



# Fiscal Year 2024 Appropriations

## April 2024

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## **Overview**

This overview summarizes final fiscal year (FY) 2024 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
    - 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)

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## Substance Abuse and Mental Health Services Administration

### Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant<sup>1</sup>

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

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>SUPTRS Block Grant</b>	\$1,858,079,000	\$1,858,079,000	\$1,908,079,000	\$2,008,079,000	\$2,008,079,000	Level

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

#### *Final Omnibus Language:*

**Not included – proposed recovery set-aside:** The final bill does not include a proposal by the Administration to establish a new 10 percent set-aside specifically for recovery support services within the SUPTRS Block Grant for recovery support services.

**Not included – change in calculation for HIV early intervention services:** The final bill does not include a proposal by the Administration to change the calculations determining which States must allocate resources to support HIV/AIDS early intervention services.

#### *House Committee Report Language:*

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

“The Committee includes \$2,008,079,000, which is the same as the fiscal year 2023 enacted program level, for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. The SUPTRS Block Grant provides funding to States and Territories to support alcohol and drug use prevention, treatment, and recovery support services. 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.”

**Alcohol Addiction:** “The Committee is aware that States utilize SUPTRS Block Grant funding to support programs that address all substance use disorders, including those related to alcohol. SUPTRS Block Grant funds may support Screening, Brief Intervention, Referral to Treatment (SBIRT) initiatives related to alcohol. 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 the SUPTRS Block Grant funds are utilized by States to support recovery community organizations to provide recovery support for those with alcohol use disorders.”

**Medication-Assisted Treatment:** “The Committee notes the importance of outreach to the community of the treatment center location.”

**Opioid Safety Education and Training:** “The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and especially nonprescription illicitly manufactured opioids. SAMHSA is urged to take steps to encourage and support the use of SUPTRS 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.”

**Opioid Use Disorder in Rural Communities:** “The Committee is aware that response to 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 SUDs 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.”

**Substance Use Disorder Treatment:** “The Committee is concerned by the high rates of substance use and overdose among youth; more than 2 million adolescents suffered from a SUD in 2021. Despite the high prevalence of SUDs among 12- to 17-year-olds, few treatment programs are equipped to serve this population. The Committee encourages SAMHSA to urge states to dedicate funding, including from State Opioid Response grants, to support SUD treatment tailored to adolescents, as well as other populations with limited treatment options, including pregnant and parenting women.”

***Senate Committee Report Language:***

“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. 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.”

**Senate Committee Does Not Include a New 10 Percent Recovery Support Services Set-Aside:** As outlined below, the Administration proposed a new 10 percent set-aside within the SUPTRS Block Grant. The Senate Appropriations Committee-passed bill did not include this proposal.

**Senate Committee Does Not Include Change in HIV Set-Aside Cases Proxy:** As described below, the Administration proposed to change the HIV Set-Aside proxy from AIDS cases to HIV cases. The Senate Appropriations Committee-passed bill did not include this proposal.

**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 is concerned with 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. The Committee encourages SAMHSA to begin implementing public reporting on their existing block grants. The Committee directs SAMHSA to submit a report, 180 days after the enactment of this act, to identify any staffing, IT infrastructure, legislative policies, or funding barriers that would prevent grantees and SAMHSA from collecting and providing outcome data on their block grant programs.”

***SAMHSA Congressional Justification Language on the SUPTRS Block Grant:***

“The Substance Use Prevention, Treatment, and Recovery Services Block Grant program (SUPTRS BG) is a formula grant which funds 60 eligible states, territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians (referred to collectively as states). SUPTRS BG grantees plan, implement, and evaluate substance use disorder (SUD) prevention, treatment, and recovery support services based on the specific needs of their state systems and populations. Ninety-five percent of SUPTRS BG funding is distributed to states through a formula that allocates funds based on specified economic and demographic factors and provisions that limit fluctuations in allotments as the total SUPTRS BG appropriation changes from year to year. The goal of the SUPTRS BG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, public health interventions and recovery support services necessary to improve individual outcomes and reduce the impact of substance use on America’s communities.”

“The 2024 President’s Budget Request for the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) includes \$2.7 billion, an increase of \$700.0 million from the FY 2023 Enacted level. The goal of the SUPTRS BG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, public health interventions and recovery support services necessary to improve individual outcomes and reduce the impact of substance use on America’s communities.”

**Proposal for 10 Percent Recovery Support Services Set-Aside:** “The FY 2024 budget includes a 10 percent set-aside for non-clinical recovery support services. The set-aside requires that at least 10 percent of grantees’ SUPTRS BG expenditures be used for recovery community organizations, peer recovery support services, and other 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 housing, recovery community centers, recovery schools, recovery industries, and recovery ministries. 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 has accelerated during the COVID-19 pandemic.”

**Proposal to Change HIV Set-Aside Cases Proxy:** “The Budget request also uses Human Immunodeficiency Virus (HIV) cases as opposed to Acquired Immunodeficiency Syndrome (AIDS) cases to calculate the HIV-set aside.”



### Additional Opioids Allocation – State Opioid Response (SOR) Grant

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>State Targeted Response (STR) to the Opioid Crisis Grants</b>	Not funded	Not funded	Not funded	Not funded	Not funded	NA
<b>State Opioid Response (SOR) Grants</b>	\$1,500,000,000	\$1,500,000,000	\$1,525,000,000	\$1,575,000,000	\$1,575,000,000	Level

***Final Omnibus Language:***

“The agreement provides \$1,575,000,000 and notes that large swings in funding between grant cycles can pose a significant challenge for States seeking to maintain programs that were instrumental in reducing drug overdose fatalities. The agreement continues to direct SAMHSA to conduct an annual evaluation of the program to be transmitted to the Committees no later than 180 days after enactment of this Act and make such an evaluation publicly available on SAMHSA's website. The agreement also directs SAMHSA to continue funding technical assistance as described in Senate Report 118-84.”

***House Committee Report Language:***

“The Committee includes \$1,583,000,000, which is \$8,000,000 more than the fiscal year 2023 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 an increased set aside for Indian Tribes and tribal organizations to 4 percent. The Committee continues to support the ability of SOR to support continuum of prevention, treatment, and recovery support services 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 ability of SOR funding to support treatment and support for co-occurring addictions, including alcohol use disorder.”

**FDA Approved Medications:** “The Center for Substance Abuse Treatment 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 policy in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers and criminal justice settings.”

**Technical Assistance:** “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.”

***Senate Committee Report Language:***

“The Committee provides \$1,595,000,000 for grants to States to address the opioid crisis. Bill language provides \$60,000,000 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. Activities funded with this grant may include treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized to account for comprehensive services to individuals. The Committee continues to direct SAMHSA to make prevention and treatment of, and recovery from, stimulant use an allowable use of these funds. The Committee directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. 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 directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the State Opioid Response 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 State Opioid Response grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.”

**SOR Funding Cliffs:** “The Committee continues to direct SAMHSA to avoid significant 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. 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. The Assistant Secretary is encouraged to apply a weighted formula within the set aside based on state ordinal ranking. 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.”

**Data Collection for SUD Grants to States:** “December 2020 GAO report [GAO 21–58] examining SUD grants to States found that SAMHSA does not have consistent, relevant, and timely data on the number of individuals provided treatment and recovery support through the SUPTRS

Block Grant, State Targeted Response to the Opioid Crisis Grant, and SOR programs. The Committee recognizes the challenges the lack of data poses in evaluating the effectiveness of these grants and encourages SAMHSA to adopt GAO’s recommendation to identify and implement changes to their data collection efforts to improve the consistency, relevance, and timeliness of data collected on the number of individuals who receive substance use disorder treatment and recovery support services with funding from the SUPTRS Block Grant and SOR programs.”

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

“The State Opioid Response Grants (SOR) program was established by Congress in 2018 to address the public health crisis caused by escalating opioid misuse and substance use disorder across the nation.”

“The SOR program provides resources to states and territories to continue and enhance the development of comprehensive strategies focused upon preventing, intervening, and promoting recovery from issues related to opioid use and misuse and stimulant use. This program aims to address the overdose crisis by increasing access to the three FDA-approved medications for the treatment of opioid use disorder (MOUD), reducing unmet treatment need, and reducing opioid related overdose deaths through the provision of prevention, public health harm reduction interventions, treatment, and recovery activities for opioid use disorder (OUD) and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. In FY 2022, SAMHSA awarded base grants to 58 states and territories via a formula.”

“The FY 2024 President’s Budget Request is \$2.0 billion, an increase of \$425.0 million from the FY 2023 Enacted level. The funding includes \$75.0 million set-aside for the Tribal Opioid Response program. SAMHSA plans to fund 59 new SOR grants to continue to support states and territories. SAMHSA aims to admit 140,569 people for OUD treatment through SOR. 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 and early implementation in FY 2023, states will utilize SOR grant dollars as a key source of funds to target naloxone to underserved areas and organizations in FY 2024. SAMHSA will assist states in the identification of underserved communities and agencies and continue in FY 2024 to work with states on implementation and further refinement of naloxone distribution and saturation.”

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

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>CSAT PRNS TOTAL</b>	\$477,677,000	\$496,677,000	\$521,517,000	\$574,219,000	\$576,219,000	+\$2,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
Building Communities of Recovery	\$8,000,000	\$10,000,000	\$13,000,000	\$16,000,000	\$17,000,000	+\$1,000,000
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$30,197,000	\$30,197,000	Level
Comprehensive Opioid Recovery Centers (CORCs)	Funded within CMHS (\$2 million)	\$4,000,000	\$5,000,000	\$6,000,000	\$6,000,000	Level
Community Harm Reduction and Engagement Initiative	-	-	-	-	Not funded	NA
Criminal Justice Activities	\$89,000,000	\$89,000,000	\$89,000,000	\$94,000,000	\$94,000,000	Level
<i>Drug Courts</i>	\$70,000,000	\$70,000,000	\$70,000,000	\$74,000,000	\$74,000,000	Level
Emergency Dept. Alternatives to Opioids	\$5,000,000	\$6,000,000	\$6,000,000	\$8,000,000	\$8,000,000	Level
First Responder Training (CARA)	\$41,000,000	\$42,000,000	\$46,000,000	\$56,000,000	\$57,000,000	+\$1,000,000
<i>Rural Emergency Medical Services Training Grants</i>	\$23,000,000	\$24,000,000	\$26,000,000	\$31,000,000	\$32,000,000	+\$1,000,000
Grants to Develop Curricula for DATA Act Waivers	Not funded	Not funded	Not funded	Not funded	Not funded	NA
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	\$12,000,000	\$12,000,000	\$14,000,000	\$16,000,000	\$16,000,000	Level
Improving Access to Overdose Treatment	\$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	\$1,500,000	Level
Minority AIDS Initiative	\$65,570,000	\$65,570,000	\$65,570,000	\$66,881,000	\$66,881,000	Level
Minority Fellowship Program	\$4,789,000	\$5,789,000	\$5,789,000	\$7,136,000	\$7,136,000	Level
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$10,724,000	\$10,724,000	Level
Peer Support Technical Assistant (TA) Center	\$1,000,000	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000	Level
Pregnant and Postpartum Women (PPW)	\$31,931,000	\$32,931,000	\$34,931,000	\$38,931,000	\$38,931,000	Level
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$4,434,000	\$4,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	\$31,840,000	\$33,840,000	\$33,840,000	Level
Targeted Capacity Expansion (TCE)- General	\$100,192,000	\$102,192,000	\$112,192,000	\$122,416,000	\$122,416,000	Level
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)</i>	\$89,000,000	\$91,000,000	\$101,000,000	\$111,000,000 <sup>2</sup>	\$111,000,000	Level
Treatment, Recovery, and Workforce Support	\$4,000,000	\$6,000,000	\$10,000,000	\$12,000,000	\$12,000,000	Level
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$36,386,000	\$37,114,000	\$37,114,000	Level
Youth Prevention and Recovery Initiative	Not funded	Not funded	Not funded	\$2,000,000	\$2,000,000	Level

**Final Omnibus Language:**

**First Responder Training:** “The agreement provides \$11,500,000 to make awards to rural public and nonprofit fire and EMS agencies as authorized in the Supporting and Improving Rural Emergency Medical Service’s Needs (SIREN) Act (P.L. 115-334) and instructs SAMHSA to follow the directives included in Senate Report 118-84.”

<sup>2</sup> \$14,500,000 is for grants to Indian Tribes and Tribal Organizations.

**Medication-Assisted Treatment for Prescription Drug and Opioid Addiction:** “Within the amount provided, the agreement includes \$14,500,000 for grants to Indian Tribes and Tribal Organizations.”

**State Opioid Response Grants:** “The agreement provides \$1,575,000,000 and notes that large swings in funding between grant cycles can pose a significant challenge for States seeking to maintain programs that were instrumental in reducing drug overdose fatalities. The agreement continues to direct SAMHSA to conduct an annual evaluation of the program to be transmitted to the Committees no later than 180 days after enactment of this Act and make such an evaluation publicly available on SAMHSA's website. The agreement also directs SAMHSA to continue funding technical assistance as described in Senate Report 118-84.”

#### *House Committee Report:*

**Opioid Treatment Programs and Regulatory Activities:** “The Committee provides \$10,724,000, which is the same as the fiscal year 2023 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 \$33,840,000, which is the same as the fiscal year 2023 enacted program level, for the SBIRT program. The SBIRT program identifies individuals who misuse substances and provides education, brief intervention, or referrals to specialty treatment as necessary through grants to States, Tribes, health departments, colleges and universities, and other non-profit organizations.”

**Targeted Capacity Expansion:** “The Committee provides \$122,416,000, which is the same as the fiscal year 2023 enacted program level, for 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, non-profit 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.

SAMHSA is directed to include all FDA-approved medications for opioid use disorder and other clinically appropriate services 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 2023 program level. The PDO program trains first-responders and other community sectors on the prevention of prescription drug/opioid overdose-related deaths including through the purchase and distribution of naloxone.”

**First Responder Training:** “The Committee provides \$56,000,000 for First Responder Training, which is the same as the fiscal year 2023 program level, for equipping first responders with naloxone and other FDA-approved overdose reversal devices. Of the funds provided,

\$31,000,000 are 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 2023 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. The Committee recognizes SAMHSA for its work managing this program, which utilizes a family-centered approach to provide comprehensive residential SUD treatment services. A provision in the Comprehensive Addiction and Recovery Act authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient, and related services in a family centered approach. The Committee again encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.”

**Recovery Community Services Program:** “The Committee provides \$4,434,000 for Recovery Community Services Program, which is the same as the fiscal year 2023 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 2023 program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, treatment for such populations with co-occurring mental illnesses.”

**Criminal Justice Activities:** “The Committee provides \$94,000,000, which is the same as the fiscal year 2023 program level, to support diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with alcohol and other drug use disorders and/or co-occurring alcohol and other drug use disorders and mental illness. This includes \$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 2023 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 \$16,000,000, which is the same as the fiscal year 2023 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 2023 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 2023 program level, as authorized by section 7121 of the SUPPORT Act (PL 115–271).”

**Emergency Department Alternatives to Opioids:** “The Committee provides \$8,000,000 for Emergency Department Alternatives to Opioids, as authorized by section 7091 of the SUPPORT Act (PL 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. The Committee notes that SAMSHA has limited participation exclusively to non-profit hospitals and emergency departments in a manner inconsistent with the authorizing statute and directs the Administration when issuing new funding opportunity announcements, to include as an eligible applicant in a manner consistent with the SUPPORT Act (PL 115–271). The Committee requests an update on this effort in the fiscal year 2025 congressional justification.”

**Treatment, Recovery, and Workforce Support:** “The Committee provides \$12,000,000, which is the same as the fiscal year 2023 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 2023 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, treatment for such populations including those with co-occurring mental illnesses, as authorized by the SUPPORT Act (PL 115–271).”

**Minority Fellowship Program:** “The Committee provides \$7,136,000, which is the same as the fiscal year 2023 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.”

### ***Senate Committee Report:***

“The Committee recommends \$4,219,298,000 for substance use disorder services and treatment programs, including PRNS and the substance use prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).”

**Programs of Regional and National Significance:** “The Committee recommends \$576,219,000 for PRNS within the Center for Substance Abuse Treatment. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches, as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.”

**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 notes that peer support networks focus on long-term, sustainable recovery and incorporate a full range of services such as case management, counseling, and community supports. To further support these recovery community organizations, the Committee provides \$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 \$6,000,000, to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act.”

**Confidentiality of Substance Use Disorder Patient Records:** “The Committee appreciates SAMHSA and the Office for Civil Rights [OCR] developing proposed rules updating the Confidentiality of Substance Use Disorder Patient Records. This action holds the potential to reduce drug overdose rates and help coordinate treatment for those with substance use disorder. The Committee directs SAMHSA and OCR to complete the rulemaking process as soon as is practicable in order to improve treatment and save lives.”

**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 \$57,000,000 for First Responder Training grants. Of this amount, \$32,000,000 is set aside for rural communities with high rates of substance use. In addition, \$11,500,000 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.”



**Medication-Assisted Treatment:** “The Committee includes \$111,000,000 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 Overdose Reversal and Treatment:** “The opioid epidemic remains a major concern for the Committee. Provisional data from CDC’s National Center for Health Statistics indicate that there were an estimated 109,680 drug overdose deaths in the United States in 2022, the highest level ever recorded. Among these overdoses, there has been a dramatic increase of deaths due to illicit fentanyl, which is increasingly found mixed with xylazine in the illicit drug supply, putting users at an even higher risk of a fatal overdose. Opioid overdose reversal agents remain a key tool for law enforcement, first responders, and other community intervention organizations. The evolving nature of the epidemic and the increasing prevalence of synthetic opioids among overdose deaths have led to substantial innovation in reversing opioid overdoses. To ensure the availability of opioid overdose reversal agents throughout the country, including innovative technologies, the Committee urges the Secretary 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 misuse 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; 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 \$38,931,00 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. A provision in the Comprehensive Addiction and Recovery Act authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient, and related services to pregnant and postpartum women using a family-centered approach. The Committee again encourages SAMHSA to fund an additional cohort of States above and beyond the pilots already funded.”

**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 149 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.”

### ***SAMHSA Congressional Justification Language:***

**Addiction Technology Transfer Centers:** “The purpose of the Technology Transfer Centers (TTCs) is to develop and strengthen the specialized behavioral healthcare and broad primary healthcare workforce who provides the continuum of prevention, public health harm reduction, 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 the aforementioned services. The TTCs are comprised of three networks, which include the Addiction Technology Transfer Centers (ATTC) network.”

“Specific activities that the ATTC network carries out include: providing custom technical assistance, building capacity to address regional, local and/or population-specific needs on a variety of topics; promoting and facilitating relationship building among stakeholders in behavioral health policy, research, and practice; serving as a continuous feedback loop for innovation and practice; focusing on consultation and

implementation to achieve systems change; and continually adapting and growing to improve, advance, and expand treatment and recovery services.”

“The FY 2024 President’s Budget Request is \$9 million, level with the FY 2023 Enacted level. At this level, SAMHSA will fund 11 continuations and 3 cooperative agreement continuations and maintain the same performance target as FY 2023.”

**Building Communities of Recovery:** “Peer services play a vital role in assisting individuals in achieving recovery from substance use disorders. Recovery Community Organizations (RCOs) are central to the delivery of those services. In FY 2017, SAMHSA launched the Building Communities of Recovery (BCOR) grant program. This program mobilizes resources within, and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance use disorder. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of and education about recovery. They are administered and implemented by individuals with lived experience who are in recovery from SUD and COD and reflect the needs and population of the community being served.”

“The FY 2024 President’s Budget Request is \$28 million, an increase of \$12 million from the FY 2023 Enacted level. SAMHSA plans to support 58 new grants and 32 continuation grants for the BCOR program serving 3,566 clients. The funding increase will further enhance coverage and integration of recovery support services in order to promote access to and use of these services. 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. With increased investment, SAMHSA is responding directly to concerns from the recovery community that more funding is needed to provide the full range of recovery services. This proposed increase also supports ONDCP’s priority of increasing the number of peer-led recovery community organizations and certified recovery residences by 25 percent in 2025.”

**Children and Families:** “SAMHSA’s Children and Families programs support youth-friendly treatment initiatives to further the use of, and access to, evidence-based family-focused models for youth with alcohol and/or other substance use disorders. In addition, programs support training across participating states and collaboration between local community-based providers and their state, tribal, or territorial infrastructure. The services provided include evidence-based assessment, treatment, prevention, recovery supports, public health-focused harm reduction interventions, and medication for opioid use appropriate for adolescents and young adults.”

“Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (YFTREE)” The YFTREE program enhances and expands comprehensive outpatient-based treatment, early intervention, and recovery support services for adolescents (ages 12-18) and transitional aged youth (ages 16-25) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD), and their families/primary caregivers. The services include screening, assessment, treatment, and wraparound services in ambulatory settings.”

“The FY 2024 President’s Budget Request is \$30.2 million, level with the FY 2023 Enacted level. SAMHSA plans to award one new and 52 continuation YFTREE grants, estimated to serve 1,740 people.”

**Comprehensive Opioid Recovery Centers:** “Comprehensive Opioid Recovery Centers (CORC) provide grants to nonprofit substance use disorder treatment organizations to operate comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. Grantees are required to provide outreach and the full continuum of treatment services, including medication for opioid use disorder (MOUD); counseling; treatment for mental disorders; testing for infectious diseases, residential treatment, and intensive outpatient services; 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, assessment, services received, types of MOUD received, length of stay in treatment, employment status, criminal justice involvement, and housing.”

“The FY 2024 President’s Budget Request is \$6 million, level with the FY 2023 Enacted level. SAMHSA plans to fund two new and five continuation grants. SAMHSA is targeting to serve a baseline of 264 clients in FY 2024. 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 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 as in FY 2023.”

**Community Harm Reduction and Engagement Initiative:** “The FY 2024 President’s Budget request is \$50 million to establish this new harm reduction program. The SAMHSA harm reduction and engagement initiative aims to reach 330,000 individuals with harm reduction and low threshold treatment services through three approaches:

1. Harm Reduction Resources for Community-Based Organizations (\$17 million): Develop a Notice of Funding Opportunity that is targeted to small, community-based organizations. This funding amount would reach at least 100 organizations 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 50,000 individuals.
2. Community Harm Reduction and Engagement Expansion Grants (\$30 million): Develop a Notice of Funding Opportunity that is targeted to harm reduction organizations and harm reduction-oriented substance use disorder treatment programs. This funding level would support approximately 50 harm organizations, that collectively have the capacity to expand their services to an additional 100,000 individuals.
3. Harm Reduction Technical Assistance (TA) Center (\$3 million): SAMHSA will support a TA center to provide TA to States, Tribes, and communities interested in establishing or strengthening their harm reduction services. SAMHSA will continue funding one in partnership with CDC. It is estimated this TA will reach a minimum of 120 organizations.”

**Criminal Justice Activities:** “SAMHSA’s Criminal Justice Activities portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with alcohol and other drug use disorders and/or co-occurring alcohol and other drug use disorders and mental illness.”

“SAMHSA’s Adult Treatment Drug Court (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 to and retention in care, drug test monitoring for illicit substances, educational support, relapse prevention and long-term disease management skills development, and HIV and viral hepatitis B and C testing and/or referral, conducted in accordance with state and local requirements.

The Family Treatment Drug Court (FTDC) program expands substance use disorder (SUD) treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment (including recovery support services, screening, assessment, case management, and program coordination) to parents with a SUD and/or co-occurring SUD and mental disorders, who have had a dependency petition filed against them or are at risk of such filing.”

“The Adult Reentry Program (AR) grants provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. Other supported services include wraparound and recovery support services, such as recovery housing and peer recovery support, designed to improve access to and retention in care, drug test monitoring for illicit substances, educational support, relapse prevention and long-term disease management skills development, and HIV and viral hepatitis B and C testing and/or referral, conducted in accordance with state and local requirements. SAMHSA’s AR grants are encouraged to use part of their annual award to provide MOUD treatment with FDA-approved medications. Performance data show that these grant programs are effective in improving the lives of Adult Reentry Program (AR) court participants.”

“The FY 2024 President’s Budget Request is \$124.4 million, an increase of \$30.4 million from the FY 2023 Enacted level. SAMHSA plans to support 144 new and 105 drug court continuation grants, 43 continuation AR grants, and one contract. At least 20 awards will be made to tribes/tribal organizations, and at least 20 awards will be made to FTDCs, pending sufficient application volume from these groups. Collectively, these programs are expected to serve over 9,900 people, with the drug court program serving 7,787 people and the Adult Reentry Program serving 2,151 people.”

**Emergency Department Alternatives to Opioids:** “The Emergency Department Alternative to Opioids (EDAO) program provides 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. These funds are used to target common painful conditions, train providers and other hospital personnel to recognize the presence of an opioid use disorder, initiate treatment as appropriate, and provide alternatives to opioids for patients with painful conditions.”

“The FY 2024 President’s Budget Request is \$9 million, an increase of \$1 million from the FY 2023 Enacted level. SAMHSA plans to award two 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.”

**First Responder Training – Comprehensive Addiction and Recovery Act:** “SAMHSA’s First Responder Training – Comprehensive Addiction and Recovery Act (FR-CARA) program is an important part of the US government’s response to the opioid crisis. The program provides resources to first responders and members of other key community sectors at the state, tribal, and other government levels to train, carry, and administer Federal Food, Drug, and Cosmetic Act approved drugs and devices for emergency reversal of known or suspected opioid overdose. FR-CARA is a key component of the public health response to the overdose epidemic.”

“The FY 2024 President’s Budget Request is \$77.5 million, an increase of \$21.5 million from the FY 2023 Enacted level. SAMHSA anticipates funding 118 new and 75 continuation grants. First Responder Training for Opioid Overdose Reversal Drugs (FR-CARA) is a key component of the public health response to the overdose epidemic. It uses a combination of community-based public health prevention and harm reduction strategies across the continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities, and provide a linkage and engagement point to treatment for individuals with a substance use disorder. This funding increase will allow SAMHSA to provide much needed support to combat the nation’s opioid overdose epidemic and enhance linkage to care for people at risk for opioid overdose and implementing innovative strategies.”

**Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths:** “The purpose of the Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) grant program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention and harm reduction strategies, including the purchase and distribution of naloxone to first responders. Examples of the long-term and short-term outcomes for education and distribution of naloxone include: (1) the rate of intentional, unintentional, and undetermined intentional opioid overdose (using hospitalization, emergency department, police, or other accessible data); (2) the number of opioid overdose-related deaths; (3) the number of opioid overdose reversals; (4) the number of referrals to substance use disorder treatment services; and (5) the number of naloxone kits that reached communities of high need.”

“The FY 2024 President’s Budget Request is \$28 million, an increase of \$12 million from the FY 2023 Enacted level. SAMHSA will fund 15 new and 17 continuation grants. This funding will 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 anticipates an additional 13,281 naloxone kits will be distributed and 6,793 more lay people will be trained with this additional funding.”

**Improving Access to Overdose Treatment:** “The Improving Access to Overdose Treatment (ODTA) program supports awards to Federally Qualified Health Centers (FQHCs), Opioid Treatment Programs, and practitioners who prescribe buprenorphine to expand

access to Food and Drug Administration (FDA)-approved drugs or devices for emergency treatment of known or suspected opioid overdose. Grant recipients serve individuals at high risk for opioid overdose by partnering with other prescribers at the community level to develop best practices for prescribing and co-prescribing FDA-approved overdose reversal drugs. The ODTA program is a key component of the public health response to the overdose epidemic. It uses a combination of community-based public health prevention and harm reduction strategies across the prevention continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities and can serve as an important engagement point to treatment for people with substance use disorders.”

“The FY 2024 President’s Budget request is \$1.5 million, level with the FY 2023 Enacted level. SAMHSA will support seven continuation grants to continue increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, harm reduction, treatment, and recovery activities for opioid use disorder.”

**Minority AIDS Initiative:** “The purpose of the Minority AIDS Initiative – High Risk Population (MAI-HRP) program is to increase engagement in care for racial and ethnic underrepresented individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for or living with HIV/AIDS. In FY 2019, the MAI-HRP grant program replaced the Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV) grant program. The final cohort of the TCE-HIV grant program will conclude grant activities in FY 2023. Eligible grant recipients are domestic public and private nonprofit entities.”

“The FY 2024 President’s Budget request is \$66.9 million, level with the FY 2023 Enacted level. SAMHSA plans to award 25 new grants and 103 MAI-HRP continuation grants with a target to serve 10,185 clients.”

**Minority Fellowship Program:** “SAMHSA’s Minority Fellowship Program (MFP) is intended to increase behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and 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. Since its start in 1973, the program has helped to enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, marriage and family therapy, mental health counseling, psychology; substance use/addiction counseling, marriage and family therapists and professional counselors. In FY 2023, SAMHSA added addiction medicine as a component of the MFP. This program is jointly administered by the Center for Substance Use Services (CSUS), the Center for Substance Use Prevention (CSUP), and the Center for Mental Health Services (CMHS) at SAMHSA. Combined, this program will support fellowships for hundreds of students as well as support additional training through webinars on culturally appropriate services to thousands of students.”

“The FY 2024 President’s Budget request is \$12.0 million, an increase of \$4.9 million from the FY 2023 Enacted level. Combined with \$22.0 million in the Mental Health appropriation and \$2.7 million in the Substance Use Prevention appropriation, funds will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and

increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase 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.”

**Opioid Treatment Programs/Regulatory Activities:** “SAMHSA seeks to close the gap between the number of people needing treatment for Opioid Use Disorder (OUD) and the capacity to treat them with Food and Drug Administration (FDA)- approved Medications for Opioid Use Disorder (MOUD) (buprenorphine, methadone, and naltrexone products). These medications are often used in combination with additional evidence-based treatment and recovery support services. SAMHSA expands access to MOUD through Opioid Treatment Programs (OTPs), provider support for those who provide MOUD with buprenorphine in office-based settings and education and training of healthcare students and practitioners for treatment of OUD, including MOUD, via universities and professional organizations. These activities apply to multiple other CSUS programs and form a cornerstone of efforts related to the HHS Overdose Prevention Strategy.

#### MOUD in Opioid Treatment Programs

SAMHSA is responsible for regulating and certifying the country's OTPs; providing direct support to OTPs, healthcare systems, states, and other federal agencies regarding certification, accreditation, and evidence-based MOUD treatment; and overseeing accreditation of these programs. SAMHSA approves all organizations that accredit OTPs (accreditation bodies), reviews the standards they apply in their accreditation of OTPs, and monitors them for quality assurance and improvement. SAMHSA meets regularly with the State Opioid Treatment Authorities (SOTAs). SOTAs provide oversight of OTPs in their respective state; provide state-level technical assistance, guidance, and support for issues related to MOUD, such as assisting state officials in evaluating state requirements and adherence to the federal regulations for OTPs; and promote evidence-based substance use disorder (SUD) treatment and related care. These responsibilities and interactions enable SAMHSA to address barriers to treatment and promote means of expanding access to services.”

“The FY 2024 President’s Budget request is \$13.1 million, an increase of \$2.4 million from the FY 2023 Enacted level. SAMHSA plans to award 16 new and 9 continuation PCSS-U grants, plus three continuation cooperative agreements, each for PCSS-MOUD, PCSS-MAUD, and PCSS-CM and two contracts.”

**Peer Support Technical Assistant Center:** “The Recovery Support Services – CoE program builds off the existing Peer Recovery Center of Excellence. The Peer Recovery Center of Excellence provides peer recovery support services through training and technical assistance for RCOs as well as peer support networks. The current Center reinforces recovery as a guiding principle in SAMHSA’s policies, programs, and services. The RSS – CoE program will continue these efforts while also increasing the number of individuals served and expanding the topic areas for technical assistance, specifically recovery housing. For this reason, SAMHSA is proposing the new name of Recovery Support Services Center of Excellence (CoE) for this program.”



“The FY 2024 President’s Budget Request is \$2 million, level with the FY 2023 Enacted level. The RSS Center of Excellence will provide a regionally focused approach to technical assistance and provide higher quality guidance and tailored efforts in each region for the Peer Recovery Center being restructured. SAMHSA will award one new cooperative agreement at \$2 million, providing training for 2,500 new individuals per year in peer support services and will support the National Drug Control Strategy goal of increasing the number of certified recovery residences by 25 percent by 2025.”

**Pregnant and Postpartum Women:** “The Pregnant and Postpartum Women (PPW) program uses a family-centered approach to provide comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and other family members (e.g., fathers of the children). 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. CARA requires that twenty-five percent of all PPW funds support these ambulatory services. The PPW program provides services not covered under most public and private insurance and includes the Pregnant and Postpartum Women – Residential Treatment (PPW-R) program and Pregnant and Postpartum Women – Pilot (PPW-PLT) programs.

#### Pregnant and Postpartum Women – Residential Treatment (PPW-R)

The PPW-R program provides services for pregnant and postpartum women for treatment of substance use disorders through programs in which: 1) the women reside in funded facilities; 2) the minor children of the women reside with the women in such facilities, at the request of the women; 3) the family members as designated by the women receive services; and 4) facilities providing these services are in locations accessible to low-income women. The PPW-R family-centered approach includes a variety of services and case management for women, children, and families. Interventions include outreach, substance use disorder assessment, public health harm reduction services, tobacco cessation therapies, FDA-approved medication for OUD, and recovery support services. Services available to children through the PPW-R program include screening and developmental diagnostic assessments addressing social, emotional, cognitive, and physical wellbeing; and interventions related to mental, emotional, and behavioral wellness. The PPW-R program also includes assessment for Fetal Alcohol Syndrome Disorders.

#### Pregnant and Postpartum Women – Pilot (PPW-PLT)

PPW-PLT program enhances the flexibility in the use of funds to support family-based services for pregnant and postpartum women with primary substance use disorders, emphasizing the treatment of opioid use disorders; helping state substance use agencies address the continuum of care, including services provided to pregnant and postpartum women in nonresidential-based settings; and promoting a coordinated, effective and efficient state system managed by state substance use agencies by encouraging new approaches and models of service delivery.”

“The FY 2024 President’s Budget request is \$49.4 million, an increase of \$10.5 million from the FY 2023 Enacted level. SAMHSA plans to award seven new and six continuation PPW-pilot grants, as well as 17 new and 50 continuation residential treatment grants to provide an array of services and supports to pregnant women and their families.”

**Recovery Community Services Program:** “The Recovery Community Services Program (RCSP) is designed to assist recovery communities with strengthening their infrastructure and provide direct peer recovery support services to those in or seeking recovery from substance use disorders or co-occurring substance use and mental disorders across the nation. The delivery of recovery support services (RSS) by people in recovery is known as peer recovery support services (PRSS). SAMHSA initiated the RCSP to help build an infrastructure for PRSS programs to support the development and expansion of peer recovery services. These peer services are most frequently offered by Recovery Community Organizations (RCOs).”

“The FY 2024 President’s Budget Request is \$5.2 million, an increase of \$0.7 million from the FY 2023 Enacted level. SAMHSA plans to award two new and 12 continuation RCSP grants serving 915 clients, as well as two continuation RCSP-SN grants.”

**Screening, Brief Intervention, and Referral to Treatment:** “The Screening, Brief Intervention and Referral to Treatment (SBIRT) program, including state implementation grants intended to help primary care physicians, identifies individuals who misuse substances and intervenes with education, brief interventions, or referral to specialty treatment if necessary. The program’s goals are to reduce the rate of substance misuse, intervene early to prevent progression to more severe illness, and increase the number of individuals who receive treatment for their substance use disorder (SUD). Studies have long shown that this approach is effective in helping reduce harmful alcohol consumption.”

“The FY 2024 President’s Budget request is \$33.8 million, level with the FY 2023 Enacted level. SAMHSA plans to award 11 new grants and 20 continuations with these funds with a target of serving 146,366 people.”

**Targeted Capacity Expansion-General:** “Urgent, unmet, and emerging substance use disorder treatment and recovery support service capacity needs remain a critical issue for the nation. To assist communities in addressing these needs, SAMHSA initiated the Targeted Capacity Expansion (TCE) program. Projects within this program provide rapid, strategic, comprehensive, and integrated community-based responses to gaps and capacity for substance use disorder treatment and recovery support services. Examples of the gaps addressed by these projects include: limited or no access to medications for opioid use disorders (MOUD); lack of resources needed to adopt and implement health information technology (HIT) in substance use disorder treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process. This program supports the MAT-PDOA and TCE-Special Projects.

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)

The MAT-PDOA program addresses unique local treatment needs of individuals who have an opioid use disorder (OUD) by expanding/enhancing local treatment system capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based MOUD and recovery support services. MOUD refers to the use of the Food and Drug Administration-approved pharmacotherapies (i.e., buprenorphine products, methadone, and naltrexone products) for the treatment of OUD. Medications are often combined with evidence-based psychosocial interventions tailored to an individual’s needs. This approach is a safe and effective

strategy for decreasing the frequency and quantity of opioid misuse and reducing the risk of overdose and death. Recovery support services include linking patients and families to social, legal, housing, and other supports to improve retention in care and increase the probability of positive outcomes.”

“The FY 2024 President’s Budget request is \$157.9 million, an increase of \$35.5 million from the FY 2023 Enacted level. Of this, the request for MAT-PDOA is \$136.5 million, an increase of \$25.5 million from Enacted level, and \$10 million to expand TCE to add a new program: the TCE – Low-Threshold Housing First Pilot Project, which will address service needs and housing instability for people with SUDs and/or CODs. With this proposed funding, SAMHSA will award one new and 26 continuation TCE-SP grants, along with 10 new Low-Threshold Housing First Pilot Project cooperative agreements. Collectively, these grants are projected to serve over 5,000 individuals annually, an increase of about 2,000 individuals served from FY 2023. SAMHSA plans to fund 183 continuation and 29 new MAT-PDOA grants and expects to serve between 12,000 and 14,000 people with substance use disorders.

#### TCE - Low-Threshold Housing First Pilot Project (\$10 million)

The TCE - Low-Threshold Housing First Pilot program will address service needs and housing instability for people with substance use disorders (SUDs) and/or co-occurring substance use and mental disorders (CODs), regardless of where they are on the continuum of readiness to change. This program will combine services that span the continuum of public health-focused harm reduction, treatment, and recovery supports with housing and intensive case management, delivered based on individualized needs assessments, at home and in the community. With an expectation and requirement for supporting people taking a medication for opioid use disorder, including upon reentry from incarceration, this program aligns with ONDCP’s National Drug Control Strategy objective of engaging people through “low barrier to entry settings” engagement and supporting at-risk populations.

The primary client-level outcomes for this program are housing attainment; reduced overdoses; increased access to and participation in public health activities, treatment, recovery support services; and education and employment activities. In addition, grantees will enhance coordinated efforts across health, housing, education, labor, criminal justice, and transportation. Based on other grant programs, SAMHSA anticipates a 95 percent increase in the number of clients served that are employed or attending school between intake and 6-month follow up, a 380 percent increase in the number of clients served that report having stable housing between intake and 6- month follow up, and that awardees will screen 78 percent of clients for co-occurring mental health and substance use disorders, of which 81 percent will screen positive.”

**Treatment, Recovery, and Workforce Support:** “The Treatment, Recovery and Workforce Support (TRWS) program aims to implement evidence-based programming to support individuals in SUD treatment and recovery to live independently and participate in the workforce. Eligible entities are those that provide treatment or recovery services for individuals with substance use disorders and partner with one or more local or state stakeholders, which may include local employers, community organizations, the local workforce development board, local and state governments, and Indian tribes or tribal organizations, to support recovery, independent living, and participation in the workforce. Grant recipients conduct outreach activities informing employers of substance use resources that are available to employees. Grant funds have been used to hire Case Managers, Care Coordinators, Peer Recovery Specialists and other professionals to provide

services that support treatment and recovery for clients. As a result of innovative implementation strategies, the TRWS grant has assisted clients with sustaining recovery while attaining viable employment.”

“The FY 2024 President’s Budget Request is \$12 million, level with the FY 2023 Enacted 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 23 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 in FY 2023.”

**Treatment Systems for Homeless:** “The Grants for the Benefit of Homeless Individuals (GBHI) program managed in CSUS supports the development and/or expansion of local implementation of a community infrastructure that integrates treatment and recovery support services for substance use disorders or co-occurring mental and substance use disorders, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.”

“The FY 2024 President’s Budget Request is \$37.1 million, level with the FY 2023 Enacted level. SAMHSA intends to fund 15 new and 62 continuation GBHI grants with a target to serve 4,237 people.”

**Youth Prevention and Recovery Initiative:** “The Preventing Youth Overdose: Treatment, Recovery, Education Awareness and Training (PYOTREAT) is a new grant program in FY 2023 for health care providers and other entities. The purpose of this program is to increase access to medication for opioid use disorder (MOUD) for adolescents and young adults and to train healthcare providers on the safe prescribing of MOUD. The prevalence of documented OUD was higher with increasing age from 0.16% among 16–17 year-olds, to 0.67% among 18–21 year-olds, and 1.02% among 22–25 year-olds. The program aims for healthcare providers and other entities to create SUD treatment and prevention programs that include the appropriate use of MOUD for adolescents and young adults (Society for Adolescent Health and Medicine).

SAMHSA intends to advance the goal of increasing integrated behavioral health access to children, youth, and families by allocating funding for fiscal year (FY) 2023 to support the Youth Prevention and Recovery Initiative for Adolescents and Young Adults Program. The PYO TREAT new awards will address the overdose crisis that continues to adversely affect adolescents and young adults and has led to numerous preventable deaths.”

“The FY 2024 President’s Budget Request is \$2 million, level with the FY 2023 Enacted level. SAMHSA anticipates funding four continuation grants.”

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

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>CSAP PRNS TOTAL</b>	\$206,469,000	\$208,219,000	\$218,219,000	\$236,879,000	\$236,879,000	Level
<b>At-Home Prescription Drug Disposal Demonstration</b>	Not funded	Not funded	Not funded	Not funded	Not funded	N/A
<b>Center for the Application of Prevention Technologies (CAPT)</b>	\$7,493,000	\$7,493,000	\$7,493,000	\$9,493,000	\$9,493,000	Level
<b>Federal Drug-Free Workplace/Mandatory Drug Testing</b>	\$4,894,000	\$4,894,000	\$4,894,000	\$5,139,000	\$5,139,000	Level
<b>Minority AIDS Initiative</b>	\$41,205,000	\$41,205,000	\$41,205,000	\$43,205,000	\$43,205,000	Level
<b>Minority Fellowship Program</b>	\$321,000	\$321,000	\$321,000	\$1,321,000	\$1,321,000	Level
<b>Science and Service Program Coordination</b>	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level
<b>Sober Truth on Preventing Underage Drinking (STOP Act)</b>	\$9,000,000	\$10,000,000	\$12,000,000	\$14,500,000	\$14,500,000	Level
<i>National Adult-Oriented Media Public Service Campaign</i>	<i>\$1,000,000</i>	<i>\$2,000,000</i>	<i>\$2,000,000</i>	<i>\$2,500,000</i>	<i>\$2,500,000</i>	<i>Level</i>
<i>Community Based Coalition Enhancement Grants</i>	<i>\$7,000,000</i>	<i>\$7,000,000</i>	<i>\$9,000,000</i>	<i>\$11,000,000</i>	<i>\$11,000,000</i>	<i>Level</i>
<i>Intergovernmental Coordinating Committee on the Prevention of Underage Drinking</i>	<i>\$1,000,000</i>	<i>\$1,000,000</i>	<i>\$1,000,000</i>	<i>\$1,000,000</i>	<i>\$1,000,000</i>	<i>Level</i>
<b>Strategic Prevention Framework-Partnerships for Success</b>	\$119,484,000	\$119,484,000	\$127,484,000	\$135,484,000	\$135,484,000	Level
<i>Strategic Prevention Framework Rx</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>Level</i>
<b>Tribal Behavioral Health Grants</b>	\$20,000,000	\$20,750,000	\$20,750,000	\$23,665,000	\$23,665,000	Level

***Final Omnibus Language:***

“The agreement instructs SAMHSA to ensure that all funding provided to the Center for Substance Abuse Prevention, as well as the 20 percent prevention set aside in the Substance Use Prevention, Treatment, and Recovery Services Block Grant, be used only for evidence-based substance use primary prevention activities. Funds provided under this heading and through the block grant prevention set-aside are not intended for other purposes.”

***House Committee Report:***

**Strategic Prevention Framework:** “The Committee provides \$125,484,000, \$10,000,000 below the fiscal year 2023 enacted program level, for the Strategic Prevention Framework (SPF). The SPF provides grants to States, Tribes, and local governmental organizations to prevent substance misuse. The Committee strongly believes that investing in prevention is essential to ending the substance misuse 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 support 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.”

**Federal Drug-Free Workplace:** “The Committee provides \$5,139,000, the same as the fiscal year 2023 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 ensure the laboratories that perform this regulated drug testing are inspected and certified by HHS.”

**Sober Truth on Preventing Underage Drinking Act:** “The Committee provides \$14,500,000, the same as the fiscal year 2023 program level, 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, and provides grants to prevent and reduce alcohol use among youth under the age of 21.”

**Tribal Behavioral Grants:** “The Committee provides \$23,665,000 to address the high incidence of substance misuse and suicide among AI/AN populations. Science and Service: Center for the Application of Prevention Technologies.—The Committee provides \$9,493,000, the same as the fiscal year 2023 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.”

**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, non-profit, 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.”

**Minority Fellowship Program:** “The Committee provides \$1,321,000, the same as the fiscal year 2023 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 illness or substance use disorder treatment services for minority populations.”

***Senate Committee Report:***

“The Committee recommends \$236,879,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance use prevention services.

The Committee is concerned about SAMHSA’s lack of emphasis and funding for primary substance use prevention to stop use and delay the age of initiation. SAMHSA has conflated mental health promotion with substance use prevention, thereby diluting the already scarce resources for actual substance use prevention in CSAP. The Committee instructs SAMHSA to ensure that all the funding provided to the Center for Substance Abuse Prevention, as well as the 20 percent prevention set aside in the Substance Use Prevention, Treatment, and Recovery Services Block Grant, be used only for evidence-based substance use prevention activities and not for any other purposes, to include mental health promotion and harm reduction. The Committee further requests a report to Congress within 120 days of enactment that includes how this guidance is being applied to all CSAP programs as well as in the guidance to the States and territories regarding the 20 percent prevention set aside in the SUPTRS Block Grant.”

**Programs of Regional and National Significance:** “The Committee provides \$236,879,000 for PRNS within the Center for Substance Abuse Prevention. These programs support the development of new practice knowledge on substance use prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance use prevention programs; and programs addressing new needs in the prevention system.”

**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.”

**Strategic Prevention Framework:** “The Committee recommends \$135,484,000 for the Strategic Prevention Framework. Within the total provided, \$125,484,000 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 intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State’s top substance use issues for high-risk youth as determined by the State’s epidemiological data. The Committee directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions. Finally, the Committee directs SAMHSA to issue

a report to the Committees on Appropriations assessing the extent to which the work of local grantees complements and aligns with the primary prevention efforts led by the corresponding State alcohol and drug agency.”

**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.”

**Substance Use Disorder Prevention Workforce Report:** “The Committee appreciates SAMHSA’s work to conduct a comprehensive national study regarding the substance use prevention workforce as directed in fiscal year 2022. 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.”

#### ***SAMHSA Congressional Justification Language:***

**Center for the Application of Prevention Technologies:** “The Prevention Technology Transfer Centers (PTTC) Network is comprised of 10 Domestic Regional Centers, and Network Coordinating Office. Together the Network serves the 50 U.S. states, District of Columbia, Puerto Rico, U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Republic of Palau, Republic of the Marshall Islands, Federated States of Micronesia, and the Commonwealth of Northern Mariana Islands.”

“The FY 2024 President’s Budget is \$11.9 million, an increase of \$2.5 million from the FY 2023 Enacted level. The increase in funding will be used for the Prevention Fellowship program – approximately 20 fellows will be chosen for a new FY 2024 cohort, allowing them to spend one year in intensive training. This program is a key component to expanding and enhancing the prevention workforce. The funding increase will allow this important program to be an inherent part of the PTTC. The program funding includes support for a new grant cohort to continue the PTTC to ensure consistent high quality, easily accessible technical assistance resources are available to the prevention field. This funding also supports 11 PTTC continuation grants to continue support for the provision of state-of-the-art substance use prevention technical assistance to states, communities, tribal communities, and territories. In FY 2024, CSUP 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.”



**Federal Drug-Free Workplace:** “The FY 2024 President’s Budget is \$5.1 million, level with the FY 2023 Enacted level. The funding supports the DFWP implementing and maintaining Mandatory Guidelines for oral fluid and the proposing hair in the federally regulated drug testing program.”

**Minority AIDS Initiative:** “The FY 2024 President’s Budget is \$43.2 million, level with the FY 2023 Enacted level. This will fund 189 continuing and 5 new grants to support new activities in the Prevention Navigator Program. The activities include: outreach to men who have sex with men (MSM) ages 13-35 including transgender individuals who are unaware of their HIV status and are not in stable housing; educating providers on the importance of screening for HIV and hepatitis; partnering with Ryan White and other HHS providers including various community sectors, such as healthcare, schools, justice systems, social services, faith-based communities, and other relevant community sectors to implement comprehensive, community-based substance misuse, HIV, hepatitis, and other prevention strategies; and new messaging around mental health promotion, risk behaviors, and appropriate cautions associated with the risk of HIV and hepatitis transmission, as a strategy for behavior change to reduce stigma.”

**Minority Fellowship Program:** “The FY 2024 President’s Budget is \$2.7 million, an increase of \$1.3 million from the FY 2023 Enacted level. Combined with \$22.0 million in the Mental Health appropriation and \$12 million in the Substance Use Services appropriation, funds will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase 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.”

**Science and Service Program Coordination:** “The FY 2024 President’s Budget is \$4.0 million, level with the FY 2023 Enacted 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 2024, CSUP intends to maintain a target of improving community readiness in six tribal organizations.

In FY 2024, CSUP will also continue to elevate community success stories via its podcast series, webinars, and prominent placement of stories on the Communities Talk website. Additionally, CSUP will expand its use of mini campaigns, which promote and amplify substance use data, research, and prevention resources related to alcohol and substance misuse by youth and youth adults. Other focus areas for communications activities will include technical assistance in bridging prevention service delivery between substance misuse and mental health promotion as well as operationalizing diversity, equity, and inclusion in prevention service delivery.”

**Sober Truth on Preventing Underage Drinking Act (STOP Act):** “The FY 2024 President’s Budget is \$14.5 million, level with the FY 2023 Enacted level. SAMHSA plans to fund 93 new grants and 114 continuations and will continue to assess technical assistance needs to address areas identified as challenges in data collection and reporting processes, 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/or (5) reduce negative consequences associated with underage drinking.”

**Strategic Prevention Framework:**

“Strategic Prevention Framework- Partnerships for Success Program (SPF-PFS)

SPF-PFS is designed to help state, community, and tribal organizations reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of substance misuse prevention and mental health promotion services. The program extends 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 misuse (e.g., children entering the foster care system and transition age youth) and individuals who support persons with substance misuse issues (e.g., women, families, parents, caregivers, and young adults). Beginning in 2019, both states and communities were eligible for SPF-PFS funds. SPF-PFS helps states, tribes, and communities address locally identified prevention priorities through a data-driven process. Common priorities include underage drinking, as well as marijuana and other drug misuse among youth and young adults aged 12 to 20.”

“Strategic Prevention Framework for Prescription Drugs (SPF Rx)

The purpose of the SPF Rx grant program is to provide resources to help prevent and address prescription drug misuse within a state or locality. The program was established in 2016 to raise awareness about the dangers of sharing medications as well as the risks of fake or counterfeit pills purchased over social media or other unknown sources, and to work with pharmaceutical and medical communities on the risks of overprescribing. Grant recipients are required to track reductions in opioid related overdoses and incorporate relevant prescription and overdose data into strategic planning and future programming. Recipients are expected to leverage knowledge gained through participation in the SPF process to address targeted community needs more effectively.”

“The FY 2024 President Budget is \$140.5 million an increase of \$5.0 million from the FY 2023 Enacted level.

SPF-PFS

In FY 2024, the SPF-PFS program will award 57 new and 180 continuing grants. These grants will continue to support the development and delivery of state and community substance misuse prevention and mental health promotion services. CSUP intends to maintain outcome targets for the SPF-PFS program in FY 2024.

SPF-Rx

In FY 2024, the SPF-Rx program will award a new cohort of 8 new grants and 37 grant continuations. The \$5 million increase will be utilized to for a new cohort of grants. The increase of \$5M for SPF-Rx will be used to allow more underserved populations to receive important technical support for the purposes of decreasing prescription drug misuse. Grantees seeking partnerships with agencies that manage state PDMPs will have more opportunities to engage in productive data-sharing agreements and activities. Access to and leveraging this data to reduce opioid dependency, and overdose incidence is at the very center of this program and SAMHSA’s intent

for these funds. In FY 2024, the SPF-Rx program will also be evaluated and mined for “lessons learned,” because the grant program was opened to nonprofit agencies working with the single state agency (SSA) in FY 2022.”

**Tribal Behavioral Health Grants:** “The FY 2024 President’s Budget is \$23.7 million, level with the FY 2023 Enacted level. Combined with \$25 million in the Mental Health appropriation, these funds will support technical assistance activities, 118 continuation grants and award a new cohort of 10 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families. CSUP intends to maintain targets in FY 2024. As a braided activity, SAMHSA is tracking separately any amounts spent or awarded under Tribal Behavioral Health Grants through the distinct appropriations and ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.”

### SAMHSA’s Center for Mental Health Services (CMHS)

CMHS Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs FY 2023
<b>CMHS PRNS TOTAL</b>	\$460,774,000	\$487,036,000	\$599,036,000	\$1,065,453,000 <sup>3</sup>	\$1,080,453,000	+\$15,000,000
<b>Assisted Outpatient Treatment</b>	\$19,000,000	\$21,000,000	\$21,000,000	\$21,420,000	\$21,420,000	Level
<b>Assertive Community Treatment for Individuals with Serious Mental Illness (SMI)</b>	\$7,000,000	\$9,000,000	\$9,000,000	\$9,000,000	\$9,000,000	Level
<b>Certified Community Behavioral Health Clinics (CCBHCs)</b>	\$150,000,000	\$200,000,000	\$250,000,000	\$385,000,000	\$385,000,000	Level
<b>Comprehensive Opioid Recovery Center (CORCs)</b>	Not funded	\$2,000,000	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT
<b>Community Mental Health Services (CMHS) Block Grant (MHBG)</b>	\$722,571,000	\$722,571,000	\$757,571,000	\$1,007,571,000	\$1,007,571,000	Level
<b>Children and Family Programs</b>	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level
<b>Children’s Mental Health Services</b>	\$125,000,000	\$125,000,000	\$125,000,000	\$130,000,000	\$130,000,000	Level
<b>Community Mental Health Centers</b>	Not funded	Not funded	Not funded	Not funded	Not funded	N/A
<b>Consumer &amp; Consumer Supporter Technical Assistance (TA) Centers</b>	\$1,918,000	\$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	\$4,954,000	Level
<b>Criminal and Juvenile Justice Programs</b>	\$6,269,000	\$6,269,000	\$6,269,000	\$11,269,000	\$11,269,000	Level
<b>Disaster Response</b>	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level
<b>Healthy Transitions</b>	\$28,951,000	\$29,451,000	\$29,451,000	\$30,451,000	\$28,451,000	-\$2,000,000
<b>Homelessness</b>	\$2,296,000	\$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	\$33,696,000	\$33,696,000	Level
<b>Infant and Early Childhood Mental Health</b>	\$7,000,000	\$8,000,000	\$10,000,000	\$15,000,000	\$15,000,000	Level
<b>Interagency Task Force on Trauma Informed Care</b>	Not funded	Not funded	\$1,000,000	\$2,000,000	\$2,000,000	Level
<b>Mental Health Crisis Response Grants</b>	Not funded	Not funded	\$10,000,000	\$20,000,000	\$20,000,000	Level
<b>Mental Health System Transformation and Reform</b>	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level
<b>Mental Health Awareness Training<sup>4</sup></b>	\$22,963,000	\$23,963,000	\$24,963,000	\$27,963,000	\$27,963,000	Level
<b>MH Minority Fellowship Program</b>	\$9,059,000	\$10,059,000	\$10,059,000	\$11,059,000	\$11,059,000	Level
<b>Minority AIDS</b>	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level
<b>National Child Traumatic Stress Initiative</b>	\$68,887,000	\$71,887,000	\$81,887,000	\$93,887,000	\$98,887,000	+\$5,000,000
<b>988 and Behavioral Health Crisis Services (988 Program)<sup>5</sup></b>	-	-	-	\$501,618,000 <sup>6</sup>	\$519,618,000	+\$18,000,000
<b>Behavioral Health Crisis and 988 Coordinating Office</b>	-	-	\$5,000,000	See footnote <sup>7</sup>	Not funded	NA

<sup>3</sup> An additional \$62,000,000 was provided in anomalies through Section 145 of the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023 (Public Law 117-180) for FY 2023.

<sup>4</sup> Formerly Mental Health First Aid.

<sup>5</sup> The Suicide Lifeline was realigned to the 988 and Behavioral Health Crisis Services program in FY 2023.

<sup>6</sup> An additional \$62,000,000 was provided in anomalies through Section 145 of the Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023 (Public Law 117-180) for FY 2023.

<sup>7</sup> The final 2023 omnibus package realigned \$7,000,000 dedicated to the Behavioral Health Crisis and 988 Coordinating Office into the 988 and Behavioral Health Crisis Services.

CMHS Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs FY 2023
<b>National Strategy for Suicide Prevention</b>	\$18,200,000	\$23,200,000	\$23,200,000	\$28,200,000	\$28,200,000	Level
<i>Zero Suicide</i>	\$2,200,000	\$2,400,000	\$2,400,000	\$26,200,000	\$26,200,000	Level
<i>Zero Suicide American Indian &amp; Alaska Native</i>	\$16,200,000	\$21,200,000	\$21,200,000	\$3,400,000	\$3,400,000	Level
<b>Garrett Lee Smith Youth Suicide Prevention – State Grants</b>	\$35,427,000	\$36,427,000	\$38,806,000	\$43,806,000	\$43,806,000	Level
<b>Garrett Lee Smith Youth Suicide Prevention – Campus Grants</b>	\$6,488,000	\$6,488,000	\$6,488,000	\$8,488,000	\$8,488,000	Level
<b>Garrett Lee Smith – Suicide Prevention Resource Center</b>	\$7,988,000	\$9,000,000	\$9,000,000	\$11,000,000	\$11,000,000	Level
<b>AI/AN Suicide Prevention Initiative</b>	\$2,931,000	\$2,931,000	\$2,931,000	\$3,931,000	\$3,931,000	Level
<b>Mental Health Crisis Response Grants</b>	Not funded	Not funded	\$10,000,000	\$20,000,000	\$20,000,000	Level
<b>Practice Improvement and Training</b>	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level
<b>Primary and Behavioral Health Care Integration</b>	\$49,877,000	\$52,877,000	\$52,877,000	\$55,877,000	\$55,877,000	Level
<b>Primary and Behavioral Health Care Integration Training and Technical Assistance (TTA)</b>	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	\$2,991,000	+\$1,000,000
<b>Project AWARE</b>	\$102,001,000	\$105,118,000	\$120,000,000	\$140,001,000	\$140,001,000	Level
<b>Projects for Assistance in Transition from Homelessness (PATH)</b>	\$64,635,000	\$64,635,000	\$64,635,000	\$66,635,000	\$66,635,000	Level
<b>Project LAUNCH</b>	\$23,605,000	\$23,605,000	\$23,605,000	\$25,605,000	\$23,605,000	-\$2,000,000
<b>Protection and Advocacy for Individuals with Mental Illness (PAIMI)</b>	\$36,146,000	\$36,146,000	\$38,000,000	\$40,000,000	\$40,000,000	Level
<b>Seclusion &amp; Restraint</b>	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level
<b>Tribal Behavioral Health Grants</b>	\$20,000,000	\$20,750,000	\$20,750,000	\$22,750,000	\$22,750,000	Level

### 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)
<b>Community Mental Health Services Block Grant</b>	\$1,650,000,000	\$1,500,000,000	\$250,000,000
<b>Certified Community Behavioral Health Clinics (CCBHCs)</b>	\$600,000,000	\$420,000,000	Planning grants - \$40,000,000 (through CMS to all States.)
<b>Project AWARE</b>	\$50,000,000	\$30,000,000	\$240,000,000
<b>Suicide Prevention</b>	\$50,000,000	\$20,000,000	Not funded
<b>National Traumatic Stress Network</b>	\$10,000,000	\$10,000,000	\$40,000,000
<b>Emergency Grants to States</b>	\$240,000,000	Not funded	Not funded
<b>Mental Health Awareness Training</b>	Not funded	Not funded	\$120,000,000
<b>National Suicide Prevention Lifeline</b>	Not funded	Not funded	\$150,000,000

***Final Omnibus Language:***

**Mental Health Block Grant:** “The agreement continues to include a five percent set-aside of the total for evidence-based crisis care programs that address the needs of individuals with serious mental illnesses, children with serious emotional disturbances, or individuals experiencing a mental health crisis.”

**Outreach in Underserved Communities:** “The agreement directs SAMHSA to conduct outreach and provide technical assistance to underserved States and communities applying for competitive grants. The agreement requests a report, not later than 180 days after enactment of this Act, on best practices and strategies to attract mental healthcare practitioners to these underserved communities.”

**988 Suicide & Crisis Lifeline:** “The agreement provides an increase of \$18,000,000 and instructs SAMHSA to follow the directives included in Senate Report 118-84.”

**Adolescent Mental Health:** “The agreement directs the Secretary of HHS, through SAMHSA, to work across HHS, and in consultation with other Departments as appropriate, to develop a comprehensive interagency coordinating plan to improve adolescent mental health. The agreement requests a briefing outlining these efforts within 180 days of enactment of this Act.”

**Eating Disorders:** “The agreement directs SAMHSA to create a pediatric training model for pediatric providers in coordination with HRSA for prevention, early intervention, treatment, and ongoing support protocols for youth with or at risk of developing an eating disorder.”

**Healthy Transitions:** “SAMHSA is directed to prioritize awards to Tribes and tribal organizations.”

**Primary and Behavioral Health Care Integration Technical Assistance:** “The agreement includes a \$1,000,000 increase for Primary and Behavioral Health Care Integration Technical Assistance.”

**Project AWARE:** “The agreement includes funding as directed by Senate Report 118-84.”

**Rural Mental and Behavioral Health:** “The agreement notes that the fiscal year 2023 agreement directed SAMHSA to provide a report on strategies to respond to the challenges of rural individuals and providers in accessing and delivering behavioral health services. The agreement notes that the Committees have yet to receive the required report and looks forward to its prompt delivery.”

***House Committee Report:***

**Seclusion and Restraint:** “The Committee provides \$1,147,000, which is the same as the fiscal year 2023 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 \$100,000,000 for Project AWARE State 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 (PL 117– 159) provided \$60,000,000 for fiscal year 2024 for this program in addition to resources in this Act.”

**Mental Health Awareness Training:** “The Committee provides \$27,963,000, which is the same as the fiscal year 2023 enacted program level, for Mental Health Awareness Training program, to train individuals to recognize the signs and symptoms of mental disorders and provide education on resources available in the community for individuals with mental illness.”

**Healthy Transitions:** “The Committee provides \$30,451,000, which is the same as the fiscal year 2023 enacted program level, for the Healthy Transitions program, to provide grants to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have, or at risk of developing a serious mental health condition. Within the amount provided, the Committee reserves not less than 20 percent for Indian Tribes and tribal organizations when making new awards.”

**Infant and Early Childhood Mental Health:** “The Committee provides \$15,000,000, which is the same as the fiscal year 2023 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 \$7,229,000, which is the same as the fiscal year 2023 enacted program level, 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 2023 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 \$25,605,000, which is the same as the fiscal year 2023 enacted program level, for Project Launch. Project Launch provides grants for screening, prevention, and early intervention for behavioral health issues for children.”

**Mental Health System Transformation:** “The Committee provides \$3,779,000, which is the same as the fiscal year 2023 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 2023 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.”

**Mental Health Crisis Response Partnership Pilot Program:** “The Committee provides \$20,000,000, which is the same as the fiscal year 2023 enacted program level, for competitive grants to establish new, or enhance existing, mobile crises response teams. The Committee notes the success of crisis stabilization centers that provide walk care services for individuals with serious mental health conditions and/or substance use disorders as an effective approach to reducing emergency department visits, hospitalizations, or incarceration and encourages SAMSHA to support such projects in future award cycles.”

**Suicide and Crisis Lifeline (988) Program:** “The Committee provides \$501,618,000, which is the same as the fiscal year 2023 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.”

**National Strategy for Suicide Prevention:** “The Committee provides \$28,200,000, which is the same as the fiscal year 2023 enacted program level, for the implementation of the National Strategy for Suicide Prevention including \$26,200,000 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, \$3,400,000 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 2023 enacted program level, for Garrett Lee Smith Youth Suicide Prevention, including \$43,806,000 for grants to States and Tribes or their designees for youth suicide prevention activities and services and \$8,488,000 for grants to institutions of higher education for services for students with mental health or substance use disorders.”

**American Indian/Alaska Native Suicide Prevention Initiative:** “The Committee provides \$3,931,000, which is the same as the fiscal year 2023 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 Indian/Alaska Native (AI/AN), prevent substance misuse, and reduce substance misuse among AI/AN Tribes and other AI/AN communities.”

**Tribal Behavioral Grants:** “The Committee provides \$22,750,000, which is the same as the fiscal year 2023 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 \$33,696,000, which is the same as the fiscal year 2023 enacted program level, for Homeless Prevention Programs to help to support the development and/or expansion of local implementation of an infrastructure



that integrates mental health and SUD treatment and recovery support services for individuals, youth, and families with a serious mental illness, serious emotional disturbance, or co-occurring disorders who are experiencing homelessness.”

**Criminal and Juvenile Justice Activities:** “The Committee provides \$11,269,000, which is the same as the fiscal year 2023 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 2023 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 2023 enacted program level, for Assertive Community Treatment programs which includes 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 \$1,000,000 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 2023 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 2023 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 2023 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, \$1,000,000 more than the fiscal year 2023 enacted program level, to provide technical assistance to Primary and Behavioral Health Care 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 PL 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 2023 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 2023 enacted program level, to support the Disaster Distress Helpline, the Crisis Counseling Assistance and Training Program, and the Disaster Technical Assistance Center.”

**Homelessness:** “The Committee directs SAMHSA to include in the fiscal year 2025 congressional justification information on how the agency currently prioritizes substance use and mental health programs specifically related to populations that are at high risk of becoming homeless, evaluates the efficacy of current policies, and considers new policies that lead toward better outcomes. SAMHSA is encouraged to prioritize programs that require treatment, accountability, and a path to self-sufficiency.”

**Minority Fellowship Program:** “The Committee supports the Minority Fellowship Program and requests a report within 180 days of enactment of this Act outlining the number and type of health care providers, disaggregated by occupation, participating in the program.”

#### ***Senate Committee Report:***

“The Committee recommends \$2,850,546,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for Mental Health Programs of Regional and National Significance [PRNS], the MHBG, children’s mental health services, Projects for Assistance in Transition from Homelessness [PATH], Protection and Advocacy for Individuals with Mental Illness [PAIMI], and the National Child Traumatic Stress Initiative.”

**Programs of Regional and National Significance:** “The Committee recommends \$1,077,453,000 for PRNS within the Center for Mental Health Services. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.”

**988 Suicide and Crisis Lifeline [Lifeline]:** “Suicide is a leading cause of death in the United States, claiming over 48,000 lives in 2021. Suicide rates among youth and young adults between the ages of 10–24 reached a 20 year high in 2021. The Committee provides \$519,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the National Suicide Prevention Lifeline [NSPL], which coordinates a network of more than 180 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.

This funding is intended to support local crisis center capacity including through partnerships in behavioral health crisis response and the centralized network functions necessary to respond to the anticipated increase in contacts in fiscal year 2024. The Committee encourages

SAMHSA to use additional funding for 988 to expand existing intervention and suicide prevention hotline and web services, including texts, e-mails, photos, videos or other digital modes of communications and focus outreach to youth, teens, young adults and their families. Additionally, the Committee understands the importance of peer services, particularly for youth in crisis. 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 Lifeline network, along with highly coordinated referrals and connections for youth peer-run support lines that are not formally embedded within the 988 Lifeline.”

**Behavioral Health Crisis and 988 Coordinating Office:** “Within the total for 988 and Behavioral Health Crisis Services, the Committee recommendation 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, including CMS and HRSA, as well as with external stakeholders. The Committee requests that the Secretary include a multi-year, crisis care system roadmap in the fiscal year 2025 CJ.”

**988 Text and Chat-Based Capabilities:** “Within the total for 988 Suicide and Crisis Services, the Committee again includes \$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 \$33,100,000 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.”

**Depression:** “The Committee notes that depression and bipolar disorder afflict a growing number of Americans and are one of the most costly medical conditions in the United States. The Committee encourages the establishment of a national Depression Center of Excellence to help translate academic treatment advances into clinical care. This Center will help address the need for earlier clinical detection of depression and new strategies to prevent recurrences of depressive illnesses, as well as ways of reducing their length and severity.”

**Garrett Lee Smith Youth Suicide Prevention:** “The Committee recommends \$43,806,000 for Garrett Lee Smith 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. To help meet these growing needs and address disparities 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. 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 \$30,451,000 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.”

**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 continues

\$20,000,000 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 and requests a report within 1 year showing the number and type of primary care, physician specialists and subspecialists, and other mental health professionals participating in the program and describing how the program is working to support youth mental health across communities.”

**National Strategy for Suicide Prevention:** “The Committee includes \$28,200,000 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 \$3,931,000 for the AI/AN Suicide Prevention Initiative.”

**Outreach in Underserved Communities:** “The Committee directs SAMHSA to conduct outreach, provide technical assistance and give priority in awarding cooperative agreements and grants to underserved States and communities. Underserved States and communities disproportionately suffer from a high prevalence of substance use disorders, high suicide rates, and high poverty rates, combined with severe mental health provider shortages of rates less than half the National benchmark for full-time equivalent mental health providers, psychologists, and psychiatrists. The Committee urges SAMHSA to work with these communities to better develop a mental health workforce. The Committee requests a report, not later than 180 days of enactment of this act, on best practices and strategies to attract healthcare and mental healthcare practitioners to these underserved communities.”

**Primary and Behavioral Health Care Integration Grants and Technical Assistance:** “The Committee notes that Congress recently enacted changes to the Primary and Behavioral Health Care Integration Grant program, with the goal of improving patient access to bidirectional integrated care services. The Committee provides \$55,877,000 for the program, and \$1,991,000 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.”

**Project AWARE:** “The Committee provides \$140,001,000 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 2025 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 2023 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 180 days after enactment of this act.”

**Trauma Support Services in Educational Settings:** “The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families. The Committee also recognizes the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs \$12,000,000 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).”

**Trauma Support Services in Educational Settings:** “The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families. The Committee also recognizes the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs \$12,000,000 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).”

**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."

**Senate Committee does not include set-aside for early intervention and prevention of mental disorders among at-risk children and adults:** SAMHSA proposed a new set-aside that would have required States to spend at least 10 percent of their MHBG funds for prevention and early intervention of mental disorders. The Senate Committee-passed bill did not include this proposal.

**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 \$93,887,000 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 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 National Child Traumatic Stress Network 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, an increase of \$15,000,000. The CCBHC expansion program 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).”

#### ***SAMHSA Congressional Justification Language:***

**Assisted Outpatient Treatment for Individuals with Serious Mental Illness:** “The FY 2024 President’s Budget Request is \$9.0 million, level with the FY 2023 Enacted level. This funding will support the continuation of 13 grants to advance the ACT approach to address the needs of those living with SMI.”

**Certified Community Behavioral Health Clinics:** “The FY 2024 President’s Budget Request is \$552.5 million, an increase of \$167.5 million from the FY 2023 Enacted level. The funding will support 360 continuation grants, award a new cohort of 158 grants, and a technical training assistance center grant to continue the improvement of mental disorder treatment, services, and interventions for children and adults. SAMHSA expects to serve approximately 400,000 individuals.”

**Community Mental Health Services Block Grant (MHBG):** “Since 1992, the Community Mental Health Services Block Grant (MHBG) has distributed funds to 59 eligible states and territories and freely associated states through a formula based upon specified economic and demographic factors. The MHBG distributes funds can be used for a variety of behavioral health services and for planning, administration, and educational activities. By statute, these services and activities must support community-based mental health services for children with SED and adults with SMI. MHBG services include: outpatient treatment for persons with SMI, such as schizophrenia and bipolar disorders; supported employment and supported housing; rehabilitation services; crisis stabilization and case management; peer specialist and consumer-directed services; wraparound services for children and families; jail diversion programs; and services for at-risk populations (e.g., individuals, who experience homelessness, those in rural and frontier areas, military families, and veterans).”

#### “Crisis Services Set-Aside



States are required to set aside 5 percent of their total allocation for evidence-based crisis care programs that address the needs of individuals with SMIs and children with serious mental and emotional disturbances. The set-aside funds some or all of a set of core crisis care elements including centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.”

**Proposal:** The Budget increases the crisis set-aside to 10 percent.

“Set-aside for Evidence-based Programs that Address the Needs of Individuals with Early Serious Mental Illness

States are required to set aside ten percent of their MHBG funds to support “evidence-based programs that address the needs of individuals with early SMI, including psychotic disorders”. This totaled \$81.5 million in FY 2022. SAMHSA is collaborating with the NIMH and states to implement this provision.”

“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.”

“The FY 2024 President’s Budget Request is \$1.6 billion, an increase of \$645.0 million from the FY 2023 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 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 2023 (or FY 2024 with No Cost Extension request approvals) and FY 2025, respectively, as states expand their MHBG infrastructure to address unmet service needs.”

**Children and Family Programs:** “The FY 2024 President’s Budget request is \$7.2 million, same level with the FY 2023 Enacted level. This funding will support 19 Circles of Care continuation grants and award a new cohort of three 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 2023 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 28,000 individuals through program outreach efforts.”

**Consumer and Consumer-Supporter TA Centers:** “The FY 2024 President’s Budget request is \$1.9 million, level with the FY 2023 Enacted level. This 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 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 2024, SAMHSA will continue to maintain the performance measure targets for this program.”

**Consumer and Family Network Grants:** “The FY 2024 President’s Budget request is \$4.9 million, level with the FY 2023 Enacted level. Funds will be used for 20 continuation grants and 8 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 2024, 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.”

**Criminal and Juvenile Justice Programs:** “The FY 2024 President’s Budget Request is \$56.4 million, an increase of \$45.1 million from the FY 2023 Enacted level. In addition to funding thirty-one grant continuations, SAMHSA expects to award up to 71 new Justice Behavioral Health Community Collaborative (JBHCC) grants to help individuals who are already involved in the criminal justice system. SAMHSA estimates the total number of individuals served by both programs will increase to 28,000.”

**Disaster Response:** “The FY 2024 President’s Budget Request is \$56.4 million, an increase of \$45.1 million from the FY 2023 Enacted level. In addition to funding thirty-one grant continuations, SAMHSA expects to award up to 71 new Justice Behavioral Health Community Collaborative (JBHCC) grants to help individuals who are already involved in the criminal justice system. SAMHSA estimates the total number of individuals served by both programs will increase to 28,000.”

**Garrett Lee Smith Youth Suicide Prevention – State/Tribal and Campus:** “The FY 2024 President’s Budget request is \$55.3 million, an increase of \$3.0 million from the FY 2023 Enacted level. Funds will support the continuation of 25 GLS State/Tribal grants and award a new cohort of 30 new grants. Funding will also support 44 GLS Campus continuation grants and award a new cohort of 54 grants. 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 125,000 individuals will be served.”

**Healthy Transitions:** “The FY 2024 President’s Budget request is \$61.4 million, an increase of \$30.9 million from the FY 2023 Enacted level. This budget will support 14 continuation grants and fund a new cohort of 44 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 5,800 young people and provide quality supports and services needed to engage this population.”

**Homelessness Prevention Programs:** “The FY 2024 President’s Budget Request is \$38.0 million, an increase of \$2.0 million from the FY 2023 Enacted level. With this funding, SAMHSA will support 37 TIEH continuation grants, 25 TIEH new grants, one Housing and Homeless Resource Center (HHRC) continuation grant, and one SSI Outreach Access and Recovery (SOAR) contract 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 SMI with safe, secure housing. The number of individuals served is estimated to increase to approximately 9,000 individuals.”

**Mental Health System Transformation and Reform:** “The FY 2024 President’s Budget Request is \$3.8 million, level with the FY 2023 Enacted level. Funding will support one continuation grant and 3 new SEP 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 cooccurring mental and substance use disorders. It is estimated that 800 individuals will be served.”

**Mental Health Awareness Training:** “The FY 2024 President’s Budget request is \$64.0 million, an increase of \$36.0 million from the FY 2023 Enacted funding level for this program will support 197 continuation grants and 277 new 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.”

**Mental Health Crisis Response Partnership Program:** “The FY 2024 President’s Budget Request is \$100.0 million, an increase of \$80.0 million from the FY 2023 Enacted level. In FY 2024, the program will support 26 grant continuations and award a new cohort of 107 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 2024, 24,000 individuals will be screened and 15,000 will be referred for services.”

**Minority AIDS:** “The FY 2024 President’s Budget Request is \$9.2 million, level with the FY 2023 Enacted level. SAMHSA will support 19 continuation grants focused on individuals with mental disorders and/or co-occurring disorders living with or at risk for HIV/AIDS. SAMHSA will also maintain its performance measure targets for FY 2024 except for the percentage of clients receiving services who are currently employed at six-month follow-up which is projected to increase by 9.6 percent.”

**National Child Traumatic Stress Initiative:** “The FY 2024 President’s Budget Request is \$150.0 million, an increase of \$56.1 million from the FY 2023 Enacted level. SAMHSA will support 170 grant continuations and award a new cohort of 76 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. SAMHSA estimates approximately 16,000 children and adolescents will be served and the approximately 500,000 people in the mental health and related workforce will be trained.”

**National Strategy for Suicide Prevention:** “The FY 2024 President’s Budget Request is \$28.2 million, level with FY 2023 Enacted level. This funding will support 42 Zero Suicide continuation grants, and support five NSSP grants. It is expected that 98,000 individuals will be referred for services.”

**Practice Improvement and Training:** “The FY 2024 President’s Budget request is \$15.8 million, an increase of \$8.0 million from the FY 2023 Enacted level. The proposed funding increase responds to HHS priority goal of 92 expanding and diversifying the behavioral health workforce. The proposed funding increase uses existing SAMHSA authorities to support the creation of a training pipeline from institutions of higher education that reach underserved populations. Aligning with the White House Initiative Executive Order 14041 on advancing educational equity, additional funding to HBCUs will increase the capacity to recruit and expose HBCU students to evidence-based practices and current trends in behavioral health. The request also will continue to support continuation of the Clinical Support Services TA Center for SMI and will support five grant continuations and award a new cohort of 11 Transforming Lives through Supported Employment Programs (SEP).”

**Primary and Behavioral Health Care Integration:** “The FY 2024 President’s Budget Request is \$104.9 million, an increase of \$47.0 million from the FY 2023 Enacted level. Funding will support the continuation of 21 PIPBHC grants and a new cohort of 29 PIPBHC grants. SAMHSA anticipates that this increase in 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 Collaborative Care Model. It is expected that this increase in funding will also enable the program to reach approximately 40,000 people with treatment and services.”

**Project AWARE:** “The FY 2024 President’s Budget request is \$244.0 million, an increase of \$104.00 million from the FY 2023 Enacted level. Funding for this program will support 87 continuations for Project AWARE grants, award 52 new AWARE grants, 12 continuations for School-based Trauma grants and 17 continuations for ReCAST grants. The funding will expand the programs’ population of focus to include college students and adults and expand the program’s training settings to include 40 non-educational and non-health care sites. It is expected that this funding for the three Project AWARE grant programs will help to identify and refer approximately 120,000 school-aged youth to mental health and related services; and to train approximately 500,000 mental health and mental health-related professionals on evidence-based mental health practices.”

**Projects for Assistance in Transition from Homelessness (PATH):** “The FY 2024 President’s Budget Request is \$109.6 million, an increase of \$43.0 million from the FY 2023 Enacted level. The PATH program was flat funded from FY 2010 to FY 2022 and increased by \$2 million in FY 2023, while costs associated with the program have steadily increased. The number of providers has decreased significantly over the past 10 years. In FY 2022, 406 providers across the country provided PATH-related services, compared to 505 PATH providers in FY 2012. 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 2024 budget request will increase the local PATH providers to 505, resulting in 200,000 individuals being contacted and 119,000 individuals enrolled in the PATH program. All of those contacted receive referrals to important local services and resources, and those eligible individuals who are enrolled receive extended engagement and supportive services to help them gain or maintain stable housing. In addition, the increase will expand the geographic reach of the program to a scope of communities consistent with earlier years of the program.”

**Project LAUNCH:** “The FY 2024 President’s Budget request is \$35.4 million, an increase of \$9.8 million from the FY 2023 Enacted level. This funding will support 13 continuation grants, award a new cohort of 17 grants and the Center of Excellence for Infant and Early Childhood Mental Health Consultation (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.”

**Protection and Advocacy for Individuals with Mental Illness (PAIMI):** “The FY 2024 President’s Budget Request is \$40.0 million, level with the FY 2023 Enacted level. PAIMI 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.”

**Seclusion & Restraint:** “The FY 2024 President’s Budget request is \$1.1 million, level with the FY 2023 Enacted level SAMHSA’s will support the MHTTC and maintain the same performance measure targets as FY 2023.”

**988 and Behavioral Health Crisis Services (988 Program):** “The FY 2024 Budget Request is \$836.0 million, an increase of \$334.4 million from the FY 2023 Enacted level. This funding level will increase capacity for 988 to respond to 100 percent of the estimated 9 million contacts in 2024. In FY 2024, SAMHSA will invest in the following essential areas:

- Supporting network operations and specialized services. Network operations include centralized network functions, such as: staffing for backup call centers; core chat/text centers; data and telephony infrastructure; standards, training, and quality improvement; evaluation and oversight. Specialized services include services for LGBTQ+ youth and Spanish language services.
- Enhancing local capacity through partnerships in behavioral health crisis response. 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.
- Maintaining the 988 and Behavioral Health Crisis Coordination 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.
- Enhancing public awareness with targeted 988 national messaging. A research-based campaign will save lives through the use of preferred and effective communication channels and messengers to promote help seeking behavior.”

**Tribal Behavioral Health Grants:** “The FY 2024 President’s Budget Request is \$23.25 million, an increase of \$500,000 from the FY 2023 Enacted level. Combined with \$23.7 million in the Substance Use Prevention Services appropriation, these funds will support technical assistance activities, 118 continuation grants and award a new cohort of 35 grants that promote mental health and prevent substance use

activities for high-risk AI/AN youth and their families. In FY 2024, SAMHSA will continue the same performance measures and it is expected that 500,000 youth with mental health or substance use disorders will be contacted through program outreach efforts targets.

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.”



National Institute on Alcohol Abuse and Alcoholism

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

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>NIAAA</b>	\$543,373,000	\$554,882,000	\$573,651,000	\$595,318,000	\$595,318,000	Level



National Institute on Drug Abuse  
*Advancing Addiction Science*

**National Institute on Drug Abuse (NIDA)**

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>NIDA</b>	\$1,462,016,000	\$1,480,309,000	\$1,595,474,000	\$1,662,695,000	\$1,662,695,000	Level



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

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

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</b>	\$1,273,556,000	\$1,314,056,000	\$1,345,056,000	\$1,391,056,000	\$1,391,056,000	Level
HIV Prevention by Health Depts.	-	-	-	-	-	NA
<i>School Health- HIV</i>	<i>\$33,081,000</i>	<i>\$34,081,000</i>	<i>\$36,081,000</i>	<i>\$38,081,000</i>	<i>\$38,081,000</i>	<i>Level</i>
Viral Hepatitis	\$39,000,000	\$39,500,000	\$41,000,000	\$43,000,000	\$43,000,000	Level
Infectious Diseases and the Opioid Epidemic	\$10,000,000	\$13,000,000	\$18,000,000	\$23,000,000	\$23,000,000	Level
Sexually Transmitted Infections	\$160,810,000	\$161,810,000	\$164,310,000	\$174,310,000	\$174,310,000	Level
<b>Chronic Disease Prevention and Health Promotion</b>	\$1,239,914,000	\$1,276,664,000	\$1,338,664,000	\$1,430,414,000	\$1,433,914,000	+\$3,500,000
Tobacco Prevention and Control	\$230,000,000	\$237,500,000	\$241,500,000	\$246,500,000	\$246,500,000	Level
Excessive Alcohol Use	\$4,000,000	\$4,000,000	\$5,000,000	\$6,000,000	\$6,000,000	Level
Prevention Research Centers	\$26,461,000	\$26,961,000	\$26,961,000	\$28,961,000	\$28,961,000	Level
<b>Birth Defects and Developmental Disabilities</b>	\$160,810,000	\$167,810,000	\$177,060,000	\$205,560,000	\$206,060,000	+\$500,000
Fetal Alcohol Syndrome	\$11,000,000	\$11,000,000	\$11,000,000	\$11,500,000	\$11,500,000	Level
Neonatal Abstinence Syndrome	\$2,250,000	\$2,250,000	\$3,250,000	\$4,250,000	\$4,250,000	Level
<b>Injury Prevention and Control</b>	\$677,379,000	\$682,879,000	\$714,879,000	\$761,379,000	\$761,379,000	Level
Unintentional Injury	\$8,800,000	\$8,800,000	\$8,800,000	\$13,300,000	\$13,300,000	Level
Suicide Prevention	\$10,000,000	\$12,000,000	\$20,000,000	\$30,000,000	\$30,000,000	Level
Adverse Childhood Experiences	\$4,000,000	\$5,000,000	\$7,000,000	\$9,000,000	\$9,000,000	Level
Injury Prevention Activities	\$28,950,000	\$28,950,000	\$28,950,000	\$29,950,000	\$29,950,000	Level
Opioid Overdose Prevention and Surveillance	\$475,579,000	\$475,579,000	\$490,579,000	\$505,579,000	\$505,579,000	Level
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Level
America's Health Block Grant	Not funded	Not funded	Not funded	Not funded	Not funded	NA

**Final Omnibus Language:**

**Sexually Transmitted Infections:** “The agreement directs CDC to continue to move the grant year forward to provide for a more efficient expenditure of funds and improve grantee activities, with the intention that the grant year will be moved forward by at least one month each year for the next two years.”



**Tobacco:** “The agreement provides funding to support efforts, including continuing the Tips from Former Smokers media campaign.”

**Opioid or Other Drug Use and Overdose Prevention:** “CDC is encouraged to continue its efforts to monitor case-level syndromic surveillance data, and work to improve interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices.”

**Suicide Prevention:** “The agreement provides funding to continue suicide prevention efforts.”

***House Committee Report:***

**HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention:** “CDC provides national leadership and support for HIV/AIDS prevention research and the development, implementation, and evaluation of evidence-based HIV prevention programs serving persons affected by, or at risk for, HIV infection. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State, local, and tribal health departments and community-based organizations to develop and implement integrated community prevention plans.”

**Chronic Disease Prevention and Health Promotion:** “The Committee recommendation includes \$797,569,000 in discretionary appropriations and \$329,984,000 in transfers from the PPH Fund. Programs supported within Chronic Disease Prevention and Health Promotion provide national leadership and support for State, tribal, and community efforts to promote health and wellbeing through the prevention and control of chronic diseases.”

**Birth Defects, Developmental Disabilities, Disabilities and Health:** “This account supports efforts to conduct research on and address the causes of birth defects and developmental disabilities, as well as reduce the complications of blood disorders and improve the health of people with disabilities.”

**Injury Prevention and Control:** “Programs supported within Injury Prevention and Control provide national leadership on injury prevention, conduct research and surveillance, and promote evidence-based strategies to inform real-world solutions to prevent premature death and disability and to reduce human suffering and medical costs caused by injury.”

**Prescription Drug Monitoring Programs:** “The Committee understands that all 50 States and U.S. territories’ prescription drug monitoring programs are connected and securely sharing critical controlled substance information for the purposes of identifying and preventing abuse, misuse, or diversion of prescription drugs. The Committee is concerned by CDC’s use of special conditions for grants used to address the opioid epidemic that require States to connect to a certain data hub in order to receive funding. The Committee supports States connecting to

the interstate data exchange hub of their choice and is concerned that CDC imposed restrictive conditions that may impede States response to the opioid epidemic.”

***Senate Committee Report:***

**HIV, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention:** “The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB] is \$1,395,056,000. The Center administers CDC’s activities on HIV/AIDS, viral hepatitis, STDs, and TB, with the exception of the Global AIDS program, which is housed in the Center on Global Health.”

**Hepatitis:** “The Committee has included funding to enhance efforts to eliminate the public health threat of viral hepatitis and to specifically implement and help fund the HHS National Viral Strategic Plan which offers a framework to eliminate viral hepatitis as a public health threat. The Committee is aware of the November 2021 ACIP recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B and the CDC’s recent universal screening guidelines and urges a coordinated Federal effort to implement these goals. Therefore, the Committee requests HHS complete a report before the end of fiscal year 2024 on governmentwide coordinated efforts to make progress to meet this vaccination goal. Finally, the Committee encourages that funds provided by the Center be prioritized for jurisdictions with the highest infection rates.”

**Infectious Diseases and Opioids:** “The Committee encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to SUDs and acute hepatitis C infection. CDC is also encouraged to prioritize jurisdictions that are experiencing outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.”

**School Health:** “The Committee has provided \$38,081,000 to promote school-based health and disease prevention for adolescents, including mental health. CDC is urged to collect and integrate data on school policies and practices that support student and staff physical and emotional well-being and positive mental health and wellness.”

**Sexually Transmitted Infections [STIs]:** “The Committee includes \$174,310,000 to combat and prevent the high incidence of STIs. The Committee further directs that a portion of these funds be used to ensure that none of the grantees receives less than the amount received in fiscal year 2023. Additionally, the Committee directs CDC to continue to move the grant year forward by 1 month to provide for a more efficient expenditure of funds and improve grantee activities, with the intention that the grant year will be moved forward by 1 month each year for the next 3 years, contingent on the availability of funds. Finally, the Committee encourages CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.”

**Chronic Disease Prevention and Health Promotion:** “The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,435,414,000, which includes \$254,950,000 in transfers from the PPH Fund.

The mission of the Center is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. More than one-half of all American adults have at least one chronic illness, and such diseases account for 70 percent of all U.S. deaths and over three-quarters of all healthcare costs in the United States. Chronic diseases are the leading causes of death and disability and while they affect all populations, the most disadvantaged Americans often suffer the highest burden of disease.

These conditions are largely preventable or improved through evidence-based programs and strategies. The Committee encourages CDC to continue working with State and local health departments and national organizations to maximize their investments in evidence-based programming and strategies at the community level.”

**Tobacco:** “The Committee provides \$246,500,000 so that CDC, States and territories can continue efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality and expand the highly successful and cost-effective Tips from Former Smokers media campaign. The Committee remains concerned that 3,000,000 youth currently use at least one tobacco product and encourages CDC’s ongoing efforts to respond to and prevent youth use of e-cigarettes and other tobacco products.”

**Birth Defects, Developmental Disabilities, Disability and Health:** “The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$206,060,000.

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of hereditary blood disorders, and by promoting optimal child development and health and wellness among children and adults living with disabilities.”

**Neonatal Abstinence Syndrome [NAS] Surveillance:** “The Committee includes \$4,250,000 to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy. Funding should be used to conduct research on the use of opioids and other substances during pregnancy and related adverse outcomes from infancy through childhood, and identify best practices for care, evaluation, and management to help children.”

**Injury Prevention and Control:** “The Committee recommendation for the National Center for Injury Prevention and Control is \$761,879,000. CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by nonoccupational injuries including those caused by fires and burns, poisoning, drowning, violence, and traffic accidents.”

**Adverse Childhood Experiences [ACEs]:** “The Committee provides \$9,000,000 for ACEs surveillance, research, and prevention efforts. The Committee commends CDC’s Injury Prevention Center for funding States and localities, including those with high rates of trauma, violence, and overdoses, to conduct surveillance on exposure to ACEs and target community-based interventions related to exposure to childhood trauma, ACEs, addiction, and violence. The Committee urges CDC to improve upon its previous ACEs research by focusing on building a diverse sample of participants, identifying the relative strength of risk and protective factors as well as community factors, understanding the

impact of social and economic conditions on well-being, and measuring the intensity and frequency of specific ACEs and their effect on health outcomes.”

**Opioid Prescribing Guidelines:** “The Committee applauds CDC’s release of the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, which updates and replaces the 2016 CDC prescribing guideline. The Committee directs CDC to continue its work educating patients and providers, and to encourage uptake and appropriate use of the Guidelines. The Committee urges CDC to continue coordination with other agencies including the VA, IHS, DoD and HRSA in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government.”

**Opioid or Other Drug Use and Overdose Prevention:** “The Committee continues to encourage CDC to ensure that funding for opioid and stimulant use and overdose prevention, as well as other emerging substances and threats, reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities. Additionally, CDC is directed to continue expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices.”

**Suicide Prevention:** “The Committee is concerned about data that show suicide rates increased in 2021 after 2 years of decline, and that in 2021, suicide was one of the leading causes of death for people aged 10–14 and 25–34. The Committee recognizes that suicide is a serious public health problem requiring strategic programming, especially among disproportionately impacted populations. The Committee also recognizes that suicide prevention requires a public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, tribes, and territories are well positioned to lead a comprehensive public health approach to suicide prevention, which involves coordinating with multisector partners to take a data-driven, evidence-based process to address the broad range of risk and protective factors associated with suicide. The Committee directs CDC to prioritize funding to State public health departments to expand the Comprehensive Suicide Prevention program nationwide, and to help tribes and territories build capacity and implement strategies to prevent suicide.”

#### ***CDC Congressional Justification Language:***

**HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infections, And Tuberculosis:** “CDC’s FY 2024 budget request of \$1,544,556,000 for HIV, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis is \$153,500,000 above the FY 2023 enacted level. The request includes an increase of \$142,000,000 above the FY 2023 enacted level for Domestic HIV/AIDS Prevention and Research, which includes an increase of \$90,000,000 for the Ending the HIV Epidemic (EHE) Initiative and \$52,000,000 for School Health to scale up the What Works in Schools program. CDC’s FY 2024 budget request also includes an increase of \$11,500,000 above the FY 2023 enacted level for Viral Hepatitis.”

**Infectious Diseases and the Opioid Epidemic Budget Request:** “CDC’s FY 2024 budget request of \$23,000,000 for the Infectious Diseases and the Opioid Epidemic initiative is level with the FY 2023 enacted level. CDC will invest in the implementation of support for syringe services programs (SSPs), bringing life-saving services and linkages to care to improve the health of people who use drugs.

The United States is experiencing a public health crisis involving drug use of opioids<sup>41</sup> and other drugs such as methamphetamines and cocaine. For over a decade, our nation has seen a rise in drug use-related hospitalizations, overdoses, and fatalities and in the transmission of infectious diseases such as viral hepatitis, HIV, and other drug use-related bacterial and fungal infections. Rates of hepatitis C have quadrupled since 2010, and HIV transmission associated with injection drug use began to rise after years of declines. In 2020, an analysis of electronic health record data showed that among persons with substance use disorders the rates of hospitalization for serious bacterial infections, including infective endocarditis, increased from 2012 to 2017. The COVID-19 pandemic has exacerbated this danger and creates an uncertain post-pandemic landscape for the health of people who use drugs. Since 2019, CDC’s program to address the infectious diseases associated with substance use focuses on four key strategies: 1. Ensuring implementation of and access to high quality SSPs nationwide...2. Increasing testing and linkage to care in local communities...3. Increasing state and local capacity to detect and respond to infectious disease clusters and prevent further transmission...4. Increasing linkage to substance use disorder treatment at healthcare encounters for drug-use-related infections.”

**Chronic Disease Prevention and Health Promotion Program:** “CDC’s FY 2024 budget request of \$1,813,539,000 for the Chronic Disease Prevention and Health Promotion program, including \$262,200,000 from the Prevention and Public Health Fund (PPHF), is \$383,125,000 above the FY 2023 enacted level.

In FY 2024, CDC will continue to provide national leadership and technical assistance to prevent and control chronic diseases and associated risk factors through evidence-based strategies by:

- Supporting a robust public health response to implement focused chronic disease prevention interventions through state, tribal, local, and territorial health departments; community-based organizations; and nongovernmental partners.
- Monitoring chronic diseases, conditions, and risk factors to track national trends and evaluate effective interventions.
- Conducting and translating public health research and evaluation to build the evidence and improve uptake of strategies.
- Informing sound public health policies that reduce rates of chronic diseases and associated risk factors.”

**Tobacco Prevention and Control:** “CDC’s FY 2024 budget request of \$257,500,000 for Tobacco Prevention and Control, including \$133,100,000 from the Prevention and Public Health Fund (PPHF), is \$11,000,000 above the FY 2023 enacted level. Increased resources will support CDC activities that are part of the Administration’s Cancer Moonshot Initiative. In FY 2024, CDC will increase tobacco prevention, control, and surveillance efforts, including addressing tobacco use among youth and; will accelerate smoking cessation efforts by airing the Tips campaign for more weeks with heaviest rotation in communities with the highest smoking prevalence, by increasing support to the National Tobacco Control Programs to expand Tobacco Quitline services, and by expanding community-based cessation programs in areas with the highest tobacco product use rates.”

**Prevention Research Centers:** “CDC’s FY 2024 budget request of \$28,961,000 for Prevention Research Centers is level with the FY 2023 enacted level. FY 2024 marks the beginning of a new five-year cycle for the PRC Program. With the FY 2024 funding opportunity, CDC will

continue to leverage the PRC network to increase availability and use of evidence-based interventions by public health practitioners and increase translation of evidence-based research to practice that improves population health and advances health equity.”

**Fetal Alcohol Syndrome:** “CDC’s FY 2024 budget request of \$11,500,000 for Fetal Alcohol Syndrome is level with the FY 2023 enacted level.

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person who was exposed to alcohol before birth. While population-based estimates are not yet available, a recent study indicates that one in twenty U.S. children may have FASDs. Despite these known adverse effects, alcohol use during pregnancy remains a critical public health issue, and polysubstance use is increasingly common. Recent CDC data indicate that from 2018-2020, approximately one in seven pregnant adults in the United States reported drinking alcohol in the past thirty days and, among those, approximately forty percent reported binge drinking. Data also showed that those with no usual health care provider and those reporting frequent mental distress were more likely to consume alcohol.

As part of its work on FASDs, CDC funds the National Partnerships to Address Prenatal Alcohol and Other Substance Use and FASDs, a framework of national partner organizations that work to reduce prenatal alcohol and other substance use, improve services and access to care, and improve identification of children and families experiencing FASDs.

In FY 2024, CDC will continue working to strengthen partnerships in preventing alcohol use during pregnancy, improve support services and access to care, and improve identification and health of children with FASD and their families.”

**Neonatal Abstinence Syndrome (NAS):** “CDC’s FY 2024 budget request of \$4,250,000 for Neonatal Abstinence Syndrome (NAS) is level with the FY 2023 enacted level.

NAS is a withdrawal syndrome that can occur in newborns after exposure to opioids during pregnancy. To better understand the effects of multiple substances and their links to NAS, CDC is focused on surveillance and communication with providers to increase NAS reporting. For example, CDC worked with the Council of State and Territorial Epidemiologists to conduct standardized surveillance using a NAS case definition and provided funding for jurisdictions to pilot this surveillance. CDC will share findings from this project with public health scientists and healthcare providers and use lessons learned to inform continued reporting of NAS.

CDC also helps support MATernal and Infant Network (MAT-LINK), a surveillance system to monitor maternal, infant, and child health outcomes associated with medication for opioid use disorder during pregnancy. Results from MAT-LINK will be used to inform clinical practice recommendations and clinical decision-making around medication for opioid use disorder among pregnant people. In addition, this project will develop and pilot a data platform to collect and link maternal, infant, and child data across clinical sites, which can serve as a model for collecting data on other exposures during pregnancy.

In FY 2024, CDC will work with partners to strengthen surveillance for and advance the understanding of NAS as well as maternal, infant, and child health outcomes associated with opioid and other substance use during pregnancy and identify best practices for care, evaluation, and management of NAS.”

**Injury Prevention and Control:** “CDC’s FY 2024 budget request of \$1,351,669,000 for Injury Prevention and Control is \$590,290,000 above the FY 2023 enacted level. The request includes \$250,000,000 to fund the Community Violence Intervention (CVI) initiative, which will expand the reach of CDC programs to help stem the rise in violence in high risk urban and rural communities across the country. The Budget includes a total of \$80 million for the Suicide Prevention program to allow CDC to expand the program to fund all 50 states, Washington, D.C., and 18 tribal and territorial communities.

With the proposed funds for youth and community violence prevention, CDC will devote additional resources to build the capacity of the violence prevention workforce by dedicating funds for staffing support and workforce development activities.

With the proposed funds for rape prevention and education, CDC will enhance support to state and territorial health departments to initiate, expand, or enhance approved prevention activities. CDC will support state, territorial, and tribal sexual assault coalitions to coordinate and provide prevention activities and to collaborate with entities engaged in sexual violence prevention.

With the proposed funds for intimate partner violence, CDC will continue its surveillance activities to better understand IPV among older adults and adaptation of successful initiatives to prevent dating violence among youth with disabilities. At this level, CDC will expand a multi-pronged strategy on suicide prevention that includes a focus on prevention and early intervention in state, local, territorial, local, and tribal communities.”

**Unintentional Injury Prevention:** “CDC’s FY 2024 budget request of \$13,300,000 for the Unintentional Injury Prevention is level with the FY 2023 enacted level. At this level, CDC will continue efforts in preventing and minimizing the impacts of unintentional injury.”

**Opioid Overdose Prevention and Surveillance:** “CDC’s FY 2024 budget request of \$713,369,000 for Opioid Overdose Prevention and Surveillance is \$207,790,000 above the FY 2023 enacted level. CDC will advance local investments and innovation to reach communities heavily impacted by the overdose crisis, while continuing to support all states, territories, and local jurisdictions to track and prevent overdose deaths. CDC will support collection and reporting of real-time, robust overdose data, building upon the work of the Overdose Data to Action (OD2A) program. CDC will partner with funded jurisdictions to implement surveillance strategies that include contextual and toxicological information that can inform identify emerging substance threats, such as xylazine and fentanyl analogs, and prevent overdose and related harms in communities.

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.”

**Suicide Prevention:** “In FY 2024, CDC requests an increase of \$50.0 million above the FY 2023 enacted level for Suicide Prevention. CDC will expand a multi-pronged strategy on suicide prevention, including a focus on early prevention and intervention in state, territorial, local, and tribal communities. In FY 2024, CDC anticipates releasing a new NOFO to expand the Comprehensive Suicide Prevention program to support recipients in up to 50 states, Washington, D.C., and 18 tribal and territorial communities.”

**Adverse Childhood Experiences:** “To further support communities by expanding the number of states implementing proven prevention strategies to reduce adverse childhood experiences (ACEs) and promote positive childhood experiences through the Essentials for Childhood: Preventing Adversity through Data to Action (PACE:D2A) program in FY 2024, CDC requests \$6.0 million above the FY 2023 enacted level. CDC will also increase investments in surveillance and research activities for the prevention of ACEs.”

**Injury Prevention Activities:** “CDC’s FY 2024 budget request of \$29,950,000 for the Injury Prevention Activities is level with the FY 2023 enacted level. At this level, CDC will continue conducting prevention activities in areas of greatest need, including crosscutting programs such as Core SIPP and other critical activities such as providing public health leadership in motor vehicle crash injury prevention.”

**Preventive Health and Health Services Block Grant:** “CDC’s FY 2024 budget request of \$160,000,000 from the Prevention and Public Health Fund resources for Preventive Health and Health Services Block Grant is level with FY 2023 enacted level. In FY 2024, CDC will continue to administer the program and work with recipients to address their locally identified public health priorities. In addition, 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 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
Health Centers (discretionary)	\$1,626,522,000	\$1,682,772,000	\$1,747,772,000	\$1,857,772,000	\$1,857,772,000	Level
Interdisciplinary Community-Based Linkages	\$220,903,000	\$235,903,000	\$252,298,000	\$291,298,000	\$292,298,000	+\$1,000,000
Maternal and Child Health Block Grant	\$687,700,000 <sup>8</sup>	\$712,700,000 <sup>9</sup>	\$747,700,000 <sup>10</sup>	\$822,700,000 <sup>11</sup>	\$813,700,000 <sup>12</sup>	-\$9,000,000
Rural Health	\$318,294,000	\$329,519,000	\$331,062,000	\$352,407,000	\$364,607,000	+\$12,200,000
Rural Communities Opioid Response Program	\$110,000,000	\$110,000,000	\$135,000,000	\$145,000,000	\$145,000,000	Level
Telehealth	\$29,000,000	\$34,000,000	\$35,050,000	\$38,050,000	\$42,050,000	+\$4,000,000
Ryan White HIV/AIDS Program (HIV/AIDS Bureau)	\$2,388,781,000	\$2,423,781,000	\$2,494,776,000	\$2,571,041,000	\$2,571,041,000	Level
National Health Service Corps (NHSC)	\$120,000,000	\$120,000,000	\$121,600,000	\$125,600,000	\$128,600,000	+\$3,000,000
Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program	\$12,000,000	\$16,000,000	\$24,000,000	\$40,000,000	\$40,000,000	Level
Peer Support	\$10,000,000	\$13,000,000	\$14,000,000	\$14,000,000	\$14,000,000	Level

**Final Omnibus Language:**

**Maternal and Child Health Block Grant Birth Center Expansion:** “The agreement requests a plan within 180 days of enactment of this Act on steps that HRSA can take to assist birth center expansion in rural and urban maternity care deserts”

<sup>8</sup> This includes \$119,116 in funding of Special Projects of National Significance

<sup>9</sup> This includes \$139,116 in funding of Special Projects of National Significance

<sup>10</sup> This includes \$152,338 in funding of Special Projects of National Significance

<sup>11</sup> This includes \$212,116 in funding of Special Projects of National Significance

<sup>12</sup> This includes \$210,116,000 in funding of Special Projects of National Significance

**Rural Communities Opioid Response Program:** “The agreement continues \$145,000,000 for this program. Within the funding provided, the agreement includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by P.L. 115-245 and continued through P.L. 116-260 and 117-103. The agreement recognizes the work of the Centers in addressing substance use disorder within rural communities through various evidence-based treatment and recovery models and encourages outreach into other underserved communities. Within the total, the agreement also continues \$4,000,000 to support career and workforce training services for the NBRC.”

**Telehealth Centers of Excellence:** “The agreement continues \$8,500,000 for the currently awarded sites.”

**Telehealth Technology-Enabled Learning:** “The agreement includes an increase of \$4,000,000 for HRSA to integrate and implement a robust telementoring initiative at an academic medical center with existing Federal support and expertise in the field. This should include technology enabled delivery of evidence-based curricula, offering of practice based, culturally responsive care, and advancing the skill set of health care workers.”

**National Health Service Corps (Corps):** “The agreement notes the importance of the Corps scholarship and loan-repayment programs in all 50 States and encourages HHS to examine ways to incentivize individuals to work in their home State or the State in which they received their education.”

**Maternity Care Target Areas:** “The agreement includes \$8,000,000, an increase of \$3,000,000, within the total for the Corps to support loan repayment and scholarships for maternity care services in health professional shortage areas.”

**Behavioral Health Workforce Education and Training:** “The agreement continues \$153,000,000 for Behavioral Health Workforce Education and Training, including \$40,000,000 for the Substance Use Disorder Treatment and Recovery Loan Repayment program.”

### ***House Committee Report Language***

**Health Centers:** “Health Centers deliver affordable, accessible, quality, and cost-effective primary health care to millions of people across the country regardless of their ability to pay. Programs supported by this funding include community health centers, migrant health centers, health care for the homeless, and public housing health service grants.”

**National Health Service Corps (NHSC):** “The Committee includes \$126,000,000, which is \$400,000 above the fiscal year 2023 enacted level and \$49,600,000 below the fiscal year 2024 budget request, for NHSC to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and tribal areas. The Committee also includes \$16,000,000, which is \$400,000 above the fiscal year 2023 enacted level, within the total to support NHSC awards to participating individuals that provide health services in Indian Health Service facilities, tribally-operated health programs, and Urban Indian Health programs.”

**Peer Support Specialists in the Opioid Use Disorder Workforce:** “Within the total for BHWET, the Committee includes not less than \$14,000,000, the same as the fiscal year 2023 enacted level, to fund training, internships, and national certification for mental health and SUD peer support specialists to create an advanced peer workforce prepared to work in clinical settings.”

**Maternal and Child Health (MCH) Block Grant:** “The Committee recommends \$780,852,000 for the MCH Block Grant, equal to the fiscal year 2023 enacted level. States use the MCH Block Grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre-and postnatal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.”

**Ryan White HIV/AIDS Program:** “The Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program funds activities to address the care and treatment of persons living with HIV/AIDS who need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services to include access to HIV-related medications; grants to service providers for early intervention outpatient services; grants to organizations to provide care to HIV infected women, infants, children, and youth; and grants to organizations to support the education and training of health care providers.”

**Federal Office of Rural Health Policy:** “The Federal Office of Rural Health Policy’s programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; and for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments. While current spending for all rural health discretionary programs is relatively small, it plays a critical role in solidifying the fragile healthcare infrastructure in rural communities. The Committee supports programs seeking to address the severe health care crisis escalating in rural America and preventing any additional rural hospitals from closing. Health care workforce shortages continue to plague rural communities, and while health care innovations, such as telehealth technologies, show promise in rural areas, the Committee believes that action needs to be taken to address the workforce shortages in rural communities. Therefore, the Committee directs the Secretary to implement programs and policies to improve rural health outcomes, strengthen care delivery, and address the immediate issues facing rural communities.”

**Rural Communities Overdose Response Program (RCORP):** “The Committee includes \$145,000,000, the same as the fiscal year 2023 enacted level, for the RCORP program. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by PL 115–245 and continued through PL 117–328. The Committee recognizes the success of the three Centers in reducing substance use disorders within rural communities, through various evidence based treatment and recovery models. The Committee supports HRSA’s continued investment in the current Centers and encourages HRSA to consider how the Centers can expand their outreach into other underserved communities. In particular the Committee wants to recognize the importance of the Recovery Housing Center of Excellence, this Center in coordination with the Substance Abuse and Mental Health Services Administration, provides technical assistance and research in recovery housing to communities and stakeholders in developing evidence-based recovery housing programs.”

**Telehealth:** “The Committee includes \$45,050,000 for Telehealth, an increase of \$7,000,000 above the fiscal year 2023 enacted level. Funds support the Office for the Advancement of Telehealth, which promotes the effective use of technologies to improve access to health services for people who are isolated from health care and to provide distance education for health professionals.”

### ***Senate Committee Report Language***

**Community Health Centers:** “The Committee provides \$1,858,772,000 for the Bureau of Primary Health Care. Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas. In addition, within the amount provided, the Committee provides up to \$120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers’ federally approved scope of project.”

**Maternal and Child Health [MCH] Block Grant:** “The Committee provides \$603,584,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. Within this total, the Committee also proposes increases for a number of special projects to address the Nation’s rising rate of maternal mortality. The program supports a broad range of activities, including providing prenatal care, well-child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.”

**Ryan White HIV/AIDS Program (HIV/AIDS Bureau):** “The Committee recommendation includes \$2,571,041,000 for the HIV/AIDS Bureau. The mission of the Bureau is to address the unmet care and treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act (Public Law 111–87), which provides a wide range of community-based services, including primary and home healthcare, case management, substance abuse treatment, mental health, and nutritional services.”

**National Health Service Corps:** “The Committee provides \$128,600,000 for the National Health Service Corps [Corps], an increase of \$3,000,000 above the fiscal year 2023 enacted level. The Committee recognizes the success of the Corps program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas. Within this total, the Committee continues support for access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide. The Committee continues language that expands eligibility for loan repayment awards through the Corps to include SUD counselors. The Committee also continues to include section 206 of this act to modify the rules governing the Corps to allow every Corps member 60 days to cancel their contract. The Committee recognizes the importance of the National Health Service Corps scholarship and loan-repayment programs with Corps members in all 50 States. Therefore, the Committee encourages HRSA to ensure that no State has fewer than five National Health Service Corps awardees in fiscal year 2024 and shall give preference to individuals working in their home State or the State in which they received their education.”

**Peer Support Specialists:** “Within BHWET, the Committee includes \$16,000,000 to fund training, internships, and national certification for mental health and substance abuse peer support specialists to create an advanced peer workforce prepared to work in clinical settings.”

**Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment Program:** “The Committee also includes \$52,000,000 for this program within the total for BHWET. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the National average. The Committee also encourages HRSA to actively recruit SUD counselors to take advantage of its STAR Loan Repayment Program, so that underserved communities may benefit from the presence of these professionals.”

**Rural Health:** “The Committee recommendation for Rural Health programs is \$364,407,000, an increase of \$12,000,000 above the fiscal year 2023 enacted level. The Federal Office of Rural Health Policy [FORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 60 million residents of rural communities. FORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens’ access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.”

**Rural Communities Opioid Response Program [RCORP]:** “The Committee provides \$155,000,000 for RCORP, an increase of \$10,000,000 to expand the program. Within the funding provided, the Committee includes \$10,000,000 to continue at least three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260 and 117–103. The Committee recognizes the success of the Centers in addressing substance use disorders within rural communities through various evidence-based treatment and recovery models. The Committee supports HRSA’s continued investment in the current Centers and would encourage HRSA to consider how the centers can expand their outreach into other underserved communities. Within the total provided for the Rural Communities Opioid Response program, the Committee includes \$4,000,000 to support career and workforce training services and other needs related to substance use challenges within the Northern Border Regional Commission’s rural regions to assist individuals affected by a substance use disorder.”

**Telehealth:** “The Committee provides \$38,050,000 for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals. The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.”

***HRSA Congressional Justification Language:***

**Maternal and Child Health Block Grant:** “The FY 2024 Budget Request for the Maternal and Child Health Block Grant program of \$937.3 million is \$121.6 million above the FY 2023 Enacted level. The request includes \$593.3 million for formula awards to states to promote and

improve the health and well-being of the nation's mothers, children (including children with special needs), and their families. Additionally, the request includes \$333.7 million in SPRANS funding, an increase of \$121.6 million.”

**Rural Communities Opioid Response:** “The FY 2024 Budget Request of \$165 million is \$20 million above the FY 2023 Enacted level. This request will support the development and continuation of community-based grant programs and technical assistance that provide needed behavioral health, including SUD/OD, services to rural residents. Drug overdose death rate in rural areas rose from 19.6 in 2019 to 26.2 per 100,000 standard population in 2020 and over 60 percent of mental health professional shortage designations are located in rural areas. Through progress reports, listening sessions, and town halls, RCORP award recipients and other rural stakeholders have described continued workforce shortages, reimbursement issues, and the need for additional resources to address substances beyond opioids and co-occurring mental health disorders.

This request will enable HRSA to continue expanding RCORP's focus to include other, emergent behavioral health needs in rural communities. In FY 2023, HRSA piloted new programs that provided funds to rural communities to rapidly address their immediate SUD needs (including lifesaving naloxone) and addressed health equity. They also provided needed prevention, treatment, and recovery services to rural residents, including for children and adolescents, and pregnant and postpartum people.

In FY 2024, HRSA plans to continue funding for these programs and existing cooperative agreements that provide technical assistance, evaluation, and workforce development support. Additionally, HRSA will support approximately 16 new awards aimed at building the capacity of rural health organizations to establish, implement, and sustain new behavioral health care, including SUD, service lines in rural areas. HRSA will also re-compete the RCORP-Overdose Response and RCORP-Psychostimulant Support awards for 52 awards, totaling 68 new awards in FY 2024. HRSA will continue to solicit feedback from rural stakeholders and engage and partner with other Federal agencies to promote a coordinated approach to combatting this devastating epidemic and ensure HRSA's efforts are aligned with Administration priorities.

Finally, this request will enable HRSA to strengthen RCORP's commitment to reducing disparities in health outcomes and access among vulnerable populations.

Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.”

**Telehealth:** “The FY 2024 Budget Request for the Office for the Advancement of Telehealth of \$44.5 million is \$6.5 million above the FY 2023 Enacted Level. HRSA will continue to utilize telehealth to provide access to healthcare in rural and underserved areas. In FY 2024, HRSA will support the continuation of 38 existing grantees, and 27 new competitive grants to strengthen the networks and the technical assistance providers that support effective implementation of telehealth services. The Telehealth Network Grant Program and Licensure Portability Grant Program will be re-competed in FY 2024. The \$6.5 million increase will fund the continuation of the HHS Telehealth Hub, which includes Telehealth.hhs.gov and the corresponding promotional contract for Telehealth.hhs.gov, which allow for the rapid dissemination of critical telehealth resources for patients, providers, states, researchers, and other stakeholders through Telehealth.HHS.gov. In addition, the increase

will fund a contract for the Telehealth Data Collection Infrastructure, which is critical in allowing HRSA to track funding, projects, and data for telehealth services within HRSA. Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.”

**Substance Use Disorder Treatment and Recovery Loan Repayment Program:** “The STAR LRP provides for the repayment of educational loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average. The STAR LRP complements the NHSC SUD Workforce LRP as it is able to award loan repayment to more provider types and at a broader range of site types than those that are eligible for the NHSC SUD Workforce LRP. In FY 2024, HRSA will grant approximately 160 new awards to eligible providers.”

**NHSC Substance Use Disorder (SUD) Workforce LRP:** “The NHSC received a dedicated appropriation to expand and improve access to quality opioid and SUD treatment in rural and underserved areas nationwide in a variety of settings 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. In exchange for three years of service at an NHSC-approved SUD treatment facility, providers receive up to \$75,000 in loan repayment assistance to reduce their educational financial debt.”

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

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>Promoting Safe and Stable Families (PSSF)</b>	\$437,515,000	\$427,515,000	\$427,515,000	\$431,515,000	\$417,515,000	-\$14,000,000
<b>Regional Partnership Grant (RPG), mandatory</b>	\$10,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level
<b>Children and Families Services Programs</b>	\$12,876,652	\$13,040,511,000	\$13,438,343,000	\$14,618,437,000	\$14,829,100,000	+\$210,663,000
<b>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</b>	\$90,091,000	\$90,091,000	\$95,091,000	\$105,091,000	\$105,091,000	Level
<b>Child Welfare Services</b>	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level

**House Committee Report**

**Children and Families Services programs:** “The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations.”

**Child Abuse State Grants:** “This program provides formula grants to States to improve their child protective service systems.”

**Promoting Safe and Stable Families:** “The Committee provides \$345,000,000 in mandatory funds and \$86,515,000 in discretionary funds for the Promoting Safe and Stable Families program. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services.”

**Senate Committee Report:**

**Children and Families Services Programs:** “The Committee recommends \$14,801,100,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; survivors of child abuse, neglect, and domestic violence; and other vulnerable populations.”



**Child Abuse Prevention and Treatment State Grants:** “The Committee recommendation includes \$105,091,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.”

**Child Welfare Services:** “The Committee recommendation includes \$268,735,000 for Child Welfare Services. This formula grant program helps State and Tribal public welfare agencies improve their child welfare services 175 with the goal of keeping families together. These funds help States and Tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.”

**Promoting Safe and Stable Families:** “The Committee recommends \$417,515,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act (Public Law 74–271) and \$72,515,000 in discretionary appropriations.

This program enables States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.”

#### ***ACF Congressional Justification Language:***

**Regional Partnership Grants:** “\$20 million from mandatory funds are reserved for the RPG program, to provide services and activities to benefit children and families affected by a parent’s or caretaker’s substance use disorder, including opioid misuse, who come to the attention of the child welfare system. ACF made new grant awards in FYs 2017, 2018, 2019, and 2022 to improve the well-being of families and children affected by substance abuse and to build on the evaluation findings from previous RPG projects. Specifically, 17 grants were awarded in 17 states in FY 2017, 10 grants in 8 states in FY 2018, 8 grants in 8 states in FY 2019, and 18 grants in 14 states in FY 2022. In FY 2020 and FY 2021, funds supported non-competing continuations for multi-year projects. Results from previous RPG projects demonstrate that the majority of children at risk of removal remained in their parent’s custody following enrollment into RPG services. Among youth who were in an out-of-home placement, the rates of placement into permanent settings, including reunification with their parent(s), increased significantly in the year following RPG enrollment. In addition, the overall rates of child maltreatment decreased substantially in the year after enrollment in the RPG program.

In addition to the \$20 million in mandatory funding authorized in the statute, the FY 2018 – FY 2020 appropriations bills included additional discretionary funds for the RPG program. The FY 2018 and FY 2019 appropriations bills included an additional \$20 million in discretionary appropriations to increase funding for RPGs. Using these funds, ACF awarded 10 three-year RPG projects in FY 2018 and 8 five-year RPG projects in FY 2019. The Further Consolidated Appropriations Act, 2020 included an additional \$10 for the RPG program. The additional \$10 million provided a 24-month extension to each of the ten projects funded in FY 2018. This action allowed these grantees to continue building the evidence base in these fields through participation in both their on-going local evaluation and the national cross-site evaluation, as well as

providing services, including trauma-informed services, to families affected by parental or care-taker's substance-use disorder. This action aligned the ten RPG projects with all prior rounds of the RPG program, which have five-year project periods.”

**Children and Families Programs:** “The Children and Families Services Programs appropriations account incorporates funding for programs serving children, youth, families, Native Americans, victims of child abuse and neglect and domestic violence, and other populations. The FY 2024 request for discretionary Children and Families Services Programs is \$16.1 billion, an increase of \$1.5 billion from the FY 2023 enacted level.”

**CAPTA State Grants:** “The FY 2024 President's Budget request for CAPTA State Grants is \$125 million, an increase of \$19.9 million from the FY 2023 enacted level. The funding will assist states in strengthening their child protective service systems, better serve families affected by substance-use disorders, and support and enhance interagency and community-based collaborations to prevent child abuse and neglect by promoting child and family well-being. The funding will help states to improve their response to infants affected by substance-use disorders or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder by developing, implementing, and monitoring plans of safe care for these infants and their parents and caregivers.

For FY 2024, it is estimated that 56 awards will be made with an average award of \$2,203,125 and a range of \$78,138 to \$14,474,061.”

**Child Welfare Services:** “The FY 2024 President's Budget request for the Child Welfare Services Program is \$278.9 million, an increase of \$10.2 million from the FY 2023 enacted level. Of the increase, \$1.3 million will support grants to help improve state and tribal child welfare services programs with a goal of keeping families together when appropriate. Funding has remained at the enacted level of \$268.7 million since FY 2014, which has eroded the real value of the appropriation. Based on the requirements of the Trafficking Victims Prevention and Protection Reauthorization Act of 2022, \$8.9 million of the increase will be reserved to award competitive grants to enhance collaboration between state child welfare and juvenile justice systems to address the needs of dual status youth and their families.”

For FY 2024, an estimated 234 awards will be made with an average award of \$1,183,291 and a range from \$1,071 to \$28,213,136.

The Budget proposes to reauthorize Title IV-B, Subpart 1 of the Social Security Act, extending its statutory authority to FY 2029.”



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

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs FY 2023
<b>Drug Enforcement Administration</b>	\$2,279,153,000	\$2,386,263,000 <sup>13</sup>	\$2,421,522,000	\$2,563,116,000	\$2,567,000,000	+\$3,884,000
<b>Office of Justice Programs (OJP): Research, Evaluation, and Statistics</b>	\$79,000,000	\$82,000,000	\$70,000,000	\$77,000,000	\$65,000,000	-\$12,000,000
<b>Study on Law Enforcement Responses to Opioid Overdoses</b>	Not funded	Not funded	Not funded	\$1,000,000	Not funded	NA
<b>OJP: State and Local Law Enforcement Assistance</b>	\$1,829,000,000	\$1,914,000,000	\$2,213,000,000	\$2,416,805,000	\$2,350,061,000	-\$66,744,000
<b>Byrne Memorial Justice Assistance Grants</b>	\$348,800,000	\$360,100,000	\$381,900,000	\$770,805,000	\$924,061,000	+\$153,256,000
<b>Drug Data Research Center to Combat Opioid Abuse</b>	Not funded	Not funded	\$4,000,000 <sup>14</sup>	\$4,000,000	Not funded	NA
<b>Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)<sup>15</sup></b>	\$180,150,000	\$185,000,000	\$185,000,000	\$190,000,000	\$189,000,000	-\$1,000,000
<b>Drug Courts</b>	\$80,000,000	\$83,000,000	\$88,000,000	\$95,000,000	\$89,000,000	-\$6,000,000
<b>Justice and Mental Health Collaboration Program (JMHCP or MIOTCRA)</b>	\$33,000,000	\$35,000,000	\$40,000,000	\$45,000,000	\$40,000,000	-\$5,000,000
<b>Residential Substance Use Treatment (RSAT)</b>	\$31,160,000	\$34,000,000	\$40,000,000	\$45,000,000	\$35,000,000	-\$10,000,000
<b>Second Chance Act/Offender Reentry</b>	\$90,000,000	\$100,000,000	\$115,000,000	\$125,000,000	\$117,000,000	-\$8,000,000
<b>Veterans Treatment Courts</b>	\$23,000,000	\$25,000,000	\$29,000,000	\$35,000,000	\$32,000,000	-\$3,000,000
<b>Prescription Drug Monitoring</b>	\$31,000,000	\$32,000,000	\$33,000,000	\$35,000,000	\$35,000,000	Level
<b>Community Oriented Policing Services (COPS)</b>	\$343,000,000	\$386,000,000	\$511,744,000	\$662,880,000	\$664,516,000	+\$1,636,000
<b>Juvenile Justice Programs</b>	\$320,000,000	\$346,000,000	\$360,000,000	\$400,000,000	\$375,000,000	-\$25,000,000

**Final Omnibus Language:**

**Healthcare Reentry:** “The agreement directs BOP to conduct a comprehensive assessment of the effectiveness of BOP’s policies and procedures for facilitating enrollment in Medicaid or other health care coverage for inmates nearing reentry, and for helping to ensure continuity of care upon release from BOP custody. The agreement directs BOP to report on these efforts no later than 46 90 days after the enactment of this act. The agreement further directs BOP to assess the effectiveness of Federal prison healthcare, including any targeted assistance for facilitating enrollment in Medicaid or other health coverage for inmates nearing reentry. The agreement also encourages BOP to establish a

<sup>13</sup> This includes \$50,000,000 in Construction funding.

<sup>14</sup> The Drug Data Research Center to Combat Opioid Abuse is funded as a carve-out from the Byrne Memorial Justice Assistance Grants.

<sup>15</sup> Previously called the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) until FY 2023.

communication or coordination mechanism with state Medicaid agencies, or the Centers for Medicare & Medicaid Services, to facilitate the application and enrollment process for individuals leaving incarceration.”

**Naloxone:** “The agreement directs BOP to develop policies and procedures to train all staff in administering naloxone. The agreement further directs BOP to provide a report, no later than 180 days after the enactment of this act, detailing all efforts to train BOP employees to administer naloxone, how many BOP employees carry naloxone, how many times naloxone has been administered in BOP facilities during the previous 12 months, and how many overdoses occurred in BOP facilities during the previous 12 months.

**Inmate Treatment:** “The agreement encourages BOP to make abstinence-based relapse prevention treatment options available to inmates with a history of opioid dependence.”

**Roadmap to Reentry:** “The agreement encourages BOP to reestablish the principles identified in the Justice Department's "Roadmap to Reentry," and to begin the process of implementing these principles to improve the correctional practices and programs, including providing the following: (1) individualized reentry plans for individuals; (2) access to education, 47 employment training, life skills, substance abuse, mental health, and other programs; (3) resources and opportunities to build and maintain family relationships; ( 4) individualized continuity of care; and (5) comprehensive reentry-related information and access to resources.”

**Prescription Drug Monitoring Programs:** “The agreement strongly supports the goals of the Harold Rogers Prescription Drug Monitoring Program and is concerned that a recent BJA reinterpretation of grant rules has effectively prohibited states from using POMP grant funding to operate their PDMPs by requiring states to connect to a specific data hub solution in order to receive funding. The agreement notes that this is not consistent with allowing states to choose and operate the POMP and data sharing hubs of their choice and directs BJA to allow states to utilize POMP grant funding from the Harold Rogers Prescription Drug Monitoring Program to finance the POMP of their choice and to connect to the interstate data exchange hub of their choice.”

**Mentally Ill Offender Act:** “The Department is encouraged to prioritize Mentally Ill Offender Act grant funds for the operational expenses of mental health centers that assist those with severe mental health needs who are at risk of recidivism, such as crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry support, and supports funding levels for grants be commensurate with demonstrated community needs.”

**Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP):** “The agreement provides \$10,000,000 within COSS UP for grants to local nonprofits preventing substance use and misuse. BJA shall provide awards to local nonprofits working with law enforcement and community coalitions to educate youth in schools and in extracurricular programming on drug prevention. The agreement further directs the Department to prioritize nonprofit organizations with comprehensive approaches to combatting substance use, including investigations, treatment, and education.”

**Drug Court Grants:** “When administering drug court grants, the Department is encouraged to prioritize grants in rural and low-income areas with high rates of substance abuse and the Department is directed to submit a report, no later than 90 days after the enactment of this act, on the distribution of drug court grants authorized by Public Law 114-198, and that details the number of applications for awards, the grantees, and the funding levels of awards from fiscal years 2019 to 2024.”

**Edward Byrne Memorial Justice Assistance Grant Program:** “The Department is directed to continue following the directives in House Report 117-97 adopted by Public Law 117-103 on "Byrne Memorial Justice Assistance Grant (Byrne JAG) Formula program", and in the joint explanatory statement accompanying Public Law 117-103 on "Uses of Byrne-JAG Funds." The agreement reinforces that Byrne JAG funds may be used by state, local, and Tribal law enforcement to combat and prevent hate crimes, to hire and train cybercrime personnel, and to train law enforcement and emergency dispatch personnel in cybercrime and encourages the use of these funds to support canine programs. The agreement urges the Department to release Byrne JAG funds as expeditiously as possible and clarifies that Byrne JAG funding may not be made available for luxury items, real estate, or construction projects.”

**Medication-assisted Treatment:** “The agreement acknowledges concern about the impact of the growing epidemic of opioid and synthetic drug abuse and misuse on the law enforcement community and supports the use of Byrne JAG funds for the implementation of medication assisted treatment programs to assist individuals in maintaining abstinence from all abused or misused drugs.”

***House Committee Report Language:***

**Comprehensive Opioid, Stimulant & Substance Use Disorder Program (COSSUP):** “The Committee recommends \$190,000,000 for the Comprehensive Opioid, Stimulant & Substance Use Disorder Program. Of these funds, the recommendation includes \$17,000,000 for grants to assist State and local crime labs’ and medical examiner and coroner offices’ efforts to analyze evidence related to opioid and synthetic drug poisonings, among other purposes.”

**Prescription Drug Monitoring Programs:** “The Committee understands that virtually every State and U.S. territory has a prescription drug monitoring program (PDMP) that is connected and securely sharing critical controlled substance information for the purposes of addressing the abuse, misuse, or diversion of prescription drugs. The Committee strongly supports the goals of the Harold Rogers Prescription Drug Monitoring Program and is concerned that a recent BJA reinterpretation of grant rules has effectively prohibited States from using PDMP grant funding to operate their PDMPs. The Committee appreciates the importance of sharing PDMP data among States; however, the Committee is concerned that requiring States to connect to a specific data hub solution in order to receive funding will impede States’ responses to the opioid epidemic and is not consistent with allowing States to choose and operate the PDMP and data sharing hubs of their choice. The Committee directs BJA to allow States to utilize PDMP grant funding from the Harold Rogers Prescription Drug Monitoring Program to finance the PDMP of their choice and to connect to the interstate data exchange hub of their choice.”

**Drug Courts:** “The Committee encourages the Department to prioritize areas with high rates of substance abuse, and areas that are rural and low-income, when administering drug court grants. The Committee directs the Department to submit a report, no later than 90 days after the

enactment of this Act, on the distribution of drug court grants authorized by Public Law 114–198. The Committee notes that the report should detail the number of applications for awards, the grantees, and the funding levels of awards from fiscal years 2019 to 2024.”

***Senate Committee Report Language:***

**Edward Byrne Memorial Justice Assistance Grant Program:** “The Committee recommends \$799,139,000 for Byrne-JAG. Funding is not available for luxury items, real estate, or construction projects. The Department should expect State, local, and Tribal governments to target funding to programs and activities that conform to evidence-based strategic plans developed through broad stakeholder involvement. The Committee directs the Department to make technical assistance available to State, local, and Tribal governments for the development or update of such plans. Funding is authorized for law enforcement programs including those that promote data interoperability among disparate law enforcement entities; prosecution and court programs; prevention and education programs; corrections programs; drug treatment and enforcement programs; planning, evaluation, and technology improvement programs; and crime victim and witness programs, other than compensation.”

**Byrne-JAG and the Bipartisan Safer Communities Act:** In addition to the funding provided in this act, the Committee notes that an additional \$150,000,000 will be released to State, local, and Tribal governments this fiscal year under the Bipartisan Safer Communities Act [BCSA]. Government agencies and law enforcement can use BCSA funding for the following purposes, including, but not limited to: extreme risk protection order programs, drug courts, mental health courts, and veterans courts.”

**Uses of Byrne-JAG Funds:** “The Committee continues to recognize that novel equipment and technologies can improve public safety and public trust in criminal justice institutions. OJP is urged to promote awareness, through Statements on the OJP website, in “FAQs” and seminars, and in solicitation documents, that Byrne-JAG funds may be used for managed access systems and other cell phone mitigation technologies; fentanyl and methamphetamine detection equipment, including handheld instruments; opioid overdose reversal agents; virtual reality de-escalation training; humane remote restraint devices that enable law enforcement to restrain an uncooperative subject without requiring the infliction of pain; drug detection canines; and hiring and training of cybercrime analysts and investigators.”

**Second Chance Act [SCA] Grants:** “The recommendation provides \$125,000,000 for SCA grants. The Committee expects that SCA funding will support grants that foster the implementation of strategies that have been proven to reduce recidivism and ensure adults released from prisons and jails safely and successfully reenter their communities. The SCA supports activities such as employment assistance, substance abuse treatment including MAT options, housing, local transportation, mentoring, family programming, and victim support. SCA grants will also support demonstration projects designed to test the impact of new strategies and frameworks. Of the amounts provided in this section, \$10,000,000 is provided for the purposes of the Crisis Stabilization and Community Reentry Act of 2020 (Public Law 116–281), which also addresses the mental health and substance use disorder needs of individuals who are recently released from correctional facilities.

When awarding SCA grants, the Committee directs OJP to consider the impact of reentry of prisoners on communities in which a disproportionate number of individuals reside upon release from incarceration. OJP shall assess the reentry burdens borne by local communities and local law enforcement agencies; review the resources available in such communities to support successful reentry and the

extent to which those resources are used effectively; and make recommendations to strengthen the resources in such communities which are available to support successful reentry and to lessen the burden placed on such communities by the need to support reentry.”

**Comprehensive Addiction and Recovery Act [CARA] Programs:** “The Committee provides a total of \$445,000,000 for CARA programs, including \$95,000,000 for drug courts; \$35,000,000 for veterans treatment courts; \$45,000,000 for Residential Substance Abuse Treatment, including access to any of the three MAT options; \$35,000,000 for prescription drug monitoring; \$45,000,000 for the Mentally Ill Offender Act; and \$190,000,000 for the Comprehensive Opioid, Stimulant, and Substance Use Disorder Program [COSSUP].”

**Comprehensive Opioid, Stimulant, and Substance Use Disorder Program [COSSUP]:** “The Committee directs that funding for COSSUP programs focus on prevention and education efforts, effective responses to those affected by substance abuse, and services for treatment and recovery from addiction. Of the \$190,000,000 for COSSUP, no less than \$11,000,000 shall be made available for additional replication sites 125 employing the Law Enforcement Assisted Diversion [LEAD] model, with applicants demonstrating a plan for sustainability of LEAD model diversion programs; no less than \$5,500,000 shall be made available for education and prevention programs to connect law enforcement agencies with K–12 students; and no less than \$11,000,000 shall be made available for embedding social services with law enforcement in order to rapidly respond to drug overdoses where children are impacted.”

**Residential Substance Abuse Treatment [RSAT] Program:** “The Committee supports specialized residential substance abuse treatment programs for inmates with co-occurring mental health and substance abuse disorders or challenges. Given the strong nexus between substance abuse and mental illness in our prisons and jails, the Committee encourages the Attorney General to ensure that funds provided for residential substance abuse treatment for State prisoners are being used to treat underlying mental health disorders, in addition to substance abuse disorders.”

**Drug Courts:** “The Committee recognizes the importance of drug courts and the vital role that they serve in reducing crime among people with a substance use or mental health disorder. In recent years, drug courts have been on the front lines of the opioid epidemic and have become important resources for law enforcement and other community stakeholders affected by opioid addiction. The Committee applauds efforts already undertaken in communities across the country to utilize drug courts. The Committee encourages Federal agencies to continue to work with State and local governments and communities to support drug courts. The Committee supports the ability of drug courts to address offenders with co-occurring substance abuse and mental health problems, and supports court ordered assisted outpatient treatment programs for individuals struggling with mental illness. Within the funding provided for drug courts, the Committee encourages OJP to give attention to States and localities that have the highest concentrations of opioid-related cases, and to prioritize assistance to underserved areas whose criminal defendants currently have relatively little opportunity to access drug courts. The Committee encourages OJP to coordinate, as appropriate, with other Federal agencies such as the Department of Health and Human Services, as it implements these activities in order to avoid duplication. The Committee supports the work of mental health courts across the country. The Committee is concerned, however, by the high rates of re-incarceration among individuals with serious mental illness due to the inadequate access to care for or management of their illness and directs that the Department include appropriate long-acting medications, including injectable anti-psychotic medication, as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration.”

**Veterans Treatment Courts:** “The Committee continues to strongly support veterans treatment courts [VTCs]. An evaluation of VTCs funded by BJA found limitations in access to VTCs due to challenges in identifying veterans and also emphasized that veterans’ needs vary from other drug courts. The Committee supports the Department’s efforts to offer a broader range of tools to address program needs. The Committee directs BJA to submit a report on the feasibility of establishing a National Center for Veterans Justice designed to continuously enhance coordination of data, best practices, original research, and technical assistance to further evidence-based practices for justice-involved veteran interventions. The report shall include an evaluation of the Status Query and Response Exchange System and the Veterans Reentry Search Service; opportunities to increase collaboration and data sharing between Federal, State, and local government partners; recommended funding sources; and organizational structure options for the Center. BJA is further directed to submit this report to the Committee within 180 days of the date of the enactment of this act.”

**Juvenile Justice:** “The Committee’s recommendation provides \$415,000,000 for juvenile justice programs. The recommendation is \$15,000,000 above the fiscal year 2023 enacted level and \$345,000,000 below the budget request. The Committee strongly supports a comprehensive approach of substantial funding for a robust portfolio of programs that work to improve the lives of the youth in our communities. Title II State Formula and Title V Juvenile Delinquency Prevention grants are the backbone of programs assisting State and local agencies in preventing juvenile delinquency and ensuring that youth who are in contact with the juvenile justice system are treated fairly. Combined with other critical programs like youth mentoring, the Committee believes that a balanced level of programming is the way to best help at-risk and vulnerable youth and their families. The Committee encourages OJJDP to review its suite of grant programs in order to offer services and programs for children and youth who have experienced complex trauma.”

**Community Oriented Policing Services [COPS]:** “The Committee’s recommendation provides \$534,879,000 for community oriented policing services. The recommendation is \$128,001,000 below the fiscal year 2023 enacted level and \$116,121,000 below the budget request.”

***DOJ Congressional Justification Language:***

**Byrne Memorial Justice Assistance Grants:** Within the Edward Byrne Memorial Justice Assistance Grant program— Adds language that expands the use of funds under the Project Safe Neighborhoods carveout and. Adds carveouts for:

- Combatting contraband cell phone use in prisons; Criminal Justice Researcher-Practitioner Smart Suite program to improve justice system operations and outcomes; Developing child-friendly family visitation spaces in correctional facilities; Providing law enforcement officer training on racial profiling, de-escalation, and duty to intervene; A Forensic Science Research and Development program; and The establishment and support of one or more national centers on forensics.
- Deletes carveouts on:
  - Grants authorized under the Missing Persons and Unidentified Remains Act; Drug data research center to combat opioid abuse; Grants for institutions of higher learning to support forensic ballistics programs; Byrne Discretionary Community Project Grants; Purposes authorized under section 1506 of the 2022 Act; A program to improve virtual training for law enforcement; and Programs for cybercrime enforcement.



“This decrease will not have any direct effect on Byrne JAG formula grants to state, local, or tribal recipient since this cut is primarily due to the elimination of congressional-directed spending (CDS). These awards are made on a one-time basis and will not be continued in future years unless directed by Congress.”

**Comprehensive Addiction and Recovery Act related activities:** “Reductions are due to the elimination of program carveouts that are consolidated into new programs included in the FY 2024 budget request.”

**Office of Community Oriented Policing Services:** “In Fiscal Year (FY) 2024, the Office of Community Oriented Policing Services (COPS) requests a total of \$651,000,000, 100 positions and 86 FTE to further the Department of Justice’s (DOJ’s) goal to assist state, local, and tribal law enforcement agencies in their efforts to prevent crime, enforce laws, and represent the rights and interests of the American people. This request includes \$184 million in increases and \$196 million in decreases, for a net reduction of \$12 million below the FY 2023 Enacted level. Notably, the Budget excludes \$178 million appropriated for one-time projects in 2023. Funding highlights include:

- \$537 million for the COPS Hiring Program (CHP) to assist in hiring additional sworn law enforcement professionals, including the following set-asides:
  - \$40 million for Tribal Resources Grant Program;
  - \$6 million for Tribal Access Program (TAP);
  - \$8 million for the Law Enforcement Mental Health and Wellness Program;
  - \$35 million for Community Policing Development
  - \$40 million for Regional Information Shared Services (RISS); and
  - \$20 million for Collaborative Reform
- \$15 million for Anti-Methamphetamine Task Forces
- \$11 million for the Police Act Program
- \$35 million for Anti-Heroin Task Forces
- \$53 million for COPS School Violence Prevention Program

The Budget further requests \$2.175 billion in mandatory funding for the COPS Hiring Program (CHP) as part of the Safer America Plan. This proposal seeks to support 100,000 new police officers focused on community policing strategies to enhance public safety in our communities.”

**Drug Data Research Center to Combat Opioid Abuse:** “Within the Edward Byrne Memorial Justice Assistance Grant program—...Deletes carveouts on...Drug data research center to combat opioid abuse...”

**Drug Courts:** “The FY 2024 request will fund the Drug Court Program at \$88 million, which is equal to the FY 2022 Enacted funding levels. This reduction will lead to a modest adjustment in the number and size of awards, but will still provide adequate funding to support state, local, and tribal drug courts throughout the nation. Since awards made under this program awards remain available to grantees for a 36- to 48-month period of performance, grantees will also have access to remaining balances from prior years’ Drug Court awards during FY 2024. Although

this decrease will limit efforts to expand drug courts programs, OJP anticipates no significant long-term effects on overall program performance as a result of this decrease.”

**Juvenile Justice Programs:** “In FY 2024, the President’s Budget requests \$760 million in discretionary funding for the Juvenile Justice Programs account. This represents an increase of \$360 million above the FY 2023 Enacted level.”

**Justice and Mental Health Collaboration Program:** “In FY 2024, the President’s Budget requests \$40.0 million for the Justice and Mental Health Collaboration Program, which is a decrease of \$5.0 million below the FY 2023 Enacted level. The Justice and Mental Health Collaboration Program (JMHCP) promotes innovative cross system collaboration between law enforcement and mental health agencies and provides grants directly to states, local governments, and federally recognized Indian tribes. It is designed to improve responses to people with mental health (MHDs) or co-occurring mental health and substance use disorders (MHSUDs) who come in contact with the criminal justice system.”

Justification: “The reduction in funding will not have a major impact on the effectiveness of the program. The funding will support cross -system collaboration programs that improve or enhance public safety and public health responses to and outcomes for individuals with MHDs or MHSUDs, including individuals with traumatic brain injury and post-traumatic stress disorder who come in contact with the criminal justice system or are leaving a custodial setting. BJA provides grant funding to help public safety and behavioral health entities prepare, create, or expand comprehensive plans and then implement these collaborative projects. These funds can also be used to help jurisdictions develop ways to fully integrate 988, alternative response models, and support the necessary services to divert individuals away from the justice system.”

**Second Chance Act:** “In FY 2024, the President’s Budget requests a total of \$117.0 million Second Chance Act (SCA) programs, which represents a decrease of \$8.0 million below the FY 2023 Enacted funding level. This program assists communities in reducing recidivism and increasing public safety by helping individuals returning from prison, jail, or a juvenile correctional facility successfully reintegrate into their communities. The SCA program provides grants to help state, local, and tribal adult and juvenile corrections and public safety agencies, as well as nonprofit service providers, to implement and improve reentry services, including housing, education and employment assistance, mentoring programs, treatment for substance use and mental health disorders, and family support services.

Justification: “In FY 2024, the President’s Budget requests \$117.0 million for the Second Chance Act (SCA) program, a net decrease of \$8.0 million from the FY 2023 Enacted level. However, even with the funding decrease the funding level is \$2.0 million above the FY 2022 Enacted level. This decrease results from the discontinuation of funding for the Innovations in supervision (Smart Probation) program. As discussed above in the OJP Program Eliminations paper, the work of the Innovations in Supervision program will be integrated into the new Criminal Justice Researcher-Practitioner Smart Suite (funded as a carveout under the Byrne JAG program) under the FY 2024 budget request.”

**Veteran Treatment Courts:** “In FY 2024, the President’s Budget requests \$25.0 million for the Veterans Treatment Courts (VTCs), which is a decrease of \$10 million below the FY 2023 enacted level. This program is to provide VTCs and criminal justice professionals with resources needed to use research-based tools to assess risk and need of justice-involved veterans, using this to better connect them to effective

interventions to reduce recidivism and increase access to critical treatment and recovery support services. The requested funding will support the planning, implementation and enhancement of veteran's treatment courts, both at the local and tribal levels. The Veterans Treatment Court provides financial support, training and technical to implement or enhance the operations of Veterans Treatment Courts (VTCs). The program also supports the development of the veteran's treatment court model and knowledge about its effectiveness and how state, local and tribal VTC can coordinate resources with the Veterans Justice Officers out of the Department of Veterans Affairs (VA). The goal of the VTC program is to provide drug court and criminal justice professionals with the resources needed to implement, enhance, and sustain evidence-based drug court programs and systems for veterans with substance use disorders, and in some cases cooccurring mental health needs including PTSD resulting from their service....”

“Veteran's treatment courts are focused on their scope and target audience. They serve veterans who have criminal justice involvement who have been assessed as being high risk to commit crimes with high levels of behavioral health needs. This means that no more than about 10-15 percent of the overall number of persons with criminal justice involvement could be served by this court-based intervention. Given this focus and the significant increases in funding for VTCs in recent years, the Department is able to fund a large proportion of the applications received that focus on creating or enhancing veteran's treatment courts in recent years.

To ensure that resources are best spent and investments can be sustained over time, the Department recommends that funding be reduced slightly and continued at consistent levels to prior years. Moreover, to ensure maximum flexibility, the Department also recommends that funding be more flexible, allowing funds to be used to support veterans by offering a broader range of tools to address needs. Some funding would continue to support the expansion and enhancement of VTCs, but also to support other court diversion, probation, and reentry programs through identification of veterans, coordination with the VA and veterans' mentors and support for specialized behavioral health services and supports that address the unique needs of veterans. This will allow courts and other key partners to leverage their partnerships and expertise from their VTC work to reach and support veterans wherever they are in the criminal justice system.”



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

Program	FY 2020	FY 2021	FY 2022	FY 2023	Final FY 2024	FY 2024 vs. FY 2023
<b>Drug Free Communities (DFC) Program</b>	\$101,000,000	\$102,000,000	\$106,000,000	\$109,000,000	\$109,000,000	Level
<b>High Intensity Drug Trafficking Areas (HIDTA) Program</b>	\$285,000,000	\$290,000,000	\$296,600,000	\$302,000,000	\$298,579,000	-\$3,421,000
<b>Community-Based Coalition Enhancement Grants (CARA Grants)</b>	\$4,000,000	\$5,000,000	\$5,200,000	\$5,200,000	\$5,200,000	Level

**Final Omnibus Language:**

**High Intensity Drug Trafficking Areas Program:** “The agreement provides \$298,579,000 for the High Intensity Drug Trafficking Areas Program (HIDT A).”

**HIDTA Discretionary Funds:** “The agreement directs ONDCP to provide a detailed briefing to the Committees on projects using fiscal year 2024 HIDTA discretionary funds no later than 7 days after the allocation plan has been finalized. The briefing should include information on how the specific projects address demonstrated threats and advance priorities in the National Drug Control Strategy.”

**House Committee Report Language**

**High-Intensity Drug Trafficking Areas (HIDTA) Program:** “The Committee recommends \$296,600,000 for the HIDTA Program.”

- **Combatting Illegal Opioids and Fentanyl:** “Criminal networks engaged in narcotics trafficking and distribution of illegal opioids and fentanyl remain a national security concern. The Committee is aware the HIDTA program seized over 44 million dosage units of fentanyl in 2022, a more than 975 percent increase from 2020, and that 71,238 people died from fentanyl in the United States in 2021, up more than 20 percent from 2020. The Committee supports the HIDTA program’s work to combat fentanyl trafficking and overdose deaths and encourages ONDCP to identify software solutions that could enable information sharing and collaboration between the HIDTA program and Federal, State, local, and Tribal law

enforcement to uncover drug traffickers and their networks. The Committee particularly encourages ONDCP, in consultation with the HIDTA Directors, to prioritize discretionary funds towards programs that support fentanyl poisoning and overdose reduction and that enhance opioid and fentanyl seizure and interdiction activities.”

***Senate Committee Report Language:***

**Drug-Free Communities Support Program:** “The Drug-Free Communities [DFC] Support Program provides dollar-for-dollar matching grants of up to \$125,000 to local coalitions that mobilize their communities to prevent youth alcohol, tobacco, illicit drug, and inhalant abuse. Such grants support coalitions of youth; parents; media; law enforcement; school officials; faith-based organizations; fraternal organizations; State, local, and Tribal government agencies; healthcare professionals; and other community representatives. The DFC Support Program enables these coalitions to strengthen their coordination and prevention efforts, encourage citizen participation in substance abuse reduction efforts, and disseminate information about effective programs. The Committee provides \$109,000,000 for the continuation of the DFC Support Program. Of that amount, \$2,500,000 shall be for training and related purposes as authorized by section 4 of Public Law 107–82, as amended by section 8204 of Public Law 115–271.”

**High-Intensity Drug Trafficking Areas (HIDTA) Program:** “The Committee recommends an appropriation of \$301,600,000 for the HIDTA program, which is \$400,000 less than the fiscal year 2023 enacted level and \$11,400,000 more than the budget request. The Committee directs that funding shall be provided for the existing HDTAs at no less than the fiscal year 2023 level. ONDCP is directed to consult with the HDTAs in advance of deciding programmatic spending allocations for discretionary (supplemental) funding, taking particular note of areas with the highest rates of overdose deaths. The Committee recommendation specifies that up to \$4,000,000 may be used for auditing services and associated activities and \$2,000,000 is for the grants management system.”

***ONDCP Congressional Justification Language:***

**High Intensity Drug Trafficking Areas:** “For FY 2024, the estimated funding requirement for the High Intensity Drug Trafficking Areas program is \$290,200,000. This request is \$11,800,000 (3.9%) below the FY 2023 enacted level.”