

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 2011	\$3,511,081,000
Budget estimate, 2012	3,556,648,000
Committee recommendation	3,484,262,000

The Committee recommends \$3,484,262,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2012. The comparable fiscal year 2011 level is \$3,511,081,000 and the administration request is \$3,556,648,000. The recommendation includes \$129,625,000 in transfers available under section 241 of the PHS Act. SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States. In addition, the Committee recommends that \$88,000,000 in mandatory funds be transferred to SAMHSA from the Prevention and Public Health [PPH] Fund.

SAMHSA's work to improve the provision of mental health and substance abuse services is carried out by three statutorily-created Centers: the Center for Mental Health Services, Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention. The Committee does not concur with the administration proposal to reorganize the Programs of Regional and National Significance [PRNS] function of each center into a single agency-wide account for Innovation and Emerging Issues. The Committee believes the proposed consolidated structure would be detrimental to the specific programmatic and policy expertise of each center, especially as it relates to substance abuse prevention and substance abuse treatment. Therefore, the Committee has provided funding for PRNS under each of the three SAMHSA centers as it has done in previous years.

The Committee has included new bill language that creates separate appropriations for each Center, along with a separate appropriation for cross-cutting Health Surveillance and Program Support activities. In previous years the Committee provided funding to SAMHSA through one agency-wide appropriation. The Committee believes this more detailed appropriation structure better reflects the organization of SAMHSA's programmatic activities and provides for greater transparency and accountability of SAMHSA funding.

The Committee recommendation includes \$154,279,000 for grants throughout SAMHSA that fund mental health and substance use treatment services targeted to homeless and at-risk families. Within this total, \$14,576,000 is included for a new Homeless Initiative Program with the Department of Housing and Urban Development to provide permanent supportive housing to those who experience chronic, long-term homelessness.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 2011	\$977,236,000
Budget estimate, 2012	1,020,769,000
Committee recommendation	970,640,000

The Committee recommends \$970,640,000 for mental health services. The comparable level for fiscal year 2011 is \$977,236,000

and the administration request is \$1,020,769,000. The recommendation includes \$20,997,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that \$45,000,000 in mandatory funds be transferred to the Center for Mental Health Services [CMHS] from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance, the community mental health services block grant to the States, children's mental health services, projects for assistance in transition from homelessness, and protection and advocacy services for individuals with mental illnesses.

Programs of Regional and National Significance

The Committee recommends \$331,680,000 for programs of regional and national significance [PRNS]. The comparable level for fiscal year 2011 is \$338,276,000 and the administration request is \$273,342,000. In addition, the Committee recommends that \$45,000,000 in mandatory funds be transferred to this activity from the PPH Fund. These programs address priority mental health needs through developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented and consumer-run activities.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

(In thousands of dollars)

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
CAPACITY:			
Co-Occurring State Incentive Grant			
Seclusion & Restraint	\$2,168	\$2,168	\$2,168
Youth Violence Prevention	2,449	2,449	2,449
National Traumatic Stress Network	77,568	94,333	77,568
Children and Family Programs	40,718	11,300	40,800
Consumer and Family Network Grants	9,194	6,486	6,486
MH System Transformation and Health Reform	6,236	4,966	6,236
Project LAUNCH	26,606	10,623	10,623
Primary and Behavioral Health Care Integration	24,706		34,706
Primary & Behavioral Health Integration [PPHF]	27,807	14,000	27,807
Community Resilience and Recovery Initiative	35,000	20,000	35,000
Suicide Lifeline	5,000	5,000	
GLS—Youth Suicide Prevention—States	5,522	5,522	5,522
GLS—Youth Suicide Prevention—Campus	29,374	29,738	29,738
Suicide Prevention [PPHF]	4,858	4,975	4,975
AI/AN Suicide Prevention Initiative	10,000		10,000
Homelessness Prevention Programs	2,944	2,944	2,944
Older Adult Programs	30,830	39,696	39,696
Minority AIDS	2,814		
Criminal and Juvenile Justice Programs	9,283	9,283	9,283
	6,684	6,684	6,684
SCIENCE AND SERVICE:			
GLS—Suicide Prevention Resource Center	4,957	4,957	4,957
Information Dissemination and Training	8,168	7,878	7,878
Consumer & Consumer Support T.A. Centers	1,927	1,927	1,927
Minority Fellowship Program	4,279	4,279	5,099
Disaster Response	904	1,054	1,054
Homelessness	2,306	2,306	2,306
HIV/AIDS Education	974	774	774

Child Trauma.—The Committee reiterates its strong support for the National Child Traumatic Stress Network [NCTSN]. The Committee has provided \$40,800,000 under section 582 of the PHS Act to support the continuance of the current model and mission of the NCTSN. This activity provides grants to the National Center for Child Traumatic Stress [NCCTS] and academic, clinical, and community-based centers for the purposes of developing knowledge of best practices, offering trauma training to child-serving providers, and providing mental health services to children and families suffering from PTSD and other trauma-related disorders.

The Committee also recognizes the extraordinary value of the core data set developed by the NCCTS, which identifies the impact of multiple traumas on the lives of children and the effectiveness of evidence-based treatment and services. Within the funding provided, the Committee again provides \$1,000,000 for continued data analysis and reports related to the NCCTS core data set. Additional data collection by the NCCTS regarding clinical processes and outcomes could enhance evidence-based practices being utilized through the NCTSN.

Clinical Training.—The Committee is aware that a new clinical accreditation program is being developed by the Psychological Clinical Science Accreditation System to ground training of practitioners in empirically supported treatments. SAMHSA is encouraged to continue its collaboration with relevant professional organizations regarding this program so that those seeking services are assured of receiving scientifically sound treatment.

Disabilities.—The Committee recognizes the important role that SAMHSA plays relative to many Americans with disabilities. Emerging research indicates that persons with severe mental illness experience additional conditions that impact their ability to function within the community. These co-occurring or other functional disorders can include substance use disorder, hidden traumatic brain injury, chronic medical conditions, or other conditions. The Committee urges SAMHSA to continue making a substantial commitment to the development of new interventions and services for individuals with mental health conditions who have co-occurring or multiple disabilities.

Minority Fellowship Program.—The Committee is concerned that while minorities represent 30 percent of the population and are projected to increase to 40 percent by 2025, only 23 percent of recent doctorates in psychology, social work and nursing were awarded to minorities. The Committee also recognizes that professional counselors are highly trained and well-qualified mental health professionals who deliver culturally appropriate behavioral health services to diverse populations. The Committee has provided an increase in funding to allow SAMHSA to increase the pool of culturally competent mental health professionals by granting professional counselors eligibility to participate in the Minority Fellowship Program.

Primary and Behavioral Healthcare Integration.—The Committee notes that adults with serious mental illness have chronic health conditions, such as heart disease, hypertension, diabetes and chronic respiratory conditions, at higher rates than adults in the general population. The Committee continues to believe aggressive action is

necessary to eliminate this disparity and has continued funding for Primary and Behavioral Health Care Integration grants at SAMHSA. The Committee provides \$62,807,000 for this program, which includes \$27,807,000 provided in discretionary appropriations and \$35,000,000 in transfers from the PPH Fund. This is the same as the comparable level for fiscal year 2011. The Committee directs SAMHSA to ensure that new grants awarded for fiscal year 2012 are funded under the authorities in section 520(k) of the PHS Act.

Project LAUNCH.—The Committee recommendation includes \$34,706,000 for the Project LAUNCH program, which funds mental health prevention and promotion strategies for young children aged zero to eight. The Committee notes that many prevention interventions that reduce risk factors and increase resilience are funded in other agencies such as HRSA and the Administration for Children and Families. The Committee intends that funds provided to Project LAUNCH not duplicate activities eligible for funding elsewhere in the Department. The Committee requests a list of all grant awards made under this program, along with a description of the activities undertaken by grantees.

Suicide Prevention in Indian Populations.—The Committee continues to be concerned about the high incidence of drug and alcohol abuse and suicide in American Indian populations. SAMHSA is encouraged to develop culturally competent suicide prevention training courses to be used with selected gatekeepers in Indian country. The Committee further urges SAMHSA to collaborate with the Indian Health Service to identify priority communities to pilot this gatekeeper initiative and to develop a plan to help insure the sustainability within American Indian and Alaska Native communities.

Community Mental Health Services Block Grant

The Committee recommends \$419,933,000 for the community mental health services block grant. This amount is the same as the comparable fiscal year 2011 level. The administration request is \$434,684,000. The recommendation includes \$20,997,000 in transfers available under section 241 of the PHS Act.

The community mental health services block grant distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

Children's Mental Health Services

The Committee recommends \$117,803,000 for the children's mental health services program. This amount is the same as the comparable fiscal year 2011 level for this program. The administration request is \$121,316,000. This program provides grants and technical assistance to support a network of community-based services for children and adolescents with serious emotional, behavioral or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare and primary healthcare systems.

Projects for Assistance in Transition From Homelessness [PATH]

The Committee recommends \$64,917,000 for the PATH Program. This amount is the same as the comparable fiscal year 2011 level. The administration request is \$65,047,000. The PATH program addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

Protection and Advocacy

The Committee recommends \$36,307,000 for the protection and advocacy for individuals with mental illness [PAIMI] program. This amount is the same as the comparable fiscal year 2011 funding level. The administration request is \$36,380,000. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities, or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

Mental Health State Prevention Grants

The Committee recommendation does not include funding for the proposed Mental Health State Prevention Grant program. This is a new activity that was not funded in fiscal year 2011. The administration request is \$90,000,000 for this program, which would promote the wellness of children, youth and young adults up to age 25. While the Committee applauds the administration for emphasizing mental health prevention, it was not able to provide significant resources to a new State formula program in the current fiscal environment. The Committee also notes that several key features of the program—such as the allocation formula, required activities of grantees and outcome measures—have not yet been determined.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 2011	\$2,189,132,000
Budget estimate, 2012	2,293,136,000
Committee recommendation	2,194,227,000

The Committee recommends \$2,194,227,000 for substance abuse treatment programs, including programs of regional and national significance and the substance abuse prevention and treatment block grant to the States. The comparable fiscal year 2011 level is \$2,189,132,000 and the administration request is \$2,293,136,000. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that \$25,000,000 in mandatory funds be transferred to the Center for Substance Abuse Treatment [CSAT] from the PPH Fund.

Programs of Regional and National Significance

The Committee recommends \$411,575,000 for programs of regional and national significance [PRNS] within CSAT. The comparable fiscal year 2011 level is \$406,480,000 and the administration request is \$403,822,000. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that \$25,000,000 in mandatory funds be transferred to PRNS from the PPH Fund.

Programs of regional and national significance include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

(In thousands of dollars)

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
CAPACITY:			
Co-occurring State Incentive Grants (SIGs)	4,263	4,263	4,263
Opioid Treatment Programs/Regulatory Activities	8,903	8,903	8,903
Screening, Brief Intervention, Referral, & Treatment (SBIRT)	28,237	29,106	28,237
SBIRT (PPHF)	25,000		25,000
TCE—General	28,033	17,411	28,033
Pregnant & Postpartum Women	16,000	16,000	16,000
Strengthening Treatment Access and Retention	1,775	1,675	1,675
Recovery Community Services Program	5,236	2,450	2,450
Access to Recovery	98,954	98,454	98,454
Children and Families	30,678	30,678	30,678
Treatment Systems for Homeless	41,650	47,360	47,360
Minority AIDS	65,988	65,988	65,988
Criminal Justice Activities	65,135	67,635	67,635
NASPER		2,000	
SCIENCE AND SERVICE:			
Addiction Technology Transfer Centers	9,081	9,081	9,081
Minority Fellowship Program	547	547	547
Special Initiatives/Outreach	2,000	2,271	2,271

Addiction Services Workforce.—The Committee notes the growing workforce crisis in the addictions field due to high turnover rates, worker shortages, an aging workforce, stigma and inadequate compensation. The Mental Health Parity and Addiction Equity Act and

the Patient Protection and Affordable Care Act are anticipated to increase the number of individuals who will seek substance use disorder services and may exacerbate current workforce challenges. As the provision of quality substance use disorder services is dependent on an adequate qualified workforce and SAMHSA is the lead Federal agency charged with improving these services, the Committee expects SAMHSA to focus on developing the addiction workforce and identify ways to address the current and future workforce needs of the addiction field. The Committee directs SAMHSA to submit a report by March 31, 2012, on current workforce issues in the addiction field, as well as the status and funding of its substance use disorder services workforce initiatives. This report should also detail how SAMHSA is working with HRSA to address addiction service workforce needs and should identify the two agencies' specific roles, responsibilities, funding streams and action steps aimed at strengthening the addiction services workforce.

Addiction Technology Transfer Centers [ATTCs].—The Committee directs SAMHSA to ensure that ATTCs continue to maintain a primary focus on addiction treatment and recovery services in order to strengthen the addiction workforce. As more individuals become eligible for substance abuse services through Medicaid and private insurance, the ATTC network is critical to ensure there is a skilled workforce able to meet the demand in substance use disorder services.

Drug Courts.—The Committee directs SAMHSA to ensure that all funding appropriated to CSAT for drug treatment courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. In addition, the Committee urges SAMHSA to ensure that State substance abuse agencies are eligible to apply for all drug treatment court grant programs in its portfolio. The Committee expects SAMHSA to ensure that non-State substance abuse agency applicants for these grants continue to demonstrate evidence of working directly and extensively with the corresponding State substance abuse agency in the planning, implementation and evaluation of the grant.

Hepatitis Testing.—The Committee continues to recognize the high incidence of hepatitis among substance abusers. The Committee encourages SAMHSA to develop a demonstration project on hepatitis education and testing for patients and providers.

Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee recommendation includes \$53,237,999 for the SBIRT program, which includes \$28,237,000 in discretionary and evaluation tap funding, along with \$25,000,000 in transfers from the PPH Fund. The Committee directs SAMHSA to ensure that funds provided for SBIRT are used for existing evidence-based models of providing early intervention and treatment services to those at risk of developing substance abuse disorders.

Substance Abuse Testing.—The Committee notes the scientific progress that has been made on alternative means of substance abuse testing, including oral fluid testing, and encourages SAMHSA to continue to update its drug testing guidelines in order to take advantage of these new opportunities.

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends \$1,782,652,000 for the substance abuse prevention and treatment [SAPT] block grant. The amount is the same as the comparable level for fiscal year 2011. The administration request is \$1,494,314,000. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment and rehabilitation services. Funds are allocated to the States according to a formula. State plans must be submitted and approved annually.

The Committee recommendation does not include a waiver, requested by the administration, of the statutory requirement that 20 percent of the SAPT block grant be set aside for substance abuse prevention. The administration proposes to reallocate these set-aside funds to a new Substance Abuse State Prevention Grant program. The Committee is concerned that creating another State program with new requirements would represent an unnecessary and burdensome approach and would not support services being delivered on a continuum of prevention, treatment and recovery support services. Furthermore, a 1-year waiver of the set-aside is not a stable basis for States to make long-term plans for substance abuse prevention programming.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 2011	\$186,061,000
Budget estimate, 2012	74,582,000
Committee recommendation	186,361,000

The Committee recommends \$186,361,000 for programs to prevent substance abuse. The comparable fiscal year 2011 level is \$186,061,000 and the administration request is \$74,582,000. The Center for Substance Abuse Prevention [CSAP] is the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services.

Programs of Regional and National Significance

The Committee has provided \$186,361,000 for programs of regional and national significance [PRNS] within CSAP. Through the PRNS, CSAP supports: development of new practice knowledge on substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

Within the total provided for PRNS, the Committee recommendation includes funding for the following activities:

(In thousands of dollars)

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
CAPACITY:			
Strategic Prevention Framework/Partnerships for Success	110,015		110,015
Mandatory Drug Testing	4,906	5,206	5,206
Minority AIDS	41,385	41,385	41,385
Sober Truth on Preventing Underage Drinking (STOP Act)	7,000	7,000	7,000
National Adult-Oriented Media Public Service Campaign	1,000	1,000	1,000

[In thousands of dollars]

Budget activity	Fiscal year 2011 comparable	Fiscal year 2012 request	Committee recommendation
Community-based Coalition Enhancement Grants	5,000	5,000	5,000
Intergovernmental Coordinating Committee on the Prevention of Underage Drinking	1,000	1,000	1,000
SCIENCE AND SERVICE:			
Fetal Alcohol Spectrum Disorder	9,821	8,000	9,821
Center for the Application of Prevention Technologies	8,074	8,511	8,074
Science and Service Program Coordination	4,789	4,409	4,789
Minority Fellowship Program	71	71	71

The Committee notes that the Strategic Prevention Framework State Incentive Grant [SPF SIG] program promotes an evidence-based, public health approach to substance abuse prevention. This program utilizes a five-step, data-driven planning model to ensure that services target areas of greatest need. Grantees use the findings from public health research along with evidence-based prevention programs to build State and local capacity, which will in turn promote resilience and decrease risk factors in individuals, families and communities. The Partnerships for Success program builds on this model by providing additional funding to eligible SPF SIG grantees that achieve a quantifiable decline in statewide substance abuse rates. Both programs are promising approaches to preventing the onset and reducing the progression of substance abuse, including childhood and underage drinking.

The administration proposes to eliminate funding for both the SPF SIG and Partnerships for Success programs, terminating many grants mid-cycle and before an assessment of program performance is completed. While the administration proposed to redirect funding to a new Substance Abuse State Prevention Grant program, the Committee notes that the President's budget would cut substance abuse prevention grants across SAMHSA by \$71,545,000 below the comparable fiscal year 2011 level. The Committee further notes that youth drug use rates are increasing and perceptions of harm decreasing. According to SAMHSA's National Survey on Drug Use and Health, use of marijuana rose among Americans aged 12 and older from 5.8 percent in 2007 to 6.9 percent in 2010. This is not the time to cut funding for substance abuse prevention or to disrupt a promising approach to this problem. For this reason the Committee recommendation does not approve the administration request and provides funding to the SPF SIG and Partnership for Success programs at last year's levels. SAMHSA is directed to allocate funding to the remaining cohort of SPF SIG grantees at amounts not less than what they received in fiscal year 2011.

The Committee recognizes substance abuse prevention as a unique and distinct field and urges SAMHSA to promote programming consistent with this finding. The Committee intends that funds specifically appropriated for bona fide substance abuse and underage drinking prevention purposes shall not be consolidated with, reallocated to or used for any other programs or initiatives in SAMHSA which do not have youth drug and underage alcohol abuse as a primary purpose, even if it may have secondary effects on these goals.

Underage Drinking.—The Committee has provided \$1,000,000 for the Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD] and expects this interagency group to explicitly address the issue of underage, high risk drinking on college campuses through an identification of best practices, strategies and policies currently being implemented on college campuses to deal with this persistent and pervasive public health issue. The Committee expects to see this specific information included in the next ICCPUD report.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2011	
Budget estimate, 2012	\$158,652,000
Committee recommendation	168,161,000
	133,034,000

The Committee recommends \$133,034,000 for health surveillance and program support activities. The comparable level for fiscal year 2011 is \$158,652,000 and the administration request is \$168,161,000. The recommendation includes \$27,428,000 in transfers available under section 241 of the PHS Act. In addition, the Committee recommends that \$18,000,000 in mandatory funds be transferred to this account from the PPH Fund for surveillance activities.

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA's surveillance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

The Committee has also provided funding in this account for agency activities that cut across SAMHSA's three centers. The Committee recommendation reflects the administration proposal to consolidate funding for public awareness, performance management and information dissemination, including SAMHSA's Health Information Network and the National Registry of Evidence-based Programs. These support activities were previously funded in each Center. Combining these functions in a single budget line will allow SAMHSA to achieve efficiencies from the consolidation of multiple contracts. The fiscal year 2011 amounts have been adjusted for comparability.

The Committee recommendation does not include funding requested by the administration for cross-cutting initiatives relating to military families or behavioral health information technology. The Committee was not able to fund either activity due to fiscal constraints.

The Committee recommendation does not provide discretionary funding or transfers from the PPH Fund for the administration's proposed Prevention Prepared Communities initiative. According to the proposed budget, this new program would implement evidence-based programs to prevent substance abuse and mental health issues in individuals aged 9 to 25. The Committee believes the proposal would be duplicative of other programs, such as the SPF SIG and Partnerships for Success. The administration requested \$22,600,000 for this new program.

Due to budget constraints, the Committee has not provided funding or transfers from the PPH Fund for the administration's pro-

posed Tribal Behavioral Health Grant program. The administration requested \$50,000,000 for this new program.

The Committee is concerned by the reliance of SAMHSA on contractors for the provision of technical assistance. The Committee believes that dependence on contractors is detrimental to building and maintaining specific knowledge and expertise within SAMHSA's workforce. In addition, the Committee notes a recent report by the Project on Government Oversight showing that the Federal government pays billions more annually in taxpayer dollars to hire contractors than it would to hire Federal employees to perform comparable services. In this time of fiscal constraint, the Committee is concerned that overuse of contractors may not maximize the amount of agency funding going to service provision. The Committee requests a report no later than 3 months after enactment, detailing all agency technical assistance contracts issued with fiscal year 2011 funding. The report should include descriptions of each contract, the entities receiving contracts and the amount provided.