Access to substance use and mental health services is key to improving Americans’ health. The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead agency providing targeted funding for states to implement proven and effective services for individuals with substance use or mental health conditions. These programs reduce expensive hospitalizations, emergency department usage, and involvement with the criminal justice system.

Likewise, federal investments in basic scientific and clinical research through the National Institutes of Health drive innovation in treatment for addiction and mental health. These scientific advances and the development of improved treatments and supports have shown that mental health and substance use disorders can be prevented and treated effectively, helping millions of Americans get back on their feet and regain their health.

In light of the nation’s opioid crisis and the nearly 90 percent addiction treatment gap, there have been a number of proposals made in Congress and by the Obama administration to expand funding for addiction care. In the FY 2017 appropriations cycle, the National Council and Hill Day partners support the strongest possible funding of substance prevention and addiction treatment and recovery services through the various below-discussed mechanisms.

WHY DO WE NEED INCREASED INVESTMENTS IN SUBSTANCE USE AND MENTAL HEALTH PROGRAMS AND RESEARCH?

This past fall, Congress and President Obama agreed to set aside the strict caps on discretionary spending that were put in place by the 2011 Budget Control Act (BCA), removing the threat of an across-the-board “sequester” for FY 2016 and FY 2017. The two-year agreement also allowed for $80 billion in additional spending across defense and non-defense discretionary (NDD) above the rigid BCA caps. For FY 2017, only $15 billion will be available across all NDD programs – including substance use and mental health programs and research.

For FY 2016, as part of the two-year agreement, Congress was able to make targeted increases of more than $500 million to various programs supporting substance use and mental health programs and research. It is imperative that Congress continue to support these critical investments in FY 2017. Further cuts in the 2017 funding levels for these programs would jeopardize the health research, treatment programs, and supportive services that play a crucial role both in keeping Americans healthy and in reducing the spillover costs of uncoordinated care and untreated mental health and substance use conditions.

The National Council and Hill Day partners urge lawmakers to support funding of the following:

- **Investing in Whole Health, Containing Costs**

  - Support funding for the mental health and substance use priorities outlined here.
COMPREHENSIVE ADDICTION AND RECOVERY ACT (CARA), S. 524/ H.R. 953

Fatal drug overdose is a leading cause of accidental death. Approximately 38,000 people die each year from drug overdose. That's more than 100 per day, with 40 deaths per day from opioid drugs alone. Addiction to opiate-based and other drugs are destroying lives, disrupting families and destabilizing communities. On March 10, 2016, the United States Senate approved by a vote of 94-1 the Comprehensive Addiction and Recovery Act (S. 524)—legislation that would adjust existing authorizations and programs to provide desperately needed funds to support community-based addiction treatment. CARA also expands prevention and educational efforts—particularly aimed at teens, aging populations and parents and other caretakers—to prevent the use of heroin and misuse of prescription opioids and to promote treatment and recovery.

The House passed its own package of opioid-focused bills on May 13, 2016, focused principally on treatment initiatives but without many of the prevention activities included in CARA. The National Council and Hill Day partners strongly support the full funding of prevention, treatment and recovery activities envisioned in CARA and related opioid legislation.

- Request for FY 2017: Fully fund the prevention, treatment and recovery initiatives in the Comprehensive Addiction and Recovery Act and similar provisions included in the House-passed opioid package.

THE OBAMA ADMINISTRATION’S PROPOSAL FOR $1.1 BILLION TO ADDRESS THE OPIOID AND HEROIN EPIDEMIC

The President's proposed $1.1 billion in funding would support cooperative agreements with States to expand access to medication-assisted treatment for opioid use disorders, expand treatment capacity and make services more affordable. A strong federal investment is needed to better ensure that people can receive the care and supports they need to become and remain well.

- Request for FY 2017: Fully fund the President’s proposal to improve access to substance use disorder treatment services and medications.

SAMHSA: PRIMARY CARE-BEHAVIORAL HEALTH INTEGRATION (PBHCI) AND TECHNICAL ASSISTANCE

SAMHSA: SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT

The SAPT Block Grant remains the foundation of the publicly supported substance use prevention and treatment system, serving millions of people in every state and territory every year. Continued strong federal support through the SAPT Block Grant is critically important given the nearly 90 percent treatment services gap and the nation's opioid crisis. Strong SAPT Block Grant funding is essential to effectively preventing youth alcohol and drug use, treating addiction, and providing recovery supports to help people stay well over their lifetime. Congress was able to add an additional $39 million to the SAPT Block Grant for FY 2016, boosting funding to $1.858 billion.

- SAPT Block Grant request for FY 2017: $1.908 billion (a $50 million increase vs. FY 2016 levels)
SAMHSA: CENTER FOR SUBSTANCE ABUSE PREVENTION AND CENTER FOR SUBSTANCE ABUSE TREATMENT

Through its Center for Substance Abuse Prevention (CSAP) and Center for Substance Abuse Treatment (CSAT), SAMHSA supports numerous programs focused on addiction prevention and treatment. These programs fund interventions that are not typically covered elsewhere—for example, through private insurance—making them a crucial component of our nation’s prevention and treatment delivery system.

- **CSAP request for FY 2017:** $211.148 million (level funding to FY 2016)
- **CSAT request for FY 2017:** $343.269 million (a $9.5 million increase vs. FY 2016 levels)

SAMHSA: COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

Services funded by the block grant include supported employment, supported housing, rehabilitation, crisis stabilization, case management, peer specialist and consumer-directed care, wrap-around services for children and families, jail diversion programs, and services for special populations (people who are homeless, live in rural and frontier areas, and military families). The majority of these services are currently not broadly covered under private and public insurance. The block grant also includes a 10% set-aside to focus on evidence-based practices for early intervention in psychosis – increased from 5% in previous years. For FY 2016, Congress boosted funding for the Mental Health Block Grant by $50 million, to $532.6 million. We applaud both Congress for this important investment in mental health services.

- **Mental Health Block Grant request for FY 2017:** $532.6 million (level funding to FY 2016)

SAMHSA: PRIMARY CARE-BEHAVIORAL HEALTH INTEGRATION (PBHCI) AND TECHNICAL ASSISTANCE (TA)

The PBHCI program supports community behavioral health and primary care organizations in partnering to provide essential primary care services to adults with serious mental illnesses. Because of this program, over 70,000 people with serious mental health and addiction disorders have been screened and treated at 185 grantee sites for diabetes, heart disease and other common and deadly illnesses in an effort to stem the alarming early death rate from these health conditions in this population. Essential to the success of PBHCI is the technical assistance offered by the Center for Integrated Health Solutions (CIHS), funded by SAMHSA as “Primary and Behavioral Health Care Integration TA.” Services provided by CIHS support rapid and successful implementation of grant activities. For FY 2016, Congress was able to maintain funding for the PBHCI grants at $50 million. For FY 2017, the President’s budget proposes a $23.8 million cut to this important program. We urge Congress to reject this cut to PBHCI funding.

- **PBHCI request for FY 2017:** $50 million (level funding to FY 2016)
- **PBHCI-TA request for FY 2017:** $2 million (level funding to FY 2016)
SAMHSA: MENTAL HEALTH FIRST AID
Each year, more than one in five Americans will experience a substance use or mental health condition. Yet, as a society, our lack of awareness about these conditions – and the available community resources – often prevent people from getting appropriate treatment and support. Mental Health First Aid is a public education program that helps participants identify, understand, and respond to signs of mental illnesses and substance abuse. The course teaches a 5-step action plan to reach out to a person in crisis and connect them with help. Mental Health First Aid funding appropriated in the each of the last three years has been used to support training activities for individuals who work with youth, an important audience and one that should be expanded in future years’ appropriations.

- Mental Health First Aid request for FY 2017: $15 million (level funding to FY 2016).

SAMHSA: PEER PROFESSIONALS WORKFORCE
Because of their lived experience with mental illness or addiction and ability to foster connections with individuals accessing care, peers have a unique role in the delivery of prevention and recovery support services. This initiative proposed in President Obama’s 2017 budget request will increase the behavioral health workforce by 1,200 peer professionals, including recovery coaches, mental health/addiction specialists, prevention specialists, and pre-Master’s level addiction counselors working with an emphasis on youth ages 16-25.

- Peer Professionals Workforce request for FY 2017: $10 million (level to President Obama’s budget request)

NIH: MENTAL HEALTH AND SUBSTANCE USE RESEARCH
Scientific advances have led to astounding discoveries about the nature of the brain and the roots of mental health and substance use disorders. Continued investments in basic scientific and applied research will aid in developing rapid, effective treatments that target the core pathophysiology of these conditions, while new diagnostic markers will facilitate early identification and intervention. NIDA, NIAAA and NIMH have the research tools they need, but the Institutes must have sufficient funding resources to realize this ambitious vision of finding cures to these disabling illnesses. For FY 2016, Congress was able to invest an additional $2 billion for the NIH, boosting funding to $32 billion. This included increases for NIAAA ($20 million increase), NIDA ($35 million increase) and NIMH ($85 million increase). Unfortunately, the President’s FY 2017 budget proposes flat funding for NIAAA, NIDA and NIMH at current FY 2016 levels. Instead, the National Council and Hill Day partners urge Congress to support a 5% increase for the NIH—equal to the cost of biomedical research inflation—to ensure that NIH-funded research can continue to improve our nation’s health and enhance our competitiveness in today’s global information and innovation-based economy.

- Overall NIH request for FY 2017: $34.5 billion ($2.4 billion or 5% above FY 2016)
- President’s NIMH request for FY 2017: $1.519 billion
- President’s NIDA request for FY 2017: $1.05 billion
- President’s NIAAA request for FY 2017: $467 million

HUD: SUPPORTIVE HOUSING TO PROMOTE RECOVERY AND INTEGRATION
Access to decent, safe and affordable housing and supportive services is critical for long-term recovery from addiction and mental illnesses. Department of Housing and Urban Development programs such as the Section 811 Project-Based Rental Assistance (PRA) Demonstration and the McKinney-Vento permanent supportive housing programs are proven, effective models that promote recovery and cost savings. For FY 2017, President Obama has proposed $154 million for the Section 811 PRA program, an amount needed to cover escalating costs to renew project-based operating subsidies for existing 811 units, but no funding for available for development of new PRA units. For McKinney-Vento Homeless Assistance Grants funding, the President is proposing a $414 million increase, renewing the commitment to end chronic homelessness nationally by 2018. The National Council and Hill Day partners urge Congress to support new investments in permanent supportive housing (PSH) directed to people with disabilities through the 811 and McKinney-Vento programs.

- Section 811 PRA request for FY 2017: $179 million, with $25 million for new 811 PRA units
- Homeless Assistance Grants request for FY 2017: $2.664 billion, with $414 million to fund 25,500 units of new PSH units to end chronic homelessness