



FY 2019 MENTAL HEALTH AND SUBSTANCE USE APPROPRIATIONS

A robust mental health and addiction care system is essential to help 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 people with mental health and substance use disorders, we call on Congress and the Trump Administration to expand funding for the full continuum of behavioral health services.

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

Cuts in funding for behavioral health programs in Fiscal Year 2019 would jeopardize 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. In February 2018, the House and Senate passed the Bipartisan Budget Act, lifting harmful spending caps on non-defense and defense spending and opening the door for greater investment in behavioral health. This deal was followed by the FY 2018 omnibus package that provided billions of dollars in new federal investments in mental health and addiction programs to address the fact that millions of Americans cannot access mental health or addiction care. Unfortunately, the President's budget plan for FY 2019 would roll back this progress by calling for major cuts to many non-defense discretionary programs, including federally-funded health care and social service programs. As members of Congress begin work on FY 2019 appropriations, the National Council for Behavioral Health and Hill Day Partners support maintaining the current investment in behavioral health care and equity between defense and non-defense spending caps.

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

Comprehensive Addiction and Recovery Act (CARA)

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 2018, Congress fully funded CARA's broad and multifaceted strategy for addressing the nation's addiction crisis and used CARA's existing framework to make additional targeted investments

REQUEST

Support funding for:

- 👍 Comprehensive Addiction and Recovery Act (CARA)
- 👍 The 21st Century Cures Act
- 👍 SAMHSA: Primary Care and Behavioral Health Integration and Technical Assistance
- 👍 SAMHSA: Mental Health First Aid
- 👍 SAMHSA: Substance Abuse Prevention and Treatment Block Grant
- 👍 SAMHSA: Community Mental Health Services Block Grant
- 👍 SAMHSA: Healthy Transitions
- 👍 SAMHSA: Practice Improvement and Training
- 👍 NIH: Mental Health and Substance Use Research
- 👍 HHS Administration for Children and Families: Social Services Block Grant
- 👍 HUD: Supportive Housing to Promote Recovery and Integration

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to address opioid addiction. The National Council and Hill Day Partners strongly support full funding for prevention, treatment and recovery activities envisioned in CARA.

- ◆ **Request for FY 2019:** Fully fund the prevention, treatment and recovery initiatives in the Comprehensive Addiction and Recovery Act at levels approved in the FY 2018 omnibus.

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

Recognizing the increasing urgency of the opioid crisis, Congress doubled support to states for an opioid grant program, authorized by the 21st Century Cures Act, in the FY 2018 budget. The fund, known as the State Targeted Response to the Opioid Crisis Grants, 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 2018, this program's funding was doubled from \$500 million per year to \$1 billion. While the fund has been critical in helping states coordinate an effective response to the opioid crisis, many have expressed the need for the program to be extended. This would allow states to build a more permanent addiction treatment infrastructure beyond funding short-term treatment programs. 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 2019:** Extend and 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 illness. Because of this program, more than 98,800 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 40 states to help stem the alarming early death rate from these health conditions in this population. Essential to the success of PBHCI is the TA offered by the Center for Integrated Health Solutions (CIHS), funded by SAMHSA as "PBHCI Training and Technical Assistance Center." For FY 2019, the President's budget proposes the elimination of PBHCI and PBHCI-TA. We urge House and Senate appropriators to continue their long, bipartisan support of this important program.

- ◆ **PBHCI request for FY 2019:** \$50 million (level funding to FY 2018)
- ◆ **PBHCI-TA request for FY 2019:** \$2 million (level funding to FY 2018)

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 use. 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 five 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. The President's FY 2019 budget requests elimination of this important education program. Meanwhile, Congress approved a \$5 million increase in funding for Mental Health First Aid for FY 2018, bringing contributions to this important public education and training program to a total of nearly \$20 million. This funding will support training for key audiences like local law enforcement agencies, fire departments and emergency medical units, equipping these first responders with the skills to constructively intervene when someone is experiencing a mental health or addiction crisis and connect them to appropriate help in the community. We thank members of the House and Senate for their support of this important program.

- ◆ **Mental Health First Aid request for FY 2019:** \$20 million (level funding to FY 2018)



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 prevent youth alcohol and drug use, treat addiction and provide recovery supports to help people stay well throughout their lifetime. Congress funded the SAPT Block Grant at \$1.858 billion in FY 2018 (level funding from FY 2017). We urge House and Senate appropriators to protect funding for this critical source of substance use prevention and treatment service, including services for opioid use disorder.

◆ **SAPT Block Grant request for FY 2019:** \$1.858 billion (level funding to FY 2018)

SAMHSA: Community Mental Health Services Block Grant

Services funded by the Mental Health 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 experience homelessness, 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. Congress boosted funding for the Mental Health Block Grant by nearly \$160 million, to \$701.5 million for FY 2018. Unfortunately, the President's budget requests would not maintain this additional funding, proposing to cut the program back down to \$563 million. We urge Congress to maintain the current level of funding so states can continue to make progress addressing unmet mental health needs in their communities.

◆ **Mental Health Block Grant request for FY 2019:** \$701.5 million (level funding to FY 2018)

SAMHSA: Healthy Transitions

Healthy Transitions connects young adults aged 16-25 who are at the highest risk of disconnecting from school and employment because of mental health or substance use conditions with the evidence-based services and supports they need. Healthy Transitions grantees have made substantial improvements in the employment and educational functioning and of the people served, improved housing stability and improved social connectedness – remarkable outcomes for a socially and medically complex population. Continued support for Healthy Transitions will build on this success and further promote the use of evidence-based practices in our nation's health and social services. Congress funded Healthy Transitions at \$30 million in FY 2017 and 2018, and similar levels of funding in FY 2019 would continue the success of the program.

◆ **Healthy Transitions request for FY 2019:** \$30 million (level funding to FY 2018)

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 FY's 2017 and 2018. Similar levels of funding in FY 2019 would further promote the goals of the program.

◆ **Practice Improvement and Training request for FY 2019:** \$7.8 million (level funding to FY 2018)

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NIH: Mental Health and Substance Use Research

Scientific advances have led to astounding discoveries about mental health and substance use disorders. Continued investments in 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), National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute of Mental Health (NIMH) must have sufficient funding to realize the ambitious vision of finding cures for these disabling illnesses. For FY 2018, Congress boosted NIH funding by \$3 billion to \$37 billion, including increases for NIDA (\$293 million, up to \$1.383 billion), NIAAA (\$26 million, up to \$509.6 million) and NIMH (\$110 million, up to \$1.712 billion). Given that mental health and substance use conditions frequently co-occur, all three institutes are key to addressing behavioral health issues holistically. Despite this fact, the President's FY 2019 budget would increase funding for NIDA and NIMH while decreasing funding for NIAAA. We urge Congress to reject any cuts to NIH and 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 2019:** \$39 billion (\$2 billion or about 5 percent above FY 2018)

Health and Human Services (HHS) Administration for Children and Families (ACF): 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 fund through which states finance efforts to support foster care, address family poverty and prevent child abuse and neglect. The President's budget request would end this critical source of support for families. We urge Congress to continue the SSBG's current funding level in FY 2019.

◆ **SSBG request for FY 2019:** \$1.7 billion (level funding to FY 2018)

Housing and Urban Development (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. HUD programs like 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. In the recently enacted FY 2018 omnibus appropriations bill, Congress made historic and long overdue investments in new units of affordable rental housing targeted to people with disabilities, including non-elderly adults with mental illness. This includes \$385 million in funding for new Section 811 "mainstream" housing vouchers and \$82.6 million in funding for new Section 811 PRA units. In addition, the FY 2018 omnibus included a \$280 million increase for programs under the McKinney-Vento Homeless Assistance Act, boosting funding to \$2.513 billion. This is the largest increase in funding for new permanent supportive housing (PSH) in nearly a decade. This also includes \$270 million for Emergency Solutions Grants (ESG) and \$50 million for "rapid rehousing" efforts. The President's budget would reverse much of this progress with proposed cuts across a number of HUD's programs that provide housing stability to individuals with mental illness and substance use disorders. We urge Congress to reject these harmful cuts and ensure adequate funding for renewing all existing tenant-based and project-based units across Section 8, Section 811 and McKinney-Vento programs.

◆ **HUD request for FY 2019:** Ensure adequate funding to renew all existing tenant-based and project-based units across Section 8, Section 811 and McKinney-Vento programs.