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SAMHSA FY2018 Budget Request and Funding History: A Fact Sheet

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Updated June 2, 2017

Congressional Research Service

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R44860

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 four centers: the Center for Substance Abuse Treatment (CSAT),¹ the Center for Substance Abuse Prevention (CSAP),² the Center for Mental Health Services (CMHS),³ and the Center for Behavioral Health Statistics and Quality (CBHSQ).⁴ Each of CSAT, CSAP, and CMHS has general statutory authority, called Programs of Regional and National Significance (PRNS), under which it administers numerous grants and other programs. 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.⁵ 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.⁶

SAMHSA's budget is organized in four categories, three of which correspond to CSAT, CSAP, and CMHS. The fourth category, "health surveillance and program support," does not correspond directly to CBHSQ; it supports data collection, analytic support, public awareness campaigns, behavioral health workforce initiatives, and the National Registry of Evidence-based Programs and Practices (among other programs and activities).

In the 114th Congress, the Helping Families in Mental Health Crisis Reform Act of 2016 (Division B of P.L. 114-255) made numerous changes to SAMHSA's statutory authorities—reauthorizing, modifying, or codifying existing programs and activities; authorizing new programs and activities; and repealing authorities for programs and activities that had not been funded. Also in the 114th Congress, the Comprehensive Addiction and Recovery Act of 2016 (CARA, P.L. 114-198) included authorizations of appropriations for SAMHSA-administered grant programs, and Section 1003 of the 21st Century Cures Act (Division A of P.L. 114-255) authorized appropriations for grants to support state responses to opioid abuse.⁷

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 V, Part A, Section 505 [42 U.S.C. §290aa-4 et seq.].

⁵ PHSA Title XIX, Part B, Subpart I [42 U.S.C. §300x et seq.].

⁶ 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)].

⁷ Prior to the 114th Congress, the last comprehensive reauthorization of SAMHSA and its programs occurred in 2000 as part of the Children's Health Act (P.L. 106-310, Titles XXXI-XXXIV), which also added "charitable choice" provisions allowing religious organizations to receive funding for substance abuse prevention and treatment services without altering their religious character. See 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.

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 (LHHS) appropriations act.⁹

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 LHHS 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.¹⁰

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.¹¹ PPHF funds are to be transferred by the HHS Secretary for prevention, wellness, and public health activities.¹² 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, though provisions in annual appropriations acts and accompanying reports have explicitly directed the distribution of PPHF in recent years.¹³

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.” This provision has been retained in subsequent appropriations acts.

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 Starting in FY2017, the LHHS appropriations act may provide discretionary budget authority to SAMHSA from a new budget account, known as the “Account for the State Response to the Opioid Abuse Crisis.” This account was established by the 21st Century Cures Act (P.L. 114-255). The Cures Act transferred \$500 million to the account for each of FY2017 and FY2018 for grants to support state responses to opioid abuse. However, the availability of those funds is subject to appropriations action each fiscal year.

¹⁰ See the “Public Health Service Evaluation Tap” section in CRS Report R44691, *Labor, Health and Human Services, and Education: FY2017 Appropriations*, coordinated by (name redacted) and (name redacted) .

¹¹ 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).

¹² 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>.

¹³ See CRS Report R44796, *The ACA Prevention and Public Health Fund: In Brief*, by (name redacted)

FY2018 Budget Request and Funding History

Table 1 presents SAMHSA’s FY2018 budget request in the context of SAMHSA’s funding history since FY2015. Program-level funding is shown in **bold** for each major budget account. PHS evaluation funds, and PPHF transfers are shown as “non-adds” in parentheses. PHS evaluation funds, PPHF transfers, and user fees are subtracted from program-level funding to show discretionary budget authority.

Table 1. SAMHSA Funding, FY2015–FY2018 Request

(Dollars in Millions)

Program or Activity	FY2015	FY2016	FY2017 ^a	FY2018 Request
Center for Mental Health Services (CMHS)	1,071	1,167	1,181	912
Mental Health Block Grant	483	533	563	416
<i>PHS Evaluation Funds (non-add)</i>	(21)	(21)	(21)	(16)
Programs of Regional and National Significance	371	415	399	277
<i>PPHF Transfer (non-add)</i>	(12)	(12)	(12)	—
Children’s Mental Health Services	117	119	119	119
PATH Homeless Formula Grant	65	65	65	65
Protection & Advocacy Formula Grant	36	36	36	36
Center for Substance Abuse Treatment	2,181	2,195	2,713	2,696
Substance Abuse Block Grant	1,820	1,858	1,858	1,855
<i>PHS Evaluation Funds (non-add)</i>	(79)	(79)	(79)	(79)
Programs of Regional and National Significance	361	337	354	342
<i>PHS Evaluation Funds (non-add)</i>	(2)	(2)	(2)	(2)
State Targeted Response to the Opioid Crisis ^b	—	—	500	500
Center for Substance Abuse Prevention	175	211	223	150
Programs of Regional and National Significance	175	211	223	150
Health Surveillance and Program Support	159	208	150	134
Health Surveillance and Program Support	157	206	148	132
<i>PHS Evaluation Funds (non-add)</i>	(31)	(31)	(31)	(23)
Data Request and Publications User Fees	2	2	2	2
Total, Program Level	3,586	3,781	4,267	3,892
Less Funds From Other Sources				
PHS Evaluation Funds	134	134	134	120
PPHF Transfers	12	12	12	—
Data Request and Publications User Fees	2	2	2	2
Total, Discretionary Budget Authority	3,439	3,634	4,119	3,771

Sources: Amounts for FY2015, FY2016, and the FY2018 request are drawn from SAMHSA’s *Justification of Estimates for Appropriations Committees* for FY2017 (FY2015 figures) and FY2018 (FY2016 and FY2018 request figures), available at <http://www.hhs.gov/budget>. FY2017-enacted amounts are primarily drawn from the explanatory statement accompanying the Consolidated Appropriations Act, 2017, available in the *Congressional Record*, vol. 163, pp. 37-39 (May 3, 2017); however, these amounts have been adjusted to reflect \$500 million appropriated in an earlier continuing resolution for FY2017 (P.L. 114-254) and an estimated \$1.5 million from Data Request and Publications User Fees authorized in P.L. 115-31. The user fee estimate is drawn from SAMHSA’s FY2018 justification.

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. The 21st Century Cures Act (P.L. 114-255 Section 1003) requires that the amounts appropriated for this program for FY2017 and FY2018, up to the amounts transferred, are to be subtracted from any cost estimates provided for purposes of budget controls. Effectively, the appropriations from the account will not be counted against any spending limits, such as the statutory discretionary spending limits; that is, the amounts appropriated from the account will be considered outside those limits for FY2017 and FY2018.

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