

November 3, 2015

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Upton and Ranking Member Pallone:

On behalf of the undersigned organizations, thank you for your efforts to improve our nation's mental health and substance use disorder care system. We support your ultimate goal of expanding access to effective, high quality services to all people with mental health and substance use disorder needs.

We are writing to strongly urge the Committee to strike a provision in the most recent version of H.R. 2646, the *Helping Families in Mental Health Crisis Act*, the Manager's Amendment, that would have a severely negative impact on funding for critical substance abuse prevention and substance use disorder treatment services. In particular, we are urging the Committee to strike from the Manager's Amendment the following: (f) "Flexible Use of Mental Health and Substance Use Disorder Block Grant Funds," which starts on page 65, line 20 through page 66, line 13. It is our hope that the Committee will make this change in order to maintain a strong commitment to programming specific to substance use disorders.

The opioid crisis requires unique focus on addiction: As you know, the nation is in the midst of an opioid crisis. Heroin use has more than doubled among young adults ages 18 to 25 over the past 10 years (CDC, 2015) while the number of Americans aged 12 or older using opioids non-medically has reached approximately 4.5 million (SAMHSA, 2015). This trend has led to tragic results for far too many Americans: 17,000 lost their lives to an opioid pain reliever overdose and more than 8,000 to a heroin overdose in 2013 (CDC, 2015). We believe it is time to invest more in programs that help the millions of Americans with the primary disease of addiction and to maintain programs that have a unique focus on the challenges associated with alcohol and other drugs.

Substance use disorder services have long been underfunded: The addiction system has been, and continues to be, severely underfunded. The most recent data indicates that our country spent \$24 billion on substance abuse services or 1 percent of the \$2.3 trillion spent on all health services. It is also estimated that the country spent \$147 billion on mental health services or 6.3 percent of the total spent on all health services (National Expenditures on Mental Health Services and Substance Abuse Treatment: 1986-2009, T. Mark, et al. SAMHSA, 2013).

Critical role of the SAPT Block Grant and concerns with recent reductions: The backbone of the publicly funded system, the Substance Abuse Prevention and Treatment (SAPT) Block Grant, represents, on average, approximately 40 percent of State substance abuse agencies' budgets across the country. Over the past ten years, the SAPT Block Grant has lost approximately 25 percent of its purchasing power. In fact, the SAPT Block Grant would need an increase of \$452 million to simply cover the cost of inflation and return the program's purchasing power to 2006 levels. Despite these troubling trends, more challenges remain. The Senate Appropriations Committee voted to cut the SAPT Block Grant by \$50 million in FY 2016. The same panel voted to cut funds for the Center for Substance Abuse Treatment (CSAT) by \$77 million in FY 2016 at a time when CSAT has lost \$44 million over the previous 5 years.

Maintaining current statute preserves critical substance abuse prevention funding: The SAPT Block Grant represents approximately 70 percent of substance abuse prevention funds managed by State substance abuse agencies. In 6 States, the prevention set-aside represents 100% of the States' funds for

prevention, and in 15 States, the prevention set-aside represents in between 75 percent and 99 percent of prevention funds. A strong commitment to the SAPT Block Grant represents a strong commitment to keep our nation's youth alcohol and drug free.

We certainly appreciate the Committee's effort to improve our service system. Further, we appreciate the changes made in the Manager's Amendment that removed provisions allowing up to 20 percent of funding to be redirected away from CSAT and the Center for Substance Abuse Prevention (CSAP) to support mental health services.

We urge the Committee to, once again, take action to remove a provision that would change current statute governing a program's unique focus on addiction. In this case, the proposed provision impacts the incredibly important SAPT Block Grant. Please strike from the Manager's Amendment the following provision: (f) "Flexible Use of Mental Health and Substance Use Disorder Block Grant Funds," which starts on page 65, line 20 through page 66, line 13. It is our hope that the Committee will make this change in order to maintain a strong commitment to programming specific to substance use disorders.

Thank you for your consideration.

Sincerely,

Community Anti-Drug Coalitions of America (CADCA)

International Certification and Reciprocity Consortium (IC and RC)

Faces and Voices of Recovery

Harm Reduction Coalition

Legal Action Center (LAC)

NAADAC – The Association for Addiction Professionals

National Addiction Studies Accreditation Commission

National Association of Addiction Treatment Providers (NAATP)

National Association for Children of Alcoholics (NACoA)

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

National Association of Drug Court Professionals (NADCP)

National TASC

Partnership for Drug Free Kids

Treatment Communities of America

Young People in Recovery