

Testimony Before the
U.S. House Appropriations Subcommittee on
Labor, Health and Human Services, Education, and Related Agencies
Hearing on
“SAMHSA’s Fiscal Year 2017 Budget”
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Good morning Chairman Cole, Ranking Member DeLauro, and distinguished members of this Committee. My name is Kana Enomoto, and I am the Acting Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the Department of Health and Human Services (HHS). I am pleased to be here to discuss the \$4.32 billion investment SAMHSA is proposing for Fiscal Year (FY) 2017, a \$590.2 million increase from the FY2016 enacted level.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Prevention, treatment, and support to help people recover from mental and/or substance use disorders are essential strategies for the health and prosperity of individuals, families, communities, and the country. Half of all Americans will meet criteria for a mental or substance use disorder during their lives. Yet, data show an alarming lack of the number of individuals who receive treatment for behavioral health conditions. These conditions cost lives, and strain families and resources in the same way as untreated physical illnesses. They cost productivity as a leading cause of disability in the United States, yet the majority of those who need treatment do not receive it. SAMHSA strives to close this gap by raising awareness that:

- Behavioral health is essential to health;
- Prevention works;
- Treatment is effective; and
- People recover.

Now, more than ever, the country needs a targeted and focused approach to address behavioral health conditions affecting so many Americans. Through its FY 2017 budget request, SAMHSA leads public health efforts to advance the behavioral health of the nation by focusing on four key

priority areas: engaging individuals with serious mental illness (SMI) in care, addressing the opioid crisis, preventing suicide, and maintaining the behavioral health safety net.

Engaging Individuals with Serious Mental Illness in Care.

The FY 2017 Budget builds on the Administration's efforts to increase access to mental health services. Through its \$500 million, two-year mandatory funding investment in mental health, the Administration aims to address the nation's mental health crisis proactively and strategically.

This initiative includes **\$230 million over two years for Evidence-based Early Intervention Services**, a new formula grant in SAMHSA for all states to establish at least one early intervention program and to enable states that already have such programs to further expand their efforts. This program establishes a minimum dollar amount per state (\$700,000) to provide these services. Evidence shows that engaging individuals with or at risk for serious mental illnesses into care early can reduce the disability associated with mental illness.

The Budget request continues the increased FY 2016 enacted investments in the **Mental Health Services Block Grant (MHBG)**, by providing level funding of **\$532.6 million**, and by maintaining the **MHBG set-aside of 10%** for evidence-based programs which intervene early in the onset of serious mental illness. Although the block grant represents only one percent of all state and federal spending on mental health care in the United States, it provides significant leverage to assist public mental health systems serving approximately 7.6 million adults with serious mental illnesses and children with serious emotional disturbances through flexible funding for services that may not otherwise be available to them.

The Budget also proposes a new **10 percent set-aside (\$11.9 million) in the Children’s Mental Health Initiative (CMHI)** to focus on youth and young adults who show symptoms of being at clinical high risk for developing first episode psychosis. Specifically, SAMHSA seeks to develop and implement a services research demonstration effort implementing and evaluating strategies for early intervention during the prodrome phase, the phase in which a disease process has begun but no diagnosis has been made to mitigate or delay the progression of mental illness, reduce disability, and maximize recovery.

SAMHSA recognizes that far too many people who experience a behavioral health crisis are being seen in jails or hospital emergency departments, both ill-equipped to address their needs. ER visits by those with behavioral health conditions have been on the rise for more than a decade and often result in long stays and unnecessary inpatient care. The FY 2017 Budget requests **\$10 million for a new program, the Increasing Crisis Access Response Efforts (ICARE) grant program**, to provide states and communities the opportunity to develop or adopt sustainable, comprehensive, and coordinated community-based crisis response systems for children, youth, and adults with mental health and/or addiction problems. Through the ICARE grants, SAMHSA will address the need to build, fund, and sustain crisis systems capable of preventing and de-escalating behavioral health crises as well as connecting individuals and families with needed post-crisis services to prevent recurrence.

Additionally, the FY 2017 budget request maintains funding for the **Assisted Outpatient Treatment program at \$15 million**. The program aims to help communities use AOT, treatment mandated by court order, to improve health and social outcomes and reduce

hospitalizations, homelessness, criminal justice involvement, and other negative outcomes often associated with serious mental illnesses. This program will include a robust evaluation to measure the impact that it has on those served.

Addressing the Opioid Public Health Crisis

Another major priority for SAMHSA is addressing the crisis of opioid overdose from prescription pain relievers, heroin, and fentanyl. According to the 2014 National Survey on Drug Use and Health (NSDUH) 4.3 million individuals aged 12 and older used non-medical use of prescription pain relievers during the past month and 435,000 reported using heroin.¹ The President's Budget recognizes the need for immediate action and proposes to address the opioid epidemic with a \$1 billion two-year investment in new mandatory funding. SAMHSA is a key player in this initiative, which focuses on three specific areas targeted for their potential to produce the most impact:

- (1) Improving opioid prescribing practices;
- (2) Increasing the use of naloxone; and
- (3) Expanding use of medication-assisted treatment (MAT) and recovery support services for individuals with an opioid use disorder.

Of the \$1 billion in new mandatory funding, SAMHSA proposes **\$920 million over two years** to support cooperative agreements with states to expand access to treatment for opioid use disorders. In each of FY 2017 and 2018, SAMHSA would provide **\$460 million in new mandatory funding toward State Targeted Response Cooperative Agreements** for states to

¹ Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>

help individuals seek and successfully complete treatment and sustain recovery from opioid use disorders . Evidence-based strategies that states might consider include training and certifying opioid use disorder treatment providers, supporting delivery of MAT, employing telehealth strategies, implementing prevention efforts, developing health information technology systems. Program goals include: reducing the cost of care, expanding access, engaging patients, and addressing the negative attitudes associated with accessing opioid use disorder treatment.

Another component of the Administration’s two-year initiative includes **\$30 million in new mandatory funding** for SAMHSA to implement **Cohort Monitoring and Evaluation of MAT**, to evaluate the effectiveness of treatment programs employing medication-assisted treatment under real-world conditions. This program will help identify opportunities to improve treatment for patients with opioid use disorders.

In addition to the new mandatory investments, SAMHSA continues and expands existing strategies to address opioid use disorders. SAMHSA is requesting **\$50.1 million** to double the size of the **Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)** program. The funding will support 23 new MAT-PDOA state grants in providing FDA-approved MAT in conjunction with psychosocial interventions to those living with opioid use disorders.

To help further expand access to treatment, SAMHSA’s Budget Request includes a \$10 million pilot project, the Buprenorphine-Prescribing Authority Demonstration, aimed at increasing the types of practitioners able to prescribe buprenorphine for opioid use disorder treatment, where

allowed by state law. This demonstration will test the safety and effectiveness of allowing prescribing buprenorphine by non-physician advance practice providers.

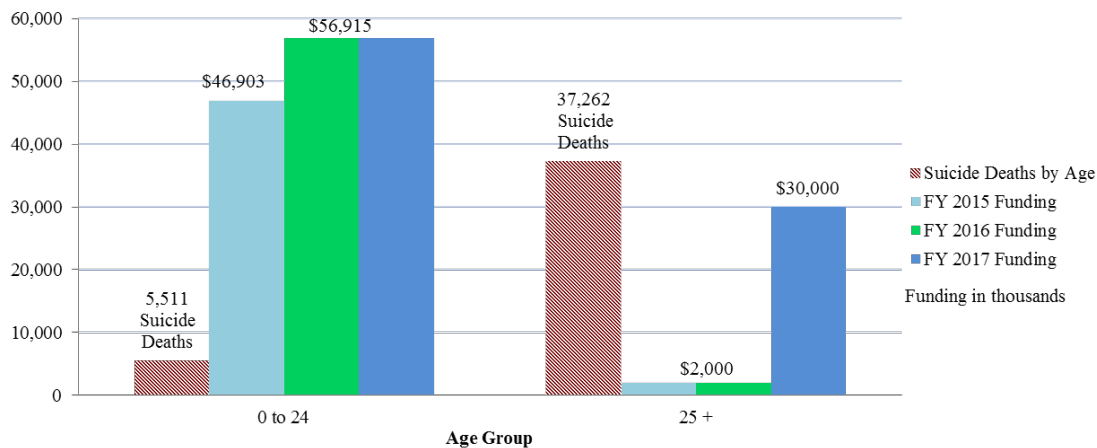
In conjunction with these treatment efforts, SAMHSA is also proposing continued investments to prevent the misuse and overdose deaths related to prescription drugs, heroin, and fentanyl. The FY2017 Budget maintains investments in the **Prevention of Prescription Drug and Opioid Overdose Related Deaths program at \$12 million**. This program focuses on overdose death prevention strategies such as naloxone distribution and education of first responders on its use along with other prevention strategies. Additionally, SAMHSA requests continued support (\$10 million) of the Strategic Prevention Framework-Rx program which enables states to enhance, implement, and evaluate strategies to prevent prescription drug misuse. These continued and expanded efforts build upon SAMHSA's numerous activities geared toward preventing prescription drug and opioid misuse and treating opioid use disorders, including: courses for healthcare professionals on prescribing opioids for pain, prescription drug monitoring program interoperability enhancement, development and implementation of the Opioid Overdose Prevention Toolkit, and clarification on the allowable use of SABG funds to support equipping first responders with naloxone.

In addition, SAMHSA has led the Department's effort to draft a regulation on the limit for physicians that have a waiver to prescribe buprenorphine. As the Secretary noted, the Department's goals in drafting the regulation are to increase access to MAT, ensure the provision of quality care, and, at the same time, prevent diversion. SAMHSA has led this effort for the Department working in close partnership with HHS's Assistant Secretary for Planning and

Evaluation (ASPE). Due to the urgent need to respond to the opioid epidemic, the completion of this draft regulation is a top priority.

Preventing Suicide

In its FY 2017 Request, SAMHSA is also taking a targeted approach to addressing the alarming rates of suicide in the nation. Between 1999 and 2014, the suicide rate in the United States rose from 10.46 to 13.41 per 100,000 people. In 2014, nearly 43,000 Americans died by suicide, making suicide the tenth leading cause of death—above homicide, HIV, opioid overdoses and traffic deaths. Currently, people aged 45 to 65 are at the highest risk for suicide followed by people ages 85 or older, yet many of the current suicide prevention resources focus only on youth and young adults.



Recognizing the urgency of addressing this issue for adults and older adults, SAMHSA is requesting **\$30 million in FY 2017, an increase of \$28 million, to support the National Strategy on Suicide Prevention (National Strategy) including a new Zero Suicide program.**

The new effort would build on the National Strategy’s recommendation for a comprehensive,

multi-setting approach to suicide prevention. SAMHSA proposes to take a two-pronged approach. First, the program will fund the implementation of the Zero Suicide model in health systems—based on the fundamental premise that suicides that occur while an individual is under care within health and behavioral health systems are preventable. The second component focuses on utilizing a multi-sector approach within communities to implement suicide prevention strategies. This effort would also include a **\$5.2 million tribal set-aside** to focus specifically on the issue of suicide as it relates to tribal populations.

Maintaining the Behavioral Health Safety Net

SAMHSA also prioritizes maintaining the behavioral health safety net. SAMHSA's Block Grant programs provide critical and needed services and supports to address prevention and treatment of mental and/or substance use disorders. In the FY 2017 Budget Request, SAMHSA continues its investments in both the Community Mental Health Services Block Grant (MHBG) and the Substance Abuse Prevention and Treatment Block Grant (SABG) at \$532 million and \$1.9 billion, respectively.

Other Targeted Investments

In addition to maintaining the significant increases to the MHBG and SABG enacted in FY 2016, SAMHSA is also proposing a \$7.1 million increase to the Project Advancing Wellness and Resilience in Education (AWARE) program. As part of the President's Now is the Time (NITT) initiative to address gun violence, this program raises awareness about mental health issues in schools and communities, and connects young people and their families with services. The additional funding would support a new cohort of State Educational Agency (SEA) awards,

continue existing grants, provide technical assistance to the NITT programs, and support evaluation efforts. Additionally, this funding continues efforts to address communities which have recently experienced civil unrest. SAMHSA has a target to serve over four million children through these programs.

SAMHSA is also requesting \$10 million to support the development of a new Peer Professionals Workforce Development program, which would provide tuition support and further the capacity of community colleges to develop and sustain behavioral health paraprofessional/peer training and education programs. Evidence has found that individuals with a substance use disorder who regularly engage in peer-delivered interventions are more likely to abstain from substance misuse.

Maintaining FY 2016 funding, SAMHSA is proposing a 25% set-aside within the Pregnant and Post-Partum Women demonstration program to test the impact of expanding the range of required and optional family-centered services.

Conclusion

On behalf of SAMHSA, I appreciate the opportunity to testify today and share with you our prevention, treatment, and recovery support strategies to address the nation's critical behavioral health issues. We look forward to working with Congress to implement these goals. I welcome any questions that you may have.