

Final FY 2022 Appropriations Overview

March 2022



This overview summarizes proposed FY 2022 funding for:

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

Timeline

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

On October 18, 2021, the Senate Appropriations Committee released the Committee Report for their FY 2022 L-HHS funding bill.

May 2021

July 2021

October 2021

March 2022

On July 14th, 2021, the House Appropriations Committee released the Committee Report for their FY 2022 Labor, Health and Human Services, Education, and Related Agencies (L-HHS) funding bill. They also released appropriations Committee Reports for programs within the Department of Justice (DOJ) and the Office of National Drug Control Policy (ONDCP).

On March 9, 2022, the House Appropriations Committee introduced H.R. 2471, consisting of all 12 fiscal year 2022 appropriations bills.

Signed by President Joe Biden on March 15, 2022.

Table of Contents -----

I. Substance Abuse and Mental Health Service Administration (SAMHSA)	
• Substance Abuse Prevention and Treatment (SAPT) Block Grant.....	Page 4
• State Targeted Response (STR) to the Opioid Crisis Grants and State Opioid Response (SOR) Grants.....	Page 8
• Center for Substance Abuse Treatment (CSAT).....	Page 10
• Center for Substance Abuse Prevention (CSAP).....	Page 21
• Center for Mental Health Services (CMHS).....	Page 26
II. National Institute on Alcohol Abuse and Alcoholism (NIAAA).....	Page 38
III. National Institute on Drug Abuse (NIDA).....	Page 38
IV. Centers for Disease Control and Prevention (CDC) – Select Programs.....	Page 40
V. Health Resources and Services Administration (HRSA) – Select Programs.....	Page 47
VI. Administration for Children and Families (ACF) – Select Programs.....	Page 50
VII. Department of Justice (DOJ).....	Page 51
VIII. Office of National Drug Control Policy (ONDCP).....	Page 55

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 2019	FY 2020	FY 2021 regular appropriation*	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
SAPT Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$3,508,000,000	\$2,858,000,000	\$3,008,079,000	\$1,908,079,000	+\$50,000,000

This chart above does not reflect the \$1.65 billion in supplemental funding appropriated in December 2020, nor the \$1.5 billion in supplemental funding appropriated in March 2021 for the SAPT Block Grant.

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

Final Appropriations Language on the SAPT Block Grant

The final agreement did not include report language on the SAPT Block Grant. In particular, the final agreement did not create a 10% recovery set aside.

Senate Appropriations Committee Report Language:

SAPT Block Grant: "The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources based on their own unique needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. The Committee is also aware that States can efficiently manage additional resources provided through the SAPT Block Grant because of the program's pre-existing protocols related to data reporting, program management, quality assistance, technical assistance, and established relationships with counties and other sub-State entities. The Committee also notes the importance of the block grant's 20 percent primary prevention set-aside, which represents, on average, 62 percent of prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

Data on Substance Use Disorder Treatment: "The Committee is concerned that limited data availability on quality outcomes for both current and emerging evidence-based best practices relating to substance use disorders makes it challenging to evaluate the utilization and efficacy of such practices. A 2020 GAO report entitled, "Substance Use Disorder: Reliable Data Needed for Substance Abuse Prevention and Treatment Block Grant Program," found that without readily available information, State and local entities may lack useful resources in implementing programs to serve individuals afflicted with a substance use disorder. The Committee recognizes the challenges associated with treatment and recovery data collection and encourages SAMHSA to request that States submit data on quality metrics for the evidenced-based treatment and recovery programs that enable individuals to achieve long-term recovery funded through the SAPT, SOR, and State Targeted Response to the Opioid Crisis grant programs."

SAPT Block Grant Recovery Set-Aside: “The Committee includes a new, 10 percent set-aside for non-clinical recovery support services, which will require SAPT Block Grant recipients to spend at least 10 percent of their block grant expenditures on recovery community organizations or peer recovery support services. The Committee directs SAMHSA to ensure the set-aside supports programs that may include recovery community centers, recovery homes, recovery schools, and recovery industries, or other programs to increase the availability of quality programs to promote long-term recovery from SUD. Additionally, programs under the set-aside may provide: (1) peer-based recovery coaching, including individual or group supports, to individuals and families led by those with lived experience with SUD; (2) ancillary community-based supports necessary to sustain recovery, including access to transportation, job training, and educational services; (3) activities to reduce SUD recovery-related stigma and discrimination at the local level; and (4) technical assistance to organizations principally governed by people in recovery from SUD through facilitating financing, evaluations, business functions and cross-training on evidence informed practices within the recovery community. The Committee directs SAMHSA to work with States to ensure recovery programs reach underserved populations, promote health equity, and support community-based strategies to increase recovery support to individuals in order to sustain long-term recovery, as identified at the local, regional and/or State level by the recovery community through a new or existing State advisory board. Funds from the recovery set-aside will support operating costs for organizations that provide the above services, prioritizing those with leadership, staffing and governance structures that include representation from those identified as in long-term recovery and impacted family members who reflect the community served.”

House Appropriations Committee Report Language:

“The Committee includes a program level of \$2,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant (SABG), an increase of \$1,000,000,000. In addition, the American Rescue Plan (P.L. 117–2) included \$1,500,000,000 for the SABG. SABG provides funding to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country, giving States the flexibility to direct resources to address the most pressing needs of localities across the State. The Committee also recognizes that the 20 percent prevention set aside within the SABG is a vital source of funding for primary prevention. The prevention set-aside represents an average of 62 percent of all State alcohol and drug agency’s budget for primary prevention and is essential to ending the substance misuse crisis.”

“SABG Recovery Set-Aside.—The Committee establishes a ten percent set-aside within total SABG funding for the provision of evidence-informed SUD non-clinical recovery supports and services. The Committee directs SAMHSA to ensure that this set-aside shall support programs that: (1) develop local recovery community support institutions including but not limited to recovery community centers, recovery homes, and recovery schools or programs to mobilize resources within and outside of the recovery community, to increase the prevalence and quality of long-term recovery from SUD; (2) provide peer-based recovery coaching, individual or group supports, to individuals and families led by those with lived experience with SUD, delivered in person or using technology; (3) provide ancillary community-based supports necessary to sustain recovery, including access to transportation, job training, and educational services; (4) provide activities to reduce SUD recovery-related stigma and discrimination at the local level; (5) provide technical assistance to organizations principally governed by people in recovery from SUD through facilitating financing, business functions and cross-training on evidence informed practices within the recovery community. The Committee directs SAMHSA to prioritize programs for underserved populations, to promote health equity, and to support community-based strategies to increase recovery capital and support individuals to sustain long-term recovery, as identified at the local, regional and/or state level by the recovery community. Funds from the recovery set-aside will support operating costs for organizations that provide above services,

prioritizing those with leadership, staffing and governance structures that include representation from those identified as in long-term recovery and impacted family members who reflect the community served.”

“Block Grant Reporting Requirements.—The Committee acknowledges the important role of the Mental Health and Substance Abuse Prevention and Treatment Block Grants in supporting States’ efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Committee is concerned with the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and what programs or services they are going toward. The Committee encourages SAMHSA to begin implementing public reporting on their existing block grants. The Committee directs SAMHSA to submit a report, 180 days after the enactment of this Act, to identify any staffing, IT infrastructure, legislative policies, or funding barriers that would prevent grantees and SAMHSA from collecting and providing outcome data on their block grant programs.”

“Data Collection for SUD Grants to States.—A December 2020 GAO report examining SUD grants to States found that SAMHSA does not have consistent, relevant, and timely data on the number of individuals provided treatment and recovery support through the SABG, State Targeted Response to the Opioid Crisis Grant (STR), and SOR programs. The Committee recognizes the challenges the lack of data poses in evaluating the effectiveness of these grants and encourages SAMHSA to adopt GAO’s recommendation to identify and implement changes to their data collection efforts to improve the consistency, relevance, and timeliness of data collected on the number of individuals who receive substance use disorder treatment and recovery support services with funding from the SABG and SOR programs.”

“Evidence-Based Practices to Combat the Opioid Crisis.—The CDC projects that more than 88,000 drug overdose deaths occurred in the United States in the 12 months ending in August 2020, the highest number of overdose deaths ever recorded in a 12-month period. Given the acceleration of the drug overdose epidemic, due in part to the COVID–19 pandemic, the Committee directs SAMSHA to encourage States to use grant funds provided to combat this substance use disorder crisis to prioritize evidence-based best practices exemplified by the states, including but not limited to: Overdose Education and Naloxone Distribution (OEND), Medication Assisted Treatment (MAT), Warm Handoff Protocols for Overdose Survivors Discharged from Emergency Rooms, and peer recovery support groups. The Committee directs that SAMHSA-funded SUD treatment and recovery activities shall include evidence-based, self-empowering, mutual aid recovery support programs that expressly support MAT.”

“Evidence-Based Programs for People Experiencing Homelessness.—The Committee recognizes the importance of access to SUD treatment for individuals experiencing homelessness. The Committee encourages SAMHSA to prioritize the development of evidence-based programs and treatments specifically tailored for those with alcohol and substance use disorder and who are at a high risk of becoming homeless, and to consider grant applications that include targeting resources to address SUD within the homeless population.”

“National Recovery Month.—The Committee recognizes that National Recovery Month is a meaningful observation to recognize individuals in recovery from substance use disorders and mental illness. Between September 2019 and August 2020, more than 85,000 people nationwide died from drug overdoses and 47,000 nationwide died from suicide in 2019. Promoting awareness of treatment for substance use and mental health disorders and combating stigma, both goals of National Recovery Month, are important steps to help prevent overdoses and suicide. The Committee recognizes SAMHSA as an important leader in National Recovery Month and encourages SAMHSA to maintain a leadership role in these efforts.”

“Opioid Use Disorder Relapse.—The Committee recognizes that relapse might occur after opioid use disorder treatment. The Committee appreciates SAMHSA’s efforts to address this by emphasizing the importance of adherence to evidence-based practices that have been demonstrated to reduce the risk of relapse to opioid dependence, and encourages SAMHSA to disseminate and emphasize implementation of these practices in all settings where treatment is offered, including rehabilitation and criminal justice settings.”

“Substance Use Disorder Response in Rural America.—The Committee is aware that response to the SUD crisis continues to pose unique challenges for rural America, which suffers from problems related to limited access to both appropriate care and health professionals critical to diagnosing and treating patients along with supporting recovery. Rural America’s unique challenges require a comprehensive approach, including training to provide care in a culturally responsive manner with an understanding of diverse populations; the use of technologies to ensure improved access to medically underserved areas through the use of telehealth; and workforce and skills development to advance data capture and analytics. The Committee encourages SAMHSA to support initiatives to advance SUD objectives in rural areas, specifically focusing on addressing the needs of individuals with SUD 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.”

“Recovery Housing.—The Committee recognizes the importance of recovery housing, in which individuals abstain from use of non-prescribed substances in a supportive environment. Research shows that individuals with SUD who live in recovery housing are more likely to maintain recovery, have higher rates of employment, and are less likely to become incarcerated. In order to increase the availability of high-quality recovery housing, the Committee encourages SAMHSA to collaborate with other Federal agencies, including HUD, the Department of Labor, the Department of Justice, and the Bureau of Indian Affairs, to coordinate activities across the Federal government and develop recommendations to improve policies on recovery housing.”

SAMHSA Congressional Justification Language on the SAPT Block Grant:

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

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

grants and to expand access to long-term recovery services, a necessary component to extend the continuum of care. This set-aside will help increase access to recovery support services across the country and complement the existing efforts to respond to the ongoing opioid crisis that has accelerated during the COVID-19 pandemic.”

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

Additional Opioids Allocation

Program	FY 2020	FY 2021	President’s FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY2022 Appropriations	FY 2022 v. FY 2021
State Targeted Response (STR) to the Opioid Crisis Grants	Not funded	Not funded	Not funded	Not funded	Not funded	Not funded	N/A
State Opioid Response (SOR) Grants	\$1,500,000,000	\$1,500,000,000	\$2,250,000,000	\$2,000,000,000	\$2,000,000,000	\$1,525,000,000	+\$25,000,000

Final Appropriations Language on SOR Grant Program

State Opioid Response Grants: “The agreement provides an increase, including for tribes and tribal organizations, and directs SAMHSA to provide the Committees with a briefing on whether additional flexibility is needed to ensure States are able to spend these urgently needed funds. The agreement again notes serious concern that longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award of fiscal year 2020 funds. When making awards in fiscal year 2022, the agreement directs the Assistant Secretary to award funds in a manner that avoids funding cliffs between States with similar mortality rates. The agreement notes that large swings in funding between grant cycles can pose a significant challenge for States seeking to maintain programs that were instrumental in reducing drug overdose fatalities. The agreement continues bill language that directs SAMHSA to submit the formula methodology used in calculating SOR grants to the Committees not less than 21 days prior to releasing the Funding Opportunity Announcement. The agreement 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 and make such an evaluation publicly available on SAMHSA’s website.”

SOR Overdose Data Report: “The agreement recognizes that drug overdose mortality data collection and reporting is complex, often with multi-substance use contributing to mortality. The agreement encourages SAMHSA to evaluate the data used to calculate SOR allocations, including whether accurate, State-level data exists for mortality rates for opioid use disorders and whether such data should be used to calculate the 15 percent set aside within SOR.”

Senate Appropriations Committee Report Language:

State Opioid Response Grants: “Bill language provides \$75,000,000 for grants to Indian Tribes or Tribal organizations, a \$25,000,000 increase, and continues the 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. Activities funded with this grant may include treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized to account for comprehensive services to individuals. The Committee continues to direct SAMHSA to make prevention and treatment of, and recovery from, stimulant use an allowable use of these funds. The Committee directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment. SAMHSA is directed to make such evaluation publicly available on SAMHSA’s website.

SOR Funding Cliffs: “The Committee is disappointed SAMHSA disregarded previous guidance to award the 15 percent set-aside for the highest age-adjusted mortality rate related to opioid overdose deaths in a manner that did not result in unusually large changes in a State’s allocation from the previous year, or that prevented a cliff between States with similar mortality rates. As SAMHSA issues new award amounts in fiscal year 2022, the Committee directs SAMHSA to avoid significant cliffs between States with similar opioid mortality data, and to prevent unusually large changes in a State’s SOR allocation. The Committee continues bill language that directs SAMHSA to submit the formula methodology used in calculating SOR grants to the Committees on Appropriations of the House of Representatives and the Senate not less than 15 days prior to releasing the Funding Opportunity Announcement.”

SOR Overdose Data Report: “The Committee recognizes that drug overdose mortality data collection and reporting is complex, often with multi-substance use contributing to mortality. The Committee encourages SAMHSA to evaluate the data used to calculate SOR allocations, including whether accurate, State-level data exists for mortality rates for opioid use disorders and whether such data should be used to calculate the 15 percent set aside within SOR.”

House Appropriations Committee Report Language:

“The Committee includes \$2,000,000,000 for SOR grants, an increase of \$500,000,000. The Committee directs SAMHSA to continue supplemental grants in fiscal year 2022 to States whose award from the SOR formula grant declines by more than 40 percent in fiscal year 2022 compared to fiscal year 2019. The Committee further directs SAMHSA to ensure that these resources continue to be managed by State alcohol and drug agencies defined as the agency that manages the Substance Abuse Prevention and Treatment Block Grant under part B of title X of the Public Health Service Act. This approach will ensure continuity of funding, effective coordination of efforts, and decrease fragmentation within each State system.”

“SOR Funding Cliff.—The Committee continues to include a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders. The Committee remains concerned longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award for fiscal year 2020 funds. When the determination of new award amounts is made in fiscal year 2022, the Committee directs the Assistant Secretary to award funds to avoid funding cliffs between States with similar mortality rates. The Committee notes that funding cliffs between grant cycles can pose a significant challenge for States seeking to maintain

programs that were instrumental in reducing drug overdose fatalities. The Committee requests a report within 180 days of enactment of this Act on the extent to which such reductions to States in previous grant cycles affected outreach and provision of services, as well as treatment and recovery outcomes.”

SAMHSA Congressional Justification Language on the SOR Grant program:

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

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

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

SAMHSA’s Center for Substance Abuse Treatment (CSAT)

Program	FY 2020	FY 2021	President’s FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
CSAT PRNS TOTAL	\$479,677,000	\$496,677,000	\$650,864,000	\$651,864,000	\$643,364,000	\$521,517,000	+\$24,840,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
Building Communities of Recovery	\$8,000,000	\$10,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$13,000,000	+\$3,000,000
Children and Families	\$29,605,000	\$29,605,000	\$30,197,000	\$30,197,000	\$30,197,000	\$29,605,000	Level
Comprehensive Opioid Recovery Centers	\$2,000,000	\$4,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$5,000,000	+\$1,000,000
Criminal Justice Activities	\$89,000,000	\$89,000,000	\$124,380,000	\$124,380,000	\$114,380,000	\$89,000,000	Level
Drug Courts	\$70,000,000	\$70,000,000	\$105,000,000	\$105,000,000	\$95,000,000	\$70,000,000	Level
Emergency Dept. Alternatives to Opioids	\$5,000,000	\$6,000,000	\$9,000,000	\$9,000,000	\$9,000,000	\$6,000,000	Level
First Responder Training*	\$41,000,000	\$42,000,000	\$63,000,000	\$63,000,000	\$65,500,000	\$46,000,000	+\$4,000,000
Rural Focus*	\$23,000,000	\$24,000,000	\$36,000,000	\$36,000,000	\$38,500,000	\$26,000,000	+\$2,000,000

Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
Grants to Develop Curricula for DATA Act Waivers	N/A	Not funded	Not funded	Not funded	Not funded	Not funded	N/A
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*	\$12,000,000	\$12,000,000	\$18,000,000	\$18,000,000	\$18,000,000	\$14,000,000	+\$2,000,000
Improving Access to Overdose Treatment	\$1,000,000	\$1,000,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$66,881,000	\$66,881,000	\$66,881,000	\$65,570,000	Level
Minority Fellowship	\$4,789,000	\$5,789,000	\$6,136,000	\$7,186,000	\$6,136,000	\$5,789,000	Level
Opioid Response Grants	N/A	\$3,000,000	\$3,000,000	Not funded	Not funded	Not funded	N/A
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$13,086,000	\$13,086,000	\$13,086,000	\$8,724,000	Level
Peer Support Technical Assistance Center	\$1,000,000	\$1,000,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,000,000	Level
Pregnant and Postpartum Women (PPW)	\$31,931,000	\$32,931,000	\$49,397,000	\$49,397,000	\$49,397,000	\$34,931,000	+\$2,000,000
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$5,151,000	\$5,151,000	\$5,151,000	\$2,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	\$30,560,000	\$30,510,000	\$30,560,000	\$31,840,000	+\$1,840,000
Targeted Capacity Expansion (TCE) General	\$100,192,000	\$102,192,000	\$147,916,000	\$147,916,000	\$147,916,000	\$112,192,000	+\$10,000,000
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)	\$89,000,000	\$91,000,000	\$136,500,000	\$136,500,000	\$136,500,000	\$101,000,000	+\$10,000,000
Treatment, Recovery, and Workforce Support	\$4,000,000	\$6,000,000	\$9,000,000	\$9,000,000	\$12,000,000	\$10,000,000	+\$4,000,000
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$37,114,000	\$40,114,000	\$37,114,000	\$36,386,000	Level

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

Final Appropriations Language on CSAT Programs

Data Collection Review: “The agreement notes that as drug overdose death rates continue to rise, federal data collection requirements can present barriers to recipients of Federal grant funds that provide services to individuals in need of treatment and other services. Data collection is critically important in determining the effectiveness of Federal investments but should not create new barriers to services. The agreement directs SAMHSA to review and update the data collection requirements in the Government Performance and Results Act (GPRA) of 1993 or otherwise required by SAMHSA through rules or regulations for programs administered through the Center for Substance Abuse Treatment. The agreement directs SAMHSA to provide a briefing on the updated GPRA requirements to the Committees 90 days after enactment of this Act.”

Building Communities of Recovery: “The agreement provides an increase for enhanced long-term recovery support principally governed by people in recovery from substance use disorders.”

Comprehensive Opioid Recovery Centers: “The agreement includes an increase and directs SAMHSA to make the funding opportunity available to all eligible entities, as defined in section 7121 of the SUPPORT Act (P.L. 115-271).”

First Responder Training: “Of the funding provided, the agreement provides \$7,500,000 to make awards to rural public and non-profit fire and EMS agencies as authorized in the Supporting and Improving Rural Emergency Medical Service’s Needs (SIREN) Act (P.L. 115-334). The agreement notes that the fiscal year 2021 grants included award amounts less than the maximum amount allowable in order to fund more projects and encourages SAMHSA to follow this approach in fiscal year 2022 to the extent practicable.”

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction: “The agreement directs SAMHSA 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. Within the amount provided, the agreement includes \$12,000,000 for grants to Indian Tribes, Tribal Organizations, or consortia.”

Opioid Abuse in Rural Communities: “The agreement encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, including by improving access through telehealth. SAMHSA is encouraged to focus on addressing the needs of individuals with substance use disorders in rural and medically underserved areas. In addition, the agreement encourages SAMHSA to consider early interventions, such as co-prescription of 90 overdose medications with opioids, as a way to reduce overdose deaths in rural areas.”

Opioid Use Disorder Relapse: “The agreement recognizes SAMHSA’s efforts to address opioid use disorder relapse within Federal grant programs by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence. The agreement encourages SAMHSA to continue these efforts.”

Pregnant and Postpartum Women: “The agreement provides an increase and again encourages SAMHSA to fund an additional cohort of States under the pilot program authorized by the Comprehensive Addiction and Recovery Act (P. L. 114-198).”

Treatment, Recovery, and Workforce Support: “The agreement includes an increase to implement section 7183 of the SUPPORT Act (P.L. 115-271). SAMHSA is directed to, in consultation, with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.

Senate Appropriations Committee Report Language:

Building Communities of Recovery: “The Committee provides \$20,000,000, an increase of \$10,000,000. The Committee appreciates SAMHSA’s implementation of community-based networks assisting individuals with substance use disorder recovery, and encourages SAMHSA to continue supporting recovery support pro-grams principally governed by people in recovery from substance use disorders. The Committee notes that Peer Support Networks focus on long-term, sustainable recovery and incorporate a full range of services such as case management, counseling, and community supports, and can reduce the stigma associated with addictions. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards within their respective States.”

Combating Opioid Abuse: “The Committee provides \$18,000,000, an increase of \$6,000,000, within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. The Committee also provides \$65,500,000, an increase of \$23,500,000, for First Responder Training grants. Of this amount, \$38,500,000, an increase of \$14,500,000, is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities, in addition to first responders. \$10,000,000 of this funding is to continue awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334). The Committee is pleased the fiscal year 2021 grants included award amounts less than the maximum amount allowable in order to fund more projects and encourages SAMHSA to follow this approach in fiscal year 2022 to the extent practicable.

Drug Courts: “The Committee recommends \$95,000,000, an increase of \$25,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”

Emergency Department Alternatives to Opioids: “The Committee recognizes the challenges emergency departments have faced as a result of the COVID–19 pandemic, which has prevented some emergency departments from fully implementing this program. The Committee appreciates the progress SAMHSA has made to date and urges it to use the additional funding to support new grantees.”

Maternal Mortality and Neonatal Abstinence Syndrome: “The Committee recognizes the rising prevalence of maternal mortality and NAS in the United States as a pressing public health issue. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. Further, the Committee supports the continued efforts of expanded implementation of SBIRT and its possible impact on reducing the costs of NAS. The Committee encourages SAMHSA to conduct a study on existing pilot programs on treatment related to maternal mortality and NAS to determine if such programs can be scaled to address this important issue.”

Medication-Assisted Treatment: “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.”

Opioid Abuse in Rural Communities: “The Committee encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, including by improving access through telehealth. SAMHSA is encouraged to focus 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. In addition, the Committee understands that a timely medical response is essential in reversing opioid overdoses and encourages SAMHSA to take into account early interventions, such as co-prescription of overdose medications with opioids, as a way to reduce overdose deaths in rural areas.”

Opioid Detoxification: “The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA’s efforts to address this within the Federal grant population by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence and encourages SAMHSA to disseminate and implement this policy in all settings where detoxification is offered, including rehabilitation and criminal justice settings.”

Pregnant and Postpartum Women Program: “The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders. A provision in the Comprehensive Addiction and Recovery Act authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient, and related services to pregnant and postpartum women using a family-centered approach. The Committee encourages SAMHSA to fund an additional cohort of States above and beyond the three identified in its fiscal year 2022 CJ.”

Screening, Brief Intervention, and Referral to Treatment: “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 these activities as applicable in its current grant programs.”

House Appropriations Committee Report Language:

Building Communities of Recovery: “The Committee includes an increase of \$10,000,000 to support the development, enhancement, expansion and delivery of recovery support services.”

Children and Families: “The Committee includes an increase of \$592,000 for the Children and Families program, which makes appropriate treatment available to youth and their families or caregivers to reduce the impact of SUD and/or co-occurring mental and substance use disorders on communities in the U.S.”

Comprehensive Opioid Recovery Centers: “The Committee includes an increase of \$2,000,000 for Comprehensive Opioid Recovery Centers, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271), to help ensure that people with SUD can access proper treatment.”

Criminal Justice Activities and Drug Courts: “The Committee includes an increase of \$35,380,000 for Criminal Justice activities. Of this amount, \$35,000,000 is directed to Drug Court activities. 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 abuse 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.”

Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training: “The Committee includes an increase of \$6,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths, and an increase of \$21,000,000, for First Responder Training for Opioid Overdose Reversal Drugs, which includes an increase of \$12,000,000 for a rural set-aside. The Committee directs that \$6,500,000 of funds for First Responder Training be made available to SIREN grants. The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. The Committee urges SAMHSA to take steps to encourage and support the use of funds for opioid safety education and training, including initiatives that improve access for licensed health care 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.”

Improving Access to Overdose Treatment: “The Committee includes an increase of \$500,000 to train and support health care providers and pharmacists on the prescribing of FDA approved drugs or devices for the emergency treatment of opioid overdose.”

Minority AIDS Initiative: “The Committee includes a total of \$119,275,000, an increase of \$3,276,000, to expand access to effective, culturally competent, HIV/AIDS-related mental health services in racial and ethnic minority communities, for people living with an SMI and who are living with or are at high risk for HIV/ AIDS.”

Peer Support Technical Assistance Center: “The Committee includes an increase of \$500,000 to provide technical assistance to recovery community organizations and peer support networks.”

Pregnant and Postpartum Women SUD Treatment: “The Committee includes an increase of \$16,466,000 for the Pregnant and Postpartum Women program and recognizes SAMSHA for its work managing this program, which utilizes a family-centered approach to provide comprehensive residential SUD treatment services for pregnant and postpartum women, their minor children and other family members. A provision in the Comprehensive Addiction and Recovery Act (CARA) authorizes SAMSHA to allocate a portion of these resources for a pilot program to State

alcohol and drug agencies to support outpatient, intensive outpatient and related services in a family centered approach. The Committee again encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.”

Recovery Community Services: “The Committee includes an increase of \$2,717,000 to help recovery communities strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from SUD. The intent of the Recovery Community Services Program Statewide Network (RSCP–SN) program is to strengthen the relationships between RCOs and their statewide networks of recovery stakeholders as key partners in the delivery of state and local treatment and recovery support services (RSS), as well as allied health systems through collaboration, systems improvement, public health messaging, and training conducted for (or with) key recovery stakeholder organizations. RCSP– SN grantees collaborate with traditional SUD treatment providers and other purchasers of PRSS to strengthen and embed these critical service elements as fixtures on the Recovery Oriented Systems of Care (ROSC) landscape.”

Screening, Brief Intervention, and Referral to Treatment (SBIRT): “The Committee includes an increase of \$2,510,000, for SBIRT. The Committee recognizes that SBIRT is still not widely adopted by broader health care or social service networks, particularly in underserved communities. Failure to routinely screen youth and adults for early misuse of opioids and other substances is a missed opportunity to stem the substance misuse crisis. The Committee urges SAMHSA to continue working to ensure SBIRT screening is more widely adopted by health providers, and directs this increase be used for implementing grants to pediatric health care providers in accordance with the specifications outlined in Section 9016 of P.L. 114–255, Sober Truth in Preventing Underage Drinking Reauthorization. Training grants should focus on screening for underage drinking, opioid use, and other drug use, and be managed by CSAT within the existing SBIRT program.”

Targeted Capacity Expansion-Medication Assisted Treatment: “The Committee includes an increase of \$56,500,000 for Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction; an increase of \$5,500,000, for grants to Indian tribes, tribal organizations, or consortia; and an increase of \$224,000 for general Targeted Capacity Expansion activities.”

Treatment Systems for Homeless: “The Committee includes an increase of \$3,728,000 to support services for people with alcohol or another SUD and who are experiencing homelessness, including youth, veterans, and families.”

Treatment, Recovery, and Workforce Support: “The Committee includes an increase of \$3,000,000 for Treatment, Recovery, and Workforce Support, as authorized by section 7183 of the SUPPORT Act (P.L. 115–271). This program will help implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.”

SAMHSA Congressional Justification Language:

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

Screening, Brief Intervention, and Referral to Treatment: “The SBIRT program seeks to increase the use of SBIRT in medical settings by promoting wide dissemination and adoption of the practice across the spectrum of primary care services. To achieve this, SAMHSA awards state

implementation grants to encourage adoption of SBIRT by healthcare providers in each state. SAMHSA also supports the SBIRT Student Training grant programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

Building Communities of Recovery: “The programs support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of, and education about, recovery. They are managed and implemented primarily by individuals with lived experience and who are in recovery from substance use disorders and addiction and who reflect the community being served. Grantees are using funds to 1) build connections and linkages between recovery networks, between RCOs, and other Recovery Support Services (RSS); 2) reduce the stigma associated with addiction and recovery; and 3) conduct public education and outreach on issues relating to addiction and recovery.

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

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

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

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

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

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

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

First Responder Training for Opioid Overdose Reversal Drugs: “The FR-CARA program trains and equips firefighters, law enforcement officers, paramedics, emergency medical technicians, and other legally organized and recognized volunteer organizations in a position to respond to adverse opioid-related incidents. This program also establishes processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. FR-CARA's broader eligibility and rural-set asides ensure that much needed services reach rural and tribal areas. Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. SAMHSA has awarded 69 state, rural and tribal organizations over the past 3 years. Approximately 52 percent of the funds went to rural entities hit particularly hard by the opioid crisis.

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

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

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

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

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

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

Treatment, Recovery, and Workforce Support: “The purpose of this new program, which is authorized by section 7183 of the SUPPORT for Patients and Communities Act, is to implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. To achieve this objective, recipients must coordinate, as applicable, with Indian tribes or tribal organizations, state and local workforce development boards, lead state agencies responsible for a workforce investment activity, and state agencies responsible for carrying out substance use disorder prevention and treatment programs. The program launched in September 2020 with eight grant recipients, three grants in February 2021 and one additional grant will be awarded in 2021 for a total of twelve grants awarded.”

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

Comprehensive Opioid Recovery Centers: “This program provides grants to nonprofit substance use disorder treatment organizations to operate of comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. The funding represents the first year of a four-year project period. Grantees are required to provide outreach and the full continuum of treatment services including MAT; counseling; treatment for mental disorders; testing for infectious diseases, residential rehabilitation, and intensive outpatient programs; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and

family support services such as childcare, family counseling, and parenting interventions. Grantees must utilize third party and other revenue to the extent possible. Grantees are required to report client-level data, including demographic characteristics, substance use, diagnosis, services received, types of MAT received, length of stay in treatment, employment status, criminal justice involvement, and housing.”

“SAMHSA plans to use the increase in funds to support four continuations and two new grants. These funds will also provide critical comprehensive care services, including long term care and support services utilizing the full range of FDA-approved medications and evidence-based treatments and will cover the costs of critical linkage and system development not currently covered by other sources of funding. These funds will extend the reach of MAT treatment and recovery support services to address the opioid epidemic across systems and regional locations, reducing scattered, uncoordinated treatment efforts, and expanding access to care for people with special needs and/or in rural areas.”

SAMHSA's Center for Substance Abuse Prevention (CSAP)

Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
CSAP PRNS TOTAL	\$206,469,000	\$208,219,000	\$216,667,000	\$243,503,000	\$245,667,000	\$218,219,000	+\$10,000,000
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level
Federal Drug-Free Workplace/Mandatory Drug Testing	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	Level
Minority AIDS	\$41,205,000	\$41,205,000	\$42,029,000	\$43,170,000	\$43,170,000	\$41,205,000	Level
Minority Fellowship	\$321,000	\$321,000	\$340,000	\$1,390,000	\$1,000,000	\$321,000	Level
Science and Service Program Coordination	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$9,000,000	\$10,000,000	\$10,000,000	\$15,000,000	\$15,000,000	\$12,000,000	Level
Strategic Prevention Framework-Partnerships for Success	\$119,484,000	\$119,484,000	\$126,674,000	\$139,484,000	\$148,873,000	\$127,484,000	+\$8,000,000
<i>Strategic Prevention Framework Rx</i>	\$10,000,000	\$10,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$10,000,000	Level
Tribal Behavioral Health Grants	\$20,000,000	\$20,750,000	\$21,165,000	\$25,000,000	\$21,165,000	\$20,750,000	Level

Final Appropriations Language on CSAP Programs

At-Home Prescription Drug Disposal: “The agreement supports efforts to encourage at-home prescription drug deactivation and disposal and urges SAMHSA to support these types of programs.”

Sober Truth on Preventing Underage Drinking Act (STOP Act): “The agreement provides an increase for community-based coalition enhancement grants.”

Strategic Prevention Framework-Partnerships for Success Program: “The agreement encourages the program to support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State's top three substance use issues for 12 to 18 year old youth as determined by the State's epidemiological data. The agreement directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions. SAMHSA is also directed to issue a report within 120 days of enactment of this Act assessing the extent to which the work of local grantees complements and aligns with the primary prevention efforts led by the corresponding State alcohol and drug agency.”

Substance Misuse Prevention: “The agreement supports efforts to reduce the risks associated with drug use, including efforts to avoid drug overdose deaths and the spread of diseases such as HIV and hepatitis. However, the agreement strongly encourages that funds appropriated for substance misuse prevention purposes in the Center for Substance Abuse Prevention, as well as the 20 percent prevention set-aside in the Substance Abuse Prevention and Treatment Block Grant, be used only for bona fide substance misuse prevention activities and not for any other purpose.”

Senate Appropriations Committee Report Language:

Harm Reduction: “The Committee remains supportive of efforts to reduce the risks associated with addiction and drug use, specifically through programs that focus on harm reduction strategies. However, harm reduction programs primarily serve individuals already struggling with addiction and should not be considered primary prevention programs. As such, the Committee strongly encourages SAMHSA to ensure harm reduction funding is administered through the Center for Substance Abuse Treatment and not through the Center for Substance Abuse Prevention.”

Strategic Prevention Framework: “The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State's top three substance use issues for high-risk youth as determined by the State's epidemiological data. The Committee directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions. Finally, the Committee directs SAMHSA to issue a report assessing the extent to which the work of local grantees complements and aligns with the primary prevention efforts led by the corresponding State alcohol and drug agency.”

Sober Truth on Preventing [STOP] Underage Drinking Act: “The Committee is disappointed that SAMHSA has not released a new funding opportunity announcement [FOA] for the STOP Act community-based enhancement grant program since 2019. The Committee directs SAMHSA to prioritize this program and to ensure that a new FOA is released in fiscal year 2022.”

Substance Use Disorder Prevention Workforce Report: “The Committee recognizes that the nation's work on substance use disorder prevention relies on an adequate supply of educated prevention professionals. The Committee is aware, however, that more data and information is needed about the substance use disorder prevention workforce. Therefore, the Committee directs SAMHSA to complete a comprehensive national study regarding the substance use prevention workforce within 180 days of enactment of this act that will be made publicly available on SAMHSA's website. The study will collect information on the existing availability of and access to data on prevention workforce size, salaries, and profession-focused education and training opportunities. The study should include an evaluation of existing funding support for prevention workforce and the funding support necessary to maintain an adequate workforce. The study should develop a plan to address prevention workforce data, training, and support gaps, challenges and needs and potential Federal programming to help implement the plan. The

Committee directs SAMHSA to develop the study in consultation with relevant stakeholders, including the Association representing State alcohol and drug agencies, researchers and others.”

House Appropriations Committee Report Language:

Center for the Application of Prevention Technologies: “The Committee encourages SAMHSA to ensure eligibility for private, nonprofit, and regional organizations, including faith-based organizations, for the Center for the Application of Prevention Technologies. 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.”

Sober Truth on Preventing Underage Drinking (STOP) Act: “The Committee includes \$15,000,000, an increase of \$5,000,000, for the STOP Act. Of this amount, \$11,500,000 is for the Community Based Enhancement Grant Program to help community coalitions address underage drinking; \$2,500,000 is for an annual public service campaign on underage drinking; and \$1,000,000 is for the ICCPUD to carry out its reporting and coordination responsibilities. The Committee is disappointed that SAMHSA has not released a new Funding Opportunity Announcement (FOA) for the STOP Act Community Based Enhancement Grant program since 2019 and directs SAMHSA to ensure a new FOA for this program is released in fiscal year 2022.”

Strategic Prevention Framework: “The Committee provides \$139,484,000, an increase of \$20,000,000, for the Strategic Prevention Framework (SPF). Of the total provided, \$124,484,000 is for SPF–Partnerships for Success (SPF–PFS) and \$15,000,000 is for SPF–Rx. The Committee strongly believes that investing in prevention is essential to ending the substance misuse crisis, and supports the SPF–PFS program, which is designed to prevent the onset of substance misuse, while strengthening prevention capacity and infrastructure. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State or local applicant’s most pressing substance use issues, as determined by the State and/or local epidemiological data. The Committee directs SAMHSA to issue a report, within 120 days of enactment of this Act, assessing the extent to which the work of local grantees complements and align with the primary prevention efforts led by the corresponding State alcohol and drug agency.”

SUD Prevention Workforce: “The Committee recognizes that the nation’s work on SUD prevention relies on an adequate supply of educated prevention professionals. The Committee is aware that more data and information is needed about the SUD prevention workforce. Therefore, the Committee directs SAMHSA to conduct a comprehensive national study regarding the substance use prevention workforce. The study should include an environmental scan of the existing workforce, salaries, current challenges in maintaining support for an adequate workforce, a plan to address these challenges and potential federal programming to help implement the plan. The Committee directs SAMHSA to develop the study in consultation with relevant stakeholders, including the association representing State alcohol and drug agencies, researchers, and others.”

Tribal Behavioral Grants: “The Committee includes an increase of \$4,250,000 to expand efforts to address the high incidence of substance misuse and suicide among American Indian/Alaska Native populations.”

SAMHSA Congressional Justification Language:

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

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

Strategic Prevention Framework for Prescription Drugs (SPF Rx): “The Strategic Prevention Framework for Prescription Drugs (SPF-Rx) assists grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMP). Grantees have also raised awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA’s program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success. SAMHSA plans to maintain this level of support for SPF Rx through FY 2022.”

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

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

Minority AIDS: “The Minority AIDS program supports activities that build a strong foundation for delivering and sustaining high- quality and accessible substance misuse and HIV prevention services. The program aims to engage community-level domestic public and private non-

profit entities, tribes, and tribal organizations in order to prevent and reduce the onset of substance misuse and transmission of HIV/AIDS among at-risk populations, including racial/ethnic minority youth and young adults, ages 13 to 24. SAMHSA works with college and university clinics/wellness centers and community-based providers that can provide comprehensive substance misuse and HIV prevention strategies.

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

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

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

Center for the Application of Prevention Technologies: "The purpose of the PTTC Network is to improve implementation and delivery of effective substance misuse prevention interventions and provide training and technical assistance services to the substance misuse prevention field. This is accomplished by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals."

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

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

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

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

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

SAMHSA's Center for Mental Health Services (CMHS)

CMHS Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
CMHS PRNS TOTAL	\$460,774,000	\$487,036,000	\$571,289,000	\$739,089,000	\$726,435,000	\$599,036,000	+\$112,000,000
Assisted Outpatient for Individuals with SMI	\$19,000,000	\$21,000,000	\$21,420,000	\$21,420,000	\$21,420,000	\$21,000,000	Level
Assertive Community Treatment	\$7,000,000	\$9,000,000	\$9,000,000	\$9,000,000	\$9,000,000	\$9,000,000	Level
Behavioral Health Crisis and 988 Coordinating Office	N/A	N/A	N/A	\$10,000,000	\$10,000,000	\$5,000,000	N/A
Certified Community Behavioral Health Clinics (CCBHCs)	\$200,000,000	\$250,000,000	\$375,000,000	\$375,000,000	\$350,000,000	\$315,000,000	+\$65,000,000
Comprehensive Opioid Recovery Center (CORCs)	\$2,000,000	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	N/A
Children and Family Programs	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level
Consumer/ Consumer Support TA Centers	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$6,269,000	\$6,269,000	\$51,394,000	\$51,394,000	\$47,655,000	\$6,269,000	Level
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level
Healthy Transitions	\$28,951,000	\$29,451,000	\$29,451,000	\$31,451,000	\$29,451,000	\$29,451,000	Level
Homelessness	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level

CMHS Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
Homelessness Prevention Programs	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level
Infant and Early Childhood MH	\$7,000,000	\$8,000,000	\$8,000,000	\$25,000,000	\$15,800,000	\$10,000,000	+\$2,000,000
MH System Transformation and Health Reform	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level
Mental Health Awareness Training (formerly MH First Aid)	\$22,963,000	\$23,963,000	\$35,945,000	\$35,945,000	\$35,945,000	\$24,963,000	+\$1,000,000
Mental Health Crisis Response Grants	N/A	N/A	N/A	\$100,000,000	N/A	\$10,000,000	N/A
Minority Fellowship Program	\$9,059,000	\$10,059,000	\$10,663,000	\$11,713,000	\$10,663,000	\$10,059,000	Level
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level
National Child Traumatic Stress Network	\$68,887,000	\$71,887,000	\$81,887,000	\$100,000,000	\$81,887,000	\$81,887,000	+\$10,000,000
National Suicide Prevention Lifeline	\$19,000,000	\$24,000,000	\$101,621,000	\$113,621,000	\$108,821,000	\$101,621,000	+\$77,621,000
Practice Improvement and Training	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level
Primary and Behavioral Health Care Integration	\$49,877,000	\$52,877,000	\$52,877,000	\$57,877,000	\$52,877,000	\$52,877,000	Level
Primary/Behavioral Health Integration TA	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	Level
Project AWARE State Grants	\$102,001,000	\$107,001,000	\$155,502,000	\$155,502,000	\$180,502,000	\$120,001,000	+\$13,000,000
Project LAUNCH	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	Level
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level
Suicide Prevention	\$90,034,000	\$102,046,900	\$179,667,000	Not yet available	Not yet available	Not yet available	N/A
Tribal Behavioral Health Grants	\$20,000,000	\$20,750,000	\$20,750,000	\$25,000,000	\$20,750,000	\$20,750,000	Level
Children's Mental Health	\$125,000,000	\$125,000,000	\$125,000,000	\$150,000,000	\$125,000,000	\$125,000,000	Level
Grants to States for the Homeless/ Projects for Assistance in Transition from Homelessness (PATH)	\$64,635,000	\$64,635,000	\$64,635,000	\$74,635,000	\$64,635,000	\$64,635,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$40,000,000	\$40,000,000	\$38,000,000	+\$1,854,000
Community Mental Health Services (CMHS) Block Grant	\$701,532,000	\$757,571,000	\$1,582,571,000	\$1,582,571,000	\$1,582,571,000	\$857,571,000	+\$100,000,000

Final Appropriations Language on CMHS Programs

Mental Health Block Grant: “The agreement again includes a five percent set-aside of the total for evidence-based crisis care programs as described in House Report 117-96.”

National Child Traumatic Stress Initiative: “The agreement includes an increase and directs SAMHSA to follow the directives in House Report 117-96.”

Behavioral Health Crisis and 988 Coordinating Office: “The agreement includes \$5,000,000 for the Office of the Assistant Secretary for Mental Health and Substance Use to establish an office dedicated to the implementation of the 988 National Suicide Prevention Lifeline (Lifeline) and coordination of behavioral health crisis care across HHS operating divisions, including CMS and HRSA. The office will support technical assistance and coordination of the nation's crisis care network, the implementation of the 988 Lifeline, and the development of a crisis care system with the objective of expanding crisis care services and follow-up care, including through services provided by Federally Qualified Health Centers, Community Mental Health Centers, Certified Community Behavioral Health Clinics, and other community providers. Additionally, the office will coordinate with first responders including the 911 system so that behavioral health crisis services are well integrated into emergency care. The agreement requests that SAMHSA provide a report to the Committees within 180 days of enactment of this Act outlining a nationwide crisis care system plan of action.”

Infant and Early Childhood Mental Health: “The agreement directs SAMHSA to continue to allow a portion of additional funds provided for technical assistance to existing grantees, to better integrate infant and early childhood mental health into State systems.”

Mental Health Awareness Training: “The agreement includes an increase and directs SAMHSA to continue 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 veterans and armed services personnel and their family members.”

Mental Health Crisis Response Grants: “The agreement includes new crisis response grants as directed in House Report 117-96.”

National Suicide Prevention lifeline: “The agreement includes an increase to prepare for the launch of a new 988 number in July 2022, including for specialized services as detailed in House Report 117-96. The agreement directs SAMHSA to keep the Committees fully apprised of progress toward this launch. SAMHSA is directed to provide a briefing with a status update within 60 days of enactment of this Act, to provide a briefing within 60 days of the launch of 988, and as necessary throughout the year.”

Project AWARE: “The agreement includes an increase for school-and campus-based mental health services and support. Of the amount provided, the agreement directs \$12,500,000 for grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. The agreement requests SAMHSA submit a report to the Committees within 180 days after enactment of this Act outlining grantee efforts. The agreement recognizes that the COVID-19 pandemic has increased the need for school and community-based trauma services for children and their

families. Accordingly, within this increase, the agreement provides \$7,000,000 to increase student access to evidence-based, culturally relevant, trauma support services and mental health care through established partnerships with community organizations as authorized by section 7134 of the SUPPORT Act (P.L. 115-271)."

Projects for Assistance in Transition from Homelessness (PATH): "The agreement recognizes that inadequate housing and support opportunities exist for people with serious mental illness. The agreement directs SAMHSA to encourage PATH grantees to partner with public housing agencies in their communities, and to use existing outreach and engagement mechanisms to identify, qualify, and select individuals and initiate housing support services to meet the individual's needs."

Senate Appropriations Committee Report Language:

Behavioral Health Crisis and 988 Coordinating Office: "The Committee recommendation includes \$10,000,000 for the Office of the Assistant Secretary for Mental Health and Substance Use to create an office dedicated to the implementation of the 988 crisis line and the coordination of efforts related to behavioral health crisis care across HHS operating divisions, including CMS and HRSA, as well as with external stakeholders. The office will support technical assistance and coordination of the nation's crisis care network, starting with the implementation of the 988 crisis line's infrastructure and building capacity of and access to local crisis call centers. The office will also be responsible for the development of a crisis care system encompassing nationwide standards guidelines and data analysis with the objective of expanding mobile crisis care, crisis stabilization, and psychiatric emergency services, as well as follow up protocols and services. This would include coordination with urgent care services provided by federally Qualified Health Centers, Community Mental Health Centers, and Certified Community Behavioral Health Clinics and other community mental health and substance use providers. Additionally, the office will coordinate with national first responders such as the 911 system and related emergency medical services and shall support the local coordination of first responder services so that behavioral health crisis services are well integrated into emergency care responses. The Committee requests that the Secretary include a multi-year plan in the fiscal year 2023 CJ outlining a nationwide crisis care system plan of action."

Criminal Justice Activities: "The Committee notes the lack of reentry planning and transitions of care plans for individuals in need of behavioral healthcare. According to the Bureau of Justice Statistics, more than half of people in the criminal justice system have a mental illness. Of those with serious mental illness, approximately 75 per-cent also have a co-occurring substance use disorder. Successful re-entry into the community requires transition planning and access to services including crisis care, residential and outpatient treatment, and primary health and mental healthcare coordination. As such, the Committee urges SAMHSA provide technical assistance to States and community-based programs to better coordinate care and provide reentry planning for incarcerated individuals with mental and behavioral healthcare needs."

Infant and Early Childhood Mental Health: "The Committee directs SAMHSA to continue to allow a portion of additional funds provided for technical assistance to existing grantees, to better integrate infant and early childhood mental health into State systems."

Mental Health Awareness Training: "In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans, armed services personnel, and their family members within the Mental Health Awareness Training program."

Project Aware: “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 2023 CJ. Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$18,750,000, an increase of \$6,250,000, for discretionary grants to support efforts in high- crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2021 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants. The Committee requests a report on progress of grantees 180 days after enactment.”

Community Mental Health Services Block Grant: “The Committee recommendation continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside and directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and that target the first episode of psychosis. The Committee continues to direct SAMHSA to include in the fiscal year 2023 CJ 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 to include a 5 per-cent set-aside within the MHBG for States to implement evidence- based, crisis care programs to address the needs of individuals 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.”

Prevention and Early Intervention Set-Aside: “To in-crease access to early intervention and prevention programs, the Committee has included new bill language requiring States to spend no less than 10 percent of their MHBG funding to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children and adolescents. Activities could include, but are not limited to, training school- based personnel to identify children and youth at-risk of mental disorders, collaborating with primary care associations to field de-pression and anxiety screening tools in front line primary care practices for all individuals, and partnering with local non-profit entities in low-income and minority communities to implement trauma-informed early intervention and prevention initiatives. Statutory State plan and reporting requirements will apply to early intervention and prevention set-aside programming.”

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

Certified Community Behavioral Health Clinics (CCBHC): “The Committee continues to direct SAMHSA to prioritize re-sources to entities within States that are able to quickly stand-up a CCBHC, including those part of section 223(a) of the Protecting Access to Medicare Act of 2014

(Public Law 113–93). SAMHSA is directed to coordinate these resources with its efforts focusing on areas of high incidence of substance use disorders.”

House Appropriations Committee Report Language:

Criminal Justice Activities: “The Committee includes an increase of \$45,125,000 for Criminal and Juvenile Justice Programs, to address some of the unmet need for effective behavioral health services and supports that are accessible before, during, and after incarceration and continue in the community for those with a mental disorder. The Committee recognizes the importance of providing comprehensive services to those who suffer from severe mental health issues. The Committee is aware that lack of coordinated and accessible treatment for individuals with mental health and co-occurring disorders often results in avoidable arrest and incarceration, and that these individuals often recidivate in part due to gaps in addressing their needs. Communities of color are often disproportionately impacted by these service gaps. The Committee encourages SAMHSA to prioritize funding for centers that provide assistance to those with severe mental health needs who are at risk of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry supports. The Committee also encourages SAMHSA to prioritize applications from areas with high rates of uninsured individuals, poverty, and substance use disorders.”

Healthy Transitions: “The Committee includes an increase of \$2,000,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have or at risk of developing a serious mental health condition.

Infant and Early Childhood Mental Health: The Committee recognizes the importance of building mental health services for children under the age of six and includes an increase of \$17,000,000 for Infant and Early Childhood Mental Health. This will support increased access to a range of evidence-based and culturally appropriate infant and early childhood mental health services, and aid in addressing the national shortage of mental health professionals with infant and early childhood expertise. The Committee urges SAMHSA to expand grants to entities such as State agencies, tribal communities, and university or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. The Committee is pleased with SAMHSA’s use of a portion of funding to provide technical assistance to existing grantees to better integrate infant and early childhood mental health into state systems and encourages that work to continue.”

Minority Fellowship: “The Committee provides \$20,289,000, an increase of \$4,120,000, for the Minority Fellowship program in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance misuse and mental health disorders across all populations, the Committee recognizes the critical importance of supporting a diverse behavioral health workforce and its effectiveness in addressing substance use disorders and mental health issues impacting minority and underserved populations.”

Project AWARE: “To increase access to mental health services, as set out by the 2013 ‘Now is the Time’ plan, the Committee includes a total increase of \$48,501,000 for Project AWARE, which is designed to identify children and youth in need of mental health services, to increase access to mental health treatment, and to promote mental health literacy among teachers and school personnel. This includes an increase of \$42,251,000 for Project AWARE state grants, an increase of \$6,250,000 for Resilience in Communities after Stress and Trauma (ReCAST) grants. In

addition, the Committee includes an increase of \$11,982,000 for Mental Health Awareness Training. The Committee encourages SAMHSA to sustain and strengthen its grant and other programs that support school-based and campus-based services aimed at preventing and treating mental health challenges experienced by younger Americans.”

Certified Community Behavioral Health Clinics (CCBHC): “The Committee includes an increase of \$125,000,000 for the CCHBC program. In addition, the American Rescue Plan (P.L. 117–2) included \$420,000,000 to support CCBHCs. The Committee is pleased that the CCBHC program is expanding access to mental health and SUD treatment services and significantly reducing hospital emergency room utilization. CCBHCs are required to partner with local agencies and this often includes partnering with law enforcement to develop safe and effective crisis response. The Committee directs SAMHSA to continue to make funds available nationwide and to prioritize resources to entities within States that are part of section 223(a) of the Protecting Access to Medicare Act of 2014 (P.L. 113–93) demonstration and to entities within States that were awarded planning grants.”

Children’s Mental Health: “The Committee includes an increase of \$25,000,000 for the Children’s Mental Health program, which supports grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders, and assists States and local jurisdictions in developing integrated systems of community care.”

Mental Health Block Grant: “The Committee includes \$1,582,571,000, an increase of \$825,000,000, for the Mental Health Block Grant (MHBG). In addition, the American Rescue Plan (P.L. 117–2) included \$1,500,000,000 for the MHBG. 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. The Committee expects SAMHSA to continue its collaboration with the National Institute of Mental Health (NIMH) and to encourage States to use this funding to support programs that demonstrate strong evidence of effectiveness. In addition, the Committee urges States to use a portion of their MHBG formula funding to provide mental health services to the survivors of mass shootings as well as their families.

MHBG Crisis Care Set-Aside.—The Committee includes a 10 percent set-aside in the MHBG for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA 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: local, regional or statewide call centers that have capacity to address distressed and suicidal callers and deploy mobile teams or direct persons to accessible crisis receiving centers or clinics with same day appointments, mobile crisis response teams and crisis receiving units. The goal is a crisis care system where a person in crisis will have someone to talk to, someone to respond, and/or somewhere to go for crisis intervention at any time.

MHBG Prevention and Early Intervention Set-Aside.—The Committee understands that early intervention is critical if we are to prevent or mitigate the effects of mental illness and enable individuals to live fulfilling, productive lives. The Committee notes emerging science developed by the NIMH on early intervention and prevention of mental disorders. Many neuropsychiatric illnesses have a typical age of onset in late adolescence, and studies demonstrate that half of those who will develop mental health disorders show symptoms by age 14. To increase access to early intervention and prevention services, the Committee includes a new 10 percent set aside within the MHBG total to support evidence-based

programs that address early intervention and prevention of mental disorders among at-risk children, including young children and toddlers, and adolescents. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and territories, activities targeted to children and youth such as, but not limited to, training school-based personnel to identify children and youth at risk of mental disorders; programs to promote positive social-emotional development in children from birth to age five; mental health consultation for child care programs; collaborating with primary care associations to field depression and anxiety screening tools in front line primary care practices; or partnering with local non-profit entities in low-income and minority communities to implement trauma informed early intervention and prevention initiatives. Statutory state plan and reporting requirements will apply to early intervention and prevention set-aside programming.

National Child Traumatic Stress Initiative: "The Committee includes an increase of \$28,113,000 for the National Child Traumatic Stress Initiative. The Committee strongly supports the National Child Traumatic Stress Network (NCTSN), which carries out essential work in building, evaluating, disseminating, and delivering evidence-based services and 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 that the NCTSN maintains its focus on collaboration, data collection, and the provision of direct services and that new grants should not be awarded as training only."

Projects for Assistance in Transition from Homelessness (PATH): "The Committee includes an increase of \$10,000,000 for the PATH program, which supports 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 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 includes an increase of \$3,854,000, for the Protection and Advocacy for Individuals with Mental Illness program, which ensures 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. Funds are allocated to States according to a formula based on population and relative per capita incomes."

SAMHSA Congressional Justification Language for CMHS Programs:

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

"SAMHSA requests funding to support 127 grant continuations and 24 new grants for the improvement of mental disorder treatment, services, and interventions for children and adolescents exposed to traumatic events and to provide trauma-informed services for children and adolescents as well as training for the child-serving workforce."

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

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

Healthy Transitions: “The Healthy Transitions program provides grants to states and tribes to improve access to mental disorder treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition. Grantees use these funds to provide services and supports to address serious mental health conditions, co-occurring disorders, and risks for developing serious mental health conditions among youth 16 – 25 years old.”

“SAMHSA requests funding to improve access to mental disorder treatment and related support services for young people, aged 16 to 25, who either have, or are at risk of developing a serious mental health condition. SAMHSA’s budget request will support 27 continuation grants and fund a new cohort of grants.”

Children and Family Programs: “SAMHSA requests funding to enhance and improve the quality of existing services and promote the use of culturally competent services and support for children and youth with, or at risk for, serious mental health conditions, and their families. This funding will support 21 Circles of Care continuation grants.”

Consumer and Family Network Grants: “SAMHSA requests funding for 19 new SFN, nine new SCN, and 22 continuation grants that promote consumer, family, and youth participation in the development of policies, programs, and quality assurance activities related to mental health systems reform across the United States.

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

The FY 2022 budget request is \$23.6 million, level with the FY 2021 Enacted level. This funding will support 30 continuation grants and the CoE-IECMHC to improve health outcomes for young children and support children at high risk for mental illness and their families in order to prevent future disability. This funding request will provide continued screening, prevention, early intervention for behavioral health issues and referrals to high quality treatment for children and families in 30 communities across the U.S. through the CoE-IECMJH.”

Mental Health System Transformation and Health Reform: “SAMHSA requests funding to support the continuation of seven Transforming Lives through Supported Employment grants that will enhance state and community capacity to provide evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for adults and youth with SMI/SED and co-occurring mental and substance use disorders.”

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

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

National Suicide Prevention – Lifeline: “The FY 2022 budget request is \$101.6 million, an increase of \$77.6 million from the FY 2021 Enacted level. SAMHSA is requesting funding to strengthen the National Suicide Prevention Lifeline (NSPL), which is a critical public health intervention to address suicide risk. As the backbone of 9-8-8, the NSPL serves as a critical safety net. When local crisis centers are unable to answer incoming contacts from individuals in distress, the NSPL utilizes a subnetwork of national backup centers to ensure capacity can meet demand. As preparation for 9-8-8’s launch intensifies, the \$102 million requested will enhance the Suicide Lifeline’s infrastructure. These investments will help address challenges in meeting current 62 call/chat/text demand and expand capacity to manage the expected volume influx beginning in July 2022, as required by the National Suicide Hotline Designation Act of 2020. This funding will be used to strengthen the infrastructure of the existing Lifeline to increase the capacity of Lifeline centers to answer calls, chats, and texts, and provide specialized services. In addition, SAMHSA is requesting funding to fund two new Lifeline Crisis Center Follow-up grants that will focus on providing follow-up to suicidal people discharged from emergency rooms and inpatient units. In addition to NSPL’s infrastructure enhancements, SAMHSA recognizes that local crisis centers – which face funding challenges and are often staffed by unpaid volunteers – also need support to ensure a successful 9-8-8 launch next July. The National Suicide Hotline Designation Act provides states with the authority to collect fees from voice providers to support 9-8-8, similar to the method used in many regions to finance 911. In the short time since the National Suicide Hotline Designation Act was signed into law in October 2020, several states are already deliberating the new authority to levy fees on cell phone bills to support the answering of 9-8-8 calls and related mental health crisis services. The FY 2021 Appropriations Act also instituted for the first time a five percent set-aside to the SAMHSA Mental Health Block grant. This crisis set-aside is used to support crisis services planning and development in every state and MHBG grant recipient. SAMHSA will continue to assess the needs of local crisis centers as the 9-8-8 launch continues and as state planning efforts advance. While 988 affords an opportunity to significantly strengthen mental health crisis care, its success hinges on our nation’s crisis infrastructure.

Homelessness Prevention Programs: “With this funding, SAMHSA will support 48 continuation grants and technical assistance activities to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable and permanent housing. Grantees will expand access to treatment and connect homeless individuals experiencing Serious Mental Illness with safe, secure housing.”

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

Criminal and Juvenile Justice Programs: “The FY 2022 budget request is \$51.4 million, an increase of \$45.1 million from the FY 2021 Enacted level. This proposed increase aligns with the Administration’s goal to address mental health needs among incarcerated youth and adults by providing services to ensure their successful transition into community post-incarceration. This funding will establish pre-release relationships with community mental health providers and key stakeholders. With a commitment to health equity, SAMHSA will award a new cohort of grants to support provision of services by community-based behavioral health providers both within jails/prisons and post-incarceration. This activity will

address the unmet treatment needs of incarcerated individuals and allow these individuals to continue to access services from the same community-based providers post-incarceration. The needs of individuals returning to society include the social determinants of recovery (i.e. housing, employment, access to health care) and other supportive resources for successful transition from incarceration. This funding will support up to 100 grantees to provide screening, assessment, treatment, and linkage to services for those with mental disorders in jails/prisons. Special importance will be paid towards ensuring a commitment to racial and economic justice, trauma-informed approaches, as well as cultural humility. SAMHSA will also support the continuation of 18 Early Diversion grants and the continuation of the technical assistance center."

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

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

Disaster Response: "SAMHSA helps ensure that the nation is prepared to address, as well as respond to the behavioral health needs that follow these disasters or events. SAMHSA focuses on three major programs; the Crisis Counseling Assistance and Training Program (CCP), the Disaster Distress Helpline (DDH) and the Disaster Technical Assistance Center (DTAC). These programs use appropriated funds to support survivors of natural and man-made disasters."

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

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

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

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

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

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

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

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

Community Mental Health Services Block Grant: "The MHBG continues to represent a significant "safety net" source of funding for mental health services for some of the most at-risk populations across the country. Together, SAMHSA's block grants support the provision of services and related support activities to more than eight million individuals with mental and substance use conditions in any given year. The MHBG's flexibility and stability have made it a vital support for public mental health systems. States rely on the MHBG for delivery of services and for an array of non-clinical coordination and support services that are not supported by Medicaid or other third-party insurance to strengthen their service."

"The FY 2022 budget request is \$1.6 billion, an increase of \$825.0 million from the FY 2021 Enacted level. With this funding, SAMHSA will continue to address the needs of individuals with SMI and SED and will continue to maintain the 10 percent set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The set-aside funds help reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of serious mental illness. The Budget also set-asides \$75 million, an increase of \$40 million over FY 2021, of MHBG funds to support state efforts to build much needed crisis systems to address the needs of individuals in mental health crisis in a high quality, expeditious manner. In addition, this funding will support an ongoing partnership between mental health and law enforcement. The development of these services will promote 24/7 access to well-trained mental health professionals in the time of acute mental health crisis."

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
NIAAA	\$545,373,000	\$554,923,000	\$570,165,000	\$582,422,000	\$569,633,000	\$573,651,000	+\$18,728,000

Senate Appropriations Committee Report Language:

Polysubstance Use: "The Committee is pleased to see NIH supporting research on alcohol/polysubstance use, but urges the Director to continue to support research in this area in the context of NIH's very comprehensive center programs across the U.S., particularly those located in or near areas with socially vulnerable populations. Given the increasing prevalence of polysubstance deaths, particularly among rural and minority communities, the Committee also encourages the Director to support studies on rural and minority communities with high rates of alcohol and polysubstance use mortality."

National Institute on Drug Abuse (NIDA)

Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
NIDA	\$1,457,724,000	\$1,479,660,000	+\$1,852,503,000	\$1,860,329,000	\$1,832,906,000	\$1,595,474,000	+\$115,814,000

Final Appropriations Language on NIDA

E-cigarettes: "The agreement encourages NIDA to conduct interdisciplinary research on the relationship between the vaping of tobacco and marijuana, with an emphasis on risk perceptions, decision-making and neuroscience. NIDA is also encouraged to support targeted research on the use and consequences of ecigarettes in pediatric populations."

Opioids, Stimulants, and Pain Management: "The agreement includes no less than \$345,295,000 for the HEAL Initiative."

Medication-assisted Treatment for Methamphetamines: "While there are currently approved medications for alcohol and opioid addiction, there remains no FDA-approved medication for methamphetamine addiction. The agreement urges NIDA to continue their ongoing trials to expeditiously find and approve a treatment for methamphetamine."

Methamphetamine and Other Stimulants: "The agreement encourages NIDA to examine the cardiovascular effects of methamphetamine misuse and implications for treatment, and to partner with institutions in areas with higher numbers of methamphetamine-related deaths compared to opioid-related deaths and that have demonstrated research expertise in methamphetamine and cardiovascular diseases."

Overdose Prevention Centers: "The agreement acknowledges the controversial nature of Overdose Prevention Centers and encourages NIDA to support research on the potential public health impacts of these centers."

Pain and Addiction Collaborative Research: "The agreement recommends that the NIH encourage collaborative research awards through NINOS and the NIDA for pain and addiction treatment and research."

Senate Appropriations Committee Report Language:

Barriers to Research: "The Committee is concerned that restrictions associated with Schedule I of the Controlled Substance Act which effectively limits the amount and type of research that can be conducted on certain Schedule I drugs, especially opioids, marijuana or its component chemicals and new synthetic drugs and analogs. At a time when we need as much information as possible about these drugs and antidotes for their harmful effects, the Committee believes we should be lowering regulatory and other barriers to conducting this research. The Committee appreciates NIDA's completion of a report on the barriers to research that result from the classification of drugs and compounds as Schedule I substances including the challenges researchers face as a result of limited access to sources of marijuana including dispensary products."

COVID-19 Pandemic and Impact on Substance Use Disorders: "The Committee commends NIDA for conducting research on the adverse impact of the pandemic on SUDs and encourages the Institute to expand its research on these issues."

E-Cigarettes: "The Committee recommends that NIDA support targeted research related to the use and consequences of these devices and into therapies, including both pharmacologic and behavioral therapies, to combat nicotine addiction in pediatric populations."

Kratom: "In order to ensure continued transparency, the Committee directs NIDA to report back to the Committee no later than 120 days after enactment of this act, on all current and past kratom research projects as well as plans for future research projects."

Marijuana Research: "The Committee is concerned that marijuana policies on the Federal level and in the states (medical marijuana, recreational use, etc.) are being changed without the benefit of scientific research to help guide those decisions. NIDA is encouraged to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health and the impacts associated with high potency cannabis. There is insufficient scientific information about the short-term and long-term effects of compounds found in cannabis, including cannabidiol [CBD] and cannabigerol [CBG], cannabichromene [CBC], minor cannabinoids, and terpenes. Additional, coordinated, research on a national scale is necessary to determine the toxicology and medicinal effects of CBD, CBG, CBC, minor cannabinoids, and terpenes. The Committee believes that NIH should strongly consider significantly expanding the use of funds to study the medicinal effects and toxicology of CBD, CBG, CBC, minor cannabinoids, and terpenes. This expanded effort should include funding of clinical trials with academic health centers to study the long-term medicinal benefits and toxicology of CBD and CBG."

Medication-Assisted Treatment for Methamphetamines: "The Committee is concerned by the rise in methamphetamine use and addiction in the United States. While there are currently approved medications for alcohol and opioid addiction, there remains no FDA-approved medication for methamphetamine addiction. The Committee urges NIDA to continue their ongoing trials to expeditiously find and approve a treatment for methamphetamine."

Methamphetamine and Other Stimulants: "The Committee continues to support NIDA's efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA's efforts to combat the growing problem of methamphetamine and other stimulant use and related deaths. The Committee recognizes that methamphetamine is more frequently implicated in overdose deaths than opioids

across numerous regions, representing an epidemic of its own. The substantial morbidity and mortality associated with methamphetamine use is often driven by increases in cardiovascular disease associated with it that are poorly understood. The Committee encourages NIDA to examine the cardiovascular effects of methamphetamine misuse and implications for treatment and to partner with institutions in areas with higher numbers of methamphetamine-related deaths compared to opioid-related deaths and that have demonstrated research expertise in methamphetamine and cardio-vascular diseases.”

Opioid Initiative: “To combat this crisis the Committee has provided within NIDA’s budget \$405,443,000 for the Institute’s share of the HEAL Initiative, \$135,148,000 above the fiscal year 2021 enacted level and the same as the fiscal year 2022 budget request. With the additional funding, NIDA efforts should be targeted to the following areas: development of safe and effective medications and new formulations and combinations to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medication for opioid use disorder and methods to scale up these interventions for population-based impact; and develop evidence-based strategies to integrate screening and treatment for opioid use disorder in emergency department and primary care settings. The Committee also includes an additional \$185,359,000 in NIDA to support basic research related to opioids and other stimulants, as requested in the fiscal year 2022 budget request.”

Pain and Addiction Collaborative Research: “The Committee recommends that the NIH encourage collaborative research awards through NINDS and the NIDA for pain and addiction treatment and research.”

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment: “The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). NIDA should continue its efforts in this area, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices. The Committee recommends that NIDA continue to provide support for the education of scientists and practitioners to find improved prevention and treatment interventions for substance use disorders as the Institute has done for the COVID–19 pandemic.”

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

Program	FY 2020	FY 2021	President’s FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,273,556,000	\$1,314,056,000	\$1,420,556,000	\$1,501,556,000	\$1,436,056,000	\$1,345,056,000	+\$31,000,000
<i>HIV Prevention by Health Depts.</i>	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>
School Health	\$33,081,000	\$34,081,000	\$34,081,000	\$50,081,000	\$34,081,000	\$36,081,000	+\$2,000,000
Viral Hepatitis	\$39,000,000	\$39,500,000	\$39,500,000	\$44,500,000	\$39,500,000	\$41,000,000	+\$1,500,000
Infectious Diseases and the Opioid Epidemic	\$10,000,000	\$13,000,000	\$19,500,000	\$69,500,000	\$30,000,000	\$18,000,000	+\$5,000,000

Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
Sexually Transmitted Infections	\$160,810,000	\$161,810,000	\$161,810,000	\$166,810,000	\$166,810,000	\$164,310,000	+\$2,500,000
Chronic Disease Prevention and Health Promotion	\$1,239,914,000	\$1,276,664,000	\$1,452,664,000	+\$1,557,064,000	\$1,509,664,000	\$1,338,664,000	+\$62,000,000
Tobacco	\$230,000,000	\$237,500,000	\$237,500,000	\$250,000,000	\$247,500,000	\$241,500,000	+\$4,000,000
Excessive Alcohol Use	\$4,000,000	\$4,000,000	\$4,000,000	\$5,000,000	\$4,000,000	\$5,000,000	+\$1,000,000
Prevention Research Centers	\$26,461,000	\$26,961,000	\$26,961,000	\$31,961,000	\$26,961,000	\$26,961,000	Level
Birth Defects and Developmental Disabilities	\$160,810,000	\$167,810,000	\$172,810,000	\$186,810,000	\$184,560,000	\$177,060,000	+\$9,250,000
Fetal Alcohol Syndrome	\$11,000,000	\$11,000,000	\$11,000,000	\$12,000,000	\$11,000,000	\$11,000,000	Level
Neonatal Abstinence Syndrome	\$2,250,000	\$2,250,000	\$2,250,000	\$2,250,000	\$4,000,000	\$3,250,000	+\$1,000,000
Injury Prevention and Control	\$677,379,000	\$682,879,000	\$1,103,169,000	\$1,064,169,000	\$1,050,169,000	\$714,879,000	+\$32,000,000
Unintentional Injury	\$8,800,000	\$8,800,000	\$8,800,000	\$12,800,000	\$11,800,000	Not available yet	N/A
Injury Prevention Activities	\$28,950,000	\$28,950,000	\$28,950,000	\$28,950,000	\$28,950,000	\$28,950,000	Level
Opioid Prescription Drug Overdose (PDO)/ Opioid Overdose Prevention and Surveillance	\$475,579,000	\$475,579,000	\$713,369,000	\$663,369,000	\$663,369,000	\$490,579,000	+\$15,000,000
Drug-Free Communities (DFC)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Level
America's Health Block Grant	Not funded	Not funded	Not funded	Not funded	Not funded	Not funded	Not funded

Final Appropriations Language on CDC Programs

Viral Hepatitis: “The agreement includes an increase to advance efforts to eliminate viral hepatitis.”

Infectious Diseases and the Opioid Epidemic: “The agreement includes an increase to strengthen efforts to address infectious diseases associated with substance use. CDC is directed to prioritize jurisdictions with the highest age-adjusted mortality rate related to substance use disorders and acute hepatitis C infection. CDC is also encouraged to prioritize jurisdictions that are experiencing outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for Ending the HIV Epidemic funding.”

School Health: “The agreement includes an increase for the investment in school health activities.”

Sexually Transmitted Infections (STI): “The agreement includes an increase for STI prevention and control activities in public health programs.”

Tobacco: “The agreement provides an increase to reduce deaths and prevent chronic diseases, including addressing the youth use of e-cigarettes.”

Neonatal Abstinence Syndrome (NAS): “The agreement includes an increase to support efforts to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy, including research on opioid use during pregnancy and related adverse outcomes from infancy through childhood, and to identify best practices for care, evaluation, and management to help children.”

Opioid Abuse and Overdose Prevention: “The agreement includes an increase to enhance efforts, including improvements in data quality and monitoring, including on substances driving overdoses. In addition to the directives included in House Report 117-96, CDC is directed to continue expansion of case-level syndromic surveillance data, improving interventions that monitor prescribing and dispensing practices as well as the timeliness and quality of morbidity and mortality data, and enhancing efforts with medical examiners and coroner offices.

CDC is urged to improve utilization of state-based Prescription Drug Monitoring Programs (PDMPs) to assist in clinical decision-making and surveillance. CDC is further directed to continue to expand an innovative model to coordinate care for high-risk patients receiving opioid treatment and encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records.”

Senate Appropriations Committee Report Language:

Hepatitis B: “The Committee notes that infection with the hepatitis B virus is a serious public health threat. The Committee urges CDC to maintain its investment in hepatitis B grants to support community-based organizations that are vital to serving disproportionately impacted communities to help ensure these groups receive the necessary testing and linkage to care. CDC is also urged to expand States’ viral hepatitis disease tracking and surveillance capabilities to permit effective targeting of resources and evaluation of program effectiveness.”

Infectious Diseases and the Opioid Epidemic: “The Committee encourages CDC to use this increase to provide additional resources to syringe services programs [SSPs] throughout the United States to help prevent overdose and infection. SSPs are first responders that prevent overdose and infectious diseases transmission and connect individuals to substance use disorder [SUD] treatment and medical care. In 2020, there were more than 90,000 overdose deaths, a figure that shatters the previous record of 70,980 deaths set in 2019. The Committee directs CDC to

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

Sexually Transmitted Infections (STIs): “Direct funding to States and local health departments is critical in addressing STIs. The Committee includes an increase of \$5,000,000 to address the high rates of STIs to support the recent investment of more than \$1,000,000,000 from the American Rescue Plan (Public Law 117– 2) to strengthen the ability of the DIS workforce nationwide to re-pond to COVID–19 and other infectious diseases. The Committee encourages CDC to ensure that all STI grantees receive at least the amount of funding they received in fiscal year 2021.”

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

Opioid Overdose Prevention: “The Committee includes an in-crease of \$187,790,000 to support CDC overdose prevention activities, and encourages CDC to continue to work collaboratively with States to ensure that funding is available to all States for opioid and other overdose prevention and surveillance activities. The Committee supports rigorous monitoring and evaluation, and improvements in data quality and monitoring at a national level, including data collection and analysis on substances driving overdoses. Further, CDC is directed to continue expansion of case- level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. The Committee urges CDC to improve utilization of State-based Prescription Drug Monitoring Programs [PDMPs] as a public health tool to assist in clinical decision-making and in conducting surveillance, and to work with States to avoid any reduction in PDMP funding. Further, the Committee expects CDC to continue to expand and evaluate an innovative model to coordinate care for high-risk patients receiving opioid treatment to ensure safer, more effective care. CDC is encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records. Additionally, the Committee appreciates efforts by CDC to ensure that funding reaches local communities as intended by Congress. The Committee directs CDC to report on the results of the investments in local cities, counties and communities in the fiscal year 2023 CJ. To ensure funding from CDC reaches local health departments the Committee requests that the Governor or designee of each State, locality, territory, tribe, or tribal organization receiving funds report to the Secretary on uses of funding, detailing current commitments and obligations.”

Opioid Prescribing Guidelines: “The Committee applauds CDC’s Guideline for Prescribing Opioids for Chronic Pain, for use by primary care clinicians for chronic pain in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care, and directs CDC to continue its works educating patients and providers, and to encourage uptake and use of the Guidelines. Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse or overdose from these drugs. The Committee urges CDC to continue coordination with other Federal agencies in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal government.”

Pain Management: “The Committee understands that an estimated 50 million Americans have chronic pain, making it a highly prevalent, costly, and disabling health condition. The Committee supports the collection, analysis, and publication of population re-search data using questions from the National Health Interview Survey and other nationally representative population-based samples such as the National Ambulatory Medical Care Survey and the BRFSS to describe those with chronic pain by patient age, comorbidities, part of body affected, socio-economic status, geo-graphic location by State, county and city, payor source, race, and gender. The Committee encourages intra-CDC cooperation and support to ensure the necessary expertise are leveraged. The Committee further encourages CDC to analyze and report data from the Medical Expenditure Panel Survey regarding the use of, and associated direct healthcare costs related to pain management treatments and services as well as indirect costs related to pain. Finally, the Committee directs CDC to report on the status of these activities in the fiscal year 2023 CJ and provide an annual report to the Committee regarding data collection, analysis, and reporting of these data.”

House Appropriations Committee Report Language:

Infectious Diseases and the Opioid Epidemic: “The Committee includes an increase of \$56,500,000 to expand activities to target the infectious disease consequences of the public health crisis involving injection drug use, including expanding the implementation of and access to high quality syringe services programs nationwide.”

School Health: “The Committee includes an increase of \$16,000,000 to bolster school capacity for evidence-based sexual health education, and access to sexual health services and safe and supportive environments.”

Sexually Transmitted Infections: “The Committee includes an increase of \$5,000,000 to address the high rates of sexually transmitted infections (STIs). The Committee recognizes that direct funding to State and local health departments is critical to address STIs and other infectious diseases. In addition, the Committee notes the investment of more than \$1,000,000,000 from the American Rescue Plan (P.L. 117–2) to bolster support and enhance the disease intervention specialist workforce nationwide to respond to COVID–19 and other infectious diseases.”

Prevention Research Centers: “The Committee includes an increase of \$5,000,000 to expand the national network conducting prevention research and translating research results into policy and public health practice that address local health needs.”

Tobacco: “The Committee includes an increase of \$12,500,000 so that CDC and States can more robustly respond to the public health threat caused by youth use of e-cigarettes, enhance efforts to reduce tobacco use among disparate populations and in areas with high tobacco use rates and tobacco-related mortality, and expand education efforts to reach youth influencers.”

Fetal Alcohol Spectrum Disorders: “The Committee includes an increase of \$1,000,000. The Committee is concerned about the rising trend of prenatal alcohol consumption and increased rates of fetal alcohol spectrum disorders (FASD). The Committee urges CDC to increase support to: expand prevention efforts to heighten awareness of FASD and the risks associated with prenatal alcohol exposure; and strengthen existing national community-based and professional FASD networks to expand access to diagnostic, treatment, intervention, and other essential services.”

Opioid Abuse and Overdose Prevention: “The Committee includes an increase of \$187,790,000 and appreciates efforts by CDC to ensure that funding for opioid and stimulant abuse and overdose prevention reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities, as intended by Congress. The Committee encourages CDC to consider community member naloxone education as a criterion when distributing overdose prevention funds. In addition, the Committee directs that CDC report on the results of the investments in local cities, counties, and communities and ensure that traditionally underrepresented communities, including rural and tribal communities, receive equitable access to funds in the fiscal year 2023 Congressional Budget Justification. In addition, the Committee notes that chronic pain is a disabling and costly health condition; who is affected, the extent of resulting disability, the nature and accessibility of effective pain management, and related costs all remain largely unknown. The Committee directs CDC to conduct the collection, analysis, and publication of population research data using questions from the National Health Interview Survey and other nationally representative population-based samples to describe those with chronic pain by patient age, comorbidities, part of body affected, socio-economic status, geographic location by State, county and city, payor source, race, and gender. The Committee further directs CDC to analyze and report data from the Medical Expenditure Panel Survey regarding the use of and associated direct healthcare costs related to pain management treatments and services as well as indirect costs related to pain. Finally, the Committee directs CDC to report on the status of these activities in the fiscal year 2023 Congressional Budget Justification.”

Congressional Justification Language for CDC Programs:

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

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

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

hepatitis A and hepatitis B adult vaccination goals. To expand state elimination and integrated viral hepatitis prevention and surveillance, CDC is identifying best practices and developing toolkits and other to expand CDC's technical assistance to all jurisdictions."

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

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

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

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

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

Opioid Abuse and Overdose Prevention: "CDC's FY 2022 request of \$713,369,000 for Opioid Abuse and Overdose Prevention is \$237,790,000 above FY 2021 Enacted. In FY 2022 with the additional resources requested, CDC will increase local investments and innovation to reach approximately 25 of the nation's largest cities/counties and 40 smaller communities heavily impacted by the overdose crisis, while continuing to support all 50 states, territories, and local jurisdictions to track and prevent overdose deaths. CDC will prioritize support to collect and report real-time, robust overdose mortality data and to move from data to action, building upon the work of the Overdose Data to Action (OD2A) program. To do so, CDC will partner with funded jurisdictions to implement surveillance strategies that include contextual information alongside data, as well as increase surveillance capabilities for polysubstance use and emerging substance threats such as stimulants. The additional

resources requested will enable CDC to support investments in prevention efforts for people put at highest risk, for example, supporting risk reduction and access to medications for opioid use disorder (MOUD) for people transitioning from alternate residence (e.g. jail/prison, treatment facility, homeless shelter). Recognizing the associations between ACEs, suicides, and substance use disorders, CDC will continue supporting upstream prevention programs, such as expanding ACEs data collection in communities experiencing high rates of drug overdoses and leveraging ongoing comprehensive suicide prevention approaches to test a comprehensive community approach for the primary and secondary prevention of ACEs. In FY 2022, CDC will prioritize updating the CDC Guideline for Prescribing Opioids for Chronic Pain."

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

Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
Community Health Centers	\$1,625,522,000	\$1,682,772,000	\$1,732,772,000	\$1,830,772,000	\$1,793,772,000	\$1,747,772,000	+\$ 65,000,000
Interdisciplinary Community-Based Linkages	\$220,903,000	\$235,903,000	\$314,661,000	\$327,653,000	\$308,537,000	\$252,298,000	+\$ 16,395,000
Maternal and Child Health Block Grant	\$687,700,000	\$712,700,000	\$822,700,000	\$868,700,000	\$857,700,000	\$747,700,000	+\$ 35,000,000
Rural Health	\$318,294,000	\$329,519,000	\$400,209,000	\$400,209,000	\$402,709,000	\$366,112,000.00	+\$36,593,000
Rural Communities Opioids Response	\$110,000,000	\$110,000,000	\$165,000,000	\$140,000,000	\$165,000,000	\$135,000,000	+\$25,000,000
Telehealth	\$29,000,000	\$34,000,000	\$36,500,000	\$39,000,000	\$39,000,000	\$35,050,000	+\$1,050,000
Ryan White HIV/AIDS Program	\$2,388,781,000	\$2,423,781,000	\$2,554,781,000	\$2,654,781,000	\$2,554,781,000	\$2,494,776,000	+\$70,995,000
National Health Service Corps- Substance Use Disorder Providers	\$105,000,000	\$105,000,000	\$180,000,000	\$155,000,000	\$150,000,000	Not Listed	N/A
Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program	\$12,000,000	\$16,000,000	\$28,000,000	\$28,000,000	\$30,000,000	\$24,000,000	+\$8,000,000
Peer Support Specialists in the Opioid Use Disorder Workforce	\$10,000,000	\$13,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$14,000,000	+\$1,000,000

Final Appropriations Language on HRSA Programs

Rural Health: “The agreement requests CDC assess and submit a report within 180 days of enactment of this Act on the agency's rural-focused efforts and how to strengthen such efforts. The report shall include a review of CDC's recent work to address public health needs in rural America, a catalogue of CDC staff who have been specifically devoted to these activities, and a professional budget justification of what additional activities CDC would undertake in this area, given additional resources.”

Rural Communities Opioids Response (RCORP): “The agreement includes \$135,000,000 to continue RCORP. Within the funding provided, the agreement includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by P.L. 115-245 and continued through P.L. 116-260. In addition to the conditions set forth in Conference Report 115- 952, the Centers are encouraged to develop interdisciplinary, dual-track fellowships to train psychiatrists in rural addiction psychiatry. Within this total, the agreement also includes \$2,500,000 of the funds available for career and workforce training services for NBRC to assist individuals affected by an opioid abuse disorder.”

Ending the HIV Epidemic: “The agreement includes \$125,000,000 within the Ryan White program for the Ending the HIV Epidemic initiative. Senate Appropriations Committee Report Language.”

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program: “Within the total for BHWET, the agreement includes \$24,000,000 for this program.”

Peer Support: “Within the total for Behavioral Health Workforce Education and Training (BHWET), the agreement includes no less than \$14,000,000 for community based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals, as described in House Report 117-96.”

Senate Appropriations Committee Report Language:

Rural Communities Opioids Response: “The Committee continues funding to support treatment for and prevention of substance use disorder, focusing on rural communities with the highest risk for substance use disorders. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260. In addition to the conditions set forth in Conference Report 115–952, the Centers shall work to develop interdisciplinary, dual-track fellowships to train psychiatrists in rural addiction psychiatry. Within the total provided for RCORP, the Committee also includes \$2,500,000 of the funds available for career and workforce training services for the Northern Border Regional Commission region to assist individuals affected by an opioid abuse disorder.”

Telehealth: “The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.”

National Health Service Corps: “The Committee continues language that expands eligibility for loan repayment awards through the Corps to include SUD counselors.”

House Appropriations Committee Report Language:

Maternal and Child Health (MCH) Block Grant: “States use the MCH Block Grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.”

Rural Communities Opioids Response: “The Committee recognizes the devastating impact the opioid epidemic has had on rural communities and how the COVID–19 pandemic has worsened the opioid crisis. The Committee expands funding to support treatment for and prevention of substance use disorders, including opioid abuse, focusing on rural communities with the highest risk for substance use disorders. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence, as established by Public Law 115–245 and continued in Public Law 116–94.”

National Health Service Corps- Substance Use Disorder Providers: “The Committee includes \$155,000,000, \$25,000,000 below the fiscal year 2022 budget request, for loan repayment for clinicians that provide opioid and substance use disorder treatment. Within this total, the Committee includes \$15,000,000, the same as the fiscal year 2021 enacted level and the fiscal year 2022 budget request, to support NHSC awards to participating individuals that provide health services in IHS facilities, Tribally-Operated Health Programs, and Urban Indian Health Programs.”

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program: “The Committee includes \$28,000,000 for this program, \$12,000,000 above the fiscal year 2021 enacted level and the same as fiscal year 2022 budget request. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average. An estimated 21 million Americans needed treatment for SUD in 2017, but only four million received any form of treatment. The Bureau of Labor Statistics data has cited tremendous shortfalls in the SUD treatment profession. Without strategic investments in the SUD workforce, this gap will not close and more lives will be lost. Funding is now needed to increase the ranks of a well-trained SUD workforce in communities across America. Congress can save lives by equipping the frontline professionals who prevent and treat addiction, provide recovery support, and help reduce the negative consequences associated with substance use. The Committee directs HRSA to provide a report to the Committee on the progress and implementation of this program within 180 days of enactment of this Act.

Peer Support Specialists in the Opioid Use Disorder Workforce: “Within the total for BHWET, the Committee includes \$15,000,000, an increase of \$2,000,000 above the fiscal year 2021 enacted level and the fiscal year 2022 budget request, to fund training, internships, and national certification for mental health and substance abuse peer support specialists to create an advanced peer workforce prepared to work in clinical settings.”

Congressional Justification Language for HRSA Programs:

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

NHSC Substance Use Disorder (SUD) Workforce LRP: “Since FY 2018, funding has been appropriated to the NHSC for the express purpose of expanding and improving access to quality opioid and SUD treatment in rural and underserved areas nationwide. The primary purpose of this

dedicated funding is to expand the availability of substance use disorder (SUD) treatment providers to include the SUD workforce and categories for outpatient services, including Opioid Treatment Programs, Office-based Opioid Treatment Facilities and Non-opioid Outpatient SUD facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Providers receive loan repayment assistance to reduce their educational financial debt in exchange for service at SUD Treatment Facilities. SUD Providers include: · Allopathic/Osteopathic Physicians, Nurse Practitioners, Physician Assistants with Drug Addiction Treatment Act 2000 Waivers · Licensed or certified health professionals providing SUD services; and · Licensed primary care and mental & behavioral health professionals.

Administration for Children and Families (ACF) – Select Programs

Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
Promoting Safe and Stable Families (PSSF)	\$437,515,000	\$427,515,000	\$451,000,000	\$451,000,000	\$451,000,000	\$427,515,000	Level
Regional Partnership Grants (RPG), mandatory	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level
Programs for Children and Families	\$12,876,652,000	\$13,040,511,000	\$14,902,760,000	\$15,232,981,000	\$14,949,267,000	\$13,438,343,000	+\$397,832,000
Child Abuse Prevention and Treatment Act (CAPTA) State Grants	\$90,091,000	\$90,091,000	\$120,000,000	\$125,000,000	\$125,000,000	\$95,091,000	+\$5,000,000
Child Welfare Services	\$268,735,000	\$268,735,000	\$275,000,000	\$275,000,000	\$275,000,000	\$268,735,000	Level

Senate Appropriations Committee Report Language:

Regional Partnership Grants (RPGs): “The Committee strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under the Family First Prevention Services Act (Public Law 115–123), including family-focused residential treatment programs, which help families remain together safely while parents receive treatment.”

House Appropriations Committee Report Language:

Promoting Safe and Stable Families: “The recommendation includes \$30,000,000 for formula grants to States and tribal agencies operating title IV–E programs to develop, enhance, or evaluate Kinship Navigator programs, and \$7,000,000 for Regional Partnership Grants (RPGs), as requested. In addition, the Committee provides \$9,000,000 for the Prevention Services Clearinghouse and to support evaluation and technical assistance relating to the evaluation of child and family serving programs and services.”

Department of Justice (DOJ) – Select Programs

Program	FY 2020	FY 2021	President's FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
Drug Enforcement Administration	\$2,722,295,000	\$2,796,762,000	\$2,920,200,000	\$2,920,181,000	\$2,960,181,000	\$2,933,181,000	+\$136,419,000
Office of Justice Programs (OJP): Research, Evaluation, and Statistics	\$79,000,000	\$82,000,000	\$86,000,000	\$95,000,000	\$86,000,000	\$70,000,000	-\$12,000,000
OJP: State and Local Law Enforcement Assistance	\$1,892,000,000	\$1,914,000,000	\$2,047,500,000	\$3,045,469,000	\$2,098,783,000	\$2,213,000,000	+\$299,000,000
<i>Byrne Justice Assistance Grants*</i>	\$348,800,000	\$360,100,000	\$355,500,000	\$360,100,000	\$416,900,000	\$381,900,000	+\$21,800,000
<i>Comprehensive Opioid, Stimulant, and Substance Abuse Program</i>	\$180,150,000	\$185,000,000	\$190,000,000	\$190,000,000	\$190,000,000	\$185,000,000	Level
<i>Drug Courts</i>	\$80,000,000	\$83,000,000	\$95,000,000	\$110,000,000	\$100,000,000	\$88,000,000	+\$5,000,000
<i>Justice and Mental Health Collaboration [MIOTCRA]</i>	\$33,000,000	\$35,000,000	\$40,000,000	\$45,000,000	\$42,000,000	\$40,000,000	+\$5,000,000
<i>Residential Substance Abuse Treatment (RSAT)</i>	\$31,160,000	\$34,000,000	\$35,000,000	\$40,000,000	\$40,000,000	\$40,000,000	+\$6,000,000
<i>Second Chance Act/Offender Reentry</i>	\$90,000,000	\$100,000,000	\$125,000,000	\$125,000,000	\$125,000,000	\$115,000,000	+\$15,000,000
<i>Veterans Treatment Courts</i>	\$23,000,000	\$25,000,000	\$25,000,000	\$40,000,000	\$40,000,000	\$29,000,000	+\$4,000,000
<i>Prescription Drug Monitoring</i>	\$31,000,000	\$32,000,000	\$33,000,000	\$33,000,000	\$35,000,000	\$33,000,000	+\$1,000,000
<i>Community Oriented Policing Services (COPS)**</i>	\$343,000,000	\$386,000,000	\$651,000,000	\$450,881,000	\$475,717,000	\$511,744,000	+\$125,744,000
Juvenile Justice Programs	\$320,000,000	\$346,000,000	\$796,000,000	\$494,000,000	\$473,000,000	\$360,000,000	+\$14,000,000

*Recommended funded levels are calculated with carve-outs removed

Final Appropriations Language on DOJ Programs

Uses of Byrne-JAG Funds: “Novel equipment and technologies can improve public safety and public trust in criminal justice institutions. OJP is urged to promote awareness, through statements on the OJP website, in “FAQs” and seminars, and in solicitation documents, that Byrne-JAG funds may be used for managed access systems and other cell phone mitigation technologies; fentanyl and methamphetamine detection equipment, including handheld instruments; opioid overdose reversal agents; virtual reality de-escalation training; humane remote restraint devices that enable law enforcement to restrain an uncooperative subject without requiring the infliction of pain; and gunfire detection technology. The agreement reiterates language in the House report on other allowable uses of Byrne-JAG funds. The Department is expected to ensure State, local, and Tribal governments use ByrneJAG awards to target funding to programs and activities that conform with evidence-based strategic plans developed through broad stakeholder involvement, as required by law. The Department is directed to continue to make technical assistance available to State, local, and Tribal governments for the development and update of such plans, for the planning and implementation of promising practices funded with Byrne-JAG, and for meeting the obligations established by the Sixth Amendment to the Constitution of the United States. The Department should continue funding this technical assistance at the level authorized in Public Law 114-324.”

Second Chance Act: “The directives and reporting requirements addressed in the joint explanatory statement accompanying Public Law 116-260 shall continue to be followed by the Department. In addition, the agreement provides \$10,000,000 for the purposes of the Crisis Stabilization and Community Reentry Act of 2020 (Public Law 116-281), which also addresses the mental health and substance use disorder needs of individuals who are recently released from correctional facilities.”

Senate Appropriations Committee Report Language:

Edward Byrne Memorial Justice Assistance Grant Program: “The Committee recommends \$640,283,000 for Byrne-JAG. Funding is not available for luxury items, real estate, or construction projects. The Department should expect State, local, and Tribal governments to target funding to programs and activities that conform to evidence-based strategic plans developed through broad stakeholder involvement. The Committee directs the Department to make technical assistance available to State, local, and Tribal governments for the development or update of such plans. Funding is authorized for law enforcement programs including those that promote data interoperability among disparate law enforcement entities; prosecution and court programs; prevention and education programs; corrections programs; drug treatment and enforcement programs; planning, evaluation, and technology improvement programs; and crime victim and witness programs, other than compensation.”

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

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

Drug Courts: “The Committee encourages Federal agencies to continue to work with State and local governments and communities to support drug courts. The Committee supports the ability of drug courts to address offenders with co-occurring substance abuse and mental health problems, and supports court ordered assisted outpatient treatment programs for individuals struggling with mental illness. Within the funding provided for drug courts, the Committee encourages OJP to give attention to States and localities that have the highest concentrations of opioid-related cases, and to prioritize assistance to underserved areas whose criminal defendants currently have relatively little opportunity to access drug courts. The Committee encourages OJP to coordinate, as appropriate, with other Federal agencies such as the Department of Health and Human Services, as it implements these activities in order to avoid duplication.”

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

House Appropriations Committee Report Language:

Drug Enforcement Administration: “The Committee recommends total budget authority of \$2,920,181,000 for Drug Enforcement Administration (DEA) salaries and expenses, of which \$511,659,000 is derived from fees deposited in the Diversion Control Fund, and \$2,408,522,000 is provided by direct appropriation. The recommended appropriation is \$123,419,000 above fiscal year 2021 and equal to the request. The funding sustains core activities at the fiscal year 2021 level, and includes the requested increase of \$4,700,000 to ensure DEA can equip its task force officers with body-worn cameras, and to cover the increased workload resulting from the *McGirt v. Oklahoma* Supreme Court ruling. In addition, the Committee includes \$3,745,000 and an associated 25 new positions to support DEA's expanded community drug prevention partnerships, Operation Engage.”

Byrne Memorial Justice Assistance Grant (Byrne JAG) Formula program: “In addition to the carveouts mentioned in the table above. The recommendation includes \$360,100,000 for the Byrne JAG Formula grant program, equal to the fiscal year 2021 level. Funding under this formula program is authorized for law enforcement programs including those that promote data interoperability between disparate law enforcement entities; prosecution and court programs; prevention and education programs; corrections programs; drug treatment and enforcement programs; planning, evaluation, and technology improvement programs; and crime victim and witness programs, other than compensation. Use of this funding is broad and flexible to address community needs and fill gaps within State and local criminal justice systems such as strategic planning, research, testing, training, equipment, technical assistance, prevention programs, innovation programs and community partnerships. The Committee would like to reiterate the following allowable uses of Byrne JAG formula grant funding: body-worn cameras; gun-shot

detection technology; law enforcement training including immersive training; newer, more efficient forensics testing tools; reality-based training programs that utilize role-playing and live-action scenarios for law enforcement officers; radio communications to provide secure communications systems; medication-assisted drug treatment; and supporting expungement and record clearing initiatives."

Justice and Mental Health Collaboration Program: "The Committee is aware that there is often a correlation between those suffering from mental health disturbances and repeat criminal offenders. The Committee recommends \$45,000,000 for the Justice and Mental Health Collaboration Program. In addition, the Committee recommends that funding levels for grants be commensurate with demonstrated community needs. The Committee commends the Administration's effort to expand partnerships between mental health providers and law enforcement agencies. To increase effective community policing, the Committee encourages the Department to prioritize Byrne JAG applications that establish or continue policing initiatives focused on mental health response. The Committee is concerned about the high rates of re-incarceration among individuals with serious mental illness due to the inadequate management of their illness and encourages the Department to include long-acting injectable anti-psychotic medications as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration.

Opioid Abuse: "The recommendation includes \$458,000,000 for programs to reduce opioid abuse, as authorized by the Comprehensive Addiction and Recovery Act of 2016 (CARA; Public Law 114– 198). Within this amount is \$110,000,000 for drug courts; \$45,000,000 for the Mentally Ill Offender Act; \$40,000,000 for Residential Substance Abuse Treatment (RSAT), \$40,000,000 for veterans treatment courts; \$33,000,000 for prescription drug monitoring; and \$190,000,000 for the Comprehensive Opioid Abuse Program (COAP), which includes no less than \$11,000,000 for additional replication sites employing the Law Enforcement Assisted Diversion (LEAD) model, with applicants demonstrating a plan for sustainability of LEAD model diversion programs, prioritizing sites with geographic barriers. The Committee recognizes that the COVID–19 pandemic has heightened the need to provide virtual transitional substance abuse and misuse services to individuals who are incarcerated and who struggle with substance abuse issues. By building on and leveraging investments in medication assisted treatment and telehealth services, the Committee supports programs that offer internet-based substance abuse and misuse education, peer coaching and case management. Such programs facilitate a seamless transition from jails to the community and reduce relapse and recidivism. The Committee encourages the Department to support programs at no less than \$10,000,000 that provide comprehensive, virtual transition of care from jails to the community for individuals struggling with substance abuse and misuse challenges. Priority shall be given to under-served and under-resourced communities. The Committee is concerned about the growing epidemic of prescription drug and heroin abuse and its impact on law enforcement, and notes that funds within this account may be used for the implementation of medication-assisted treatment to help maintain abstinence from all opioids and heroin."

DOJ Congressional Justification Language:

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

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

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

Office of National Drug Control Policy (ONDCP)

Program	FY 2020	FY 2021	President’s FY 2022 Request	House FY 22 Recommendation	Senate FY 22 Recommendation	Final FY 2022 Appropriations	FY 2022 v FY 2021
Drug Free Communities (DFC)	\$101,250,000	\$102,000,000	\$106,000,000	\$110,000,000	\$106,000,000	\$106,000,000	+\$4,000,000
High-Intensity Drug Trafficking Area (HIDTA) Program	\$285,000,000	\$290,000,000	\$293,500,000	\$300,000,000	\$293,500,000	\$296,600,000	+\$6,600,000
Community-Based Coalition Enhancement Grants (CARA Grants)	\$4,000,000	\$5,000,000	\$5,200,000	\$5,200,000	\$5,000,000	\$5,200,000	+\$200,000

Final Appropriations Language on ONDCP Programs

High-Intensity Drug Trafficking Area (HIDTA) Program: “ONDCP is directed to consult with the HIDTAs in advance of deciding programmatic spending allocations for discretionary (supplemental) funding, taking particular note of areas with the highest rates of overdose deaths.”

Opioid Crisis: “To ensure that areas that are hit hardest by the opioid crisis are equipped with the necessary resources to adequately coordinate law enforcement strategies, ONDCP is directed to prioritize eligible applicants whose communities are experiencing the highest overdose death rates per capita when deciding new designations. Further, ONDCP is directed to provide enhanced technical assistance to any applicants that have applied at any time during the past three award cycles that did not receive a designation.”

Senate Appropriations Committee Report Language:

Drug-Free Communities Support Program: “The Committee provides the requested increase to accommodate ONDCP’s new grant administrator partner. ONDCP should clarify how the Drug-Free Communities Program supports the National Drug Control Strategy, as recently recommended by the U.S. Government Accountability Office. Specifically, ONDCP should report performance measures in the Strategy and document how its Drug-Free Communities Support program contributes to achieving specific goals in the Strategy.”

High-Intensity Drug Trafficking Area (HIDTA) Program: “ONDCP is directed to consult with the HIDTAs in advance of deciding programmatic spending allocations for discretionary (supplemental) funding, taking particular note of areas with the highest rates of overdose deaths. The Committee recommendation specifies that up to \$5,800,000 may be used for auditing services and associated activities and \$3,500,000 is for a new grants management system.”

Opioid Crisis: “The Committee is aware that many of the areas that are hit hardest by the opioid crisis also lack administrative resources to adequately compete for scarce Federal funds intended to assist these areas. To ensure communities are equipped with the necessary resources to adequately coordinate law enforcement strategies, the Committee directs ONDCP to prioritize states with illicit drug trafficking that directly contribute to communities with the highest overdose death rates per capita when deciding new designations, that otherwise satisfy the statutory requirements for designation. Further, the Committee directs the Office of National Drug Control Policy to provide enhanced technical assistance to any applicants that have applied at any time during the past three award cycles that did not receive a designation.”

House Appropriations Committee Report Language:

Drug-Free Communities and High-Intensity Drug Trafficking Area (HIDTA) Program: “The HIDTA and DFC grant programs play an important role in combating the nation’s opioid epidemic. The Committee notes that ONDCP ensures the HIDTA and DFC programs are equitably managed across Federal, State, and local agencies and with the necessary interagency flexibility to address emerging threats. The Committee supports the President’s fiscal year 2022 budget proposal to keep operational control over these programs within ONDCP to maintain the interagency benefits needed to address the opioid crisis.”

HIDTA Program: “The Committee recommends \$300,000,000 for the HIDTA Program, an increase of \$10,000,000 above fiscal year 2021. The recommendation includes \$3,500,000, as requested, for a new grants management system. The Committee notes the additional funds proposed in the request for auditing services and associated activities to enhance oversight and accountability in the HIDTA program. The Committee will continue to work with ONDCP to ensure the necessary resources are provided to support and oversee this program.”

DFC and CARA Grants: “The Committee notes the modifications proposed in the budget request to increase the cap on administrative funding available for the DFC and CARA Grants programs. The Committee will continue to work with ONDCP to ensure the necessary resources are provided to support and oversee these programs.”

ONDCP Congressional Justification Language:

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

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