Research Centers. This is an increase of $4,000,000 over the fiscal year 2008 level. The budget request does not include any funding for this purpose. The Committee believes the need for such centers is especially critical because of recent disappointments associated with the development of an HIV/AIDS vaccine, which have led to a consensus among scientists that vaccine and prevention research efforts should be redirected to basic research and development. This will require increased usage of non-human primates. The Committee recommendation will support the OAR's efforts to expand breeding colonies of the NPRCs and to expand and improve the centers' laboratory facilities.

BUILDINGS AND FACILITIES

Appropriations, 2008	$118,966,000
Budget estimate, 2009	125,581,000
Committee recommendation	146,581,000

The Committee recommends an appropriation of $146,581,000 for buildings and facilities [B&F]. The budget request is $125,581,000 and the fiscal year 2008 appropriation was $118,966,000.

The Committee has included a provision to clarify that funds appropriated to the Institutes and Centers may be used for improvements (renovation/alterations) and repairs provided that (1) the funds are not already included in the buildings and facilities appropriation, (2) the improvements and repairs funded are principally for the benefit of the program from which the funds are drawn, and (3) such activities are conducted under and subject to the administrative policies and procedures of the NIH Office of the Director. The Committee has included a limitation on the size of projects to be funded directly by the Institutes and Centers.

Renovation of Building 3.—The Committee strongly urges the NIH to use a portion of the recommended increase to renovate Building 3 on the Bethesda campus. This building has been decommissioned and is currently vacant. The renovation and restoration to productive use of this building will allow the NIH to provide space for administrative support of the scientific research portfolio.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

Appropriations, 2008	$3,356,329,000
Budget estimate, 2009	3,158,148,000
Committee recommendation	3,388,636,000

The Committee recommends $3,388,636,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA] for fiscal year 2009. The comparable fiscal year 2008 level is $3,356,329,000 and the administration request is $3,158,148,000. The recommendation includes $128,989,000 in transfers available under section 241 of the Public Health Service 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.

The Committee has provided funding for programs of regional and national significance under each of the three SAMHSA centers: mental health services, substance abuse treatment, and substance

abuse prevention. Separate funding is available for the children's mental health services program, projects for assistance in transition from homelessness, the protection and advocacy program, data collection activities undertaken by the Office of Applied Studies and the two block grant programs: the community mental health services block grant and the substance abuse prevention and treatment block grant.

The Committee is disappointed that the administration has again submitted a budget request for SAMHSA that eliminates key programs that provide services and supports to those suffering from, or at risk of developing, mental health and substance abuse disorders. The administration's budget reflects a reduction of almost $200,000,000—or 6 percent—in SAMHSA's overall funding level. Specifically, mental health programs within the projects of regional and national significance activity have been reduced by 48 percent in the President's budget.

The Committee notes that mental disorders are the leading cause of disability in the United States and Canada for those between the ages of 15 and 44 and that frequently, these disorders start early in childhood. Research has shown that early mental health issues often are precursors to substance abuse, school failure, risky behavior, and criminal activity. Instead of cutting mental health funding, our Nation should be making the same investments in prevention and promotion programs for mental health as it does for physical health. The Committee believes that given the prevalence of these disorders, taking a public health approach to preventing mental and behavioral problems should be a major priority. For this reason the Committee has prioritized funding for those programs which promote mental health and intervene early to address emerging mental health and substance abuse problems. The Committee has provided increases and restored proposed cuts to youth violence prevention, child traumatic stress activities, family treatment, early mental health promotion, strategic prevention framework grants and underage drinking prevention.

The Committee is aware that the National Academy of Sciences is reviewing key advances in research relating to the prevention of mental health and substance abuse disorders among children, adolescents, and adults. The Committee looks forward to the release of the study, which will recommend priorities for future policies and strategies. The administration is encouraged to incorporate these recommendations into SAMHSA's fiscal year 2010 budget request.

CENTER FOR MENTAL HEALTH SERVICES

Appropriations, 2008	$910,506,000
Budget estimate, 2009	784,266,000
Committee recommendation	930,383,000

The Committee recommends $930,383,000 for mental health services. The comparable level for fiscal year 2008 is $910,506,000 and the administration request is $784,266,000. The recommendation includes $21,039,000 in transfers available under section 241 of the Public Health Service Act. Included in the recommendation is funding for programs of regional and national significance, the mental health performance partnership 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 $311,782,000 for programs of regional and national significance. The comparable level for fiscal year 2008 is $299,279,000 and the administration request is $155,319,000. Programs of regional and national significance [PRNS] address priority mental health needs through developing and applying best practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented and consumer-run activities.

As part of taking a public health approach to mental health promotion and prevention, the Committee recommends $20,369,000 for the Project Launch program. This is an increase of $13,000,000 over last year's level. The administration proposed to eliminate this program, which promotes the emotional, physical and emotional wellness of young children from birth to 8 years of age. Grantees must create an integrated early childhood system that includes physical, mental and behavioral health, as well as education, substance abuse and social service components. The Committee urges SAMHSA to continue collaboration with HRSA and CDC on this program.

The Committee is pleased with SAMSHA's collaboration with the Administration for Children and Families [ACF], especially with regard to that agency's home visitation initiative. The Committee strongly urges SAMHSA to explore further areas of collaboration that will strengthen families and promote child well-being. One possible area of collaboration is ACF's Child and Family Services Reviews under the child welfare program.

The Committee reiterates its strong support for the National Child Traumatic Stress Initiative [NCTSI]. Within the total for PRNS, the Committee provides $38,000,000 under section 582 of the Public Health Service Act to support grants through the NCTSI. The funding level represents an increase of $4,908,000 over the comparable level for fiscal year 2008. The administration proposed $15,668,000 for this program. The Committee notes that childhood trauma—such as exposure to violence, loss of a parent, and physical, sexual or emotional abuse—is associated with many other child, adolescent and adult health conditions. Scientific research shows that early trauma is linked to increased risk of mental health issues such depression, bipolar disorder, substance abuse, as well as physical ailments such heart disease, chronic lung disease and HIV/AIDS. The Committee believes that providing early intervention and treatment services, as well as promoting resiliency, for children exposed to trauma must be a high priority.

With respect to NCTSI grants, the Committee strongly urges SAMHSA to give preference to applicants with prior experience in the NCTSN, as well as extensive experience in the field of trauma-related mental disorders in children, youth, and families, especially in the areas of child abuse (physical, sexual, and neglect), and residential treatment settings. In soliciting grant applications,

SAMHSA should also pay special attention to the role of resiliency in recovery from trauma.

The Committee remains deeply concerned that suicide is the third leading case of death for young Americans aged 10 to 24. The Committee recommendation includes $40,000,000 for youth suicide prevention activities, including $30,000,000 for grants to States and tribes to develop prevention and early intervention programs, $5,000,000 for campus-based programs that address youth suicide prevention and $5,000,000 for the suicide prevention resource center.

The Committee intends that no less than last year's level of funding be used for preventing youth violence. This initiative includes the Safe Schools/Healthy Students interdepartmental program. The administration proposed cutting this initiative by $17,292,000. The Committee believes that enhanced school and community-based services can strengthen healthy child development, thus reducing violent behavior and substance use.

The Committee recommendation provides $2,531,000 to continue and expand funding for the consumer statewide network grants. The administration proposed eliminating this program. The Committee recommendation will allow this network to expand to 12 new States, allowing more consumers to have a voice in the development of local mental health services. The Committee also provides funding at last year's level for the national technical assistance centers run by consumers and consumer-supporters.

The Committee recommendation includes sufficient funding to continue the minority fellowship program, which as been instrumental in addressing the shortage of mental health services for racial and ethnic minorities. The administration did not request funding for this activity.

The Committee has not provided funding for the adolescents at risk program. The Committee agrees with the administration that this activity is no longer necessary, as SAMHSA is conducting a cross-site evaluation of grantees providing school-based suicide prevention services.

The Committee has not included funding for mental health drug courts or mental health targeted expansion grants, as proposed by the administration.

Disaster Mental Health.—The Committee recognizes the significant impact that natural and human-made disasters can have on mental and behavioral health. The Committee encourages the Emergency Mental Health and Traumatic Stress Services Branch to continue its collaboration with the Federal Emergency Management Agency [FEMA] in order to increase attention to the mental and behavioral health needs of vulnerable populations during and in the aftermath of a disaster.

Foster Youth.—The Committee is concerned that there is no dedicated funding within SAMHSA to address the needs of foster youth and older children who are adopted. This is particularly alarming, given that foster youth suffer depression, panic disorders, post traumatic stress disorder and substance abuse at disproportionately high rates. While these population are served by existing programs, the Committee believes a special focus is needed to accurately recognize and address the unique needs of these youth.

Mental Health of Older Adults.—The Committee recognizes that older adults are among the fastest growing subgroups of the U.S. population. Approximately 20–25 percent of older adults have a mental or behavioral health problem. The Committee encourages increased support for communities to assist in building a solid foundation for delivering and sustaining effective mental health outreach, treatment and prevention services for older adults at risk for a mental disorder.

Primary Care.—The Committee is deeply concerned about recent reports that people with serious mental disorders served in the public mental health system die, on average, 25 years sooner than other Americans. The Committee strongly urges SAMHSA to explore ways to integrate primary care and specialty medical services in Community Mental Health Centers and other community-based behavioral health agencies.

Teenage Depression and Suicide.—According to the Centers for Disease Control and Prevention, rates of suicide among adolescents and young adults in the United States have continued to rise since 2003. The Committee is deeply concerned by this disturbing trend and urges SAMHSA to strengthen its support of local efforts to implement mental health screening and suicide prevention programs. The Committee further urges SAMHSA to support evaluations or studies to determine how these practices can be best implemented at the community level, and to work with the private sector to develop methods to integrate mental health screening, assessment, prevention and education efforts into educational and medical settings.

The Committee recommendation also includes language requiring that funds be provided to the following organizations in the amounts specified:

Project	Committee recommendation
2–1–1 Maine, Inc., Portland, ME, for a 2–1–1 telephone number enabling access to health and social services in the community	$200,000
Children's Health Fund, New York, NY, for support services for the Mississippi Gulf Coast Children's Health Project, Gulfport, MS	250,000
City of San Diego, San Diego, CA, to address the risks of homelessness, violence and drug abuse among returning veterans	100,000
Highline-West Seattle Mental Health, Seattle, WA, for mental health programs	450,000
Jewish Family Service of MetroWest, Florham Park, NJ, for the Mental Health Intervention and Homelessness Prevention Project	200,000
Marion County, Salem, OR, for mental health treatment programs	150,000
Midwest Rural Telemedicine Consortium, Des Moines, IA, for the Mental Health Outreach Initiative	500,000
One Sky Center, Portland, OR, for substance abuse and mental health programs	200,000
Roberta's House, Baltimore, MD, for mental health services for children and families	300,000
Rosebud Sioux Tribe, Rosebud, SD, for suicide prevention services	200,000
Turnaround for Children, Inc., Manhattan, NY, for crisis intervention and treatment services for students	250,000
United Way of Anchorage, Anchorage, AK, for the 2–1–1 project to provide a statewide health and human services management system for Alaska	600,000
United Way of Greater St. Louis, Inc., St. Louis, MO, for the 2–1–1 project for outreach, community education and expansion of statewide health and human services management systems	250,000
University of South Florida, Tampa, FL, for mental health program for disabled veterans	100,000

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

The Committee recommends $420,774,000 for the community mental health services block grant, which is the same as the com-

parable fiscal year 2008 amount and the administration request. The recommendation includes $21,039,000 in transfers available under section 241 of the Public Health Service Act.

The community mental health services block grant distributes funds to 59 eligible States and Territories through a formula based upon specified economic and demographic factors. 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. Because the mental health needs of our Nation's elderly population are often not met by existing programs and because the need for such services is dramatically and rapidly increasing, the Committee encourages SAMHSA to require that States' plans include specific provisions for mental health services for older adults.

CHILDREN'S MENTAL HEALTH SERVICES

The Committee recommends $102,260,000 for the children's mental health services program, which is the same as the comparable fiscal year 2008 level. The administration requested $114,486,000 for this activity. This program provides grants and technical assistance to support community-based services for children and adolescents with serious emotional, behavioral or mental disorders. Grantees must provide matching funds, and services must involve the educational, juvenile justice, and health systems.

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS [PATH]

The Committee recommends $59,687,000 for the PATH Program. This amount is the same as the administration request. The comparable fiscal year 2008 level is $53,313,000.

PATH provides outreach, mental health, and case management services and other community support services to individuals with serious mental illness who are homeless or at risk of becoming homeless. The PATH program makes a significant difference in the lives of homeless persons with mental illnesses. PATH services eliminate the revolving door of episodic inpatient and outpatient hospital care. Multidisciplinary teams address client needs within a continuum of services, providing needed stabilization so that mental illnesses and co-occurring substance abuse and medical issues can be addressed. Assistance is provided to enhance access to housing, rehabilitation and training, and other needed supports, assisting homeless people in returning to secure and stable lives.

PROTECTION AND ADVOCACY

The Committee recommends $35,880,000 for the protection and advocacy for individuals with mental illness [PAIMI] program. The comparable fiscal year 2008 level is $34,880,000 and the administration request is $34,000,000. 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 their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Appropriations, 2008	$2,158,572,000
Budget estimate, 2009	2,115,439,000
Committee recommendation	2,163,579,000

The Committee recommends $2,163,579,000 for substance abuse treatment programs. The comparable fiscal year 2008 is $2,158,572,000 and the administration request is $2,115,439,000. The recommendation includes $85,200,000 in transfers available under section 241 of the Public Health Service Act. This appropriation funds substance abuse treatment programs of regional and national significance and the substance abuse prevention and treatment block grant to the States.

Programs of Regional and National Significance

The Committee recommends $384,988,000 for programs of regional and national significance [PRNS]. The comparable fiscal year 2008 level is $399,844,000 and the administration request is $336,848,000. The recommendation includes $6,000,000 in transfers available under section 241 of the Public Health Service Act.

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

Within the funds appropriated for CSAT, the Committee recommends $17,000,000 for residential treatment programs for pregnant and postpartum women and their children. The comparable funding level for 2008 is $11,790,000. The administration proposed to eliminate this program, which expands the availability of comprehensive, high quality residential treatment, recovery support, and family services for pregnant and postpartum women, along with their children impacted by the effects of maternal substance use and abuse. The Committee strongly believes that these family-based treatment programs are a cost-effective way to strengthen families, improve birth outcomes, reduce criminal behavior and break the cycle of addiction that often occurs in vulnerable communities.

Within the funds appropriated for CSAT, the Committee recommends $2,000,000 for grants to States for creating and improving prescription drug monitoring systems.

The Committee has not provided the administration's requested increase for the SBIRT program. This grant program promotes the integration of screening and brief interventions in primary and general medical care settings with a goal of identifying patients in need of treatment and providing them with appropriate intervention and treatment options.

The Committee recommendation also does not include the administration's requested increase for criminal justice activities, including treatment drug court grants. The Committee expects SAMHSA to continue its policy of requiring grantees to work directly with State substance abuse agencies on all aspects of the grant in order to help promote effective and efficient State service systems.

The Committee has provided funding at last year's level for treatment services for the homeless, including services in supportive housing. The recommendation also includes $17,078,000 to continue current efforts under the children and families activity. The administration did not request funding for this activity.

The Committee has not provided funding for the strengthening treatment access and retention program. The Committee notes that this activity does not support any provision of services. The Committee also eliminates funding, as proposed by the administration, for special initiatives and outreach activities, as well as information dissemination. The Committee believes these activities are redundant and could be provided by other programs within the agency.

Hepatitis.—The Committee is concerned about the prevalence of substance abuse, hepatitis and other blood borne pathogens and urges SAMHSA to work with voluntary health organizations to promote liver health education, and primary prevention of substance abuse and blood borne pathogens, like hepatitis and HIV/AIDS, to promote healthy lifestyle behaviors for all age groups and secondary prevention to promote recovery for those who are infected.

Individuals with Disabilities.—The Committee is concerned that individuals with a substance use disorder and a coexisting disability are not receiving appropriate psychological intervention for substance abuse. Individuals with disabilities experience substance abuse rates at two-to-four times higher than the general population. The Committee acknowledges the efforts of SAMHSA to address the mental and behavioral health needs of individuals with disabilities and encourages increased support for research and treatment efforts that specifically address co-morbid physical, psychological and neuropsychological disabilities and substance abuse, including early detection, prevention, access to care, and its impact upon rehabilitation, work and family for persons with disabilities.

Rapid HIV Testing.—Rapid HIV testing can effectively reduce the number of at-risk individuals who are unaware of their HIV infection status. The Committee believes it is essential that rapid HIV testing be coupled with comprehensive, evidenced-based, and culturally and linguistically appropriate counseling from mental and behavioral health care providers to help individuals prepare for, and respond to, their test results, as well as to provide prevention counseling and services.

Rural and Native Communities.—The Committee remains concerned by the disproportionate presence of substance abuse in rural and native communities, particularly for American Indian, Alaska Native and Native Hawaiian communities. The Committee reiterates its belief that funds for prevention and treatment programs should be targeted to those persons and communities most in need of service. The Committee has provided sufficient funds to increase knowledge about effective ways to deliver services to rural and native communities.

Screening Persons with HIV.—According to the HIV Cost and Services Utilization Study [HCSUS], almost one-half of persons with HIV/AIDS screened positive for illicit drug use or a mental disorder, including depression and anxiety disorder. Unfortunately, health care providers fail to notice mental disorders and substance

use problems in almost one-half of patients with HIV/AIDS. The Committee encourages SAMHSA to collaborate with HRSA to train health care providers to screen HIV/AIDS patients for mental health and substance use problems.

The Committee recommendation also includes language requiring that funds be provided to the following organizations in the amounts specified:

Project	Committee recommendation
Akeela House Recovery Center, Anchorage, AK, for residential substance abuse treatment	$500,000
Arlington County—Mental Health and Substance Abuse Crisis Intervention and Diversion Program, Arlington, VA, for the treatment of persons with mental health and substance abuse issues in Arlington County	150,000
Chrysalis House, Lexington, KY, for a substance abuse program for women and children	100,000
Maniilaq Association, Kotzebue, AK, for residential substance abuse treatment	200,000
Metro Homeless Youth Services of Los Angeles, Los Angeles, CA, to expand services for homeless youth with substance abuse problems	150,000
Prairie Center Health Systems, Urbana, IL, for outpatient and inpatient detoxification services for meth-addicted patients	500,000
Rosebud Sioux Tribe, Rosebud, SD, for a substance abuse treatment program	200,000
Vinland National Center, Independence, MN, for substance abuse and parenting treatment services	100,000
Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, Richmond, VA, to provide treatment services for addiction to prescription pain medication	300,000

Substance Abuse Prevention and Treatment Block Grant

The Committee recommends $1,778,591,000, the same as the budget request, for the substance abuse prevention and treatment [SAPT] block grant. The comparable fiscal year 2008 level is $1,758,728,000. The recommendation includes $79,200,000 in transfers available under section 241 of the Public Health Service 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 formula. State plans must be submitted and approved annually.

The Committee has included bill language requested by the administration to provide supplemental awards to the top 20 percent of grantees for superior performance and submission of National Outcomes Measures [NOMS] data.

The Committee believes that the SAPT block grant is an effective and efficient program that provides vital prevention and treatment services for the Nation's most vulnerable populations. According to SAMHSA, the block grant has been successful in expanding capacity and achieving positive results. In particular, outcomes data found, at discharge, 68 percent of clients were abstinent from illegal drugs and 74 percent of clients were abstinent from alcohol. The Committee is also aware that SAPT block grant funded programs help people find or regain employment; stay away from criminal activity; reunite with families; and find stable housing.

CENTER FOR SUBSTANCE ABUSE PREVENTION

Appropriations, 2008	$194,120,000
Budget estimate, 2009	158,040,000
Committee recommendation	191,271,000

The Committee recommends $191,271,000 for programs to prevent substance abuse. The comparable fiscal year 2008 level is $194,120,000 and the administration request is $158,040,000.

Programs of Regional and National Significance

The Committee has provided $191,271,000 for programs of regional and national significance [PRNS]. The Center for Substance Abuse Prevention [CSAP] is the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. 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.

The Committee expects CSAP to focus its prevention efforts on environmental and population based strategies due to the cost effectiveness of these approaches. Further, the Committee instructs that given the paucity of resources for bona fide substance abuse prevention programs and strategies, money specifically appropriated to CSAP for these purposes shall not be used or reallocated for any other programs or purposes within SAMHSA.

The Committee recommendation does not include funds for the administration's proposed Targeted Capacity Expansion program to address emerging prevention needs.

The recommendation includes $105,000,000 for the strategic prevention framework State incentive grant [SPF SIG] program, which is designed to promote, bolster and sustain prevention infrastructure in every State in the country. The Committee is concerned that progress on awarding every State with a SPF SIG grant has been delayed given that no new grants have been awarded since fiscal year 2006. For this reason SAMHSA is strongly urged to maintain the average grant award at the level of the most recent cohort of SPF SIG recipients. The Committee continues to recognize that the lynchpin of the SPF SIG program is State flexibility. Therefore, the Committee urges SAMHSA to promote flexibility in the use of SPF SIG funds in order to allow each State to tailor prevention services based on a needs assessment or plan, rather than pre-determined strategies that may not be appropriate for the populations in their own jurisdiction.

The Committee provides funding at no less than last year's level for the Centers for the Application of Prevention Technologies [CAPTs]. The Committee strongly supports the current CAPTs program given their important role working with State substance abuse agencies, prevention specialists and others to translate the latest prevention science into everyday practice. The Committee is concerned that any proposal to change the CAPT structure would negatively affect the ability of these customers to receive technical assistance that reflect State and local needs. The Committee urges SAMHSA to ensure that any changes to the CAPTs will reflect stakeholder input, as well as maintain State-specific substance abuse prevention expertise.

The Committee recommendation includes $7,000,000 for activities authorized under the Sober Truth on Preventing Underage Drinking [STOP] Act. This amount includes $5,000,000 for grants to help community coalitions address underage drinking, $1,000,000 for the continuation of the national adult-oriented media campaign to prevent underage drinking, and $1,000,000 for the Intergovernmental Coordinating Committee on the Prevention of Underage Drinking [ICCPUD].

The Committee notes that the ICCPUD has not submitted an annual report on national progress in reducing underage drinking since January 2006. The Committee requests an interim progress report on the goals articulated in the initial report, as well as funds being expended by various agencies and progress on key indicators, such as prevalence, age of initiation, consumption patterns and the means of underage access. The report should be submitted no later than March 1, 2009.

While the Committee commends SAMHSA for its support of town hall meetings on underage drinking, it reiterates its request that underage drinking findings from Federal surveys be separately and prominently highlighted. SAMHSA should submit examples of how this highlighting is being accomplished in its fiscal year 2010 congressional budget justification.

The Committee supports the continuation of the public service announcement [PSA] campaign on underage drinking prevention, and notes that the STOP Act requires SAMHSA to report to Congress on "the production, broadcasting, and evaluation of the campaign, the effectiveness of the campaign in reducing underage drinking, the need for and likely effectiveness of an expanded adult-oriented media campaign, and the feasibility and likely effectiveness of a national youth-focused media campaign to combat underage drinking." The Committee requests that SAMHSA and the PSA campaign partner entity submit the required report no later than March 1, 2009.

The Committee recommendation also includes language requiring that funds be provided to the following organizations in the amounts specified:

Project	Committee recommendation
Hamakua Health Center, Honokaa, HI, for a youth anti-drug program	$200,000
Mothers Against Drunk Driving, Louisiana Chapter, Baton Rouge, LA, for substance abuse prevention focusing on underage drinking	100,000
West Virginia Prevention Resource Center, Charleston, WV, for drug abuse prevention	1,000,000

PROGRAM MANAGEMENT

The Committee recommends $100,131,000 for program management activities of the agency. The comparable level for fiscal year 2008 is $93,131,000 and the budget request is $97,131,000. The recommendation includes $22,750,000 in transfers available under section 241 of the Public Health Service Act.

The program management activity includes resources for coordinating, directing, and managing the agency's programs. Program management funds support salaries, benefits, space, supplies,

equipment, travel, and departmental overhead required to plan, supervise, and administer SAMHSA's programs.

The Committee recognizes the need for regular and periodic population-based sources of data on adults with serious mental illness and children with serious emotional disturbance. Therefore the recommendation includes $1,000,000 for a module in the National Survey on Drug Use and Health [NSDUH] to provide reliable and valid data on adults with serious mental illness. Based on recommendations from an expert panel that SAMHSA convened, the Committee believes that the best mechanism for the collection of information on children with serious emotional disturbance is the National Health Interview Survey [NHIS] conducted by the National Center for Health Statistics at CDC. Thus the recommendation includes $2,000,000 for the inclusion of questions related to the mental health of children in the NHIS and to carry out studies necessary to ensure the validity and reliability of the NHIS data on children with serious emotional disturbance.

The Committee remains aware of the collaborative work by SAMHSA and State substance abuse directors to implement outcomes data collection and reporting through the NOMs initiative. The Committee is pleased that States continue to make progress in reporting NOMs data through the SAPT Block Grant. According to SAMHSA, approximately 47 States voluntarily reported substance abuse outcome data in 2007. State substance abuse agencies reported significant results in a number of areas—including abstinence from alcohol and illegal drug use; criminal justice involvement; employment; and stable housing. The Committee encourages SAMHSA to continue to help States address technical issues and promote State-to-State problem solving solutions.

ST. ELIZABETH'S HOSPITAL

The Committee recommendation includes $772,000, the same as the administration request, to further remediate the West Campus of St. Elizabeth's Hospital. No funds were requested for this activity in fiscal year 2008.

DATA EVALUATION

The Committee recommendation includes $2,500,000 for a needs assessment and evaluation of substance abuse data collection activities across the Department to improve surveillance activities and avoid duplication of effort. The recommendation is the same as the administration request. This activity was not funded in fiscal year 2008. The Department is requested to submit the results of this needs assessment, as well as its recommendations, to the Committee.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2008	$334,564,000
Budget estimate, 2009	325,664,000
Committee recommendation	334,564,000

The Committee recommends $334,564,000 for the Agency for Healthcare Research and Quality [AHRQ]. This amount is the same as the comparable funding level for fiscal year 2008. The ad-