

LEADING CHANGE – PRESIDENT OBAMA’S FY 2012 BUDGET FOR SAMHSA

1. THE SAMHSA BUDGET REFLECTS COMMITMENT TO BEHAVIORAL HEALTH.

In a time of fiscal austerity, the total budget requested for SAMHSA in FY 2012 is over \$3.6 billion, **a net increase of almost \$67 million.** These dollars include an increase of \$38 million in PHS Evaluation Funds, almost \$73 million in Affordable Care Act (ACA) Prevention Funds, and a decrease of \$44 million in Budget Authority (BA).

Along with this commitment comes the recognition that a new approach is needed. Critical unmet need at a time of significant changes in the health care environment calls for a new and fiscally responsible approach for behavioral health in America.

Behavioral health conditions are among the leading causes of disability in America and the unmet need is great. Over 60 percent of people who experience mental health problems and 90 percent of people who need substance abuse treatment do not receive care, often because they did not have insurance or could not afford the cost of care. Most individuals with a mental illness or an addictive disorder also experience elements of both. Persons with a mental or substance use disorder are more likely to have a co-existing physical health condition, and the cost of treating the physical health condition is higher if the mental or substance use disorder is not also addressed.

The American people deserve better. Like many physical health conditions, mental and substance use disorders can be prevented and treated effectively, and people do recover and lead productive lives. While gains have been made, more remains to be done. To do more with available resources requires a new approach.

Additionally, the environment in which behavioral health policy and funding decisions are made is changing. Changes are occurring in health care financing with States playing an increasing role in policy and funding decisions affecting behavioral health prevention, treatment and recovery support services. At the same time, America’s health care system is experiencing rapid adoption of health information technology, scientific advances in prevention and treatment services, and a growing understanding of recovery along with the importance of personal responsibility and self-direction in the prevention and treatment of health and behavioral health conditions. These advances, along with implementation of the Mental Health Parity and Addiction Equity Act (MHPAEA) and tight budgets at federal, state and local levels, provide both opportunities and significant challenges. These forces call for a new and fiscally responsible approach to behavioral health in America.

2. THE SAMHSA BUDGET REFLECTS A FOCUS ON SAMHSA’S STRATEGIC INITIATIVES.

The SAMHSA FY 2012 Budget request includes a changed budget structure and policy focus that emphasize meeting the behavioral health needs of people rather than focusing on the conditions that afflict them. The FY 2012 Budget, along with actions taken to manage FY 2011 funding differently, focuses resources on SAMHSA’s eight (8) Strategic Initiatives – 1) Prevention of Substance Abuse and Mental Illness, 2) Trauma and Justice, 3) Military Families, 4) Health Reform, 5) Recovery Support, 6) Health Information Technology, 7) Data, Outcomes, and Quality, and 8) Public Awareness and Support. Two of these initiatives are highlighted here.

Prevention: SAMHSA's Budget represents a commitment to prevention of substance abuse and mental illness as priority # 1. The Budget includes \$535 million, **an increase of \$55 million** over FY 2010, for new and expanded substance abuse prevention and mental health promotion grants to States and Tribes to bring evidence-based prevention strategies to scale nationwide. The Nation's behavioral health system must reach America's young people before they become involved with alcohol, illegal drugs, tobacco and abuse of prescription drugs. Using comprehensive approaches across multiple systems and at every stage of development, the rates of substance abuse, mental illness, and suicide among America's youth can be reduced.

Substance Abuse – State Prevention Grants (SA-SPG): The Budget includes a new Substance Abuse – State Prevention Grant (SA-SPG) program, using \$395 million in funds from the SA Block Grant 20 percent set aside and additional PRNS funds currently going to States and Territories, combined to avoid duplication, improve coordination, make it easier to apply for and receive funds, and better leverage resources. State and Territorial Substance Abuse Authorities (SSAs) will be eligible for these grants, and will be required to provide at least 80 percent of these resources to high need communities. The Budget creates a predictable and sustained source of prevention funding for all States and Territories to bring evidence-based practices to scale with a focus on comprehensive multi-strategy substance abuse prevention in high-risk communities.

Mental Health - State Prevention Grants: The Budget includes \$90 million for a new Mental Health – State Prevention Grant program through an expansion of the Project LAUNCH concept (Linking Actions for Unmet Needs in Children's Health) for children and youth up to age 25. State and Territorial Mental Health Authorities (MHAs) will be eligible for these grants, and will be required to provide at least 80 percent of these resources to high need communities. These grants will enable States and Territories to work across systems to implement evidence-based prevention and promotion strategies to build emotional health in children by targeting common risk and protective factors related to mental, emotional, and behavioral disorders.

Behavioral Health - Tribal Prevention Grants: The Budget includes \$50 million for a new Behavioral Health - Tribal Prevention Grant (BH-TPG) program, from the Prevention Fund authorized and appropriated by the Affordable Care Act (ACA). Funds will be provided to Federally-recognized Tribes that apply to implement strategies to prevent alcohol and substance abuse and prevent suicide in Tribal communities. SAMHSA will coordinate with the Indian Health Service (IHS) to implement community-based prevention strategies that complement the clinical services provided by IHS-funded providers. SAMHSA will also coordinate with IHS, BIA/BIE and DOJ to implement the Tribal Law and Order Act (TLOA) that allows Tribes to develop Tribal Action Plans (TAPs) addressing substance abuse and related suicides.

Prevention Prepared Communities: The Budget also includes \$23 million for a new program in collaboration with the Office of National Drug Control Policy (ONDCP), the Department of Education (ED), and the Department of Justice (DOJ) to implement comprehensive, evidence-based community prevention programs that serve young people during their at-risk years. The Budget will support approximately 30 communities to identify and address their predominant substance abuse issues and related concerns such as violence and mental health using appropriate evidence-based strategies.

Preventing Suicide: The Budget includes \$48 million, the same as FY 2010, to prevent suicide by continuing the investment in activities authorized by the Garrett Lee Smith Memorial Act that support intervention and prevention strategies in schools, institutions of higher education, juvenile justice systems, and other youth support organizations. The Budget also sustains the capacity of the national hotline (Suicide Lifeline) that routes calls across the country to a network of certified

local crisis centers that can link callers to local emergency, mental health, and social service resources. These funds, along with ACA Prevention Funds for FY 2011, support and complement the work of the National Action Alliance for Suicide Prevention that began in late 2010.

Health Reform's Implications for Block Grants: The Budget includes \$1.9 billion, an increase of \$54 million over FY 2010, for two Substance Abuse and Mental Health Block Grants (SABG and MHBG respectively) to implement evidence-based treatment strategies nationwide and maintain the Nation's behavioral health treatment infrastructure. As access to health services – including mental health and substance abuse services – expands through health reform, SAMHSA will work with States to use these Block Grant funds more strategically and with greater efficiency through the dissemination and implementation of evidence-based treatment strategies and interventions.

3. SAMHSA'S BUDGET REFLECTS THE IMPLEMENTATION OF A THEORY OF CHANGE.

SAMHSA's Budget supports innovation by identifying solutions to emerging issues through the use of limited, short-term discretionary grants. Those evidence-based practice and policy solutions are then moved into the Nation's behavioral health system through Block Grants to States, formula grants to States and Tribes, on-going discretionary grants, Medicaid/Medicare, or private insurance.

In FY 2012, SAMHSA's Budget includes a new budget line – Innovation and Emerging Issues (IEI) – that combines three previous Programs of Regional and National Significance (PRNS) budget lines. This new program will address emerging issues identified within SAMHSA's Strategic Initiatives such as primary/behavioral health care integration, health information technology, the needs of military families and implementation of new laws such as MHPAEA, ACA and the Health Information Technology for Economic and Clinical Health Act (HITECH).

In lieu of making new awards in a number of fully tested programs, SAMHSA's FY 2012 Budget proposes to invest those resources in the validation of promising practices and in bolstering nationwide efforts to implement and sustain already evidence-based strategies. Behavioral health in America can be transformed through innovation in policy, financing, technology, training and education. This new budget line includes \$790 million (a combination of budget authority, ACA, and PHS evaluation fund dollars), a decrease of \$42 million below FY 2010, and will provide SAMHSA a systematic and sustained approach for bringing the best prevention and treatment services for people in communities nationwide. Examples of IEI areas of focus are:

Military Families: In keeping with President Obama's recently released report *Strengthening Our Military Families: Meeting America's Commitment*, the Budget includes **\$10 million for a new effort** to address the behavioral health needs of military service personnel and their families. Many military families experience stress and behavioral health consequences as a result of life disruptions, prolonged deployments, and exposure to trauma. The Budget will support States and Territories in a two-phased planning and implementation process to enhance access to prevention, treatment, and recovery support services for military personnel and their families.

Health Information Technology: The adoption of health information technology (HIT) holds promise for improving behavioral health outcomes by improving care coordination and quality of care. The Budget includes **\$4 million for a new pilot effort** for States, working with SAMHSA and the Office of the National Coordinator (ONC) to incentivize development and adoption of interoperable electronic health records (EHRs) by behavioral health providers.

Housing – Services Assisting in the Transition from Homelessness: The Budget dedicates a total of \$154 million, *an increase of \$12 million*, for services to support individuals with mental and substance use disorders who are or are at risk of homelessness. Included within this funding is a new collaborative approach with the Department of Housing and Urban Development (HUD) that will combine health, behavioral health, and other support services to move and maintain permanent housing that supports recovery for individuals with mental and substance use disorders who are experiencing chronic homelessness.

Screening, Brief Intervention and Referral to Treatment (SBIRT): Early identification and interventions can decrease total health care costs by impeding progression to addiction. The Budget provides \$29 million, the same level as FY 2010, for substance abuse screening and interventions within general medical primary care settings. Some of these funds will be used to develop pilots to test the addition of trauma screening and brief intervention to the SBIRT process.

4. SAMHSA'S BUDGET REFLECTS EFFICIENT AND EFFECTIVE USE OF DOLLARS.

Tight times require tough choices. They also offer opportunities for needed change. The FY 2012 SAMHSA Budget represents a bold plan of action to increase effectiveness and efficiency, embrace opportunities presented by changes in the Nation's healthcare system, and better meet the behavioral health needs of the Nation. This Budget request will help SAMHSA support programs providing critical services for those individuals in need of behavioral health care that are not covered by public or private insurance. SAMHSA has spent years supporting a robust discretionary portfolio to test and refine proven practices. Now is the time to bring those practices to scale in every State, Territory and Tribe as SAMHSA continues to look for innovative approaches to test in the field and to collaborate with federal and other partners to chart a course for the future.

SAMHSA's Budget restructuring includes the new prevention grants budget line, the new IEI budget line, as well as three consolidations described below that align investments in data systems that monitor the performance of SAMHSA programs; public education efforts; and regulatory oversight functions. All of these changes will allow SAMHSA to continue or even improve current activities with less dollars than in FY 2010.

Consolidation of Performance and Quality Information Systems (PQIS): The Budget includes a new budget line consolidating three different performance data systems that will improve coordination, efficiencies, and the usefulness of performance management and quality improvement activities. Center contributions for the evidence-based practice registry are also consolidated into this budget line.

Improving Public Awareness and Support: Many Americans are not getting the help they need for behavioral health problems, and many opportunities for prevention and early intervention are being missed. The Budget includes \$14 million to consolidate public awareness activities to better deploy marketing approaches that combine sound public health practices with evidence-based communication strategies.

Regulatory and Oversight Functions (ROF): The ROF budget line consolidates several other activities currently funded from multiple lines within SAMHSA, slightly less than FY 2010, for more effective management of these critical functions.