Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
SAMHSA’S FY 2015 BUDGET REQUEST – A Commitment to the Nation’s Behavioral Health

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SAMHSA Administrator

HHH Auditorium
Washington, DC
March 5, 2014
SAMHSA BUDGET OVERVIEW

- Supports President’s Commitment to and Investment in the Nation’s Health through Key Behavioral Health Priorities

- Maintains FY 2014 Increases in Critical Block Grant Funding

- Maintains FY2014 Funding Ratio
  - SA (68 percent)
  - MH (32 percent)
<table>
<thead>
<tr>
<th></th>
<th>FY 2009 - FY 2015 Total Program Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2009</td>
<td>$3,467 M</td>
</tr>
<tr>
<td>FY 2010</td>
<td>$3,583 M</td>
</tr>
<tr>
<td>FY 2011</td>
<td>$3,599 M</td>
</tr>
<tr>
<td>FY 2012</td>
<td>$3,569 M</td>
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<tr>
<td>FY 2013</td>
<td>$3,599 M</td>
</tr>
<tr>
<td>FY 2014</td>
<td>$3,631 M*</td>
</tr>
<tr>
<td>FY 2015</td>
<td>$3,568 M*</td>
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</tbody>
</table>

* FY 2014 & FY 2015 totals include $1.5 M each year for extraordinary data and publication requests user fees.
## Comparison to FY 2014
### Four Appropriations

<table>
<thead>
<tr>
<th>Appropriation</th>
<th>Mental Health Services</th>
<th>SA Prevention</th>
<th>SA Treatment</th>
<th>HSPS (SA &amp; MH)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2014 Actual</td>
<td>$1,080</td>
<td>$176</td>
<td>$2,181</td>
<td>$194</td>
<td>$3,631</td>
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<tr>
<td>FY2015 Proposed</td>
<td>$1,057</td>
<td>$186</td>
<td>$2,111</td>
<td>$208</td>
<td>$3,568</td>
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<tr>
<td><strong>FY15 PHS Evaluation Funds (non add)</strong></td>
<td>$26</td>
<td>$16</td>
<td>$109</td>
<td>$59</td>
<td>$211</td>
</tr>
<tr>
<td><strong>FY 15 Prevention &amp; Public Health Fund (non add)</strong></td>
<td>$38</td>
<td>---</td>
<td>---</td>
<td>$20</td>
<td>$58</td>
</tr>
<tr>
<td><strong>2015 +/- 2014</strong></td>
<td>($23)</td>
<td>$10</td>
<td>($64)</td>
<td>$14</td>
<td>($63)</td>
</tr>
</tbody>
</table>
SAMHSA

PRIORITY AREAS
Now Is the Time – $130 M (+ $15.0 M)

- $115 M continued from FY 2014
- Science of Changing Social Norms (+ $4 M)
- Peer Professionals (+ $10 M)
- Workforce Data (+ $1.0 M)
$55 M – Project AWARE to improve MH awareness, increase referrals to BH services and support systems
  • $40 M for Project AWARE state grants
  • $15 M for Mental Health First Aid

$20 M – Healthy Transitions to support youth ages 16 to 25 w/ MH and/or SA problems, and their families

$40 M – BH Workforce activities:
  • $35 M jointly administered w/ HRSA to expand the Behavioral Health Workforce Education and Training (BHWET) Grant Program
  • $5 M for expansion of Minority Fellowship Program - Youth
EVIDENCE-BASED PRACTICES THROUGH BLOCK GRANTS

- Substance Abuse Prevention and Treatment Block Grant (SABG) – $1.8 B
  - Maintains FY 2014 level (+ $ 110 M over FY 2013)

- Community Mental Health Services Block Grant (MHBG) – $ 484 M
  - Maintains FY 2014 level (+ $ 47 M over FY 2013)
  - Continues new FY 2014 5 percent set aside
    - For “evidence-based MH prevention and treatment practices to address the needs of individuals with early SMI, including psychotic disorders,” regardless of age at onset
$56 M in *Now Is the Time* (+ $11 M)

- In collaboration with HRSA
- Adds commitment to BH workforce data
- Maintains most of FY 2014 increase to Minority Fellowship Program
- Adds commitment to peer/paraprofessional workforce
Primary Care and Addiction Services Integration (PCASI) – + $20 M

- Allow addiction treatment providers to offer an array of physical health and addiction treatment services
- Modeled after Primary/Behavioral Health Care Integration (PBHCl) program

HIV/AIDS Continuum of Care

- $24 M of existing resources
- Links Minority Aids Initiative, PBHCl, and PCASI
- Builds on FY 2014 pilot
Grants for Adult Trauma Screening and Brief Intervention (GATSBI) – + $2.9 M

- Repeat request from FY 2014
- To advance the knowledge base to address trauma for women in primary care, OB/GYN, and emergency departments of hospitals and urgent care settings
- Will be developed by SAMHSA in consultation with ACF, CDC, NIAAA, NIDA, NIMH, and VA
State Grants within Strategic Prevention Framework Program (SPF Rx) – + $10 M

• Enhance, implement and evaluate state strategies to prevent prescription drug abuse/misuse
• Improve collaboration on risks of overprescribing and use of Prescription Drug Monitoring Programs (PDMPs) between states public health and behavioral health authorities, and pharmaceutical and medical communities
PREVENTING SUICIDE

National Strategy for Suicide Prevention (NSSP) Implementation – + $2.0 M

• Assist states in establishing and expanding evidence-based suicide prevention efforts
• Address middle age population – most # deaths
• Improve follow-up after suicide attempts
• Goals
  – Reduce # of deaths by suicide
  – Reduce # of suicide attempts

Tribal Behavioral Health Grants – $5 M
• Continued from FY 2014
Building BH Coalitions (BBHC) –

- $3.0 M of existing resources
- Jointly administered by Center for Mental Health Services (CMHS) and Center for Substance Abuse Prevention (CSAP)
- Working to address shared risk and protective factors for substance abuse and mental illness
- Building resilience and emotional health
OTHER NOTABLE INCREASES FROM FY 2014

- SA Targeted Capacity Expansion (TCE) – +$2.0 M (Still less than FY 2013)
  - To create the BH Privacy Center of Excellence

- Disaster Response – + $0.992 M (Increase over FY 2013 and FY 2014)
REDUCTIONS FROM FY 2014

- PBHCI Services ↓ $24 M (Total at $26 M)
- SBIRT ↓ $17 M (Total at $30 M)
- ATR ↓ $50 M (eliminates program; looking at providing information for states re possible use of vouchers through SABG funding)
- Criminal Justice ↓ $10.6 M (returned to $64 M, slightly more than FY 2013 levels)
- GLS Youth Suicide Prevention ↓ $10 M
  - Allow expansion of ages
  - Increased focus on tribes w/ highest rates
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</thead>
<tbody>
<tr>
<td>Access to Recovery</td>
<td>$0</td>
<td>$50</td>
<td>$0</td>
<td>($50)</td>
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<tr>
<td>Primary/Behavioral Health Integration</td>
<td>$0</td>
<td>$0</td>
<td>$28</td>
<td>+$28</td>
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<tr>
<td>Healthcare Surveillance</td>
<td>$14.73</td>
<td>$0</td>
<td>$20</td>
<td>+$20</td>
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<tr>
<td>Suicide Prevention</td>
<td>$0</td>
<td>$10</td>
<td>$10</td>
<td>$0</td>
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<tr>
<td>National Strategy on Suicide Prevention</td>
<td>$0</td>
<td>$2</td>
<td>$0</td>
<td>($2)</td>
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<tr>
<td>Total</td>
<td>$14.73</td>
<td>$62</td>
<td>$58</td>
<td>($4)</td>
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LEADING CHANGE 2011 – 2014

8 STRATEGIC INITIATIVES

LEADING CHANGE 2.0: 2015 – 2018

→ Out for public comment by April
→ Will contain 6 initiatives
→ Will guide the next 4 years
SAMHSA's Strategic Initiatives 2011 – 2014

1. Prevention
2. Trauma and Justice
3. Military Families
4. Recovery Support
5. Health Reform
6. Health Information Technology
7. Data, Outcomes & Quality
8. Public Awareness & Support

SAMHSA’s Strategic Initiatives 2015 – 2018

1. Prevention
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce
SAMHSA’S THEORY OF CHANGE: ADVANCING THE BH OF THE NATION

**Innovation**
- Proof of concept
- Services
- Research
- Practice-based Evidence

**Translation**
- Implementation Science
- Demonstration Programs
- Curriculum Development
- Policy Development
- Financing Models and Strategies

**Dissemination**
- Technical Assistance
- Policy Academies
- Practice Registries
- Social Media
- Publications
- Graduate Education

**Implementation**
- Capacity Building
- Infrastructure Development
- Policy Change
- Workforce Development
- Systems Improvement

**Surveillance**

**Evaluation**

**Widescale Adoption**
- Medicaid
- SAMHSA Block Grants
- Medicare
- Private Insurance
- DOD/VA/DOL/DOJ/ED
- ACF/CDC/HRSA/IHS

**Surveillance**

**Evaluation**

**Widescale Adoption**