



**Congressional  
Research Service**

Informing the legislative debate since 1914

---

# **SAMHSA FY2015 Budget Request and Funding History: A Fact Sheet**

**name redacted**

Analyst in Health Policy

August 8, 2014

**Congressional Research Service**

7-....

[www.crs.gov](http://www.crs.gov)

R43681

## **SAMHSA Overview**

The Substance Abuse and Mental Health Services Administration (SAMHSA), at the U.S. Department of Health and Human Services (HHS), is the lead federal agency for increasing access to behavioral health services. SAMHSA supports community-based mental health and substance abuse treatment and prevention services through formula grants to the states and U.S. territories and through competitive grant programs to states, territories, tribal organizations, local communities, and private entities. SAMHSA also engages in a range of other activities such as technical assistance, data collection, and workforce development.

SAMHSA and most of its programs and activities are authorized under Public Health Service Act (PHSA) Title V, which organizes SAMHSA in three centers:

- Center for Substance Abuse Treatment (CSAT)<sup>1</sup>
- Center for Substance Abuse Prevention (CSAP)<sup>2</sup>
- Center for Mental Health Services (CMHS)<sup>3</sup>

Each center has general statutory authority, called Programs of Regional and National Significance (PRNS), under which it has established grant programs for states and communities to address their important substance abuse and mental health needs. PHSA Title V also authorizes a number of specific grant programs, referred to as categorical grants.

SAMHSA's two largest grant programs are separately authorized under PHSA Title XIX, Part B. The Community Mental Health Services block grant falls within CMHS.<sup>4</sup> The full amount of the Substance Abuse Prevention and Treatment block grant falls within CSAT, although no less than 20% of each state's block grant must be used for prevention.<sup>5</sup>

In addition to the three statutorily defined centers, SAMHSA's budget reflects a fourth category, "health surveillance and program support," for other activities such as collecting data, providing statistical and analytic support, raising public awareness, developing the behavioral health workforce, and maintaining the National Registry of Evidence-based Programs and Practices.

The last comprehensive reauthorization of SAMHSA and its programs occurred in 2000 as part of the Children's Health Act,<sup>6</sup> which also added "charitable choice" provisions allowing religious organizations to receive funding for substance abuse prevention and treatment services without altering their religious character.<sup>7</sup> Since 2000 Congress has expanded some of SAMHSA's programs and activities without taking up comprehensive reauthorization. Authorizations of appropriations for most of SAMHSA's grant programs expired at the end of FY2003; many of these programs continue to receive annual appropriations.

---

<sup>1</sup> PHSA Title V, Part B, Subpart 1 [42 U.S.C. §290bb et seq.].

<sup>2</sup> PHSA Title V, Part B, Subpart 2 [42 U.S.C. §290bb-21 et seq.].

<sup>3</sup> PHSA Title V, Part B, Subpart 3 [42 U.S.C. §290bb-31 et seq.].

<sup>4</sup> PHSA Title XIX, Part B, Subpart I [42 U.S.C. §300x et seq.].

<sup>5</sup> PHSA Title XIX, Part B, Subpart II [42 U.S.C. §300x-21 et seq.]; PHSA §1922(a)(1) [42 U.S.C. §300x-22(a)(1)].

<sup>6</sup> P.L. 106-310, Titles XXXI-XXXIV.

<sup>7</sup> PHSA §1955 [42 U.S.C. §300x-65]; PHSA §581 et seq. [42 U.S.C. §290kk et seq.].

## Funding Sources

The total amount of funding available to SAMHSA (i.e., total program level) includes discretionary budget authority provided in annual appropriations acts, Public Health Service (PHS) Program Evaluation Set-Aside funds, Prevention and Public Health Fund (PPHF) transfers, and data request and publications user fees.

*Discretionary Budget Authority.* The main source of funding for SAMHSA is the discretionary budget authority it receives through the annual appropriations process.<sup>8</sup> SAMHSA is funded through the Departments of Labor, Health and Human Services, and Education, and Related Agencies (Labor-HHS-ED) appropriations act.

*PHS Program Evaluation Set-Aside Funds.* The PHS Evaluation Tap allows the HHS Secretary to redistribute a portion of eligible PHS agency appropriations for program evaluation across HHS. In the annual Labor-HHS-ED appropriations acts, Congress specifies the maximum percentage for the set-aside, and also directs specific amounts of funding from the tap to a number of HHS programs.<sup>9</sup>

*Prevention and Public Health Fund (PPHF) Transfers.* The Patient Protection and Affordable Care Act (ACA) established the Prevention and Public Health Fund (PPHF) and provided it with a permanent annual mandatory appropriation.<sup>10</sup> PPHF funds are to be transferred by the HHS Secretary for prevention, wellness, and public health activities.<sup>11</sup> PPHF funds are available to the HHS Secretary on October 1 of each year, when the new fiscal year begins. The Administration's annual budget proposal for the PPHF reflects its intended distribution and use of the funds.

*Data Request and Publications User Fees.* The Consolidated Appropriations Act, 2014 (P.L. 113-76), authorized SAMHSA to collect fees “for the costs of publications, data, data tabulations, and data analysis completed under [PHSA Title V] 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.”

## FY2015 Budget Request and Funding History

**Table 1** presents SAMHSA's FY2015 budget request in the context of SAMHSA's funding history since FY2012. Program-level funding is shown in **bold** for each major budget account.

<sup>8</sup> Budget authority is the “[a]uthority provided by federal law to enter into financial obligations that will result in ... outlays involving federal funds.” Discretionary budget authority “refers to outlays from budget authority that is provided in and controlled by appropriation acts.” U.S. Government Accountability Office (GAO), *A Glossary of Terms Used in the Federal Budget Process*, GAO-05-734SP, September 1, 2005, <http://www.gao.gov/products/GAO-05-734SP>.

<sup>9</sup> For further details, see Chapter I of HHS, Office of the Assistant Secretary for Planning and Evaluation, “Evaluation: Performance Improvement 2009,” Washington, DC, 2010, pp. 6-8, <http://aspe.hhs.gov/pic/perfimp/2009/report.pdf>.

<sup>10</sup> ACA Section 4002 [42 U.S.C. §300u-11]. The Middle Class Tax Relief and Job Creation Act of 2012 reduced ACA's annual appropriations to the PPHF over the period FY2013-FY2021 by a total of \$6.250 billion (see P.L. 112-96, Section 3205, 126 Stat. 194).

<sup>11</sup> For information about federal prevention activities and how they may be defined, see Government Accountability Office, *Available Information on Federal Spending, Cost Savings, and International Comparisons Has Limitations*, GAO-13-49, December 6, 2012, <http://gao.gov/products/GAO-13-49>.

PHS evaluation funds and PPHF transfers are shown as “non-adds” in parentheses; along with user fees, they are subtracted from program-level funding to show discretionary budget authority.

**Table I. SAMHSA Funding, FY2012–FY2015 Request**  
(Dollars in Millions)

Program or Activity	FY2012 actual	FY2013 actual	FY2014 enacted	FY2015 request
<b>Center for Mental Health Services (CMHS)</b>	<b>994</b>	<b>910</b>	<b>1,080</b>	<b>1,057</b>
Mental Health Block Grant	460	437	484	484
<i>PHS Evaluation Funds (non-add)</i>	(21)	(21)	(21)	(21)
Programs of Regional and National Significance	316	267	378	355
<i>PHS Evaluation Funds (non-add)</i>	—	—	—	(5)
<i>PPHF Transfer (non-add)</i>	(45)	—	(12)	(38)
Children’s Mental Health Services	117	111	117	117
PATH Homeless Formula Grant	65	61	65	65
Protection & Advocacy Formula Grant	36	34	36	36
<b>Center for Substance Abuse Treatment (CSAT)</b>	<b>2,229</b>	<b>2,114</b>	<b>2,181</b>	<b>2,117</b>
Substance Abuse Block Grant	1,800	1,710	1,820	1,820
<i>PHS Evaluation Funds (non-add)</i>	(79)	(79)	(79)	(79)
Programs of Regional and National Significance	429	404	361	297
<i>PHS Evaluation Funds (non-add)</i>	(2)	(2)	(2)	(30)
<i>PPHF Transfer (non-add)</i>	(29)	—	(50)	—
<b>Center for Substance Abuse Prevention (CSAP)</b>	<b>186</b>	<b>176</b>	<b>176</b>	<b>186</b>
Programs of Regional and National Significance	186	176	176	186
<i>PHS Evaluation Funds (non-add)</i>	—	—	—	(16)
<b>Health Surveillance and Program Support</b>	<b>160</b>	<b>154</b>	<b>194</b>	<b>208</b>
Health Surveillance and Program Support	160	154	192	207
<i>PHS Evaluation Funds (non-add)</i>	(27)	(27)	(30)	(59)
<i>PPHF Transfer (non-add)</i>	(18)	(15)	—	(20)
Data Request and Publications User Fees	—	—	2	2
<b>Total, Program Level</b>	<b>3,569</b>	<b>3,354</b>	<b>3,631</b>	<b>3,568</b>
Less Funds From Other Sources				
PHS Evaluation Funds	130	130	133	211
PPHF Transfers	92	15	62	58
Data Request and Publications User Fees	—	—	2	2
<b>Total, Discretionary Budget Authority</b>	<b>3,347</b>	<b>3,210</b>	<b>3,435</b>	<b>3,298</b>

**Sources:** HHS FY2014 Budget in Brief (for FY2012 figures), and HHS FY2015 Budget in Brief (for FY2013, FY2014, and FY2015 request figures). See <http://www.hhs.gov/budget>.

**Notes:** Individual amounts may not sum to subtotals or totals due to rounding. SAMHSA = Substance Abuse and Mental Health Services Administration. PHS = Public Health Service. PPHF = Prevention and Public Health Fund.

## **Author Contact Information**

(name redacted)  
Analyst in Health Policy  
[redacted]@crs.loc.gov, 7-....

## **Acknowledgments**

This report draws on some of the work Raheem Hanifa did during his internship at CRS.

# EveryCRSReport.com

The Congressional Research Service (CRS) is a federal legislative branch agency, housed inside the Library of Congress, charged with providing the United States Congress non-partisan advice on issues that may come before Congress.

EveryCRSReport.com republishes CRS reports that are available to all Congressional staff. The reports are not classified, and Members of Congress routinely make individual reports available to the public.

Prior to our republication, we redacted names, phone numbers and email addresses of analysts who produced the reports. We also added this page to the report. We have not intentionally made any other changes to any report published on EveryCRSReport.com.

CRS reports, as a work of the United States government, are not subject to copyright protection in the United States. Any CRS report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS report may include copyrighted images or material from a third party, you may need to obtain permission of the copyright holder if you wish to copy or otherwise use copyrighted material.

Information in a CRS report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to members of Congress in connection with CRS' institutional role.

EveryCRSReport.com is not a government website and is not affiliated with CRS. We do not claim copyright on any CRS report we have republished.