Substance Abuse and Mental Health Services Administration
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# Testimony Before the

# Senate Health, Education, Labor, and Pensions Committee Hearing on

# "Mental Health and Substance Use Disorders in America: Priorities, Challenges, and Opportunities"

**October 29, 2015**

**Statement of**

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Chairman Alexander, Ranking Member Murray, and members of the Senate Health, Education, Labor, and Pensions Committee, thank you for inviting me to testify at this important hearing. I am pleased to testify along with Dr. Insel from the National Institute of Mental Health (NIMH) and Acting Health Resources and Services Administration (HRSA) Administrator Macrae on the state of America's mental health system and, specifically, to discuss some of the Substance Abuse and Mental Health Services Administration's (SAMHSA) initiatives related to mental health. I understand that the Committee will be holding a series of hearings on behavioral health issues, including potentially one on the opioid public health crisis; however, this testimony will focus on SAMHSA's roles as it relates to reducing the impact of mental illness on America's communities.

**SAMHSA**

As you are aware, SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA envisions a Nation that acts on the knowledge that:

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

**Leadership in Coordinating Mental Health Activities**

In partnership with the Assistant Secretary for Health, SAMHSA co-chairs the Department of Health and Human Services (HHS) Behavioral Health Coordinating Council (BHCC), which was established in 2010. The Council coordinates behavioral health policy activities within HHS, by facilitating information sharing and collaboration across the Department. Its chief goals are to share information and ensure that all behavioral health issues are handled collaboratively and without duplication of effort across the department. BHCC subcommittees include, but are not limited to Serious Mental Illness, , Primary Care/Behavioral Health Integration, and Trauma and Early Interventions.

SAMHSA and NIMH co-chair the Subcommittee on Serious Mental Illness (SMI) charged with improving research, treatment, and supports for Americans with serious mental illness. The Subcommittee has established several goals for the near term to engage people with SMI in treatment especially through early intervention approaches and prevention of mental illness; promoting higher quality of mental health care and medical care to reduce morbidity and mortality with incentives for evidence-based practices and performance measurement; and improving availability of community-based supports and prospects for long term recovery.

SAMHSA works with a number of other Departments—including the Departments of Defense, Education, Housing and Urban Development, Justice, and Veterans Affairs, as well as the Social Security Administration (SSA)—both directly and through Federal workgroups to promote mental health. For example, SAMHSA leads the Federal Working Group on Suicide Prevention as well as the Federal Partners Committee on Women and Trauma.

**Prevalence of Behavioral Health Conditions and Treatment**

It is estimated that almost half of all Americans will experience symptoms of a behavioral health condition – mental illness or substance-use disorder– at some point in their lives. Yet, today, less than one in five

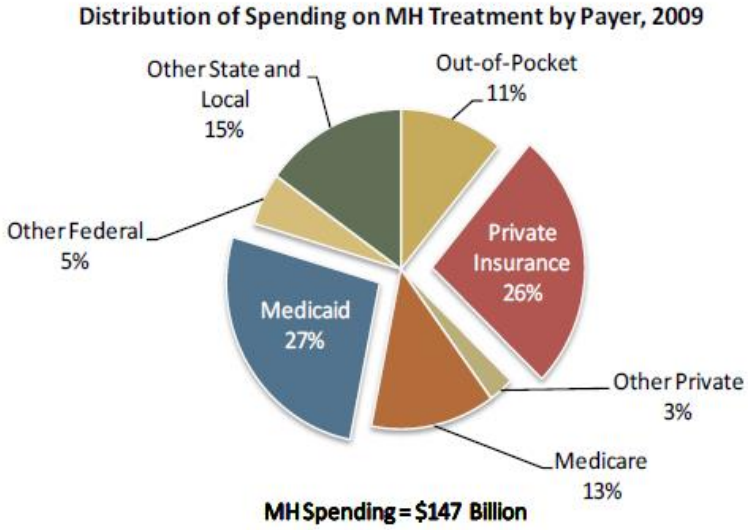
children and adolescents with diagnosable mental health problems receive the treatment they need.[1] And according to data from SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH), an estimated 45 percent of the almost 44 million adults with any mental illness and 69 percent of the almost 10 million adults with serious mental illness received mental health services in the past year. Only 11 percent of those with diagnosable substance use disorders receive needed treatment.[2]

When persons with mental health conditions or substance use disorders do not receive the proper treatment and supportive services they need, crisis situations can arise affecting individuals, families, schools, and communities. We need to do more in regard to early identification by helping communities understand and implement prevention approaches we know can be effective in stopping issues from developing in the first place.

**Overview of the Nation's Mental Health Spending**

According to SAMHSA's *National Expenditures for Mental Health Services & Substance Abuse Treatment 1986 – 2009***,** at $147 billion, mental health spending accounted for 6.3 percent of all health spending in calendar year 2009, while substance use spending at $24 billion accounted for approximately one percent.

Although most of the funding for services for people with mental illnesses comes through Federal insurance programs, especially Medicaid, in addition to funding a portion of the Nation's mental health treatment, SAMHSA's programs are also critical in supporting the coordination of services for people with mental illnesses and improving the quality and accessibility of these services and supports.



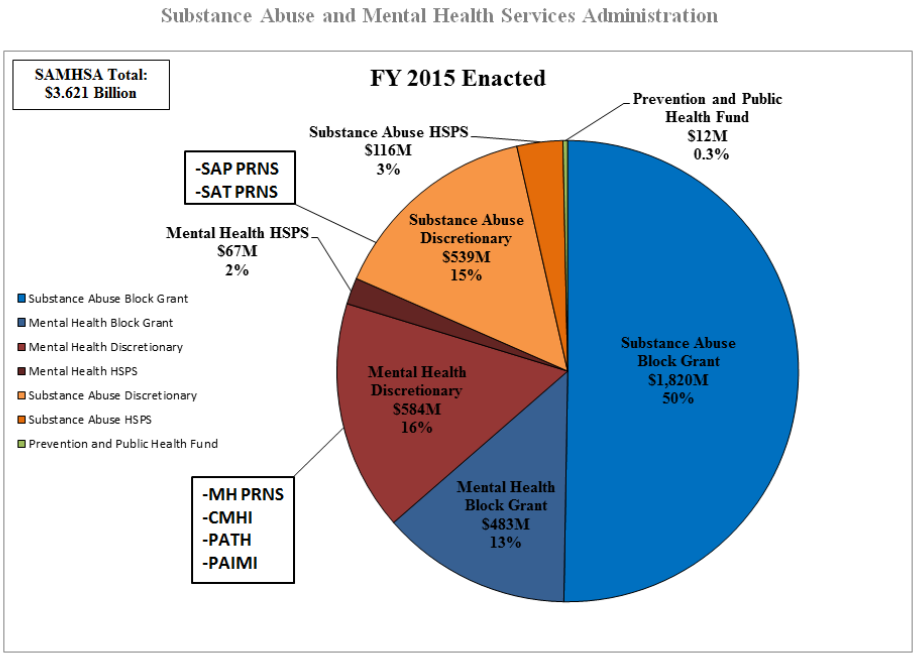

**SAMHSA's Budget**

In FY 2015, approximately 30 percent of SAMHSA's total funding was appropriated or designated for mental health programs and activities, with the remainder directed to substance use programs and

[1] Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status Sheryl H. Kataoka, M.D., M.S.H.S.; Lily Zhang, M.S.; Kenneth B. Wells, M.D., M.P.H., Am J Psychiatry 2002;159:1548-1555. 10.1176/appi.ajp.159.9.1548

[2] Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

activities. This distribution of funding between substance use and mental health has been consistent for the last five years. Of the SAMHSA FY 2015 mental health funding, $1.079 billion supports prevention, treatment and recovery support programs and activities within SAMHSA's Center for Mental Health Services (CMHS). In addition to funding within the CMHS appropriation, approximately $67 million of SAMHSA's Health Surveillance and Program Support (HSPS) appropriation is used for mental health activities.




*Note: This chart includes Budget Authority, Prevention and Public Health Fund, and PHS Evaluation Funds ($145.7M - already included within corresponding program totals).

## Examples of SAMHSA Programs

To inform mental and substance use disorder policy, SAMHSA conducts national surveys and analyses. For example, the National Survey on Drug Use and Health (NSDUH), which SAMHSA administers, serves as the Nation's primary source for information on the incidence and prevalence of substance use and mental disorders and related health conditions. NSDUH provides key data such as the fact that 1 in 10 adolescents (11.4 percent) had a major depressive episode in the past year.[3]

To accomplish its work, SAMHSA administers a combination of competitive programs and formula-based programs, including the two block grant programs. SAMHSA also collects performance and evaluation data to measure impact and mitigate risk. Below are a few examples of SAMHSA mental health programs.

*Community Mental Health Services Block Grant (MHBG)*

Approximately 45 percent ($482.57 million) of CMHS funding is directed toward the MHBG, which provides services and supports for adults with serious mental illness and children with serious emotional disturbance, an analogous definition of serious mental illness for children. The MHBG is a flexible spending source that supports a range of services, infrastructure, and capacity efforts for state mental health authorities that serve the over seven million individuals affected by these conditions. States use

[3] Substance Abuse and Mental Health Services Administration, *Results from the 2014 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

these limited but significant funds to support planning, administration, evaluation, educational activities, and direct service delivery. Services typically include those not covered by Medicaid or other funding sources, such as rehabilitation services, crisis stabilization, case management, supported employment and housing, jail-diversion programs, and services for special populations. By law, states are not allowed to use these funds for inpatient services.

Starting in FY 2014, the Congress – through annual appropriations legislation – required states to set aside five percent of their MHBG funds to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. These programs are informed by the NIMH-supported *Recovery After an Initial Schizophrenia Episode (RAISE)* project and similar research. The majority of individuals with serious mental illness experience their first symptoms during adolescence or early adulthood, and there are often long delays between the initial onset of symptoms and a person receiving treatment. The consequences of delayed treatment can include loss of family and social supports, reduced educational achievement, disruption of employment, substance use, increased hospitalizations, and reduced prospects for long-term recovery.

The five-percent set-aside equals $24.2 million and is allocated to states consistent with the block grant formula. It supports implementation of promising models that seek to address treatment of serious mental illness at an early stage through reducing symptoms and relapse rates, and preventing deterioration of cognitive function in individuals suffering from psychotic illness. SAMHSA has collaborated closely with NIMH in providing guidance and technical assistance to states regarding effective programs funded by this set-aside. SAMHSA and NIMH are also working with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within HHS on an initial examination of how states are utilizing the set-aside funding.

*Certified Community Behavioral Health Clinics*

SAMHSA has also been working closely with Centers for Medicare & Medicaid Services (CMS) and ASPE to improve the quality and coordination of care for adults with serious mental illness, children with serious emotional disturbance, and those with long-term and serious substance use disorders, through implementation of the demonstration program for Certified Community Behavioral Health Clinics established by the Protecting Access to Medicare Act (also known as section 223). Last week, SAMHSA awarded planning grants to 24 states to certify community behavioral health clinics, establish a prospective payment system to reimburse clinics for services to Medicaid recipients, and to prepare to participate in a two-year demonstration program. States will certify agencies meet certain criteria developed by SAMHSA, such as staffing requirements, standards for availability and accessibility of services, including prompt evaluation and crisis management services, and that provide a comprehensive scope of services including extensive requirements for enhanced care coordination. In addition, community behavioral health clinics will be required to report on quality measures that will include care coordination. An evaluation of the demonstration program will be conducted by ASPE in close collaboration with SAMHSA and CMS.

*Transforming Lives through Supported Employment*

For people with serious mental illness, employment contributes to stability and independence. Unfortunately, many of these individuals are unemployed. In FY 2014, SAMHSA initiated a new $5.6 million program, Transforming Lives through Supported Employment, to promote the employment of people with serious mental illness, and this initiative includes collaboration with the Department of Education, the Department of Labor, and states, among others. Transforming Lives through Supported Employment grants help people with serious mental illnesses discover paths of self-sufficiency and recovery rather than disability and dependence. These grants support states established a supported employment program in two communities within the state, secure sustainable funding for on-going community supportive employment services, establish a permanent training program using in-person and

virtual platforms, and collect and analyze program data. The goal of the program is to increase the number of individuals with serious mental health obtain gainful employment.

*Suicide Prevention*

Suicide is a serious public health crisis – approximately 41,000 Americans die by suicide each year.[4]

SAMHSA has many initiatives that help prevent suicide and suicide attempts. For example, the National Suicide Prevention Lifeline (1-800-273-TALK), which works with the Department of Veterans' Affairs, has helped more than six million people since its inception in January 2005. SAMHSA also received funding for the first time in FY 2014 for Tribal Behavioral Health Grants that aim to reduce suicide and substance misuse and abuse among American Indian/Alaska Native youth.

The Garrett Lee Smith Memorial Act State and Tribal grant program is SAMHSA's largest suicide prevention program and is focused on reducing suicide and suicide attempts among youth and young adults 10 to 24 years old. Evaluation of the impact of these grants has shown that counties that have implemented grant-supported suicide prevention activities have lower rates of youth suicide and non-fatal suicide attempts than matched counties without such activities in the year following the suicide prevention activities.

At the same time, SAMHSA's suicide prevention grant programs, as currently funded, almost exclusively focus on reducing suicide among youth and adolescents. However, data shows that in 2013, the latest year for which suicide completion data is available, 87 percent of individuals who died by suicide were over age 24.[5] As the country moves forward in addressing this public health crisis, more attention must be paid to addressing suicide among adults. One particular promising model for doing so is Zero Suicide an initiative to eliminate suicides among individuals under care within health and behavioral health systems. This initiative has seen promising results such as at Centerstone, a non-profit community-based behavioral-health-care provider based in Tennessee.

**Improving the Behavioral Health System**

*Workforce*

The Affordable Care Act builds on the Mental Health Parity and Addiction Equity Act of 2008 to extend Federal parity protections to 62 million Americans.[6] The current behavioral healthcare infrastructure and workforce, however, will need additional capacity to absorb the influx of patients with behavioral health needs who now have the coverage to seek treatment. Research has identified the need for additional prescribing and non-prescribing behavioral health professionals, including psychiatrists, social workers, counselors, and therapists. .[7]

The President's FY 2016 Budget includes $77.7 million for SAMHSA for behavioral health workforce programs. This includes $10.0 million for a new program entitled Peer Professional Workforce Development. These grants would provide tuition support and further the capacity of community colleges to develop and sustain behavioral health paraprofessional training and education programs. Overall, this new program would result in adding approximately 1,200 peer professionals to the current behavioral health workforce. The Budget also includes $56 million for the SAMHSA-HRSA Behavioral Health Workforce Education and Training (BHWET) Grant Program to expand the behavioral health workforce.

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[4] American Association of Suicidology. (2015). *USA Suicide 2013 Official Final Data*.

[5] CDC's WISQARS website "Fatal Injury Reports," http://www.cdc.gov/wisqars/index.html.

[6] http://aspe.hhs.gov/health/reports/2013/mental/rb_mental.cfm

[7] KC Thomas et al. County-Level Estimates of Mental Health Professional Shortage in the United States, Psychiatric Services, 60:1323–1328, 2009.

This additional funding would add approximately 5,600 health professionals to the workforce. SAMHSA's collective workforce efforts will help add several thousand new professionals to the workforce each year. In addition, SAMHSA, HRSA, and CMS engaging in ongoing work to promote integration of behavioral health and primary care services which will also help improve access to care.

*Crisis Systems*

In addition to building the behavioral health workforce, there is also a pressing need for more accessible and appropriate community crisis systems. In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to a mental illness.[8]

Such services as 24-hour crisis stabilization, warm lines that provide peer support for people living with mental illness to help prevent a crisis, peer crisis services, mobile crisis services, short-term crisis residential services, and community-based crisis follow-up services can help avoid unnecessary and expensive hospitalization and emergency department visits and provide improved outcomes for adults and children with behavioral health conditions. However, many communities encounter challenges in funding and coordinating these systems.

People with serious mental illnesses and their families often find themselves facing crisis situations in which the only available care is overworked emergency departments often ill-equipped to address the needs of such individuals. That is why the President's FY 2016 Budget includes $10 million in new funding for a demonstration program designed to help states and communities test the best way to structure, fund, and deliver services to prevent, de-escalate, and follow-up after behavioral health-related crises to assure the individual, family, community, and delivery systems are adequately supported. These grants can help in coordinating effective crisis response with ongoing outpatient services and supports.

**Conclusion**

SAMHSA has made important strides in the prevention, treatment, and recovery supports for mental and substance use disorders. However, we know that more work remains. We look forward to continuing to work with the Congress on these efforts. I would be pleased to answer any questions that you may have.

[8] Agency for Healthcare Research and Quality. (2010). *Healthcare Cost and Utilization Project (HCUP)*. *Custom data query*. Retrieved from http://www.hcup-us.ahrq.gov/