



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



SAMHSA'S FY 2016 BUDGET

As Proposed in the President's Budget

Pamela S. Hyde, J.D.
SAMHSA Administrator

Hubert H. Humphrey Building Auditorium
Washington, D.C.
February 4, 2015; 1:00 – 2:00 p.m.



SAMHSA FY 2016 BUDGET OVERVIEW

\$3.666 Billion Total

- \$44.6 M increase from FY 2015 Enacted Level

SAMHSA FY 2016 BUDGET OVERVIEW

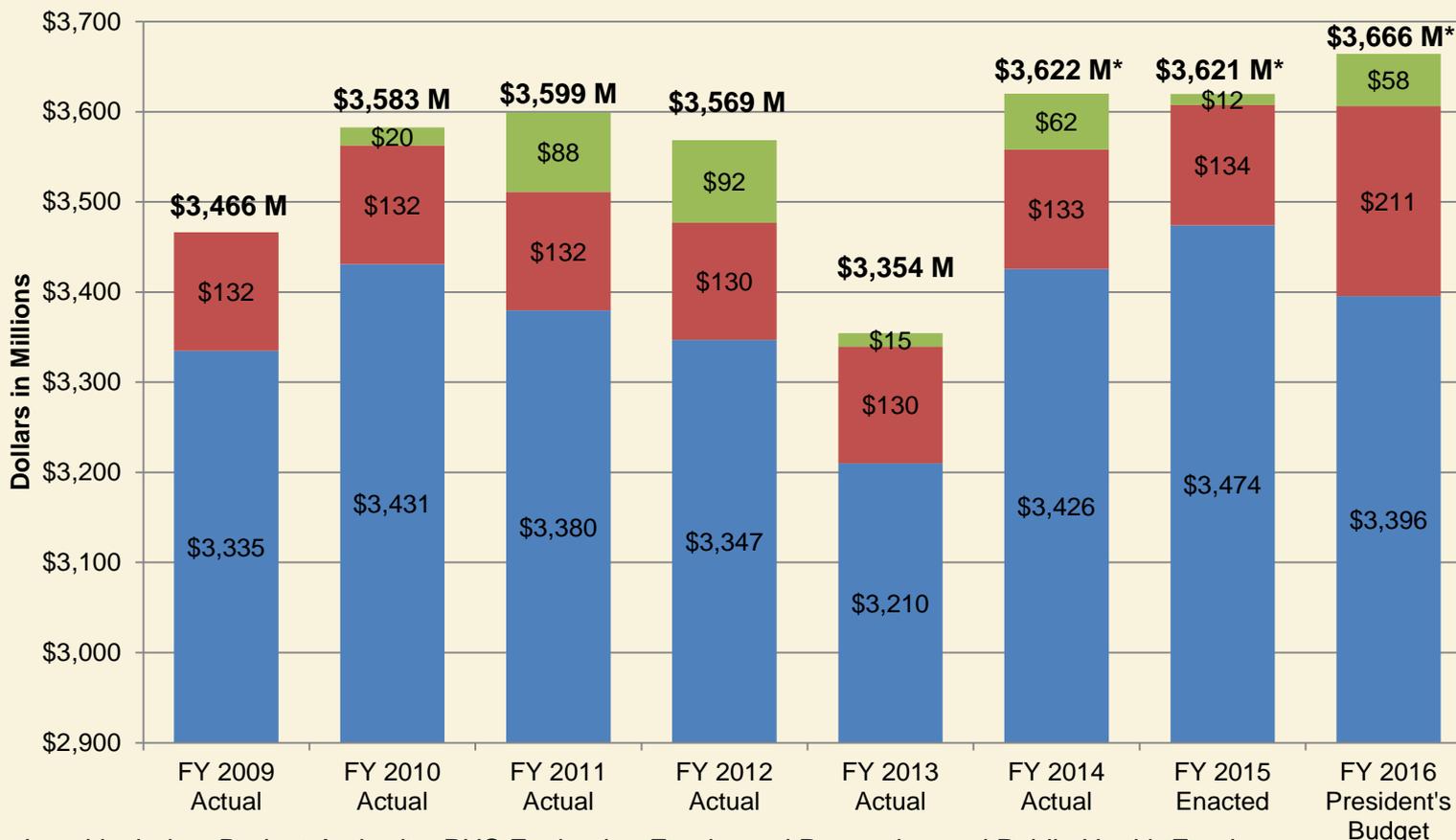
Supports President's Commitment to and Investment in the Nation's Health through Key Behavioral Health Priorities, such as:

- Strengthening Crisis Systems
- Addressing Prescription Drug and Opioid Abuse
- Expanding Behavioral Health Workforce
- Fostering Tribal Behavioral Health

SAMHSA BUDGET FY 2009 – FY 2016

- Prevention Funds
- PHS Funds
- Budget Authority

FY 2009 – FY 2016 Total Program Level



Total Program Level includes: Budget Authority, PHS Evaluation Funds, and Prevention and Public Health Funds after any applicable rescissions, sequestrations, and transfers. *The FY 2014, FY 2015, and FY 2016 totals also include \$1.5M estimated for User Fees for Extraordinary Data and Publication Requests.

COMPARISON TO FY 2015 ENACTED LEVEL

| Appropriation | Mental Health Services | SA Prevention | SA Treatment | HSPS (SA & MH) | Total |
|--|------------------------|---------------|--------------|----------------|---------|
| FY 2015 Enacted Level Total | \$1,071 | \$175 | \$2,181 | \$194 | \$3,621 |
| FY 2016 Proposed Total | \$1,078 | \$211 | \$2,141 | \$237 | \$3,666 |
| <i>FY 2016 PHS Evaluation Funds (non add)</i> | \$26 | \$16 | \$109 | \$59 | \$211 |
| <i>FY 2016 Prevention & Public Health Fund (non add)</i> | \$38 | --- | --- | \$20 | \$58 |
| FY 2016 +/- FY 2015 | +\$7 | +\$36 | -\$41 | +\$43 | +\$45 |



SAMHSA's Top Budget Priorities

STRENGTHENING CRISIS SYSTEMS

Increasing Crisis Access Response Efforts (ICARE): \$10 M New (\$5 M in MH; \$5 M in SAT)

- Demonstration program to provide grants to states and communities to build, fund, and sustain crisis systems
- Prevent and de-escalate behavioral health crises as well as connect individuals and families w/ needed post-crisis services.

ADDRESSING Rx AND OPIOID ABUSE (1)

Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction: \$25 M (\$13 M ↑ in SAT)

- Within the Targeted Capacity Expansion—General Program
- Grants to states to focus on high risk communities to address opioid use disorders
- Improve access to MAT services for individuals with opioid use disorders

ADDRESSING Rx AND OPIOID ABUSE (2)

Preventing Opioid Overdose-Related Deaths: \$12 M (New in SAP)

- Grants to 10 states to reduce # of opioid overdose-related deaths
- Help states purchase naloxone not otherwise covered
- Equip first responders in high risk communities
- Support education on use of naloxone and other overdose death prevention strategies
- Cover expenses incurred from dissemination efforts

ADDRESSING Rx AND OPIOID ABUSE (3)

Strategic Prevention Framework for Prescription Drugs (SPF-Rx): \$10 M (New in SAP)

- Raise public awareness about dangers of sharing medications
- Work with pharmaceutical and medical communities to raise awareness on risks of overprescribing
- Develop capacity and expertise in use of data from state prescription drug monitoring programs (PDMPs) to identify communities by geography and high risk populations

EXPANDING BH WORKFORCE

Peer Professional Workforce Development: \$10 M (New)

- Tuition support to build capacity of community colleges to develop and sustain BH paraprofessional training and education programs
- Adds approximately 1,200 new peer professionals

SAMHSA-HRSA Behavioral Health Workforce Education and Training (BHWET) Program: \$56 M (\$21 M ↑)

- Adds ~ 5,600 new health professionals (2,100 over FY 2015 levels)

FOSTERING TRIBAL BEHAVIORAL HEALTH

Tribal Behavioral Health Grants (TBHG): \$30 M (\$15 M in MH; \$15 M in SAP) (\$25 M ↑)

- Expand critical substance abuse prevention and mental health promotion activities for youth in tribal communities
- Reduce substance use and incidence of suicide among Native youth
- Address trauma and behavioral health conditions that impact learning in BIE-funded schools
- Enhance early detection of mental and substance use disorders among Native youth

PRESIDENT'S *NOW IS THE TIME* PLAN (1)

Now Is The Time (NITT): \$151.1 M Total; (\$35 M ↑ Total)

- Continues **Project AWARE: \$39.9 M** to improve MH awareness, increase referrals to BH services and support systems
- Continues **Mental Health First Aid: \$15 M** for training about mental illnesses and addictions, including risk factors and warning signs
- Continues **Healthy Transitions: \$20 M** to support youth ages 16 to 25 with MH and/or co-occurring SA problems, and their families
- Funds **Science of Changing Social Norms: \$4.0 M (New)** to measure and track attitudes, behaviors, and community norms re MH and SA; develop and test an array of messages

PRESIDENT'S *NOW IS THE TIME* PLAN (2)

Continues and Expands BH Workforce Activities: \$72.2 M
Total (\$31.0 M ↑)

- Continues Minority Fellowship Program (MFP): \$5.2 M for MH and Addictions Counselors focusing on youth
- Expands BH Workforce Education & Training (BHWET) Program: \$56 M (\$21 M ↑) jointly administered with Health Resources and Services Administration (HRSA) to create 5,600 professionals total (2,100 ↑)
- Funds Peer Professionals Workforce Development: \$10 M (New) to develop 1,200 peers providers
- Continues BH Workforce Data and Development: \$1 M

OTHER NEW INITIATIVES

Primary Care and Addiction Services Integration (PCASI): \$20 M (New in SAT)

- To integrate substance abuse treatment and primary care
- Cost data demonstrate exponentially higher costs for persons with multiple chronic conditions when one is an SUD

MH First Aid for Veterans: \$4 M (New in MH)

- To provide MHFA training for 55,000 more individuals, esp. those who work w/ military service members, veterans, and their families

OTHER INCREASES ABOVE FY 2015 (2)

Grants for Adult Trauma Screening and Brief Response (GATSBR): \$2.9 M (New in MH)

- Facilitate and evaluate trauma screening and responses in primary care
- Advance nation's understanding of need to address trauma in non-BH settings

National Strategy for Suicide Prevention (NSSP): \$4 M (\$2 M ↑ in MH)

- Expand support to states to establish evidence-based suicide prevention efforts that advance goals and objectives of National Strategy for Suicide Prevention

Program Support: \$7.6 M ↑ (in HSPS)

- For additional space costs associated with FY 2016 move with HRSA, IHS & AHRQ

REDUCTIONS FROM FY 2015 (1)

PBHCI: \$28 M (\$24 M ↓ in MH)

- Work with HRSA and CMS to incorporate integrated care into primary care and behavioral health settings

SBIRT: \$30 M (\$17 M ↓ in SAT)

- Continue to increase adoption of SBIRT in healthcare settings through policy leadership, technical assistance, and partners such as HRSA

Criminal Justice Activities: \$61.9 M (\$16.1 M ↓ in SAT)

- Explore new approaches and models within drug court portfolio

REDUCTIONS FROM FY 2015 (2)

ATR: Total \$0 (\$38 M ↓ in SAT)

- Services largely fundable through public/private insurance or BG; SAMHSA continues to encourage states to incorporate client choice in BG funded programs

Addiction Technology Transfer Centers: \$8.1 M (\$1 M ↓ in SAT)

- Continue significant technical assistance to address heroin and prescription drug abuse treatment and other addiction technologies

PREVENTION AND PUBLIC HEALTH FUND

| Prevention and Public Health Fund | FY 2014 Final | FY 2015 Enacted Level | FY 2016 President's Budget | FY 2016 +/- FY 2015 |
|---|---------------|-----------------------|----------------------------|---------------------|
| Access to Recovery | \$50 | \$0 | \$0 | \$0 |
| Primary/Behavioral Health Integration | \$0 | \$0 | \$28 | +\$28 |
| Health Surveillance | \$0 | \$0 | \$20 | +\$20 |
| Suicide Prevention | \$10 | \$12 | \$10 | -\$2 |
| National Strategy on Suicide Prevention | \$2 | \$0 | \$0 | \$0 |
| Total | \$62 | \$12 | \$58 | +\$46 |

LEADING CHANGE 2.0: 2015 – 2018

6 STRATEGIC INITIATIVES

Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015–2018

- Increase awareness and understanding about mental and substance use disorders
- Promote emotional health and wellness
- Prevent substance abuse and mental illness
- Increase access to effective treatment
- Support recovery

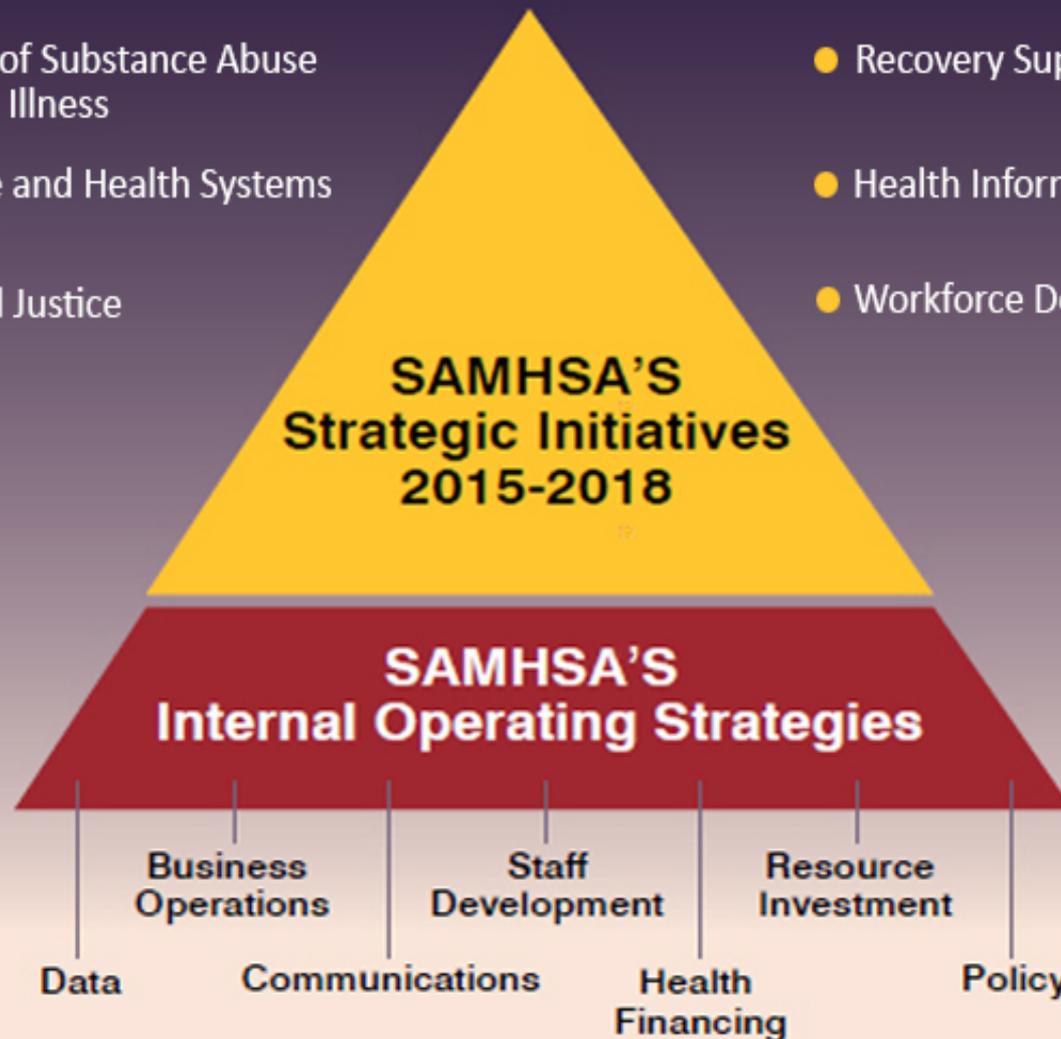
FISCAL YEAR 2015–2018 STRATEGIC INITIATIVES:

1. Prevention of Substance Abuse and Mental Illness
2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development

Link Between SAMHSA's Strategic Initiatives and Internal Operating Strategies

- Prevention of Substance Abuse and Mental Illness
- Health Care and Health Systems Integration
- Trauma and Justice

- Recovery Support
- Health Information Technology
- Workforce Development



SAMHSA's Theory of Change



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover