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Substance Abuse and Mental Health Services Administration (SAMHSA): Agency Overview

(name redacted)
Analyst in Health Policy

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Summary

In recent years, Members of both chambers have introduced legislation that would reauthorize, amend, add, or eliminate programs and activities undertaken by the Substance Abuse and Mental Health Services Administration (SAMHSA). This report briefly summarizes SAMHSA's major programs and activities and describes the agency's organizational structure. The **Appendix** provides an overview of SAMHSA's budget.

SAMHSA's two biggest programs are the Community Mental Health Services Block Grant (MHBG, $533 million in FY2016) and the Substance Abuse Prevention and Treatment Block Grant (SABG, $1.9 billion in FY2016). Both block grant programs distribute funds to states (including the District of Columbia and territories) according to a formula. The states, in turn, may distribute funds to local government entities and non-profit organizations. The SABG also distributes funds to one tribal entity.

SAMHSA's Programs of Regional and National Significance (PRNS) encompass numerous grants and activities within each of three areas:

- *Mental health* ($407 million in FY2016)*:* for example, suicide prevention activities, some of which are separately authorized under the Garrett Lee Smith (GLS) Memorial Act (P.L. 108-355).
- *Substance abuse treatment* ($334 million in FY2016)*:* for example, the Pregnant and Postpartum Women program, which supports residential substance use disorder treatment services for pregnant and postpartum women.
- *Substance abuse prevention* ($211 million in FY2016): for example, SAMHSA's oversight of the Federal Drug-Free Workplace Program and the related National Laboratory Certification Program.

SAMHSA has three other grant programs: Children's Mental Health Services ($119 million in FY2016), Projects for Assistance in Transition from Homelessness (PATH, $65 million in FY2016), and Protection and Advocacy for Individuals with Mental Illness (PAIMI, $36 million in FY2016).

In addition, SAMHSA conducts surveillance and data collection, statistical and analytic support, performance and quality information systems activities, and agency-wide initiatives.

SAMHSA is organized in four centers: (1) the Center for Mental Health Services (CMHS, $1.2 billion in FY2016); (2) the Center for Substance Abuse Treatment (CSAT, $2.2 billion in FY2016); (3) the Center for Substance Abuse Prevention (CSAP, $211 million in FY2016); and (4) the Center for Behavioral Health Statistics and Quality (CBHSQ, $120 million in FY2016). The work of the four centers is supported by headquarters offices, regional administrators, and advisory councils and committees. SAMHSA estimates that it will support 665 full-time employee equivalents in FY2016 and FY2017.

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Background

In recent years, Members of both chambers have introduced legislation that would reauthorize, amend, add, or eliminate programs and activities undertaken by the Substance Abuse and Mental Health Services Administration (SAMHSA).[1] This report briefly summarizes SAMHSA's major programs and activities and describes the agency's organizational structure. This report does not address specific legislation that would amend SAMHSA's statutory authorities; however, it points to the sections of statute relevant to each of SAMHSA's programs and activities, which may be helpful as Congress considers potential changes.

The **Appendix** provides an overview of SAMHSA's budget, excerpted from CRS Report R44375, *SAMHSA FY2017 Budget Request and Funding History: A Fact Sheet*. More detailed descriptions and funding levels for SAMHSA's programs and activities are available in SAMHSA's annual budget request.[2]

SAMHSA's Major Programs and Activities

SAMHSA's major programs and activities include two block grants, numerous discretionary grants and other activities known as Programs of Regional and National Significance (PRNS), several other grant programs, and data collection and related activities.

Block Grants

SAMHSA's two biggest programs are block grants—one supports mental health services and the other supports substance abuse prevention and treatment services.

Community Mental Health Services Block Grant (MHBG)

The Community Mental Health Services Block Grant (MHBG) supports community mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED).[3] SAMHSA distributes MHBG funds to states (including the District of Columbia and specified territories) according to a formula.

Definitions of Adults with SMI and Children with SED

The Alcohol, Drug Abuse and Mental Health Services Administration (ADAMHA) Reorganization Act of 1992 (P.L. 102-321), which established SAMHSA, did not define adults with SMI and children with SED. Instead it required SAMHSA to establish definitions through rulemaking, which SAMHSA did in 1993. The definitions are as follows:

Adults with Serious Mental Illness (SMI): "persons [a]ge 18 and over, [w]ho currently or at any time during the past year, [h]ave had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria ... [t]hat has resulted in functional impairment which substantially interferes with or limits one or more major life

[1] See, for example, the following bills introduced in the 114th Congress: Garrett Lee Smith Memorial Act Reauthorization of 2015 (H.R. 938, S. 1299); Mental Health First Aid Act of 2015 (H.R. 1877, S. 711); Helping Families in Mental Health Crisis Act of 2015 (H.R. 2646); Mental Health Awareness and Improvement Act of 2015 (S. 1893); Mental Health Reform Act of 2015 (S. 1945); Behavioral Health Care Integration Act of 2016 (H.R. 4388).

[2] SAMHSA, *Justification of Estimates for Appropriations Committees* for FY2017, available at http://www.hhs.gov/budget.

[3] SAMHSA's definitions of adults with SMI and children with SED were provided in a 1993 *Federal Register* notice (May 20, 1993; 58 FR 29422).

activities."

Children with Serious Emotional Disturbance (SED): "persons [f]rom birth up to age 18, [w]ho currently or at any time during the past year, [h]ave had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria ... [t]hat resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities."

Source: Federal Register Volume 58, No 96, p. 29422 (May 20, 1993)

Each state may distribute MHBG funds to local government entities and non-governmental organizations in accordance with the state's plan for providing comprehensive community mental health services for adults with SMI and children with SED. States have flexibility in the use of MHBG funds within the framework of the state plan and federal requirements.

Each MHBG grantee must support a mental health planning council, which provides input on the state's plan for providing comprehensive community mental health services. A majority of members of the mental health planning council must be mental health service consumers or family members (of children with SED); other members represent relevant state agencies (e.g., mental health, education, and social services). States may opt to have behavioral health planning councils, which are responsible for both mental health and substance abuse services.

For each of the 50 states and the District of Columbia, the MHBG allotment formula is based on the population at risk (weighted), cost of services, and available resources.[4] The MHBG allotment for each territory is proportional to the civilian population of the territory.[5] All states (including the District of Columbia) and territories have minimum allotments.

Public Health Service Act (PHSA) Title XIX, Part B, Subpart I authorizes the MHBG program. Provisions in PHSA Title XIX, Part B, Subpart III also apply to the MHBG. PHSA Section 1920 explicitly authorizes appropriations for the MHBG through FY2003. Since that time, the program has continued to operate under its general authorities and has continued to receive funding through the annual appropriations process.

Substance Abuse Prevention and Treatment Block Grant (SABG)

The Substance Abuse Prevention and Treatment Block Grant (SABG) supports services to prevent and treat substance use disorders. SAMHSA distributes SABG funds to states (including the District of Columbia and specified territories) and one tribal entity according to a formula.

Each state may distribute SABG funds to local government entities, administrative service organizations, and prevention and treatment service providers (among others) in accordance with the state's plan for expending SABG funds.[6] States have flexibility in the use of SABG funds within the framework of the state plan and federal requirements.

Each SABG grantee must expend at least 20% of its SABG allotment on primary prevention strategies.[7] In addition, each SABG grantee must enact laws that prohibit the sale or distribution of tobacco products to minors; enforce such laws; inspect tobacco outlets; and report annually to

[4] Public Health Service Act (PHSA) §1918(a) [42 U.S.C. §300x-7(a)].

[5] PHSA §1918(c) (42 U.S.C. §300x-7[c]).

[6] PHSA §1932(b) (42 U.S.C. §300x-32[b]).

[7] PHSA §1922(a)(1) (42 U.S.C. §300x-22[a][1]).

the HHS Secretary on past-year enforcement activities (and the extent of success achieved), as well as enforcement strategies for the coming grant year.[8]

For each of the 50 states and the District of Columbia, the SABG allotment formula is based on the MHBG formula and takes into account the population at risk (unweighted), cost of services, and available resources.[9] The SABG allotment for each territory is proportional to the civilian population of the territory.[10] All states (including the District of Columbia) and territories have minimum allotments. For Indian tribes and tribal organizations that request SABG funds directly (and that the HHS Secretary determines would be better served by means of direct grants), the grant amount is reserved from the state's SABG allotment based on the ratio of the state's allotment expended for the tribal entity in FY1991.[11]

PHSA Title XIX, Part B, Subpart II authorizes the SABG. Provisions in PHSA Title XIX, Part B, Subpart III also apply to the SABG. PHSA Section 1935 explicitly authorizes appropriations for the SABG through FY2003. Since that time, the program has continued to operate under its general authorities and has continued to receive funding through the annual appropriations process.

Programs of Regional and National Significance (PRNS)

SAMHSA's Programs of Regional and National Significance (PRNS) encompass numerous grants and activities within each of three areas: (1) mental health, (2) substance abuse treatment, and (3) substance abuse prevention. PRNS activities may include competitive grants, contracts, and cooperative agreements. Eligible entities vary from one PRNS program to another. PRNS programs themselves may vary from year to year as existing programs are terminated or new programs are created, either at SAMHSA's recommendation or at the direction of Congress.

PRNS grants and activities within each area fall into two categories, called "Capacity" and "Science and Service." Most PRNS programs are in the Capacity category. Those in the Science and Service category tend to focus on training and technical assistance. For example, within mental health PRNS, primary and behavioral health integration appears under both categories: grants to community mental health centers appear under Capacity, and a competitive cooperative agreement for a training and technical assistance center appears under Science and Service.

PHSA Title V Part B requires the HHS Secretary to "address priority ... needs of regional and national significance" (in mental health, substance abuse treatment, and substance abuse prevention) and allows the HHS Secretary to do so "directly or through grants or cooperative agreements with States, political subdivisions of States, Indian tribes and tribal organizations, other public or private nonprofit entities."[12] Some of the grants and activities currently operating under PRNS have (or had) separate, explicit authorizations of appropriations; others never had explicit authorizations of appropriations and operate solely under the PRNS authority for mental health, substance abuse treatment, or substance abuse prevention.

[8] PHSA §1926 (42 U.S.C. §300x-26).

[9] PHSA §1933(a) (42 U.S.C. §300x-33[a]).

[10] PHSA §1933(c) (42 U.S.C. §300x-33[c]).

[11] PHSA §1933(d) (42 U.S.C. §300x-33[d]).

[12] Mental health PRNS: PHSA §520A(a) (42 U.S.C. §290bb-32[a]). Substance abuse treatment PRNS: PHSA §509(a) (42 U.S.C. §290bb-2[a]). Substance abuse prevention PRNS: PHSA §516(a) (42 U.S.C. §290bb-22[a]).

Mental Health PRNS

PHSA Section 520A authorizes the mental health PRNS. Both the authorization of appropriations in PHSA Section 520A and most of the explicit authorizations of appropriations for specific grants and activities categorized as mental health PRNS have expired. Since that time, some mental health PRNS programs have continued to operate under their general authorities and have continued to receive funding through the annual appropriations process. **Table 1** lists current (FY2016) grants and activities categorized as mental health PRNS; additional details (e.g., program descriptions and funding) are available in SAMHSA's FY2017 budget request.[13]

Table 1. Current (FY2016) Mental Health PRNS

	Explicit Authorizations of Appropriations	
Program or Activity	**Authorizing Law**	**Latest Year**
Mental Health PRNS General Authority	**PHSA §520A**	**FY2003**
Mental Health PRNS Capacity		
Seclusion and Restraint		
Youth Violence Prevention	PHSA §581	FY2003
Project AWARE		
Healthy Transitions		
National Child Traumatic Stress Network	PHSA §582	FY2006
Children and Family Programs		
Consumer and Family Network Grants		
Project LAUNCH		
Mental Health System Transformation and Health Reform		
Primary and Behavioral Health Care Integration	PHSA §520K	FY2014
National Strategy for Suicide Prevention[a]		
Suicide Lifeline		
GLS—Youth Suicide Prevention—States	PHSA §520E	FY2007
GLS—Youth Suicide Prevention—Campus	PHSA §520E-2	FY2007
GLS—Suicide Prevention Resource Center	PHSA §520C	FY2007
AI/AN Suicide Prevention Initiative		
Tribal Behavioral Health Grants		
Homelessness Prevention Programs[b]		
Minority AIDS		
Criminal and Juvenile Justice Programs	PHSA §520G	FY2003
Assisted Outpatient Treatment for Individuals with SMI	P.L. 113-93 §224	FY2018
Mental Health PRNS Science and Service		
Practice Improvement and Training		
Consumer and Consumer Supporter TA Centers		
Primary and Behavioral Health Care Integration Training and TA		
Disaster Response		

[13] SAMHSA, *Justification of Estimates for Appropriations Committees* for FY2017, available at http://www.hhs.gov/budget.

Program or Activity	Explicit Authorizations of Appropriations: Authorizing Law	Explicit Authorizations of Appropriations: Latest Year
Homelessness		
HIV/AIDS Education		

Source: CRS analysis of SAMHSA's FY2017 budget request and the PHSA.

Notes: PHSA Section 520A authorizes the mental health PRNS. For individual PRNS programs that have (or had) stand-alone explicit authorizations of appropriations, the stand-alone authority is provided. AI/AN = American Indian/Alaska Native. GLS = Garrett Lee Smith. PRNS = Programs of Regional and National Significance. PHSA = Public Health Service Act. SAMHSA = Substance Abuse and Mental Health Services Administration. SMI = Serious Mental Illness. TA = Technical Assistance.

a. SAMHSA's FY2017 budget request indicates that this program is authorized under both PHSA §520A (mental health PRNS) and PHSA §520C (p. 86); however, both the table of authorizing legislation (p. 47) and the table of appropriations not authorized by law (p. 51) indicate that FY2016 enacted funding for PHSA §520C is exactly the amount of the GLS—Suicide Prevention Resource Center. The GLS—Suicide Prevention Resource Center is consistent with the text of PHSA §520C.

b. SAMHSA's FY2017 budget request indicates that this program is authorized under both PHSA §520A (mental health PRNS) and PHSA §506 (p. 96); however, both the table of authorizing legislation (p. 47) and the table of appropriations not authorized by law (p. 51) indicate that FY2016 enacted funding for PHSA §520C is exactly the amount of the Treatment Systems for Homeless program under the substance abuse treatment PRNS. The Treatment Systems for Homeless program under the substance abuse treatment PRNS is consistent with the text of PHSA §506.

Example: Suicide Prevention

SAMHSA's suicide prevention activities provide an illustrative example of mental health PRNS activities that are currently active (i.e., received funding in FY2016 through the annual appropriations process) and operate under either the mental health PRNS authority or their separate authorities. Six suicide prevention programs operate within the mental health PRNS (as shown in **Table 1**). Three of the programs (GLS—Youth Suicide Prevention—States, GLS—Youth Suicide Prevention—Campus, and GLS—Suicide Prevention Resource Center) are separately authorized under PHSA sections amended or added by the Garrett Lee Smith (GLS) Memorial Act (P.L. 108-355). The other three suicide prevention programs (National Strategy for Suicide Prevention, Suicide Lifeline, and AI/AN Suicide Prevention Initiative) do not have explicit authorizations of appropriations; they operate under the mental health PRNS authority (PHSA Section 520). In addition, the PHSA sections amended or added by the GLS Act (as summarized in **Table 2**) authorize some programs that have never been funded.

Table 2. PHSA Sections Amended or Added by the GLS Memorial Act

PHSA	42 U.S.C.	Title and Description
520C	290bb-34	**Youth interagency research, training, and technical assistance centers**. Requires the HHS Secretary, acting through the SAMHSA Administrator and in consultation with others as specified, to award grants or contracts for up to four centers with specified responsibilities and an additional center with separately specified responsibilities. *This is commonly known as GLS—Suicide Prevention Resource Center. (Only one authorized center has been funded.)*
520E	290bb-36	**Youth suicide early intervention and prevention strategies**. Requires the HHS Secretary, acting through the SAMHSA Administrator, to award grants or cooperative agreements for statewide or tribal strategies targeting suicide among youth. *This is commonly known as GLS—Youth Suicide Prevention—States.*

PHSA	42 U.S.C.	Title and Description
520E-1	290bb-36a	**Suicide prevention for youth**.[a] Requires the HHS Secretary to award grants or cooperative agreements "to design early intervention and prevention strategies that will complement the State-sponsored statewide or tribal youth suicide early intervention and prevention strategies developed pursuant to section 520E [290bb-36]." *This program has never been funded.*
520E-2	290bb-36b	**Mental and behavioral health services on campus**. Authorizes the HHS Secretary, acting through the Director of SAMHSA's Center for Mental Health Services and in consultation with the Secretary of Education, to award grants to institutions of higher education to address problems "such as depression, substance abuse, and suicide attempts." *This is commonly known as GLS—Youth Suicide Prevention—Campus.*

Source: CRS summary of relevant provisions in the PHSA and *U.S. Code* (U.S.C.).

Notes: PHSA = Public Health Service Act. GLS = Garrett Lee Smith. HHS = Department of Health and Human Services. SAMHSA = Substance Abuse and Mental Health Services Administration.

a. In the PHSA, this heading is "Suicide Prevention for Children and Adolescents"; a footnote indicates that the "probable intent" of Congress was to replace "Children and Adolescents" with "Youth" here.

Substance Abuse Treatment PRNS

PHSA Section 509 authorizes the substance abuse treatment PRNS. Both the authorization of appropriations in PHSA Section 509 and the explicit authorizations of appropriations for specific grants and activities categorized as substance abuse treatment PRNS have expired. Since that time, some substance abuse treatment PRNS programs have continued to operate under their general authorities and have continued to receive funding through the annual appropriations process. **Table 3** lists current (FY2016) grants and activities categorized as substance abuse treatment PRNS; additional details (e.g., program descriptions and funding levels) are available in SAMHSA's FY2017 budget request.[14]

Table 3. Current (FY2016) Substance Abuse Treatment PRNS

Program or Activity	Explicit Authorizations of Appropriations	
	Authorizing Law	Latest Year
Substance Abuse Treatment PRNS General Authority	**PHSA §509**	**FY2003**
Substance Abuse Treatment PRNS Capacity		
Opioid Treatment Programs/Regulatory Activities		
Screening, Brief Intervention and Referral to Treatment		
Targeted Capacity Expansion		
Pregnant and Postpartum Women	PHSA §508	FY2003
Recovery Community Services Program		
Children and Families	PHSA §514[a]	FY2003
Treatment Systems for Homeless	PHSA §506[b]	FY2003
Minority AIDS		

[14] SAMHSA, *Justification of Estimates for Appropriations Committees* for FY2017, available at http://www.hhs.gov/budget.

Program or Activity	Explicit Authorizations of Appropriations	
	Authorizing Law	Latest Year
Criminal Justice Activities		
Substance Abuse Treatment PRNS Science and Service		
Addiction Technology Transfer Centers		

Source: CRS analysis of SAMHSA's FY2017 budget request and the PHSA.

Notes: PHSA Section 509 authorizes the substance abuse treatment PRNS. For individual PRNS programs that have (or had) stand-alone explicit authorizations of appropriations, the stand-alone authority is provided. PRNS = Programs of Regional and National Significance. PHSA = Public Health Service Act. SAMHSA = Substance Abuse and Mental Health Services Administration.

a. The PHSA has more than one Section 514. The relevant Section 514 is codified at 42 U.S.C. §290bb-7.

b. PHSA Section 506 authorizes Grants for the Benefit of Homeless Individuals, which is one of the programs under Treatment Systems for Homeless. Other programs operate under PHSA Section 509.

Example: Pregnant and Postpartum Women

The Pregnant and Postpartum Women program supports residential substance use disorder treatment services for pregnant and postpartum women. The program takes a family-centered approach that includes services for the women's children and other family members. In addition to grants and contracts supporting prevention, treatment, and recovery support services, the program also supports the development and dissemination of curriculum materials to expand the use of the family-centered model beyond the program. SAMHSA funds an ongoing evaluation of the program.

Substance Abuse Prevention PRNS

PHSA Section 516 authorizes the substance abuse prevention PRNS. Both the authorization of appropriations in PHSA Section 516 and the explicit authorizations of appropriations for specific grants and activities categorized as substance abuse prevention PRNS have expired. Since that time, some substance abuse prevention PRNS programs have continued to operate under their general authorities and have continued to receive funding through the annual appropriations process. **Table 4** lists current (FY2016) grants and activities categorized as substance abuse prevention PRNS; additional details (e.g., program descriptions and funding) are available in SAMHSA's FY2017 budget request.[15]

Table 4. Current (FY2016) Substance Abuse Prevention PRNS

Program or Activity	Explicit Authorizations of Appropriations	
	Authorizing Law	Latest Year
Substance Abuse Prevention PRNS General Authority	**PHSA §516**	**FY2003**
Substance Abuse Prevention PRNS Capacity		
Strategic Prevention Framework		

[15] SAMHSA, *Justification of Estimates for Appropriations Committees* for FY2017, available at http://www.hhs.gov/budget.

Program or Activity	Explicit Authorizations of Appropriations	
	Authorizing Law	Latest Year
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths		
Federal Drug-Free Workplace		
Minority AIDS		
Sober Truth on Preventing Underage Drinking Act (Stop Act)	PHSA §519B	FY2010
Tribal Behavioral Health Grants		
Substance Abuse Prevention PRNS Science and Service		
Center for the Application of Prevention Technologies		
Science and Service Program Coordination		

Source: CRS analysis of SAMHSA's FY2017 budget request and the PHSA.

Notes: PHSA Section 516 authorizes the substance abuse prevention PRNS. For individual PRNS programs that have (or had) stand-alone explicit authorizations of appropriations, the stand-alone authority is provided. PRNS = Programs of Regional and National Significance. PHSA = Public Health Service Act. SAMHSA = Substance Abuse and Mental Health Services Administration.

Example: Drug-Free Workplace and National Laboratory Certification

As an example of substance abuse prevention PRNS, SAMHSA provides oversight of the Federal Drug-Free Workplace Program and the related National Laboratory Certification Program. The Federal Drug-Free Workplace Program aims to eliminate illegal drug use (and prescription drug misuse) in executive branch agencies and federally regulated industries by ensuring that employees are tested. The National Laboratory Certification Program inspects and certifies the laboratories that conduct drug tests for executive branch agencies and federally regulated industries. Federally regulated industries include organizations receiving federal grants and organizations with federal contracts of $100,000 or more.[16]

Other Grant Programs

In addition to its block grants and numerous discretionary grants under the PRNS authorities, SAMHSA has three other grant programs: Children's Mental Health Services, Projects for Assistance in Transition from Homelessness (PATH), and Protection and Advocacy for Individuals with Mental Illness (PAIMI).[17]

Children's Mental Health Services

The Children's Mental Health Services program supports services for children and youth with serious emotional disturbance (SED). In recent years, SAMHSA has awarded competitive grants to help states, local governments, tribes, and territories develop and implement systems of care; cooperative agreements to sustain and expand systems of care; and contracts to provide technical assistance and conduct evaluations. The systems of care approach focuses on delivering evidence-based interventions in the least restrictive setting.

[16] Drug-Free Workplace Act of 1988 (P.L. 100-690, Title V, Subtitle D, as amended) (41 U.S.C. §§701 et seq.).

[17] SAMHSA Grant Awards by State are listed at http://www.samhsa.gov/grants-awards-by-state.

PHSA Title V, Part E authorizes the Children's Mental Health Services program.[18] PHSA Section 565 explicitly authorizes appropriations for the program through FY2003. Since that time, the program has continued to operate under its general authorities and has continued to receive funding through the annual appropriations process.[19]

Projects for Assistance in Transition from Homelessness (PATH)

The Projects for Assistance in Transition from Homelessness (PATH) program supports services for people with serious mental illness (including those with co-occurring substance use disorders) who are homeless or at imminent risk of becoming homeless. The PATH program distributes funds to states (including the District of Columbia and specified territories) according to a formula. The states, in turn, make grants to local governments and private non-profit organizations to support mental health and substance abuse treatment, case management, and other services. Up to 20% of the federal payments may be used for housing-related assistance. All services provided using PATH funding must be consistent with (and included in) the state's comprehensive mental health services plan (as required for participation in the mental health block grant).

Each state's allotment is based on its population living in urbanized areas (as a percentage of the total U.S. population living in urbanized areas). A minimum allotment for each state is prescribed in statute (with exceptions for specified territories). States must provide matching funds of at least $1 for every $3 of federal funds.

PHSA Title V, Part C authorizes the Projects for Assistance in Transition from Homelessness (PATH) program.[20] PHSA Section 535 explicitly authorizes appropriations for the PATH program through FY2003. Since that time, the program has continued to operate under its general authorities and has continued to receive funding through the annual appropriations process.

Protection and Advocacy for Individuals with Mental Illness (PAIMI)

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) program supports state-designated protection and advocacy (P&A) systems mandated to protect individuals with mental illness residing in care or treatment facilities from abuse, neglect, and violations of their civil rights. The PAIMI program distributes funds to P&A systems in the states (including the District of Columbia and specified territories) and the American Indian Consortium according to a formula.[21]

Unlike SAMHSA's other formula grants, for which formulae are prescribed in statute, PAIMI's formula is prescribed by the HHS Secretary, subject to statutory requirements. Specifically, it

[18] PHSA Title V, Part E (42 U.S.C. §§290ff-290ff-4).

[19] PHSA §565(f)(1) (42 U.S.C. §290ff-4[f][1]).

[20] PHSA §§521-535 (42 U.S.C. §§290cc-21-290cc-35).

[21] The following entities received PAIMI program grants in FY2015 and FY2016: each of the 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the U.S. Virgin Islands, and the American Indian Consortium. For purposes of the PAIMI program, "State" is defined in statute as each of the 50 states, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the U.S. Virgin Islands, and the "Trust Territory of the Pacific Islands" (42 U.S.C. §10802[7]). In some sections of the PAIMI Act, "Trust Territory of the Pacific Islands" has been replaced by "Marshall Islands, the Federated States of Micronesia, the Republic of Palau" (42 U.S.C. §10822[a][1][B], for example). The HHS Secretary is required to make an allotment to American Indian Consortium (which represents the Navajo and Hopi Tribes in the Four Corners region of the Southwest) if the total amount appropriated for a fiscal year is at least $25 million (42 U.S.C. §10822[a][2][D]).

must be based equally on (1) each state's population and (2) each state's population weighted by per capita income relative to the United States. A minimum allotment for each state is prescribed in statute. Exceptions to components of the formula and minimum allotment calculation are made for specified territories and the American Indian Consortium.[22]

State P&A systems were established under the Developmental Disabilities Assistance Act of 1975.[23] The PAIMI Act of 1986 (as amended) authorizes the formula grant to support P&A systems in serving the mentally ill.[24] Section 10827 of the PAIMI Act explicitly authorizes appropriations for the PAIMI program through FY2003. Since that time, the program has continued to operate under its general authorities and has continued to receive funding through the annual appropriations process.

Data Collection and Related Activities

In addition to the activities described above, SAMHSA collects data and conducts related activities, such as the following:

- *Surveillance and data collection:* for example, the National Survey of Drug Use and Health (NSDUH), an annual household survey of drug use and other health information among the U.S. population aged 12 or older.[25]
- *Statistical and analytic support:* for example, the Substance Abuse and Mental Health Data Archive (SAMHDA), a repository for public access data files that provides public access and online analysis.
- *Performance and quality information systems activities:* for example, the National Registry of Evidence-based Programs and Practices (NREPP), a searchable database of mental health and substance abuse programs supported by research findings.
- *Agency-wide initiatives:* for example, SAMHSA's collaboration with the Health Resources and Services Administration (HRSA) to develop consistent methods of identifying and tracking behavioral health workforce needs.

PHSA Section 505 requires the HHS Secretary, acting through the SAMHSA Administrator, to collect data on various topics; specific requirements include conducting annual surveys and making summaries and analyses available to the public.[26] PHSA Title V includes numerous other references to collecting and disseminating data, embedded within larger programs. Under PHSA Title XIX, both block grant programs also require some data collection and evaluation activities.

SAMHSA's Organizational Structure

SAMHSA is organized in four centers supported by headquarters offices, regional administrators, and advisory councils and committees. SAMHSA estimates that it will support 665 full-time

[22] 42 U.S.C. §10822

[23] P.L. 106-402.

[24] P.L. 99-319 (42 U.S.C. §§10801-10827).

[25] For more information about the NSDUH, see CRS Report R43047, *Prevalence of Mental Illness in the United States: Data Sources and Estimates*.

[26] PHSA §505 (42 U.S.C. §290aa-4).

employee equivalents in FY2016 and FY2017.[27] Most FTEs (more than 500) are attributed to a category in SAMHSA's budget that does not correspond to a specific center or office.[28]

Centers

SAMHSA carries out most of its programs and activities through three statutorily established centers focusing on mental health services, substance abuse treatment, and substance abuse prevention. SAMHSA's fourth center—which is not explicitly established in statute—focuses on activities such as collecting data and providing analytic support.

Center for Mental Health Services (CMHS)

The Center for Mental Health Services (CMHS) has primary responsibility for promoting prevention and treatment of serious mental illness (SMI) among adults and serious emotional disturbance (SED) among children.[29] CMHS is responsible for leading efforts to increase access to mental health services and improve their quality.

PHSA Title V, Part B, Subpart 3 establishes CMHS, lists the Director's duties, and authorizes various programs.[30] The CSAT Director's duties include administering the Community Mental Health Services Block Grant (MHBG),[31] the Projects for Assistance in Transition from Homelessness (PATH) program,[32] and the Protection and Advocacy for Individuals with Mental Illness (PAIMI) program.[33] PHSA Section 561 requires the HHS Secretary, acting through the CMHS Director, to award grants under the Children's Mental Health Services program.[34] Currently all other CMHS programs fall under the category of mental health PRNS.

Center for Substance Abuse Treatment (CSAT)

The Center for Substance Abuse Treatment (CSAT) has primary responsibility for promoting community-based treatment and recovery services for individuals with substance use disorders.[35] CSAT is responsible for leading efforts to increase access and decrease barriers to effective treatment; closing the gap between demand and capacity for treatment; promoting evidence-based practices; and strengthening treatment systems (among other responsibilities).

PHSA Title V, Part B, Subpart 1 establishes CSAT, lists the Director's duties, and authorizes various programs.[36] The CSAT Director's duties include administering the Substance Abuse

[27] HHS, SAMHSA, *Justification of Estimates for Appropriations Committees for FY2017*, p. 341, http://www.hhs.gov/budget.

[28] Ibid.

[29] HHS, SAMHSA, *Center for Mental Health Services*, http://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs.

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

[31] PHSA §520(b)(6) (42 U.S.C. §290bb-31[b][6]).

[32] PHSA §520(b)(8) (42 U.S.C. §290bb-31[b][8]).

[33] PHSA §520(b)(7) (42 U.S.C. §290bb-31[b][7]).

[34] PHSA §561(a)(1) (42 U.S.C. §290ff[a][1]).

[35] HHS, SAMHSA, *Center for Substance Abuse Treatment*, http://www.samhsa.gov/about-us/who-we-are/offices-centers/csat.

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

Prevention and Treatment Block Grant.[37] Currently all of CSAT's other programs and activities fall under the category of substance abuse treatment PRNS.

Center for Substance Abuse Prevention (CSAP)

The Center for Substance Abuse Prevention (CSAP) has primary responsibility for preventing misuse (and underage use) of alcohol, tobacco, prescription drugs, and illegal drugs.[38] CSAP is responsible for leading the development of effective prevention policies, programs, and services, and enabling states, local communities, and organizations to adopt such policies, programs, and services (among other responsibilities).

PHSA Title V, Part B, Subpart 2 establishes CSAP, lists the Director's duties, and authorizes various programs.[39] Currently all of CSAP's programs and activities fall under the category of substance abuse prevention PRNS. CSAP works with CSAT to administer the Substance Abuse Prevention and Treatment Block Grant (SABG), which includes a 20% set-aside for prevention.[40]

Center for Behavioral Health Statistics and Quality (CBHSQ)

The Center for Behavioral Health Statistics and Quality (CBHSQ) has primary responsibility for collecting and analyzing behavioral health statistics. It is one of three units within executive agencies that have statistical work as their principal mission.[41] CBHSQ is responsible for designing and implementing data collection and analysis projects, advising the SAMHSA Administrator and the HHS Secretary on behavioral health statistics, and working with other agencies to develop federal health statistics policy (among other responsibilities).[42]

Unlike SAMHSA's other centers, CBHSQ is not explicitly established in statute; however, some of its activities are explicitly authorized (albeit without explicit authorizations of appropriations). For example, PHSA Section 505 requires the HHS Secretary, acting through the SAMHSA Administrator, to collect specified data relevant to mental illness and substance abuse.[43]

CBHSQ's data collection programs include the National Survey on Drug Use and Health (NSDUH) and the Behavioral Health Services Information System (BHSIS), among others.[44] CBHSQ maintains a data archive and conducts research on behavioral health access, cost, quality, outcomes, policy, and practices.[45] CBHSQ also maintains the National Registry of Evidence-

[37] PHSA §507(b)(1) (42 U.S.C. §290bb[b][1]).

[38] HHS, SAMHSA, *Center for Substance Abuse Prevention*, http://www.samhsa.gov/about-us/who-we-are/offices-centers/csap.

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

[40] According to HHS, SAMHSA, *Justification of Estimates for Appropriations Committees for FY2017*, "SABG funds are ... administered by SAMHSA's Centers for Substance Abuse Treatment (CSAT) and Substance Abuse Prevention (CSAP)" (p. 256). The 20% prevention set-aside is at PHSA §1922(a)(1) (42 U.S.C. §300x-22[a][1]).

[41] For a list of the three statistical units and 13 principal statistical agencies, see Executive Office of the President, Office of Management and Budget, *Principal Statistical Agencies and Recognized Units*, https://www.whitehouse.gov/omb/inforeg_statpolicy/bb-principal-statistical-agencies-recognized-units.

[42] HHS, SAMHSA, *Center for Behavioral Health Statistics and Quality*, http://www.samhsa.gov/about-us/who-we-are/offices-centers/cbhsq.

[43] PHSA §505 (42 U.S.C. §290aa-4).

[44] HHS, SAMHSA, *Justification of Estimates for Appropriations Committees for FY2017*, http://www.hhs.gov/budget.

[45] Ibid.

based Programs and Practices (NREPP).[46] CBHSQ is responsible for agency-wide initiatives such as efforts to develop the behavioral health workforce.[47]

Headquarters Offices

Key offices within SAMHSA's headquarters are described briefly below.[48]

The *Office of the Administrator* is responsible for managing and directing the agency, leading policy and program development, and working with the Office of the Secretary in HHS (among other responsibilities).

The *Office of Policy, Planning, and Innovation* is responsible for determining the approach to identify and adopt policies and practices that improve outcomes of behavioral health services; collaborating with other agencies to facilitate adoption of data-driven policies and practices; and responding to requests under the Freedom of Information Act (among other responsibilities).

The *Office of Behavioral Health Equity* is responsible for coordinating SAMHSA's efforts to ensure equitable access to high-quality behavioral health care and to reduce disparities in health outcomes; strategically focusing investments in underserved populations; and supporting behavioral health workforce development (among other responsibilities).

The *Office of Tribal Affairs and Policy* is responsible for supporting agency efforts to implement the Tribal Law and Order Act of 2010 (Title II of P.L. 111-211) and working on behavioral health issues affecting tribal communities in collaboration with tribal governments, tribal organizations, other SAMHSA offices and centers, and other federal agencies (among other responsibilities).

The *Office of Communications* is responsible for guiding the agency's strategic communications plan, managing its online presence, interacting with the media, and consulting with other centers and offices on outreach and engagement strategies (among other responsibilities).

The *Office of Financial Resources* is responsible for all functions of the Chief Financial Officer, including advising the SAMHSA Administrator on alignment between legislation, agency policies, and the agency's budget, financial management, and program priorities; providing the financial, cost, and performance information necessary to manage programs; reducing waste, fraud, and abuse; and improving asset management (among other responsibilities).

The *Office of Management, Technology, and Operations* is responsible for administrative services, human resources management, and information technology (among other responsibilities).

Regional Administrators

HHS has 10 regional offices to ensure that "the Department maintains close contact with state, local, and tribal partners and addresses the needs of communities and individuals served through HHS programs and policies."[49] SAMHSA's regional administrators represent SAMHSA within their regions; promote behavioral health initiatives; collaborate with other federal agencies;

[46] Ibid.

[47] Ibid.

[48] Unless otherwise noted, information in this section is drawn from HHS, SAMHSA, *Offices and Centers: SAMHSA Headquarters Offices*, http://www.samhsa.gov/about-us/who-we-are/offices-centers.

[49] HHS, *Regional Offices*, http://www.hhs.gov/about/agencies/regional-offices/.

provide support (e.g., technical assistance) to stakeholders; and periodically report on relevant trends, issues, and policies.[50]

Advisory Councils and Committees

To help draw advice from mental health and substance abuse professionals and members of the public, SAMHSA has several advisory councils and committees:[51]

- SAMHSA National Advisory Council
- CMHS National Advisory Council
- CSAT National Advisory Council
- CSAP National Advisory Council
- Drug Testing Advisory Board
- Advisory Committee for Women's Services
- Tribal Technical Advisory Committee

PHSA Sections 501 and 222 (respectively) require the SAMHSA Administrator to "establish such peer review groups and program advisory committees as are needed"[52] and allow the HHS Secretary to "appoint such advisory councils or committees ... as [she] deems desirable ... for the purpose of advising [her] in connection with any of [her] functions."[53]

Some of the advisory councils and committees are explicitly required in statute. PHSA Section 502 requires the HHS Secretary to appoint an advisory council for SAMHSA and each of its three statutorily established centers (CMHS, CSAT, and CSAP).[54] PHSA Section 501 requires the SAMHSA Administrator to appoint an Associate Administrator for Women's Services, who must establish an Advisory Committee for Women's Services.[55]

HHS has a Tribal Consultation Policy, under which each division within HHS (including SAMHSA) must have "an accountable consultation process to ensure meaningful and timely input by Tribal officials in the development of policies that have Tribal implications" (among other requirements).[56] SAMHSA's Tribal Technical Advisory Committee is also consistent with a 2000 executive order[57] and a 2004 presidential memorandum.[58]

[50] HHS, SAMHSA, *SAMHSA Regional Administrators*, http://www.samhsa.gov/about-us/who-we-are/regional-administrators.

[51] SAMHSA, *Advisory Councils*, http://www.samhsa.gov/about-us/advisory-councils.

[52] PHSA §501(h) (42 U.S.C. §290aa[h]).

[53] PHSA §222 (42 U.S.C. §217a).

[54] PHSA §502 (42 U.S.C. §290aa-1).

[55] PHSA §501(f)(2)(C) (42 U.S.C. §290aa[f][2][C]).

[56] HHS, *Tribal Consultation*, http://www.hhs.gov/about/agencies/iea/tribal-affairs/consultation/index.html.

[57] Executive Order 13175, "Consultation and Coordination with Indian Tribal Governments," *Public Papers of the Presidents of the United States: William J. Clinton* (Washington: GPO, 2000).

[58] U.S. President (G.W. Bush), "Memorandum on Government-to-Government Relationship with Tribal Governments," September 23, 2004.

Appendix. Budget Overview

SAMHSA's budget and appropriations fall under four categories: (1) mental health, (2) substance abuse treatment, (3) substance abuse prevention, and (4) health surveillance and program support. The first three of these categories correspond to SAMHSA's three statutorily established centers; however, the fourth category does not correspond to the remaining center. CBHSQ ($120 million in FY2016) does not appear as a line item in SAMHSA's budget; it is funded by a set-aside in the SABG, a portion of the appropriation for health surveillance and program support, transfers from the PHS Evaluation Tap (described below), and transfers from the Prevention and Public Health Fund (described below).[59]

The following is excerpted from CRS Report R44375, *SAMHSA FY2017 Budget Request and Funding History: A Fact Sheet*.

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.[60] 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.[61]

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.[62] PPHF funds are to be transferred by the HHS Secretary for prevention, wellness, and public health activities.[63] PPHF funds are available to the

[59] SAMHSA *Justification of Estimates for Appropriations Committees* for FY2017, pp. 293-294.

[60] 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.

[61] See the "Public Health Service Evaluation Tap" section in CRS Report R44287, *Labor, Health and Human Services, and Education: FY2016 Appropriations*.

[62] 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).

[63] 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*, (continued...)

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.[64]

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 A-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. 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 A-1. 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
PHS Evaluation Funds (non-add)	*(21)*	*(21)*	*(21)*	*(21)*
Programs of Regional and National Significance	377	371	407	406
PHS Evaluation Funds (non-add)	—	—	—	*(10)*
PPHF Transfer (non-add)	*(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
PHS Evaluation Funds (non-add)	*(79)*	*(79)*	*(79)*	*(79)*
Programs of Regional and National Significance	361	361	334	343
PHS Evaluation Funds (non-add)	*(2)*	*(2)*	*(2)*	*(30)*
PPHF Transfer (non-add)	*(50)*	—	—	—
Monitoring & Evaluation of MAT Outcomes (mandatory, non-add)	—	—	—	*(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

(...continued)

GAO-13-49, December 6, 2012, http://gao.gov/products/GAO-13-49.

[64] SAMHSA *Justification of Estimates for Appropriations Committees* for FY2017, pp. 311-317.

Program or Activity	FY2014	FY2015	FY2016[a]	FY2017 Request
PHS Evaluation Funds (non-add)	—	—	—	*(16)*
Health Surveillance and Program Support	**193**	**159**	**169**	**175**
Health Surveillance and Program Support[b]	191	157	168	174
PHS Evaluation Funds (non-add)	*(30)*	*(31)*	*(31)*	*(57)*
PPHF Transfer (non-add)	—	—	—	*(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.

Author Contact Information

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