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

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Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) supports the nation's prevention and treatment services for substance abuse and mental health illnesses. The agency was established in 1992 by the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321). SAMHSA administers two block grant programs. The substance abuse block grant provides funding to states for alcohol and drug abuse prevention, treatment, and rehabilitation programs, and the mental health block grant helps fund community-based mental health services. Through its discretionary grant programs, SAMHSA provides funding to communities to address emerging drug abuse problems, as well as supporting the development, testing, and adoption of more effective and efficient ways of delivering substance abuse and mental health services. The agency also funds children's mental health programs, services to mentally ill homeless persons, and programs that help ensure the rights of mentally ill individuals. SAMHSA received funding of $2.652 billion in FY2000. For FY2001, the President requested $2.823 billion, the House-passed bill (H.R. 4577) provided $2.728 billion, and the Senate-passed bill (S. 2553) provided $2.731 billion. This report will be updated as needed in order to track SAMHSA's appropriations.

Background

The Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services (HHS) is the federal agency with primary responsibility for supporting substance abuse and mental health prevention and treatment services. To fulfill its mission of improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services, SAMHSA has developed a four-part strategy. First, it helps to support and maintain existing state services through its block grants and other formula grant programs. Second, the agency provides discretionary grants to help communities address emerging drug abuse problems through its Targeted Capacity Expansion (TCE) program. Third, the Knowledge Development and Application (KDA) discretionary grants program supports the development and testing of new and innovative approaches to delivering substance abuse and mental health services.

Finally, SAMHSA provides accountability and measures the performance of its programs through data collection.

Substance Abuse and Mental Illness in the United States

In the 1998 National Household Survey on Drug Abuse, 13.6 million Americans reported using illicit drugs within the past month. The economic costs of drug and alcohol abuse, which include medical care, drug addiction prevention and treatment, drug-related crime, and lost productivity, are estimated to be $276 billion annually. The 1999 Surgeon General's report on mental health reported that about 40 million adults have a diagnosable mental disorder in any given year, of which about 5.5 million have a severe and persistent mental illness (e.g., schizophrenia). Treatment and rehabilitation costs of mental illness totaled an estimated $69 billion in 1996.

Between 1974 and 1992, federal substance abuse and mental health research and services delivery were combined in one agency, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). ADAMHA consisted of three research institutes—the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health—and two service offices, which administered the Alcohol, Drug Abuse, and Mental Health Services (ADMS) block grant. The 1992 ADAMHA Reorganization Act (P.L. 102-321) transferred the agency's three research institutes to the National Institutes of Health (NIH), reconfigured its service components, replaced the ADMS block grant with two block grants (one for substance abuse prevention and treatment and the other for mental health services), and changed the agency's name to SAMHSA.

SAMHSA Organization and Grants Programs

SAMHSA is organized into three centers: the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT).[1] The agency's grant programs are briefly described below. SAMHSA appropriations information is provided in the **table** on page 6.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant. The SAPT block grant (PHS Act, Sections 1921–1935), administered by CSAT, is the cornerstone of states' substance abuse programs and accounts for about 40% of the total public funds spent on drug abuse prevention and treatment. States are allocated SAPT funds based on a formula in statute, which has three components: (i) state population estimates, (ii) state total taxable resources, and (iii) cost of providing services.[2] By law,

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[1] SAMHSA's Office of the Administrator includes offices that coordinate the agency's efforts in managed care, AIDS (acquired immune deficiency syndrome), and women's services. The agency also has Associate Administrators for Minority Concerns, and Alcohol Prevention and Treatment Policy. The Office of Applied Studies collects, analyzes, and disseminates substance abuse and mental health statistics.

[2] The formula combines the population of the state, weighted by age cohort, and the cost of providing services offset by the state's ability to pay for those services with their own taxable resources.

SAMHSA must update the cost of services index every 3 years and update the other two factors annually. Under the FY2000 Labor/HHS Appropriations Act (P.L. 106-113), each state's allotment for FY2000 was maintained at the same level as provided in FY1999.

Within federal guidelines, states have broad discretion on how they distribute and use SAPT block grant funds. They are required to spend at least 35% of their grant on alcohol abuse prevention and treatment, at least 35% on drug abuse prevention and treatment, and at least 20% to provide primary prevention and education services for at-risk populations. States are also required by law to set aside a portion of SAPT block grant funds to furnish treatment services to pregnant and postpartum women and their children, and to provide tuberculosis testing and treatment.[3] States with more than 10 AIDS cases per 100,000 persons must set aside at least 2% of their SAPT funds for HIV (human immunodeficiency virus)/AIDS outpatient testing, counseling, and treatment.

States may not use SAPT block grant funds to provide inpatient services, except when medically necessary, and when such services cannot be provided in the community. In addition, SAPT funds may not be used for construction of new facilities, major renovation of existing facilities, or to provide financial assistance to any entity other than a public or nonprofit private entity. No more than 5% of grant funds may be used for administration. To receive their full block grant allocation, states must enforce laws that prohibit the sale of tobacco to individuals under age 18.[4] Finally, states are required to maintain a level of spending on substance abuse prevention and treatment programs at least as high as the average spending for the 2 years preceding any given year.

The SAPT block grant includes a 5% set-aside for the Secretary to support data collection, program evaluation, and technical assistance to the states. The set-aside funds three major surveys required by the Public Health Services Act: the National Household Survey on Drug Abuse (NHSDA) is the primary source of national data on the incidence and prevalence of substance abuse in the general, non-institutionalized population; the Drug Abuse Warning Network (DAWN) tracks emergency room admissions related to drug abuse; and the Drug and Alcohol Services Information System (DASIS) collects information on treatment services and the characteristics of individuals admitted for treatment. The set-aside also supports the Services Research Outcome Study, a national survey that uses patient outcome measures to assess treatment effectiveness.

The Community Mental Health Services (CMHS) Block Grant. The mental health block grant (PHS Act, Sections 1911–1920), administered by CMHS, supports community-based mental health services for adults with serious mental illnesses and children with severe emotional disorders. The goal of the CMHS block grant program is to move mentally ill adults and emotionally disturbed children out of costly and restrictive inpatient hospital care and into community-based treatment and care programs. States may use their CMHS funds to help support a variety of community-based mental health

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[3] States must ensure that treatment facilities receiving SAPT block grant funds give preference to pregnant women seeking treatment.

[4] Under the Synar Amendment, states are required to conduct random, unannounced inspections of retail establishments to ensure compliance with their laws prohibiting the sale of tobacco products to minors. States must establish and have SAMHSA approve a strategy and time frame for achieving an inspection failure rate or no more than 20% of retail outlets accessible to youth.

services for adults and children, including treatment, rehabilitation, school-based services, peer support, family support and respite services, case management, services to the homeless, and other individualized supportive services. State and local governments provide most of the public funding for community-based mental health services. The CMHS block grant accounts for 12–15% of total public funding in this area.

CMHS block grant funds are allocated to states under a statutory formula that uses the same factors as those used to calculate the SAPT block grant distribution. In FY2000, Congress increased funding for the CMHS block grant by 23% (see **table** on page 6).

Services offered under the CMHS block grant are provided through community mental health centers, child mental health programs, psychosocial rehabilitation programs, and mental health peer support programs. Community-based centers receiving CMHS funds must deliver outpatient services within defined geographic areas, offer 24-hour emergency care services, and provide screening for admission to state mental health facilities. Centers that receive funding must also offer their services regardless of the recipient's ability to pay. In order to receive its block grant funding, each state is required to submit an annual plan for providing community-based mental health services to adults and children in need. The plan must be reviewed by a State Mental Health Planning Council, composed of citizens who have either delivered or received mental health services. The council serves as an advocate for adults with mental illnesses, children with emotional disturbances, and others.

States are required to spend at least as much as they spent in FY1994 on services for children, and maintain an overall level of spending on mental health programs at least as high as the average spending for the 2 years preceding any particular year. The CMHS block grant has a 5% set-aside for national data collection and evaluation, and to support technical assistance to the states.

Knowledge Development and Application (KDA) Grants. The KDA program is SAMHSA's primary discretionary grant program. It replaced the agency's Center-specific demonstration grant programs in FY1996. KDA grants help bridge the gap between knowledge and practice by enabling service providers to apply new NIH research findings to real-life settings. The goals of the program are to support the development and testing of more effective and efficient ways of delivering substance abuse and mental health services, disseminate information on those systems shown to be most effective, and promote the adoption of best practices nationwide.

All three Centers fund KDA grants. KDA topics are determined based on assessments of research and needs in the field, input from drug abuse and mental health experts, providers, and clinicians, and congressional mandates. For example, CMHS' ACCESS KDA program has shown that greater integration and coordination of community services (e.g., housing assistance, medical care, income support, mental health services, and substance abuse treatment) helps homeless adults with severe mental illness, and often co-occurring chemical dependencies, get off the streets and into stable housing. Knowledge developments grants are helping states and communities across the country to implement programs for the homeless based on the ACCESS findings.

Targeted Capacity Expansion (TCE) Grants. In FY1998, CSAT and CSAP initiated the TCE program, which provides discretionary grants to local communities to

help them mount a rapid response to emerging drug problems. Fewer than 2 million of the more than 5 million persons who abuse alcohol and drugs can be served through the capacity of existing publicly funded local treatment programs.

Children's Mental Health Services Program. Established in FY1992 (PHS Act, Section 561), the Comprehensive Community Mental Health Services for Children and their Families program encourages the development of intensive community-based services for children and adolescents with serious emotional, behavioral, or mental disorders by providing discretionary grants to build on existing service infrastructure. Over the course of a 5-year award, grantees must develop sources of non-federal matching contributions—increasing from $1 for each $3 of federal funds in the first year to $2 for each $1 of federal funds in the final year—with the expectation that the program will continue after federal funding ends. Service systems supported by the program must provide diagnosis and evaluation; outpatient, emergency, intensive home-based, and day-treatment services; therapeutic foster care and group home services; transitional and case management services; and respite care. Family involvement is required in the development of local services and treatment plans.

Protection and Advocacy (P&A) Program. Congress enacted the Protection and Advocacy Program for Mentally Ill Individuals (PAMII) Act (P.L. 99-319) to protect the rights of mental health patients in public and private residential care and treatment facilities, and to provide a way to investigate alleged incidents of abuse or neglect. The PAMII Act authorized a formula grant program to the states and territories, administered by CMHS, to support the creation and operation of P&A programs in each jurisdiction.

Projects for Assistance in Transition from Homelessness (PATH). The PATH formula grant program (PHS Act, Section 521), established in FY1991, provides funds to the states and territories to support services for individuals with serious mental illness (and those with co-occurring substance abuse disorders) who are homeless or are at risk of becoming homeless. Funded services include outreach, screening and diagnosis, habilitation and rehabilitation services, community mental health services, alcohol or drug treatment (for people with mental illness and co-occurring chemical dependencies), staff training, case management, supportive and supervisory services in residential settings, and referral for primary health services, job training, and education. States have considerable flexibility in designing programs to meet the specific needs of their mentally ill homeless populations. PATH requires matching funds of $1 for every $3 of federal funds.

Additional Information. More information about SAMHSA's grant programs and activities, as well as publications and statistics on mental health and substance abuse issues, is available on the agency's web site at [http://www.samhsa.gov]. CMHS maintains an information clearinghouse, the Knowledge Exchange Network, which is also online at [http://www.mentalhealth.org]. CSAP sponsors the National Clearinghouse for Alcohol and Drug Information (NCADI), available at [http://www.health.org].

Table 1. SAMHSA Appropriations, FY1996–FY2001

($ in millions)

	FY1996 Actual	FY1997 Actual	FY1998 Actual	FY1999 Actual	FY2000 Actual	FY2001 Request[a]	FY2001 House[b]	FY2001 Senate[c]
Mental Health								
—-Block Grant	275.4	275.4	275.4	288.8	356.0	416.0	416.0	366.0
—-KDA	38.0	58.0	58.0	96.4	136.9	166.9[d]	132.7	146.9
—-Children's Services	59.9	69.9	72.9	78.0	82.8	86.8	86.8	86.8
—-PATH	20.0	20.0	23.0	26.0	30.9	35.9	30.9	36.9
—-Protection & Advocacy	19.9	22.0	22.0	23.0	24.9	25.9	24.9	25.9
Substance Abuse								
—-Block Grant	1,234.0	1,310.1[e]	1,310.1[e]	1,585.0	1,600.0	1631.0	1631.0	1,631.0
—-Prevention KDA	92.0	155.9	84.3	77.6	59.5	50.0	132.7[f]	40.5
—-Prevention TCE	—	—	66.7	78.2	80.3	85.2		80.3
—-Treatment KDA	89.8	155.9	131.1	115.3	100.3	95.3	213.7[g]	125.3
—-Treatment TCE	—	—	24.7	55.1	114.3	163.2		124.3
—-High Risk Youth	—	—	6.0	7.0	7.0	7.0	0.0	7.0
Program management	56.2	55.3	55.4	56.5	59.1	59.9	58.9	59.9
TOTAL	1,885.3	2,122.4	2,147.6[h]	2,486.8	2,651.9[i]	2,823.0	2,727.6	2,730.8

Source: SAMHSA budget office. Totals may not add due to rounding.

[a] President's FY2001 budget.
[b] House Report 106-645 on H.R. 4577. Passed House on June 14, 2000.
[c] Senate Report 106-293 on S. 2553. Passed Senate on June 30, 2000.
[d] Includes a request for $30 million for mental health TCE grants.
[e] Does not include an additional $50 million provided by the Contract with American Advancement Act of 1996 (P.L. 104-121).
[f] Includes funding for prevention KDA grants and TCE grants.
[g] Includes funding for treatment KDA grants and TCE grants.
[h] Includes an additional $18 million (not itemized in table) for data collection, provided by the FY1998 Labor/HHS/Education Appropriations Act (P.L. 105-78).
[i] Reflects recission mandated by the FY2000 Consolidated Appropriations Act (P.L. 106-113).