



Fiscal Year 2025 Budget: Congressional Recommendations- SAMHSA Only

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Overview

This overview summarizes proposed fiscal year (FY) 2025 funding for:

- Department of Health and Human Services (HHS)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant
 - State Opioid Response (SOR) Grant
 - Center for Substance Abuse Treatment (CSAT)
 - Center for Substance Abuse Prevention (CSAP)
 - Center for Mental Health Services (CMHS)

Table of Contents

I. Substance Abuse and Mental Health Service Administration (SAMHSA)

- Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.....Page 4
- State Opioid Response (SOR) Grant.....Page 10
- Center for Substance Abuse Treatment (CSAT).....Page 13
- Center for Substance Abuse Prevention (CSAP).....Page 24
- Center for Mental Health Services (CMHS).....Page 30

Substance Abuse and Mental Health Services Administration (SAMHSA)

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant¹

(Previously Substance Abuse Prevention and Treatment [SAPT] Block Grant)

Program	Final FY 2024	FY 2024 vs. FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
SUPTRS Block Grant	2,008,079,000	Level	\$2,008,079,000	Level	\$2,508,079,000 ²	+\$500,000,000	\$2,048,079,000	+\$40,000,000

COVID-19 Relief Supplemental Funding	Consolidated Appropriations Act, 2021 (Coronavirus Relief Package, December 2020)	The American Rescue Plan Act of 2021 (March 2021)
SAPT Block Grant	\$1,650,000,000	\$1,500,000,000

Senate Committee Report Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: “The Committee recommends \$2,048,079,000 for the SUPTRS Block Grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).”

The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. In addition, States may use SUPTRS Block Grant funds to support medications

¹ The FY 2023 omnibus package (H.R.2617) changed the name to the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.

² The FY 2025 House recommendation for the SUPTRS funding level reflects a transfer of \$500,000,000 from the CDC’s Opioid Overdose Prevention and Surveillance funding to SAMHSA’s SUPTRS Block Grant.

and recovery support for the treatment of alcohol use and other substance use disorders, including to support peer recovery housing. The Committee also notes the importance of the block grant's 20 percent prevention set-aside, which is a vital source of primary prevention funding. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

The Secretary is encouraged to review and recommend changes to the formula used for distributing SUPTRS block grant funds to States no later than 1 year prior to the expiration of the authorization to ensure that sufficient funds are being directed to the hardest hit States, specifically those with the highest drug overdose death rates.”

Funding Flexibilities: “To address the growing need for substance use disorder prevention and treatment, States, Territories and their communities have been developing innovative ways to engage the millions of people with substance use disorders to access treatment services. The Committee encourages SAMHSA to implement funding flexibilities that allows States, Territories, and their communities the ability to rollover unused SUPTRS dollars allowing for these innovative programs to continue after they have been implemented.”

No Cost Extension: “The Committee directs SAMHSA to allow States to apply for a one-year, no-cost extension to September 30, 2026 for the allocation of supplemental funds to the SUPTRS Block Grant as provided in Public Law 117–2. States are concerned about the impending fiscal cliff. An extension as described allows certain States to work with their providers to implement spending plans in a more strategic, predictable, and efficient manner.”

Block Grant Reporting Requirements: “The Committee acknowledges the important role of the Community Mental Health Services and Substance Use Prevention, Treatment, and Recovery Services Block Grants in supporting States’ efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Committee reiterates the request for a report as included in Public Law 118–47 regarding the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and what programs or services they are going toward.”

House Committee Report Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: “The Committee includes \$2,508,079,000, which is a \$500,000,000 increase to the fiscal year 2024 enacted program level, for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. The SUPTRS Block Grant is a critical component of each State’s publicly funded substance use disorder system designed to address all substance use disorders—including those related to alcohol. SUPTRS Block Grant funds may support initiatives related to alcohol in settings such as emergency rooms and primary care offices. In addition, States utilize SUPTRS Block Grant funds to support alcohol use disorder treatment services in outpatient, intensive outpatient, and residential programs. Further, the Committee is also aware that SUPTRS Block Grant funds may be allocated to support medications for the treatment of alcohol use disorders, an important tool

that should be available to those in need. The Committee also understands SUPTRS Block Grant funds are utilized by States to support recovery community organizations to provide recovery support for those with alcohol use disorders.

The Committee recognizes the critical role the block grant plays in State and Territory systems across the country, giving States and Territories the flexibility to direct resources to address the most pressing needs of their communities. The Committee also recognizes that the 20 percent prevention set aside within the SUPTRS Block Grant is a vital source of funding for primary prevention. The Committee further notes that the transfer of opioid overdose prevention and surveillance funding from CDC to the SUPTRS Block Grant will increase the availability of treatment and recovery services given the dramatic differences in administrative overhead costs assessed by the respective agencies.

The SUPTRS funding level reflects a transfer of \$500,000,000 from the CDC to SAMHSA. Of the \$506,079,000 provide for the CDC program in fiscal year 2024, \$114,000,000, or 23 percent, went to administrative costs. The transfer of State program funding from CDC to SAMHA should increase the funding available to States for these activities by more than \$63,000,000 in reduced Federal administration expenses alone.”

No Cost Extension: “The Committee directs SAMHSA to allow States to apply for a one-year no-cost extension to September 2026 for the allocation of supplemental funds to the SUPTRS Block Grant as provided in P.L. 117–2. States are concerned about the impending fiscal cliff. An extension as described allows certain States to work with their providers to implement spending plans in a more strategic, predictable, and efficient manner.”

Opioid Use Disorder in Rural Communities: “The Committee is aware that the opioid use disorder crisis continues to pose unique challenges for rural America, which suffers from problems related to limited access to both appropriate care and health professionals critical to identifying, diagnosing, and treating patients along with supporting recovery from substance use disorders. The Committee recognizes that the COVID pandemic exacerbated many of rural America’s unique challenges and resulting needs, creating added isolation for many, and an increasing number of individuals in crisis. These issues further emphasize the urgency of a comprehensive approach including training to provide care for diverse populations; the use of technologies to ensure improved access to medically underserved areas; and workforce and skill development including peer recovery specialist training and other initiatives to increase effective responsiveness to unique rural challenges. The Committee encourages SAMHSA to support initiatives to advance opioid use disorder objectives in rural areas, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically underserved areas, and programs that stress a comprehensive community-based approach involving academic institutions, health care providers, and local criminal justice systems.”

Prevention Activities: “The SUPTRS Block Grant’s prevention set aside requires States to allocate at least 20 percent of Block Grant funds to primary prevention. States may use these prevention set aside funds to support initiatives aimed at addressing underage drinking; such efforts can reduce access to alcohol, reduce risk factors, and increase protective factors.”

Opioid Use Disorder Relapse and Overdose Prevention: “The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee notes SAMHSA’s efforts to address this within the Federal grant population and encourages SAMHSA to continue these programs in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.”

Preventing Prescription Drug and Opioid Overdoses: “The Committee notes strong concerns about the increasing number of overdose deaths attributable to opioids, including synthetic opioids. SAMHSA is encouraged to take steps to support the use of SUPTRS Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training and facilitate linkage to treatment and recovery services.”

SAMHSA Congressional Justification Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: “The FY 2025 President’s Budget request is \$2.0 billion, equal to the FY 2023 Final level. Coming out of the COVID-19 pandemic, and with an evolving overdose crisis, the need and demand for prevention, treatment, harm reduction, and recovery support services for SUDs continues to grow. The SUPTRS BG will continue to serve as a source of safety-net funding for vulnerable populations that rely on public funding to pay for substance use disorder prevention, treatment, public health interventions, and recovery support services. SAMHSA will continue to provide assistance to states in addressing and evaluating activities to prevent, reduce harm from, treat, and provide recovery support services for individuals, families, and communities that are adversely impacted by substance use disorders (SUDs) and related conditions. SAMHSA will also assist states and jurisdictions in planning for, expanding, enhancing, and building capacity in their service systems to address these evolving needs. States continue to use the Coronavirus Response and Relief Supplemental Funding and the American Rescue Plan Supplemental funding through March 14, 2024 (with No Cost Extension request approvals) and September 30, 2025, respectively, as states expand their SUD infrastructure to address unmet service needs.”

Recovery Support Services Set-Aside: “The Budget Request includes a 10 percent set-aside within the SUPTRS BG for recovery support services.

Section 1242 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) included language that requires states to describe the State’s comprehensive statewide recovery support services activities, including the number of individuals being served, target populations,

workforce capacity, and priority needs; and the amount of funds received that are expended on recovery support services, disaggregated by the amount expended for type of service activity. Further, the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2023 noted that the agreement does not include a new set-aside within the SUPTRS BG for recovery services but urges SAMHSA to strongly encourage States to use a portion of their SUPTRS BG funding for recovery support services. SAMHSA included such language as well as recovery-specific reporting elements in the SUPTRS BG FY 2024/FY 2025 state application and reporting requirements. However, SAMHSA recognizes that states often have competing priorities for SUPTRS BG funds. Given how fundamental recovery support services are to the health and well-being of people with SUD and their families, the FY 2025 budget request includes a proposed 10 percent set-aside for 302 non-clinical, substance use disorder recovery support services. This will help ensure the more than 20 million Americans recovering from substance use disorder receive the services and supports to help them thrive. These services may include substance use disorder recovery housing that meets national certification standards, recovery community centers, peer recovery support services, recovery schools, and a variety of other allowable recovery support services. These programs utilize individual, community, and system-level approaches to increase the four dimensions of recovery as defined by SAMHSA:

1. Health (access to quality health and SUD treatment);
2. Home (housing with needed supports);
3. Purpose (education, employment, and other pursuits); and
4. Community (peer, family, and other social supports)

States can use these funds to develop local recovery community support institutions, provide system navigation resources and supports, and collaborate and coordinate with local private, public, non-profit, and faith community response efforts. SAMHSA anticipates that this set-aside will help increase access to recovery support services across the country and complement the existing efforts to respond to the ongoing overdose crisis that accelerated during the COVID-19 pandemic.”

HIV/AIDS Set-Aside: “In accordance with Public Health statute and SUPTRS BG regulations, states and jurisdictions with an AIDS case rate of 10 or more such cases per 100,000 individuals (“designated States”) are required to obligate and expend 5 percent of their respective SUPTRS BG annual award for early intervention services for HIV. For the purpose of determining which states and jurisdictions are considered “designated States” SAMHSA relies on the most current reporting from the AtlasPlus HIV·Hepatitis·STD·TB·Social Determinants of Health Data. This reporting of HIV/AIDS data is available through the Centers for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most current HIV data reporting that is accessible on the AtlasPlus website, on or before October 1 of the federal fiscal year for which a state is applying for a grant, is used to determine the states or jurisdictions that will be required to meet this set-aside. These states use the HIV/AIDS set-aside funds to establish one or more projects to provide HIV early intervention services (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. This set-aside is required to support specific EIS/HIV services including (1) appropriate pretest counseling for HIV/AIDS; (2) testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency of the immune system,

and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease; 3) appropriate post-test counseling; and 4) providing the therapeutic measures described above. **The FY 2025 budget request includes a proposed update to the HIV set-aside language to better reflect the current HIV epidemic. Under this proposal, SAMHSA would use HIV cases as opposed to AIDS cases to calculate the HIV setaside in the SUPTRS BG.**

Additional Opioids Allocation – State Opioid Response (SOR) Grant

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
State Targeted Response (STR) to the Opioid Crisis Grants	Not funded	NA	Not funded	NA	Not funded	NA	Not Funded	NA
State Opioid Response (SOR) Grants	\$1,575,000,000	Level	\$1,595,000,000	+\$20,000,000	\$1,575,000,000	Level	\$1,600,000,000	+\$25,000,000

Senate Committee Report Language on the SOR Grant program:

State Opioid Response Grants: “The Committee provides \$1,600,000,000 for grants to States to address the opioid crisis. Bill language provides not less than 4 percent for grants to Indian Tribes or Tribal organizations. The Committee supports the 15 percent set-aside for States with the highest age-adjusted mortality rate related to substance use disorders, as authorized in Public Law 117–328. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on state ordinal ranking. Activities funded with this grant may include treatment, prevention, and recovery support services. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA’s website. The Committee further directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and Territory SOR grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.”

SOR Formula Data: “The Committee remains concerned that the fatal overdose data used in determining the 15 percent set aside reflects all drug poisoning deaths, which does not accurately identify rates of total overdoses from opioids, including fentanyl. The Committee urges the Assistant Secretary to consider using data pertaining to opioid-specific drug overdoses.”

SOR Funding Cliffs: “The Committee continues to direct SAMHSA to avoid significant funding cliffs between States with similar opioid mortality data and to prevent unusually large changes in a State’s SOR allocation when compared to the prior year’s allocation, and acknowledges SAMHSA’s work to avoid cliffs in the last funding cycle. In ensuring the formula avoids such cliffs, the Assistant Secretary may consider options including, but not limited to, expanding the number of States that are eligible for the 15 percent set aside and using multiple years of data to minimize the effect of temporary changes in overdose mortality rates. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.”

Rural Opioid Technical Assistance Regional Centers [ROTA–R] Cooperative Agreements: “The Committee is concerned with the proposal to consolidate all ROTA–R activities into one program award in the fiscal year 2024 notice of funding announcement. This decision could dilute the effectiveness of the traditional ROTA–R program and jeopardize the ability to effectively respond to locally identified needs, and leave behind the rural communities that are currently being served. The Committee recognizes the need, however, for more collaboration and coordination among ROTA–R recipients while also appreciating the unique needs of each regional, rural community to address the opioid crisis. As such, the Committee directs SAMHSA to maintain funding for the 10 cooperative agreements under the ROTA–R program at not less than the fiscal year 2023 level instead of consolidating the program, and directs not more than \$1,500,000 to use for a technical assistance center to serve as a coordinating body for the ROTA–R recipients.”

House Committee Report Language on the SOR Grant program:

State Opioid Response Grants: “The Committee includes \$1,575,000,000, which is the same as the fiscal year 2024 enacted program level, for State Opioid Response (SOR) grants. The Committee supports efforts from SAMHSA through SOR grants to expand access to SUD treatments in rural and underserved communities, including through funding and technical assistance. Within the amount provided, the Committee includes a set aside for Indian Tribes and Tribal organizations of 4 percent.

The Committee continues to support the continuum of prevention, treatment, and recovery support services within SOR for individuals with opioid or stimulant use disorder including co-occurring addictions such as alcohol addiction. The Committee encourages SAMHSA to increase awareness of grantees regarding the availability of SOR funding to support treatment and support for co-occurring addictions, including alcohol use disorder.”

FDA Approved Medications: “SAMHSA is directed to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder.”

Opioid Use Disorder Recurrence: “The Committee is concerned that relapse following opioid withdrawal management for opioid use disorder is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA’s efforts to address this within the Federal grant population by emphasizing the potential benefits of opioid detoxification followed by medication to prevent recurrence and encourages SAMHSA to disseminate and implement this approach in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.”

Technical Assistance: “The Committee provides no funding for Notice of Funding Opportunity Number TI–24–012. The Committee directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and territorial SOR grantees, sub-recipients, and others addressing opioid use disorder and stimulant use disorder in their communities.”

SAMHSA Congressional Justification Language on the SOR Grant program:

State Opioid Response Grants: “The FY 2025 President’s Budget request is \$1.6 billion, an increase of \$20.0 million over the FY 2023 Final level. The funding includes a \$60.0 million set-aside for the TOR program, an increase of \$5 million over the FY 2023 Final level. SAMHSA plans to fund 59 new SOR grants to continue to support states and territories. SAMHSA aims to admit 127,500 people for OUD treatment through SOR in FY 2025. The allowable uses of this program will continue to include state efforts to address stimulants, including methamphetamine, and cocaine. Stimulants are an increasing source of concern and are involved in a significant proportion of deaths in a number of states. Based on an assessment of a state’s naloxone purchasing and distribution conducted in FY 2022 and further refined through technical assistance in FY 2023 and FY 2024, many states will utilize SOR grant dollars as a key source of funds to provide naloxone and other opioid overdose reversal medications to underserved areas and organizations in FY 2025. SAMHSA will assist states in the identification of underserved communities and agencies and continue to work with states on implementation and iterative refinement of overdose reversal medication distribution and saturation.”

SAMHSA’s Center for Substance Abuse Treatment (CSAT)³

Program	Final FY 2024	FY 2024 vs FY 2023	President’s FY 2025 Request	President’s FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
CSAT PRNS TOTAL	\$576,219,000	+\$2,000,000	\$590,969,000	+\$14,750,000	\$433,384,000	-\$142,835,000	\$587,219,000	+\$11,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	Level	\$9,046,000	Level	\$9,046,000	Level	\$10,046,000	+\$1,000,000
Building Communities of Recovery	\$17,000,000	+\$1,000,000	\$16,000,000	-\$1,000,000	\$17,000,000	Level	\$18,000,000	+\$1,000,000
Children and Families	\$30,197,000	Level	\$30,197,000	Level	\$30,197,000	Level	\$30,197,000	Level
Comprehensive Opioid Recovery Centers (CORCs)	\$6,000,000	Level	\$6,000,000	Level	\$6,000,000	Level	\$7,000,000	+\$1,000,000
Community Harm Reduction and Engagement Initiative	-	NA	\$10,000,000	NA	-	NA	-	NA
Criminal Justice Activities	\$94,000,000	Level	\$94,000,000	Level	\$74,000,000	-\$20,000,000	\$94,000,000	Level
<i>Drug Courts</i>	<i>\$74,000,000</i>	<i>Level</i>	<i>\$74,000,000</i>	<i>Level</i>	<i>\$74,000,000</i>	<i>Level</i>	<i>\$74,000,000</i>	<i>Level</i>
Emergency Department Alternatives to Opioids	\$8,000,000	Level	\$8,000,000	Level	\$15,000,000	+\$7,000,000	\$8,000,000	Level
First Responder Training (CARA)	\$57,000,000	+\$1,000,000	\$56,000,000	-\$1,000,000	\$58,000,000	+\$1,000,000	\$59,000,000	+\$2,000,000
<i>Rural Focus</i>	<i>\$32,000,000</i>	<i>+\$1,000,000</i>	<i>\$31,000,000</i>	<i>-\$1,000,000</i>	<i>\$33,000,000</i>	<i>+\$1,000,000</i>	<i>\$34,000,000</i>	<i>+\$2,000,000</i>
Grants to Develop Curricula for DATA Act Waivers	Not funded	NA	Not funded	NA	Not funded	NA	Not funded	NA
Grants to Prevent Prescription Drug/Opioid Overdose	\$16,000,000	Level	\$16,000,000	Level	\$16,000,000	Level	\$16,000,000	Level
Improving Access to Overdose Treatment	\$1,500,000	Level	\$1,500,000	Level	\$1,500,000	Level	\$1,500,000	Level
Minority AIDS Initiative	\$66,881,000	Level	\$66,881,000	Level	Not funded	-\$66,881,000	\$66,881,000	Level
Minority Fellowship Program	\$7,136,000	Level	\$7,136,000	Level	\$7,136,000	Level	\$7,136,000	Level
Opioid Treatment Programs and Regulatory Activities	\$10,724,000	Level	\$10,724,000	Level	\$10,724,000	Level	\$10,724,000	Level
Peer Support Technical Assistance Center	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level
Pregnant and Postpartum Women (PPW)	\$38,931,000	Level	\$43,931,000	+\$5,000,000	\$38,931,000	Level	\$40,931,000	+\$2,000,000
Recovery Community Services Program	\$4,434,000	Level	\$4,434,000	Level	\$4,434,000	Level	\$4,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$33,840,000	Level	\$33,840,000	Level	Not funded	-\$33,840,000	\$33,840,000	Level
Targeted Capacity Expansion (TCE) General	\$122,416,000	Level	\$122,416,000	Level	\$129,416,000	+\$7,000,000	\$125,416,000	+\$3,000,000

³ The FY 2025 President’s Budget proposes to change the name of the Center from the Center for Substance Abuse Treatment (CSAT) to Center for Substance Use Services (CSUS).

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)</i>	\$111,000,000	Level	\$111,000,000	Level	118,000,000	+\$7,000,000	\$114,000,000	+\$3,000,000
Treatment, Recovery, and Workforce Support	\$12,000,000	Level	\$12,000,000	Level	\$12,000,000	Level	\$12,000,000	Level
Treatment Systems for Homeless	\$37,114,000	Level	\$37,114,000	Level	Not funded	-\$37,114,000	\$37,114,000	Level
Women's Addiction Services Leadership Institute (WASLI)	-	-	-	-	-	-	\$1,000,000	NA
Women's Behavioral Health Technical Assistance Center	-	-	\$1,750,000	NA	Not funded	NA	Not funded	NA
Youth Prevention and Recovery Initiative	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level	\$3,000,000	+\$1,000,000

Senate Committee Report Language:

Building Communities of Recovery and Peer Support Networks: “The Committee appreciates SAMHSA’s implementation of new funding for community-based networks assisting individuals with substance use disorder recovery, and urges SAMHSA to promote the expansion of recovery support services and to reduce stigma associated with addictions. The Committee recognizes the coordinated efforts of this program to connect people in recovery to a wide array of community resources, including housing services, primary care, employment resources, among others, and urges the program to expand its reach to others in need of support. To further support these recovery community organizations, the Committee continues \$2,000,000 for the National Peer Run Training and Technical Assistance Center to provide addiction recovery support to peer networks and recovery communities.”

Comprehensive Opioid Recovery Centers: “The Committee includes \$7,000,000, to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act.”

Drug Courts: “The Committee recommends \$74,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”

Emergency Department Alternatives to Opioids: “The Committee includes \$8,000,000 to award grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act.”

First Responder Training: “The Committee provides \$59,000,000 for First Responder Training grants. Of this amount, \$34,000,000 is set aside for rural communities with high rates of substance use. In addition, \$13,500,000 of this funding is provided to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone and protective equipment) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334). The Committee directs SAMHSA to ensure funding is for new awardees and allows awards in amounts less than the maximum award amount to ensure nationwide funding.”

Grants to Prevent Prescription Drugs/Opioid Overdoses: “The Committee recognizes that the number of young Americans dying due to opioid overdose is rising. The Committee acknowledges the existing Grants for Reducing Overdose Deaths program and encourages the Secretary to expand eligibility to provide schools access to this program for training and for opioid overdose reversal agents, such as naloxone.”

Medication-Assisted Treatment: “The Committee includes \$114,000,000 for medication-assisted treatment, of which \$14,500,000 is for grants to Indian Tribes, Tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Abuse Treatment to ensure that these grants include as an allowable use the support of medication- assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.”

Medications for Opioid Use Disorder: “The Committee urges SAMHSA to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder.”

Minority Fellowship Program: “The Committee includes \$7,136,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance use disorder treatment services for minority populations that are underserved.”

Opioid Use in Rural Communities: “The Committee is aware that response to the opioid use disorder crisis continues to pose unique challenges for rural America. Rural areas can struggle with limited access to care and there is a lack of health professionals necessary for identifying, diagnosing, and treating patients with substance use disorders, as well as assisting individuals in recovery. As a result, responding to the opioid crisis in rural America requires a comprehensive approach, which may involve: an integrated approach to care; collaboration when appropriate with patients and their families; involvement of community partners and institutions; advancing competency and skills development for healthcare providers treating people with substance use disorders; training to provide care in a culturally

responsive manner; and the use of technologies to ensure improved access to medically underserved areas through the use of telehealth and the addition of treatment programs where feasible. The Committee encourages SAMHSA to support initiatives to advance these objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community- based approach involving academic institutions, healthcare providers, and local criminal justice systems.”

Opioid Use Disorder Recurrence: “The Committee is concerned that relapse following withdrawal management from opioids is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA’s efforts to address this within the Federal grant population by emphasizing the potential benefits of withdrawal management for opioid use disorder followed by medication to prevent recurrence and encourages SAMHSA to disseminate and implement this policy in all settings where withdrawal management is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.”

Pregnant and Postpartum Women Program: “The Committee includes \$40,931,00 for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”

Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT]: “The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing early substance use is an effective strategy to prevent problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance use, but that many health providers, especially pediatricians and those in underserved communities, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age, as well as for the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults.”

Treatment Assistance for Localities: “The Committee recognizes the use of peer recovery specialists and mutual aid recovery programs that support medication-assisted treatment and directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support medication-assisted treatment in its grant programs.”

Treatment, Recovery, and Workforce Support: “The Committee includes \$12,000,000 for SAMHSA to continue implementation of section 7183 of the SUPPORT Act.”

Women’s Addiction Services Leadership Institute: “The Committee is aware that CSAT implemented for 10 years an important workforce development initiative known as the Women’s Addiction Services Leadership Institute [WASLI]. The program, which ended in 2018 due to insufficient funding, strengthened the capacity of emerging leaders to meet the needs of women with substance use disorders by developing participants’ leadership skills and creating a network of the next generation of leaders in women’s addiction services. A total of

112 emerging leaders graduated from WASLI and 56 coaches received training in executive coaching. The Committee includes \$1,000,000 within the Addiction Technology Transfer Centers for SAMHSA to reinstitute WASLI in order to close a significant gap in Federal support to strengthen and retain the women’s substance use disorder services workforce.”

House Committee Report Language:

Eligible Grantees: “The Committee directs the Secretary to expand eligibility for grants under SAMHSA Prevention Programs of Regional and National Significance and the corresponding services provided by the Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently eligible for such grants.”

Opioid Treatment Programs and Regulatory Activities: “The Committee provides \$10,724,000, which is the same as the fiscal year 2024 enacted program level, to support access to FDA approved medications for opioid use disorder through opioid treatment programs and to approve organizations that accredit opioid treatment programs.”

Screening, Brief Intervention, and Referral to Treatment: “The Committee provides no funding for the Screening, Brief Intervention, and Referral to Treatment program. The Committee notes that SAMHSA has labeled the program as supporting “harm reduction” activities. The Committee further notes that following the decriminalization of drugs for personal use in Oregon in 2021, overdose deaths increased almost 50 percent.”

Targeted Capacity Expansion: “The Committee provides \$129,416,000, an increase of \$7,000,000 from the fiscal year 2024 enacted program level, for the Targeted Capacity Expansion program including the Medication-Assisted Treatment for Prescription Drug and Opioid Addition program (MAT–PDOA). These programs support State and local governments, Tribes, nonprofit organizations, and health facilities respond to treatment and capacity gaps for purposes of providing services to individuals with opioid use disorder. MAT–PDOA provides access to FDA approved medications for opioid use disorders to reduce opioid use and related deaths. The Committee directs SAMHSA to use the increase to support nonprofit treatment facilities engaged in community enhancement projects to improve the provision of services to rural communities in surrounding regions. Better access to care mitigates community safety risks while expanding treatment services and recovery support programs for patients and their families.

SAMHSA is further directed to include all FDA approved medications for opioid use disorder as an allowable use to achieve and maintain remission and recovery.”

Grants to Prevent Prescription Drug/Opioid Overdose: “The Committee provides \$16,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths (PDO), which is the same as the fiscal year 2024 program level. The PDO program trains first responders

and other community providers on the prevention of prescription drug/opioid overdose-related deaths including through the purchase and distribution of naloxone.”

First Responder Training: “The Committee provides \$58,000,000 for First Responder Training. This amount includes \$33,00,000, an increase of \$1,000,000 from the fiscal year 2024 enacted program level, for Rural Emergency Medical Services Training Grants, which provide funding to recruit and train emergency medical services personnel in rural areas with a focus on addressing substance use disorders and co-occurring mental health conditions.”

Pregnant and Postpartum Women: “The Committee provides \$38,931,000 for the Pregnant and Postpartum Women program which is the same as the fiscal year 2024 program level. The Pregnant and Postpartum Women program supports comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and other family members.”

Recovery Community Services Program: “The Committee provides \$4,434,000 for the Recovery Community Services Program, which is the same as the fiscal year 2024 program level; this program provides grants to develop, expand, and enhance community and statewide recovery support services.”

Children and Families Program: “The Committee provides \$30,197,000, which is the same as the fiscal year 2024 program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations with co-occurring mental illnesses.”

Drug Courts: “The Committee provides \$74,000,000 for SAMSHA’s Drug Court initiative. The Committee continues to direct SAMHSA to ensure that all funding appropriated for drug treatment courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance use agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”

Improving Access to Opioid Treatment: “The Committee provides \$1,500,000, which is the same as fiscal year 2024 program level, to support awards to expand access to FDA approved drugs or devices for emergency treatment of known or suspected opioid overdose.”

Building Communities of Recovery: “The Committee provides \$17,000,000, which is the same as the fiscal year 2024 program level, to enable the development, expansion, and enhancement of recovery community organizations.”

Peer Support Technical Assistance Center: “The Committee provides \$2,000,000, which is the same as the fiscal year 2024 program level, to provide technical assistance to recovery community organizations and peer support networks.”

Comprehensive Opioid Recovery Centers: “The Committee provides \$6,000,000 for Comprehensive Opioid Recovery Centers, which is the same as the fiscal year 2024 program level, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271).”

Emergency Department Alternatives to Opioids: “The Committee provides \$15,000,000, an increase of \$7,000,000, for Emergency Department Alternatives to Opioids, as authorized by section 7091 of the SUPPORT Act (P.L. 115–271). This program provides funding to hospitals and emergency departments to develop and implement alternative pain management protocols and treatments that limit the prescribing of opioids in emergency departments.”

Treatment, Recovery, and Workforce Support: “The Committee provides \$12,000,000, which is the same as the fiscal year 2024 program level, for grants to entities that offers treatment or recovery services for individuals with SUDs to support individuals in SUDs treatment and recovery live independently and participate in the workforce.”

Youth Prevention and Recovery Initiative: “The Committee provides \$2,000,000, which is the same as the fiscal year 2024 program level, for the for the Youth Prevention and Recovery Initiative to support early identification and services to children, adolescents, and young adults at risk of SUDs, and treatment for such populations including those with co-occurring mental illnesses, as authorized by the SUPPORT Act (P.L. 115–271).”

Minority Fellowship Program: “The Committee provides \$7,136,000, which is the same as the fiscal year 2024 program level, to increase behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations.”

Substance Use Disorder Treatment: “The Committee encourages SAMHSA to expand the availability of treatment services tailored to adolescents, pregnant women, and parents.”

SAMHSA Congressional Justification Language:

Opioid Treatment Programs/Regulatory Activities: “The FY 2025 President’s Budget request is \$10.7 million, equal to the FY 2023 Final. SAMHSA plans to award 19 continuation PCSS-U grants, plus two continuation cooperative agreements for PCSS-MOUD and PCSS-MAUD and two contracts. One of these contracts supports the technology used to process certification applications and requests for exemptions to the federal regulations that govern OTP services (42 CFR Part 8). The other, starting in FY 2024, will be critical to assisting the accreditation bodies, states, and OTPs’ implementation of the substantially revised 42 CFR Part 8 regulations. In FY 2025, CSUS expects to continue to support practitioners, particularly in adjusting to the removal of the DATA-waiver process, the introduction of new training requirements for all providers prescribing controlled medications that went into effect in June 2023, and the revised OTP regulations for those practitioners caring for patients in this setting. It will also continue its support activities to assure providers of MOUD and other systems of care have access to CSUS-funded technical assistance and training resources.”

Screening, Brief Intervention, and Referral to Treatment: “The FY 2025 President’s Budget request is \$33.8 million, equal to the FY 2023 Final level. SAMHSA plans to fund 30 continuation grants and anticipates grant recipients will serve 146,366 clients.”

Targeted Capacity Expansion-General: “The FY 2025 President’s Budget request is \$122.4 million, equal to the FY 2023 Final level. With this proposed funding, SAMHSA plans to fund 177 continuation MAT-PDOA grants. SAMHSA will award 22 new and five continuation TCE-SP grants and the continuation of a HBCU-CFE grant, using 50 percent braided funding from CMHS. SAMHSA anticipates grant recipients will serve approximately 13,844 clients.”

Pregnant and Postpartum Women: “The FY 2025 President’s Budget request is \$43.9 million, an increase of \$5.0 million from the FY 2023 Final level. SAMHSA plans to award two new and 10 continuation PPW-pilot grants, as well as 10 new and 48 continuation PPW-residential treatment grants to provide an array of services and supports to pregnant women and their families. In FY 2025, SAMHSA anticipates serving an additional 43 women in the PPW-residential treatment program, for a total of 2,165 and 6 additional women in the PPW-pilot program, for a total of 640 people. The proposed increase for this program will support the Administration’s priority to address the maternal health crisis.”

Improving Access to Overdose Treatment: “The FY 2025 President’s Budget request is \$1.5 million, equal to the FY 2023 Final level. SAMHSA will support seven continuation grants to continue reducing opioid overdose related deaths through the provision of prevention, harm reduction, and linkages to treatment for opioid use disorder (OUD). SAMHSA anticipates that approximately 3,000 people will be trained in policies, procedures, and models of care for prescribing co-prescribing, and expanding access to naloxone and other opioid overdose reversal medications.”

Building Communities of Recovery (BCOR): “The FY 2025 President’s Budget request is \$16.0 million, flat from the FY 2023 Final level. SAMHSA plans to support 13 new grants and 37 continuation grants for the BCOR program. The funding will support ongoing coverage and integration of recovery support and social services (including peer support) to promote access to and strengthen behavioral and physical healthcare. The BCOR program relies heavily on the peer support of others in recovery. Investing in peer recovery services bolsters a strong community of shared life experiences and a wealth of practical knowledge among program participants. 112 Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. With continued investment, SAMHSA is responding directly to concerns from the recovery community that funding is needed to provide the full range of recovery services.”

Recovery Community Services Program: “The FY 2025 President’s Budget request is \$4.4 million, flat from the FY 2023 Final level. SAMHSA plans to award five new and nine continuation RCSP grants, as well as three continuation RCSP-SN grants. SAMHSA anticipates that RCSP will serve 794 clients and the RCSP-SN program will serve 339 clients.”

Children And Families: “The FY 2025 President’s Budget request is \$30.2 million, level with the FY 2023 Final level. SAMHSA plans to fund 53 continuation YFTREE grants, estimated to serve 1,740 people.”

Treatment Systems for Homeless: “The FY 2025 President’s Budget request is \$37.1 million, equal to the FY 2023 Final level. SAMHSA intends to fund 11 new and 62 continuation GBHI grants with a target to serve 4,600 people.”

Criminal Justice Activities: “The FY 2025 President’s Budget request is \$94.0 million, flat from the FY 2023 Final level. SAMHSA plans to support 170 drug court continuation grants, 38 AR continuation and six new AR grants, and one contract. At least one award will be made to tribes/tribal organizations, and at least eight will be made to FTDCs, pending sufficient application volume from these groups. SAMHSA expects these programs will serve approximately 7,787 people in FY 2025.”

Minority AIDS Initiative: “The FY 2025 President’s Budget request is \$66.9 million, equal to the FY 2023 Final level. SAMHSA plans to fund 124 MAI-HRP continuation grants and will serve approximately 10,185 people.”

Minority Fellowship Program: “The FY 2025 President’s Budget request is \$7.1 million, equal to the FY 2023 Final level. These funds, in combination with \$11.0 million in the Mental Health appropriation and \$1.3 million in the Substance Use Prevention appropriation, will support eight continuation grants and one 252 contract. The budget request will continue to support 428 fellows. As a braided activity, this funding in fellows will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to continue inclusion of addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program. SAMHSA separately tracks any amounts spent, or awarded, under the Minority Fellowship Program through the distinct appropriations and to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.”

Addiction Technology Transfer Centers: “The FY 2025 President’s Budget request is \$9 million, equal to the FY 2023 Final level. At this level, SAMHSA will fund 11 cooperative agreement continuations and maintain the same performance target as in the FY 2024. In FY 2025, ATTCs will conduct an estimated 1,200 events, with an estimated 40,000 total participants.”

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths: “The FY 2025 President’s Budget request is \$16.0 million, equal to the FY 2023 Final level. SAMHSA will fund 18 continuation grants. This funding will help states purchase overdose reversing agents, equip first responders in high-risk communities, support education on the use of naloxone and other opioid overdose reversal medications, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts. SAMHSA anticipates

distributing 50,000 naloxone kits and training 15,000 people with this funding. PDO places focused emphasis upon getting lifesaving opioid reversal kits into the hands of 257 community organizations and individuals that are in close proximity to those vulnerable to opioid overdose. This program builds upon existing assets and resources within communities that allows programs to serve as a bridge to close gaps and mitigate with prevention efforts for those at higher risks of substance misuse, substance use disorders, and overdose.”

Peer Support Technical Assistant Center: “The FY 2025 President’s Budget request is \$2 million, equal to the FY 2023 Final level. SAMHSA will award one continuation cooperative agreement at \$2 million, providing training to approximately 2,500 individuals on peer support services.”

Treatment, Recovery, and Workforce Support: “The FY 2025 President’s Budget request is \$12 million, equal to the FY 2023 Final level. This level will continue to provide access to career services for people in recovery from substance use disorder through partnerships with local organizations. SAMHSA plans to fund seven new and 16 continuation grants. The investment will further strengthen and develop America’s workforce and allow for greater support to those in recovery. SAMHSA will maintain the same performance targets as FY 2024.”

Emergency Department Alternatives to Opioids: “The FY 2025 President’s Budget request is \$8.0 million, equal to the FY 2023 Final level. SAMHSA plans to award 16 continuation grants. In FY 2025, SAMHSA anticipates funding one new and 15 continuation grants with a target of training 2,520 providers on using non-opioid therapies and providing non-opioid therapies to 115,850 patients.”

Comprehensive Opioid Recovery Centers: “The FY 2025 President’s Budget request is \$6.0 million, equal to the FY 2023 Final level. SAMHSA plans to fund two new and five continuation grants. These funds will provide critical comprehensive care services, including long-term care and support services utilizing the full range of FDA-approved medications and evidence-based services and will cover the costs of critical linkage and system development not currently covered by other sources of funding. These funds will extend the reach of MOUD treatment and recovery support services to address the overdose 269 epidemic across systems and regional locations, reducing scattered, uncoordinated treatment efforts, and expanding access to care for people with special needs and/or in rural areas. SAMHSA will maintain the same performance targets for FY 2025 as in FY 2023.”

First Responder Training – Comprehensive Addiction and Recovery Act: “The FY 2025 President’s Budget request is \$56.0 million, equal to the FY 2023 Final level. SAMHSA anticipates funding 60 new and 65 continuation grants. SAMHSA will utilize multiple sources of data (including, but not limited to, previous program, morbidity, and mortality data) to identify priority communities and populations in greatest need of funding.

FR-CARA will continue to prevent overdoses with increasing access to overdose prevention that includes purchasing, training, and equipping first responders and community members with naloxone and other opioid overdose reversal medications. Additionally, an important goal will be facilitating referral and linkage where the first responder is directly connecting the person in need of services with a

provider of substance use services. This program will continue providing access for individuals treated with naloxone for overdose to obtain services such as low threshold buprenorphine with psychosocial support services to address the multifaceted challenges a person experiences after an overdose.”

Youth Prevention and Recovery Initiative: “The FY 2025 President’s Budget request is \$2.0 million, equal to the FY 2023 Final level. SAMHSA anticipates funding four continuation grants. Data from the initial cohort of grantees funded in FY 2023, that will serve as a baseline for future years, will be available in the spring of 2024.”

Community Harm Reduction and Engagement Initiative: “The FY 2025 President’s Budget request is \$10.0 million to establish the new harm reduction program. SAMHSA’s community harm reduction and engagement initiative aims to reach 181,000 individuals with harm reduction and low threshold treatment services through three approaches:

1. *Harm Reduction Resources for Community-Based Organizations (\$3 million):* Provide awards reaching at least 41 small community-based organizations that are already serving populations needing these services but without other federal resources to support harm reduction services. These organizations will receive technical assistance and capacity building support, as well as resources to expand their services. These efforts will enable organizations to expand their reach to an additional 21,000 individuals.
2. *Community Harm Reduction and Engagement Expansion Grants (\$5 million):* Grants will be provided to approximately 41 harm reduction service organizations serving who have the capacity to expand their services to an additional 60,000 individuals.
3. *Harm Reduction TA Center (\$2 million):* Technical assistance will be made available to States, Tribes and communities interested in establishing or strengthening their harm reduction services. It is estimated this TA will reach a minimum of 75 organizations, who will in turn be able to reach 100,000 individuals.”

Women’s Behavioral Health Technical Assistance Center: “The FY 2025 President’s Budget request is \$3.5 million, with CSUS contributing \$1.75 million and CMHS contributing \$1.75 million per year. The program, over its lifetime, is expected to have over 2,660,000 website visits, 99,200 unique clinicians trained, 3,200 vetted resources offered, and 6,300 clinical consultations. Additionally, this cooperative agreement focuses on assisting providers with topics that are not traditionally covered in behavioral health training programs such as 281 as suicide and crisis prevention, how to address gender-based violence, and importantly how to address the needs of women facing special challenges due to lower socioeconomic status, racial/ethnic minority status, and/or sexual orientation and disabilities in a culturally competent manner.”

SAMHSA’s Center for Substance Abuse Prevention (CSAP)⁴

Program	Final FY 2024	FY 2024 vs FY 2023	President’s FY 2025 Request	President’s FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
CSAP PRNS TOTAL	\$236,879,000	Level	\$236,879,000	Level	\$203,174,000	-\$33,705,000	\$246,879,000	+\$10,000,000
At-Home Prescription Drug Disposal Demonstration	Not funded	NA	Not funded	NA	Not funded	NA	Not funded	NA
Center for the Application of Prevention Technologies (CAPT)	\$9,493,000	Level	\$9,493,000	Level	\$9,493,000	Level	\$9,493,000	Level
Federal Drug-Free Workplace	\$5,139,000	Level	\$5,139,000	Level	\$5,139,000	Level	\$5,139,000	Level
Minority AIDS Initiative	\$43,205,000	Level	\$43,205,000	Level	Not Funded	-\$43,205,000	\$43,205,000	Level
Minority Fellowship Program	\$1,321,000	Level	\$1,321,000	Level	\$1,321,000	Level	\$1,321,000	Level
Science and Service Program Coordination	\$4,072,000	Level	\$4,072,000	Level	\$4,072,000	Level	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$14,500,000	Level	\$14,500,000	Level	\$14,000,000	-\$500,000	\$14,500,000	Level
<i>National Adult-Oriented Media Public Service Campaign</i>	<i>\$2,500,000</i>	<i>Level</i>	<i>\$2,500,000</i>	<i>Level</i>	<i>\$2,500,000</i>	<i>Level</i>	<i>\$2,500,000</i>	<i>Level</i>
<i>Community Based Coalition Enhancement Grants</i>	<i>\$11,000,000</i>	<i>Level</i>	<i>\$11,000,000</i>	<i>Level</i>	<i>\$11,000,000</i>	<i>Level</i>	<i>\$11,000,000</i>	<i>Level</i>
<i>Interagency Coordinating Committee to Prevent Underage Drinking</i>	<i>\$1,000,000</i>	<i>Level</i>	<i>\$1,000,000</i>	<i>Level</i>	<i>\$500,000</i>	<i>-\$500,000</i>	<i>\$1,000,000</i>	<i>Level</i>
Strategic Prevention Framework-Partnerships for Success	\$135,484,000	Level	\$135,484,000	Level	\$140,484,000	+\$5,000,000	\$145,484,000	+\$10,000,000
<i>Strategic Prevention Framework Rx</i>	<i>\$10,000,000</i>	<i>Level</i>	<i>\$10,000,000</i>	<i>Level</i>	<i>Not funded</i>	<i>-\$10,000,000</i>	<i>\$10,000,000</i>	<i>Level</i>
Tribal Behavioral Health Grants	\$23,665,000	Level	\$23,665,000	Level	\$28,665,000	+\$5,000,000	\$23,665,000	Level

⁴The FY 2025 President’s Budget proposes to change the name of the Center from the Center for Substance Abuse Prevention (CSAP) to the Center for Substance Use Prevention Services (CSUPS).

Senate Committee Report Language:

Interagency Coordinating Committee for the Prevention of Underage Drinking [ICCPUD]: “The Committee understands ICCPUD funding has been used for activities that fall outside its authorization as specified in Public Law 109–422. The funding provided in this act for ICCPUD shall only be used for the purpose of preventing or reducing underage drinking and not for any other purpose.”

Minority Fellowship Program Support for Prevention Workforce: “The Committee directs SAMHSA to award \$1,321,000 in Minority Fellowship Program funds, to support a separate prevention fellowship program that will increase the number of culturally competent prevention specialists to help expand prevention programming for underserved minority populations.”

Prevention Technology Transfer Centers [PTTC] Network: “The Committee supports the work of the PTTC Network and efforts related to certified prevention specialists and the Prevention Fellowship program. This program supported 16 early career prevention fellows throughout each HHS region where they gained hands on experience working in State alcohol and drug agencies. Fellows, coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and prepared for employment opportunities in the substance use prevention field.”

Strategic Prevention Framework: “The Committee recommends \$145,484,000 for the Strategic Prevention Framework. Within the total provided, \$135,484,000 is for the Strategic Prevention Framework-Partnerships for Success program, and \$10,000,000 is for Strategic Prevention Framework-Rx. The Strategic Prevention Framework is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and Tribal levels. The Committee recognizes that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation as well as slow the pathways to addiction and overdose, and that demand for community-based primary prevention resources far outpaces available funding.”

Sober Truth on Preventing [STOP] Underage Drinking Act: “The Committee provides \$14,500,000 for the STOP Act. Of this funding, \$11,000,000 is for community-based coalition enhancement grants, \$2,500,000 is for the National media campaign, and \$1,000,000 is for the Interagency Coordinating Committee on the Prevention of Underage Drinking.”

Subawards: “The Committee is concerned about the accountability of grants provided under SP–22–001 and directs SAMHSA to track and monitor subawards.”

Substance Use Disorder Prevention Workforce Report: “The Committee notes that SAMHSA was directed in fiscal year 2022 to conduct a comprehensive national study regarding the substance use prevention workforce. The study will collect information on the existing availability of and access to data on prevention workforce size, salaries, and current challenges in maintaining support for an adequate workforce, a plan to address these challenges and potential Federal programming to help implement the plan. The Committee looks forward to a briefing from SAMHSA on the study’s findings within 60 days of issuing the final report.”

Tribal Behavioral Health Grants: “SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance use prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among Tribal populations, the Committee continues to urge the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.”

House Committee Report Language:

Strategic Prevention Framework-Partnerships for Success: “The Committee provides \$140,484,000, an increase of \$5,000,000, for the Strategic Prevention Framework (SPF). SPF provides grants to States, Tribes, and local governmental organizations to prevent substance misuse. The Committee provides no funding for SPF Rx in recognition of the continually evolving nature of substance addiction and misuse. The Committee strongly believes that investing in prevention is essential to ending the substance abuse crisis, and supports the core SPF program, which is designed to prevent the onset of substance misuse, while strengthening prevention capacity and infrastructure. The Committee intends that this program supports comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State or local applicant’s most pressing substance use issues, as determined by the State and/or local epidemiological data.

The additional funding for core the SPF program is based on the Committee’s recognition that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation as well as slow the pathways to addiction and overdose, and that demand for community-based primary prevention resources far outpaces available funding. The Committee directs that the additional funding be split evenly between States and communities.”

Federal Drug Free Workplace: “The Committee provides \$5,139,000, the same as the fiscal year 2024 program level, for Federal Drug-Free Workplace Programs (DFWP). DFWP ensures employees in national security, public health, and public safety positions are tested for the use of illegal drugs and the misuse of prescription drugs and ensures the laboratories that perform this regulated drug testing are inspected and certified by HHS.”

Sober Truth on Preventing Underage Drinking Act: “The Committee provides \$14,000,000 for the Sober Truth on Preventing Underage Drinking (STOP) Act. The STOP Act supports an adult-oriented national media campaign to provide parents and caregivers of youth under the age of 21 with information and resources to discuss the issue of alcohol with their children, funds the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICPUD), and provides grants to prevent and reduce alcohol use among youth under the age of 21.

The Committee is concerned that funding for the ICPUD may have been diverted for purposes unrelated to underage drinking and reiterates that the ICPUD is to focus exclusively on preventing underage drinking. The Committee further directs SAMHSA to ensure that no funds provided by this Act are directed for the purpose of input into the Dietary Guidelines.”

Tribal Behavioral Grants: “The Committee provides \$28,665,000, an increase of \$5,000,000 from fiscal year 2024, to address the high incidence of substance misuse and suicide among the AI/AN population.”

Fentanyl and Prescription Drug Misuse Prevention: “The Committee supports efforts to better educate the public on the potential lethality of fentanyl and prescription drug misuse.”

Center for the Application of Prevention Technologies: “The Committee provides \$9,493,000, the same as the fiscal year 2024 program level, for the Center for the Application of Prevention Technologies to improve implementation and delivery of effective substance use prevention interventions and provide training and technical assistance services to the substance use prevention field.

The Committee applauds the Center for Substance Abuse Prevention and the Prevention Technology Transfer Centers for their work implementing the Prevention Fellowship Program. This program supported 16 early career prevention fellows throughout each HHS region where they gained hands on experience working in State alcohol and drug agencies. Fellows, coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and prepared for employment opportunities in the substance use prevention field. The Committee directs the Secretary to expand eligibility for Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently authorized for such grants.”

Minority Fellowship Program: “The Committee provides \$1,321,000, the same as the fiscal year 2024 program level, to provide stipends to increase the number of SUD and mental health professionals who teach, administer, conduct services research, and provide direct mental health or substance use disorder treatment services for minority populations.

The Committee directs SAMHSA to ensure that Center for Substance Abuse Prevention funded fellowships focus on substance use disorder prevention related activities.”

SAMHSA Congressional Justification Language:

Strategic Prevention Framework-Partnerships for Success: “The FY 2025 President’s Budget request is \$135.5 million, equal to the FY 2023 Final level. This funding level will support 51 new and 144 continuing SPF-PFS grant awards and 27 continuing SPF-Rx grants.”

Federal Drug-Free Workplace Programs: “The FY 2025 President’s Budget request is \$5.1 million, equal to the FY 2023 Final level. The funding continues to support the DFWP with implementing and maintaining Mandatory Guidelines for oral fluid in the federally regulated drug testing program. This includes costs associated with laboratory proficiency testing specimens, application fees, inspector training, HHS pre-inspections for applicant laboratories, and HHS laboratory certification for new oral fluid testing laboratories. Along with the implementation

of the oral fluid testing program, SAMHSA will continue to pursue the implementation of hair testing and oversight of the Executive Branch Agencies' DFWP as well as continue its oversight role for the inspection and certification of the HHS-certified laboratories."

Sober Truth on Preventing Underage Drinking Act (STOP Act): "The FY 2025 President's Budget Request is \$14.5 million, equal to the FY 2023 Final level. In FY 2025 the program will support 6 new and 177 continuing grants. This program will continue to support efforts to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States. The STOP Act Program aims to (1) address norms regarding alcohol use by youth, (2) reduce opportunities for underage drinking, (3) create changes in underage drinking enforcement efforts, (4) address penalties for underage use, and (5) reduce negative consequences associated with underage drinking."

Tribal Behavioral Health Grants: "The FY 2025 President's Budget Request is \$23.6 million, equal to the FY 2023 Final level. Combined with \$22.7 million in the Mental Health appropriation these funds will support technical assistance activities. SAMHSA anticipates funding 133 continuation grants and a new cohort of 25 grants. In FY 2025, SAMHSA expects Tribal Behavioral Health grantees to contact 470,790 youth through the program. Additionally, SAMHSA estimates that 26,000 individuals will be screened for mental health or related interventions and 5,883 will receive services after screening. As a braided activity, SAMHSA is tracking separately any amounts spent or awarded under Tribal Behavioral Health Grants through the distinct appropriations and ensuring that funds are used for purposes consistent with legislative direction and intent of these appropriations."

Minority AIDS Initiative: "The FY 2025 President's Budget Request is \$43.2 million, equal to the FY 2023 Final level. Given level-funding, the program will award approximately 66 new and 94 continuing grants. In FY 2025, the grant recipients will serve approximately 11,000 individuals and provide over 18,000 referrals to support services."

Minority Fellowship Program: "The FY 2025 President's Budget Request is \$1.3 million, equal to the FY 2023 Final level. SAMHSA will support 7 continuation grants. The budget request will continue to support 428 fellows.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.

Note, SAMHSA is tracking separately any amounts spent, or awarded, under the Minority Fellowship Program through the distinct appropriations and to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations."

Center for the Application of Prevention Technologies: "The FY 2025 President's Budget Request is \$9.5 million, equal to the FY 2023 Final level. SAMHSA plans to support 13 continuing grants with no new grant awards. This program is a key component to expanding and enhancing the prevention workforce. The program funding includes support for continuation funding to continue the PTTC Network to ensure

consistent high quality, easily accessible technical assistance resources are available to the prevention field. In FY 2025, CSUPS intends to continue to advance key prevention knowledge transfer and workforce development through the PTTCs, including continued support of the prevention fellowship program and continued training of the prevention workforce. SAMHSA anticipates grantees will provide trainings to approximately 39,774 participants.”

Science and Service Program Coordination: “The FY 2025 President’s Budget Request is \$4.1 million, equal to the FY 2023 Final level. Funding will continue to maintain improvements in community readiness in identified tribal communities through tribally focused, and tribally specific technical assistance delivery. In FY 2025, CSUPS anticipates serving 2,583 individuals through tribally-focused technical assistance.”

SAMHSA’s Center for Mental Health Services (CMHS)

Program	Final FY 2024	FY 2024 vs FY 2023	President’s FY 2025 Request	President’s FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
CMHS PRNS TOTAL	\$1,080,453,000	+\$15,000,000	\$1,238,953,000	+\$158,500,000	\$411,396,000	-\$669,057,000	\$1,119,453,000	+\$39,000,000
Assisted Outpatient Treatment	\$21,420,000	Level	\$21,420,000	Level	\$21,420,000	Level	\$21,420,000	Level
Assertive Community Treatment for Individuals with Serious Mental Illness	\$9,000,000	Level	\$9,000,000	Level	\$9,000,000	Level	\$9,000,000	Level
Certified Community Behavioral Health Clinics (CCBHCs)	\$385,000,000	Level	\$450,000,000	+\$65,000,000	\$385,000,000	Level	\$400,000,000	+\$15,000,000
Comprehensive Opioid Recovery Center (CORCs)	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT
Community Mental Health Services Block Grant (MHBG)	\$1,007,571,000	Level	\$1,042,571,000	+\$35,000,000	\$1,022,571,000	+\$15,000,000	\$1,042,571,000	+\$35,000,000
Children and Family Programs	\$7,229,000	Level	\$7,229,000	Level	\$8,229,000	+\$1,000,000	\$7,229,000	Level
Children’s Mental Health Services	\$130,000,000	Level	\$180,000,000	+\$50,000,000	\$130,000,000	Level	\$130,000,000	Level
Community Mental Health Centers	-	N/A	\$412,500,000	NA	Not funded	NA	Not funded	NA
Consumer and Consumer Supporter Technical Assistance Centers	\$1,918,000	Level	\$1,918,000	Level	\$1,918,000	Level	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	Level	\$4,954,000	Level	\$4,954,000	Level	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$11,269,000	Level	\$11,269,000	Level	\$11,269,000	Level	\$11,269,000	Level
Disaster Response	\$1,953,000	Level	\$1,953,000	Level	\$1,953,000	Level	\$1,953,000	Level
Eating Disorder Identification, Treatment, and Recovery	-	-	-	-	\$5,000,000	+\$5,000,000	-	-
Healthy Transitions	\$28,451,000	-\$2,000,000	\$30,451,000	+\$2,000,000	Not Funded	-\$28,451,000	\$28,451,000	Level
Homelessness	\$2,296,000	Level	\$2,296,000	Level	\$2,296,000	Level	\$2,296,000	Level
Homelessness Prevention Programs	\$33,696,000	Level	\$33,696,000	Level	Not funded	-\$33,696,000	\$33,696,000	Level
Infant and Early Childhood Mental Health	\$15,000,000	Level	\$15,000,000	Level	\$15,000,000	Level	\$15,000,000	Level
Interagency Task Force on Trauma-Informed Care	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level
Mental Health Crisis Response Grants	\$20,000,000	Level	\$40,000,000	+\$20,000,000	Not funded	-\$20,000,000	\$30,000,000	+\$10,000,000
Mental Health System Transformation and Reform	\$3,779,000	Level	\$3,779,000	Level	\$3,779,000	Level	\$3,779,000	Level

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
Mental Health Awareness Training ⁵	\$27,963,000	Level	\$27,963,000	Level	Not funded	-\$27,963,000	\$27,963,000	Level
Minority Fellowship Program	\$11,059,000	Level	\$11,059,000	Level	\$11,059,000	Level	\$11,059,000	Level
Minority AIDS	\$9,224,000	Level	\$9,224,000	Level	Not Funded	-\$9,224,000	\$9,224,000	Level
National Child Traumatic Stress Initiative	\$98,887,000	+\$5,000,000	\$93,887,000	-\$5,000,000	\$100,887,000	+\$2,000,000	\$103,887,000	+\$5,000,000
988 Suicide & Crisis Lifeline	\$519,618,000	+\$18,000,000	\$601,618,000	+\$82,000,000	\$519,618,000	Level	\$539,618,000	+\$20,000,000
<i>Behavioral Health Crisis Coordinating Office</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>	\$7,000,000	+\$7,000,000
National Strategy for Suicide Prevention	\$28,200,000	Level	\$29,950,000	+\$1,750,000	\$29,200,000	+\$1,000,000	\$30,200,000	+\$2,000,000
<i>Zero Suicide</i>	<i>\$26,200,000</i>	<i>Level</i>	<i>\$26,200,000</i>	<i>Level</i>	<i>\$27,200,000</i>	<i>+\$1,000,000</i>	<i>\$26,200,000</i>	<i>Level</i>
<i>Zero Suicide American Indian and Alaska Native</i>	<i>\$3,400,000</i>	<i>Level</i>	<i>\$3,400,000</i>	<i>Level</i>	<i>\$4,400,000</i>	<i>+\$1,000,000</i>	<i>\$3,400,000</i>	<i>Level</i>
<i>Older Adult Suicide Prevention Pilot</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>\$2,000,000</i>	<i>+\$2,000,000</i>
Garrett Lee Smith Youth Suicide Prevention – State Grants	\$43,806,000	Level	\$43,806,000	Level	\$43,806,000	Level	\$43,806,000	Level
Garrett Lee Smith Youth Suicide Prevention – Campus Grants	\$8,488,000	Level	\$8,488,000	Level	\$8,488,000	Level	\$8,488,000	Level
Garrett Lee Smith Suicide Prevention Resource Center	\$11,000,000	Level	\$11,000,000	Level	\$11,000,000	Level	\$11,000,000	Level
AI/AN Suicide Prevention Initiative	\$3,931,000	Level	\$3,931,000	Level	\$4,931,000	+\$1,000,000	\$4,931,000	+\$1,000,000
Mental Health Crisis Response Grants	\$20,000,000	Level	\$40,000,000	+\$20,000,000	Not funded	-\$20,000,000	\$30,000,000	+\$10,000,000
Practice Improvement and Training	\$7,828,000	Level	\$7,828,000	Level	\$7,828,000	Level	\$7,828,000	Level
Primary and Behavioral Health Care Integration	\$55,877,000	Level	\$55,877,000	Level	\$55,877,000	Level	\$55,877,000	Level
Primary and Behavioral Health Care Integration Technical Assistance	\$2,991,000	+\$1,000,000	\$1,991,000	-\$1,000,000	\$2,991,000	Level	\$2,991,000	Level

⁵ Formerly Mental Health First Aid.

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
Project AWARE	\$140,001,000	Level	\$190,001,000	+\$50,000,000	\$120,501,000	-\$19,500,000	\$146,001,000	+\$6,000,000
<i>Tribal Set Aside</i>	-	-	-	-	\$10,000,000	+\$10,000,000	-	-
Projects for Assistance in Transition from Homelessness (PATH)	\$66,635,000	Level	\$66,635,000	Level	\$66,635,000	Level	\$66,635,000	Level
Project LAUNCH	\$23,605,000	-\$2,000,000	\$25,605,000	+\$2,000,000	Not funded	-\$23,605,000	\$23,605,000	Level
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$40,000,000	Level	\$40,000,000	Level	\$40,000,000	Level	\$40,000,000	Level
Seclusion & Restraint	\$1,147,000	Level	\$1,147,000	Level	\$1,147,000	Level	\$1,147,000	Level
Tribal Behavioral Health Grants	\$22,750,000	Level	\$22,750,000	Level	\$27,750,000	+\$5,000,000	\$22,750,000	Level
Women's Behavioral Health Technical Assistance Center	-	-	\$1,750,000	NA	Not funded	NA	Not funded	NA

Supplemental Funding

Program	Consolidated Appropriations Act, 2021 (Coronavirus Relief Package, December 2020)	The American Rescue Plan Act of 2021 (March 2021)	Bipartisan Safer Communities Act (June 2022)
Community Mental Health Services Block Grant	\$1,650,000,000	\$1,500,000,000	\$250,000,000
Certified Community Behavioral Health Clinics (CCBHCs)	\$600,000,000	\$420,000,000	Planning grants - \$40,000,000 (through CMS to all States.)
Project AWARE	\$50,000,000	\$30,000,000	\$240,000,000
Suicide Prevention	\$50,000,000	\$20,000,000	Not funded
National Traumatic Stress Network	\$10,000,000	\$10,000,000	\$40,000,000
Emergency Grants to States	\$240,000,000	Not funded	Not funded
Mental Health Awareness Training	Not funded	Not funded	\$120,000,000
National Suicide Prevention Lifeline	Not funded	Not funded	\$150,000,000

Senate Committee Report Language:

988 Suicide and Crisis Lifeline [988 Lifeline]: “Suicide is a leading cause of death in the United States, claiming over 49,000 lives in 2022. The Committee provides \$539,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the 988 Lifeline and enable the program to continue to respond in a timely manner to an increasing number of contacts. The 988 Lifeline coordinates a network of independently operated crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The Committee requests a briefing within 90 days of enactment on the 988 Lifeline spend plan and related activities.”

Behavioral Health Crisis and 988 Coordinating Office: “Within the total for the 988 Lifeline, the Committee recommendation again includes \$7,000,000 to continue the office dedicated to the implementation of the 988 Lifeline and the coordination of efforts related to behavioral health crisis care across HHS operating divisions as well as with external stakeholders. The Committee requests that the Secretary include a multi-year, crisis care system roadmap in the fiscal year 2026 CJ.”

988 Program Integrity: “The Committee remains concerned about the suicide rates among youth and young adults. The Committee recognizes the vital services provided through the 988 Lifeline and the important role of State partners in suicide prevention and behavioral health. The Committee requests SAMHSA include information on 988 program integrity activities, including with respect to safeguarding 988 user data and privacy, and a review of work with States and other 988 program partners in the 988 Lifeline spend plan briefing.”

988 Lifeline Text and Chat-Based Capabilities: “The Committee encourages SAMHSA to continue to make funding competitively available to chat and text backup centers to provide the capacity and infrastructure to handle vulnerable youth callers, chats, and texts. Within the total for the 988 Lifeline, the Committee continues \$10,000,000 for specialized services for Spanish speakers seeking access to 988 services through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.”

Specialized Services for LGBTQ+ Youth: “The Committee understands that LGBTQ+ youth are four times more likely to attempt suicide than their peers. Within the total for the 988 Lifeline, the Committee includes \$34,100,000 which shall be used to provide specialized services for LGBTQ+ youth, including training for existing counselors in LGBTQ+ youth cultural competency and the establishment and operation of an Integrated Voice Response [IVR] to transfer LGBTQ+ youth to a specialty organization. This funding shall be awarded through a competitive process to an organization with experience working with LGBTQ+ youth and with the capacity and infrastructure to handle calls, chats, and texts from LGBTQ+ youth through IVR technology and other technology solutions where appropriate.”

Unified 988 Lifeline Technology: “The Committee is aware that 988 Lifeline crisis contact centers have not all implemented the unified technology that has been developed by SAMHSA’s 988 Lifeline Network Administrator. The Committee encourages SAMHSA to inform crisis contact centers within the network about the availability of the Unified Platform and to urge these same crisis contact centers to use this technology if there is not a State-approved unified technology platform.”

Youth-to-Youth Peer Support: “The Committee recognizes that young people are uniquely situated to provide peer support for teens and young adults who are struggling with their mental health. The Committee is also aware that youth-to-youth engagement, when conducted by youth with professional support and training, has proven effective at reaching young people in crisis but is currently underused across the Nation. The Committee recommends the inclusion and expansion of peer services as a component of the 988 Lifeline, which may include integrating training on youth peer services across contact centers within the 988 Lifeline network,

along with highly coordinated referrals and connections for youth peer-run support lines that are not formally embedded within the 988 Lifeline.”

Eating Disorders: “The Committee continues to direct SAMHSA to coordinate with HRSA to create a pediatric training model for pediatric providers for prevention, early intervention, treatment, and ongoing support protocols for youth with or at-risk of developing an eating disorder.”

Garrett Lee Smith Youth Suicide Prevention: “The Committee recommends \$43,806,000 for Garrett Lee Smith Youth Suicide Prevention programs, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee recommends \$11,000,000 for the Garrett Lee Smith Youth Suicide Prevention Resource Center.”

Garrett Lee Smith Campus Suicide Prevention Grant Program: “The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under- resourced. The Committee supports SAMHSA’s waiver of matching funds for minority-serving institutions and community colleges included in the 2024 funding notice and as directed in Public Law 118–47. The Committee directs the Assistant Secretary to continue to waive the requirement of matching funds for minority-serving institutions and community colleges as defined by the Higher Education Act of 1965 to help meet these growing needs and address disparities in access to mental health services. The Secretary may continue to waive such requirement with respect to an institution of higher education not covered by those definitions, if the Secretary determines that extraordinary need at the institution justifies the waiver.”

Healthy Transitions: “The Committee includes \$28,451,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental healthcare treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition.”

Infant and Early Childhood Mental Health: “The Committee provides \$15,000,000 for grants to entities such as State agencies, Tribal communities, universities, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change, as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. Additionally, the Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14. The Committee encourages SAMHSA to work with States to support services and activities related to infants and toddlers, such as expanding the infant and early childhood mental health workforce; increasing knowledge of infant and early childhood mental health among professionals most connected with young children to promote positive early mental health and early identification; strengthening systems and networks for referral; and improving access to quality services for children and families who are in need of support.”

Interagency Task Force on Trauma Informed Care: “The Committee recommends \$2,000,000 to continue the Interagency Task Force on Trauma-Informed Care as authorized by the SUPPORT Act (Public Law 115–271). The Committee supports the Task Force’s authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs and the Task Force is encouraged to collaborate with the National Child Traumatic Stress Network.”

Mental Health Awareness Training: “The Committee provides \$27,963,000 to continue existing activities, including Mental Health First Aid. Mental Health Awareness Training and Mental Health First Aid have allowed Americans as well as first responders to recognize the signs and symptoms of common mental disorders. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$120,000,000 for Mental Health Awareness Training over 4 fiscal years, with \$30,000,000 made available each fiscal year through September 30, 2025, to support mental health awareness training. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program. Additionally, SAMHSA is encouraged to prioritize grants to eligible entities that will serve within States where there is a high prevalence of adverse childhood experiences and youth substance use disorders.”

Mental Health Crisis Response Grants: “The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee includes \$30,000,000 for communities to create or enhance existing crisis response programs that may include teams of mental health professionals, law enforcement, emergency medical technicians, and crisis workers to provide immediate support and stabilization to those in crisis.”

Minority Fellowship Program: “The Committee includes \$11,059,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations. The Committee understands the importance of increasing the pool of culturally competent pediatric mental health professionals, including child and adolescent psychiatrists, to address the Nation’s youth mental health crisis. The Committee encourages SAMHSA to prioritize and increase the number of pediatric behavioral health treatment providers, including child and adolescent psychiatrists, selected to participate in the minority fellowship program. The Committee looks forward to the report requested in Public Law 118–47 that will outline the number and type of healthcare providers, by occupation, participating in the program.”

National Strategy for Suicide Prevention: “The Committee includes \$30,200,000 for suicide prevention programs. Of the total, \$26,200,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems.

Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to the CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee recommends \$3,400,000 for AI/AN within Zero Suicide.”

Older Adult Suicide Prevention Program: “The Committee notes that deaths by suicide among adults 65 and older increased by over 8 percent in 2022 compared to 2021. Older adults comprise 16.4 percent of the U.S. population but represent 22 percent of all suicides. The Committee includes \$2,000,000 within the National Strategy of Suicide Prevention for an older adult suicide prevention grant program, to be implemented in conjunction with the Administration for Community Living. The grants will support community efforts to reduce suicide among this population through increased screening, intervention, and referrals to treatment.”

Primary and Behavioral Health Care Integration Grants and Technical Assistance: “The Committee notes that one of the goals of the Primary and Behavioral Health Care Integration Grant program is to improve patient access to bidirectional integrated care services. The Committee provides \$55,877,000 for the program to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare, and \$2,991,000 for technical assistance and directs SAMHSA to fund the psychiatric collaborative care model implemented by primary care physician practices as authorized under section 1301(i)(2) of division FF of Public Law 117–328. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements.”

Project AWARE: “The Committee provides \$146,001,000 for Project AWARE. This program increases awareness of mental health issues and connects young people who have behavioral health concerns and their families with needed services. The Committee encourages SAMHSA to continue using funds to provide mental health services in schools and for school-aged youth, and provide an update on these efforts in the fiscal year 2026 CJ.

In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$240,000,000 for Project AWARE over 4 fiscal years, with \$60,000,000 made available each fiscal year through September 30, 2025, to support mental health services for youth.

Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$17,500,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2024 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants.

The Committee requests a report on progress of grantees in the fiscal year 2026 CJ. The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families and the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs \$14,000,000 for student access to evidence-based, culturally relevant, trauma support services and mental healthcare through established partnerships with community organizations as authorized by section 7134 of the SUPPORT Act (Public Law 115–271).”

Psychosocial Rehabilitation Model: “The Committee encourages SAMHSA to explore the expansion of accredited clubhouses to reach a broader subset of the people with serious mental illness [SMI]. Specifically, the Committee requests a briefing, within 180 days of enactment of this act, with recommendations on how SAMHSA will address loneliness and social isolation and other social drivers of health through

community-based models like accredited clubhouses and how SAMHSA programs may promote the expansion of accredited clubhouses for people with SMI.”

Community Mental Health Services Block Grant: “The Committee recommends \$1,042,571,000 for the Mental Health Block Grant [MHBG]. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$250,000,000 over 4 fiscal years, with \$62,500,000 made available each fiscal year through September 30, 2025, to support the MHBG.

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee recommendation continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee continues to direct SAMHSA to include in budget justifications a detailed table showing at a minimum each State’s allotment, name of the program being implemented, and a short description of the program.”

Crisis Set-Aside: “The Committee continues the 5 percent set- aside within the MHBG for States to implement evidence-based, crisis care programs to address the needs of individuals in crisis including those with serious mental illnesses and children with serious mental and emotional distress. The Committee directs SAMHSA to continue to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including 24/7 mobile crisis units, local and Statewide call centers with the capacity to respond to distressed or suicidal individuals, and other programs that allow the development of systems where individuals can always receive assistance during a crisis.”

Children’s Mental Health Services: “The Committee recommends \$130,000,000 for the Children’s Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community- based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first- episode psychosis.”

Projects for Assistance in Transition from Homelessness [PATH]: “The Committee recommends \$66,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.”

Protection and Advocacy for Individuals with Mental Illness [PAIMI]: “The Committee recommends \$40,000,000 for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.”

National Child Traumatic Stress Initiative: “The Committee recommends \$103,887,000 for the National Child Traumatic Stress Initiative, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$40,000,000 for the National Child Traumatic Stress Network [NCTSN] over 4 fiscal years, with \$10,000,000 made available each fiscal year through September 30, 2025, for trauma services for youth.

The Committee supports the NCTSN for building, evaluating, disseminating, and delivering evidence-based best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. The Committee directs SAMHSA to ensure the network maintains its focus on collaboration, data collection, and the provision of direct services, and that the NCTSN mission or grant opportunities not be limited to training only.”

Certified Community Behavioral Health Clinics [CCBHC]: “The Committee includes \$400,000,000 for the CCBHC expansion program, which allows communities to improve access to mental health and substance use disorder treatment services.

The Committee continues to direct SAMHSA to prioritize resources to entities within States that are able to quickly stand-up a CCBHC, including those part of the demonstration authorized by section 223(a) of the Protecting Access to Medicare Act of 2014 [PAMA] (Public Law 113–93).”

Accreditation: “The Committee urges SAMHSA to examine and approve accreditation products that certify CCBHCs in having met requirements as established by SAMHSA. CCBHC grantees should receive independent accreditation from an approved entity as part of participation under this program. Funding included under this program is permitted for grantees’ use to obtain any such required independent accreditation in lieu of self-attestation for meeting the CCBHC requirements as a part of reducing paperwork and administrative burden, and SAMHSA shall consider the costs of accreditation when establishing funding levels for clinics under this grant. The Committee further permits SAMHSA to use funds under this program to establish the accreditation process and expand the audiences eligible to receive training and technical assistance, to include (but not limited to) demonstration CCBHCs and CCBHCs participating in a State-led implementation effort under a Medicaid State Plan Amendment, waiver, or other Medicaid authority.”

Data Infrastructure: “The Committee provides \$2,500,000 for SAMHSA to develop a CCBHC data infrastructure and data repository program while establishing a data reporting partnership with at least one State currently operating a Statewide CCBHC network. With more than 500 CCBHCs operating in 46 States, it is incumbent upon the agency to assure a high level of accountability in concert

with expanded access to intensive community-based services for persons with SMI and substance use disorders. The Committee directs SAMHSA to report to the Senate and House Appropriations Committees on this undertaking within 90 days of enactment of this act.”

House Committee Report Language:

Behavioral Health Integration: “The Committee encourages SAMHSA to develop school-based and evidence-based best practices addressing behavioral health intervention training to support practices that assist children and youth with behavioral health needs, including behavioral intervention teams, a team of qualified mental health professionals who are responsible for identifying, screening, and assessing behaviors of concern and facilitating the implementation of evidence-based interventions.”

Mental Health Services Block Grant: “The Committee provides \$1,022,571,000 for the Mental Health Services Block Grant (MHBG) which is \$15,000,000 above the fiscal year 2024 enacted program level and \$20,000,000 below the fiscal year 2025 budget request. The MHBG provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the 10 percent set aside within the MHBG for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders and the 5 percent set aside for crises-based services. The Committee notes that, consistent with State plans, communities may choose to direct additional funding to crises stabilization programs.”

Certified Community Behavioral Health Clinics: “The Committee provides \$385,000,000, the same as the fiscal year 2024, for Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care by providing care for mental health or substance use to all who request such services regardless of their age or ability to pay. CCBHCs provide access to crises services around the clock, support outpatient mental health and substance use services, and community-based mental health care for veterans.”

Children’s Mental Health Services: “The Committee provides \$130,000,000 for Children’s Mental Health Services, which is the same as the fiscal year 2024 enacted program level and \$50,000,000 below the fiscal year 2025 budget request, to fund grants and technical assistance for community- based services for children and adolescents with serious emotional, behavioral, or mental disorders, and assists States and local jurisdictions in developing integrated systems of community care.”

Protection and Advocacy for Individuals with Mental Illness: “The Committee provides \$40,000,000 for the Protection and Advocacy for Individuals with Mental Illness program, which is the same as the fiscal year 2024 enacted program level and the fiscal year 2025 budget request, to support legal-based advocacy services to ensure the rights of individuals with mental illness, protect and advocate for these rights, and investigate incident of abuse and/or neglect.”

Projects for Assistance in Transition from Homelessness: “The Committee provides \$66,635,000 for the Projects for Assistance in Transition from Homelessness program, which is the same as the fiscal year 2024 enacted program level and the fiscal year 2025 budget request, to provide grants to States and territories for assistance to individuals suffering from severe mental illness and/ or substance use disorders and who are experiencing homelessness or are at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.”

National Child Traumatic Stress Initiative: “The Committee provides \$100,887,000 for the National Child Traumatic Stress Initiative, which is a \$2,000,000 increase above the fiscal year 2024 enacted program level and \$7,000,000 above the fiscal year 2025 budget request, to increase access to effective trauma and grief focused treatment and services systems for children, adolescents, and their families, who experience traumatic events.”

988 Suicide & Crisis Lifeline: “The Committee provides \$519,618,000 for the 988 Suicide & Crisis Lifeline, which is the same as the fiscal year 2024 enacted program level, to support the national suicide hotline to continue to support State and local suicide prevention call centers as well as a national network of backup call centers and the national coordination of such centers.”

Program Integrity: “The Committee remains concerned that suicide is a leading cause of death in the U.S., with particular concern regarding the suicide rates among youth and young adults. The Committee recognizes the vital work of the 988 Lifeline service and the important role of State partners in suicide prevention and behavioral health. As States establish and develop 988 programs, the Committee directs SAMHSA to maintain State choice in their technology platform. States should have the flexibility to utilize a platform that best facilitates a seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, and ensures that sensitive user data is being safeguarded and protected. In addition, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA’s 988 program integrity activities, including with respect to safeguarding 988 user data and responding to feedback from States and other 988 program partners.”

Program Transparency: “The Committee recognizes the work of SAMHSA to implement the expansion of the 988 Suicide & Crises Lifeline in fiscal year 2023. The Committee, however, remains concerned that the use of a sole source cooperative agreement limits the contractual remedies available to ensure effective implementation. The Committee is extremely concerned that SAMSHA’s decision to limit eligible entities in implementing the fiscal year 2021 National Suicide Prevention Lifeline and Disaster Distress Helpline artificially necessitated the use of an expanded sole source cooperative agreement. The Committee directs SAMHSA, 180 days prior to any extension of the current or an amended cooperative agreement or request for proposal for a sole source contract, to provide the committees of jurisdiction a description of the services required to meet agency needs, a demonstration of any potential recipients unique qualifications, SAMHSA’s assessment of other entities ability to provide the required services, a description of the market research conducted and the result of such research, and planned activities to ensure that offers are solicited from as many potential sources as practicable.”

Seclusion and Restraint: “The Committee provides \$1,147,000, which is the same as the fiscal year 2024 enacted program level, to reduce the inappropriate use of seclusion and restraint practices through the provision of technical assistance and the promotion of alternatives to restraint, seclusion, and other coercive practices.”

Project AWARE: “The Committee provides \$120,501,000 for Project AWARE State and Tribal grants to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services. The Committee notes the Bipartisan Safer Communities Act (P.L. 117–159) provided \$60,000,000 for fiscal year 2025 for this program in addition to resources in this Act and therefore provides no funding for the civil unrest or school-based programs.”

Tribal Set Aside: “Of the funds made available for Project AWARE, the Committee directs that \$10,000,000 be made available for Tribes and Tribal Organizations.”

Mental Health Awareness Training: “The Committee provides no funding for the Mental Health Awareness Training to better ensure that SMAHSA prioritizes services and programming for individuals with severe mental illness. The Committee notes the Bipartisan Safer Communities Act (P.L. 117–159) provided \$120,000,000 for fiscal year 2025 for this program.”

Healthy Transitions: “The Committee provides no dedicated funding for the Healthy Transitions program. The Committee notes that to 10 percent of the amounts made available to carry out the Children’s Mental Health Services program may be used to carry out demonstration grants or contracts for early interventions with persons not more than 25 years of age at clinical high risk of developing a first episode of psychosis.”

Infant and Early Childhood Mental Health: “The Committee provides \$15,000,000, which is the same as the fiscal year 2024 enacted program level, for the Infant and Early Childhood Mental Health program, for grants to human service agencies and nonprofit organizations to provide age-appropriate mental health promotion and early intervention or treatment for children with or with significant risk of developing mental illness including through direct services, assessments, and trainings for clinicians and education providers.”

Children and Family Programs: “The Committee provides \$8,229,000, an increase of \$1,000,000, for the Children and Family program, to provide grants to Tribes for community-based services and supports for children and youth, with or at risk for mental illness.”

Consumer and Family Network Grants: “The Committee provides \$4,954,000, which is the same as the fiscal year 2024 enacted program level, for Consumer and Family Network grants. Consumer grants support Statewide organizations run by adults with serious mental illness or serious emotional disturbance to integrate consumer voice into State mental health and allied systems. Family grants provide education and training to family organizations to improve their capacity for policy and service development.”

Project Launch: “The Committee provides no funding for Project Launch. The Committee notes that this program is duplicative of programs in the Department of Education, the Administration for Children and Families, and the Centers for Disease Control and Prevention.”

Mental Health System Transformation: “The Committee provides \$3,779,000, which is the same as the fiscal year 2024 enacted program level, for the Mental Health System Transformation program. The program provides State and community capacity building grants for supported employment for individuals with serious mental illness or serious emotional disturbance.”

Primary and Behavioral Health Care Integration: “The Committee provides \$55,877,000, which is the same as the fiscal year 2024 enacted program level, for the Primary and Behavioral Health Care Integration program to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/ physical healthcare. The key goal of this program is to improve patient access to integrated health care services which requires bilateral cooperation between physicians and technical assistance centers.

The Committee notes that integration of primary and behavioral health has been found to increase access to mental health and substance use recovery services for communities, including rural communities, that lack access to such services and encourages SAMHSA in making awards to prioritize such communities.”

Mental Health Crisis Response Partnership Pilot Program: “The Committee provides no funding for this program and notes that the Edward Byrne Memorial Justice Assistance Grant program, under the Department of Justice, provides funding for State crisis intervention programs.”

National Strategy for Suicide Prevention: “The Committee provides \$29,200,000, an increase of \$1,000,000 from the fiscal year 2024 enacted program level, for the implementation of the National Strategy for Suicide Prevention including \$22,800,000, the same as fiscal year 2024, for grants to screen adults for suicide risks and provide referral services, the implementation of evidence-based practices to provide services to adults at-risk, or to raise awareness of such risks. Of the funding provided, \$4,400,000 is reserved for grants to American Indian and Alaska Native health systems.”

Garrett Lee Smith Youth Suicide Prevention: “The Committee provides \$52,294,000, which is the same as the fiscal year 2024 enacted program level, for Garrett Lee Smith Youth Suicide Prevention, this program supports grants to States and Tribes or their designees for youth suicide prevention activities and services and grants to institutions of higher education for services for students with mental health or substance use disorders.

The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under- resourced and serve large proportions of minority populations. To help meet these growing needs in access to mental health services, the Committee directs the Secretary to waive the requirement of matching funds for minority-serving institutions and community colleges as defined by the Higher Education Act of 1965.”

American Indian/Alaska Native Suicide Prevention Initiative: “The Committee provides \$4,931,000, a \$1,000,000 increase from the fiscal year 2024 enacted program level, for the Tribal Training and Technical Assistance Center to facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce suicide among American Indians/Alaska Natives (AI/AN), prevent substance misuse, and reduce substance misuse among AI/AN communities.”

Tribal Behavioral Grants: “The Committee provides \$27,750,000, a \$5,000,000 increase from the fiscal year 2024 enacted program level, to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24.”

Homelessness Prevention Programs: “The Committee provides no funding for the Homelessness Prevention Program noting that the program is duplicative of the Projects for Assistance in Transition from Homelessness program.”

Criminal and Juvenile Justice Activities: “The Committee provides \$11,269,000, which is the same as the fiscal year 2024 enacted program level, for grants to States, political subdivisions of States, and Tribes or Tribal organizations, to develop and implement programs to divert individuals with mental illness from the criminal justice system.”

Assisted Outpatient Treatment: “The Committee provides \$21,420,000, which is the same as the fiscal year 2024 enacted program level, for grants to deliver outpatient treatment under a civil court order to adults with a serious mental illness who meet State civil commitment assisted outpatient treatment criteria.”

Assertive Community Treatment for Individuals with Serious Mental Illness: “The Committee provides \$9,000,000, which is the same as the fiscal year 2024 enacted program level, for Assertive Community Treatment programs, which include a multi-disciplinary service-delivery approach for individuals with severe functional impairments associated with a serious mental illness.”

Interagency Task Force on Trauma Informed Care: “The Committee provides \$2,000,000 for the Interagency Task Force on Trauma-Informed Care.”

Garrett Lee Smith Suicide Prevention Resource Center: “The Committee provides \$11,000,000, which is the same as the fiscal year 2024 enacted program level, for the Garrett Lee Smith-Suicide Prevention Resource Center to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist States, Tribes, organizations, and SAMHSA grantees to develop suicide-prevention strategies.”

Practice Improvement and Training: “The Committee provides \$7,828,000, which is the same as the fiscal year 2024 enacted program level, to support the dissemination of key information to the mental health delivery system.”

Consumer and Consumer Support Technical Assistance Centers: “The Committee provides \$1,918,000, which is the same as the fiscal year 2024 enacted program level, to facilitate quality improvement of the mental health system by the specific promotion of consumer-directed approaches for adults with serious mental illness.”

Primary and Behavioral Health Care Integration Technical Assistance: “The Committee provides \$2,991,000, which is the same as the fiscal year 2024 enacted program level, to provide technical assistance to Primary and Behavioral Health Care Integration grantees. Of the funds provided, the Committee directs that \$1,000,000 be allocated to the Technical Assistance activities authorized under section 1301(g) of P.L. 117–328 to implement the psychiatric collaborative care model in primary care practices/systems. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements.”

Minority Fellowship Program: “The Committee provides \$11,059,000, which is the same as the fiscal year 2024 enacted program level, to increase behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations.”

Disaster Response: “The Committee provides \$1,953,000, which is the same as the fiscal year 2024 enacted program level, to support the Disaster Distress Helpline, the Crisis Counseling Assistance and Training Program, and the Disaster Technical Assistance Center.”

Eating Disorders: “The Committee provides \$5,000,000 to improve the availability of health care providers to respond to the needs of individuals with eating disorders including the work of the National Center of Excellence for Eating Disorders to increase engagement with primary care providers, including pediatricians, to provide specialized advice and consultation related to the treatment of eating disorders. The Committee provides additional funding to support the development, in coordination with the departments of Defense and Veterans Affairs, of a Screening, Brief Intervention and Referral to Treatment model for service members, veterans, and their families.”

SAMHSA Congressional Justification Language:

Project AWARE: “The FY 2025 President’s Budget Request is \$190.0 million, an increase of \$50.0 million from the FY 2023 Final level. Funding for this program will support 48 continuations as well as a new cohort of 33 grants for Project AWARE grants, 13 continuations for School-based Trauma grants, four continuations for LBGTQI family support grants, and 17 continuations for ReCAST grants. The funding will support the programs’ focus and expand the programs’ training settings to include non-educational and non-health care sites. It is expected that the additional funding for Project AWARE will help to identify and refer approximately 35,000 additional school-aged youth to mental health and related services, for a total of 135,000; and to train an additional 105,000 mental health and mental health-related professionals on evidence-based mental health practices, for a total of 405,000 professionals.”

Mental Health Awareness Training: “The FY 2025 President’s Budget Request is \$27.9 million, equal to the FY 2023 Final level. Funding level for this program will support 195 continuation grants. The budget will enable populations to be trained, including college students, veterans and armed services personnel and their family members, and to broaden applicable settings for trainings to include

noneducational, non-health care settings. With this funding, it is estimated the number of individuals referred to mental health and related services will near 325,000 and the number of individuals trained to recognize the signs and symptoms of mental illness will be approximately 600,000.”

Healthy Transitions: “The FY 2025 President’s Budget Request is \$30.5 million, equal to the FY 2023 Final level. This budget will support 31 continuation grants. Funding will improve access to mental disorder treatment and related support services for young people, aged 16 to 25, who either have, or are at risk of developing a serious mental health condition. It is expected that this program will serve approximately 3,200 young people and provide quality supports and services needed to engage this population.”

Children and Family Programs: “The FY 2025 President’s Budget Request is \$7.2 million, equal to the FY 2023 Final level. This funding will support 12 Circles of Care continuation grants and award a new cohort of eight grants. Funding will enhance and improve the quality of existing services and promote the use of culturally competent services and support for children and youth with, or at risk for, serious mental health conditions, and their families. SAMHSA will maintain the FY 2024 targets: 1,500 mental health professionals trained in mental health-related practices; develop collaborative partnerships and shared resources with nearly 2,500 organizations; and contact 40,075 individuals through program outreach efforts.”

Consumer and Family Network Grants: “The FY 2025 President’s Budget Request is \$5.0 million, equal to the FY 2023 Final level. Funds will be used for 21 continuation grants (10 SFN and 11 SCN) and 17 new grants that promote consumer, family, and youth participation in the development of policies, programs and quality assurance activities related to mental health systems reform across the United States. It is expected that in FY 2025, SCN will train 16,000 individuals in the mental health and related workforce and SFN will train 25,500 individuals in prevention, mental health promotion, and mental health related practices/activities.”

Project LAUNCH: “The FY 2025 President’s Budget Request is \$25.6 million, equal to the FY 2023 Final level. This funding will support 27 continuation grants and the Center of Excellence for Infant and Early Childhood TTA center (CoE-IECMHC) to improve health outcomes for young children and support children at high risk for mental illness and their families to prevent future disability. This funding will provide continued screening, prevention, early intervention for behavioral health issues and referrals to high quality treatment for children and families in 30 communities across the U.S. through the CoE-IECMHC. It is expected that approximately 29,000 young children will be screened for mental health disorders, and about 8,500 children will be referred for mental health and related services.”

Mental Health System Transformation and Health Reform: “The FY 2025 President’s Budget Request is \$3.8 million, equal to the FY 2023 Final level. Funding will support four continuation grants to enhance state and community capacity to provide evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for adults and youth with SMI/SED and co-occurring mental and substance use disorders. It is expected that in FY 2025, the supported employment program will serve 800 individuals.”

Primary and Behavioral Health Care Integration: “The FY 2025 President’s Budget Request is \$57.9 million, equal to the FY 2023 Final level. Funding will support the continuation of 21 PIPBHC grants, award a new cohort of four grants and the continuation of the CoE-IHS. SAMHSA anticipates that this funding will enable the PIPBHC program to greatly expand its reach across the U.S. and enable the program to advance the integration of physical and behavioral health care, through evidence-based models, including the CoCM. Funding for the CoE-IHS in FY 2025 is proposed to be level with the FY 2023 Final level. This funding will enable the PIPBHC to reach approximately 40,000 people with treatment and services and COE-IHS to train approximately 17,000 individuals in primary and behavioral health integration practices.”

988 and Behavioral Health Crisis Services: “At the FY 2025 President’s Budget, the budget request is \$601.6 million, an increase of \$100.0 million from the FY 2023 Final level. In FY 2025 SAMHSA anticipates that annual contact volume – including calls, texts, and chats – will continue to increase, with capacity needed to respond to an estimated 7.5 million contacts. The FY 2025 request is based on the following estimated breakdown of funding needs:

Network administration: Funding of the Network Administrator includes data and telephony infrastructure; standards, training, and quality improvement; evaluation and oversight.

Local, national subnetwork & backup capacity:

- Local capacity will be funded through the existing 988 state/territory grant program, the 988 Tribal response program and the Lifeline crisis center follow up program. Local center capacity is critical to ensuring that individuals in crisis receive responses that are tailored to the service system where they are located and that services across the continuum are linked and coordinated. As SAMHSA continues to evaluate state support of local services, funding for states may include opportunities for better linkage of crisis centers to a full continuum of care. The local grant program funding continuation will ensure ongoing leadership engagement, enhanced nationwide technical assistance, and the achievement of standardized key performance indicator outcomes.
- Backup and national subnetwork capacity, including Spanish language services and specialized service access for LGBTQI+ youth and young adults, will be funded through subcontracts executed by the 988 Lifeline Administrator.

Communications: Resources will be required to continue to conduct and expand 988 awareness and engagement work activities, including:

- Developing, testing, and marketing research-based messaging and advertising that is proven to resonate with at-risk audiences and continuously measuring for success
- Increasing and aligning communications partnerships with 988 grantees, states, territories, tribes, associations, federal partners, and other trusted messengers to increase cohesive awareness of 988, with a particular focus on building awareness and credibility in high-risk communities
- Continuing to evaluate and update messaging content and paid advertising strategies that answer questions about how 988 works and what happens when people use the service.”

988 & Behavioral Health Crisis Coordinating Office: “Coordination activities include technical assistance to states, and crisis centers; strategic planning, performance management, evaluation, and oversight; and formal partnerships, convenings, and cross-entity coordination.”

National Strategy for Suicide Prevention: “The FY 2025 President’s Budget Request is \$29.9 million, an increase of 1.75 million from the FY 2023 Final level. The increase supports a new Older Adult Suicide Prevention program, which will be implemented in conjunction with the Administration for Community Living. This new Older Adult program would provide funding to up to five grantees for three years at up to \$350,000. This program is expected to decrease the number of suicides and suicide attempts by older adults in communities served by this program. Expected outcomes includes increased screening, intervention, and/or referrals for older adults at risk for suicide and increased respite for family caregivers of older adults; reduced access to lethal means and increased safety planning for older adults receiving care; provide evidence-based trainings and learning opportunities to a minimum of 35 gerontologists and primary care providers annually; and provide evidence-based training to 70 mental health professionals and 35 caregivers annually. The FY 2025 funding will also support 35 Zero Suicide continuation grants, support five NSSP continuation grants, and award a new cohort of 11 Zero Suicide grants. It is expected that 98,000 individuals will be referred for services.”

Garrett Lee Smith Youth Suicide Prevention – State/Tribal and Campus: “The FY 2025 President’s Budget Request is \$52.9 million, equal to the FY 2023 Final level. Funds will support the continuation of 46 GLS State/Tribal grants and award a new cohort of eight grants. Funding will also support 55 GLS Campus continuation grants and award a new cohort of 18 grants. SAMHSA will also continue support for evaluation activities. The program will continue developing and implementing youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions as well as to support suicide prevention among institutions of higher learning. It is anticipated that 118,200 individuals will be served.”

Suicide Prevention Resource Center: “The FY 2025 President’s Budget Request is \$11.0 million, equal to the FY 2023 Final level. The funding will award one new grant and provide states, tribes, government agencies, private organizations, colleges and universities, and suicide survivors and mental health consumer groups with access to information and resources that support program development, intervention implementation, and adoption of policies that prevent suicide. The funding will expand youth suicide prevention and early intervention strategies involving public-private collaboration. SAMHSA anticipates that SPRC will provide training to approximately 14,000 people.”

American Indian/Alaska Native Suicide Prevention Initiative: “The FY 2025 President’s Budget Request is \$3.9 million, equal to the FY 2023 Final level. This funding will provide funding for the Tribal Affairs Center and continuation of the contract to provide comprehensive, broad, focused, and intensive training and technical assistance to federally recognized tribes and other AI/AN communities to address and prevent mental illness and alcohol/other drug addiction, prevent suicide, and promote mental health through the contract continuation.”

Mental Health Crisis Response Partnership Program: “The FY 2025 President’s Budget Request is \$40.0 million, an increase of \$20.0 million from the FY 2023 Final level. Funding will support 25 grant continuations and award a new cohort of 23 grants. These projects will support communities across the country to improve crisis response capacity and integrate community 988 and crisis systems. It is estimated that in FY 2025, 14,000 individuals will be screened and 8,000 will be referred for services.”

Homelessness Prevention Programs: “The FY 2025 President’s Budget Request is \$35.9 million, equal to the FY 2023 Final level. With this funding, SAMHSA will support 47 TIEH continuation grants, award a new cohort of five TIEH grants, one Housing and Homeless Resource Center (HHRC) contract, and one SSI Outreach Access and Recovery (SOAR) contract. These resources will increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable and permanent housing. Grantees will expand access to treatment and connect homeless individuals experiencing SMI with safe, secure housing. The number of individuals served is estimated to increase to approximately 7,000 individuals.”

Minority AIDS: “The FY 2025 President’s Budget Request is \$9.2 million, equal to the FY 2023 Final level. SAMHSA will support 19 continuation grants focused on individuals with mental disorders and/or co-occurring disorders with or at risk for HIV. SAMHSA will also maintain its performance measure targets for FY 2025.”

Criminal and Juvenile Justice Programs: “The FY 2025 President’s Budget Request is \$11.3 million, equal to FY 2023 Final level. In FY 2025 SAMHSA anticipates awarding 22 grant continuations and award a new cohort of nine grants to establish or expand programs that divert adults and youth with a mental illness or a COD from the criminal or juvenile justice system to community-based mental health and substance use disorder services and other supports prior to arrest and booking. SAMHSA estimates the total number of individuals served by both programs will remain the same as in FY 2023.”

Practice Improvement and Training: “The FY 2025 President’s Budget Request is \$7.8 million, is equal to the FY 2023 Final level. Funding will support continuation of the Clinical Support Services TA Center for SMI, HBCU grant program to support workforce development, the NCEED in contract and a continuation of eight Transforming Lives through Supported Employment Programs (SEP) grants.”

Consumer and Consumer-Supporter TA Centers: “The FY 2025 President’s Budget is \$1.9 million, is equal to the FY 2023 Final level. This funding request will support new grants to provide technical assistance to facilitate the quality improvement of the mental health system by promoting consumer-directed approaches for adults with SMI and focus on coordination with the state-wide consumer network program and engaging people with lived experience of mental illness to improve mental health systems and supports and advance community inclusion, recovery, and resilience. In FY 2025, SAMHSA will continue to maintain the performance measure targets for this program.”

Disaster Response: “The FY 2025 President’s Budget is \$1.9 million, is equal to the FY 2023 Final level. Funding will continue the support of a nationally available disaster distress crisis counseling telephone line and the DTAC. In FY 2025, SAMHSA will continue to maintain the same performance measure targets as FY 2023.”

Seclusion and Restraint: “The FY 2025 President’s Budget is \$1.1 million, is equal to the FY 2023 Final level. With these funds, SAMHSA will support the MHTTC.”

Assertive Community Treatment for Individuals with Serious Mental Illness: “The FY 2025 President’s Budget Request is \$9.0 million, equal to the FY 2023 Final level. This funding will support the continuation of nine grants to advance the ACT approach to address the needs of those living with SMI and award a new cohort of three grants. In FY 2025, SAMHSA will continue to maintain the same performance measure targets as FY 2023.”

Tribal Behavioral Health Grants: “The FY 2025 President’s Budget is \$22.8 million, is equal to the FY 2023 Final level. Combined with \$23.6 million in the Substance Use Prevention Services appropriation, these funds will support technical assistance activities, 133 continuation grants that promote mental health and prevent substance misuse activities for high-risk AI/AN youth and their families and award a new cohort of 25 grants.

As a braided activity, SAMHSA is tracking separately any amounts spent or awarded under Tribal Behavioral Health Grants through the distinct appropriations and ensures that funds are used for purposes consistent with legislative direction and intent of these appropriations.”

MH Minority Fellowship Program: “The FY 2025 President’s Budget is \$11.1 million, equal to the FY 2023 Final level. This funding is combined with \$7.1 million in the Substance Use Services appropriation and \$1.3 million in the Substance Use Prevention appropriation. Funding will support seven continuation grants and a technical assistance contract and will continue to support 428 fellows. As a braided activity, this funding will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.

Please note, SAMHSA is tracking separately any amounts spent, or awarded, under the Minority Fellowship Program through the distinct appropriations to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.”

Infant and Early Childhood Mental Health: “The FY 2025 President’s Budget is \$15.0 million, equal to the FY 2023 Final level. The proposed funding will support the continuation of 23 grants and support TTA contract in Center of Excellence for Infant and Early childhood.”

Interagency Task Force on Trauma-Informed Care: “The FY 2025 President’s Budget is \$2.0 million, equal to the FY 2023 Final level. In FY 2025, SAMHSA expects to continue the implementation of the operating plan through a series of expert panel meetings, and youth, family, and community stakeholder engagement meetings. These engagements will inform the development of a user-centered website. In addition, SAMHSA will continue to develop a robust framework for community providers, using research and evidence based interventions. This budget request will continue to carry out Phase One of the National Strategy. Based on SAMHSA’s experience with the NCTSN website and prior stakeholder engagement, it is estimated that the website will have over 1 million visitors and that the resources provided will influence the care received of over 2 million children and their families.”

Women’s Behavioral Health Technical Assistance Center: “The FY 2025 President’s Budget is \$3.5 million, with CSUS increasing \$1.75 million and CMHS increasing \$1.75 million from the FY 2023 Final level. The program, over its lifetime, is expected to have over 2,660,000 website visits, 99,200 unique clinicians trained, 3,200 vetted resources offered, and 6,300 clinical consultations. Additionally, this cooperative agreement focuses on assisting providers with topics that are not traditionally covered in behavioral health training programs such as suicide and crisis prevention, how to address gender-based violence, and importantly how to address the needs of women facing special challenges due to social determinants of health, including socioeconomic status, racial/ethnic minority status, and/or sexual orientation, and disabilities, in a culturally competent manner.”

National Child Traumatic Stress Network: “The FY 2025 President’s Budget is \$93.9 million, equal to the FY 2023 Final level. SAMHSA will support 182 grant continuations (158 with base budget authority, three grants with American Rescue Plan Act and 21 grants with Bipartisan Safer Community Act) and award a new cohort of 10 grants with base budget authority for the improvement of mental disorder treatment, services, and interventions for children and adolescents exposed to traumatic events and to provide trauma-informed services for children and adolescents as well as training for the child-serving workforce. SAMHSA estimates approximately 13,000 children and adolescents will be served and the approximately 500,000 people in the mental health and related workforce will be trained.”

Assisted Outpatient Treatment for Individuals with Serious Mental Illness: “The FY 2025 President’s Budget is \$21.4 million, equal to the FY 2023 Final level. This funding will support 18 grant continuations and award a new cohort of three grants to improve the health and social outcomes for individuals with SMI and continuation of the technical assistance center. In FY 2025, SAMHSA will maintain the same performance targets as FY 2024.”

Children’s Mental Health Services: “The FY 2025 President’s Budget is \$180.0 million, an increase of \$50.0 million from the FY 2023 Final level. This funding will support the continuations of 34 CHR-P under the 10 percent set-aside for CHR-P. In addition, funding will support 62 CMHI continuation grants, award a new cohort of 40 CMHI grants and a technical assistance center. SAMHSA expects to increase the number of children served to over 12,500 and to train an additional 3,458 people in mental health activities and practices, for a total of 71,760 people trained. These funds will increase access to services and supports children and youth with SED and improve the system of care for these children and their families.”

Projects for Assistance in Transition from Homelessness: “The FY 2025 President’s Budget is \$66.6 million, equal to the FY 2023 Final level. The PATH program was flat funded from FY 2010 to FY 2022 and had a slight increase of \$2 million in FY 2023. The PATH program pays for the street outreach and engagement not covered by most funding sources and helping to bring one of the most vulnerable groups, individuals with serious mental illness lacking housing, off the street. SAMHSA expects that the FY 2025 budget request will maintain the current level of local PATH providers and current level of service.”

Protection and Advocacy for Individuals with Mental Illness (PAMI): “The FY 2025 President’s Budget is \$40.0 million, equal to the FY 2023 Final level. PAMI programs will continue to focus on addressing abuse and neglect issues for vulnerable populations and advocate for the rights of individuals with mental illness as well as continue to assist individuals with SMI increase access to treatment.”

Certified Community Behavioral Health Clinics (CCBHC): “The FY 2025 President’s Budget is \$450.0 million, an increase of \$65.0 million from the FY 2023 Final level. The funding will support 363 continuation grants and award a new cohort of 63 grants. SAMHSA expects to serve approximately 819,000 individuals directly with grant-funded services, expanding CCBHC’s services across the nation. The FY 2025 president’s budget includes a technical assistance center contract. The contract will support CCBHC expansion grant recipients, state CCBHCs outside of the expansion program, states in the CCBHC Demonstration program, states planning to be part of the Demonstration, states with CCBHC programs independent of the Demonstration, and states considering adopting the CCBHC model. This contract will also incorporate funding appropriated from the Bipartisan Safer Communities Act. The FY 2025 budget request will also support an evaluation contract that will assess the extent to which grant recipients develop, improve, implement, and sustain the CCBHC model and will assess the delivered services consistent with the CCBHC certification requirements to measure client outcomes and experiences with care.

The Budget also proposes an accreditation process similar to the process for which many health facilities are accredited. This new process would support consistent implementation of the CCBHC model and adherence to the CCBHC certification criteria. A CCBHC accreditation process will allow for improved accountability for CCBHCs across the country and will ensure that CCBHCs are consistently providing access to quality behavioral health care.”

Community Mental Health Services Block Grant (MHBG): “The FY 2025 President’s Budget is \$1.0 billion, an increase of \$35.0 million from the FY 2023 Final level. With this funding, SAMHSA will continue to address the needs of individuals with SMI and SED and will continue to maintain the 10 percent set-aside for evidence-based programs that address the needs of individuals with early SMI, including psychotic disorders. The 10 percent crisis care set-aside funds help reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of SMI. The Budget also includes a 10 percent set-aside for evidence-based programs for early intervention and prevention of mental disorders among at-risk children and adults. States will continue to use the Coronavirus Response and Relief Supplement and American Rescue Plan funding through FY 2024 with No Cost Extension request approvals and FY 2025, respectively, as states expand their MHBG infrastructure to address unmet service needs.”

Set-aside for Early Intervention and Prevention of Mental Disorders Among At-Risk Children and Adults: “The FY 2024 Budget includes a new set-aside that would require states to expend at least 10 percent of their MHBG funding for evidence-based

prevention and early intervention programs to improve outcomes for at-risk youth and adults who are at risk to develop SMI or SED through prevention, education, screening, and early identification. This investment expands funding to support earlier identification and prevention of mental health disorders and further support targeted services for youth and prevent more serious symptoms further on in a person's life."

Community Mental Health Centers (CMHC): "The FY 2025 President's Budget Request is \$412.5 million, an increase of \$412.5 million from the FY 2023 Final level. The funding increase will be used to further develop the quality and continuum of behavioral health services, expanding access to crisis care, integrated care, and other recovery support services. CMHC funding to states would require the providers to develop a continuum of behavioral health services plan, which incorporates a crisis care continuum (i.e., crisis residential, crisis stabilization, adverse event crisis coordination, and mobile crisis teams); screening (i.e., mental health, substance use disorder, and common medical conditions), treatment, and/or referral for substance use disorders and medical conditions; outpatient mental health services regardless of ability to pay; and recovery support services (i.e., case management; peer support, and family support approaches), including screening, treatment and recovery supports for children's mental and co-occurring disorders. Funding would also support the development and implementation of the behavioral health services plan, including overhead costs (subject to all existing limitations on use of SAMHSA funds). Establishment of long-term support for CMHCs will directly increase the scope and quality of behavioral health services in CMHCs funded by the program, establish a higher standard as a target for all CMHCs and address the incomplete and inconsistent service array in much of America.

SAMHSA is requesting that this be funded as a mandatory grant program. It is estimated that these services will directly benefit at least 20,000 individuals per year, providing an improved level of treatment, and support to meet the increase behavioral health services needs in local communities. SAMHSA is requesting that this be funded as a mandatory grant program."