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INVESTING IN WHOLE HEALTH, CONTAINING COSTS FY 2016 SUBSTANCE USE AND MENTAL HEALTH APPROPRIATIONS

Access to substance use and mental health services is key to improving Americans' health and containing U.S. healthcare costs. 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.

Why do we need increased investments in substance use and mental health programs and research?

Despite the slow economic recovery, years of sustained funding cuts continue to harm Americans' ability to access evidence-based treatments and lifesaving services and supports. States cut nearly \$5 billion from mental health funding during the recession, while the 2011 Budget Control Act's spending caps and sequestration requirements are forcing continued drastic reductions to addiction treatment and mental health programs.

REQUEST: Support funding for the mental health and substance use priorities outlined here.

Further cuts in the 2016 budget would jeopardize the health research, treatment programs, and supportive services that play a critical role both in keeping Americans healthy and in reducing the spillover costs of uncoordinated care and untreated substance use and mental health conditions. As Congress considers how to move forward a final appropriations bill for FY 2016, it is critical for Congress and the President to come to an agreement to lift the current caps on non-defense discretionary (NDD) spending and avoid another round of sequestration in 2016. Congress should also reject a long-term "continuing resolution" that locks in sequestration spending levels for an additional year.

NAADAC, the Association for Addiction Professionals, and Hill Day partners urge lawmakers to support level funding of the following programs:

SAMHSA: Substance Abuse Prevention and Treatment 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



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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. While House appropriators left the block grant intact, the Senate Appropriations Committee version of the Labor-HHS funding bill cut \$50 million from this important program.

- **SAPT Block Grant request for FY 2016:** \$1.819 billion (level funding to FY2015)

SAMHSA: Community Mental Health Services Block Grant

Services funded by the Mental Health Block Grant include supported employment, supported housing, rehabilitation services, crisis stabilization, case management, peer specialist and consumer-directed services, 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 five percent set-aside to focus on evidence-based practices for early intervention in psychosis. We applaud both the House and Senate appropriators for keeping this funding intact.

- **MH Block Grant request for FY 2016:** \$482.6 million (level funding to FY2015)

SAMHSA: Primary Care-Behavioral Health Integration (PBHCI) and Technical Assistance (TA)

The PBHCI program supports community behavioral health and primary care organizations that are partnering to provide essential primary care services to adults with serious mental illnesses. Because of this program, over 57,000 people with serious addiction and mental health disorders are being screened and treated at 126 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, but TA funding has not kept pace with the steadily growing number of grantees. Senate appropriators maintained level funding for integrated care in 2016, but the \$6 million cut approved by the House Appropriations Committee would prevent these much-needed activities from continuing to expand to new communities throughout the U.S.

- **PBHCI request for FY 2016:** \$50 million (level funding to FY2015)
- **PBHCI-TA request for FY 2016:** \$2 million (level funding to FY2015)

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 2015 budget will be 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 2016:** \$15 million (level funding to FY2015).
- **Committee language request:** NAADAC and Hill Day partners request the following proposed committee report language indicating that MHFA trainings may be provided to a comprehensive range of audiences: *"Consistent with a broad public safety approach, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, emergency medical services units and hospital systems. SAMHSA is encouraged to allow training for veterans, armed services personnel and their family members within the Mental Health First Aid program."*



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SAMHSA: Primary Care and Addiction Services Integration

The \$20 million proposed Primary Care and Addiction Services Integration (PCASI) grant program would help to ensure that people with substance use disorders can have all of their complex co-occurring health care needs met more effectively. By co-locating primary and specialty care medical services, this program will improve the rate at which substance use treatment patients are successfully referred to primary care services. This effort draws on lessons from the successful Primary and Behavioral Health Care Integration program and will ensure states have the capacity to meaningfully use electronic health records to improve the integration of primary care and addiction services.

- **PCASI request for FY 2016:** \$20 million (level to President Obama's budget request)

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 2016 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 2016:** \$10 million (level to President Obama's budget request)

NIH: Substance Use and Mental Health Research

Scientific advances have led to astounding discoveries about the nature of the brain and the roots of substance use and mental health 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. Both the House and Senate draft FY 2016 Labor-HHS Appropriations bills (H.R. 3020 & S. 1695) propose increases above the President's request for the NIH (\$1.1 billion in the House and \$2 billion in the Senate). NAADAC and Hill Day partners support these increased investments in biomedical research.

- **Overall NIH request for FY 2016:** \$32 billion (as in S. 1695; +\$2 billion vs. FY2015)
- **NIMH request for FY 2016:** \$1.52 billion (as in S. 1695; +\$57 million vs. FY2015)
- **NIDA request for FY 2016:** \$1.069 billion (as in S. 1695; +\$41 million vs. FY2015)
- **NIAAA request for FY 2016:** \$469 million (as in S. 1695; +\$22 million vs. FY2015)

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. President Obama has proposed a \$42 million increase for the Section 811 PRA program, boosting funding to \$177 million. With escalating costs to renew project-based operating subsidies for existing 811 units, \$25 million would be available for development of new PRA units. For McKinney-Vento Homeless Assistance Grants funding, the President is proposing a \$345 million increase, renewing the commitment to end chronic homelessness nationally by the end of 2016.

- **Section 811 PRA request for FY 2016:** \$177 million
- **Homeless Assistance Grants request for FY 2016:** \$2.480 billion



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