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# **SAMHSA FY2016 Budget Request and Funding History: A Fact Sheet**

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## **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.

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<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 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.<sup>12</sup>

*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.”

## FY2016 Budget Request and Funding History

**Table 1** presents SAMHSA's FY2016 budget request in the context of SAMHSA's funding history since FY2013. 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> See the “Public Health Service Evaluation Tap” section in CRS Report R43967, *Labor, Health and Human Services, and Education: FY2015 Appropriations*.

<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>.

<sup>12</sup> SAMHSA *Justification of Estimates for Appropriations Committees* for FY2016, pp. 311–317.

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, FY2013–FY2016 Request**  
(Dollars in Millions)

Program or Activity	FY2013	FY2014	FY2015 enacted <sup>a</sup>	FY2016 request
<b>Center for Mental Health Services (CMHS)</b>	<b>910</b>	<b>1,078</b>	<b>1,071</b>	<b>1,078</b>
Mental Health Block Grant	437	483	483	483
PHS Evaluation Funds (non-add)	(21)	(21)	(21)	(21)
Programs of Regional and National Significance	267	377	371	377
PHS Evaluation Funds (non-add)	—	—	—	(5)
PPHF Transfer (non-add)	—	(12)	(12)	(38)
Children’s Mental Health Services	111	117	117	117
PATH Homeless Formula Grant	61	65	65	65
Protection & Advocacy Formula Grant	34	36	36	36
<b>Center for Substance Abuse Treatment (CSAT)</b>	<b>2,114</b>	<b>2,176</b>	<b>2,181</b>	<b>2,141</b>
Substance Abuse Block Grant	1,710	1,815	1,820	1,820
PHS Evaluation Funds (non-add)	(79)	(79)	(79)	(79)
Programs of Regional and National Significance	404	361	361	321
PHS Evaluation Funds (non-add)	(2)	(2)	(2)	(30)
PPHF Transfer (non-add)	—	(50)	—	—
<b>Center for Substance Abuse Prevention (CSAP)</b>	<b>176</b>	<b>175</b>	<b>175</b>	<b>211</b>
Programs of Regional and National Significance	176	175	175	211
PHS Evaluation Funds (non-add)	—	—	—	(16)
<b>Health Surveillance and Program Support</b>	<b>154</b>	<b>193</b>	<b>194</b>	<b>237</b>
Health Surveillance and Program Support	154	191	192	235
PHS Evaluation Funds (non-add)	(27)	(30)	(31)	(59)
PPHF Transfer (non-add)	(15)	—	—	(20)
Data Request and Publications User Fees	—	2	2	2
<b>Total, Program Level</b>	<b>3,354</b>	<b>3,622</b>	<b>3,621</b>	<b>3,666</b>
Less Funds From Other Sources				
PHS Evaluation Funds	130	133	134	211
PPHF Transfers	15	62	12	58
Data Request and Publications User Fees	—	2	2	2
<b>Total, Discretionary Budget Authority</b>	<b>3,210</b>	<b>3,426</b>	<b>3,474</b>	<b>3,396</b>

**Sources:** SAMHSA *Justification of Estimates for Appropriations Committees* for FY2015 (FY2013 figures) and FY2016 (FY2014, FY2015, and FY2016 request figures), available at <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.

a. The FY2015 amounts may change during the year due to transfers, reprogramming, or other adjustments.

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