



Fiscal Year 2026 Appropriations: Congressional Recommendations- SAMHSA Only

For questions or more information, please contact:

Rob Morrison, Executive Director, Rmorrison@nasadad.org

Dan Diana, Public Policy Associate, Ddiana@nasadad.org

Website: <https://nasadad.org>

Postal address: 1919 Pennsylvania Avenue NW, Suite M-250, Washington, DC 20006

Overview

This overview summarizes the President's proposed Fiscal Year (FY) 2026 funding for priority programs under the:

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

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Substance Abuse and Mental Health Services Administration (SAMHSA)¹

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant²

| Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|--|-----------------|---------------------|--|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant | \$2,008,079,000 | Level | Transferred to Behavioral Health Innovation Block Grant ³ | N/A | \$2,013,079,000 | +\$5,000,000 | \$2,028,079,000 | +\$20,000,000 |

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

Senate Committee Report Language on the SUPTRS Block Grant:

¹ The President's proposed budget for FY 2026 reflects HHS' proposed restructuring announced on March 27, 2025, including the consolidation of select programs from SAMHSA, HRSA, and other HHS operating divisions into the new Administration for a Healthy America (AHA).

² The FY 2023 omnibus package (H.R.2617) changed the name to the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.

³ The President's proposed budget for FY 2026 proposes to consolidate funding for the SUPTRS Block Grant, the Community Mental Health Services Block Grant (MHBG), and the State Opioid Response (SOR) Grants into a new, formula-based Behavioral Health Innovation Block Grant.

Substance Use Prevention, Treatment, and Recovery Services Block Grant: “The Committee provides \$2,028,079,000 for the SUPTRS Block Grant. This appropriation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78-410 as amended).

The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. In addition, States may use SUPTRS Block Grant funds to support medications and recovery support for the treatment of alcohol use and other substance use disorders, including to support peer recovery housing. The Committee also notes the importance of the block grant's 20 percent prevention set-aside, which is a vital source of primary prevention funding. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

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

Synar Compliance: “The Synar program monitors and enforces the prohibition on the sale or distribution of tobacco products to minors by requiring States to conduct random, unannounced inspections of tobacco retailers to prevent underage purchasing. The Committee notes that under the new Federal Tobacco 21 law, States that are out of compliance with Synar risk a 10 percent reduction in their SUPTRS Block Grant allocation. The Committee recognizes the role of Synar implementation under Tobacco 21 to increase tobacco retailer inspections, conduct retailer education, and recruit additional personnel to fulfill this public health obligation.”

House Committee Report Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: “The Committee includes \$2,013,079,000 for the SUPTRS Block Grant, which is a \$5,000,000 increase above the fiscal year 2025 enacted program level. Of the funds provided, \$79,200,000 shall be derived from evaluation set-aside funds available under section 241 of the PHS Act. The SUPTRS Block Grant is a critical component of each State’s publicly funded substance use disorder system designed to address all substance use disorders—including those related to alcohol. SUPTRS Block Grant funds may support initiatives related to alcohol in settings such

as emergency rooms and primary care offices. In addition, States utilize SUPTRS Block Grant funds to support alcohol use disorder treatment services in outpatient, intensive outpatient, and residential programs. Further, the Committee is also aware that SUPTRS Block Grant funds may be allocated to support medications for the treatment of alcohol use disorders, an important tool that should be available to those in need. The Committee also understands SUPTRS Block Grant funds are utilized by States to support recovery community organizations to provide recovery support for those with alcohol use disorders.

The Committee recognizes the critical role the block grant plays in State and Territory systems across the country, giving States and Territories the flexibility to direct resources to address the most pressing needs of their communities. The Committee also recognizes that the 20 percent prevention set-aside within the SUPTRS Block Grant is a vital source of funding for primary prevention.”

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

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

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.”

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

Additional Opioids Allocation – State Opioid Response (SOR) Grant

| Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|--|-----------------|---------------------|--|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| State Targeted Response (STR) to the Opioid Crisis Grants | Not funded | N/A | Not funded | N/A | Not funded | N/A | Not funded | N/A |
| State Opioid Response (SOR) Grants | \$1,575,000,000 | Level | Transferred to Behavioral Health Innovation Block Grant ⁴ | N/A | \$1,575,000,000 | Level | \$1,595,000,000 | +\$20,000,000 |

Senate Committee Report Language on the SOR Grants:

State Opioid Response Grants: “The Committee provides \$1,595,000,000 for grants to States to address the opioid crisis. Bill language provides not less than 4 percent for grants to Indian Tribes or tribal organizations. The Committee supports the 15 percent set-aside for States with the highest age-adjusted mortality rate related to substance use disorders, as authorized in Public Law 117-328. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on State ordinal ranking. Activities funded with this grant may include treatment, prevention, and recovery support services. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA's Web site. The Committee further directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and Territory SOR grantees, sub-recipients, and others addressing opioid use disorder and stimulant use disorder in their communities.”

⁴ The President's proposed budget for FY 2026 proposes to consolidate funding for the SUTPRS Block Grant, the Community Mental Health Services Block Grant (MHBG), and the State Opioid Response (SOR) Grants into a new, formula-based Behavioral Health Innovation Block Grant.

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

SOR Funding Cliffs: “The Committee continues to direct SAMHSA to avoid significant funding cliffs between States with similar opioid mortality data and to prevent unusually large changes in a State's SOR allocation when compared to the prior year's allocation. The Committee acknowledges SAMHSA's work to avoid cliffs in recent funding cycles, for instance, by expanding the number of States that are eligible for the 15 percent set-aside. SAMHSA shall submit to the Committees a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.”

Rural Opioid Technical Assistance Regional Centers [ROTA-R] Cooperative Agreements: “The Committee directs SAMHSA to maintain funding for the 10 cooperative agreements under the ROTA-R program at not less than the fiscal year 2024 level without consolidation of the program.”

House Committee Report Language on the SOR Grants:

State Opioid Response Grants: “The Committee includes \$1,575,000,000 for State Opioid Response (SOR) grants, which is the same as the fiscal year 2025 enacted program level. The Committee supports efforts from SAMHSA through SOR grants to expand access to substance use disorder treatments in rural and underserved communities, including through funding and technical assistance. Within the amount provided, the Committee includes a set-aside for Indian Tribes and Tribal organizations of not less than 5 percent.

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

Data Collection and Sharing Information: “The Committee recognizes the importance of data collection and reporting information to help inform grant recipients and subrecipients of effective Opioid Response interventions and to inform congressionally mandated reporting of the Opioid Response program. As noted in a December 2024 Government

Accountability Office report (GAO-25-106944), grant recipients have used Federal funds to support a variety of prevention, treatment, and recovery services. However, opportunities exist to improve data sharing and transparency, particularly about subrecipients of Opioid Response funding. Therefore, the Committee directs SAMHSA to finalize implementation of subrecipient data collection and reporting requirements for grant recipients as authorized under 42 U.S.C. §290ee-3a(c) and (f). The Committee further directs SAMHSA to publicly report aggregated, de-identified grantee data or other information about the use of Opioid Response funding for purposes of advancing best practices among grant recipients. The Committee requests SAMHSA brief the congressional committees of jurisdiction on its implementation plans no later than 90 days after the enactment of this Act.”

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

Cross-Cutting Behavioral Health⁵

| Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|---|---------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| Behavioral Health Innovation Block Grant | - | - | \$4,125,650,000 | N/A | - | N/A | - | N/A |
| Behavioral Health and Substance Use Disorder Resources for Native Americans | - | - | \$80,000,000 | N/A | - | N/A | - | N/A |

AHA Congressional Justification Language on Cross-Cutting Behavioral Health programs:

Behavioral Health Innovation Block Grant: “The new formula-based Behavioral Health Innovation Block Grant (BHIBG) combines the Community Mental Health Services Block Grant (MHBG), the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG), and the State Opioid Response (SOR) grants into a single grant. This consolidation aims to maximize states' flexibility in supporting mental health and substance use services to better address local needs. The BHIBG aims to support states in addressing critical gaps and unmet needs in their mental health and substance use disorder systems, collectively under the umbrella of behavioral health. In addition, the grant provides seed funding to pilot and expand evidence-based and promising practices. States are encouraged to explore innovative solutions that improve access, engagement, and outcomes for individuals at-risk for or with behavioral health needs, fostering sustainable and transformative change across communities and systems.

Under this consolidated funding, states will have the ability to fund various activities most fitting the needs of their communities, including addressing mental illness, and substance use prevention, treatment, and recovery services. The BHIBG will provide a significant safety net source of funding for some of the most at-risk populations in communities across the country and will give

⁵ The President's proposed budget for FY 2026 proposes to create two new “Cross-Cutting Behavioral Health” programs under AHA's Mental and Behavioral Health Division.

each state the flexibility to address the unique needs of their populations in ways that are most impactful. In addition, the BHIBG will allow states to plan, implement and evaluate the development and delivery of services for serious mental illness and serious emotional disturbances, crisis response, substance use disorder prevention, treatment, recovery, and overdose response including the development of comprehensive strategies focused on preventing, intervening, and promoting recovery from issues related to opioid use disorder. This could also include the promotion of improved business practices and use of health information technology, as well as more specific activities previously funded under the MHBG, SUPTR BG, SOR, and other eliminated programs.

The BHIBG's flexibility will make it a foundational support for public mental health and substance use disorder prevention, treatment, and recovery systems. Grant recipients can use funds for a variety of behavioral health services, as well as for planning, administration, implementation, and educational activities across the behavioral health continuum. Funds are expected to be used to ensure the development and support of behavioral health systems to adequately and efficiently provide services to more people in need.

The FY 2026 Budget Request for the Behavioral Health Innovation Block Grant is \$4.1 billion. This funding will continue to provide services to people with serious mental illness, people with serious emotional disturbances, and those in need of substance use prevention, treatment, and recovery services. Funding will also continue to provide specialized mental health and substance use prevention, treatment and recovery services for individuals with opioid use disorder, pregnant women, parents with dependents, and individuals with HIV."

Behavioral Health and Substance Use Disorder Resources for Native Americans: "The Administration for Healthy America is proposing funding for a new program that will provide resources to any health program administered directly by the Indian Health Service (IHS), a Tribal health program, an Indian Tribe, a Tribal organization, an Urban Indian organization, and a Native Hawaiian health organization. The funds for this program would be used to provide services for the prevention, treatment, and recovery from mental health and substance use disorders among American Indians, Alaska Natives, and Native Hawaiians. Eligible entities have would have latitude to develop programs that fit their unique needs and tailored to their community. Funding would be provided to eligible entities based on a budget formula developed in consultation with Indian Tribes and Tribal organizations, conference with Urban Indian organizations, and engagement with a Native Hawaiian health organization.

The FY 2026 Budget Request is \$80.0 million for this new program. Funding will be used to provide services for the prevention, treatment, and recovery from mental health and substance use disorders among American Indians, Alaska Natives, and Native Hawaiians and to maintain improvements in mental health and substance use services in identified tribal communities."

SAMHSA's Center for Substance Abuse Treatment (CSAT)⁶

| Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|---|---------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CSAT PRNS TOTAL | \$576,219,000 | Level | \$19,770,000 | -\$556,449,000 | \$420,884,000 | -\$155,335,000 | \$561,219,000 | -\$15,000,000 |
| Addiction Technology Transfer Centers (ATTCs) | \$9,046,000 | Level | \$9,046,000 | Level | \$9,046,000 | Level | \$9,046,000 ⁷ | Level |
| Building Communities of Recovery | \$17,000,000 | Level | Not funded | -\$17,000,000 | \$8,500,000 | -\$8,500,000 | \$17,000,000 | Level |
| Children and Families | \$30,197,000 | Level | Not funded | -\$30,197,000 | \$30,197,000 | Level | \$30,197,000 | Level |
| Comprehensive Opioid Recovery Centers (CORCs) | \$6,000,000 | Level | Not funded | -\$6,000,000 | \$8,000,000 | +\$2,000,000 | \$7,000,000 | +\$1,000,000 |
| Community Harm Reduction and Engagement Initiative | - | N/A | - | N/A | - | N/A | - | N/A |
| Criminal Justice Activities | \$94,000,000 | Level | Not funded | -\$94,000,000 | \$75,000,000 | -\$19,000,000 | \$80,000,000 | -\$14,000,000 |
| Drug Courts | \$74,000,000 | Level | Not funded | -\$74,000,000 | \$75,000,000 | +\$1,000,000 | \$74,000,000 | Level |
| Emergency Dept. Alternatives to Opioids | \$8,000,000 | Level | Not funded | -\$8,000,000 | \$8,000,000 | Level | \$8,000,000 | Level |
| First Responder Training (CARA) | \$57,000,000 | Level | Not funded | -\$57,000,000 | \$58,000,000 | +\$1,000,000 | \$59,000,000 | +\$2,000,000 |
| Rural Emergency Medical Services Training Grants | \$32,000,000 | Level | Not funded | -\$32,000,000 | \$33,000,000 | +\$1,000,000 | \$34,000,000 | +\$2,000,000 |

⁶ The President's proposed budget for FY 2026 proposes to transfer CSAT programs to the AHA's Mental and Behavioral Health Division under Substance Use Treatment Programs.

⁷ The Committee supports reinstating WASLI within the Addiction Technology Transfer Centers in order to close a significant gap in Federal support to strengthen and retain the women's substance use disorder services workforce.

FISCAL YEAR 2026 APPROPRIATIONS: CONGRESSIONAL RECOMMENDATIONS- SAMHSA ONLY

| Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|---|---------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CSAT PRNS TOTAL | \$576,219,000 | Level | \$19,770,000 | -\$556,449,000 | \$420,884,000 | -\$155,335,000 | \$561,219,000 | -\$15,000,000 |
| Grants to Develop Curricula for DATA Act Waivers | Not funded | N/A | Not funded | N/A | Not funded | N/A | Not funded | N/A |
| Grants to Prevent Prescription Drug Opioid Overdose | \$16,000,000 | Level | Not funded | -\$16,000,000 | \$16,000,000 | Level | \$16,000,000 | Level |
| Improving Access to Overdose Treatment | \$1,500,000 | Level | Not funded | -\$1,500,000 | \$1,500,000 | Level | \$1,500,000 | Level |
| Minority AIDS Initiative | \$66,881,000 | Level | Not funded | -\$66,881,000 | Not funded | -\$66,881,000 | \$66,881,000 | Level |
| Minority Fellowship Program | \$7,136,000 | Level | Not funded | -\$7,136,000 | \$7,136,000 | Level | \$7,136,000 | Level |
| Opioid Treatment Programs and Regulatory Activities | \$10,724,000 | Level | \$10,724,000 | Level | \$10,724,000 | Level | \$10,724,000 | Level |
| Peer Support Technical Assistance (TA) Center | \$2,000,000 | Level | Not funded | -\$2,000,000 | Not funded | -\$2,000,000 | \$2,000,000 | Level |
| Pregnant and Postpartum Women (PPW) | \$38,931,000 | Level | Not funded | -\$38,931,000 | \$38,931,000 | Level | \$38,931,000 | Level |
| Recovery Community Services Program | \$4,434,000 | Level | Not funded | -\$4,434,000 | \$4,434,000 | Level | \$4,434,000 | Level |
| Screening, Brief Intervention, and Referral to Treatment (SBIRT) | \$33,840,000 | Level | Not funded | -\$33,840,000 | Not funded | -\$33,840,000 | \$28,840,000 | -\$5,000,000 |
| Targeted Capacity Expansion (TCE)- General | \$122,416,000 | Level | Not funded | -\$122,416,000 | \$131,416,000 | +\$9,000,000 | \$122,416,000 | Level |

| Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|---|---------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CSAT PRNS TOTAL | \$576,219,000 | Level | \$19,770,000 | -\$556,449,000 | \$420,884,000 | -\$155,335,000 | \$561,219,000 | -\$15,000,000 |
| Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA) | \$111,000,000 | Level | Not funded | -\$111,000,000 | \$120,000,000 | +\$9,000,000 | \$111,000,000 ⁸ | Level |
| Treatment, Recovery, and Workforce Support | \$12,000,000 | Level | Not funded | -\$12,000,000 | \$12,000,000 | Level | \$12,000,000 | Level |
| Treatment Systems for Homeless | \$37,114,000 | Level | Not funded | -\$37,114,000 | Not funded | -\$37,114,000 | \$37,114,000 | Level |
| Youth Prevention and Recovery Initiative | \$2,000,000 | Level | Not funded | -\$2,000,000 | \$2,000,000 | Level | \$3,000,000 | +\$1,000,000 |

Senate Committee Report Language:

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

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

Drug Courts: “The Committee provides \$74,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that

⁸ The FY 2024 total for MAT-PDOA includes \$14,500,000 is for grants to Indian Tribes and Tribal Organizations.

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

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

First Responder Training: "The Committee provides \$59,000,000 for First Responder Training grants. Of this amount, \$34,000,000 is set aside for rural communities with high rates of substance use. In addition, \$13,500,000 of this funding is provided to make awards through a new award competition 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 recently reauthorized in the Supporting and Improving Rural EMS Needs Reauthorization Act (Public Law 118-84). The Committee directs SAMHSA to ensure funding is for new awardees and allows awards in amounts less than the maximum award amount to ensure nationwide funding."

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

Medication-Assisted Treatment: "The Committee includes \$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 Use Disorder: "The Committee urges SAMHSA to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder."

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

Opioid Treatment Program and Regulatory Activities: “The Committee is aware of the important work conducted by the Division of Pharmacologic Therapies [DPT] to facilitate the use of medications for opioid use disorders in combination with other evidence-based treatment and recovery support services. The Committee is also aware of the important role State alcohol and drug agencies play in leading this work at the State level. Therefore, the Committee urges CSAT/DPT to coordinate consistently with State alcohol and drug agencies across DPT's portfolio to ensure maximum efficiency and effectiveness.”

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.”

Opioid Use in Rural Communities: “The Committee is aware that response to the opioid use disorder crisis continues to pose unique challenges for rural America. Rural areas can struggle with limited access to care and there is a shortage of health professionals necessary for identifying, diagnosing, and treating patients with substance use disorders, as well as assisting individuals in recovery. As a result, responding to the opioid crisis in rural America requires a comprehensive approach, which may involve: an integrated approach to care; collaboration when appropriate with patients and their families; involvement of community partners and institutions; advancing competency and skills development for healthcare providers treating people with substance use disorders; training to provide care in a culturally responsive manner; and the use of technologies to ensure improved access to medically underserved areas through the use of telehealth and the addition of treatment programs where feasible. The Committee encourages SAMHSA to support initiatives to advance these objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.”

Pregnant and Postpartum Women Program: “The Committee includes \$38,931,000 for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services

for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”

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

Treatment Assistance for Localities: “The Committee recognizes the use of peer recovery specialists and mutual aid recovery programs that support medication-assisted treatment and directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support medications for substance use disorder 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. Additionally, the Committee encourages SAMHSA to review the workforce categories eligible for funding under the Treatment, Recovery, and Workforce Support Grant and report to the Committee within 180 days of enactment of this act on the percentage of current funding allocated to the development and training of substance use disorder providers. Substance use disorder counselors serve a critical role in supporting individuals as they go through treatment, counseling, case management, and other recovery-oriented services. The Committee encourages SAMHSA to review of the eligible workforce categories under this grant and include substance use disorder counselors where appropriate in order to further assist communities in their ability to grow the workforce pipeline and ultimately increase access to these services.”

Women's Addiction Services Leadership Institute: “The Committee is aware that CSAT implemented for 10 years an important workforce development initiative known as the Women's Addiction Services Leadership Institute [WASLI]. The program, which ended in 2018 due to insufficient funding, strengthened the capacity of emerging leaders to meet the needs of women with substance use disorders by developing participants' leadership skills and creating a network of the next generation of leaders in women's addiction services. A total of 112 emerging leaders graduated from WASLI and 56 coaches received training in

executive coaching. The Committee supports reinstating WASLI within the Addiction Technology Transfer Centers in order to close a significant gap in Federal support to strengthen and retain the women's substance use disorder services workforce."

House Committee Report Language:

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

Opioid Treatment Programs and Regulatory Activities: "The Committee provides \$10,724,000, which is the same as the fiscal year 2025 enacted program level, to support access to FDA approved medications for opioid use disorder through opioid treatment programs and to approve organizations that accredit opioid treatment programs."

Screening, Brief Intervention, and Referral to Treatment: "The Committee provides no funding for the Screening, Brief Intervention, and Referral to Treatment program in accordance with the President's Budget."

Targeted Capacity Expansion: "The Committee provides \$131,416,000 for the Targeted Capacity Expansion program including the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program (MAT-PDOA), which is a \$9,000,000 increase above the fiscal year 2025 enacted program level. These programs support State and local governments, Tribes, nonprofit organizations, and health care facilities to respond to treatment and capacity gaps for purposes of providing services to individuals with opioid use disorder. MAT-PDOA provides access to FDA approved medications for opioid use disorders to reduce opioid use and related deaths. The Committee directs SAMHSA to use the increase to support nonprofit treatment facilities engaged in community enhancement projects to improve the provision of services to rural communities in surrounding regions. Better access to care mitigates community safety risks while expanding treatment services and recovery support programs for patients and their families.

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

Grants to Prevent Prescription Drug/Opioid Overdose: “The Committee provides \$16,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths (PDO), which is the same as the fiscal year 2025 enacted program level. The PDO program trains first responders and other community providers on the prevention of prescription drug/opioid overdose-related deaths including through the purchase and distribution of naloxone.

The Committee notes that while fatal opioid overdose rates among young Americans have decreased, the issue remains a serious public health threat. Studies show that access to opioid overdose reversal agents such as naloxone reduce overdose deaths, therefore, the Committee encourages SAMHSA to provide schools access to and administration training for naloxone and other effective drug reversal agents.”

First Responder Training: “The Committee provides \$58,000,000 for First Responder Training program. This amount includes \$33,000,000 for Rural Emergency Medical Services Training Grants, which is a \$1,000,000 increase above the fiscal year 2025 enacted program level, 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 2025 enacted program level. The Pregnant and Postpartum Women program supports comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and other family members.”

Recovery Community Services Program: “The Committee provides \$4,434,000 for the Recovery Community Services Program, which is the same as the fiscal year 2025 enacted 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 2025 enacted program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations with co-occurring mental illnesses.”

Drug Courts: “The Committee provides \$75,000,000 for SAMSHA’s Drug Court initiative, which is a \$1,000,000 increase above the fiscal year 2025 enacted program level. 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 2025 enacted 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 \$8,500,000 for the Building Communities of Recovery program, which is a \$8,500,000 decrease below the fiscal year 2025 enacted program level and \$8,500,000 above the President's Budget. This program enables the development, expansion, and enhancement of recovery community organizations."

Peer Support Technical Assistance Center: "The Committee provides no funding for the Peer Support Technical Assistance Center in accordance with the President's Budget."

Comprehensive Opioid Recovery Centers: "The Committee provides \$8,000,000 for Comprehensive Opioid Recovery Centers, which is a \$2,000,000 increase above the fiscal year 2025 enacted program level. This program provides grants to entities that operate comprehensive treatment and recovery centers for individuals with opioid use disorder."

Emergency Department Alternatives to Opioids: "The Committee provides \$8,000,000 for the Emergency Department Alternatives to Opioids program, which is the same as the fiscal year 2025 enacted program level. This program provides funding to hospitals and emergency departments to develop and implement alternative pain management protocols and treatments that limit the prescribing of opioids in emergency departments."

Treatment, Recovery, and Workforce Support: "The Committee provides \$12,000,000 for the Treatment, Recovery, Workforce Support program, which is the same as the fiscal year 2025 enacted program level. This program supports individuals in substance use disorder treatment and recovery to live independently and participate in the workforce."

Youth Prevention and Recovery Initiative: "The Committee provides \$2,000,000 for the Youth Prevention and Recovery Initiative, which is the same as the fiscal year 2025 enacted program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations including those with co-occurring mental illnesses."

Minority Fellowship Program: “The Committee provides \$7,136,000, which is the same as the fiscal year 2025 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.”

AHA Congressional Justification Language:

Opioid Treatment Programs/Regulatory Activities: “The FY 2026 Budget Request for OTP of \$10.7 million. During FY 2026, OTP activities will be maintained. The Administration for a Healthy America will maintain the rate of onsite visits to OTPs and corresponding medication units in the nation, to advance implementation of Part 8 regulations and to enhance its oversight of the work of the accreditation bodies. The Administration for a Healthy America will continue to work with SOTAs and the OTP community on implementation of the revised OTP regulations, continue to support the Federal Bureau of Prisons (FBOP) with MOUD integration, provide training and technical support to states as they continue to integrate MOUD in state prisons, and continue to work with other federal partners to improve the capacity of criminal justice systems to provide the full complement of MOUD. In FY 2026, based on performance data from FY 2024, the Administration for a Healthy America expects to provide training to a total of 55,000 participants through the PCSS components.

In addition, the Administration for a Healthy America plans to award PCSS-U grants, plus cooperative agreements for PCSS-MOUD and PCSS-MAUD.”

Addiction Technology Transfer Centers: “The FY 2026 Budget Request for the Addiction Technology Transfer Centers program is \$9.0 million. At this level, the Administration for a Healthy America will fund cooperative agreements.”

SAMHSA's Center for Substance Abuse Prevention (CSAP)⁹

| Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|---|-----------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CSAP PRNS TOTAL | \$236,879,000 | Level | \$84,632,000 | -\$152,247,000 | \$205,009,000 | -\$31,870,000 | \$236,879,000 | Level |
| At-Home Prescription Drug Disposal Demonstration | Not funded | N/A | Not funded | N/A | Not funded | N/A | Not funded | N/A |
| Center for the Application of Prevention Technologies (CAPT) | \$9,493,000 | Level | \$9,493,000 | Level | \$9,493,000 | Level | \$9,493,000 | Level |
| Drug-Free Communities (DFC) Support Program | Funded in ONDCP | Funded in ONDCP | \$70,000,000 | -\$39,000,000 | Funded in ONDCP | Funded in ONDCP | Funded in ONDCP | Funded in ONDCP |
| Federal Drug-Free Workplace | \$5,139,000 | Level | \$5,139,000 | Level | \$5,139,000 | Level | \$5,139,000 | Level |
| Minority AIDS Initiative | \$43,205,000 | Level | Not funded | -\$43,205,000 | Not funded | -\$43,205,000 | \$43,205,000 | Level |
| Minority Fellowship Program | \$1,321,000 | Level | Not funded | -\$1,321,000 | \$1,321,000 | Level | \$1,321,000 | Level |
| Science and Service Program Coordination | \$4,072,000 | Level | \$4,072,000 | Level | \$4,072,000 | Level | \$4,072,000 | Level |
| Sober Truth on Preventing Underage Drinking (STOP Act) | \$14,500,000 | Level | Not funded | -\$14,500,000 | \$14,500,000 | Level | \$14,500,000 | Level |
| National Adult-Oriented Media | \$2,500,000 | Level | Not funded | -\$2,500,000 | \$2,500,000 | Level | \$2,500,000 | Level |

⁹ The President's proposed budget for FY 2026 proposes to transfer CSAP programs to the AHA's Mental and Behavioral Health Division under Substance Use Prevention Programs.

| Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|--|---------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| Public Service Campaign | | | | | | | | |
| Community Based Coalition Enhancement Grants | \$11,000,000 | Level | Not funded | -\$11,000,000 | \$12,000,000 | +\$1,000,000 | \$11,000,000 | Level |
| Intergovernmental Coordinating Committee on the Prevention of Underage Drinking | \$1,000,000 | Level | Not funded | -\$1,000,000 | Not funded | -\$1,000,000 | \$1,000,000 | Level |
| Strategic Prevention Framework-Partnerships for Success | \$135,484,000 | Level | Not funded | -\$135,484,000 | \$140,484,000 | +\$5,000,000 | \$135,484,000 | Level |
| Strategic Prevention Framework Rx | \$10,000,000 | Level | Not funded | -\$10,000,000 | Not funded | -\$10,000,000 | \$10,000,000 | Level |
| Tribal Behavioral Health Grants | \$23,665,000 | Level | Not funded | -\$23,665,000 | \$30,665,000 | +\$7,000,000 | \$23,665,000 | Level |

Senate Committee Report Language:

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

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

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

Strategic Prevention Framework: “The Committee provides \$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 recognizes that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation, as well as slow the pathways to addiction and overdose, and that demand for community-based primary prevention resources far outpaces available funding.”

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

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

House Committee Report Language:

Drug Free Communities: “The Committee notes that the Department proposes to transfer the Drug-Free Communities (DFC) from the Office of National Drug Control Policy (ONDCP) to the Administration for a Healthy America. DFC supports community-

based coalitions that engage multiple sectors of the community to prevent youth substance use. The Committee looks forward to working with the authorizing committees of jurisdiction as they consider this proposal.”

Strategic Prevention Framework: “The Committee provides \$140,484,000 for the Strategic Prevention Framework (SPF), which is a \$5,000,000 increase above the fiscal year 2025 enacted program level. SPF provides grants to States, Tribes, and local governmental organizations to prevent substance abuse. The Committee provides no funding for SPF Rx in recognition of the continually evolving nature of substance addiction and abuse. The Committee strongly believes that investing in prevention is essential to ending the substance abuse crisis, and supports the core SPF program, which is designed to prevent the onset of substance abuse, while strengthening prevention capacity and infrastructure. The Committee intends that this program supports comprehensive, multi- sector substance use prevention strategies to stop or delay the age of initiation of each State or local applicant’s most pressing substance use issues, as determined by the State and/or local epidemiological data.

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

Federal Drug Free Workplace: “The Committee provides \$5,139,000 for Federal Drug-Free Workplace Programs (DFWP), which is the same as the fiscal year 2025 enacted program level. DFWP ensures employees in national security, public health, and public safety positions are tested for the use of illegal drugs and the misuse of prescription drugs and ensures the laboratories that perform this regulated drug testing are inspected and certified by HHS.”

Sober Truth on Preventing Underage Drinking Act: “The Committee provides \$14,500,000 for the Sober Truth on Preventing Underage Drinking (STOP) Act, which is the same as the fiscal year 2025 enacted program level. 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 and provides grants to prevent and reduce alcohol use among youth under the age of 21. This program has also historically funded the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD).

The Committee is concerned that under the Biden Administration, funding for ICCPUD was diverted for purposes unrelated to preventing underage drinking. The Committee notes concern that ICCPUD carried out research on adult alcohol consumption and used those findings as input for the 2025 Dietary Guidelines for Americans. Furthermore, this research is duplicative as the Committee had previously allocated \$1,300,000 under section 772 of the Consolidated Appropriations Act, 2023, for an

independent study on alcohol consumption practices for the purposes of informing the Dietary Guidelines. These actions raise serious concerns about ICCPUD's ability to function within its scope and authority, maintain transparency with Congress, and prevent duplicative efforts. Therefore, the Committee provides no funding for the Interagency Coordinating Committee on the Prevention of Underage Drinking.

Tribal Behavioral Grants: "The Committee provides \$30,000,000, which is \$6,335,000 increase above the fiscal year 2025 enacted program level, to address the high incidence of substance abuse and suicide among the AI/AN population. Despite the recent national decline in drug overdose deaths, Tribal communities continue to experience disproportionately higher rates of illicit drug use, opioid misuse, misuse of prescription drugs, and fatal and non- fatal drug overdoses. The AI/AN population is also at higher risk of dying by suicide compared to the general U.S. population."

Fentanyl and Prescription Drug Misuse Prevention: "The Committee supports efforts to better educate the public and increase awareness about the potential lethality of fentanyl and polysubstance and other prescription drug misuses."

Center for the Application of Prevention Technologies: "The Committee provides \$9,493,000 for the Center for the Application of Prevention Technologies, which is the same as the fiscal year 2025 enacted program level, to improve implementation and delivery of effective substance use prevention interventions and provide training and technical assistance services to the substance use prevention field.

The Committee recognizes the Center for Substance Abuse Prevention and the Prevention Technology Transfer Centers for their work in implementing the Prevention Fellowship Program. This program supports early career prevention fellows in gaining hands on experience working in State alcohol and drug agencies. Fellows, coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and prepared for employment opportunities in the substance use prevention field.

The Committee directs the Secretary to expand eligibility for the Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently authorized for such grants."

Science and Service Activities: "The Committee provides \$4,072,000, which is the same as the fiscal year 2025 enacted program level, to support the adoption and use of effective substance use disorder prevention strategies across the continuum of

care, with a special focus on health systems. The program also supports the Tribal Training and Technical Assistance Center, which provides specialized training and assistance to improve Tribal behavioral health outcomes.”

Minority Fellowship Program: “The Committee provides \$1,321,000, which is the same as the fiscal year 2025 enacted program level, to provide stipends to increase the number of addiction and mental health professionals who teach, administer, conduct services research, and provide direct mental health or substance use disorder treatment services for minority populations. The Committee directs SAMHSA to ensure that Center for Substance Abuse Prevention funded fellowships focus on substance use disorder prevention related activities.”

AHA Congressional Justification Language:

Drug Free Communities: “The FY 2026 Budget Request for the Drug Free Communities program is \$70 million. This request will fund approximately 560 grant awards.”

Science and Service Activities: “The FY 2026 Budget Request is \$4.1 million. Funding will continue to improve efforts to collaborate across sectors and with external partners to promote wider adoption and application of effective SUD prevention strategies across the continuum of care and to help support community readiness in identified tribal communities through tribally focused and tribally specific technical assistance delivery.”

Federal Drug-Free Workplace: “The FY 2026 Budget Request is \$5.1 million. The funding continues to support the DFWP with implementing and maintaining Mandatory Guidelines for urine and oral fluid in the federally regulated drug testing program. This includes costs associated with laboratory proficiency testing specimens, application fees, inspector training, HHS pre-inspections for applicant laboratories, and HHS laboratory certification for new oral fluid testing laboratories. Along with the implementation of the oral fluid testing program, the Administration for a Healthy America will continue to pursue the implementation of hair testing and oversight of the Executive Branch Agencies’ DFWPs as well as continue its oversight role for the inspection and certification of the HHS-certified laboratories.”

Center for the Application of Prevention Technologies: “The FY 2026 Budget Request is \$9.5 million. This program is a key component to expanding and enhancing the prevention workforce and prevention capacity across states and communities in the U.S. The program includes support for funding to continue the PTTC Network to ensure consistent high quality, easily accessible technical assistance and training resources are available to the prevention field. In FY 2026, the Administration for a Healthy America 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. The Administration for a Healthy America anticipates grantees will provide trainings to approximately 39,774 participants."

SAMHSA's Center for Mental Health Services (CMHS)¹⁰

| CMHS Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|--|--------------------|---------------------|---|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CMHS PRNS TOTAL¹¹ | \$1,080,453,000 | Level | \$768,663,000 | -\$311,790,000 | \$958,467,000 | -\$121,986,000 | \$1,071,853,000 ¹² | -\$8,600,000 |
| Assisted Outpatient Treatment | \$21,420,000 | Level | \$21,420,000 | Level | \$26,420,000 | +\$5,000,000 | \$21,420,000 | Level |
| Assertive Community Treatment for Individuals with Serious Mental Illness (SMI) | \$9,000,000 | Level | Not funded | -\$9,000,000 | \$9,000,000 | Level | \$6,000,000 | -\$3,000,000 |
| Certified Community Behavioral Health Clinics (CCBHCs) | \$385,000,000 | Level | \$385,000,000 | Level | \$385,000,000 | Level | \$385,500,000 | +\$500,000 |
| Comprehensive Opioid Recovery Center (CORCs) | Funded within CSAT | Funded within CSAT | Funded within CSAT | Funded within CSAT | Funded within CSAT | Funded within CSAT | Funded within CSAT | Funded within CSAT |
| Community Mental Health Services (CMHS) Block Grant (MHBG) | \$1,007,571,000 | Level | Transferred to Behavioral Health Innovation Block Grant ¹³ | N/A | \$1,017,571,000 | +\$10,000,000 | \$1,007,571,000 | Level |

¹⁰ The President's proposed budget for FY 2026 proposes to transfer CMHS programs to the AHA's Mental and Behavioral Health Division under Mental Health Programs.

¹¹ CMHS PRNS total does not include the MHBG, CCBHCs, National Child Traumatic Stress Initiative, Children's Mental Health Services, PATH, or PAIMI.

¹² The Senate's proposed budget for CMHS PRNS for FY 2026 includes \$12,000,000 in transfers from the Prevention and Public Health (PPH) Fund.

¹³ The President's proposed budget for FY 2026 proposes to consolidate funding for the SUTPRS Block Grant, the Community Mental Health Services Block Grant (MHBG), and the State Opioid Response (SOR) Grants into a new, formula-based Behavioral Health Innovation Block Grant.

| CMHS Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|--|-----------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CMHS PRNS TOTAL¹¹ | \$1,080,453,000 | Level | \$768,663,000 | -\$311,790,000 | \$958,467,000 | -\$121,986,000 | \$1,071,853,000 ¹² | -\$8,600,000 |
| Children and Family Programs | \$7,229,000 | Level | Not funded | -\$7,229,000 | Not funded | -\$7,229,000 | \$7,229,000 | Level |
| Children's Mental Health Services | \$130,000,000 | Level | \$130,000,000 | Level | \$132,000,000 | +\$2,000,000 | \$130,000,000 | Level |
| Community Mental Health Centers | Not funded | N/A | Not funded | N/A | Not funded | N/A | Not funded | N/A |
| Consumer and Consumer Support Technical Assistance (TA) Centers | \$1,918,000 | Level | \$1,918,000 | Level | \$1,918,000 | Level | \$1,918,000 | Level |
| Consumer and Family Network Grants | \$4,954,000 | Level | Not funded | -\$4,954,000 | Not funded | -\$4,954,000 | \$3,954,000 | -\$1,000,000 |
| Criminal and Juvenile Justice Programs | \$11,269,000 | Level | Not funded | -\$11,269,000 | Not funded | -\$11,269,000 | \$11,269,000 | Level |
| Disaster Response | \$1,953,000 | Level | \$1,953,000 | Level | \$1,953,000 | Level | \$1,953,000 | Level |
| Eating Disorder Identification, Treatment, and Recovery | - | - | - | - | \$5,000,000 | N/A | - | - |
| Healthy Transitions | \$28,451,000 | Level | Not funded | -\$28,451,000 | \$28,451,000 | Level | \$18,451,000 | -\$10,000,000 |
| Homelessness | \$2,296,000 | Level | Not funded | -\$2,296,000 | Not funded | -\$2,296,000 | \$2,296,000 | Level |
| Homeless Prevention Programs | \$33,696,000 | Level | Not funded | -\$33,696,000 | Not funded | -\$33,696,000 | \$28,096,000 | -\$5,600,000 |
| Infant and Early Childhood Mental Health | \$15,000,000 | Level | Not funded | -\$15,000,000 | \$15,000,000 | Level | \$15,000,000 | Level |

| CMHS Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|---|-----------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CMHS PRNS TOTAL¹¹ | \$1,080,453,000 | Level | \$768,663,000 | -\$311,790,000 | \$958,467,000 | -\$121,986,000 | \$1,071,853,000 ¹² | -\$8,600,000 |
| Interagency Task Force on Trauma Informed Care | \$2,000,000 | Level | Not funded | -\$2,000,000 | \$2,000,000 | Level | \$2,000,000 | Level |
| Mental Health Crisis Response Grants | \$20,000,000 | Level | Not funded | -\$20,000,000 | Not funded | -\$20,000,000 | \$20,000,000 | Level |
| Mental Health System Transformation and Reform | \$3,779,000 | Level | Not funded | -\$3,779,000 | Not funded | -\$3,779,000 | \$3,779,000 | Level |
| Mental Health Awareness Training¹⁴ | \$27,963,000 | Level | Not funded | -\$27,963,000 | Not funded | -\$27,963,000 | \$27,963,000 | Level |
| Mental Health Minority Fellowship Program | \$11,059,000 | Level | Not funded | -\$11,059,000 | \$11,059,000 | Level | \$11,059,000 | Level |
| Minority AIDS | \$9,224,000 | Level | Not funded | -\$9,224,000 | Not funded | -\$9,224,000 | \$9,224,000 | Level |
| National Child Traumatic Stress Initiative | \$98,887,000 | Level | \$98,887,000 | Level | \$100,887,000 | +\$2,000,000 | \$98,887,000 | Level |
| 988 and Behavioral Health Crisis Services (988 Program)¹⁵ | \$519,618,000 | Level | \$519,618,000 | Level | \$519,618,000 | Level | \$534,618,000 | +\$15,000,000 |
| Behavioral Health Crisis and 988 Coordinating Office | Not funded | N/A | Not funded | N/A | Not funded | N/A | Not funded | N/A |

¹⁴ Formerly Mental Health First Aid.

¹⁵ The Suicide Lifeline was realigned to the 988 and Behavioral Health Crisis Services program in FY 2023.

| CMHS Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|---|-----------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CMHS PRNS TOTAL¹¹ | \$1,080,453,000 | Level | \$768,663,000 | -\$311,790,000 | \$958,467,000 | -\$121,986,000 | \$1,071,853,000 ¹² | -\$8,600,000 |
| National Strategy for Suicide Prevention | \$28,200,000 | Level | \$28,200,000 | Level | \$30,200,000 | +\$2,000,000 | \$28,200,000 | Level |
| <i>Zero Suicide</i> | \$26,200,000 | Level | \$26,200,000 | Level | \$23,800,000 | -\$3,000,000 | \$26,200,000 | Level |
| <i>Zero Suicide American Indian & Alaska Native</i> | \$3,400,000 | Level | \$3,400,000 | Level | \$4,400,000 | +\$1,000,000 | \$3,400,000 | Level |
| Garrett Lee Smith Youth Suicide Prevention - State Grants | \$43,806,000 | Level | \$43,806,000 | Level | \$46,806,000 | +\$3,000,000 | \$43,806,000 | Level |
| Garrett Lee Smith Youth Suicide Prevention - Campus Grants | \$8,488,000 | Level | \$8,488,000 | Level | \$12,488,000 | +\$4,000,000 | \$8,488,000 | Level |
| Garrett Lee Smith - Suicide Prevention Resource Center | \$11,000,000 | Level | \$11,000,000 | Level | \$11,000,000 | Level | \$11,000,000 | Level |
| AI/AN Suicide Prevention Initiative | \$3,931,000 | Level | \$3,931,000 | Level | \$4,931,000 | +\$1,000,000 | \$4,931,000 | +\$1,000,000 |
| Practice Improvement and Training | \$7,828,000 | Level | \$7,828,000 | Level | \$7,828,000 | Level | \$7,828,000 | Level |
| Primary and Behavioral Health Care Integration | \$55,877,000 | Level | Not funded | -\$55,877,000 | \$55,877,000 | Level | \$55,877,000 | Level |
| Primary and Behavioral Health Care Integration Technical Assistance (TA) | \$2,991,000 | Level | Not funded | -\$2,991,000 | \$2,991,000 | Level | \$2,991,000 | Level |

| CMHS Program | Final FY 2025 | FY 2025 vs. FY 2024 | President's FY 2026 Request | President's FY 2026 vs. FY 2025 | House FY 2026 Recommendation | House FY 2026 vs. FY 2025 | Senate FY 2026 Recommendation | Senate FY 2026 vs. FY 2025 |
|--|-----------------|---------------------|-----------------------------|---------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------|
| CMHS PRNS TOTAL¹¹ | \$1,080,453,000 | Level | \$768,663,000 | -\$311,790,000 | \$958,467,000 | -\$121,986,000 | \$1,071,853,000 ¹² | -\$8,600,000 |
| Project AWARE | \$140,001,000 | Level | \$120,501,000 | -\$19,500,000 | \$126,551,000 | -\$13,450,000 | \$140,001,000 | Level |
| Projects for Assistance in Transition from Homelessness (PATH) | \$66,635,000 | Level | \$66,635,000 | Level | \$66,635,000 | Level | \$66,635,000 | Level |
| Project LAUNCH | \$23,605,000 | Level | Not funded | -\$23,605,000 | Not funded | -\$23,605,000 | \$18,605,000 | -\$5,000,000 |
| Protection and Advocacy for Individuals with Mental Illness (PAIMI) | \$40,000,000 | Level | \$14,146,000 | -\$25,854,000 | \$40,000,000 | Level | \$40,000,000 | Level |
| Seclusion & Restraint | \$1,147,000 | Level | Not funded | -\$1,147,000 | \$1,147,000 | Level | \$1,147,000 | Level |
| Tribal Behavioral Health Grants | \$22,750,000 | Level | Not funded | -\$22,750,000 | \$30,000,000 | +\$7,250,000 | \$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) |
|---|--|---|---|
| Community Mental Health Services Block Grant | \$1,650,000,000 | \$1,500,000,000 | \$250,000,000 |
| Certified Community Behavioral Health Clinics (CCBHCs) | \$600,000,000 | \$420,000,000 | Planning grants - \$40,000,000 (through CMS to all States.) |
| Project AWARE | \$50,000,000 | \$30,000,000 | \$240,000,000 |
| Suicide Prevention | \$50,000,000 | \$20,000,000 | Not funded |
| National Traumatic Stress Network | \$10,000,000 | \$10,000,000 | \$40,000,000 |

| | | | |
|--------------------------------------|---------------|------------|---------------|
| Emergency Grants to States | \$240,000,000 | Not funded | Not funded |
| Mental Health Awareness Training | Not funded | Not funded | \$120,000,000 |
| National Suicide Prevention Lifeline | Not funded | Not funded | \$150,000,000 |

Senate Committee Report Language:

988 Suicide and Crisis Lifeline [988 Lifeline]: "Suicide is a leading cause of death in the United States, claiming over 49,000 lives in 2023. The Committee provides \$534,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the 988 Lifeline and enable the program to continue to respond in a timely manner to an increasing number of contacts. The 988 Lifeline coordinates a network of independently operated crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The Committee requests a briefing within 90 days of enactment, and quarterly briefings thereafter, on the 988 Lifeline spend plan and related activities."

988 Performance Metrics: "The Committee directs SAMHSA to maintain a publically available Web site, to be updated monthly, which provides data on the total number calls, texts, and chats routed through 988. The metrics should include the answer rate, response time, and contact length by contact type and the total number of contacts by service type."

988 Program Integrity: "The Committee remains concerned about the suicide rates among youth and young adults. The Committee recognizes the vital services provided through the 988 Lifeline and the important role of State partners in suicide prevention and behavioral health. As States establish and develop 988 programs, the Committee encourages SAMHSA to ensure States have the flexibility to use a technology platform that allows for low wait times and that facilitates a seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, and ensures that sensitive user data is being safeguarded and protected. The Committee requests SAMHSA include information on 988 program integrity activities, including with respect to safeguarding 988 user data and privacy, and a review of work with States and other 988 program partners in the 988 Lifeline spend plan briefing."

988 Lifeline Text and Chat-Based Capabilities: "The Committee encourages SAMHSA to continue to make funding competitively available to chat and text backup centers to provide the capacity and infrastructure to handle contacts from vulnerable youth through calls, chats, and texts, including efforts to improve local text and chat answer rates. Within the total for the 988 Lifeline, the Committee continues \$10,000,000 for specialized services for Spanish speakers seeking

access to 988 services through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.

The Committee supports SAMHSA's efforts to ensure access to the 988 Lifeline through various forms of communication, including phone calls, text and chat functions, and video services through American Sign Language for Americans who are deaf or hard of hearing."

Adolescent and Young Adult Awareness of the 988 Lifeline: "The Committee encourages SAMHSA to coordinate with the relevant Departments and young adult behavioral health stakeholders, such as stakeholders serving secondary school and postsecondary students, to increase adolescent and young adult awareness of 988, including via the publication of 988 on newly-printed standard issue student identification cards."

Specialized Services for Youth: "The Committee restores \$33,100,000 for these services and instructs SAMHSA to follow the directives included in Senate Report 118-84."

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

Youth-to-Youth Peer Support: "The Committee recognizes that young people are uniquely situated to provide peer support for teens and young adults who are struggling with their mental health. The Committee is also aware that youth-to-youth engagement, when conducted by youth with professional support and training, has proven effective at reaching young people in crisis but is currently underused across the Nation. The Committee encourages SAMHSA to ensure that the 988 Lifeline maintains appropriate capacity, training, and referral capabilities to support youth who contact the Lifeline for help, including through peer services. The Committee further encourages SAMHSA to consider partnering with a nonprofit organization that has delivered youth-to-youth crisis intervention and hotline services to establish continuous coverage for peer support services."

Garrett Lee Smith Youth Suicide Prevention: “The Committee provides \$43,806,000, of which \$12,000,000 is included in transfers from the PPH Fund, for Garrett Lee Smith Youth Suicide Prevention programs, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee includes \$11,000,000 for the Garrett Lee Smith Youth Suicide Prevention Resource Center.”

Garrett Lee Smith Campus Suicide Prevention Grant Program: “The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under-resourced. The Committee understands that campus-based student groups that both educate and train students on primary prevention and intervention for those at risk of experiencing mental health and substance use disorders can be beneficial in increasing the likelihood classmates will seek treatment. The Committee recommends SAMHSA encourage applicants to seek input from relevant stakeholders, including student-serving mental health groups on campus, to better reach students in need of support. Additionally, the Committee directs SAMHSA to continue the waiver of matching funds for minority-serving institutions and community colleges included in the 2024 funding notice and as directed in Public Law 118-47. This will help meet these growing needs and address disparities in access to mental health services. The Secretary may continue to waive such requirement with respect to an institution of higher education not covered by those definitions, if the Secretary determines that extraordinary need at the institution justifies the waiver.”

Healthy Transitions: “The Committee includes \$18,451,000 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 in 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 includes \$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. The Committee encourages the Task Force to collaborate with the National Child Traumatic Stress Network on these activities.”

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 health disorders. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program. Additionally, SAMHSA is encouraged to prioritize grants to eligible entities that will serve within States where there is a high prevalence of adverse childhood experiences and youth substance use disorders.”

Mental Health Crisis Response Grants: “The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee includes \$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 again 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.”

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 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 includes \$3,400,000 for AI/AN within Zero Suicide.

The Committee also notes with concern that suicide has been the leading cause of death for Asian American, Native Hawaiian, and Pacific Islander [AANHPI] youth ages 10 through 24 in recent years. The Committee encourages SAMHSA to examine the prevalence and causes of behavioral health conditions among AANHPI youth, including by identifying ways to address this disparity and improve access to behavioral healthcare for AANHPI youth."

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

Further, the Committee directs SAMHSA to prioritize populations with co-occurring conditions of serious mental illness or substance use disorders, along with chronic physical conditions, including those defined as "special populations" under 42 U.S.C. 290bb-42(a)(4). Finally, the Committee directs SAMHSA to coordinate with HRSA to facilitate dissemination of technical information on screening at-risk patients in integrated care models to Federally Qualified Health Centers and Rural Health Clinics."

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 2027 CJ.

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 community violence and collective trauma. These grants should maintain the same focus as fiscal year 2024 grants.

SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants. The Committee requests a report on progress of grantees in the fiscal year 2027 CJ.

The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families and the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs \$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).

Project AWARE helps Tribes and tribal organizations to develop sustainable school-based mental health programs and services. Within the funds made available for Project AWARE, the Committee urges SAMHSA to consider the needs of Tribes and tribal organizations.”

Community Mental Health Services Block Grant: “The Committee provides \$1,007,571,000 for the Mental Health Block Grant. This appropriation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78-410 as amended).

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

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

AI/AN: “The Committee recognizes that AI/AN populations in the United States have higher rates of illicit drug use, opioid misuse, and misuse of prescription drugs compared to other racial groups. The Committee encourages SAMHSA to consider the needs of Indian Tribes and tribal organizations within the MHBG.”

Children's Mental Health Services: “The Committee provides \$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 provides \$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 provides \$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 provides \$98,887,000 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.

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

Certified Community Behavioral Health Clinics [CCBHC]: “The Committee includes \$385,500,000 for the CCBHC expansion program, which allows communities to improve access to mental health and substance use disorder treatment services.

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

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

Data Infrastructure: “The Committee encourages SAMHSA to develop a CCBHC data infrastructure and data repository program while establishing a data reporting partnership with at least one State currently operating a Statewide CCBHC network. With more than 500 CCBHCs operating in 46 States, it is incumbent upon the agency to assure a high level of accountability in concert with expanded access to intensive community-based services for persons with serious mental illness and substance use disorders. Within 90 days of enactment of this act, the Committee requests a briefing from SAMHSA on opportunities to undertake this project using the funds provided.

Integrated Care: “The Committee recognizes that individuals living with serious mental illnesses and substance use disorders face higher risks for developing chronic physical conditions commonly associated with long-term use of certain mental health medications, including diabetes, cardiovascular disease, and medication-induced movement disorders. The Committee provides \$500,000 to expand technical assistance to improve integrated care through the CCBHC State Technical Assistance Center and the CCBHC Expansion Grantee National Training and Technical Assistance Center. This technical assistance and training will enhance routine screening, prevention, and early intervention for physical health conditions commonly associated with long-term use of antipsychotic medications.”

Eligible Audiences: "In alignment with the President's budget request, the Committee affirms that funding under this line may be used to support CCBHC technical assistance for CCBHC expansion grant recipients, State CCBHCs outside of the expansion program, States in the CCBHC Demonstration program, States planning to be part of the Demonstration, States with CCBHC programs independent of the Demonstration, and States considering adopting the CCBHC model."

Planning Grants: "The Committee permits SAMHSA to use funds under this program for cooperative agreements for CCBHC State planning grants, authorized by section 223(c) of PAMA (Public Law 113-93), to support States in developing and implementing certification systems for CCBHCs, establish Prospective Payment Systems for Medicaid reimbursable behavioral health services, and prepare an application to participate in a 4-year CCBHC Demonstration program."

House Committee Report Language:

988 Suicide and Crisis Lifeline: "The Committee provides \$519,618,000 for the 988 Suicide & Crisis Lifeline, which is the same as the fiscal year 2025 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."

Campus Awareness Activities: "The Committee encourages HHS, in coordination with the Department of Education and relevant State and local stakeholders, to increase awareness of the 988 Lifeline among college students, including the publication of 988 on newly-printed standard issue student identification cards."

Program Integrity: "The Committee recognizes the vital work of the 988 Lifeline service and the important role of State partners in suicide prevention and behavioral health. As States continue to establish and develop 988 programs, the Committee directs SAMHSA to maintain State choice in their technology platform. States should have the flexibility to utilize a platform that best facilitates seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, incorporates robust cybersecurity standards, and ensures that sensitive user data is being safeguarded and protected. In addition, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA's 988 program integrity activities, including with respect to safeguarding 988 user data, strengthening 988 cybersecurity infrastructure, and responding to feedback from States and other 988 program partners."

Public Awareness and Education Activities: "The Committee remains concerned that suicide is a leading cause of death in the United States, with particular concern regarding the suicide rates among youth, adolescents, young adults, veterans,

and rural and underserved communities. The Committee notes that despite studies repeatedly demonstrating that crisis intervention services such as 988 are effective in reducing suicidal ideation and providing support to individuals in crisis, public awareness of the 988 Lifeline remains below 50 percent. Therefore, the Committee directs SAMHSA to prioritize funding for 988 public awareness and education activities targeted toward all high-risk populations. The Committee requests that SAMHSA include an update in the fiscal year 2027 congressional justification on the agency's progress in addressing disparities in public awareness and utilization of the 988 Lifeline, including the allocation of funds for carrying out public awareness and education activities.

Tribal Capacity Building: "Tribal Nations continue to face unique challenges with fully adopting 988 services, including access to technology and crisis support services, intergovernmental coordination, and culturally responsive mental health services. Therefore, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA's 988 crisis capacity activities as they relate to Tribal communities funded under the Bipartisan Safer Communities Act (P.L. 117-159)."

Assisted Outpatient Treatment for Individuals With Serious Mental Illness: "The Committee provides \$26,420,000 for Assisted Outpatient Treatment for Individuals with Serious Mental Illness (AOT), which is a \$5,000,000 increase above the fiscal year 2025 enacted program level, to deliver outpatient treatment under a civil court order to adults with a serious mental illness who meet State civil commitment AOT criteria, such as prior history of non-adherence to treatment, repeated hospitalizations, or arrest. The Committee notes that AOT may reduce psychiatric hospitalizations, emergency department visits, and incarceration rates while improving health outcomes and treatment satisfaction and adherence. The Committee encourages HHS to continue supporting the implementation and evaluation of new AOT programs, including the continued support for the technical assistance center. The Committee notes ongoing assessment challenges of existing AOT programs and urges the Department to identify program metrics that can be reliably reported by grantees for the purpose of assessing the grant program's effectiveness. The Department should also continue to work with grantees to ensure that their programs are consistent with the goals of the AOT program and focused on serving participants who would not otherwise agree to participate in treatment voluntarily."

Certified Community Behavioral Health Clinics: "The Committee provides \$385,000,000 for the CCBHC program, which is the same as the fiscal year 2025 enacted program level. CCBHCs are designed to ensure access to coordinated, comprehensive behavioral health care by providing services for mental health and substance use disorders to all who request them, regardless of age or ability to pay. CCBHCs provide access to crises services around the clock, support outpatient mental health and substance use treatment, and provide community-based mental health care for veterans."

Technical Assistance and Screening for Physical Health Conditions: “The Committee recognizes that individuals living with serious mental illnesses and substance use disorders face higher risks for developing chronic physical conditions commonly associated with long-term use of certain mental health medications, including diabetes, cardiovascular disease, and medication-induced movement disorders. The Committee encourages SAMHSA to expand technical assistance to improve integrated care through the CCBHC State Technical Assistance Center and the CCBHC Expansion Grantee National Training and Technical Assistance Center. This technical assistance and training would enhance routine screening, prevention, and early intervention for physical health conditions commonly associated with long-term use of antipsychotic medications, particularly among high-risk populations. The Committee further encourages SAMHSA to coordinate with HRSA to facilitate dissemination of technical information on screening at-risk patients in integrated care models to Federally Qualified Health Centers and Rural Health Clinics.”

Children’s Mental Health Services: “The Committee provides \$132,000,000 for Children’s Mental Health Services, which is a \$2,000,000 increase above the fiscal year 2025 enacted program level, to fund grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, and/or other mental health disorders. Grants assist States, local jurisdictions, and Tribes in developing integrated systems of community care. The Committee directs SAMHSA to continue supporting grant funding and the technical assistance center, including increasing mental health services and supports for children and youth.”

Mental Health Services Block Grant: “The Committee provides \$1,017,571,000 for the MHBG, which is \$10,000,000 above the fiscal year 2025 enacted program level. Of the funds provided, \$21,039,000 shall be derived from evaluation set-aside funds available under section 241 of the PHS Act. The MHBG provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the 10 percent set-aside within the MHBG for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders among at-risk youth and young adults, and the 5 percent set-aside for crisis-based services. The Committee notes that, consistent with State plans, communities may choose to direct additional funding to crisis stabilization programs.”

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

National Child Traumatic Stress Initiative: “The Committee provides \$100,887,000 for the National Child Traumatic Stress Initiative (NCTSI), which is a \$2,000,000 increase above the fiscal year 2025 enacted program level, to increase access to effective trauma and grief focused treatment and services systems for children, adolescents, and their families, who experience traumatic events. The Committee recognizes NCTSI’s network for building, evaluating, disseminating, and delivering evidence- based services and best practices to prevent and mitigate the impact of exposure to trauma among children and families. The Committee encourages SAMHSA to continue awarding new Category I, II, and III grants to meet core mission activities of NCTSI, support collaboration among grantees, and expand the capacity of current National Child Traumatic Stress Network grantees for activities related to child trauma.”

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

Protection and Advocacy for Individuals With Mental Illness: “The Committee provides \$40,000,000 for the Protection and Advocacy for Individuals with Mental Illness program (PAIMI), which is the same as the fiscal year 2025 enacted program level, to support legal-based advocacy services to ensure the rights of individuals with mental illness, protect and advocate for these rights, and investigate incident of abuse and/or neglect. The Committee notes that Federal funding continues to supplement non-Federal funds available to States for PAIMI activities.”

Seclusion and Restraint: “The Committee provides \$1,147,000, which is the same as the fiscal year 2025 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 \$126,551,000 for Project AWARE (Advancing Wellness and Resiliency in Education) State and Tribal grants, which is a \$13,450,000 decrease below the fiscal year 2025 enacted program level and a \$6,050,000 increase above the President’s Budget, to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to trauma-informed and developmentally

appropriate behavioral health services. The Committee notes that program funding is intended to supplement State and local investments in school mental health services.

Tribal Set-Aside: "Of the funds made available for Project AWARE, the Committee directs that no less than 10 percent be made available for Tribes and Tribal Organizations."

Mental Health Awareness Training: "The Committee provides no funding for the Mental Health Awareness Training to better ensure that SAMHSA prioritizes services and programing for individuals with severe mental illness."

Healthy Transitions: "The Committee provides \$28,451,000 for the Healthy Transitions program, which is the same as the fiscal year 2025 enacted program level, to expand access to services and supports for transition-aged youth and young adults with serious mental illness."

Infant and Early Childhood Mental Health: "The Committee provides \$15,000,000 for the Infant and Early Childhood Mental Health program, which is the same as the fiscal year 2025 enacted program level, to support human service agencies and nonprofit organizations that provide age-appropriate mental health promotion and early intervention or treatment for children with significant risk of developing mental illness including through direct services, assessments, and trainings for clinicians and education providers."

Children and Family Programs: "The Committee provides \$8,229,000 for the Children and Family program, which is a \$1,000,000 increase above the fiscal year 2025 enacted program level, to provide grants to Tribes and Tribal organizations 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 no funding for the Consumer and Family Network program in accordance with the President's Budget. The Committee prioritizes treatment, prevention, and support services for individuals with serious mental illness and does not provide funding for broad advocacy activities that may promote bias views on mental health treatment."

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

Mental Health System Transformation: “The Committee provides no funding for the Mental Health System Transformation program in accordance with the President’s Budget. The Committee notes that the Transforming Lives through Supported Employment Program (SEP) is also funded through the Practice Improvement and Training programs.”

Primary and Behavioral Health Care Integration: “The Committee provides \$55,877,000 for the Primary and Behavioral Health Care Integration program, which is the same as the fiscal year 2025 enacted program level, to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare. The key goal of this program is to improve patient access to integrated health care services which requires bilateral cooperation between physicians and technical assistance centers.

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

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

National Strategy for Suicide Prevention: “The Committee provides \$30,200,000 for the implementation of the National Strategy for Suicide Prevention, which is a \$2,000,000 increase above the fiscal year 2025 enacted program level.

Within the amount provided, the Committee includes \$23,800,000 for the Zero Suicide program, which is an increase of \$1,000,000 above the fiscal year 2025 enacted program level. Zero Suicide grants support suicide prevention efforts in health systems, including screening adults for suicide risks, providing referral services, implementing evidence-based practices to provide services to high-risk adults, and raising awareness of such risks.

Within the amount provided, \$4,400,000 is included for Zero Suicide grants to American Indian and Alaska Native health systems, which is an increase of \$1,000,000 above the fiscal year 2025 enacted program level.”

Garrett Lee Smith Youth Suicide Prevention: “The Committee provides \$59,294,000 for GLS Youth Suicide Prevention grant programs, which is a \$7,000,000 increase above the fiscal year 2025 enacted program level.

Within the amount provided, the Committee includes \$46,806,000 for grants to States and Tribes to support development and implementation efforts of youth suicide prevention activities and services, which is a \$3,000,000 increase above the fiscal year 2025 enacted program level. Of the funds provided, \$12,000,000 shall be transferred from the PPHF.

Within the amount provided, \$12,488,000 is included for grants to institutions of higher education to support students with mental health or substance use disorders, which is an increase of \$4,000,000 above the fiscal year 2025 enacted program level."

Garrett Lee Smith Peer Support Activities: "The Committee recognizes that delayed mental health treatment can lead to higher acuity, health care costs, and suicide rates. Campus programs that provide peer training on early intervention and education on primary prevention have shown promise in improving treatment-seeking behaviors and mental health referrals among students. Therefore, the Committee encourages SAMHSA to prioritize funding for grantees that support on-campus student groups with peer-to-peer crisis intervention training and primary prevention education for mental health. The Committee requests that SAMHSA include an update in the fiscal year 2027 congressional justification on the agency's efforts to improve peer support activities as part of the grants to institutions of higher education program."

American Indian/Alaska Native Suicide Prevention Initiative: "The Committee provides \$4,931,000 for the Tribal Training and Technical Assistance Center, which is a \$1,000,000 increase above the fiscal year 2025 enacted program level, to facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce suicide among American Indians/Alaska Natives (AI/AN), prevent substance abuse, and reduce substance misuse among AI/AN communities."

Tribal Behavioral Grants: "The Committee provides \$30,000,000, which is a \$7,250,000 increase above the fiscal year 2025 enacted program level, to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24."

Homelessness Prevention Programs: "The Committee provides no funding for the Homelessness Prevention Programs, noting that these programs are duplicative of the Projects for Assistance in Transition from Homelessness program and other Federal housing assistance programs administered by the Department of Housing and Urban Development."

Criminal and Juvenile Justice Activities: "The Committee provides no funding for Criminal and Juvenile Justice Activities in accordance with the President's Budget. The Committee notes that the Office of Juvenile Justice and Delinquency Prevention

under the Department of Justice provides funding to States and Tribes for the purpose of improving the juvenile justice system, including support for mental health and substance abuse treatment.”

Assertive Community Treatment for Individuals with Serious Mental Illness: “The Committee provides \$9,000,000 for Assertive Community Treatment programs, which is the same as the fiscal year 2025 enacted program level, to support a multi-disciplinary service-delivery approach for individuals with severe functional impairments associated with a serious mental illness.”

Interagency Task Force on Trauma Informed Care: “The Committee provides \$2,000,000, for the Interagency Task Force on Trauma-Informed Care, which is the same as the fiscal year 2025 enacted program level.”

Garrett Lee Smith Suicide Prevention Resource Center: “The Committee provides \$11,000,000 for the GLS Suicide Prevention Resource Center, which is the same as the fiscal year 2025 enacted program level, to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist States, Tribes, private organizations, and SAMHSA grantees to develop suicide prevention strategies. The Committee encourages SAMHSA to continue expanding training opportunities and public- private collaboration on youth suicide prevention and early intervention strategies.”

Practice Improvement and Training: “The Committee provides \$7,828,000, which is the same as the fiscal year 2025 enacted program level, to support the dissemination of key information, such as evidence-based mental health practices, 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 2025 enacted program level, to facilitate quality improvement of the mental health system by the specific promotion of consumer-directed approaches for adults with serious mental illness.”

Primary and Behavioral Health Care Integration Technical Assistance: “The Committee provides \$2,991,000, which is the same as the fiscal year 2025 enacted program level, to provide technical assistance to Primary and Behavioral Health Care Integration grantees. Of the funds provided, the Committee directs that \$1,000,000 be allocated to the Technical Assistance activities authorized under section 520K of the PHS Act 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 2025 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 2025 enacted program level, to support the Disaster Distress Helpline, the Crisis Counseling Assistance and Training Program, and the Disaster Technical Assistance Center.”

Eating Disorders: “The Committee provides \$5,000,000 to improve the availability of health care providers to respond to the needs of individuals with eating disorders including the work of the National Center of Excellence for Eating Disorders to increase engagement with primary care providers, including pediatricians, to provide specialized advice and consultation related to the screening and treatment of eating disorders. The Committee encourages SAMHSA to conduct a public service announcement with the purpose of raising awareness about identifying, preventing, and treating eating disorders.”

AHA Congressional Justification Language:

Project AWARE: “The FY 2026 Budget Request is \$120.5 million. The Administration for a Healthy America expects Project AWARE to identify and refer approximately 100,000 school-aged youth to mental health and related services. Additionally, these resources will train 300,000 mental health and mental health-related professionals on evidence-based mental health practices.”

National Strategy for Suicide Prevention: “The FY 2026 Budget Request is \$28.2 million. The FY 2026 funding will support the referral of 98,000 individuals for mental health services.”

Garrett Lee Smith Youth Suicide Prevention - State/Tribal and Campus: “The FY 2026 Budget Request is \$52.9 million. Funds will support GLS State/Tribal grants and Campus grants and The Administration for a Healthy America will also continue support for evaluation activities. The program remains committed to developing and implementing youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions as well as supporting suicide prevention among institutions of higher learning.”

Suicide Prevention Resource Center: “The FY 2026 Budget Request is \$11.0 million. The funding will provide states, tribes, government agencies, private organizations, colleges and universities, and suicide survivors and mental health consumer groups with access to information and resources that support program development, intervention implementation, and adoption of

policies that prevent suicide. The funding will expand youth suicide prevention and early intervention strategies involving public-private collaboration. The Administration for a Healthy America anticipates that SPRC will provide training to approximately 14,000 people.”

American Indian/Alaska Native Suicide Prevention Initiative: “The FY 2026 Budget Request is \$3.9 million. This funding will help support the Tribal TTA Center and to provide comprehensive, broad, focused, and intensive training and technical assistance to federally recognized tribes and other AI/AN communities to address and prevent mental illness and alcohol/other drug addiction, prevent suicide, and promote mental health.”

988 and Behavioral Health Crisis Services: “The FY 2026 Budget Request is \$519.6 million. In FY 2026, the Administration for a Healthy America anticipates that contact volume – including calls, texts, and chats – will continue to increase, with capacity needed to respond to an estimated 9 million contacts, compared to approximately 5 million contacts in the first year of 988 implementation.

The FY 2026 request is based on the following estimated breakdown of funding needs:

- **Lifeline administration and national subnetworks:** Funding will be required to administer the Lifeline network, including technology infrastructure, and national subnetwork operations and capacity, and Spanish language services. This includes costs related to efforts to enhance access, geo-routing implementation, and work with state external platforms. The 988 Lifeline Administrator cooperative agreement is scheduled for renewal in FY 2026. To ensure the best use of federal funds and to ensure the required federal oversight of the 988 Suicide & Crisis Lifeline meets expectations of all stakeholders, the Administration for a Healthy America is engaged in an analysis to explore award vehicles that consider cost, risk, and effectiveness.
- **Local response capacity:** Funds will support local response capacity. Local capacity will be funded through a 988 state/territory grant program, 988 Tribal response grant program and Lifeline crisis center follow up grant program. A portion of the cost to support local response will be borne by states and territories.
- **Technical Assistance and Evaluation:** Funds will support training and technical assistance activities that promote expanded implementation and sustainability of crisis services, including adoption of best and promising practices. This funding will also support a range of efforts to strengthen data collection across the crisis continuum and to work with grantees, federal and other external partners to address key evaluation questions related to access, utilization, outcomes and impact of crisis care.
- **Communications:** The program will continue promoting awareness of 988 through various communication channels to reach populations known to be at highest risk of suicide. At this funding level, the communication goals are to use tailored

messages to build awareness for specific populations and not to build larger scale public awareness. As a result, we are not expecting this level of investment to affect our capacity modeling for FY 2026.

- The 988 & BHCCO: Funds will support the 988 & BHCCO including personnel, strategic planning, performance management, oversight, partnerships, convenings, and cross-entity coordination."

Practice Improvement and Training: "The FY 2026 Budget Request for the Practice Improvement and Training program of \$7.8 million. Funding will support the HBCU grant program to support workforce development, and Transforming Lives through Supported Employment Programs (SEP) grants and expects increase competitive employment for participating clients, increasing the number of individuals with a stable place to live, and increasing the number of participants who remain in the community."

Consumer and Consumer-Supporter TA Centers: "The 2026 Budget Request is \$1.9 million. This funding request will 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 recovery, and resilience."

Disaster Response: "The FY 2026 Budget Request is \$1.9 million. This funding will continue to support the nationally available disaster distress crisis counseling telephone line and the DTAC. The Administration for a Healthy America is committed to maintaining the established performance measure targets for FY 2026."

National Child Traumatic Stress Network: "The FY 2026 Budget Request for the National Child Traumatic Stress Network program of \$98.9 million is level with the FY 2025 Enacted level. At this funding level, the Administration anticipates supporting 67 grant continuations and award a new cohort of 82 grants. Across all NCTSI programs, it's anticipated approximately 13,000 children and adolescents will be served and 250,000 people in the mental health and related workforce will be trained."

Certified Community Behavioral Health Clinics: "The FY 2026 Budget Request for CCBHC program is \$385 million, flat with the FY 2025 Enacted level. The funding will support 134 continuation grants and award a new cohort of 223 grants. We expect to serve approximately 819,000 individuals directly with grant-funded services, expanding CCBHC's services across the nation. The FY 2026 budget includes funding for a technical assistance center contract. The contract will support CCBHC expansion grant recipients, state CCBHCs outside of the expansion program, states in the CCBHC Demonstration program, states planning to be part of the Demonstration, states with CCBHC programs independent of the Demonstration, and states considering adopting the CCBHC model. The FY 2026 Budget Request will also support an evaluation contract that will assess the extent to which grant recipients develop, improve, implement, and sustain the CCBHC model and will assess the delivered services consistent with the CCBHC certification requirements to measure client outcomes and experiences with care."

Children’s Mental Health Services: “The FY 2026 Budget Request for the Children’s Mental Health Program of \$130. This funding will support grants and a technical assistance center. At this funding level, the Administration for a Healthy America expects to serve 9,100 children and to train 52,000 people in mental health activities and practices. These funds will increase access to services and supports children and youth with SED and improve the system of care for these children and their families.”

Projects for Assistance in Transition from Homelessness: “The FY 2026 Budget Request for the Projects for the Assistance in Transition from Homelessness program of \$66.6 million is level with the FY 2025 Enacted level. It is expected that the FY 2026 budget request will maintain the current level of local PATH providers and current level of service, including serving 105,000 individuals through the PATH program.”

Protection and Advocacy for Individuals with Mental Illness (PAIMI): “The FY 2026 Budget Request is \$14.1 million. 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. At this funding level, the Administration for a Healthy America anticipates providing services to 4,000 individuals through the PAIMI program.”

Assisted Outpatient Treatment for Individuals with Serious Mental Illness (SMI): “The FY 2026 Budget Request for the Assisted Outpatient Treatment for Individuals with SMI program of \$21.4 million. This funding will support 37 grant continuations.”