A robust mental health and addiction care system is essential to helping all Americans lead healthy, productive and independent lives. Federal investments in the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institutes of Health (NIH) and other federal agencies support desperately needed mental health and substance use prevention, treatment and recovery services nationwide and foster new research and clinical innovations. In light of the nation’s opioid crisis and huge treatment gaps for individuals with mental health and substance use disorders, we call on Congress and the Trump administration to expand funding for behavioral health prevention, treatment and recovery services.

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

Cuts in funding for behavioral health programs in FY 2018 would jeopardize the health care services that play a crucial role in both keeping Americans healthy and reducing the spillover costs of untreated mental health and substance use conditions. The President’s proposed FY 2018 budget and subsequent proposal from the House of Representatives funds increased defense spending, in part, by making major cuts to non-defense discretionary spending, including federally-funded health care and social service programs. The House’s proposed budget would slash non-defense discretionary spending by 17 percent below 2010 funding levels — and $1.3 trillion below the Budget Control Act caps by 2027 — making it nearly impossible for health care professionals to provide for the critical needs of adults and children with mental illness and substance use disorders. Increases in defense spending should not come at the expense of non-defense programs. Our organizations support maintaining equity between any proposed cuts to non-defense and defense spending.

Among the many important programs that fund mental health and addiction services, the National Council and Hill Day Partners urge lawmakers to support funding of the following:

**Comprehensive Addiction and Recovery Act (CARA) (S. 524/H.R. 953)**

Opioid addiction destroys lives, disrupts families and destabilizes communities. In 2016, Congress passed the Comprehensive Addiction and Recovery Act (S. 524) – a landmark law that authorizes $181 million for greater federal coordination of addiction resources and support in six key areas: prevention, treatment, recovery, law enforcement, criminal justice reform and overdose reversal. In 2017, CARA’s programs received $153 million in funding, falling $28 million short of full funding. The House Appropriations Committee proposed funding CARA at $179.75 million, again...
falling short of fully funding CARA’s comprehensive strategy for addressing the nation’s addiction crisis. The National Council and Hill Day Partners strongly support the full funding of prevention, treatment and recovery activities envisioned in CARA.

- **Request for FY 2018:** Fully fund the prevention, treatment and recovery initiatives in the Comprehensive Addiction and Recovery Act.

**The 21st Century Cures Act (Including State Targeted Response Grants and Other Grant Funding)**

Recognizing the urgency of the opioid crisis, Congress authorized additional support to states by adding a $1 billion fund to the 21st Century Cures Act in December 2016. The fund, known as the State Targeted Response to the Opioid Crisis Grants or “Opioid STR,” aims to address the opioid crisis by increasing access to treatment (particularly medication-assisted treatment), reducing unmet treatment need and reducing opioid overdose-related deaths through provision of prevention, treatment and recovery activities for opioid use disorder. In FY 2017, this program was fully funded at $500 million. The 21st Century Cures Act also authorized a number of other grant-funded mental health and addiction prevention, treatment and recovery activities.

- **Request for FY 2018:** Fully fund the 21st Century Cures Act grants to improve access to medication-assisted treatment and other mental health and addiction services and supports.

**SAMHSA: Primary and Behavioral Health Care 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, more than 87,000 people with serious mental health and addiction disorders have been screened and treated for diabetes, heart disease and other common and deadly illnesses at 213 grantee sites 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.” For FY 2018, the President’s budget proposes the elimination of PBHCI and PBHCI-TA. However, the House and Senate’s proposed budgets would keep these vital programs intact. We thank House and Senate appropriators for their support of this important program.

- **PBHCI request for FY 2018:** $50 million (level funding to FY 2017)
- **PBHCI-TA request for FY 2018:** $2 million (level funding to FY 2017)

**SAMHSA: Mental Health First Aid**

Mental Health First Aid is a public education program that helps participants identify, understand, and respond to signs of mental illness and substance abuse. The course teaches a five-step action plan to reach out to a person in crisis and connect them with help. Mental Health First Aid funding appropriated each of the last four 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. For FY 2018, the President’s budget proposes elimination of this important education program. However, the House and Senate’s proposed FY 2018 appropriations bills would protect Mental Health First Aid. Additionally, the Senate bill would extend funding to key audiences, such as law enforcement officers and first responders. We thank members of the House and Senate for their support of this important program.

- **Mental Health First Aid request for FY 2018:** $15 million (level funding to FY 2017)

**SAMHSA: Healthy Transitions**

Healthy Transitions connects young adults between ages 16 and 25 who are at the highest risk of disconnection from school and employment because of mental health or substance use conditions to the evidence-based services and supports they need to bend this trajectory. In FY 2016,
Healthy Transitions grantees made substantial improvements in the employment and educational functioning for 32 percent of the people served, improved housing stability for 41 percent and improved social connectedness for 13 percent – remarkable outcomes for a socially and medically complex population. Continued support for Healthy Transitions will build on this success and help keep more of America’s most at-risk youth engaged in community life, and further promote the use of evidence-based practices in our nation’s health and social services. Congress funded Healthy Transitions at $19.9 million in FY’s 2016 and 2017, and similar levels of funding in 2018 would continue the success of the program.

Healthy Transitions request for FY 2018: $19.9 million (level funding to FY 2017)

SAMHSA: Practice Improvement and Training

The Practice Improvement and Training Grants research and disseminate effective health care practices for transitioning individuals with serious mental health conditions from an expectation of lifelong disability toward productive employment and participation in community life. In particular, these grants seek to reduce the provision of medically unnecessary high-cost, long-term services and supports and focus instead on promoting independent living and competitive employment, with health care services and supports provided only as required to achieve these goals. As America seeks to bend the health care cost curve, dissemination of effective practices for improving outcomes for high-cost populations is crucial. Congress funded the Practice Improvement and Training Grants at $7.8 million in FYs 2016 and 2017, and similar levels of funding in 2018 would further promote the goals of the program.

Practice Improvement and Training request for FY 2018: $7.8 million (level funding to FY 2017)

SAMHSA: Substance Abuse Prevention and Treatment (SAPT) Block Grant

The SAPT Block Grant remains the foundation of the publicly supported substance use prevention, treatment, and recovery systems. Stronger federal support through the SAPT Block Grant is critically important given that the block grant has lost 29 percent of its purchasing power over the last 10 years by not keeping up with health care inflation. The SAPT Block Grant includes a set-aside amount reserved specifically for prevention services, which makes up 65 percent of primary prevention funding in the states and territories. 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 funded the SAPT Block Grant at $1.858 billion in FY 2017 (level funding from FY 2016). The House and Senate Appropriations Committees approved level funding for FY 2018.

SAPT Block Grant request for FY 2018: $1.858 billion (level funding to FY 2017)

SAMHSA: Community Mental Health Services Block Grant

Services funded by the Block Grant include supported employment, supported housing, rehabilitation, crisis stabilization, case management, family-run programs, peer specialist and consumer-directed care, wrap-around services for children and families, jail diversion programs and services for special populations like 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 percent set-aside to focus on evidence-based practices for early intervention in psychosis, an increase from 5 percent in previous years. For FY 2017, Congress boosted funding for the Mental Health Block Grant by nearly $30 million, to $562.6 million. The Senate Appropriations Committee approved level funding for FY 2018. Unfortunately, the House Labor-HHS Appropriations budget bill proposes cutting the block grant by $141 million. We urge Congress to follow the work of the Senate and maintain Mental Health Block Grant funding.

Mental Health Block Grant request for FY 2018: $562.6 million (level funding to FY 2017)
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 for behavioral health disorders and facilitate early identification and intervention. The National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute of Mental Health (NIMH) have the research tools they need, but NIH must have sufficient funding to realize this ambitious vision of finding cures to these disabling illnesses. In FY 2017, Congress boosted NIH funding to $34 billion, including increases for NIDA ($32 million increase) and NIMH ($80 million increase). Unfortunately, the President’s FY 2018 budget proposes cuts for NIAAA (a $105 million cut), NIDA (a $210 million cut) and NIMH (a $301 million cut). The FY 2018 House Labor-HHS Appropriations bill boosts overall NIH funding by $1.1 billion, or $35.2 billion. The Senate Appropriations Committee approved a $2 billion increase for NIH funding in FY 2018. We urge Congress to support a 5 percent 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.

- **Overall NIH request for FY 2018:** $36.2 billion ($2 billion or 5 percent above FY 2017)
- **President’s NIMH request for FY 2018:** $1.324 billion
- **President’s NIDA request for FY 2018:** $887 million
- **President’s NIAAA request for FY 2018:** $362 million

HHS Administration for Families and Children (AFC): Social Services Block Grant (SSBG)
Addiction and mental illness impact the entire family. Often, when parents are unable to care for their children due to an active addiction or serious mental illness, child welfare services are required. The Social Services Block Grant is a flexible funding source through which states fund efforts to support foster care, address family poverty and prevent child abuse and neglect. Both the President’s budget request and the House’s appropriation bill would end this critical source of support for families. Senate appropriators restored level funding to the program in their bill. We urge Congress to adopt the Senate’s proposed funding level in FY 2018.

- **SSBG request for FY 2018:** $1.7 billion (level funding to FY 2017)

HUD: Supportive Housing to Promote Recovery and Integration
Access to safe, affordable housing and supportive services is vital for recovery from addiction and mental illness. Department of Housing and Urban Development (HUD) 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 2018, President Trump proposed $121 million for the Section 811 PRA program, a $25 million reduction and an amount insufficient to cover the costs to renew project-based operating subsidies for existing 811 housing units. This cut in funding is restored in the House and Senate Transportation-HUD Appropriations bills for FY 2018 (H.R. 3353 & S. 1655). In addition, H.R. 3353 proposes $30 million in new funding for 811 “mainstream” housing vouchers for FY 2018. For McKinney-Vento Homeless Assistance Grants funding, the President is proposing a $133 cut for FY 2018, an amount insufficient to renew existing permanent supportive housing units under the program. By contrast, S. 1655 proposes a $73 million increase for the program. We urge Congress to support new investments in permanent supportive housing (PSH) for people with disabilities through the 811 and McKinney-Vento programs.

- **Section 811 “Mainstream” vouchers:** $150 million, with $30 million for new 811 vouchers
- **Homeless Assistance Grants request for FY 2018:** $2.456 billion, with $73 million to fund new PSH units to end chronic homelessness