

Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover





SAMHSA'S FY 2017 BUDGET

As Proposed in the President's Budget

Kana Enomoto

SAMHSA Acting Administrator

**Hubert H. Humphrey Building Auditorium
Washington, D.C.
February 10, 2016**



SAMHSA'S STRATEGIC INITIATIVES

Leading Change 2.0: 2015-2018



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

SAMHSA FY 2017 BUDGET OVERVIEW

4

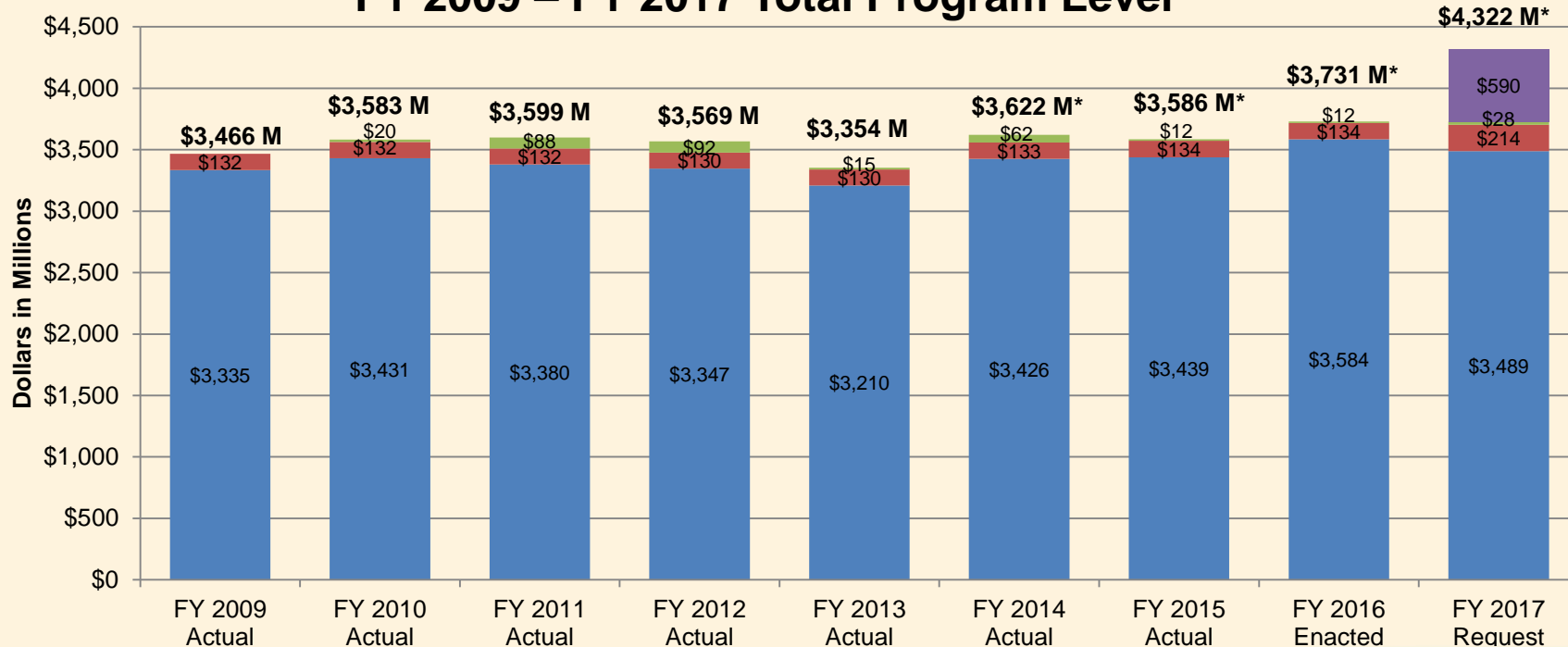
Key Priorities

- Engaging Individuals with Serious Mental Illness in Care
- Addressing the Opioid Public Health Crisis
- Preventing Suicide
- Maintaining the Behavioral Health Safety Net

SAMHSA BUDGET FY 2009 – FY 2017

- Mandatory
- Prevention Funds
- PHS Funds
- Budget Authority

FY 2009 – FY 2017 Total Program Level



Total Program Level includes: Budget Authority, PHS Evaluation Funds, Prevention and Public Health Funds, and Mandatory Funds after any applicable rescissions, sequestrations, and transfers. *The FY 2014 - FY 2017 totals also include \$1.5M estimated for User Fees for Extraordinary Data and Publication Requests. FY 2015 and FY 2016 are comparably adjusted to reflect the transfer of the Behavioral Health Workforce Education and Training program from SAMHSA to HRSA in FY 2017.

COMPARISON TO FY 2016 ENACTED LEVEL

(Dollars in thousands)

6					
Appropriation	Mental Health Services	SA Prevention	SA Treatment	HSPS (SA & MH)	Total
FY 2016 Enacted Level Total	\$1,158,928	\$211,148	\$2,191,885	\$169,475	\$3,731,436
FY 2017 Budget Request Total	1,273,766	211,148	2,661,348	175,386	4,321,648
FY 2017 Mandatory Funds (non add)	115,000	---	475,000	---	590,000
FY 2017 PHS Evaluation Funds (non add)	31,039	16,468	109,200	56,828	213,535
FY 2017 Prevention & Public Health Fund (non add)	10,000	---	---	17,830	27,830
FY 2017 +/- FY 2016	+\$114,838	\$---	+\$469,463	+\$5,911	+\$590,212

ADMINISTRATION'S \$500M MENTAL HEALTH INITIATIVE

(Dollars in millions)

7

Activity	FY 2017	FY 2018	Total
Section 223 Expansion Centers for Medicare & Medicaid Services	\$55	\$55	\$110
Evidence-based Early Interventions SAMHSA	115	115	230
Suicide State Pilot Comprehensive Demos Centers for Disease Control and Prevention	30	30	60
National Health Service Corps Health Resources and Services Administration	25	25	50
Tribal Behavioral Health Indian Health Services	25	25	50
Total	\$250	\$250	\$500

ADMINISTRATION'S MH INITIATIVE: SAMHSA'S COMPONENT

8

Evidence-based Early Interventions

- \$230.0 M two-year request in mandatory funding, \$115.0 M in FY 2017 and \$115.0 M in FY 2018.
- This new formula grant enables all states to establish early intervention programs, supports and services for SMI and enables states that already have programs to expand their efforts.
- Plans include a minimum of \$700,000 to each state.

Part of the Department's effort to "Engage Individuals with SMI in Care."

ENGAGING INDIVIDUALS WITH SMI IN CARE (ADDITIONAL SAMHSA EFFORTS)

9

Mental Health Block Grant Set-Aside

- 10% (\$50.0 M) of the MH Block Grant funds must be used for evidence-based programs which intervene early in the onset of SMI.

Set-Aside for Youth in the Prodrome Phase

- Establishes a 10% set-aside (\$11.9 M) in the CMHI program to focus on youth and young adults who are at clinical high risk for developing a first episode of psychosis.

ENGAGING INDIVIDUALS WITH SMI IN CARE (ADDITIONAL SAMHSA EFFORTS)

10

Crisis Systems: +\$10.0 M

- Communities will build sustainable systems to prevent and respond to behavioral health crises and ensure post-crisis follow up services.

Assisted Outpatient Treatment (AOT): \$15.0 M

- Communities will test the use of AOT to reduce hospitalization, homelessness, and criminal justice involvement while improving health and social outcomes.
- Will include a robust evaluation.

ADMINISTRATION'S \$1B EXPANDING ACCESS TO TREATMENT FOR PRESCRIPTION DRUG AND HEROIN ABUSE INITIATIVE

(Dollars in millions)

11

Activity	FY 2017	FY 2018	Total
State Targeted Response Cooperative Agreements SAMHSA	\$460	\$460	\$920
NHSC –MAT National Health Service Corps	25	25	50
Cohort Monitoring and Evaluation of MAT SAMHSA	15	15	30
Total	\$500	\$500	\$1,000

ADMINISTRATION'S \$1B PRESCRIPTION DRUG AND HEROIN INITIATIVE: SAMHSA'S COMPONENTS

12

State Targeted Response Cooperative Agreements: +\$920.0 M

- Two-year request in mandatory funding, \$460.0 M in FY 2017 and FY 2018.
- Grants to states to close the treatment gap for opioid use disorder by making medication-assisted treatment (MAT) affordable and available to people who want to achieve recovery.

Cohort Monitoring and Evaluation of MAT: +\$30.0 M

- Two-year request in mandatory funding, \$15.0 M in FY 2017 and FY 2018.
- Test the effectiveness of MAT programs employing different treatment modalities under real-world conditions.

These initiatives are part of the Department's Addressing Opioid Crisis effort



ADDRESSING OPIOID CRISIS (ADDITIONAL SAMHSA EFFORTS)

13

MAT for Prescription Drug and Opioid Addiction: \$50.1 M (+\$25.1 M)

- Grants to states to focus on communities with high rates of opioid use disorders.

Buprenorphine-Prescribing Authority Demonstration: +\$10.0 M

- A services research demonstration to test the safety and effectiveness of allowing prescribing buprenorphine by non-physician advance practice providers.

ADDRESSING OPIOID CRISIS (ADDITIONAL SAMHSA EFFORTS)

14

Grants to Prevent of Prescription Drug/Opioid Overdose-Related Deaths: \$12.0 M

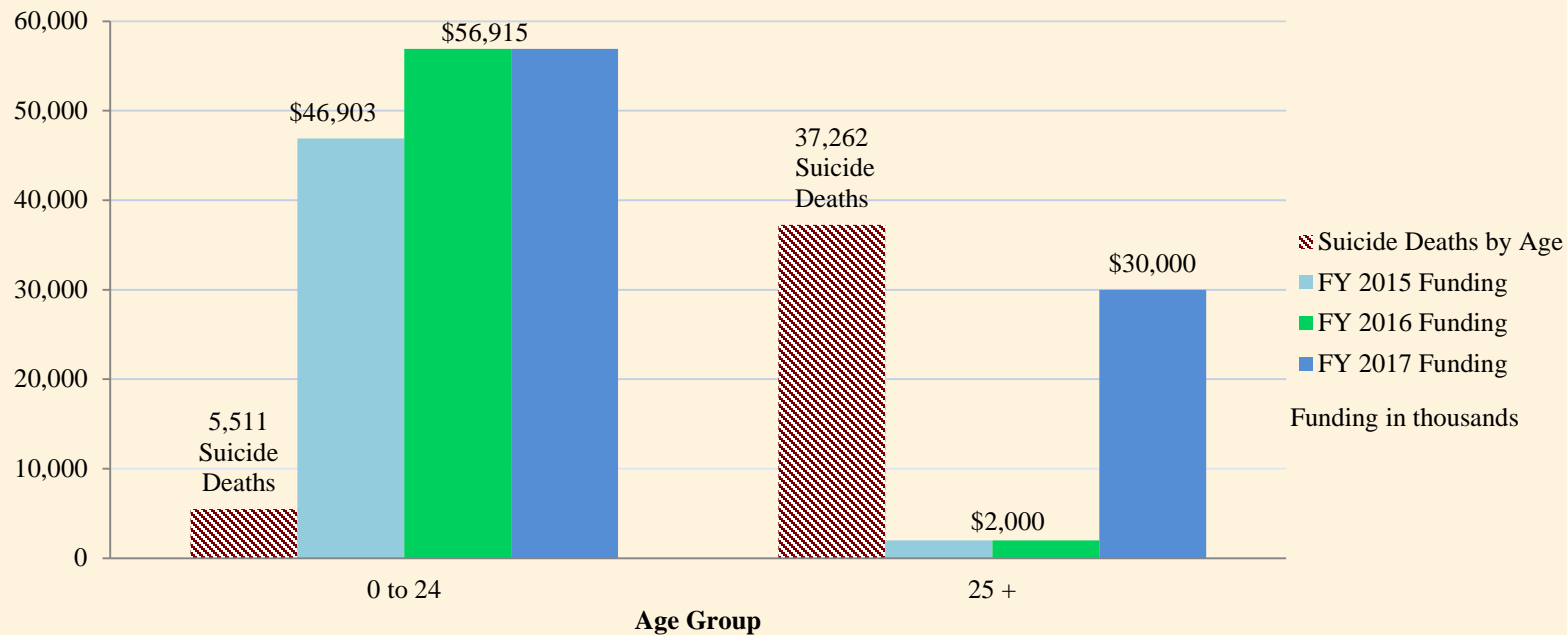
- Grants for states to purchase naloxone, equip first responders in high risk communities with this drug and training on its use.

Strategic Prevention Framework Rx: \$10.0 M

- Grants to states to enhance, implement, and evaluate strategies to prevent prescription drug misuse and abuse.

PREVENTING SUICIDE

15



PREVENTING SUICIDE (PROGRAM INCREASES)

16

National Strategy for Suicide Prevention: \$30.0 M (+\$28.0 M)

- \$30.0 M in FY 2017 to support the National Strategy for Suicide Prevention and create the Zero Suicide program.
- A comprehensive, multi-setting approach to suicide prevention that will improve identification of suicide risk, follow-up, and evidence-based interventions focused specifically on preventing suicide.
- Focuses on prevention within health systems, and among a population at highest risk.

MAINTAINING THE BH SAFETY NET: SAMHSA'S BLOCK GRANTS

17

Community Mental Health Services Block Grant (MHBG): \$532.6 M

- SAMHSA supports and plans to serve adults with serious mental illness and children with serious emotional disturbances through the public mental health system.
- SAMHSA proposes to maintain the 10 percent set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders.

Substance Abuse Prevention and Treatment Block Grant (SABG): \$1.9 B

- SABG funds support services not covered by commercial insurance and non-clinical activities and services that address the critical needs of state substance abuse prevention and treatment service systems.

OTHER INCREASES AND INNOVATIONS (1)

18

Peer Professional Workforce Development: +\$10.0 M

- A new Peer Professional Workforce Development program, providing tuition support and furthering the capacity of community colleges to develop and sustain behavioral health paraprofessional training and education programs.

Pregnant and Postpartum Women (PPW) Demonstration

- Proposes a new PPW 25% set-aside to explore strategies to serve more women and families in outpatient settings and provide flexibility in services provided.

OTHER INCREASES AND INNOVATIONS (2)

19

Project AWARE: \$72.0 M (+\$7.1 M)

- Part of the President's *Now is the Time* initiative that raises awareness about mental health issues and connects young people and their families with needed services. Continues support of the 2016 Civil Unrest effort.

KEY REDUCTIONS FROM FY 2016 (1)

20

Youth Violence Prevention: \$0.0 M (-\$23.1 M)

- Reallocates funding to Project AWARE and continues to bring to scale activities, practices, and lessons learned from Safe Schools/Health Students.

Primary and Behavioral Health Care Integration: \$26.0 M (-\$23.9 M)

- Continues to support the coordination and integration of primary care services into publicly funded community behavioral health settings and will not result in the termination of any existing grants.

KEY REDUCTIONS FROM FY 2016 (2)

21

Screening, Brief Intervention and Referral to Treatment (SBIRT): \$30.0 M (-\$16.9 M)

- Continues to provide grants for alcohol and drug screening and support early intervention to reduce the number of individuals who misuse drugs and alcohol.

Criminal Justice Activities: \$61.9 M (-\$16.1 M)

- Continues to provide comprehensive treatment and recovery support services for adolescents and adults with substance use disorders who come into contact with the criminal justice system, as well as offenders re-entering the community.

Treatment Systems for Homeless: \$36.4 M (-\$4.9 M)

- Plans to support annual Cooperative Agreements to Benefit Homeless Individuals for States-Enhancement and Grants for the Benefit of Homeless Individuals. Will not result in termination of any existing grants.

SAMHSA's KEY MESSAGES

22

- With an FY 2017 Budget Request of \$4.3B, an increase of \$590M, SAMHSA is leading public health efforts to advance the behavioral health of the nation.
- SAMHSA is committed to engaging individuals with Serious Mental Illness in care through strategies such as evidence-based early intervention, crisis system development, and assisted outpatient treatment.
- SAMHSA is a key leader in implementing the Administration's effort to address prescription drug and heroin abuse.
- SAMHSA'S efforts focus on addressing alarming rates of suicide and suicide attempts across the lifespan in America.
- SAMHSA is committed to maintaining the behavioral health safety-net by continuing to invest in the Mental Health and Substance Abuse Prevention and Treatment Block Grants.

“Not only strike while the iron is hot, but make it hot by striking.” – Oliver Cromwell

23



Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover

