SAMHSA – At a Glance

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. SAMHSA is the only HHS operating division that is focused on a specific set of conditions as opposed to a function or population group.

Behavioral health conditions and the behavioral health field have historically been financed, authorized, structured, researched, and regulated differently than other health conditions. SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. SAMHSA’s work is guided by scientific research and evidence-based practices developed by this research. SAMHSA’s role is to innovate and test new service delivery approaches, as well as help states, tribes, territories and communities build the infrastructure and understanding necessary to adopt, adapt, and implement proven service delivery models.

SAMHSA recognizes that behavioral health and physical health are intrinsically related and interdependent; and that comprehensive, person-centered, family and community-based approaches to health are essential to the nation’s well-being. SAMHSA provides leadership and devotes its resources, including programs, policies, information and data, contracts and grants, to help America’s states and communities act on the knowledge that:

- Behavioral health is essential to health;
- Prevention works;
- Treatment is effective; and
- People recover from mental and substance use disorders

$3.6 billion (see page 5) – SAMHSA’s annual budget is divided among four appropriations roughly corresponding to the four Centers. SAMHSA’s budget is complex, including large block grants for all states and territories to small grant programs to test or support specific innovations. As you will see, the block grants make up a large majority of SAMHSA’s budget, somewhat limiting the agency’s flexibility.

655 FTEs – Over half of whom have post-graduate degrees representing a variety of specializations, from medical and psychology degrees, to social workers, juris doctors, accountants, forensic specialists, communications and business managers, all of which advance SAMHSA’s mission. These FTEs are joined by more than 100 contracted specialists for a variety of functions necessary to manage the operations and programs of the agency.

Centers

Center for Behavioral Health Statistics and Quality (CBHSQ) is the federal government’s lead agency for behavioral health statistics, as designated by the Office of Management and Budget, and provides surveillance, data analysis, and data reporting for government and the public, as well as leading and collaborating on behavioral health evaluation efforts within SAMHSA and across HHS.

Center for Mental Health Services (CMHS) leads federal efforts to promote the prevention and treatment of mental disorders, as well as recovery supports for those who experience them.
Congress created CMHS to bring new hope to adults who have serious mental illness and children with emotional disorders.

**Center for Substance Abuse Prevention (CSAP)** improves behavioral health throughout the nation using evidence-based substance abuse prevention approaches, while coordinating prevention efforts throughout the agency and collaborating with national prevention and health promotion leaders. CSAP also administers the Congressionally mandated **Office of Indian Alcohol and Substance Abuse (OIASA)**.

**Center for Substance Abuse Treatment (CSAT)** promotes community-based substance abuse treatment and recovery services for individuals and families in America’s communities. CSAT provides national leadership to improve access, reduce barriers, and promote high quality, effective treatment and recovery services.

**Offices**

**Office of the Administrator** – Pamela S. Hyde, J.D. is the Presidential appointee, Senate confirmed, Administrator of SAMHSA. She is supported by Principal Deputy Administrator, Kana Enomoto, and manages four centers and four offices that provide national leadership for quality behavioral health information, activities, and services. SAMHSA also has 10 Regional Administrators, one in each of the 10 HHS regional offices, who work to advance SAMHSA’s mission.

**Office of Policy, Planning, and Innovation (OPPI)** helps to advance SAMHSA’s mission, activities and priorities as directed by the Administrator. OPPI provides leadership for an integrated and structured approach to the identification, development, and adoption of policies and innovative practices that improve behavioral health outcomes. OPPI provides regional leadership through the ten SAMHSA Regional Administrators and also provides liaison with national and international entities, manages SAMHSA’s Executive Secretary function, leads SAMHSA’s legislative and regulatory efforts, and provides clinical and programmatic leadership for cross-cutting issues. OPPI also supports the congressionally mandated **Office of Behavioral Health Equity (OBHE)**.

**Office of Communication (OC)** is responsible for building public awareness about behavioral health and the services SAMHSA provides to reduce the impact of substance abuse and mental illness on America's communities. Through the Office of Communications, SAMHSA builds partnerships with the media and responds to media inquiries, creates and disseminates SAMHSA products through the SAMHSA Store, consults and partners with other SAMHSA Centers and Offices on outreach and engagement strategies, guides SAMHSA’s strategic communications plan, maintains an engaging social media presence, and manages SAMHSA’s web site **Office of Financial Resources (OFR)** leads and implements budget formulation, execution and program integrity activities, as well as manages grants and contracts procurement and administration for SAMHSA, all in line with SAMHSA priorities and strategic initiatives.

**Office of Management, Technology, and Operations (OMTO)** oversees and supports SAMHSA operational needs, including human resources, facilities management, information technology, and other business activities.
SAMHSA Roles and Responsibilities

**Voice** – SAMHSA is the federal agency leading public health efforts to advance the behavioral health of the nation. As such, SAMHSA works in coordination with most other HHS agencies and many other federal agencies on behavioral health policies, programs, and data for the nation.

**Mental Health and Substance Abuse Data** – SAMHSA provides decision makers, researchers and the general public with enhanced information about the extent of substance abuse, addiction, and mental illness, how systems of care are organized and financed, when and how to seek help, and about effective models of care, including the outcomes of treatment engagement and recovery. SAMHSA also helps set measures for the National Behavioral Health Quality Framework, part of the National Quality Framework required by the Affordable Care Act.

**Practice Improvement** – SAMHSA supports innovation and practice improvement by testing and disseminating key evidence-based mental health and substance abuse services and by providing extensive training and technical assistance including materials, conferences, expert panels, discussion opportunities, internships and fellowships.

**Public Education and Awareness** – SAMHSA supports public awareness campaigns, produces and distributes public education materials, releases data from its surveillance and data collection efforts, and increasingly uses digital and social media to help disseminate information to the public and the field, including information about mental and substance use disorders and services as well as where to find help.

**Regulations and Standards Setting** – SAMHSA protects and promotes behavioral health through regulations and standard setting, including regulating opioid treatment programs, protection of individuals’ substance abuse treatment records, and workplace drug testing guidelines. SAMHSA also identifies and disseminates best practices as the standard for the field.

**Purposeful Grant-Making** – SAMHSA funds behavioral health prevention, treatment, and recovery services and infrastructure to test, demonstrate, and take to scale best practices throughout the nation.

**Program and Activity Highlights**

SAMHSA participates in or leads many activities not usually identified specifically with SAMHSA. Examples include, but are not limited to:

**Behavioral Health Coordinating Council (BHCC)** – SAMHSA, along with the Assistant Secretary for Health, serves as the co-chair of this coordinating body. The BHCC’s chief goals are to share information about the various mental health and substance abuse projects and programs that HHS Operating Divisions and Staff Divisions are managing and leading, as well as ensure that all behavioral health issues are being handled collaboratively and without duplication of effort across the department.
Trauma – SAMHSA has been a leader in addressing trauma and trauma-informed care for adults and children for two decades. SAMHSA supports a national network of grantees on childhood trauma, as well as national centers on adult and child trauma. SAMHSA staff work closely with ACF, ASFR and CMS on child trauma services and supports, and increasingly works across the federal government to create trauma-informed service systems. SAMHSA will soon be releasing a white paper on trauma-informed care.

Disaster Preparedness and Response – SAMHSA has become an increasingly critical partner to ASPR and FEMA in preparing communities for and responding to the behavioral health needs arising from natural or man-made disasters and tragedies. SAMHSA administers the Crisis Counseling Program for FEMA and supports a National Disaster Technical Assistance Center (DTAC). SAMHSA also operates a 24/7 Disaster Distress Helpline that is available immediately for any community experiencing a disaster or tragedy.

Workplace Drug Testing Guidelines – SAMHSA develops and promulgates the guidelines utilized by DOT, DoD, and other major federal and private employers required to do applicant or employee drug testing, especially for security and safety sensitive positions. These guidelines affect about 75 million Americans nationwide.

Persons with Serious Mental Illness (SMI) – SAMHSA has a significant focus on this population with about 80 percent of its mental health funding going for services and supports for child, youth and adults with the most serious disorders. Most of the services and treatment for these populations are paid for by Medicaid, Medicare or private insurance, as well as by state and local dollars. As a consequence, SAMHSA works with CMS and other payers as well as with NIMH to assure policies and practices support the best practices possible.

PEPFAR – While SAMHSA is primarily a domestic agency, it has a significant role in HIV/AIDS and PEPFAR activities here and abroad. HIV/AIDS programming is conducted out of all three of SAMHSA’s programmatic centers and SAMHSA receives PEPFAR funding to support an office in Vietnam to assist that country’s substance abuse prevention and treatment efforts. A requested proposal to expand SAMHSA presence in regions throughout the world using PEPFAR funding is pending with the Office of Global Affairs and the U.S. State Department.

Criminal Justice – SAMHSA does significant work directly and with the U.S. Department of Justice on mental health and drug courts, and on juvenile justice diversion and services. SAMHSA serves on the DOJ Juvenile Justice Coordinating Council and supports the Secretary on the DOJ Re-Entry Council.

Opioid Treatment Programs – SAMHSA sets the regulations governing opioid treatment programs nationwide, specifically those that dispense methadone for opioid treatment. SAMHSA also works with DEA on buprenorphine waivers for physician prescribers.

Military Service Members, Veterans and Their Families – SAMHSA represents HHS on most White House initiatives focusing on this population due to the high prevalence and risk of mental health and substance use issues. SAMHSA has held multiple policy academies working with 46 states and the District of Columbia. The SAMHSA Administrator represents the
Secretary on the Interagency Task Force (TF) working with the White House on the President’s Executive Order about these populations’ mental health, working closely with HRSA and NIMH.

**Health Information Technology (HIT) and Privacy** – Because of unique circumstances and distinct laws protecting substance use disorder treatment date from release without specific consent (even beyond HIPAA), behavioral health providers have not received the same kind of financial incentives and struggle to be included in electronic health records (EHRs) adoption and uptake. SAMHSA has worked extensively with ONC to develop standards and data segmentation approaches in HIT, and is working with the HHS Chief Technology Officer and CMS to develop a revision to the 20+ year old SAMHSA regulations implementing the unique federal laws about substance use disorder treatment data.

**Lesbian, Gay, Bisexual and Transgender (LBGT)** – SAMHSA is a prominent element of the HHS plan to address LGBT issues, focusing on data, mental health and substance abuse needs, practice standards, especially to work with young people and their parents since family rejection or acceptance has a major influence on LGBT health.

**Underage Drinking** – The SAMHSA Administrator represents the Secretary as Chair of the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD). This Congressionally mandated committee coordinates efforts across multiple federal agencies and produces a Congressional report that is used extensively by the prevention field.

**Housing/Homelessness** – SAMHSA has significant investment in services for persons with mental illness and/or substance abuse who are homeless. Working with US Interagency Council on Homelessness (USICH), ASPE, CMS and HUD, SAMHSA provides grants to support programs utilizing mainstream services such as Medicaid and housing vouchers, to provide infrastructure and behavioral health services, especially focusing on those who are chronically homeless or who are veterans but not eligible for other veterans programs. SAMHSA also funds some programs for homeless youth and families with behavioral health needs.

**SAMHSA Budget at a Glance for FY2014**

<table>
<thead>
<tr>
<th>SAMHSA Total: $3.622 Billion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Programs and Functions</strong></td>
</tr>
<tr>
<td>- HIV/AIDS</td>
</tr>
<tr>
<td>- Now is the Time (NITT)</td>
</tr>
<tr>
<td>- Children’s Mental Health Initiative</td>
</tr>
<tr>
<td>- Trauma</td>
</tr>
<tr>
<td>- Criminal and Juvenile Justice</td>
</tr>
<tr>
<td>- Primary and Behavioral Health Care Integration (PBHCI)</td>
</tr>
<tr>
<td>- Screening, Brief Intervention, Referral to Treatment (SBIRT)</td>
</tr>
<tr>
<td>- Suicide Prevention</td>
</tr>
<tr>
<td>- Substance Abuse Prevention</td>
</tr>
<tr>
<td>- Consumer and Family Support</td>
</tr>
<tr>
<td>- Protection and Advocacy for Individuals w/ Mental Illness (PAIMI)</td>
</tr>
<tr>
<td>- Data and Surveillance</td>
</tr>
<tr>
<td>- Technical Assistance</td>
</tr>
</tbody>
</table>