

April 20, 2021

The Honorable Patty Murray
Chair
Subcommittee on Labor, HHS, Education and
Related Agencies
Senate Appropriations Committee
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Subcommittee on Labor, HHS, Education and
Related Agencies
Senate Appropriations Committee
Washington, D.C. 20510

The Honorable Rosa DeLauro
Chair
Subcommittee on Labor, HHS, Education and
Related Agencies
House Appropriations Committee
Washington, D.C. 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS, Education and
Related Agencies
House Appropriations Committee
Washington, DC 20515

Re: President's Fiscal Year 2022 Budget Request on Mental Health and Addiction

Dear Senators Murray and Blunt and Representatives DeLauro and Cole:

On behalf of the undersigned members of the Mental Health Liaison Group (MHLG), we are writing to express our strong support for President Biden's recognition of the ongoing and significant unmet behavioral health needs of the nation as reflected in his Fiscal Year 2022 budget request. Given the serious challenges that Americans continue to experience, an increase in the annual appropriation of funds is desperately needed by states and providers to ensure the continued provision of crucial mental health and substance use disorder treatment and care in our communities.

Prior to the release of the President's budget, MHLG distributed a set of [appropriations requests](#) for the FY 2022 budget in which we noted that "regular funding levels, as expressed in the Fiscal Year 2021 legislation....do not meet the need." Today, we urge consideration of the MHLG FY2022 recommendations, and offer our support of the President's topline budget request. As more detailed budget proposals are released in the coming weeks, we stand ready to work with you and your staff to ensure high levels of funding for important mental health, suicide prevention, and addiction programs across the federal budget.

Among other priorities, the President's proposed budget recognizes the critical role of addressing mental health and addiction as part of public health by including \$1.6 billion for the community mental health block grant, \$10.7 billion for the research, prevention, and treatment of opioid use disorder, and \$1 billion to increase mental health professionals in schools. The request also includes resources for homeless assistance, childcare, schools, health equity, criminal justice, broadband and many other areas that will have an important effect on people with mental illness and substance use disorders. Consistent with Congress' dedication and the President's dedication to working to address this crisis, we urge inclusion of generous levels of funding for behavioral health as you consider the President's request for significant overall increases in health research in the new Advance Research Projects Agency for Health, and the investment in public health data and infrastructure at the Centers for Disease Control and Prevention (CDC).

The need for greater investment in mental health and addiction services precedes and has been exacerbated by COVID-19. CDC and the National Center for Health Statistics reported that 81,230 people died of drug overdoses in the 12-month period ending in May 2020 – the largest number of drug overdoses ever recorded in a single year.ⁱ CDC data also indicates that the opioid crisis began as early as the 1990’s and has continued to increase over the past 20 years.ⁱⁱ A September 2020 report issued by the Well Being Trust estimated 150,000 “deaths of despair” during the pandemic were primarily attributable to drug and alcohol abuse, and the deaths of despair of suicides, drug and alcohol abuse had been at unacceptable levels for many years.ⁱⁱⁱ National data indicate that COVID-19 is worsening alarming trends among youth and adolescents with children’s visits to the emergency room for mental health conditions increasing 31% for those 12-17 years old and 24% for children ages 5 to 11 from March to October 2020 compared to the same period in 2019.^{iv} Over the past decade, rates of youth depression have doubled. In 2019, 16% of youth ages 12-17 reported experiencing a past-year major depressive episode compared to 8% in 2009. In 2019, roughly half or 50.3% of white youth with a past-year major depressive episode received mental health services, but only 35.6% of Black and 36.8% of Hispanic youth, with a past-year episode received treatment.^v Death by suicide is a leading cause of death for youth and young adults 10-34 nationwide.^{vi}

Further, this is a critical juncture for front line mental health and addiction treatment providers, who have been chronically underfunded. A field survey conducted by the National Council for Behavioral Health shows that community-based mental health and/or substance use organizations have experienced total revenue losses ranging from 23% to 28% since mid-March 2020.^{vii} The New York Times cited a similar survey of 165 treatment centers conducted by the National Association of Addiction Treatment Providers that found that 43% had to reduce capacity and “10% had to shut down because of the pandemic.”^{viii} Much of the pain of the pandemic is because these providers had operated at such small margins and without adequate funding for decades prior to the pandemic. As a result, investments such as those included in the President’s budget request and in the recent MHLG request to the committee are desperately needed.

The members of the Mental Health Liaison Group will gladly be a resource to you as you consider the FY 2022 budget. We are very thankful for the bipartisan leadership you have previously demonstrated in expanding access to behavioral health care for Americans, and we look forward to working with you to meet the ongoing behavioral health needs of the nation in FY 2022 and beyond.

Sincerely,

ⁱ Centers for Disease Control and Prevention. Increase in fatal drug overdoses across the United States driven by synthetic opioids before and during the COVID-19 pandemic. CDC Health Alert Network (December 17, 2020).

<https://emergency.cdc.gov/han/2020/han00438.asp>

ⁱⁱ <https://www.cdc.gov/drugoverdose/data/analysis.html>

ⁱⁱⁱ Petterson, Steve et al. “Projected Deaths of Despair During the Coronavirus Recession,” Well Being Trust. May 8, 2020.

https://wellbeingtrust.org/wp-content/uploads/2020/05/WBT_Deaths-of-Despair_COVID-19-FINAL-FINAL.pdf

^{iv} Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:1675–1680. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm> .

^v Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2004-2019. Retrieved from

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect11pe2019.htm>

^{vi} <https://www.cdc.gov/injury/wisqars/index.html>

^{vii} <https://www.thenationalcouncil.org/wp-content/uploads/2021/03/NCBH-Member-Survey-Feb-2021.pdf?dof=375ateTbd56>

^{viii} <https://www.nytimes.com/2021/01/04/world/the-pandemic-has-hit-addiction-recovery-hard.html>