

## FY 2022 Budget Overview

June 16, 2021

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- On May 28, 2021, the Biden-Harris Administration released their proposed budget for fiscal year 2022 (October 1, 2021 - September 30, 2022).

### **This overview summarizes proposed FY 2022 funding for:**

- Department of Health and Human Services (HHS)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Substance Abuse Prevention and Treatment (SAPT) Block Grant
    - Center for Substance Abuse Treatment (CSAT)
    - Center for Substance Abuse Prevention (CSAP)
    - Center for Mental Health Services (CMHS)
  - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
  - National Institute on Drug Abuse (NIDA)
  - Centers for Disease Control and Prevention (CDC)
  - Health Resources and Services Administration (HRSA)
  - Administration for Children and Families (ACF)
- Department of Justice (DOJ)
- Office of National Drug Control Policy (ONDCP)

### Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 2019	FY 2020	FY 2021 regular appropriation*	President's FY 2022 Request	FY 2022 vs. FY 2021
<b>SAPT Block Grant</b>	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$3,508,000,000	+\$1,650,000,000

\*Does not reflect the \$1.65 billion in supplemental funding appropriated in December 2020, nor the \$1.5 billion in supplemental funding appropriated in March 2021 for the SAPT Block Grant.

COVID-19 Relief Supplemental Funding	December 2020 (FY 2021)	March 2021 (FY 2021)
<b>SAPT Block Grant</b>	\$1,650,000,000	\$1,500,000,000

#### SAMHSA Congressional Justification Language on the SAPT Block Grant:

"The Substance Abuse Prevention and Treatment Block Grant (SABG) program distributes funds to 60 eligible states, territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota (referred to collectively as states) to plan, carry out, and evaluate substance use disorder prevention and treatment, and recovery support services for individuals, families, and communities impacted by substance misuse. The SABG's overall goal is to support and expand substance use disorder (SUD) prevention and treatment services while providing maximum flexibility to grantees."

**10 Percent Recovery Support Services Set-Aside:** "The 2022 budget includes a new 10 percent set-aside for non-clinical recovery support services. The 10 percent set-aside will require SABG grantees to spend at least 10 percent of their SABG expenditures for recovery community organizations or peer recovery support services. Recovery support systems partner people in recovery from mental and substance use disorders, as well as their family members, with recovery services. These services may include recovery community centers, recovery homes, recovery schools, recovery industries, recovery ministries. These programs utilize individual, community, and system-level approaches to increase the four dimensions of recovery as defined by SAMHSA: health (access to quality health and SUD treatment); home (housing with needed supports); purpose (education, employment, and other pursuits); and community (peer, family and other social supports) 112 States will use these funds to develop local recovery community support institutions, provide system navigation resources and supports, and to collaborate and coordinate with local private, public, non-profit, and faith community response efforts. This new set-aside will build upon the more than two decades of practice-based research that began when SAMHSA awarded the first Recovery Community Services Program (1998) discretionary grants and to expand access to long-term recovery services, a necessary component to extend the continuum of care. This set-aside will help increase access to recovery support services across the country and complement the existing efforts to respond to the ongoing opioid crisis that has accelerated during the COVID-19 pandemic."

“The FY 2022 Budget Request level is \$3.5 billion, an increase of \$1.7 billion from the FY 2021 Enacted level. SAMHSA plans to use the increase in funds to continue serving as a source of safety-net funding, including providing assistance to states in addressing and evaluating activities to prevent, treat, and provide recovery support services for individuals, families, and communities that are adversely impacted by substance use disorders (SUDs), and related conditions such as opioid use disorder. The need and demand for treatment and recovery support services for SUDs continues to grow, as exacerbated by the coronavirus pandemic. SAMHSA will continue to assist states and jurisdictions in planning for, expanding, enhancing, and building capacity in their service systems to address these burgeoning needs.”

#### Additional Opioids Allocation

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>State Targeted Response (STR) to the Opioid Crisis Grants</b>	Not funded	Not funded	Not funded	Not funded	N/A
<b>State Opioid Response (SOR) Grants</b>	\$1,500,000,000	\$1,500,000,000	\$1,500,000,000	\$2,250,000,000	+\$750,000,000

#### **SAMHSA Congressional Justification Language on the SOR Grant program:**

“This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs).

“In FY 2020, SAMHSA funded a new cohort of SOR grants. In addition to addressing the opioid crisis, the program was expanded to support evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine misuse. In FY 2020, SAMHSA also continued to support SOR technical assistance and training efforts.

“The FY 2022 budget includes \$75 million for TOR, a \$25.0 million increase for tribes. SAMHSA plans to fund new grants to continue to support states and territories, including a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. 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 responsible for more deaths than opioids in a growing number of states, even as opioid overdose deaths are continuing to increase. The additional funding will enhance states' ability to address stimulants, as well as other issues related to the opioid epidemic that have been compounded due to COVID-19. In FY 2022, SAMHSA will continue to fund supplemental grants to states whose award from the State Opioid Response formula grant declined by more than 40 percent in fiscal year 2021 in comparison to fiscal year 2019.”

### SAMHSA's Center for Substance Abuse Treatment (CSAT)

Program	FY 19	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>CSAT PRNS TOTAL</b>	\$458,677,000	\$479,677,000	\$496,677,000	\$650,864,000	+\$154,187,000
<b>Addiction Technology Transfer Centers (ATTCs)</b>	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
<b>Building Communities of Recovery</b>	\$6,000,000	\$8,000,000	\$10,000,000	\$20,000,000	+\$10,000,000
<b>Children and Families</b>	\$29,605,000	\$29,605,000	\$29,605,000	\$30,197,000	+\$592,000
<b>Comprehensive Opioid Recovery Centers</b>	N/A	\$2,000,000	\$4,000,000	\$6,000,000	+\$2,000,000
<b>Criminal Justice Activities</b>	\$89,000,000	\$89,000,000	\$89,000,000	\$124,380,000	+\$35,380,000
<i>Drug Courts</i>	\$70,000,000	\$70,000,000	\$70,000,000	\$105,000,000	+\$35,000,000
<b>Emergency Dept. Alternatives to Opioids</b>	N/A	\$5,000,000	\$6,000,000	\$9,000,000	+\$3,000,000
<b>First Responder Training*</b>	\$36,000,000	\$41,000,000	\$42,000,000	\$63,000,000	+\$21,000,000
<i>Rural Focus*</i>	\$18,000,000	\$23,000,000	\$24,000,000	\$36,000,000	+\$12,000,000
<b>Grants to Develop Curricula for DATA Act Waivers</b>	N/A	N/A	Not funded	Not funded	N/A
<b>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*</b>	\$12,000,000	\$12,000,000	\$12,000,000	\$18,000,000	+\$6,000,000
<b>Improving Access to Overdose Treatment</b>	\$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	+\$500,000
<b>Minority AIDS</b>	\$65,570,000	\$65,570,000	\$65,570,000	\$66,881,000	+\$1,311,000
<b>Minority Fellowship</b>	\$4,789,000	\$4,789,000	\$5,789,000	\$6,136,000	+\$347,000
<b>Opioid Response Grants</b>	N/A	N/A	\$3,000,000	\$3,000,000	Level
<b>Opioid Treatment Programs/Regulatory Activities</b>	\$8,724,000	\$8,724,000	\$8,724,000	\$13,086,000	+\$4,362,000
<b>Peer Support Technical Assistance Center</b>	N/A	\$1,000,000	\$1,000,000	\$1,500,000	+\$500,000
<b>Pregnant and Postpartum Women (PPW)</b>	\$29,931,000	\$31,931,000	\$32,931,000	\$49,397,000	+\$16,466,000
<b>Recovery Community Services Program</b>	\$2,434,000	\$2,434,000	\$2,434,000	\$5,151,000	+\$2,717,000
<b>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</b>	\$30,000,000	\$30,000,000	\$30,000,000	\$30,560,000	+\$560,000
<b>Targeted Capacity Expansion (TCE) General</b>	\$100,192,000	\$100,192,000	\$102,192,000	\$147,916,000	+\$45,724,000
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction</i>	\$89,000,000	\$89,000,000	\$91,000,000	\$136,500,000	+\$45,500,000

Program	FY 19	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>(MAT- PDOA)</b>					
<b>Treatment, Recovery, and Workforce Support</b>	N/A	\$4,000,000	\$6,000,000	\$9,000,000	+\$3,000,000
<b>Treatment Systems for Homeless</b>	\$36,386,000	\$36,386,000	\$36,386,000	\$37,114,000	+\$728,000

\*First Responder Training program, Rural Focus, and Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths were previously funded within CSAP (FY 2016-FY 2018)

**SAMHSA Congressional Justification Language:**

**Opioid Treatment Programs/Regulatory Activities:** “The FY 2022 Budget Request is \$13.1 million, an increase of \$4.4 million from the FY 2021 Enacted level. In FY 2022, SAMHSA will award approximately 36 continuation grants, 29 new grants and two contracts. SAMHSA will use the increase in funding to hold at least 300 additional events and provide training for an additional 8,000 participants.”

**Screening, Brief Intervention, and Referral to Treatment:** “The SBIRT program seeks to increase the use of SBIRT in medical settings by promoting wide dissemination and adoption of the practice across the spectrum of primary care services. To achieve this, SAMHSA awards state implementation grants to encourage adoption of SBIRT by healthcare providers in each state. SAMHSA also supports the SBIRT Student Training grant programs.

“The FY 2022 Budget Request is \$30.6 million, an increase of \$560,000 from the FY 2021 Enacted level. SAMHSA plans to use the increase in funds to award 37 continuation grants and one new grant.”

**Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT -PDOA):** “The MAT-PDOA program addresses treatment needs of individuals who have an opioid use disorder (OUD) by expanding/enhancing treatment system capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based MAT and recovery support services.

“The aim of the state MAT-PDOA continuation grants is to increase the number of individuals receiving services with pharmacotherapies approved by the Food and Drug Administration for the treatment of opioid use disorder (OUD); increase the number of individuals receiving integrated care; decrease the illicit opioid drug use at 6-month follow-up; and decrease prescription opioid use in a non-prescribed manner at 6-month follow-up.

“SAMHSA plans to use the increase in funds to support the TCE-Special Projects and MAT PDOA grants. Specifically, SAMHSA will fund 23 new and three continuation TCE-Special Projects grants. Also, SAMHSA plans to fund 107 new MAT-PDOA grants and 140 continuation grants, making MAT services accessible to 40 percent more individuals suffering from OUD.”

**Pregnant and Postpartum Women Pilot:** “Section 501 of the Comprehensive Addiction and Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. Historically, the PPW program has only supported the provision of residential treatment services. The PPW pilot provides grants to states to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system

managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot.

"SAMHSA plans to use the increased funding to award nine pilot continuation grants, 3 new pilot grants, 24 PPW residential treatment continuation grants, and 45 new residential treatment grants to provide an array of services and supports to pregnant women and their families."

**Recovery Community Services Program:** "The FY 2022 Budget Request is \$5.2 million, an increase of \$2.7 million from the FY 2021 Enacted level. SAMHSA plans to use the increase in funds to award eight continuations and nine new RCSP grants. This will allow SAMHSA to continue the efforts of building addiction recovery networks throughout the nation and the collaboration among peer-run organizations."

**Children and Families:** "SAMHSA's Children and Families program makes appropriate treatment available to youth and their families/caregivers to reduce the impact of substance use disorders and/or co-occurring mental and substance use disorders on communities in the U.S."

"SAMHSA plans to use the increase in funds to award two new and 52 continuation Youth and Family Tree grants. These grants will continue to support states and tribes who have not previously received funds under this initiative, and to address the gaps in substance use disorder treatment by providing services for youth, their families, and caregivers."

**Treatment Systems for Homeless:** "SAMHSA's Treatment Systems for Homeless portfolio supports services for those with alcohol/other drug addiction and who are experiencing homelessness, including youth, veterans, and families. SAMHSA plans to use the increase in funds to support grants to reduce homelessness for nearly 5,000 people. SAMHSA intends to fund 20 new and 68 GBHI continuation grants with grant supplements for direct technical assistance."

**Minority AIDS:** "The purpose of the Targeted Capacity Expansion-HIV program is to increase engagement in care for racial and ethnic minority individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for HIV or HIV positive that receive HIV services/treatment. SAMHSA plans to use the increase in funds to award 64 new grants and 62 continuation grants."

**Drug Court Services:** "SAMHSA's ATDC programs support a variety of services including direct treatment services for diverse populations, wraparound and recovery support services such as recovery housing and peer recovery support services designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements."

"SAMHSA plans to use the increase in funds to support 94 new and 166 drug court continuation grants, and 33 continuation ORP grants, and one contract. SAMHSA estimates that an additional 3,287 clients will be served per year with the additional funding."

**Building Communities of Recovery:** "The programs support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of, and education about, recovery. They are managed and implemented primarily by individuals with

lived experience and who are in recovery from substance use disorders and addiction and who reflect the community being served. Grantees are using funds to 1) build connections and linkages between recovery networks, between RCOs, and other Recovery Support Services (RSS); 2) reduce the stigma associated with addiction and recovery; and 3) conduct public education and outreach on issues relating to addiction and recovery.

"SAMHSA plans to use the increase in funds to support 31 new grants and 19 continuation grants for the Building Communities of Recovery program to develop, expand, and enhance recovery support services. Building Communities of Recovery supports linkages between recovery networks and a variety of organizations, including primary care, other recovery networks, the child welfare system, the criminal justice system, housing services, and education/employment systems. This increase in funding will support further mobilization of resources within and outside the recovery community to increase the prevalence and quality of long-term recovery support from drug and alcohol addiction."

**Minority Fellowship Program:** "SAMHSA's Minority Fellowship Program (MFP) increases behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations.

"SAMHSA plans to use the increase in funds to support nine continuation grants, eight new grants and one technical assistance contract."

**Addiction Technology Transfer Centers:** "The purpose of the Technology Transfer Centers is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce that provides prevention, treatment, and recovery support services for substance use disorder (SUD) and mental illness. The program's mission is to help people and organizations to incorporate effective evidence-based practices into substance use disorder and mental health prevention, treatment and recovery services.

"SAMHSA plans to fund 11 new grants and one continuation grant. Funding will allow the ATTC grantees to disseminate evidence-based, promising practices to addiction treatment and recovery professionals, public health and mental health personnel, institutional and community corrections professionals, and other related disciplines."

**Improving Access to Overdose Treatment:** "The ODTx program addresses the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (including prescription opioids as well as illicit drugs such as heroin).

"SAMHSA plans to use the increase in funds to support five continuation grants and two new grants to continue increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder. With this additional funding, we anticipate an increase of 1,270 individuals trained."

**First Responder Training for Opioid Overdose Reversal Drugs:** "The FR-CARA program trains and equips firefighters, law enforcement officers, paramedics, emergency medical technicians, and other legally organized and recognized volunteer organizations in a position to respond to adverse opioid-related incidents. This program also establishes processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. FR-CARA's broader eligibility and rural-set asides ensure that much needed services reach rural and tribal areas.



Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. SAMHSA has awarded 69 state, rural and tribal organizations over the past 3 years. Approximately 52 percent of the funds went to rural entities hit particularly hard by the opioid crisis.

"SAMHSA plans to use the increase in funds to award 46 continuation grants and 60 new grants. In addition, SAMHSA plans to fund 27 new Rural Emergency Medical Services Training Grants."

**Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths:** "SAMHSA supports 12 grants to 12 states for the Grants to Prevent Prescription Drug and Opioid Overdose-related Deaths program, which helps states identify communities of high need and provide education, training, and resources necessary to meet their specific needs. The grant funds can be used for purchasing overdose reversing drugs, equipping first responders with them, providing training on their use, developing other overdose-related death prevention strategies, and providing materials to assemble and disseminate overdose kits. These grantees are also required to develop a dissemination plan and a training course tailored to meet the needs of first responders in their communities.

"SAMHSA plans to use the increase in funds to support seven new and 13 continuation grants across seven states to reduce the number of opioid overdose-related deaths. This will also help states purchase overdose reversing drugs, equip first responders in high-risk communities, support education on the use of naloxone and other overdose-related death prevention strategies, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts. SAMHSA estimates the increase in funding will result in an estimated increase of 2,695 overdose reversals, 7,662 more Naloxone kits distributed, and 4,166 more persons trained to administer Naloxone or other FDA approved drug or device."

**Peer Support Technical Assistance Center:** "The purpose of this new program, which is authorized by section 7152 of the SUPPORT for Patients and Communities Act (P.L. 115-271), is to provide funding for the creation of a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, or the Center. The Center provides technical assistance and support to recovery community organizations and peer support networks. The technical assistance is related to training, translation and interpretation services, data collection, capacity building, and evaluation and improvement of the effectiveness of such services provided by recovery community organizations.

"The FY 2022 Budget Request is \$1.5 million, an increase of \$500,000 from the FY 2021 Enacted level. SAMHSA continues to support the existing grantee in this program and increase the funding available for the grantee."

**Emergency Department Alternatives to Opioids:** "The purpose of this new program, which is authorized by section 7091 of the SUPPORT for Patients and Communities Act (P.L. 115-271) is to provide funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. In addition, these funds will be used to target common painful conditions, train providers and other hospital personnel, and provide alternatives to opioids for patients with painful conditions. SAMHSA plans to use the increase in funds to award six new and 12 continuation grants."

**Treatment, Recovery, and Workforce Support:** "The purpose of this new program, which is authorized by section 7183 of the SUPPORT for Patients and Communities Act, is to implement evidence-based programs to support individuals in substance use disorder treatment and



recovery to live independently and participate in the workforce. To achieve this objective, recipients must coordinate, as applicable, with Indian tribes or tribal organizations, state and local workforce development boards, lead state agencies responsible for a workforce investment activity, and state agencies responsible for carrying out substance use disorder prevention and treatment programs. The program launched in September 2020 with eight grant recipients, three grants in February 2021 and one additional grant will be awarded in 2021 for a total of twelve grants awarded."

"SAMHSA plans to use the increase in funds to award six new and 12 continuation grants."

**Comprehensive Opioid Recovery Centers:** "This program provides grants to nonprofit substance use disorder treatment organizations to operate of comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. The funding represents the first year of a four-year project period. Grantees are required to provide outreach and the full continuum of treatment services including MAT; counseling; treatment for mental disorders; testing for infectious diseases, residential rehabilitation, and intensive outpatient programs; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and family support services such as childcare, family counseling, and parenting interventions. Grantees must utilize third party and other revenue to the extent possible. Grantees are required to report client-level data, including demographic characteristics, substance use, diagnosis, services received, types of MAT received, length of stay in treatment, employment status, criminal justice involvement, and housing."

"SAMHSA plans to use the increase in funds to support four continuations and two new grants. These funds will also provide critical comprehensive care services, including long term care and support services utilizing the full range of FDA-approved medications and evidence-based treatments 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 MAT treatment and recovery support services to address the opioid 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's Center for Substance Abuse Prevention (CSAP)**

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>CSAP PRNS TOTAL</b>	\$205,469,000	\$206,469,000	\$208,219,000	\$216,667,000	+\$8,448,000
<b>Center for the Application of Prevention Technologies (CAPT)</b>	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level
<b>Federal Drug-Free Workplace/Mandatory Drug Testing</b>	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	Level
<b>Minority AIDS</b>	\$41,205,000	\$41,205,000	\$41,205,000	\$42,029,000	+\$824,000
<b>Minority Fellowship</b>	\$321,000	\$321,000	\$321,000	\$340,000	+\$19,000
<b>Science and Service Program Coordination</b>	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level
<b>Sober Truth on Preventing Underage Drinking (STOP Act)</b>	\$8,000,000	\$9,000,000	\$10,000,000	\$10,000,000	Level
<b>Strategic Prevention Framework- Partnerships for Success</b>	\$119,484,000	\$119,484,000	\$119,484,000	\$126,674,000	+\$7,190,000
<b>Strategic Prevention Framework Rx</b>	\$10,000,000	\$10,000,000	\$10,000,000	\$15,000,000	+\$5,000,000
<b>Tribal Behavioral Health Grants</b>	\$20,000,000	\$20,000,000	\$20,750,000	\$21,165,000	+\$415,000

**SAMHSA Congressional Justification Language:**

**Strategic Prevention Framework – Partnerships for Success (SPF-PFS):** “The Strategic Prevention Framework – Partnerships for Success (SPF-PFS) program helps states, tribes, and communities address locally identified prevention priorities through a data-driven process. Common priorities include underage drinking among youth and young adults age 12 to 20, marijuana, or prescription drug misuse. In 2020 the SPF-PFS program supported a total of 250 new and continuing grants to state, community and tribal organizations to address underage drinking among youth and young adults ages 9 to 20 and allow communities, at their discretion, to use funds to target up to two additional data driven substance misuse prevention priorities addressing ages 9 and above. SPF-PFS is designed to ensure that prevention strategies and messages reach the populations most impacted by substance misuse. The program extends current established cross-agency and community-level partnerships by connecting substance misuse prevention programming to departments of social services and their community service providers. This includes working with populations disproportionately impacted by the consequences of substance use; i.e., children entering the foster care system, transition age youth, and individuals who support persons with substance use issues (e.g., women, families, parents, caregivers, and young adults).

“Funding for the SPF Rx program is increased by \$5 million for a total of \$15 million to support a new cohort of up to 26 grantees to be awarded in FY 2021, and 26 continuation and 12 new grants in FY 2022.”

**Strategic Prevention Framework for Prescription Drugs (SPF Rx):** “The Strategic Prevention Framework for Prescription Drugs (SPF-Rx) assists grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMP). Grantees have also raised awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks

of overprescribing to young adults. SAMHSA's program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success. SAMHSA plans to maintain this level of support for SPF Rx through FY 2022."

**Federal Drug-Free Workplace:** "The Drug Free Workplace Program (DFWP) helps individuals refrain from using illegal drugs and demonstrates that illegal drug use will not be tolerated in the federal workplace. The DFWP achieves this through policies and procedures including drug testing which allows for the drug testing of all executive branch agency employees. A key program aim is to eliminate illicit drug use in federal workplaces and oversee the NLCP, which certifies laboratories to conduct forensic drug testing for federal agencies and federally regulated industries.

"Along with the implementation of the new oral fluid and hair drug testing programs, SAMHSA will continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace Programs. This includes review of Federal Drug-Free Workplace plans from those federal agencies that perform federal employee testing, random testing of those designated testing positions of national security, public health, and public safety, and testing for illegal drug use and the misuse of prescription drugs. SAMHSA will continue its oversight role for the inspection and certification of the HHS certified laboratories."

**Minority AIDS:** "The Minority AIDS program supports activities that build a strong foundation for delivering and sustaining high- quality and accessible substance misuse and HIV prevention services. The program aims to engage community-level domestic public and private non-profit entities, tribes, and tribal organizations in order to prevent and reduce the onset of substance misuse and transmission of HIV/AIDS among at-risk populations, including racial/ethnic minority youth and young adults, ages 13 to 24. SAMHSA works with college and university clinics/wellness centers and community-based providers that can provide comprehensive substance misuse and HIV prevention strategies.

"SAMHSA plans to support 163 continuations and 27 new grant awards."

**Sober Truth on Preventing Underage Drinking Act (STOP Act):** "In keeping with the STOP Act's language calling for a multi-faceted, coordinated approach, the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD) developed a Comprehensive Plan in 2006, with updates in 2018, and a pending update for 2021. The plan includes consensus recommendations from the federal agency members as well as for all interested parties identified in the STOP Act, and established the following overarching goals and objectives: 1. Strengthen a national commitment to address the problem of underage drinking; 2. Reduce demand for, the availability of, and access to alcohol by persons under the age of 21; 3. Use research, evaluation, and scientific surveillance to improve the effectiveness of policies, programs, and practices designed to prevent and reduce underage drinking. The STOP Act requires the HHS Secretary, in collaboration with other federal officials enumerated in the Act, to "formally establish and enhance the efforts of the ICCPUD that began operating in 2004." In 2006, SAMHSA assumed leadership as the HHS Secretary's designee.

"The FY 2022 budget request is \$10.0 million, level with the FY 2021 Enacted budget. SAMHSA will support 133 STOP Act grant continuations."

**Center for the Application of Prevention Technologies:** "The purpose of the PTTC Network is to improve implementation and delivery of effective substance misuse prevention interventions and provide training and technical assistance services to the substance misuse

prevention field. This is accomplished by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals."

**Science and Service Program Coordination:** "The Science and Service Program Coordination program funds the provision of technical assistance and training to states, tribes, communities, and grantees around substance misuse prevention. Specifically, the program supports the Tribal Training and Technical Assistance Center (TTTAC) and the Underage Drinking Prevention Education Initiatives (UADPEI).

"In FY 2020, SAMHSA modified the initiative to account for impacts on communities created by the COVID-19 pandemic. As a result, the 2021 cycle of Communities Talk places a higher emphasis on prevention activities that share important messages about underage drinking while accounting for social distancing guidelines, the limited capacity of prevention professionals and the new realities associated with underage and problem drinking.

"The FY 2022 budget request is \$4.1 million, level with the FY 2021 Enacted budget. This funding will support SAMHSA's substance misuse prevention efforts and include a focus on preventing underage drinking and providing technical assistance and training to AI/AN communities."

**Tribal Behavioral Health Grants:** "Consistent with the goals of the Tribal Behavioral Health Agenda, the Tribal Behavioral Health Grant (TBHG) program addresses the high incidence of substance use and suicide among AI/AN populations. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance misuse, trauma, and suicide and by promoting the mental health of AI/AN young people. This request, along with \$20.0 million in the Center of Mental Health Services will continue to support approximately 157 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families."

**Minority Fellowship Program:** SAMHSA's Minority Fellowship Program (MFP) increases behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The program provides stipends to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance use disorder treatment services for minority populations that are underserved. Funding for this program will continue to support prevention related grants and support the provision of enhanced behavioral health services for racial and ethnic minority communities."

**SAMHSA's Center for Mental Health Services (CMHS)**

CMHS Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>CMHS PRNS TOTAL</b>	\$435,616,000	\$448,774,000	\$529,661,000	\$509,793,000	-\$19,868,000
<b>Assisted Outpatient for Individuals with SMI</b>	\$15,000,000	\$19,000,000	\$21,000,000	\$21,420,000	+\$420,000
<b>Assertive Community Treatment</b>	\$5,000,000	\$7,000,000	\$9,000,000	\$9,000,000	Level
<b>Certified Community Behavioral Health Clinics (CCBHCs)</b>	\$150,000,000	\$200,000,000	\$250,000,000	\$375,000,000	+\$125,000,000
<b>Comprehensive Opioid Recovery Center (CORCs)</b>	N/A	\$2,000,000	Funded within CSAT	Funded within CSAT	N/A
<b>Children and Family Programs</b>	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level
<b>Consumer/ Consumer Support TA Centers</b>	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level
<b>Consumer and Family Network Grants</b>	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level
<b>Criminal and Juvenile Justice Programs</b>	\$4,269,000	\$6,269,000	\$6,269,000	\$51,394,000	+\$45,125,000
<b>Disaster Response</b>	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level
<b>Healthy Transitions</b>	\$25,951,000	\$28,951,000	\$29,451,000	\$29,451,000	Level
<b>Homelessness</b>	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level
<b>Homelessness Prevention Programs</b>	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level
<b>Infant and Early Childhood MH</b>	\$5,000,000	\$7,000,000	\$8,000,000	\$8,000,000	Level
<b>MH System Transformation and Health Reform</b>	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level
<b>Mental Health Awareness Training (formerly MH First Aid)</b>	\$20,963,000	\$22,963,000	\$23,963,000	\$35,945,000	+\$11,982,000
<b>Minority Fellowship Program</b>	\$8,059,000	\$9,059,000	\$10,059,000	\$10,663,000	+\$604,000
<b>Minority AIDS</b>	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level
<b>National Child Traumatic Stress Network</b>	\$63,887,000	\$68,887,000	\$71,887,000	\$81,887,000	+\$10,000,000
<b>Practice Improvement and Training</b>	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level
<b>Primary and Behavioral Health Care Integration</b>	\$49,877,000	\$49,877,000	\$52,877,000	\$52,877,000	Level
<b>Primary/Behavioral Health Integration TA</b>	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	Level
<b>Project AWARE State Grants</b>	\$71,001,000	\$102,001,000	\$107,001,000	\$155,502,000	+\$48,501,000
<b>Project LAUNCH</b>	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	Level
<b>Seclusion &amp; Restraint</b>	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level
<b>Suicide Prevention</b>	\$74,034,000	\$90,034,000	\$102,046,900	\$179,667,000	+\$77,621,000
<b>Tribal Behavioral Health Grants</b>	\$20,000,000	\$20,000,000	\$20,750,000	\$20,750,000	Level
<b>Children's Mental Health</b>	\$125,000,000	\$125,000,000	\$125,000,000	\$125,000,000	Level

CMHS Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>Grants to States for the Homeless/ Projects for Assistance in Transition from Homelessness (PATH)</b>	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	Level
<b>Protection and Advocacy</b>	\$36,146,000	\$36,146,000	\$36,146,000	\$36,146,000	Level
<b>Community Mental Health Services (CMHS) Block Grant</b>	\$701,532,000	\$701,532,000	\$736,532,000	\$1,582,571,000	+\$825,000,000

**SAMHSA Congressional Justification Language for CMHS Programs:**

**National Child Traumatic Stress Network:** "SAMHSA has provided funding for a national network of grantees known as the National Child Traumatic Stress Network (NCTSN) to develop and promote effective community practices for children and adolescents exposed to a wide array of traumatic events."

"SAMHSA requests funding to support 127 grant continuations and 24 new grants 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."

**Project AWARE:** "Project AWARE is made up of three components: Project AWARE State Education Agency (SEA) grants, Mental Health Awareness Training (MHAT) Grants, and Resilience in Communities after Stress and Trauma (ReCAST) grants."

"Funding for this program will support Project AWARE State Grants, ReCAST, MHAT grants, and technical assistance on the provision of school-based mental health services."

**Healthy Transitions:** "The Healthy Transitions program provides grants to states and tribes to 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. Grantees use these funds to provide services and supports to address serious mental health conditions, co-occurring disorders, and risks for developing serious mental health conditions among youth 16 – 25 years old."

"SAMHSA requests funding to 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. SAMHSA's budget request will support 27 continuation grants and fund a new cohort of grants."

**Children and Family Programs:** "SAMHSA requests funding to 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. This funding will support 21 Circles of Care continuation grants."

**Consumer and Family Network Grants:** "SAMHSA requests funding for 19 new SFN, nine new SCN, and 22 continuation 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.

**Project LAUNCH:** "The purpose of the Project LAUNCH initiative is to promote the wellness of young children, from birth to eight years of age, by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development."

The FY 2022 budget request is \$23.6 million, level with the FY 2021 Enacted level. This funding will support 30 continuation grants and the CoE-IECMHC to improve health outcomes for young children and support children at high risk for mental illness and their families in order to prevent future disability. This funding request 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-IECMJH."

**Mental Health System Transformation and Health Reform:** "SAMHSA requests funding to support the continuation of seven Transforming Lives through Supported Employment grants that will 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."

**Primary and Behavioral Health Care Integration:** "The FY 2022 budget request is \$54.9 million, level with the FY 2021 Enacted level. SAMHSA requests funding to support the continuation of 24 PIPBHC grants and one CIHS grant. The funding will also fund a new cohort of two PIPBHC grants."

**Suicide Prevention Programs:** "The FY 2022 budget request is \$23.2 million, level with the FY 2021 Enacted level. This funding will support 40 Zero Suicide continuation grants and five NSSP continuation grants. The grants support states in implementing the NSSP goal to prevent suicide. States use NSSP funding to support efforts such as raising suicide awareness, establishing emergency room referral processes, and improving clinical care practice standards."

**National Suicide Prevention – Lifeline:** "The FY 2022 budget request is \$101.6 million, an increase of \$77.6 million from the FY 2021 Enacted level. SAMHSA is requesting funding to strengthen the National Suicide Prevention Lifeline (NSPL), which is a critical public health intervention to address suicide risk. As the backbone of 9-8-8, the NSPL serves as a critical safety net. When local crisis centers are unable to answer incoming contacts from individuals in distress, the NSPL utilizes a subnetwork of national backup centers to ensure capacity can meet demand. As preparation for 9-8-8's launch intensifies, the \$102 million requested will enhance the Suicide Lifeline's infrastructure. These investments will help address challenges in meeting current 62 call/chat/text demand and expand capacity to manage the expected volume influx beginning in July 2022, as required by the National Suicide Hotline Designation Act of 2020. This funding will be used to strengthen the infrastructure of the existing Lifeline to increase the capacity of Lifeline centers to answer calls, chats, and texts, and provide specialized services. In addition, SAMHSA is requesting funding to fund two new Lifeline Crisis Center Follow-up grants that will focus on providing follow-up to suicidal people discharged from emergency rooms and inpatient units. In addition to NSPL's infrastructure enhancements, SAMHSA recognizes that local crisis centers – which face funding challenges and are often staffed by unpaid volunteers – also need support to ensure a successful 9-8-8 launch next July. The National Suicide Hotline Designation Act provides states with the authority to collect fees from voice providers to support 9-8-8, similar to the method used in many regions to finance 911. In the short time



since the National Suicide Hotline Designation Act was signed into law in October 2020, several states are already deliberating the new authority to levy fees on cell phone bills to support the answering of 9-8-8 calls and related mental health crisis services. The FY 2021 Appropriations Act also instituted for the first time a five percent set-aside to the SAMHSA Mental Health Block grant. This crisis set-aside is used to support crisis services planning and development in every state and MHBG grant recipient. SAMHSA will continue to assess the needs of local crisis centers as the 9-8-8 launch continues and as state planning efforts advance. While 988 affords an opportunity to significantly strengthen mental health crisis care, its success hinges on our nation's crisis infrastructure.

**Homelessness Prevention Programs:** "With this funding, SAMHSA will support 48 continuation grants and technical assistance activities to 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 Serious Mental Illness with safe, secure housing."

**Minority AIDS:** "SAMHSA will fund a new cohort of 18 grants focused on individuals with mental disorders and/or co-occurring disorders living with or at risk for HIV/AIDS."

**Criminal and Juvenile Justice Programs:** "The FY 2022 budget request is \$51.4 million, an increase of \$45.1 million from the FY 2021 Enacted level. This proposed increase aligns with the Administration's goal to address mental health needs among incarcerated youth and adults by providing services to ensure their successful transition into community post-incarceration. This funding will establish pre-release relationships with community mental health providers and key stakeholders. With a commitment to health equity, SAMHSA will award a new cohort of grants to support provision of services by community-based behavioral health providers both within jails/prisons and post-incarceration. This activity will address the unmet treatment needs of incarcerated individuals and allow these individuals to continue to access services from the same community-based providers post-incarceration. The needs of individuals returning to society include the social determinants of recovery (i.e. housing, employment, access to health care) and other supportive resources for successful transition from incarceration. This funding will support up to 100 grantees to provide screening, assessment, treatment, and linkage to services for those with mental disorders in jails/prisons. Special importance will be paid towards ensuring a commitment to racial and economic justice, trauma-informed approaches, as well as cultural humility. SAMHSA will also support the continuation of 18 Early Diversion grants and the continuation of the technical assistance center."

**Practice Improvement and Training:** "The FY 2022 budget request is \$7.8 million, level with the FY 2021 Enacted level. Funding will support the continuation of the HBCU program, the continuation of the Clinical Support Services TA Center for SMI and provide supplemental funding for the school safety program."

**Consumer and Consumer-Supporter TA Centers:** "The FY 2022 budget request is \$1.9 million, level with the FY 2021 Enacted. SAMHSA's funding request will support five continuation grants to provide technical assistance to facilitate the quality improvement of the mental health system by promoting consumer-directed approaches for adults with SMI."

**Disaster Response:** "SAMHSA helps ensure that the nation is prepared to address, as well as respond to the behavioral health needs that follow these disasters or events. SAMHSA focuses on three major programs; the Crisis Counseling Assistance and Training Program (CCP), the

Disaster Distress Helpline (DDH) and the Disaster Technical Assistance Center (DTAC). These programs use appropriated funds to support survivors of natural and man-made disasters.”

“SAMHSA requests funding to continue the support of a nationally available disaster distress crisis counseling telephone line and the Disaster Technical Assistance Center.”

**Assisted Outpatient Treatment for Individuals with Serious Mental Illness:** “The FY 2022 budget request is \$21.4 million, an increase of \$420,000 from the FY 2021 Enacted level. This funding will support a new cohort of three grants and 20 grant continuations to improve the health and social outcomes for individuals with SMI and continuation of the technical assistance center.”

**Tribal Behavioral Health Grants:** “The FY 2022 budget request is \$20.8 million, level with the FY 2021 Enacted. This request, combined with \$21.1 million in the Substance Abuse Prevention will support technical assistance activities, 117 continuation grants and award a new cohort of six grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.”

**Minority Fellowship Program:** “The FY 2022 budget request is \$10.7 million, an increase of \$604,000 from the FY 2021 Enacted level. SAMHSA requests funding to support eight continuation grants, a new cohort of one grant and the technical assistance contract.”

**Infant and Early Childhood Mental Health:** “The FY 2022 budget request is \$8.0 million, level with the FY 2021 Enacted. Funding will support the continuation of 13 grants and award a new cohort of two grants to increase access to a range of evidence-based and culturally appropriate infant and early childhood mental health services.”

**Children’s Mental Health Program:** “The FY 2022 budget request is \$125.0 million, level with the FY 2021 Enacted. The budget requests will support the continuations of 10 Clinical High Risk for psychosis (CHR-P) grants and fund a new cohort of 20 grants under the 10 percent set-aside. In addition, funding will support 67 CMHI continuation grants, a new cohort of eight CMHI grants, and a technical assistance center.”

**Projects for Assistance in Transition from Homelessness:** “This formula-based funding to all fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands will continue to provide PATH services in over 500 communities to support outreach workers and mental health specialists who engage with individuals living with SMI or those living with both SMI and drug/alcohol addiction and are homeless or at imminent risk of becoming homeless. The services provided by the program help ensure that these individuals have an opportunity to access stable housing, improve their health and wellness, lead self-directed lives, and achieve their full potential.”

**Certified Community Behavioral Health Clinic (CCBHC):** “The FY 2022 budget request is \$375.0 million, an increase of \$125.0 million from the FY 2021 Enacted level to fund a new cohort of 158 grants and 22 continuation grants to continue the improvement of mental disorder treatment, services, and interventions for children and adults.”

**Community Mental Health Services Block Grant:** “The MHBG continues to represent a significant “safety net” source of funding for mental health services for some of the most at-risk populations across the country. Together, SAMHSA’s block grants support the provision of services and related support activities to more than eight million individuals with mental and substance use conditions in any given year. The MHBG’s

flexibility and stability have made it a vital support for public mental health systems. States rely on the MHBG for delivery of services and for an array of non-clinical coordination and support services that are not supported by Medicaid or other third-party insurance to strengthen their service.

“The FY 2022 budget request is \$1.6 billion, an increase of \$825.0 million from the FY 2021 Enacted 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 serious mental illness, including psychotic disorders. The set-aside funds help reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of serious mental illness. The Budget also set-asides \$75 million, an increase of \$40 million over FY 2021, of MHBG funds to support state efforts to build much needed crisis systems to address the needs of individuals in mental health crisis in a high quality, expeditious manner. In addition, this funding will support an ongoing partnership between mental health and law enforcement. The development of these services will promote 24/7 access to well-trained mental health professionals in the time of acute mental health crisis.”

### National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
NIAAA	\$525,591,000	\$545,373,000	\$554,882,000	\$570,165,000	+\$15,283,000

### National Institute on Drug Abuse (NIDA)

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
NIDA	\$1,419,844,000	\$1,457,724,000	\$1,480,309,000	+\$1,852,503,000	+\$372,194,000

### Centers for Disease Control and Prevention (CDC) – Select Programs

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</b>	\$1,132,278,000	\$1,273,556,000	\$1,314,056,000	\$1,420,556,000	+\$106,500,000
<i>HIV Prevention by Health Depts.</i>	\$397,161,000	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>	N/A
<i>School Health</i>	\$33,081,000	\$33,081,000	\$34,081,000	\$34,081,000	Level
<i>Viral Hepatitis</i>	\$39,000,000	\$39,000,000	\$39,500,000	\$39,500,000	Level
<b>Infectious Diseases and the Opioid Epidemic</b>	\$5,000,000	\$10,000,000	\$13,000,000	\$19,500,000	+\$6,500,000
<b>Sexually Transmitted Infections</b>	\$157,310,000	\$160,810,000	\$161,810,000	\$161,810,000	Level
<b>Chronic Disease Prevention and Health Promotion*</b>	\$1,187,771,000	\$1,239,914,000	\$1,276,664,000	\$1,452,664,000	+\$176,000,000
<i>Tobacco</i>	\$210,000,000	\$230,000,000	\$237,500,000	\$237,500,000	Level
<i>Excessive Alcohol Use</i>	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	Level
<i>Prevention Research Centers</i>	\$25,461,000	\$26,461,000	\$26,961,000	\$26,961,000	Level
<b>Birth Defects and Developmental Disabilities</b>	\$155,560,000	\$160,810,000	\$167,810,000	\$172,810,000	+\$5,000,000
<i>Fetal Alcohol Syndrome</i>	\$11,000,000	\$11,000,000	\$11,000,000	\$11,000,000	Level
<i>Neonatal Abstinence Syndrome</i>	\$2,000,000	\$2,250,000	\$2,250,000	\$2,250,000	Level
<b>Injury Prevention and Control</b>	\$648,559,000	\$677,379,000	\$682,879,000	\$1,103,169,000	+\$420,290,000
<i>Unintentional Injury</i>	\$8,800,000	\$8,800,000	\$8,800,000	\$8,800,000	Level

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<i>Injury Prevention Activities</i>	\$28,950,000	\$28,950,000	\$28,950,000	\$28,950,000	Level
<i>Opioid Prescription Drug Overdose (PDO)/ Opioid Overdose Prevention and Surveillance</i>	\$475,579,000	\$475,579,000	\$475,579,000	\$713,369,000	+\$237,790,000
<i>Drug-Free Communities (DFC)**</i>	N/A	N/A	N/A	N/A	N/A
<b>Preventive Health and Health Services Block Grant</b>	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Level
<b>America's Health Block Grant</b>	N/A	Not funded	Not funded	Not funded	Not funded

**Congressional Justification Language for CDC Programs:**

**HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections and Tuberculosis:** “CDC’s FY 2022 request of \$1,420,556,000 for HIV, Viral Hepatitis, Sexually Transmitted Infections and Tuberculosis is \$106,500,000 above the FY 2021 Enacted level. CDC will employ an intensive, strategic approach to diagnose, refer for treatment, prevent, and respond to new HIV transmissions—creating a pathway to end the HIV/AIDS epidemic in America.”

**Infectious Diseases and the Opioid Epidemic:** “The United States is experiencing a public health crisis involving injection drug use (IDU). As the crisis continues to impact communities throughout the United States, CDC is increasing support for testing, diagnosis, linkage to care, and treatment for infectious diseases related to injection drug use. CDC is also improving implementation of and access to high-quality syringe services programs nationwide through dissemination of best practices and providing technical assistance. CDC works to ensure linkage to substance use disorder treatment at healthcare encounters for infections associated with IDU. CDC will continue to strengthen state and local capacity to detect, respond, and prevent further transmission of infectious diseases.”

**Viral Hepatitis:** “CDC will build upon best practices that enable health departments, health clinics, and community organizations to implement viral hepatitis testing and care services through three broad strategies. CDC will continue improving and expanding outbreak response and surveillance, supporting approximately 58 jurisdictions to provide enhanced viral hepatitis surveillance. CDC will increase the number of health systems and providers who test, manage, and treat hepatitis A, hepatitis B and hepatitis C. CDC will continue to mitigate the infectious disease impacts involving injection drug use and increase testing and linkage to care for persons who inject drugs, by implementing in approximately 10 sites expanded testing and prevention services in high-impact settings, including settings that serve people who inject drugs. To complement these efforts, CDC will focus on several new efforts in support of jurisdictional implementation. The national testing campaign will continue to implement targeted messages to people who inject drugs and healthcare providers that serve people with risk factors for hepatitis C and pregnant people. CDC is working to develop new guidance for viral hepatitis surveillance and reporting based on input from jurisdictions. CDC will require funded jurisdictions to provide CDC with plans for coordinating and collaborating with immunization programs to meet jurisdictional hepatitis A and hepatitis B adult vaccination goals. To expand state elimination and integrated viral hepatitis prevention and surveillance, CDC is identifying best practices and developing toolkits and other to expand CDC’s technical assistance to all jurisdictions.”

**Sexually Transmitted Infections:** “At the FY 2022 requested level, public health programs will continue to support disease intervention specialists as they follow-up and respond to outbreaks. This funding level will also support training and educational materials for healthcare professionals, and studies to translate STI research to practice and to improve program delivery. CDC will also continue to work with state and local grantees to address rising numbers of congenital syphilis cases. CDC continues to support efforts in alignment with the Sexually Transmitted Infection Federal Action Plan. The Plan outlines actionable strategies across multiple agencies to address STIs. CDC will continue to bridge implementation science, public health program management, and STI prevention services that are high impact, scalable, cost-effective, and sustainable.”

**Excessive Alcohol Use:** “CDC will expand these activities in FY 2022 by supporting alcohol epidemiology capacity in more states and one organization to deliver national technical assistance and training on the prevention of excessive alcohol use.”

**Prevention Research Centers:** “In FY 2022, CDC will continue to support 26 PRCs with awards of roughly \$750,000 to quickly leverage research findings to build a collection of proven health interventions addressing a diverse range of public health issues, including chronic diseases. PRC awardees will conduct core research projects in intervention research, to strengthen the evidence base for public health interventions; implementation research, to test the process for translation of proven interventions into public health practice; and public health practice-based evidence research, to examine the effectiveness of strategies and interventions. CDC will also support PRCs in disseminating research findings and expanding translation activities.”

**Tobacco:** “In FY 2022, CDC will sustain tobacco prevention, control, and surveillance efforts, including addressing increases in tobacco use among youth and young adults. CDC will support tobacco cessation and quitline services, including support for the national network of tobacco cessation quitlines, a national media campaign to inform the public about smoking risks and encourage smokers to quit smoking, and support for national networks focused on disproportionately impacted populations experiencing tobacco- and cancer-related health disparities. CDC will also maintain tobacco use and related behavior surveillance, including through the National Youth Tobacco Survey.”

**Fetal Alcohol Syndrome:** “In FY 2022, CDC will continue to monitor trends in alcohol and polysubstance use in pregnancy. CDC will also continue to work with partners across the nation to implement evidence-based strategies to reduce alcohol use during pregnancy and maximize healthcare professionals’ ability to identify patients at risk and intervene as needed.”

**Opioid Abuse and Overdose Prevention:** “CDC’s FY 2022 request of \$713,369,000 for Opioid Abuse and Overdose Prevention is \$237,790,000 above FY 2021 Enacted. In FY 2022 with the additional resources requested, CDC will increase local investments and innovation to reach approximately 25 of the nation’s largest cities/counties and 40 smaller communities heavily impacted by the overdose crisis, while continuing to support all 50 states, territories, and local jurisdictions to track and prevent overdose deaths. CDC will prioritize support to collect and report real-time, robust overdose mortality data and to move from data to action, building upon the work of the Overdose Data to Action (OD2A) program. To do so, CDC will partner with funded jurisdictions to implement surveillance strategies that include contextual information alongside data, as well as increase surveillance capabilities for polysubstance use and emerging substance threats such as stimulants. The additional resources requested will enable CDC to support investments in prevention efforts for people put at highest risk, for example, supporting risk reduction and access to medications for opioid use disorder (MOUD) for people transitioning from alternate residence (e.g. jail/prison, treatment facility, homeless shelter). Recognizing the associations between ACEs, suicides, and substance use disorders, CDC will continue supporting upstream prevention programs, such as expanding ACEs data collection in communities experiencing high rates of drug

overdoses and leveraging ongoing comprehensive suicide prevention approaches to test a comprehensive community approach for the primary and secondary prevention of ACEs. In FY 2022, CDC will prioritize updating the CDC Guideline for Prescribing Opioids for Chronic Pain.”

**Preventive Health and Health Services Block Grant:** “CDC’s FY 2022 request of \$160,000,000 for Preventive Health and Health Services Block Grant (PHHS Block Grant) is level with FY 2021 Enacted. In FY 2022, CDC will continue to administer the program and recipients to address their locally-identified priority public health needs. CDC will continue to support these jurisdictions to use evidence-based methods and interventions, reduce risk factors, such as poor nutritional choices, smoking, and lack of physical activity; establish policy, social, and environmental changes; monitor and re-evaluate funded programs; and leverage other funding sources.”

#### Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
Community Health Centers	\$1,625,522,000	\$1,625,522,000	\$1,682,772,000	\$1,732,772,000	+\$50,000,000
Interdisciplinary Community-Based Linkages	\$191,903,000	\$220,903,000	\$235,903,000	\$314,661,000	+\$78,758,000
Maternal and Child Health Block Grant	\$677,700,000	\$687,700,000	\$712,700,000	\$822,700,000	+\$110,000,000
Rural Health	\$317,794,000	\$318,294,000	\$329,519,000	\$400,209,000	+\$70,690,000
<i>Rural Communities Opioids Response</i>	<i>\$120,000,000</i>	<i>\$110,000,000</i>	<i>\$110,000,000</i>	<i>\$165,000,000</i>	<i>+\$55,000,000</i>
Telehealth	\$24,500,000	\$29,000,000	\$34,000,000	\$36,500,000	+\$2,500,000
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,388,781,000	\$2,423,781,000	\$2,554,781,000	+\$131,000,000
National Health Service Corps-Substance Use Disorder Providers	\$105,000,000	\$105,000,000	\$105,000,000	\$180,000,000	+\$75,000,000
Loan Repayment Program for SUD Treatment Workforce	N/A	\$12,000,000	\$16,000,000	\$28,000,000	+\$12,000,000
Peer Support Specialists in the Opioid Use Disorder Workforce	N/A	\$10,000,000	\$13,000,000	\$15,000,000	+\$2,000,000

#### Congressional Justification Language for HRSA Programs:

**National Health Service Corps (NHSC):** “The request includes \$180.0 million specifically for loan repayment for clinicians to provide opioid and substance use disorder treatment.”

**NHSC Substance Use Disorder (SUD) Workforce LRP:** “Since FY 2018, funding has been appropriated to the NHSC for the express purpose of expanding and improving access to quality opioid and SUD treatment in rural and underserved areas nationwide. The primary purpose of this dedicated funding is to expand the availability of substance use disorder (SUD) treatment providers to include the SUD workforce and categories for outpatient services, including Opioid Treatment Programs, Office-based Opioid Treatment Facilities and Non-opioid Outpatient



SUD facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Providers receive loan repayment assistance to reduce their educational financial debt in exchange for service at SUD Treatment Facilities. SUD Providers include: · Allopathic/Osteopathic Physicians, Nurse Practitioners, Physician Assistants with Drug Addiction Treatment Act 2000 Waivers · Licensed or certified health professionals providing SUD services; and · Licensed primary care and mental & behavioral health professionals.”

**Administration for Children and Families (ACF) – Select Programs**

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>Promoting Safe and Stable Families (PSSF)</b>	\$438,169,408	\$437,515,000	\$427,515,000	Not available at this time	Not available at this time
<i>Regional Partnership Grants (RPG), mandatory</i>	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level
<b>Programs for Children and Families</b>	\$12,239,225,000	\$12,876,652,000	\$13,040,511,000	Not available at this time	Not available at this time
<i>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</i>	\$85,310,000	\$90,091,000	\$90,091,000	\$120,000,000	+\$29,909,000
<i>Child Welfare Services</i>	\$268,735,000	\$268,735,000	\$268,735,000	\$275,000,000	+\$6,265,000

**Department of Justice (DOJ) – Select Programs**

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>Drug Enforcement Administration</b>	\$2,687,703,000	\$2,722,295,000	\$2,819,200,000	\$2,920,200,000	+\$101,100,000
<b>Office of Justice Programs (OJP): Research, Evaluation, and Statistics</b>	\$80,000,000	\$79,000,000	\$82,000,000	\$86,000,000	+\$4,000,000
<b>OJP: State and Local Law Enforcement Assistance</b>	\$1,723,000,000	\$1,892,000,000	\$1,914,000,000	\$2,047,500,000	+\$133,500,000
<i>Byrne Justice Assistance Grants</i>	\$329,600,000	\$348,800,000	\$360,100,000	\$355,500,000	+\$29,500,000
<i>Comprehensive Opioid, Stimulant, and Substance Abuse Program</i>	\$157,000,000	\$180,150,000	\$185,000,000	\$190,000,000	+\$5,000,000
<i>Drug Courts</i>	\$77,000,000	\$80,000,000	\$83,000,000	\$95,000,000	+\$12,000,000
<i>Justice and Mental Health Collaboration [MIOTCRA]</i>	\$31,000,000	\$33,000,000	\$35,000,000	\$40,000,000	+\$5,000,000
<i>Residential Substance Abuse Treatment (RSAT)</i>	\$30,000,000	\$31,160,000	\$34,000,000	\$35,000,000	+\$1,000,000
<i>Second Chance Act/Offender Reentry</i>	\$88,000,000	\$90,000,000	\$100,000,000	\$125,000,000	+\$25,000,000
<i>Veterans Treatment Courts</i>	\$22,000,000	\$23,000,000	\$25,000,000	\$25,000,000	Level
<i>Prescription Drug Monitoring</i>	\$30,000,000	\$31,000,000	\$32,000,000	\$33,000,000	+\$1,000,000
<i>Community Oriented Policing Systems (COPS)**</i>	\$303,500,000	\$343,000,000	\$386,000,000	\$651,000,000	+\$265,000,000
<b>Juvenile Justice Programs</b>	\$287,800,000	\$320,000,000	\$346,000,000	\$796,000,000	+\$450,000,000

**DOJ Congressional Justification Language:**

**Byrne Justice Assistance Grants:** “In FY 2022, the President’s Budget requests \$513.5 million for the Byrne Justice Assistance Grants (JAG) program, an increase of \$29.5 million over the FY 2021 Enacted level. The funding request will support JAG formula awards to state, local, and tribal governments; establish a new Racial Profiling and De-escalation Training Program; and increase funding for the Capital Case Litigation Initiative.”

**Drug Courts:** “The request will support site-based awards to support the development, expansion, and enhancement of adult, juvenile, and family drug court programs at the state, local, and tribal levels. In addition, the funding will support expanded drug courts-related research and evaluation activities as well as training and technical assistance for drug courts personnel.”

**Second Chance Act:** “The request will provide additional awards, training, and technical assistance to help state, local, and tribal governments further reduce criminal recidivism and improve other reentry-related outcomes.”

**Office of National Drug Control Policy (ONDCP)**

Program	FY 2019	FY 2020	FY 2021	President's FY 2022 Request	FY 2022 vs FY 2021
<b>Drug Free Communities (DFC)</b>	\$100,000,000	\$101,250,000	\$102,000,000	\$106,000,000	+\$4,000,000
<b>High-Intensity Drug Trafficking Area (HIDTA) Program</b>	\$280,000,000	\$285,000,000	\$290,000,000	\$293,500,000	+\$3,500,000
<b>Community-Based Coalition Enhancement Grants (CARA Grants)</b>	\$3,000,000	\$4,000,000	\$5,000,000	\$5,200,000	+\$200,000

**ONDCP Congressional Justification Language:**

**Drug-Free Communities:** “The FY 2022 request level for DFC is \$106,000,000 and 2 FTE. This is an increase of \$4,000,000 from the FY 2021 enacted amount. We are requesting up to 12% for administrative costs associated with the program. This is a change from the current 8% cap for administrative costs. The increase of \$4,000,000 is to provide for the additional 4% increase in administrative costs without reducing DFC grants.

“In FY 2020, ONDCP collaborated with the CDC to transition the administration of the DFC grants from SAMHSA. Effectively managing the DFC Program, which currently funds over 700 community-based coalitions, requires a significant level of administrative support and program management oversight to ensure that recipients continue to be successful, while also practicing sound grants management policies and procedures. Invaluable lessons were learned during the FY 2020 transition, including the need for additional resources to support the management of the programs. In order to continue to lead the Nation's effort to mobilize communities to prevent substance misuse among youth, ONDCP is requesting an administrative cap increase to 12%. The level of support and guidance given by ONDCP and the agency administering the grants is directly tied to the success of the coalitions. This increase would go towards ensuring that the coalitions have appropriate oversight, receive timely responses to their technical assistance needs and allows for stronger collaboration. Examples include conducting site visits on a more frequent, reoccurring basis and coordination and delivery of technical and subject matter expertise on multiple public health issues.”