

## **Testimony on FY 2009 Federal Funding for Mental Health Services**

**Submitted to the Senate Appropriations Subcommittee on Labor, Health, and Human Services, Education, and Related Agencies**

**The Hon. Tom Harkin (IA), Chairman**

**The Hon. Arlen Specter (PA), Ranking Chairman**

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**April 30, 2008**

Chairman Harkin, Ranking Chairman Specter, and members of the Subcommittee, on behalf of the National Association of State Mental Health Program Directors (NASMHPD), thank you for the opportunity to submit testimony on behalf of the \$29.5 billion public mental health service delivery systems serving 6.1 million people annually in all 50 states, four territories, and the District of Columbia. NASMHPD is the only national association to represent state mental health commissioners/directors and their agencies. In addition, NASMHPD has an affiliation with the approximately 220 state psychiatric hospitals. Our members administer and manage community-based systems of care for the millions of individuals with serious mental illness who at times require immediate access to a variety of inpatient facilities and psychiatric units in general hospitals but are often cared for successfully in the community.

An October 2006 report by NASMHPD illustrates how dire the need is for people with mental illness. This report states that persons with serious mental illness die, on average, 25 years earlier than the general population. In addition, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 17 million adults ages 18 and older (8.0 percent of the adult population) reported experiencing at least one major depressive episode during the past year. Finally, in the RAND Corporation's 2008 report, "Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery," researchers concluded that there needs to be a nationwide effort to expand and improve the capacity of the mental health system to provide adequate care to members of the military and veterans. RAND further reported that this effort must involve the public mental health system, as well as the military and veteran health care systems.

### **The Community Mental Health Services Block Grant (Block Grant):**

NASMHPD recommends providing \$482.9 million for the Block Grant, which represents a \$61.9 million increase over both the FY 2008 budget and the President's FY 2009 request.

The Block Grant is the principal federal discretionary program supporting community-based mental health services for adults and children. States use Block Grant funding to provide a range of critical services for adults with serious mental illnesses and children with serious emotional disturbances, including employment and housing assistance, case management, school-based support services, family and parenting education, and peer support.

The Block Grant is vital because it gives each state the flexibility to: fund services that are tailored to meet the unique needs and priorities of consumers of the public mental health system in that state; hold providers accountable for access to, and quality of services provided; and coordinate services to help finance medical and social services that individuals with mental illnesses need to live safely and effectively in the community. The following are recent examples of how states used the Block Grant in the past to provide vital services:

*Iowa:* Community mental health centers (CMHCs) that receive Block Grant funding use the funding to develop and implement evidence based practices for adults with serious mental illness and children with serious emotional disturbance. Block Grant funding has been used to provide training to CMHC about evidence based practices, how to evaluate programs for effectiveness, and how to transition from non-evidence based practices. In addition, the Block Grant funds technical assistance to individual CMHCs regarding the implementation of evidence based practices.

*Pennsylvania:* Pennsylvania allocated the majority of its FY 2006 Block Grant funds to County Mental Health Programs, which expanded funds for services and supports to adults and older adults with serious mental illness and children with serious emotional disturbance. Block Grant funds may be spent in any service center except Psychiatric Inpatient services. These service areas include: community services; crisis intervention services; adult developmental training; community employment services; facility-based vocational rehabilitation; social rehabilitation services; family support services; community residential services; children's psychosocial rehabilitation services; community treatment teams; intensive case management; outpatient mental health; day treatment (partial hospitalization); family based mental health; resource coordination; administrative management; and emergency services such as housing support services.

*Wisconsin:* Wisconsin's Block Grant funding has helped one or more of the following priorities: Certified Community Support Program development and service delivery; supported housing program development and service delivery; initiatives to divert persons from jails to mental health services; development and expansion of mobile crisis intervention programs; consumer peer support and self-help activities; coordinated, comprehensive services for children with serious emotional disturbance; development of strategies and services for persons with co-occurring mental health/substance use disorders, or mental health outcome data system improvement.

### **Programs of Regional and National Significance (PRNS)**

NASMHPD recommends providing \$343.3 million for PRNS, which represents a \$44 million increase over FY 2008 and a \$188 million increase over the President's FY 2009 request.

The Center for Mental Health Services (CMHS) addresses priority mental health care needs of regional and national significance by developing and applying best practices, providing training and technical assistance, building targeted capacity expansion, and changing the service delivery system through family, client-oriented and consumer-run activities. Several important programs that will be positively affected by an increase in PRNS funding include, but are not limited to:

#### *Suicide Prevention for Children and Adolescents: \$55.7 million*

In 2004, 32,439 individuals died by suicide in the U.S. Of these suicides, more than 4,500 were young people between the ages of 10-24. Nationally, suicide is the third leading cause of death among children aged 10-14 and among adolescents and young adults aged 15-24. According to the final report of President Bush's New Freedom Commission on Mental Health (2003), "our Nation's failure to prioritize mental health is a national tragedy...No loss is more devastating than suicide. Over 30,000 lives are lost annually to this largely preventable public health problem...Many have not had the care in the months before their death that would help them to affirm life. The families left behind live with shame and guilt..."

CMHS funds two specific suicide prevention initiatives. The first initiative is the National Suicide Prevention Lifeline (1-800-273-TALK), a network of more than 120 crisis centers across the country that respond, 24 hours a day, to individuals in emotional distress or suicidal crisis. In 2007, SAMHSA and the Department of Veterans' Affairs partnered to expand the reach of the Lifeline to provide for specialized veteran services. The second initiative is the Suicide Prevention Resource Center, which provides prevention support, training, and materials to strengthen suicide prevention efforts.

*Mental Health Transformation State Incentive Grants: \$29.8 million*

The Mental Health Transformation State Incentive Grants (T-SIGs) support states' efforts to create comprehensive mental health plans and enhance the use of existing resources to serve persons with mental disorders. SAMHSA awarded seven T-SIGs in FY 2005; two additional T-SIGs were awarded in FY 2006. Grant funds can only be used for infrastructure changes, such as planning, collaborating, blended funding or developing service concepts, and policies and procedures that support a transformation agenda. Funding of direct mental health services must come from other sources. Grantees work closely with other agencies, such as criminal justice, housing, child welfare, Medicaid and education.

Federal funding for the State Incentive Grants supports states' efforts to develop more comprehensive state mental health plans. These plans facilitate the coordination of federal, state and local resources to support effective and dynamic state infrastructure to best serve persons with mental disorders.

*Alternatives to Seclusion and Restraint State Infrastructure Grants: \$2.5 million*

Deaths due to seclusion and restraint in mental health and substance abuse care are estimated at approximately 150 per year across the United States. In addition to the risk of death and injury, individuals who have experienced previous physical or sexual abuse can suffer further traumatization when subjected to these practices.

The Alternatives to Seclusion and Restraint State Infrastructure Grant Project (S/R-SIG) provides training, technical assistance and other support to States, providers, facilities, and consumers and families in order to reduce and eliminate seclusion and restraint practices. SAMHSA awarded eight S/R-SIGs in FY 2007. Most of these states are implementing best practices alternatives in multiple settings and with a variety of consumers.

*National Center for Trauma-Informed Care: \$38 million*

The psychological effects of violence and trauma in our society are pervasive, highly disabling, yet largely ignored. Recent research indicates that interpersonal violence and trauma, including sexual and/or physical abuse, are widespread and have a major impact on a wide range of social problems which are costly if not addressed.

The National Center for Trauma-Informed Care provides technical assistance and training to publicly-funded agencies, programs, and services in order to encourage an environment that supports and empowers trauma survivors.

**Projects for Assistance in Transition from Homelessness (PATH)**

NASMHPD recommends providing \$61.1 million for PATH, which represents a \$7.8 million increase over FY 2008 and a \$1.4 million increase over the President's FY 2009 request.

The PATH formula grant program provides funding to states, localities and non-profit organizations to support individuals who are homeless (or are at risk of homelessness) and have a

serious mental illness and/or a co-occurring substance abuse disorder. PATH is designed to encourage the development of local solutions to the problem of homelessness and mental illness through strategies such as aggressive community outreach, case management and housing assistance. Other important core services include referral for primary care, job training and education. Surveys indicate that, in 2005, 463 PATH-funded local agencies enrolled more than 82,000 individuals of diverse racial and ethnic background with the most disabling mental illness. The most common diagnoses were schizophrenia, psychotic disorders and affective disorders. More than half of homeless consumers at first contact had been homeless for more than 30 days.

### **National Institute of Mental Health (NIMH)**

NASMHPD recommends providing \$1,498.6 million for NIMH, which represents a \$94.1 million increase over FY 2008 and a \$91.6 million increase over the President's FY 2009 request.

The mission of NIMH is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. Mental illnesses are fundamentally brain disorders that affect children, adolescents, and adults. Each year, more than 54 million people experience significant symptoms caused by mental disorders. This equates to one in every 20 adults who experience a disabling mental disorder. Of the ten leading causes of disability in the United States and internationally for individuals aged 15-44, four are mental disorders: major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder. Left untreated, a mental disorder can lead to more severe and more difficult to treat illnesses, and to the development of co-occurring mental disorders.

NIMH is currently developing a Strategic Plan to: promote discovery in the brain and behavioral sciences to fuel research on the causes of mental disorders; determine when, where and how to intervene; develop new and better interventions that incorporate the diverse needs of people with mental disorders; and strengthen the public health impact of NIMH-supported research. NIMH must achieve the fundamental understanding of how mental disorders begin and progress, to discover new treatments, and eventually prevent and cure them.

### **Other Important Funding Recommendations**

- Substance Abuse Prevention and Treatment Block Grant for \$1,858.7 million
- Center for Substance Abuse Prevention Programs of Regional and National Significance for \$215.06 million
- Center for Substance Abuse Treatment Programs of Regional and National Significance for \$420 million
- SAMHSA Integrated Treatment for Co-Occurring Serious Mental Illness and Substance Abuse Disorders for \$4.14 million
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) for \$465.5 million
- National Institute on Drug Abuse (NIDA) for \$1,067.7 million

### **Conclusion**

Thank you for your continued support for mental health initiatives. If you have any questions, please do not hesitate to contact Elizabeth Prewitt, NASMHPD's Director of Government Relations, 66 Canal Center Plaza, Suite 302, Alexandria, VA, Fax: 703-548-9517, Phone: 703-682-5196, [elizabeth.prewitt@nasmhpd.org](mailto:elizabeth.prewitt@nasmhpd.org).