Rental Payments to GSA (23.1)	6,830	6,953	7,078	+125
Grand Total, Salaries & Expenses and Rent	**$316,479**	**$268,875**	**$383,291**	**+$114,416**
Direct FTE………………………………………………	**487**	**577**	**706**	**+129**

[1] Does not include PHS Evaluation Funds.

[2] Does not include Prevention and Public Health Funds.

[3] Does not include Mandatory Funds.

Salaries and Expenses
PHS Salaries and Expenses Table
(Dollars in thousands)

Object Class - PHS Evaluation	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$10,575	$18,143	$20,526	+$2,383
Other than full-time permanent (11.3)	30	62	62	+1
Other personnel compensation (11.5)	248	437	482	+45
Military personnel (11.7)	729	1,283	1,398	+116
Special personnel services payments (11.8)	---	---	---	---
Subtotal personnel compensation	**11,582**	**19,924**	**22,469**	**+2,545**
Civilian benefits (12.1)	3,911	6,711	7,593	+882
Military benefits (12.2)	78	140	152	+12
Subtotal Pay Costs:	**15,571**	**26,774**	**30,214**	**+3,439**
Travel (21.0)	4	10	10	---
Transportation of things (22.0)	---	---	---	---
Rental payments to Others (23.2)	---	---	---	---
Communication, utilities, and misc. charges (23.3)	---	---	---	---
Printing and reproduction (24.0)	950	1,000	1,001	+1
Other Contractual Services:				
Advisory and assistance services (25.1)	---	---	---	---
Other services (25.2)	109,692	100,109	97,015	-3,093
Purch. Goods & Svcs. Govt. Accts (25.3)	774	828	848	+20
Operation and maintenance of facilities (25.4)	---	---	---	---
Research and Development Contracts (25.5)	---	---	---	---
Operation and maintenance of equipment (25.7)	---	---	---	---
Subtotal Other Contractual Services:	**110,466**	**100,937**	**97,863**	**-3,073**
Supplies and materials (26.0)	---	---	---	---
Subtotal Non-Pay Costs	**111,420**	**101,947**	**98,874**	**-3,072**
Total Salary and Expenses	**126,991**	**128,721**	**129,088**	**+367**
Rental Payments to GSA (23.1)	---	---	---	**---**
Grand Total, Salaries & Expenses and Rent	**$126,991**	**$128,721**	**$129,088**	**+367**
Reimbursable FTE………………………………..	**90**	**148**	**159**	**+11**

Substance use And Mental Health Services Administration

Details of Full-Time Equivalent Employment

	FY 2022 Est. Civilian	FY 2022 Est. Military	FY 2022 Est. Total	FY 2023 Est. Civilian	FY 2023 Est. Military	FY 2023 Est. Total	FY 2024 Est. Civilian	FY 2024 Est. Military	FY 2024 Est. Total
Mental Health Services									
Direct:	79	8	87	74	--	74	120	--	120
Reimbursable:	31	3	34	59	4	63	60	4	64
Total:	110	11	121	133	4	137	180	4	184
Substance Use Prevention									
Direct:	5	--	5	72	8	80	75	8	83
Reimbursable:	--	--	--	--	--	--	--	--	--
Total:	5	--	5	72	8	80	75	8	83
Substance Use Services									
Direct:	62	3	65	90	4	94	130	4	134
Reimbursable:	31	1	32	35	1	36	40	1	41
Total:	93	4	97	125	5	130	170	5	175
Health Surveillance and Program Support[1]									
Direct:	311	19	330	310	19	329	350	19	369
Reimbursable:	24	0	24	45	4	49	50	4	54
Total:	335	19	354	355	23	378	400	23	423
SAMHSA FTE Total……………………	**543**	**34**	**577**	**685**	**40**	**725**	**825**	**40**	**865**

[1]/ HSPS includes SAMHSA's Offices and CBHSQ staff.

Substance use And Mental Health Services Administration

Detail of Positions

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Executive Level IV	1	1	1
Subtotal	1	1	1
Total - Exec Level Salaries	**$221,142**	**$231,889**	**$243,947**
SES	3	7	7
Subtotal	3	7	7
Total, SES salaries	**$854,075**	**$2,089,695**	**$2,198,359**
GM/GS-15/EE	72	64	100
GM/GS-14	125	134	175
GM/GS-13	193	217	265
GS-12	55	65	75
GS-11	49	27	60
GS-10	*2*	1	5
GS-09	12	27	35
GS-08	13	18	20
GS-07	15	22	25
GS-06	1	11	10
GS-05	2	3	2
GS-04	--	--	--
GS-03	--	--	--
GS-02	--	--	--
GS-01	--	--	--
Subtotal	539	677	772
Total, GS salaries	**$93,075,890**	**$121,497,066**	**$143,058,716**
CC-08/09	--	1	1
CC-07	--	--	--
CC-06	14	18	18
CC-05	8	9	9
CC-04	10	10	10
CC-03	2	2	2
CC-02	--	--	--
CC-01	--	--	--
Subtotal	34	40	40
Total, CC salaries	**$6,069,971**	**$7,357,814**	**$9,457,951**
Total Positions	**577**	**725**	**820**
Average EX level	ES	ES	ES
Average EX salary	$221,142	$221,142	$221,142
Average SES level	SES	SES	SES
Average SES salary	$284,692	$298,528	$314,051
Average GS grade	13.5	13.4	13.4
Average GS salary	$172,683	$179,464	$185,309
Average CC level	5	5	5
Average CC salaries	$178,529	$183,945	$236,449

Physicians' Comparability Allowance Worksheet

1. Department and component:

HHS/Substance Abuse and Mental Health Services Administration

2. Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

(*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:

	PY 2022 (Final)	CY 2023 (Enacted)/ 1	BY 2024 (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)	164,102	172,075	172,075
4b) Average Annual PCA Payment	16,000	16,000	16,000

[1]/ FY 2023 data will be approved during the FY 2024 Budget cycle

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

Resources for Cyber Activities

(Dollars in millions)

Cyber Category	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
[1] Cyber Human Capital....................	2.325	2.925	3.725	+0.800
[2] Sector Risk Management Agency (SRMA)....	--	--	--	--
[3] Securing Infrastructure Investments.............	--	0.650	1.450	+0.800
[4] Technology Ecosystems................................	--	--	--	--
[5] Zero Trust Implementation.............................	--	0.600	1.400	+0.800
Other NIST CSF Capabilities...........................	5.754	6.274	6.439	+0.165
Detect..	1.041	1.107	1.174	+0.067
Identity...	1.168	1.240	1.315	+0.075
Protect...	2.105	2.396	2.480	+0.084
Recover..	1.212	1.287	1.212	-0.075
Respond...	0.228	0.244	0.258	+0.014
Total Cyber Request..	**8.079**	**10.449**	**13.014**	**+2.565**

Footnotes

[1]Based on fifteen GS-2210 FTE's

[2]SAMHSA does not have any critical systems

[3]Nothing to report for FY22. In FY23 and FY24, SAMHSA plans to move all CoCo servers on prem. FY23 and FY24 figures include AWS hosting fees, one additional Engineer, and procurement of SaaS software.

[4]Not Applicable to SAMSHA.

[5]FY22 = cost is included in 'NIST CSF Capabilities'; FY23 and FY24 = estimated based on emerging requirements.

Drug Control Programs

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance use And Mental Health Services Administration

(Dollars in millions)

Resource Summary	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Drug Resources by Decision Unit and Function				
Programs of Regional and National Significance				
Substance Use Prevention	$218.219	$236.879	$245.738	$8.859
Harm Reduction	91.840	105.840	199.340	93.500
Substance Use Treatment	403.243	431.945	506.517	74.572
Recovery	26.434	34.434	47.151	12.717
Total Programs of Regional and National Significance	**739.736**	**809.098**	**998.746**	**189.648**
State Opioid Response Grant[1]	1,509.750	1,559.250	1,980.000	420.750
Harm Reduction	15.250	15.750	20.000	4.250
Total, State Opioid Response Grant	**1,525.000**	**1,575.000**	**2,000.000**	**425.000**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[2]				
Prevention	362.535	381.535	514.535	133.000
Harm Reduction	19.081	20.081	27.081	7.000
Treatment	1,526.463	1,405.655	1,895.655	490.000
Recovery	--	200.808	270.808	70.000
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	**1,908.079**	**2,008.079**	**2,708.079**	**700.000**
Health Surveillance and Program Support[3]				
Prevention	22.069	21.732	21.116	-.616
Harm Reduction	3.31	3.26	3.167	-.092
Treatment	79.449	78.236	76.017	-2.219
Recovery	5.517	5.433	5.279	-.154
Total, Health Surveillance and Program Support	**110.345**	**108.661**	**105.579**	**-3.082**
Total Funding	**$4,283.160**	**$4,500.838**	**$5,812.404**	**$1,311.566**
Drug Resources Personnel Summary				
Total FTEs[4]	299	327	362	35
Drug Resources as a Percent of Budget				
Total Agency Budget	**$6,547.102**	**$7,517.583**	**$10,834.475**	**$3,316.892**
Drug Resources Percentage	65.4%	59.9%	53.6%	-6.2%

[1]/The State Opioid Response Grant is split 99% to the Treatment function and 1% to the Harm Reduction function.
[2]/The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.
[3]/ The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:
- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward Harm Reduction and 5% toward Recovery, consistent with the drug control methodology
[4]/Only Direct FTEs included in total.

Drug Budget Split between Prevention, Harm Reduction, Treatment, and Recovery FY 2022-2024

(Dollars in millions)

Prevention: Substance Use Prevention Services	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY 2024 +/- FY 2023
Programs of Regional and National Significance (PRNS)				
Strategic Prevention Framework	$127.484	$135.484	$140.484	$5.000
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*
Federal Drug-Free Workplace	4.894	5.139	5.139	--
Sober Truth on Preventing Underage Drinking	12.000	14.500	14.500	--
Tribal Behavioral Health Grants	20.750	23.665	23.665	--
Minority AIDS	41.205	43.205	43.205	--
SAP Minority Fellowship Program	.321	1.321	2.680	1.359
Center for the Application of Prevention Technologies	7.493	9.493	11.993	2.500
Science and Service Program Coordination	4.072	4.072	4.072	--
Total, Substance Use Prevention Services PRNS	**218.219**	**236.879**	**245.738**	**8.859**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[1]	362.535	381.535	514.535	133.000
PHS Evaluation Funds (non-add)	*15.048*	*15.048*	*15.048*	--
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	**362.535**	**381.535**	**514.535**	**133.000**
Health Surveillance and Program Support[2]				
Health Surveillance and Program Support	$17.197	$16.324	$14.469	-$1.855
Health Surveillance	6.426	6.116	5.596	-.520
Budget Authority (non-add)	*2.405*	*2.440*	*2.401*	-.039
PHS Evaluation Funds (non-add)	*4.021*	*3.676*	*3.195*	*-.481*
Program Support	10.771	10.208	8.873	-1.336
Public Awareness and Support	1.300	1.326	1.326	--
Performance and Quality Information Systems	1.322	1.232	1.071	-.161
Behavorial Helath Workforce Data and Development	.100	.100	.100	--
PHS Evaluation Funds (non-add)	*.100*	*.100*	*.100*	--
Drug Abuse Warning Network	2.000	2.600	4.000	1.400
Data Request/Publication User Fees	.150	.150	.150	--
Total, Health Surveillance and Program Support	**22.069**	**21.732**	**21.116**	**-.616**
Total, Substance Use Prevention Services	**602.823**	**640.146**	**781.389**	**141.243**

[1/] The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.

[2/] The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:

- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology

Drug Budget Split between Prevention, Harm Reduction, Treatment, and Recovery FY 2022-2024

(Dollars in millions)

Harm Reduction	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 FY 2024 +/- FY 2023
Community Harm Reduction and Engagement Initiative[1]….......................................	--	--	$50.000	$50.000
Screening, Brief Intervention and Referral to Treatment	31.840	33.840	33.840	--
Budget Authority (non-add)	*29.840*	*31.840*	*31.840*	--
PHS Evaluation Funds (non-add)	*2.000*	*2.000*	*2.000*	--
Target Capacity Expansion[2]	--	--	10.000	10.000
TCE - Low-Threshold Housing First Pilot Project (non-add)	--	--	*10.000*	*10.000*
First Responder Training (CARA)…...	46.000	56.000	77.500	21.500
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths ….........	14.000	16.000	28.000	12.000
Total, Harm Reduction PRNS	**91.840**	**105.840**	**199.340**	**93.500**
State Opioid Response Grants[3]	**15.250**	**15.750**	**20.000**	**4.250**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[4]	19.081	20.081	27.081	7.000
PHS Evaluation Funds (non-add)	*.792*	*.792*	*.792*	--
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	**19.081**	**20.081**	**27.081**	**7.000**
Health Surveillance and Program Support[5]				
Health Surveillance and Program Support	$2.580	$2.449	$2.170	-$.278
Health Surveillance	.964	.917	.839	-.078
Budget Authority (non-add)	*.361*	*.366*	*.360*	-.006
PHS Evaluation Funds (non-add)	*.603*	*.551*	*.479*	*-.072*
Program Support	1.616	1.531	1.331	-.200
Public Awareness and Support	.195	.199	.199	--
Performance and Quality Information Systems	.198	.185	.161	-.024
Behavorial Helath Workforce Data and Development	.015	.015	.015	--
PHS Evaluation Funds (non-add)	*.015*	*.015*	*.015*	--
Drug Abuse Warning Network	.300	.390	.600	.210
Data Request/Publication User Fees	.023	.023	.023	--
Total, Health Surveillance and Program Support	**3.31**	**3.26**	**3.167**	**-.092**
Total, Harm Reduction	**129.481**	**144.931**	**249.588**	**104.658**

[1]/New program proposed in SAMHSA's FY 2024 Performance Budget.
[2]/New program proposed in SAMHSA's FY 2024 Performance Budget.
[3/] The State Opioid Response Grant is split 99% to the Treatment function and 1% to the Harm Reduction function.
[4/] The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.
[5/] The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:
- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology

Drug Budget Split between Prevention, Harm Reduction, Treatment, and Recovery FY 2022-2024

(Dollars in millions)

Treatment: Substance Use Services	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Programs of Regional and National Significance (PRNS)				
Opioid Treatment Programs/Regulatory Activities	$8.724	$10.724	$13.086	$2.362
Target Capacity Expansion	112.192	122.416	147.916	25.500
Other Targeted Capacity Expansion	*11.192*	*11.416*	*11.416*	--
MAT for Prescription Drug and Opioid Addiction (non-add)	*101.000*	*111.000*	*136.500*	*25.500*
Pregnant & Postpartum Women	34.931	38.931	49.397	10.466
Improving Access to Overdose Treatment……..	1.000	1.500	1.500	--
Children and Family Programs	29.605	30.197	30.197	--
Treatment Systems for Homeless	36.386	37.114	37.114	--
Minority AIDS	65.570	66.881	66.881	--
Minority Fellowship Program	5.789	7.136	12.000	4.864
Criminal Justice Activities	89.000	94.000	124.380	30.380
Addiction Technology Transfer Centers	9.046	9.046	9.046	--
Emergency Department Alternatives to Opioids	6.000	8.000	9.000	1.000
Comprehensive Opioid Recovery Centers	5.000	6.000	6.000	--
Total, Substance Use Services PRNS	**403.243**	**431.945**	**506.517**	**74.572**
State Opioid Response Grants[1]	**1,509.750**	**1,559.250**	**1,980.000**	**420.750**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[2]	1,526.463	1,405.655	1,895.655	490.000
PHS Evaluation Funds (non-add)	*63.360*	*55.440*	*55.440*	*.000*
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	**1,526.463**	**1,405.655**	**1,895.655**	**490.000**
Health Surveillance and Program Support[3]				
Health Surveillance and Program Support	$61.911	$58.766	$52.088	-$6.678
Health Surveillance	23.134	22.016	20.146	-1.870
Budget Authority (non-add)	*8.657*	*8.783*	*8.644*	*-.139*
PHS Evaluation Funds (non-add)	*14.477*	*13.233*	*11.502*	*-1.731*
Program Support	38.777	36.750	31.942	-4.808
Public Awareness and Support	4.680	4.774	4.774	--
Performance and Quality Information Systems	4.758	4.436	3.856	-.580
Behavorial Helath Workforce Data and Development	.360	.360	.360	--
PHS Evaluation Funds (non-add)	*.360*	*.360*	*.360*	--
Drug Abuse Warning Network	7.200	9.360	14.400	5.040
Data Request/Publication User Fees	.540	.540	.540	--
Total, Health Surveillance and Program Support	**79.449**	**78.236**	**76.017**	**-2.219**
Total, Substance Use Services	**3,518.905**	**3,475.086**	**4,458.189**	**983.103**

[1/] The State Opioid Response Grant is split 99% to the Treatment function and 1% to the Harm Reduction function.
[2/] The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.
[3/] The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:
- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology

Drug Budget Split between Prevention, Harm Reduction, Treatment, and Recovery FY 2022-2024

(Dollars in millions)

Recovery	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Programs of Regional and National Significance (PRNS)				
Recovery Community Services Program	$2.434	$4.434	$5.151	$.717
Building Communities of Recovery	13.000	16.000	28.000	12.000
Peer Support TA Center	1.000	2.000	2.000	--
Treatment, Recovery, and Workforce Support	10.000	12.000	12.000	--
Total, Recovery PRNS	**26.434**	**34.434**	**47.151**	**12.717**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[1]	--	200.808	270.808	70.000
PHS Evaluation Funds (non-add)	--	*7.920*	*7.920*	--
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	.000	**200.808**	**270.808**	**70.000**
Health Surveillance and Program Support[2]				
Health Surveillance and Program Support	$4.299	$4.081	$3.617	-$.464
Health Surveillance	1.607	1.529	1.399	-.130
Budget Authority (non-add)	*.601*	*.610*	*.600*	-.010
PHS Evaluation Funds (non-add)	*1.005*	*.919*	*.799*	*-.120*
Program Support	2.693	2.552	2.218	-.334
Public Awareness and Support	.325	.332	.332	--
Performance and Quality Information Systems	.330	.308	.268	-.040
Behavorial Helath Workforce Data and Development	.025	.025	.025	--
PHS Evaluation Funds (non-add)	*.025*	*.025*	*.025*	--
Drug Abuse Warning Network	.500	.650	1.000	.350
Data Request/Publication User Fees	.038	.038	.038	--
Total, Health Surveillance and Program Support	**5.517**	**5.433**	**5.279**	**-.154**
Total, Recovery	**31.951**	**240.675**	**323.238**	**82.563**

[1/] The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.

[2/] The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:
- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology

Methodology

SAMHSA distributes drug control funding into four functions: Prevention, Harm Reduction, Treatment, and Recovery.

Prevention includes all the Substance Use Prevention Services appropriation (i.e., 100 percent of PRNS programs), 19 percent of the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) funds which is specifically appropriated for prevention activities from the Substance Use Prevention Services appropriation, and 20 percent is of the Health Surveillance and Program Support (HSPS) funding.

Harm Reduction includes 100 percent of the Community Based Funding for Local Substance use Disorder Services from the American Rescue Plan Act of 2021; 100 percent of the Community Harm Reduction and Engagement Initiative; 100 percent of First Responders- Comprehensive Addiction and Recovery Act (FR-CARA) Training; 100 percent of Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths; 100% of Screening, Brief Intervention, and Referral to Treatment; 100% of the funds allocated to the new Low-Threshold Housing First Pilot Project funded under Targeted Capacity Expansion-General; 1 percent of SOR grants; 1 percent of the SUPTRS BG funds; and a proportionate share of HSPS funding.

Treatment includes 100 percent of the Substance Use Services PRNS, 99 percent of SOR grants, 70 percent of the SUPTRS BG funds, and a proportionate share of HSPS funding.

Recovery includes 100 percent of the Recovery Community Services Program; 100 percent Building Communities of Recovery; 100 percent of Treatment, Recovery and Workforce Support; 100 percent of Recovery Support Services- Center of Excellence (COE); 10 percent of the SUPTRS BG funds (i.e., 10 percent is a proposed set-aside for recovery support services in SUPTRS BG for FY 2023); and a proportionate share of HSPS funding.

HSPS is proportionately attributed to the Prevention, Harm Reduction, Treatment, and Recovery.

First, the HSPS base for the Drug Control budget is calculated using the following three rules: (1) 100% of the Drug Abuse Warning Network funding; (2) 50% of the Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication user fees funding; and (3) The combined Program Support, Health Surveillance, and PQIS funding multiplied by SAMHSA's total Substance Use budgets *divided by* SAMHSA's total Substance Use budgets plus SAMHSA's Mental Health budget. Second, the calculated HSPS base is allocated to the four drug control areas base on the proportionately: 20% Prevention, 3% Harm Reduction, 72% Treatment and 5% Recovery.

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. 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, LGBTQI+, 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 populations of focus: under resourced racial and ethnic minority, LGBTQI+, 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 NNED Learn. OBHE Flagship Initiatives include the Disparity Impact Statement (DIS), Elevate Community Based Organizations (CBOs), The NNED, and LGBTQI+-CoE. Additionally, OBHE conducts a monthly SAMHSA-wide Equity Cross-Collaborative 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/LGBTQI+ small reports data snap shots. OBHE representatives also serve 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 on the NASEM Forum on Mental Health and Substance Use Disorders.

Disparity Impact Statement 2.0 Initiative

SAMHSA's Disparity Impact Statement (DIS) 2.0 Initiative seeks to 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 direction for grantees on the purpose and expectations for focusing on 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. The DIS will also identify racial, ethnic, LGBTQI+, mixed-race, and poor rural white residents' behavioral health gaps that could be filled by SAMHSA's future Notice of Funding Opportunities (NOFO).

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 approaches, 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. NNEDLehe section break? This 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. NNED share 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.

Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence

The Center of Excellence on Asian American, Native Hawaiian, and Pacific Islander (AANHPI-CoE) Behavioral Health Center of Excellence will promote culturally and linguistically appropriate behavioral health information and practices; establish a steering committee to identify emerging issues; and provide training, technical assistance, and consultation to practitioners, educators, and community organizations. Training topics include addressing mental health impacts caused by unconscious bias and hate against AANHPI communities. The AANHPI-CoE will also develop accessible, public-facing infographics and other materials that address behavioral health, including those that provide data disaggregated by race and ethnicity, as well as best practices for improving engagement and retention of AANHPI behavioral health professionals.

African American Behavioral Health Center of Excellence

Responding to the urgent need for greater equity and effectiveness in behavioral health services for African Americans, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has established a new National Center, the African American Behavioral Health Center of Excellence (AABH-COE). From its administrative and academic home in the National Center for Primary Care at Morehouse School of Medicine (MSM) in Atlanta, the new Center of Excellence will develop and disseminate training, technical assistance (TA), and resources to help healthcare practitioners eliminate behavioral health disparities within this large and diverse population.

The new Center of Excellence will take a highly collaborative public health approach toward cultural and practical transformation of:

- Behavioral health systems;
- Intervention, treatment, and recovery support practices;
- The professional and non-professional workforce; and
- The systems of education, training, and TA that prepare the field for its work.

The Center of Excellence on LGBTQI+ Behavioral Health Equity

The Center of Excellence on LGBTQI+ Behavioral Health Equity provides 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. Through training, coaching, and technical

assistance we are implementing change strategies within mental health and substance use disorder treatment systems to address disparities affecting LGBTQI+ people across all stages of life.

This Center for Excellence is led by SAMHSA's OBHE, the National SOGIE Center at Innovations Institute, University of Connecticut School of Social Work and is a partnership with Affirmative Research, Judge Baker Children's Center, Harvard Medical School, and The Institute for Innovation and Implementation, University of Maryland School of Social Work. The work of this Center relies on:

- an expert pool that includes individuals with lived experience
- leaders from provider organizations that are implementing best practices to address behavioral health disparities among the LBGTQ+ community
- and researchers and clinical experts skilled in translating research into practice in mental health and substance use practice settings.

Budget Request

The FY 2024 President's Budget Request is $5.8 billion, an increase of $1.3 billion from the FY 2023 Enacted level.

The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has five major drug-related portfolios, and attendant decision units: Substance Use Prevention Services, Substance Use Services, Health Surveillance and Program Support, Harm Reduction, and Recovery.

Each decision unit is discussed below:

Prevention

Substance Use Prevention Services

Programs of Regional and National Significance

Strategic Prevention Framework
The FY 2024 Budget Request: $140.4 million, an increase of $5 million from the FY 2023 Enacted level.

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 use problems.

Strategic Prevention Framework – Partnerships for Success (SPF-PFS)

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 use target areas. The budget increase in FY 2024 will be used to award 57 new and 180 continuing grants. These grants will continue to support the development and delivery of state and community substance misuse prevention and mental health promotion services.

Strategic Prevention Framework for Prescription Drugs

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 and misuse 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. In FY 2024, the SPF-Rx program will award 8 new grants and 37 continuations. The SPF-Rx program plans to provide additional technical support to grantee's who seek partnerships with those agencies that manage state PDMPs and work on data sharing agreements. Access to and leveraging this data to reduce opioid dependency, and overdose incidence is at the very center of this program and SAMHSA's intent for these funds. In FY 2024, the SPR-Rx program will be evaluated and mined for "lessons learned," because the grant program was opened to nonprofit agencies working with the single state agency (SSA) in FY 2022.

Federal Drug-Free Workplace
The FY 2024 Budget Request: $5.1 million, level with the FY 2023 Enacted level.

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, federally regulated industries; the private sector also uses the HHS-Certified Laboratories. SAMHSA will continue to implement the new mandatory guidelines for oral fluid and hair in the federally regulated drug testing program and continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace programs to operationalize the newly authorized specimen and new drug testing program for oral fluid, a first in over 30 years.

The budget request will allow SAMHSA to 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 illicit drug use and the misuse of prescription medications. SAMHSA will continue its oversight role for the inspection and certification of the HHS-certified laboratories and HHS laboratory certification for new oral fluid and hair testing laboratories.

Sober Truth on Preventing Underage Drinking
The FY 2024 Budget Request: $14.5 million, level with the FY 2023 Enacted level.

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 $60,000 per year over four years to current or former grantees under the Drug Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. The STOP Act was reauthorized in the 21st Century Cures Act. In FY 2024, SAMHSA will continue to support the 2023–2024 campaign evaluation cycle, which includes an evaluation of the usability, reach, and effectiveness of the TTHY mobile app and Screen4Success self-screening and 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. SAMHSA will also continue to assess technical assistance needs to address areas identified as challenges in data collection and reporting processes, to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States. SAMHSA will support 93 new and 114 continuation grants.

Tribal Behavioral Health Grants
The FY 2024 Budget Request: $24 million, level with the FY 2023 Enacted level.

SAMHSA's Tribal Behavioral Health Grants (TBHG) program addresses the high incidence of substance use, misuse, 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, misuse, trauma, and suicide and by promoting the mental

health of AI/AN young people. In FY 2016, SAMHSA expanded activities through the braided TBHG 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. The budget will continue to support grants that expand efforts to address the high incidence of substance misuse and suicide among AI/AN populations. SAMHSA will support technical assistance activities, 118 continuation grants and award a new cohort of 10 grants.

Centers for the Application of Prevention Technologies
The FY 2024 Budget Request: $12 million, an increase of $3 million from the FY 2023 Enacted level.

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 budget increase will be used for the Prevention Fellowship program – approximately 20 fellows will be chosen for a new FY 2024 cohort, allowing them to spend one year in intensive training. This program is a key component to expanding and enhancing the prevention workforce. A pilot program was launched in FY 2022 with a grant supplement. The funding increase will allow this important program to be an inherent part of the PTTC. The funding will also support 11 PTTC continuation grants to continue support for the provision of state-of-the-art substance use prevention technical assistance to states, communities, tribal communities, and territories. 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 2024 Budget Request is: $4.1 million, level with the FY 2023 Enacted level.

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). The budget request will continue to maintain improvements in community readiness in identified tribal communities through tribally focused, and tribally specific technical assistance delivery. SAMHSA will also continue to elevate community success stories via its podcast series, webinars, and prominent placement of stories on the Communities Talk website. Additionally, SAMHSA will expand its use of mini campaigns, which promote and amplify substance use data, research, and prevention resources related to alcohol and substance misuse by youth and youth adults. Other focus areas for communications activities will include technical assistance in

bridging prevention service delivery between substance misuse and mental health promotion as well as operationalizing diversity, equity, and inclusion in prevention service delivery.

Other PRNS Prevention Programs
The FY 2024 Budget Request: $46 million, an increase of $1.4 million from the FY 2023 Enacted level.

The budget request includes resources for Minority AIDS and Minority Fellowship Program. The funding will support activities that build a strong foundation for delivering and sustaining high-quality and accessible substance misuse and HIV prevention services among at-risk populations, including racial/ethnic minority youth and young adults, ages 13 to 24. The funding will also support new activities in the Prevention Navigator Program which provides training and education around the risks of substance misuse, education on HIV/AIDS, and needed linkages to service provision for individuals with HIV. Finally, the increase will double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase in fellows will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.

Harm Reduction

Community Harm Reduction and Engagement Initiative
The FY 2024 Budget Request: $50 million, an increase of $50 million above FY 2023 Enacted level.

In FY 2024, SAMHSA is establishing a new Community Harm Reduction and Engagement Initiative program which builds off the $30 million from Community Based Funding for Local Substance use Disorder Services funded with the American Rescue Plan Act in FY 2021. The Community Harm Reduction and Engagement Initiative program builds upon the lessons learned from the ARP funds with three components: 1) support for smaller community-based harm reduction service organizations focused on high-risk populations such as those experiencing homelessness; 2) expansion grants to existing programs such as SAMHSA's dedicated harm reduction program, Targeted Capacity Expansion-Special Projects program, and Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) program, with the inclusion of low-threshold buprenorphine initiation for opioid use disorder and linkages to harm-reduction oriented SUD treatment services and 3) technical assistance to support communities and organizations seeking to establish or improve existing harm reduction services. In addition to the above, the program will facilitate the distribution of naloxone to help prevent overdose deaths, increase testing for HIV and viral hepatitis and improve access to infectious disease care, and provide peer support services. The Harm Reduction and Engagement Initiative aims to reach 330,000 individuals with harm reduction services through three approaches:

1. *Harm Reduction Resources for Community-Based Organizations ($17 million):* Develop a Notice of Funding Opportunity that will target small community-based organizations that are already serving populations needing these services but without other federal resources to support harm reduction services. This funding amount would support approximately 100 organizations. These organizations will receive technical assistance and capacity-building support, as well as resources to expand their services. These efforts will enable organizations to expand their reach to an additional 50,000 individuals.

2. *Community Harm Reduction and Engagement Expansion Grants ($30 million):* Develop a Notice of Funding Opportunity that will target harm reduction and harm-reduction oriented substance use disorder treatment programs. This funding level would support approximately 50 harm organizations that collectively have the capacity to expand their services to an additional 100,000 individuals.

3. *Harm Reduction TA Center ($3 million):* Technical assistance (TA) will be made available to States, Tribes and communities interested in establishing or strengthening their harm reduction services. SAMHSA will continue funding one in partnership with CDC. It is estimated this TA will reach a minimum of 120 organizations.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths
The FY 2024 Budget Request: $28 million, an increase of $12 million from the FY 2023 Enacted level.

Opioid overdose is a significant contributor to accidental deaths among those who use 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 overdose response 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 response kits. The funding request will fund 15 new and 17 continuation grants 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 response kits, and cover expenses incurred from dissemination efforts.

First Responders- Comprehensive Addiction and Recovery Act (FR-CARA) Training
The FY 2024 Budget Request: $77.5 million, an increase of $21.5 million from the FY 2023 Enacted level.

FR-CARA 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-related 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-related 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. The budget request will continue to fund about 118 new and 75 continuation grants to provide much needed support to combat the nation's opioid overdose epidemic and enhance linkage to care for people at risk for opioid overdose and implementing innovative strategies. The program will also increase access for individuals treated with naloxone for overdose to obtain services such as low threshold buprenorphine with psychosocial support services to address the multifaceted challenges a person experiences after an overdose.

Screening, Brief Intervention and Referral to Treatment
The FY 2024 Budget Request: $34 million, level with the FY 2023 Enacted level.

The Screening, Brief Intervention and Referral to Treatment (SBIRT) program, including state implementation grants intended to help primary care physicians, identifies individuals who misuse substances and intervenes with education, brief interventions, or referral to specialty treatment if necessary. 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 who receive treatment for their substance use disorder. Studies have long shown that this approach is effective in helping reduce harmful alcohol consumption. 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 and community settings. Recipients may use funds to screen for substance use and co-occurring mental illness and substance use disorders. They can support evidence-based person-centered interventions, such as reinforcement of less risky alcohol use, motivational interviewing, brief interventions, 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 budget request will support 11 new and 20 continuation grants and will serve approximately 146,366 people.

Targeted Capacity Expansion- Low-Threshold Housing First Pilot Project
The FY 2024 Budget Request: $10 million, an increase of $10 million from the FY 2023 Enacted level.

The new Targeted Capacity Expansion- Low-Threshold Housing First Pilot Project addresses service needs and housing instability for people with substance use disorders (SUDs) and/or co-occurring substance use and mental disorders (CODs), regardless of where they are on the continuum of readiness to change. This program will combine services that span the continuum of public health-focused harm reduction, treatment, and recovery supports with housing and intensive case management, delivered based on individualized needs assessments, at home and in the community. The primary client-level outcomes for this program are housing attainment; reduced overdoses; increased access to and participation in public health activities, treatment, recovery support services; and education and employment activities. In addition, grantees will enhance coordinated efforts across health, housing, education, labor, criminal justice, and transportation. Based on other grant programs, SAMHSA anticipates a 95 percent increase in the number of clients served that are employed or attending school between intake and 6-month follow up, a 380 percent increase in the number of clients served that report having stable housing between intake and 6-month follow up, and that awardees will screen 78 percent of clients for co-occurring mental health and substance use disorders, of which 81 percent will screen positive. The budget request will fund 10 new Low-Threshold Housing First Pilot Project cooperative agreements.

Treatment

Substance Use Services

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG): The FY 2024 Budget Request: $2.7 billion, an increase of $700 million from the FY 2023 Enacted level.

The goal of the SUPTRS BG 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 and substance use disorders (SUDs) on America's communities. SUPTRS BG grantees plan, implement, and evaluate SUD prevention, treatment, and recovery support services based on the specific needs of their state systems and populations.

The SUPTRS BG 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 SUPTRS BG 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 -treatment response to a broader long-term individual and 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 vital roles in its sustainability. The FY 2023 President's Budget proposed a new 10 percent set aside within the SUPTRS BG to enhance non-clinical recovery support services. The set-aside would require that least 10 percent of grantees' SUPTRS BG expenditures be used for recovery community organizations, peer recovery support services, and other recovery support activities. Services and activities may include funding recovery housing, recovery community centers, recovery schools, recovery industries, and recovery ministries; developing strategies and educational campaigns, trainings, and events to reduce addiction/recovery-related stigma and discrimination at the local level; providing integrated addiction treatment and recovery resources and support system navigation; making accessible peer recovery support services that support diverse populations and are inclusive of all pathways to recovery; and collaborating and coordinating 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 that support, promote, and enhance recovery.

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. In FY 2024, 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.

State Opioid Response
The FY 2024 Budget Request: $2.0 billion, an increase of $425 million from the FY 2023 Enacted level.

The 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 through grants to states and territories via formula. The program 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. The budget request will continue to 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 also continue in FY 2024, is education on, and purchase and distribution of naloxone, a proven medication that reverses opioid-related overdoses to save lives. SAMHSA will assist states in the identification of underserved communities and agencies and continue in FY 2024 to work with states on implementation and further refinement of naloxone distribution and saturation.

Programs of Regional and National Significance

Opioid Treatment Programs/Regulatory Activities
The FY 2024 Budget Request: $13.1 million, an increase of $2.4 million from the FY 2023 Enacted level.

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that provide methadone, buprenorphine, or buprenorphine/naloxone to treat patients with opioid use disorder (OUD). 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. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs, prescribers eligible to prescribe buprenorphine for the treatment of OUD, and workforce development and training activities, such as the Provider Clinical Support System-University (PCSS-U) and Provider's Clinical Support System-Medications for Opioid Use Disorder (PCSS-MOUD), to expand access to medications for OUD (MOUD) and related

substance use disorder and other health conditions. In FY 2023, SAMHSA initiated funding of a new Provider Clinical Support System that focuses on identification and treatment of alcohol use disorder- PCSS MAUD. The purpose of this program is to provide training, guidance, and mentoring on the use of Medications for Alcohol Use Disorders. In FY 2023, SAMHSA is also supporting a new Provider Clinical Support System aimed at providing training, mentoring, and ongoing support for organizations seeking to implement Contingency Management- PCSS CM to foster knowledge adoption and best practices. The budget request will allow SAMHSA to fund 16 new and 9 continuation PCSS-U grants, plus three continuation cooperative agreements, each for PCSS-MOUD, (PCSS-MAUD), (PCSS-CM) and two contracts.

Targeted Capacity Expansion
The FY 2024 Budget Request: $148 million, an increase of $26 million from the FY 2023 Enacted level.

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 medications for opioid use disorder (MOUD) and related therapies; 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 budget request would support one new grant and 26 continuation TCE-Special Projects and fund 183 continuation and 29 new MAT PDOA grants, that collectively will serve between 12,000 and 14,000 000 people with substance use disorders.

Treatment Systems for Homeless
The FY 2024 Budget Request: $37 million, level with the FY 2023 Enacted level.

On a single night in January 2022, 582,462 people were experiencing homelessness in the United States. Of these, 138,361 were experiencing chronic homelessness, 122,888 had severe mental illness, 95,001 were affected by chronic substance use, and 33,129 were veterans.[1] 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 the goal of reducing homelessness for nearly 4,000 people. In FY 2022, 4,237 clients were served through SAMHSA's Grants for the Benefit of Homeless Individuals (GBHI) program. The budget request will fund 15 new and 62 continuation GBHI grants with a target to serve 4,083 people.

Pregnant and Postpartum Women
The FY 2024 Budget Request: $49 million, an increase of $10 million from the FY 2023 Enacted level.

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). This pilot program helps state substance use agencies address the continuum of care, including services provided to women in nonresidential-based settings and promotes a

coordinated, effective, and efficient state system managed by state substance use agencies by encouraging new approaches and models of service delivery. The overall 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 a continuation evaluation contract to provide an array of services and supports to pregnant individuals and their children. During FY 2022, 935 women were served in the PPW-PLT program and 1,288 women in the PPW residential treatment program. The budget request will allow SAMHSA to continue to fund seven new and six continuation PPW pilot grants, and 17 new and 50 continuation residential treatment grants.

Criminal Justice Activities
The FY 2024 Budget Request: $124 million, an increase of $30 million from the FY 2023 Enacted level.

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 populations by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic 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. The 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 medications for opioid use disorder (MOUD) with FDA-approved medications for individuals with no other means of obtaining them.

The budget request will support 144 new and 105 drug court continuation grants, 43 continuation AR 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. Collectively, these programs are expected to serve over 8,500 people, with the drug court program serving 6,554 people and the Adult Reentry Program serving 2,151 people.

Emergency Department Alternatives to Opioids
The FY 2024 Budget Request: $9 million, an increase of $1 million from the FY 2023 Enacted level.

The Emergency Department Alternative to Opioids (EDAO) program provides 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, train providers and other hospital personnel in the provision of alternatives to opioids for patients with painful conditions, including conducting screening for opioid use disorder and initiation of treatment, if warranted. The funding request will continue to fund two new and 15 continuing grants with a target of training 2,520 providers on using non-opioid therapies and providing non-opioid therapies to 115,850 patients.

Improving Access to Overdose Treatment
The FY 2024 Budget Request: $1.5 million, level with the FY 2023 Enacted level.

SAMHSA's Improving Access to Overdose Treatment (ODTA) grant program supports awards to Federally Qualified Health Centers (FQHCs), Opioid Treatment Programs, and practitioners who prescribe buprenorphine to expand access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose. Grant recipients serve individuals at high risk for opioid overdose by partnering with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. The ODTA 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 and can serve as an important engagement point to treatment for people with substance use disorders. The budget request will fund seven continuation 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.

Other PRNS Treatment Programs
The FY 2024 Budget Request is $124 million, an increase of $5 million from the FY 2023 Enacted level.

The budget request includes resources for several Treatment Capacity programs including Children and Families; Addiction Technology Transfer Centers; Comprehensive Opioid Recovery Centers; Minority AIDS; and Minority Fellowship Program. The budget request in FY 2024 will continue to enhance overall drug treatment quality by incentivizing treatment and service providers to achieve specific performance targets. The budget will fund one new and 52 continuation grants

under the Children and Families program with a target to serve 1,740 people. The Addiction Technology Transfer Center will fund 11 continuations and 3 cooperative agreement continuations. The budget increase for the Minority Fellowship Program will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. The Comprehensive Opioid Recovery Centers will fund two new and five continuation grants to 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. The Minority AIDS will fund 25 new grants and 103 continuation grants with a target to serve 10,185 clients.

Recovery

Programs of Regional and National Significance

Recovery Community Services Program

The FY 2024 Budget Request: $5.2 million, an increase of 717,000 from the FY 2023 Enacted level.

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. The Recovery Community Services Program (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).

The RCSP – Statewide Network (RCSP-SN) program was established to further strengthen Recovery Community Organizations (RCOs), similar organizations, and their statewide network of recovery stakeholders as key partners in the delivery of state and local recovery support services (RSS). Other key partners include the specialty and general health care systems, state and local public health departments, payers, and other systems that collaborate with RCOs and the statewide recovery network to foster systems improvement, public health messaging, and training conducted with, and for, key recovery stakeholder organizations. By partnering with traditional SUD providers and other purchasers of RSS, RCSP-SN grantees strengthen and embed critical RSS service elements as part of the Recovery Oriented Systems of Care (ROSC) landscape.

The budget request will fund two new and 12 continuation RCSP grants, as well as two continuation RCSP-Statewide Network (SN) grants. Under the RSCP program, SAMHSA will aim to serve 915 clients.

Building Communities of Recovery

The FY 2024 Budget Request: $28 million, an increase of $12 million from the FY 2023 Enacted level.

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 budget request will support 58 new and 32 continuation

grants to develop, expand, and enhance recovery support services with a target of serving 3,002 clients. The increase will also support ONDCP's priority to expand recovery services by increasing the number of peer-led recovery community organizations and certified recovery residences by 25% in 2025.

Recovery Support Services - Center of Excellence (*based on the Peer Support Technical Assistance Center program)*
The FY 2024 Budget Request: $2 million, level with the FY 2023 Enacted level.

The Peer Support Technical Assistance Center has provided 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. The budget request in FY 2024 will create a new Center of Excellence (CoE) that builds from the Peer Support Technical Assistance Center. The new Recovery Support Services – Center of Excellence (RSS-CoE) program will incorporate the peer support technical assistance provided by the Peer Support Technical Assistance Center and expand to include training and technical assistance for recovery housing. This will result in an increase in the number of individuals served and expand the topic areas for technical assistance as well as the structure through which technical assistance is provided. Specifically, a regional approach allows the RSS-CoE to tailor the training needs and recovery system development activities to the needs of each distinct geographic region. SAMHSA plans to award four new cooperative agreements at $1 million each, providing training for 20,000 new individuals per year in peer support services and increasing the number of certified recovery residences by 25% by 2025, a goal from the National Drug Control Strategy.

RSS-CoE aligns with one of the seven Biden-Harris Administration drug policy priorities of, "Expanding access to recovery support services" as well as the four dimensions of 2022 National Drug Control Strategy of building a "recovery-ready nation" of "home, health, purpose, and community" which aims to (1) expand RSS and PRSS capacity and foster the adoption of more consistent standards for the peer workforce, RCCs, RCOs, and similar peer-led organizations and (2) foster the adoption of more consistent recovery housing standards.

Treatment, Recovery, and Workforce Support
The FY 2024 Budget Request: $12 million, level with the FY 2023 Enacted level.

Authorized by section 7081 of the SUPPORT for Patients and Communities Act, The Treatment, the Recovery, and Workforce Support (TRWS) 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. Grant recipients conduct outreach activities informing employers of substance use resources that are available to employees. Grant funds have been used to hire Case Managers, Care Coordinators, Peer Recovery Specialists and other professionals to provide services that support treatment and recovery for clients. As a result of innovative implementation strategies, the TRWS grant has assisted clients with sustaining recovery while attaining viable employment. The budget request will be used to

provide career services for people in recovery from substance use disorder through partnerships with local organizations. SAMHSA plans to fund 23 continuation grants.

Health Surveillance and Program Support

The budget request represents the Substance Use 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 2024 Budget Request: $106 million, a decrease of $3 million from the FY 2023 Enacted level.

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. HSPS funded activities are split between Mental Health and Drug Control as follows: (1) The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention); (2) Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities; and (3) The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology.

Program Support

The FY 2024 budget request is $44 million, a decrease of $7 million from the FY 2023 Enacted level. The budget request represents the Program Support portion that is attributable to the drug control budget only, and not SAMHSA's total funding for this program. At this funding level, SAMHSA will continue to support staff to administer and manage SAMHSA's diverse array of programs. 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 overall behavioral health (inclusive of mental health and substance use) 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.

Health Surveillance

The FY 2024 budget request is $28 million, a decrease of $3 million from the FY 2023 Enacted level. The budget request represents the Health Surveillance portion that is attributable to the drug control budget only, and not SAMHSA's total funding for this program. The budget request will fund the modernization of the Behavioral Health Treatment Locator to feature appointment

capability to reduce barriers for individuals and families to access treatment. CBHSQ will also begin designing the Spanish version of the Locator to expand treatment services to the racial and ethnic minorities. Also, within BHSIS, CBHSQ is planning to implement a National Substance Use and Mental Health Services Survey (N-SUMHSS) supplement to gather additional information on racial and ethnic minority-based treatment facilities.

Public Awareness and Support
FY 2024 Budget Request: $7.0 million, level with the FY 2023 Enacted level.

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, inclusive of mental disorders and substance use issues. 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. Several channels are used to communicate this information, including 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. Recently the OC provided information, graphics and resources for the transition of the National Suicide Prevention Lifeline to the 988 Suicide and Crisis Lifeline. In FY 2022, SAMHSA had over 59 million interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits.

A proportionate share of the Health Surveillance and Program Support (HSPS) appropriation is allocated to SAMHSA's Drug Control budget. The budget request represents the Health Surveillance portion that is attributable to the drug control budget only, and not SAMHSA's total funding for this program. The funding for Public Awareness and Support will support four contracts and one interagency agreement 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 2024 Budget Request: $5.4 million, a decrease of $810,000 from the FY 2023 Enacted level.

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. SPARS provides a common data and reporting system for all SAMHSA discretionary grantees and allows programmatic technical assistance (TA) on use of the data to enhance grantee performance monitoring and improve quality of service delivery. Between FY 2020 and FY 2021, the Office of Evaluation (OE) has completed over 60 office hour and 64 learning lab events. In FY 2022, CBHSQ/OE introduced "Data Parties' designed to bring together diverse stakeholders from across SAMHSA to collectively analyze data that have been collected and to support interpretation of what the data mean and implications for action. The first event included over 70 SAMHSA staff and leadership.

A proportionate share of the Health Surveillance and Program Support (HSPS) appropriation is allocated to SAMHSA's Drug Control budget. The budget request represents the Health Surveillance portion that is attributable to the drug control budget only, and not SAMHSA's total funding for this program. The budget request will fund modernization efforts and continuation of the SPARS and Evidence-Based Practices Resource Center contracts. SAMHSA plans to improve the SPARS system to handle the substantial increase in the number of discretionary grants awarded in the past two years (over 7,400 grants in FY22). This has led to an increase in the number of internal and external stakeholders who use the SPARS system requiring targeted training, resources both digital and printable, and technical support for use of the SPARS online system.

Behavioral Health Workforce Data and Development
FY 2024 Budget Request: $500,000, level with the FY 2023 Enacted level.

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 (DAWN)
FY 2024 Budget Request: $20 million an increase of $7 million from the FY 2023 Enacted level.

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 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. In 2021, DAWN surveillance of emergency department (ED) visits was expanded to include those visits to due to alcohol use by individuals 21 years and older. In FY 2022, the DAWN surveillance system has reviewed more than 5,285,028 ED records from 53 participating hospitals (26 urban, 11 suburban, and 16 rural) and abstracted over 410,133 DAWN cases (7.8 percent of total ED records reviewed). Preliminary analysis demonstrates that the most common substances associated with DAWN cases are alcohol (191,800 cases, 38.8 percent), illicit substances (146,426 cases, 29.6 percent) and Central Nervous System (CNS) agents (71,951 cases, 14.6 percent); among illicit drugs, stimulants were the most commonly associated with DAWN cases, with the majority involving methamphetamine.

DAWN is allocated fully to substance use. The budget request will increase the number of participating hospitals to move closely align with legacy DAWN to report robust national estimates, as well as an early warning network. SAMHSA/CBHSQ is planning to further expand machine learning based early warning system to identify patterns of drug-related emergency department (ED) visits to be made available to inform SAMHSA and policy makers. SAMHSA further plans to expand substance use related public health surveillance of hospital ED visits and provide a more comprehensive campaign on drug overdose based on the data abstracted from the DAWN system in FY 2024.

Data Request and Publication User Fees
FY 2024 Budget Request: $750,000, level with the FY 2023 Enacted level.

SAMHSA will collect and retain fees for extraordinary data and publications requests.

Significant Items

House Appropriations Committee, Labor/HHS/Education Subcommittee (H. Rept. 117-403)

1. <u>Data Collection for SUD Grants to States</u>: *The Committee is aware that in November 2020, the GAO issued a report (GAO–21– 96) recommending that school-based drug prevention programs under SUBG and SOR better report how their activities contribute to the National Drug Control Strategy's prevention education goals. A GAO report issued in December 2021 (GAO–22–104520) recommends further analysis and clarification of data collected through the SOR program. The Committee encourages SAMHSA to fully adopt the recommendations in these reports and requests an update in the fiscal year 2024 Congressional Budget Justification on the implementation of these recommendations.*

<u>Actions Taken or to be taken</u>

SAMHSA provides implementation updates to GAO six months after the report is published and every subsequent six months until the recommendations are considered implemented/closed. These specific reports were published in 2022 and 2020. The GAO report below contains SAMHSA's most recent implementation updates on the recommendations, and GAO's response to the updates.

Opioid Use Disorder: Opportunities to Improve Assessments of State Opioid Response Grant Program GAO-22-104520 (published January 10, 2022)

Recommendation #1:

The Assistant Secretary for Mental Health and Substance Use should ensure that SAMHSA's SOR grant program assessment reports, such as its annual SOR program profile and report to Congress, identify potential limitations in their findings, and describe how any such limitations may affect the conclusions that can and cannot be drawn about the effectiveness of the program.

SAMHSA's December 2022 Implementation Update

SAMHSA conducted additional robust analyses of current programmatic data for the SOR Report to Congress. These analyses include using disaggregated data by client characteristics, which provided a more comprehensive, and in-depth assessment of the SOR program performance. A limitation section was included in the report, which describes limitations in data collected and report findings, and how these limitations affected the conclusions drawn about the effectiveness of the SOR program. The SOR Report is on track to be delivered to Congress during the third quarter of FY 2023. Once the report has been released, SAMHSA will provide GAO a copy of the report.

Recommendation #2:

The Assistant Secretary for Mental Health and Substance Use should further analyze existing SOR grant program information, such as by disaggregating data by client groups, to provide a

more comprehensive, in-depth assessment of program performance and use such information to identify opportunities for program improvement.

SAMHSA's December 2022 Implementation Update

SAMHSA has conducted more robust analysis of its current programmatic data. New analysis includes using disaggregated data by client characteristics to provide a more comprehensive, in-depth assessment of program performance. Findings from this analysis was included in the SOR Report to Congress. The SOR Report is on track to be delivered to Congress during the third quarter of FY 2023. SAMHSA has also modified its two Government Performance and Results Act (GPRA) tools that SOR grantees must use to report performance measures. First, SAMHSA revised the State Opioid Response (SOR)/Tribal Opioid Response (TOR) - Program Instrument to better assess the program's performance on required education and prevention activities The Program Instrument has been in use since April 1, 2022. SOR grantees and GPOs have access to multiple resources such as the training recordings, slides, transcripts, Question-by-Question instruction guide (available in both English and Spanish), Codebook, and a Frequently Asked Questions (FAQ) document on SAMHSA's Performance Accountability and Reporting System (SPARS) training page for future use.

Second, SAMHSA's Center for Substance Abuse Treatment (CSAT) GPRA Client Outcome Measures for Discretionary Programs tool implementation was revised to reduce administrative burden and improve data quality. Implementation of the new tool was delayed to January 4, 2023, in response to questions and feedback received during the public comment period. The postponement gives grantees additional time with reference and training materials as well as additional time to update data collection processes and systems and prepare staff. Resources, including the final GPRA Tool in both English and Spanish, a crosswalk from the existing tool to the new tool, Question-by-Question Guides, a transition Quick Reference Guide, and Frequently Asked Questions (FAQs), will be made available on SAMHSA's Performance Accountability and Reporting System (SPARS). Training sessions focused on the changes and updates to the CSAT GPRA Client Outcome Measures Discretionary Programs Tool were conducted for GPOs and grantees in October.

GAO Response:

Awaiting the SOR report that will be delivered to Congress during the third quarter on FY 2023.

Drug Misuse: Agencies Have Not Fully Identified How Grants That Can Support Drug Prevention Education Programs Contribute to National Goals GAO-21-96 (published November 18, 2020)

Recommendation #2:

The Secretary of Health and Human Services should clarify how the Substance Abuse Prevention and Treatment Block Grant (SABG) prevention set-aside contributes to the goals of the National Drug Control Strategy, including considering how the performance measures relate to the prevention education goal

SAMHSA'S December 2022 Implementation Update

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program's objectives are to help plan, implement, and evaluate activities that prevent and treat all substance misuse. The SUPTRS BG Prevention Set-Aside Program addresses the ONDCP National Drug Control Strategy through prevention education, which includes the delivery of evidence-based prevention programming, captures evaluation data/National Outcome Measures (NOM), and requires data reporting from grantees related to evidence-based activities. The 2019-2020 NOM data shows a direct correlation between an increase in evidence-based program delivery and a reduction in illicit drug use, which supports the overall goals and objectives of National Drug Control Strategy. SAMHSA considers this recommendation closed as implemented.

Recommendation #3:

The Secretary of Health and Human Services should determine how the State Opioid Response program contributes to the prevention goals of the National Drug Control Strategy and develop performance measures that relate to achieving those goals including the prevention education goal.

SAMHSA'S December 2022 Implementation Update

The Substance Abuse and Mental Health Service Administration (SAMHSA) modified the SOR/TOR Program Instrument based on the prevention goals of the National Drug Control Strategy. The revised OMB-approved SOR/TOR Program Instrument was approved in November 2021 and has been in use since April 1, 2022. SOR grantees and GPOs have access to multiple resources such as the training recordings, slides, transcripts, Question-by-Question instruction guide (available in both English and Spanish), Codebook, and a Frequently Asked Questions (FAQs) document on SAMHSA's Performance Accountability and Reporting System (SPARS) training page for future use. SAMHSA's revised SOR instrument includes questions which allow for the development of performance measures related to achieving the ONDCP prevention goals at the time the GAO-21-96 report was published. Specifically,

Goal 2: Educate the public, especially adolescents, about drug use, specifically opioids.

- Objective 1: Reduce the rate of past year use of any illicit drug among youth each year, and by 15 percent by 2022.
- Objective 2: Reduce the rate of past year use of opioids among youth each year, and by 15 percent by 2022.

SAMHSA developed the following measures to address this ONDCP goal:

- Number of school-based aged children that received prevention and education on the consequences of opioid and/or stimulant misuse.
- Number of people trained to provide school-based prevention and education activities to school aged children.

However, as highlighted in ONDCP's 2022 Preliminary National Drug Control Assessment, ONDCP modified their goals. These modifications included focusing the prevention goal on alcohol and vaping among youth. This modification meant that the prevention goal was no longer applicable to the SOR program.

Goal 2: Prevention efforts are increased in the United States.

- Objective 1: Past 30-day alcohol use among young people aged 12-17 is reduced by 10 percent by 2025.
- Objective 2: Past 30-day use of any vaping among youth aged 12-17 is reduced by 15 percent by 2025.

The new ONDCP goals also include a new harm reduction goal.

Goal 3: Harm Reduction efforts are increased in the United States.

- Objective 1: The number of counties with high overdose death rates which have at least one Syringe Service Program (SSP) is increased by 85 percent by 2025.
- Objective 2: The percentage of SSPs that offer some type of drug safety checking support service, including, but not limited to Fentanyl Test Strips (FTS), is increased by 25 percent by 2025.

Due to these changes, SAMHSA moved the SOR program from prevention to the ONDCP harm reduction goals. We developed new measures from the SOR Program to address the harm reduction objectives. Going forward metrics from SAMHSA's Youth and Family Tree Program will be reported as part of the prevention goals, while the SOR program metrics will be reported as part of the harm reduction goal.

Given that ONDCP has changed the Prevention Goal addressed in the GAO study and SAMHSA took the necessary steps to implement the recommendation as originally intended, SAMHSA considers this recommendation closed as implemented.

GAO Response:

Waiting for ONDCP to issue the National Drug Control Assessment in February of 2023, at that time they will review it and revisit the status of the recommendation closure.

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.

Minority Fellowship Program Proposal

The Minority Fellowship Program (MFP) currently aims to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations. SAMHSA is seeking to improve the MFP in three ways. SAMHSA is proposing to require that graduating professionals who have received a fellowship from one of the MFP grantees serve in low-income, underserved communities including racial, ethnic, sexual and gender minority populations for a minimum of 2 years. Additionally, SAMHSA proposes that professionals in the addiction medicine field be an eligible profession under the Minority Fellowship Program. Lastly, the agency proposes inclusion of sexual and gender minority populations as populations served by this program. All of the proposed changes have a positive impact on equity for individuals from racial, ethnic, sexual and gender minority populations and socioeconomically diverse backgrounds.

Certified Community Behavioral Health Clinic Proposal

Certified Community Behavioral Health Clinics (CCBHCs) provide comprehensive, coordinated treatment and recovery support services to anyone who requests care for mental health or substance use, regardless of their ability to pay. This includes crisis services that are available 24 hours a day, 7 days a week. This proposal supports CCBHCs by proposing an accreditation process similar to the process for which many health facilities are accredited. This new process would support consistent implementation of the CCBHC model and adherence to the CCBHC certification criteria. A CCBHC accreditation process will allow for improved accountability for CCBHCs across the country s and will ensure that CCBHCs are consistently providing access to quality behavioral health care.