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SAMHSA FY2017 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)¹
- Center for Substance Abuse Prevention (CSAP)²
- Center for Mental Health Services (CMHS)³

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.⁴ 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.⁵

In addition to the three statutorily established centers, SAMHSA's budget reflects a fourth category, "health surveillance and program support," for other activities such as collecting data, providing 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,⁶ which also added "charitable choice" provisions allowing religious organizations to receive funding for substance abuse prevention and treatment services without altering their religious character.⁷ Since 2000, Congress has expanded some of SAMHSA's programs and activities without taking up comprehensive reauthorization of the agency. Explicit authorizations of appropriations for many of SAMHSA's grants and activities expired at the end of FY2003; many of these programs have continued to receive funding through the annual appropriations process.

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

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

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

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

⁵ 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)].

⁶ P.L. 106-310, Titles XXXI-XXXIV.

⁷ 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) traditionally 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. Also, SAMHSA's FY2017 budget request proposes new mandatory spending that, if enacted, would be in addition to the budgetary resources described below.

Discretionary Budget Authority. The main source of funding for SAMHSA is the discretionary budget authority it receives through the annual appropriations process.⁸ 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.⁹

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.¹⁰ PPHF funds are to be transferred by the HHS Secretary for prevention, wellness, and public health activities.¹¹ 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.¹²

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.”

FY2017 Budget Request and Funding History

Table 1 presents SAMHSA's FY2017 budget request in the context of SAMHSA's funding history since FY2014. Program-level funding is shown in **bold** for each major budget account.

⁸ 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>.

⁹ See the “Public Health Service Evaluation Tap” section in CRS Report R44287, *Labor, Health and Human Services, and Education: FY2016 Appropriations*.

¹⁰ 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).

¹¹ 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>.

¹² SAMHSA *Justification of Estimates for Appropriations Committees* for FY2017, pp. 311–317.

PHS evaluation funds, PPHF transfers, and one of the proposed new mandatory spending programs are shown as “non-adds” in parentheses. All three proposed new mandatory spending programs, PHS evaluation funds, PPHF transfers, and user fees are subtracted from program-level funding to show discretionary budget authority.

Table I. SAMHSA Funding, FY2014–FY2017 Request
(Dollars in Millions)

Program or Activity	FY2014	FY2015	FY2016 ^a	FY2017 Request
Center for Mental Health Services (CMHS)	1,078	1,071	1,159	1,274
Mental Health Block Grant	483	483	533	533
<i>PHS Evaluation Funds (non-add)</i>	(21)	(21)	(21)	(21)
Programs of Regional and National Significance	377	371	407	406
<i>PHS Evaluation Funds (non-add)</i>	—	—	—	(10)
<i>PPHF Transfer (non-add)</i>	(12)	(12)	(12)	(10)
Children’s Mental Health Services	117	117	119	119
PATH Homeless Formula Grant	65	65	65	65
Protection & Advocacy Formula Grant	36	36	36	36
Evidence-Based Early Interventions (mandatory)	—	—	—	115
Center for Substance Abuse Treatment (CSAT)	2,176	2,181	2,192	2,661
Substance Abuse Block Grant	1,815	1,820	1,858	1,858
<i>PHS Evaluation Funds (non-add)</i>	(79)	(79)	(79)	(79)
Programs of Regional and National Significance	361	361	334	343
<i>PHS Evaluation Funds (non-add)</i>	(2)	(2)	(2)	(30)
<i>PPHF Transfer (non-add)</i>	(50)	—	—	—
<i>Monitoring & Evaluation of MAT Outcomes (mandatory, non-add)</i>	—	—	—	(15)
State Targeted Response Cooperative Agreements (mandatory)	—	—	—	460
Center for Substance Abuse Prevention (CSAP)	175	175	211	211
Programs of Regional and National Significance	175	175	211	211
<i>PHS Evaluation Funds (non-add)</i>	—	—	—	(16)
Health Surveillance and Program Support	193	159	169	175
Health Surveillance and Program Support ^b	191	157	168	174
<i>PHS Evaluation Funds (non-add)</i>	(30)	(31)	(31)	(57)
<i>PPHF Transfer (non-add)</i>	—	—	—	(18)
Data Request and Publications User Fees	2	2	2	2
Total, Program Level	3,622	3,586	3,731	4,322
Less Funds From Other Sources	—	—	—	—
PHS Evaluation Funds	133	134	134	214
PPHF Transfers	62	12	12	28
Data Request and Publications User Fees	2	2	2	2
Evidence-Based Early Interventions (mandatory)	—	—	—	115
Monitoring & Evaluation of MAT Outcomes (mandatory)	—	—	—	15
State Targeted Response Cooperative Agreements (mandatory)	—	—	—	460
Total, Discretionary Budget Authority	3,426	3,439	3,584	3,489

Sources: SAMHSA *Justification of Estimates for Appropriations Committees* for FY2016 (FY2014 figures) and FY2017 (FY2015, FY2016, and FY2017 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. Amounts may change during the year due to transfers, reprogramming, or other adjustments.
- b. For the FY2015, FY2016, and FY2017 request amounts, SAMHSA's FY2017 budget request indicates that the figures have been comparably adjusted to reflect (1) the proposed transfer of one program (the Behavioral Health Workforce Education and Training Program) from SAMHSA to another agency (the Health Resources and Services Administration) in FY2017 and (2) a proposed single appropriation for a program (the Minority Fellowship Program) that is currently funded through multiple SAMHSA centers.

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