

**PUBLIC WITNESS TESTIMONY FOR THE RECORD: HOUSE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON LABOR, HEALTH & HUMAN SERVICES & EDUCATION, SUBMITTED BY
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BEHAVIORAL HEALTHCARE**

The National Council for Community Behavioral Healthcare appreciates the opportunity to submit testimony on behalf of its 1,400 members who serve nearly six million adults, children, and families in communities across America. National Council members offer a vital safety net to some of the poorest and most vulnerable in our society — Medicaid beneficiaries, the uninsured, the destitute and homeless, children in foster care, older adults, those with HIV/AIDS, veterans, and those in our criminal and juvenile justice systems. Our members offer a range of mental and substance use disorder prevention, treatment and recovery programs and therefore find the support federal funding dedicated to the Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services, the Department of Education and the National Institutes of Health vitally important. Our testimony will focus on the need to expand federal funding for prevention, treatment, and research of substance use and mental health conditions.

Every Year Millions of People Need but Do not Receive Treatment for Mental and Substance Use Disorders

According to a recent Institute of Medicine Report¹, each year, more than 33 million Americans use health care services for their mental problems and illnesses or conditions resulting from their use of alcohol, non-medical use of prescription medications, or illegal drugs. About 28 million Americans aged 18 or older, received mental health treatment in an inpatient or outpatient setting in 2003 and more than 6 percent of American children and adolescents aged 5–17 had contact with a mental health professional in a 12-month period. More than 3 million (1.4 percent) of those aged 12 or older reported receiving some kind of treatment during 2003 for a problem related to alcohol or drug use but millions more reported that they needed treatment for mental/substance use conditions but did not receive it. *From 2001 to 2003, only 40.5 percent of those aged 18–54 who met a specific definition of severe mental illness received any treatment. And, in contrast with the more than 3 million Americans aged 12 or older who received treatment during 2003 for a problem related to alcohol or drug use, more than six times that number reported abusing or being physiologically dependent on alcohol or other drugs.*

Treatment Works: The Importance of Investing in Treatment for Mental Illness and Addictions

In the first-ever Surgeon General's report on mental health, published in 1999, mental health was recognized as fundamental to overall health. The report had a single explicit recommendation: all Americans should seek help if they have a mental illness or think they have symptoms of a mental disorder. While a range of treatments exist for most mental disorders and the efficacy of mental health treatment is well documented, concerns about the cost of care are among the primary reasons why people do not seek the mental health care they need. In *Achieving the Promise: Transforming Mental Health Care in America*, the final report of the President's New Freedom Commission on Mental Health, the importance of early detection of and access to treatment and supports for mental illness is emphasized as a means to impact the lives and health of people with mental illness. Emerging research indicates that early intervention can interrupt

the negative course of some mental illnesses and may in some cases lessen long-term disability. Research has shown that a spectrum of evidence-based pharmacologic and psychosocial treatments for people who have problems with or are dependent on substances produce results similar to or better than those obtained with treatments for other chronic illnesses. New medications, such as buprenorphine, are effective in reducing opioid use and can be prescribed routinely in physicians' offices. Naltrexone and acamprosate show efficacy in treating alcohol dependence. The efficacy of nonpharmacologic treatments for drug dependence—such as cognitive behavioral therapy, motivational enhancement treatment, and contingency management—has been demonstrated. Also effective are 12-step mutual-support groups, such as Alcoholics Anonymous, particularly as an adjunct to treatment and as a form of long-term aftercare. Brief advice from a physician and office-based counseling interventions can reduce the use of alcohol in problem drinkers. As a result of these and other advances, patients who remain in treatment for use of alcohol, opioids, or cocaine are less likely to relapse or resume their harmful substance use.ⁱⁱ

The Need to Support and Expand Federal Funding of Prevention, Treatment, Research and Recovery Programs is Critical

SAMHSA's Center for Mental Health Services (CMHS), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) are the primary federal agencies to mobilize and improve mental health and addiction services in the United States. The National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) - three institutes at the NIH - are the leading federal agencies supporting basic biomedical and behavioral research related to mental illness and addiction disorders. Given the importance of such programs we encourage the Subcommittee to adopt the following funding recommendations:

- Substance Abuse Prevention and Treatment Block Grant (SAPTBG) -- \$1,858.7 million
- Center for Substance Abuse Prevention (CSAP) Programs of Regional and National Significance -- \$215.06 million
- Center for Substance Abuse Treatment (CSAT) Programs of Regional and National Significance -- \$420.0 million
- CMHS, Community Mental Health Services Block Grant -- \$482.9 million
- CMHS, Projects for Assistance in Transition from Homelessness (PATH) -- \$61.1 million
- CMHS, Programs of Regional and National Significance (PRNS) -- \$343.3 million
- SAMHSA Integrated Treatment for Co-occurring Serious Mental Illnesses and Substance Abuse Disorders -- \$4.14 million
- CMHS Jail Diversion Program Grants -- \$7.80 million
- Department of Education, State Grants portion of the Safe and Drug Free Schools and Communities (SDFSC) program -- \$346.5 million

- NIH, National Institute on Drug Abuse (NIDA) -- \$1,067.7 million
- NIH, National Institute on Alcohol Abuse and Alcoholism (NIAAA) -- \$465.5m
- NIH, National Institute on Mental Health -- \$1,498.6 million

The Substance Abuse and Mental Health Services Administration

Substance Abuse Prevention and Treatment Block Grant (SAPTBG) -- \$1,858.7 million: As private insurance has come to play a smaller role in financing treatment for substance use disorders -- by 2003, less than 0.5 percent of private insurance spending was allocated to it -- the share of public financing has increased -- by 2003, 77 percent of treatment for substance use disorders was publicly financed. Much of the public financing occurs through the SAPT Block Grant, the cornerstone of the nation's drug and alcohol prevention and treatment system. The SAPTBG provides roughly half of all public funding for treatment services and distributes funds to 60 eligible States, Territories, the District of Columbia and the Red Lake Indian Tribe of Minnesota through a formula, based upon specified economic and demographic factors. Over 10,500 community-based organizations receive Block Grant funding from the States. In FY 2004, approximately 1.9 million individuals were served.

Center for Substance Abuse Prevention (CSAP) Programs of Regional and National Significance -- \$215.06 million: In the United States in 2006, one third of adolescents aged 12 to 17 drank alcohol in the past year, one fifth used an illicit drug, and one sixth smoked cigarettes. Given that addiction is a developmental disease and that research shows that the earlier a person begins to use drugs the more likely they are to progress to more serious abuse, prevention is key. Current research shows that evidence-based substance abuse prevention is effective in preventing youth from initiating substance use and in reducing the number of individuals who become dependent. The 2006 Monitoring the Future survey of eighth, tenth, and twelfth graders showed gradually declining rates of students reporting use of any illicit drug in the past 12 months.

Center for Substance Abuse Treatment (CSAT) Programs of Regional and National Significance -- \$420.0 million: CSAT continues to invest in critical programs to identify individuals with or at-risk for substance use-related problems for intervention prior to the need for more extensive or specialized treatment; increase the availability of clinical treatment and recovery support services; and support grant programs which focus on diversion and reentry for adolescents, teens and adults with substance use and mental disorders. Data indicates that screening and brief intervention for alcohol problems, delivered during routine patient visits to their doctor's office, can be just as effective as common preventative measures like childhood immunizations and advising patients to take aspirin to reduce the risk of stroke or heart attacks. Similarly, SAMHSA's support for programs that provide community-based treatment for court-involved individuals with substance use and mental health conditions are critical to ending the cycle of incarceration that plagues those who do not receive necessary services and we urge their continuation through CSAT's Drug Treatment Court initiative as well as through CMHS' Jail Diversion Program Grants. We also urge the Committee to support the continued expansion of recovery support services by encouraging SAMHSA to fund new grants under the Recovery Community Services Program (RCSP). RCSP grant projects design and deliver peer-to-peer

recovery support services to help individuals in their communities initiate and sustain recovery and gain overall wellness.

CMHS, Community Mental Health Services Block Grant -- \$482.9 million: The Community Mental Health Services Block Grant is the principal federal discretionary program supporting community-based mental health services for adults and children. The Block Grant is a flexible source of funding that is used to support new services and programs, expand or enhance access under existing programs, and leverage additional state and community dollars. Despite increasing pressure from the federal government to expand community-based services for people with mental illnesses, the federal government's financial support is limited. Medicaid provides optional coverage for some services under separate Medicaid options, but technical barriers exist to states that want to use Medicaid waivers to provide these services. In addition, many essential elements of effective community-based care--such as housing, employment services, and peer support — are non-medical in nature and generally are not reimbursable under Medicaid. Therefore, Block Grant funding is the principal vehicle for federal financial support for evidence-based comprehensive community based services for people with serious mental illnesses.

CMHS, Projects for Assistance in Transition from Homelessness (PATH) -- \$61.1 million: The Projects for Assistance in Transition from Homelessness (PATH) formula grant program provides funding to states, localities and non-profit organizations to support individuals who are homeless (or are at risk of homelessness) and have a serious mental illness and/or a co-occurring substance use disorder. Federal PATH funds, when combined with state and local matching funds are the only resources available in many communities to support the range of services needed to effectively reach and engage individuals with severe mental illness and co-occurring substance use disorders.

CMHS, Programs of Regional and National Significance (PRNS) -- \$343.3 million:

Integrated Treatment for Co-occurring Serious Mental Illnesses and Substance Abuse Disorders -- \$4.14 million: Research demonstrates that mental and addictions disorders are often inter-related, that integrated treatment is more effective than parallel and sequential treatment for co-occurring disorders, and that it is necessary to use clinical staff cross-trained in the treatment of both kinds of disorder. Individuals with severe levels of co-occurring disorders are more likely to experience a chronic course and to over-utilize health and expensive emergency room services than are those with either type of disorder alone. It is therefore critically important that Congress direct funding toward integrated treatment.

CMHS Jail Diversion Program Grants -- \$7.80 million: Jail diversion programs provide an alternative to incarceration by diverting individuals with serious mental illness and co-occurring substance use disorders from jail to community-based treatment and support services. These programs include a variety of pre-booking programs, which divert individuals at initial contact with law enforcement officers before formal charges are brought, and post-booking programs, which identify individuals in jail or in court for diversion at some point after arrest and booking.

Department of Education, *State Grants portion of the Safe and Drug Free Schools and Communities (SDFSC) program -- \$346.5 million:* The State Grants portion of the SDFSC program has historically served as the backbone of school based substance abuse prevention and

intervention efforts in the United States and has had a significant impact on helping to achieve the 24% overall decline in youth drug use over the past six years. Without this funding stream, the majority of school based prevention infrastructures currently in place will be decimated and many of the 37 million youth who are served annually by programs funded through SDFSC will no longer receive the prevention education they need.

National Institutes of Health: NIDA, NIAAA, and NIMH

National Institute on Drug Abuse (NIDA) -- \$1,067.7 million: NIDA-supported scientific advances over the past three decades have revolutionized our understanding of drug abuse and addiction, informing the development of more effective prevention and treatment approaches. NIDA is committed to the principle that addiction is a preventable and treatable disease. Advances in genetics are identifying genes of vulnerability or protection so that interventions can be tailored for the greatest impact. Addiction results from the complex interplay of drugs, genes, and environmental and developmental factors and NIDA has made the study of these interactions a priority. Capitalizing on breakthrough discoveries showing the involvement of different brain systems in drug abuse and addiction—beyond the dopamine/reward system—NIDA’s medications development program is pursuing a variety of emerging targets and treatment approaches.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) -- \$465.5 million: NIAAA funds 90 percent of all alcohol research in the United States. This research is designed to reduce the enormous health, social, and economic consequences caused by excessive drinking. Particularly promising areas of research include: new technologies to advance identification of the genes likely to influence the risk for alcoholism; advancing discovery of new behavioral treatments and medications development; longitudinal studies to expand understanding of alcohol effects on the developing adolescent brain; and determining how alcohol use affects development of co-morbid disorders.

National Institute on Mental Health -- \$1,498.6 million: The mission of the National Institute of Mental Health (NIMH) is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. NIMH is committed to translating the discoveries made in scientific research into clinical practices that will predict who is at risk for disease; pre-empt the disease process by developing interventions; personalize interventions based on knowledge of individual biological, environmental, and social factors; and increase participation in clinical trials.

Thank you for the opportunity to comment on the importance of Federal funding in the FY 09 Labor-HHS spending bill for programs that prevent, treat, research and help people recover from mental and substance use disorders. For additional information, please contact Alexa Eggleston, Director of Public Policy at alexae@thenationalcouncil.org, 301-984-6200 ext.243.

ⁱ Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series (2006), Board on Health Care Services (HCS)

ⁱⁱ Id.