

April XX, 2022

The Honorable Patty Murray  
Chair  
U.S. Senate Health, Education, Labor and  
Pensions Committee  
428 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Richard Burr  
Ranking Member  
U.S. Senate Health, Education, Labor and  
Pensions Committee  
217 Russell Senate Office Building  
Washington, DC 20510

The Honorable Frank Pallone, Jr  
Chair  
U.S. House Energy and Commerce Committee  
2107 Rayburn House Office Building  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers  
Ranking Member  
U.S. House Energy and Commerce Committee  
1035 Longworth House Office Building  
Washington, DC 20515

Dear Chair Murray, Ranking Member Burr, Chair Pallone, and Ranking Member McMorris Rodgers:

The undersigned mental health, public health, youth and educational organizations write to urge you to better meet the mental health needs of the nation by including a prevention and early intervention set-aside in the Community Mental Health Services Block Grant (MHBG) as your committees reauthorize programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) includes an authorized set aside for prevention, and we seek the same emphasis on an upstream approach in the MHBG.

The pandemic exacerbated a pre-existing mental health crisis, and many people are seeking help for the first time. This is particularly true for youth, who have experienced increases in mental health concerns including depression and anxiety<sup>1</sup> and a troubling increase in emergency room use.<sup>2</sup> As currently authorized, the MHBG can be used only for individuals who have previously been identified as children with serious emotional disturbance (SED) or adults with serious mental illness (SMI). A block grant set aside for prevention and early intervention would allow states to fund programs that provide help upstream to people who have not been identified as SED and SMI.

Research shows that early intervention and prevention activities can mitigate or in some cases prevent the incidence of mental health conditions. In general, providing similar supports and services that one would receive after a diagnosis of SMI or SED before they reach that level of severity is effective in preventing or mitigating serious needs. For example, evidence-based therapies are the standard of care for most SMI and SED, and studies have found that providing these same therapies earlier is effective in reducing the

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<sup>1</sup> United States Public Health Service, Office of the Surgeon General. (2021). Protecting Youth Mental Health: The U.S. Surgeon General's Advisory. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

<sup>2</sup> Radhakrishnan L, Leeb RT, Bitsko RH, et al. Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic — United States, January 2019–January 2022. *MMWR Morbidity and Mortality Weekly Report* 2022;71:319–324. DOI: <http://dx.doi.org/10.15585/mmwr.mm7108e2>

onset of SMI and SED.<sup>3,4</sup> Psychotherapy and related supports to reduce stressors have prevented the onset of psychosis among those at high risk. Mental health services provided by community providers in school-linked programs have been shown to improve attendance, academics, and behavior. These programs also identify and serve many children who had not previously been receiving services and have been particularly effective in reaching students of color. Unfortunately, most adolescents currently cannot benefit from the MHBG because services are limited to treating children who are already experiencing serious emotional disturbance.

States would have flexibility to determine what prevention programs are needed in their communities. This can include mental health literacy programs, outreach programs, and integrated services in primary care and school settings that reach underserved communities. It could also include prodrome programs for individuals experiencing symptoms consistent with later psychosis but prior to psychosis. For adults, states could fund outreach and engagement services for individuals who are at risk of going into crisis such as homeless individuals who have not been diagnosed with SMI and could provide follow-up services after a crisis to avoid continual crises and promote recovery. The President's FY '23 budget request for SAMHSA includes a new 10% set-aside for prevention and early intervention for children and adults.

Congress has recognized the critical role of prevention in the Substance Abuse Prevention and Treatment Block Grant, even including prevention in the name of the program. Given that substance use is often a response to untreated mental illness, it is equally important to include prevention and early intervention in the mental health block grant. We ask that you include a 10% set aside for prevention and early intervention in the MHBG program. Allowing states additional flexibility to address mental health conditions early and fund upstream approaches will better equip them to meet the future mental health needs of communities.

Sincerely,

Mental Health America  
National Association of State Mental Health Program Directors

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<sup>3</sup> Cuijpers P, Pineda BS, Quero S, Karyotaki E, Struijs SY, Figueroa CA, Llamas JA, Furukawa TA, Muñoz RF. Psychological interventions to prevent the onset of depressive disorders: A meta-analysis of randomized controlled trials. *Clinical psychology review*. 2021 Feb 1;83:101955.

<sup>4</sup> Mei C, van der Gaag M, Nelson B, Smit F, Yuen HP, Berger M, Krcmar M, French P, Amminger GP, Bechdolf A, Cuijpers P. Preventive interventions for individuals at ultra high risk for psychosis: An updated and extended meta-analysis. *Clinical psychology review*. 2021 Jun 1;86:102005.