



# Fiscal Year 2023 Appropriations

## January 2023

**For questions or more information, please contact:**  
Rob Morrison, Executive Director, [Rmorrison@nasadad.org](mailto:Rmorrison@nasadad.org)  
Lacy Adams, Public Policy Analyst, [Ladams@nasadad.org](mailto:Ladams@nasadad.org)  
Daniel Diana, Legislative Coordinator, [Ddiana@nasadad.org](mailto:Ddiana@nasadad.org)

**Website:** <https://nasadad.org>  
**Postal address:** 1919 Pennsylvania Avenue NW, Suite M-250, Washington, DC 20006

## Overview

This overview summarizes fiscal year (FY) 2023 funding for:

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

# **Table of Contents**

<b>I. Substance Abuse and Mental Health Service Administration (SAMHSA)</b>	
• Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.....	Page 4
• Center for Substance Abuse Treatment (CSAT).....	Page 12
• Center for Substance Abuse Prevention (CSAP).....	Page 24
• Center for Mental Health Services (CMHS).....	Page 29
<b>II. National Institute on Alcohol Abuse and Alcoholism (NIAAA).....</b>	<b>Page 49</b>
<b>III. National Institute on Drug Abuse (NIDA).....</b>	<b>Page 49</b>
<b>IV. Centers for Disease Control and Prevention (CDC) – Select Programs.....</b>	<b>Page 51</b>
<b>V. Health Resources and Services Administration (HRSA) – Select Programs.....</b>	<b>Page 59</b>
<b>VI. Administration for Children and Families (ACF) – Select Programs.....</b>	<b>Page 64</b>
<b>VII. Department of Justice (DOJ).....</b>	<b>Page 66</b>
<b>VIII. Office of National Drug Control Policy (ONDCP).....</b>	<b>Page 75</b>

## Substance Abuse and Mental Health Services Administration

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

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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs. FY 2022
SAPT Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,908,079,000	\$2,008,079,000	+\$100,000,000

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

***Final FY 2023 Omnibus Report Language:***

**Substance Abuse Prevention and Treatment Block Grant (SABG):** "The agreement does not include a new set-aside within the SABG for recovery services, but urges SAMHSA to strongly encourage States to use a portion of their SABG funding for recovery support services."

***FY 2023 Senate Appropriations Committee Report Language Regarding SUPTRS Block Grant:***

"The Committee recommends \$2,408,079,000 for the... Block Grant an increase of \$500,000,000. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78– 410 as amended). The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to,

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

those related to alcohol, cocaine, and methamphetamine. The Committee also notes the importance of the block grant's 20 percent primary prevention set-aside, which represents, on average, over 50 percent of primary prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.”

- **Recovery Set-Aside:** “The Committee establishes a set aside for non-clinical recovery support services, which will require SUBG recipients to spend at least 10 percent of their block grant expenditures on recovery support services. The Committee directs SAMHSA to ensure the set-aside supports programs that may include, but are not limited to, recovery community centers, recovery homes, recovery schools, 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; or (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. Funds from the recovery set aside may support operating costs for organizations that provide the above services. 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 from substance use disorders, and urges States to consider input from stakeholders in the recovery community as they allocate resources made available through this set-aside.”

#### ***FY 2023 House Appropriations Committee Report Language Regarding SUPTRS Block Grant:***

“The Committee includes a program level of \$2,408,079,000... an increase of \$500,000,000. SUBG provides funding to States to support alcohol and drug use 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.”

- **Primary Prevention Set-Aside:** “The Committee also recognizes that the 20 percent prevention set-aside... 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. In addition, the Committee includes new language to use HIV cases, as opposed to AIDS cases, to calculate the HIV set-aside in the SUBG.”
- **Recovery Set-Aside:** “The Committee establishes a 10 percent set-aside within total... 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; and 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 help 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.”

- **Block Grant Reporting Requirements:** “The Committee acknowledges the important role of the Mental Health and Substance Use Prevention and Treatment Block Grants in supporting States’ efforts to provide resources for expanded mental health and SUD 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 continues to encourage SAMHSA to implement public reporting on their existing block grants. The Committee looks forward to receiving the report on data collection and reporting barriers requested in House Report 117–96.”
- **Contingency Management:** “The Committee is aware that contingency management, also known as motivational incentives, is an evidence-based treatment method for individuals with SUD, particularly for substances such as stimulants that currently have no FDA-approved pharmacological intervention. Current interpretation of Federal laws and regulations constrain the ability of individuals and entities to use Federal funding for appropriate contingency management program incentives. The Committee urges SAMHSA, in coordination with the Office of Inspector General, to reevaluate the limitations on the use of cash and cash-equivalent payments offered as part of contingency management in the treatment of SUD to better align them with current research.”
- **Data Collection for SUD Grants to States:** “The Committee is aware that in November 2020, the GAO issued a report (GAO–21– 96) recommending that school-based drug prevention programs under SUBG and SOR better report how their activities contribute to the National Drug Control Strategy’s prevention education goals. A GAO report issued in December 2021 (GAO–22–104520) recommends further analysis and clarification of data collected through the SOR program. The

Committee encourages SAMHSA to fully adopt the recommendations in these reports and requests an update in the fiscal year 2024 Congressional Budget Justification on the implementation of these recommendations.”

### ***Administration’s Proposed FY 2023 Budget Regarding SAPT Block Grant:***

**Primary Prevention Set-Aside:** “The 20 percent set-aside requires SABG grantees to spend at least 20 percent of their SABG funds to develop and implement a comprehensive substance misuse prevention program, which includes a broad array of prevention strategies directed at individuals not identified to need treatment. The prevention set-aside is one of SAMHSA’s main vehicles aimed at preventing substance misuse and allows states to develop prevention infrastructure and capacity. A thriving prevention infrastructure will achieve and maintain long-term results by ensuring that states have the necessary supports in place to conduct needs assessments, develop strategic plans, provide SAMHSA-Substance Use Services 302 culturally appropriate services, capture data to make data driven decisions on how prevention resources should be allocated throughout communities in their state, and evaluate process and outcome data. Some states rely solely on the 20 percent set-aside to fund their prevention systems while others use the funds to target gaps and enhance existing program efforts. SAMHSA regularly works with states to improve their accountability systems for prevention and to establish necessary reporting capacities.”

- **Recovery Support Services Set-Aside:** “The FY 2023 budget includes a 10 percent set-aside for non-clinical recovery support services. The set-aside requires that least 10 percent of grantees’ SABG expenditures be used for recovery community organizations, peer recovery support services, and other recovery support services. Recovery support systems partner people in recovery from mental and substance use disorders, as well as their family members, with recovery services. These services may include recovery housing, recovery community centers, recovery schools, recovery industries, and recovery ministries. These programs utilize individual, community, and system-level approaches to increase the four dimensions of recovery as defined by SAMHSA: 1. Health (access to quality health and SUD treatment); 2. Home (housing with needed supports); 3. Purpose (education, employment, and other pursuits); and 4. Community (peer, family, and other social supports) States can use these funds to develop local recovery community support institutions, provide system navigation resources and supports, and collaborate and coordinate with local private, public, non-profit, and faith community response efforts. SAMHSA anticipates that this set-aside will help increase access to recovery support services across the country and complement the existing efforts to respond to the ongoing overdose crisis that has accelerated during the COVID19 pandemic.”
- **Performance and Outcome Data:** “Importantly, SABG funds are also directed towards the collection of performance and outcome data to determine the ongoing effectiveness of supported activities and provide states and the federal government the grounding to plan the implementation of new evidence-based services. At this critical moment in our country’s substance use crisis, it is imperative that our response truly evolve from an acute, short-term, individual-focused treatment response to a broader community recovery response. Addiction is a chronic illness, and recovery often is a life-

long process where the healthcare system, external community, and social determinants of health play vital roles in its sustainability. Modernizing the data component for the SABG will be a significant focus for FY 2023.”

- “In FY 2022 -2023, SAMHSA is undertaking an agency-wide effort designed to develop a data strategy that will set the stage for a modernized set of common performance, evaluation, and quality metrics with which to assess the effectiveness of SAMHSA’s grant programs.”
- **Synar:** “While the national weighted retailer violation rate declined steadily from 40.1 percent in the program’s baseline year in FY 1997 through FY 2011, the rate increased from an all-time low of 8.5 percent in FY 2011 to 9.6 percent in FY 2018. In FY 2019 and FY 2020, the national weighted retailer violation rate was 7.6 and 8.4, respectively. One of the greatest predictors of a state’s retailer violation rate is the amount and reach of their enforcement efforts. As states have faced budget shortfalls, some have scaled back their enforcement programs and this may be contributing to the higher rates of tobacco sales to youth and young adults. Also, under the Synar program, SAMHSA encourages states to include in their inspections the types of tobacco products most often used by youth and young adults in their states. As states have expanded the types of tobacco products included in their Synar inspections, some states are reporting that retailers are sometimes more likely to sell non-cigarette tobacco products, including smokeless tobacco, to youth and young adults. Several states increased the age for tobacco sales from 18 to 21 prior to the federal law change in December 2019. These factors are likely contributing to the fluctuating national weighted retailer violation rate. SAMHSA is addressing this by providing consultation to states, as well as examining Synar data to provide states with guidance on best practices including enforcement, merchant education, and community mobilization.”

**Administration’s Proposed FY 2023 Budget:** “The FY 2023 President’s Budget request is \$3.0 billion, an increase of \$1.2 billion from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to continue serving as a source of safety-net funding, including providing assistance to states in addressing and evaluating activities to prevent, reduce harm, 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 evolving needs. Continued Medicaid expansion and additional out-year funding to assist in responding to the COVID-19 pandemic (i.e., Coronavirus Response and Relief Supplement and American Rescue Plan) will bolster the SABG allowing the program to continue to serve as a safety net for vulnerable populations that rely on public funding to pay for specialty substance use disorder prevention, treatment, harm reduction, and recovery support services. States will continue to use the Coronavirus Response and Relief Supplement and American Rescue Plan funding through FY 2023 and FY 2025, respectively, as states expand their SUD infrastructure to address unmet service needs. **The Budget also includes new language that would use HIV cases as opposed to AIDS cases to calculate the HIV-set-aside.**”



### Additional Opioids Allocation

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
State Targeted Response (STR) to the Opioid Crisis Grants	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	\$1,500,000,000	\$1,525,000,000	\$1,575,000,000	+\$50,000,000

***Final FY 2023 Omnibus Report Language:***

**State Opioid Response (SOR) Grants:** “The agreement provides an increase and notes that large swings in funding between grant cycles can pose a significant challenge for States seeking to maintain programs that were instrumental in reducing drug overdose fatalities. The agreement 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 when compared to the prior year’s allocation. In ensuring the formula avoids such cliffs, the Assistant Secretary may consider options including, but not limited to, expanding the number of States that are eligible for the 15 percent set aside. 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 of this Act 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.”

***FY 2023 Senate Appropriations Committee Report Language on the SOR Grant program:***

The Committee provides \$2,025,000,000, a \$500,000,000 increase, for grants to States to address the opioid crisis. Bill language provides \$75,000,000 for grants to Indian Tribes or Tribal organizations, a \$20,000,000 increase, and continues the 15 percent set aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. The bill includes a minimum grant award of \$5,000,000, \$1,000,000 above the enacted level in fiscal year 2022. Activities funded with this grant may include treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized to account for comprehensive services to individuals. The Committee continues to direct SAMHSA to make prevention and treatment of, and recovery from, stimulant use an allowable use of these funds. The Committee directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. The Committee continues to direct SAMHSA to conduct

a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA’s website.”

- **SOR Funding Cliffs:** “The Committee continues to direct SAMHSA to avoid significant cliffs between States with similar opioid mortality data, and to prevent unusually large changes in a State’s SOR allocation when compared to the prior year’s allocation. In ensuring the formula avoids such cliffs, the Assistant Secretary may consider options including, but not limited to, expanding the number of States that are eligible for the 15 percent set aside and using multiple years of data to minimize the effect of temporary changes in overdose mortality rates. The 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 21 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. The Committee requests a briefing not later than 90 days after enactment of this act, on whether such data would provide more targeted resources in the SOR program.”

***FY 2023 House Appropriations Committee Report Language on the SOR Grant program:***

“The Committee includes \$1,775,000,000 for State Opioid Response (SOR) grants, an increase of \$250,000,000. 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 Use Prevention and Treatment Block Grant under part B of title X of the PHS Act. This approach will ensure continuity of funding, effective coordination of efforts, and decrease fragmentation within each State system. The Committee supports efforts from SAMHSA through SOR grants to expand access to SUD treatments in rural and underserved communities, including through funding and technical assistance. The Committee encourages SAMHSA to continue to focus on expanding access to evidence-based MOUD in counties that lack providers who are actively dispensing or prescribing MOUD.”

- **SOR Funding Cliff:** “The Committee remains concerned that 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 2023, the Committee urges the SAMHSA to award funds to avoid funding cliffs between States with similar mortality rates.”

***Administration's Proposed FY 2023 Budget Regarding SOR Grant Program:***

“SAMHSA plans to fund 59 new SOR grants to continue to support states and territories, including a 15 percent set aside for 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 increase of \$500.0 million will enhance states' ability to address stimulants, as well as other issues related to the overdose epidemic that have been compounded due to COVID-19. Based on an assessment of a state's naloxone purchasing and distribution, states will utilize SOR grant dollars to target naloxone to underserved areas and organizations. SAMHSA will assist states in the identification of underserved communities and agencies and require states to submit a plan as part of their SOR grant application with measurable targets and outcomes for the acquisition and distribution of naloxone.”

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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
<b>CSAT PRNS TOTAL</b>	\$458,677,000	\$477,677,000	\$496,677,000	\$521,517,000	\$574,219,000	+\$52,702,000
<b>Addiction Technology Transfer Centers (ATTCs)</b>	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
<b>Building Communities of Recovery</b>	\$6,000,000	\$8,000,000	\$10,000,000	\$13,000,000	\$16,000,000	+\$3,000,000
<b>Children and Families</b>	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	\$30,197,000	+\$592,000
<b>Comprehensive Opioid Recovery Centers (CORCs)</b>	Not funded	Funded within CMHS (\$2 million)	\$4,000,000	\$5,000,000	\$6,000,000	+\$1,000,000
<b>Criminal Justice Activities</b>	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	\$94,000,000	+\$5,000,000
<i>Drug Courts</i>	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	\$74,000,000	+\$4,000,000
<b>Emergency Dept. Alternatives to Opioids</b>	Not funded	\$5,000,000	\$6,000,000	\$6,000,000	\$8,000,000	+\$2,000,000
<b>First Responder Training</b>	\$36,000,000	\$41,000,000	\$42,000,000	\$46,000,000	\$56,000,000	+\$10,000,000
<i>Rural Focus</i>	\$18,000,000	\$23,000,000	\$24,000,000	\$26,000,000	\$31,000,000	+\$5,000,000
<b>Grants to Develop Curricula for DATA Act Waivers</b>	Not funded	Not funded	Not funded	Not funded	Not funded	N/A
<b>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths</b>	\$12,000,000	\$12,000,000	\$12,000,000	\$14,000,000	\$16,000,000	+\$2,000,000
<b>Improving Access to Overdose Treatment</b>	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	+\$500,000
<b>Minority AIDS</b>	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	\$66,881,000	+\$1,311,000
<b>Minority Fellowship Program</b>	\$4,789,000	\$4,789,000	\$5,789,000	\$5,789,000	\$7,136,000	+\$1,347,000
<b>Opioid Treatment Programs/Regulatory Activities</b>	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	\$10,724,000	+\$2,000,000
<b>Peer Support Technical Assistance Center</b>	Not funded	\$1,000,000	\$1,000,000	\$1,000,000	\$2,000,000	+\$1,000,000
<b>Pregnant and Postpartum Women (PPW)</b>	\$29,931,000	\$31,931,000	\$32,931,000	\$34,931,000	\$38,931,000	+\$4,000,000
<b>Recovery Community Services Program</b>	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	\$4,434,000	+\$2,000,000
<b>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</b>	\$30,000,000	\$30,000,000	\$30,000,000	\$31,840,000	\$33,840,000	+\$2,000,000
<b>Targeted Capacity Expansion (TCE) General</b>	\$100,192,000	\$100,192,000	\$102,192,000	\$112,192,000	\$122,416,000	+\$10,224,000
<i>Medication-Assisted Treatment for</i>	\$89,000,000	\$89,000,000	\$91,000,000	\$101,000,000	\$111,000,000	+\$10,000,000

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
<i>Prescription Drug and Opioid Addiction (MAT- PDOA)</i>						
<b>Treatment, Recovery, and Workforce Support</b>	N/A	\$4,000,000	\$6,000,000	\$10,000,000	\$12,000,000	+\$2,000,000
<b>Treatment Systems for Homeless</b>	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	\$37,114,000	+\$728,000
<b>Youth Prevention and Recovery Initiative</b>	Not funded	Not funded	Not funded	Not funded	\$2,000,000	+\$2,000,000

**Final FY 2023 Omnibus Report Language:**

**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. The agreement encourages SAMHSA to continue supporting recovery support programs principally governed by people in recovery from substance use disorders, including peer support networks.”

**First Responder Training:** “The agreement urges SAMHSA to take steps to encourage and support the use of First Responder Training 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. Within the increase, the agreement provides \$10,500,000 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 again encourages SAMHSA to allow the purchase of equipment, including naloxone and to continue to fund grants with award amounts lower than the maximum amount allowable.”

**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 \$14,500,000 for grants to Indian Tribes and Tribal Organizations.

**Opioid Use in Rural Communities:** “The agreement encourages SAMHSA to support initiatives to advance opioid use 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 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).”

**Recovery Housing:** “In order to increase the availability of high-quality recovery housing, the agreement encourages SAMHSA to examine opportunities to provide direct technical assistance to communities in multiple states and promote the development of recovery ecosystems that incorporate evidence-based recovery housing for substance use disorder intervention. SAMHSA is encouraged to explore the establishment of a Center of Excellence with a non-profit, in collaboration with a college of public health, which has expertise and experience in providing technical assistance and research in recovery housing and focuses on homeless and justice-involved individuals utilizing blended funding and an intervention model with demonstrated outcomes.”

**Treatment Assistance for localities:** “The agreement again recognizes the use of peer recovery specialists and mutual aid recovery programs that support Medication-Assisted Treatment. The agreement directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support Medication-Assisted Treatment in its grant programs.”

**Youth Prevention and Recovery Initiative:** “The agreement includes funding for activities outlined in House Report 117-403.”

***FY 2023 Senate Appropriations Committee Report Language:***

**Building Communities of Recovery:** “Committee provides \$16,000,000, an increase of \$3,000,000. 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 programs 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.”

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

**Drug Courts:** “The Committee recommends \$75,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”

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

**First Responder Training:** “The Committee provides \$63,000,000, an increase of \$17,000,000, for First Responder Training grants. Of this amount, \$37,000,000, an increase of \$11,000,000, is set aside for rural communities with high rates of substance use. In addition, \$15,000,000 of this funding is provided to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone) 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 encourages SAMHSA to permit awards less than the maximum award to ensure a geographic diversity in funding.”

**Medication-Assisted Treatment:** “The Committee includes \$135,776,000, an increase of \$34,776,000, for medication-assisted treatment, of which \$14,500,000, an increase of \$2,500,000, is for grants to Indian Tribes, Tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Use Services 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.”

**Minority Fellowship Program:** “The Committee includes \$6,789,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance use disorder treatment services for minority populations that are underserved.”

**Pregnant and Postpartum Women Program:** “The Committee includes \$41,931,000, an increase of \$7,000,000, for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders. 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 pilots already funded.”

**Programs of Regional and National Significance:** “The Committee recommends \$612,010,000 for PRNS within the Center for Substance Use Services, a \$90,493,000 increase. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches, as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.”

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

**Treatment, Recovery, and Workforce Support:** “The Committee includes \$14,000,000 for SAMHSA to continue implementation of section 7183 of the SUPPORT Act.”

***FY 2023 House Appropriations Committee Report Language:***

**Building Communities of Recovery:** “The Committee includes an increase of \$15,000,000 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 \$2,500,000 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.”

**Emergency Department Alternatives to Opioids:** “The Committee includes an increase of \$4,000,000 for Emergency Department Alternatives to Opioids, as authorized by section 7091 of the SUPPORT Act (P.L. 115–271). This program provides funding to hospitals and emergency departments to develop and implement alternative pain management protocols and treatments that limit the prescribing of opioids in emergency departments.”

**Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training:** “The Committee includes an increase of \$4,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths, and an increase of \$15,000,000 for First Responder Training for Opioid Overdose Reversal Drugs, which includes an increase of \$10,000,000 for a rural set-aside. Of the funds provided for First Responder Training, the Committee directs at least \$10,000,000 to Rural Emergency Medical Services Training 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, across SAMHSA 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 \$1,000,000 to provide technical assistance to recovery community organizations and peer support networks.”

**Pregnant and Postpartum Women program:** “The Committee includes an increase of \$15,000,000 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.”

**Recovery Community Services Program:** “The Committee includes an increase of \$2,717,000 for the Recovery Community Services Program (RCSP) to help recovery communities strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from SUD. These funds will also support the Recovery Community Services Program Statewide Network (RSCP–SN) program to strengthen the relationships recovery community organizations 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 landscape.”

**Screening, Brief Intervention, and Referral to Treatment:** “The Committee includes an increase of \$3,000,000 for Screening, Brief Intervention, and Referral to Treatment (SBIRT). 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 the Center for Substance Use Services within the existing SBIRT program. Grantees would train providers in screening children and adolescents for and offering brief interventions to discourage alcohol and other substance use; educating parents; diagnosing and treating alcohol use and other SUDs; and referring patients to other appropriate care, when necessary.”

**Targeted Capacity Expansion-Medication Assisted Treatment:** “The Committee includes an increase of \$35,500,000 for Medication Assisted Treatment (MAT) for Prescription Drug and Opioid Addiction; an increase of \$4,500,000, for grants to Indian Tribes, tribal organizations, or consortia; and an increase of \$224,000 for general Targeted Capacity Expansion activities. The Committee urges SAMHSA to require opioid treatment program applicants submit with their certification application, a description of outreach displaying that the applicant has properly notified the community of the treatment center location. The Committee

recommends that outreach shall include community stakeholders including community board(s), tenant associations, residential and outpatient treatment SUD providers, health care providers, community-based organizations who provide opioid prevention services.”

**Treatment Systems for Homeless:** “The Committee includes an increase of \$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 \$2,000,000 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 SUD treatment and recover to live independently and participate in the workforce.”

**Youth Prevention and Recovery Initiative:** “The Committee includes \$4,000,000 for the Youth Prevention and Recovery Initiative, as authorized by section 7102 of the SUPPORT Act (P.L. 115–271), to create a competitive grant program for health care providers and other entities to create SUD treatment and prevention programs that include the appropriate use of medications for opioid use disorder (MOUD) for adolescents and young adults. The Committee notes access to treatment for individuals experiencing SUD is critical. The use of MOUD has been shown to be a safe and effective treatment for SUD. However, access to MOUD for adolescents and young adults remains low. In order to provide MOUD to those who need it, adolescent health care providers must have the ability to prescribe these drugs and must also have access to the latest resources and training to be able to dispense MOUD safely and effectively.”

#### ***Administration’s Proposed FY 2023 Budget Regarding CSAT Programs:***

**Opioid Treatment Programs/Regulatory Activities:** “SAMHSA meets regularly with the state opioid treatment authorities (SOTAs) that provide oversight of OTPs in their respective state. SAMHSA provides technical assistance, guidance and support for issues related to MOUD, such as assisting state officials in evaluating state requirements and adherence to the federal regulations for OTPs and promoting evidence-based substance use disorder treatment and related care through discussion of scientific strategies implementation and review of the standards applied by the Accrediting Bodies. These responsibilities and interactions enable SAMHSA to address barriers to treatment and promote means of expanding access to services. For example, on March 16, 2020, SAMHSA issued an exemption to OTPs whereby a state could request ‘blanket exception for all stable patients in an OTP to receive 28 days of Take-Home doses of the patient’s medication for opioid use disorder’ or ‘up to 14 days of Take-Home medication for those patients who are less stable’. Almost two years since this exemption was granted, states, OTPs, and other stakeholders report that this has resulted in increased treatment engagement and improved patient satisfaction with care. Given this positive evidence, SAMHSA granted OTPs an extension of this exemption, effective upon the

expiration of the COVID-19 Public Health Emergency. To address geographic and sociodemographic barriers to accessing OTP services, SAMHSA issued guidance on mobile and non-mobile medication units following the June 28, 2021, publication of the Drug Enforcement Administration final rule allowing OTPs the option of adding a mobile component to their existing registration. This will expand the reach of OTPs, improve geographic access, and enhance the provision of treatment to disparate populations.”

**Screening, Brief Intervention, and Referral to Treatment (SBIRT):** “The SBIRT program requires state grant recipients to implement the model in all primary care settings, as well as hospitals, trauma centers, federally qualified health centers, and other relevant health care settings. Recipients may use funds to screen for substance use and co-occurring mental illness and drug/alcohol substance use disorder. They can support evidence-based client-centered interventions, such as Motivational Interviewing, brief treatment, and referral to specialty care for individuals exhibiting symptoms of substance use disorder. The population of focus is adults and adolescents seeking medical attention and intervention in primary care and other health care settings.”

“SAMHSA plans to award four new grants and 24 continuations.”

**Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA):** “The aim of the state MAT-PDOA continuation grants is to increase the number of individuals receiving services with FDA-approved MOUD; 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.”

“In FY 2021, SAMHSA funded 127 new and 30 continuation grants. In FY 2022, SAMHSA anticipates funding 30 new grants for five years and 122 continuation grants (five of these grants are on a 3-year grant cycle and 117 are on a five-year grant cycle).”

**Pregnant and Postpartum Women – Residential:** “In FY 2021, SAMHSA funded 43 continuation residential treatment grants and supplements for direct technical assistance. In FY 2022, SAMHSA anticipates funding 19 new residential treatment grants and 24 continuation grants, and supplements for direct technical assistance. The PPW program has demonstrated benefits in the following: increasing access to medications for substance use disorders, mental disorders, and primary health conditions; integrating peer recovery approaches to engage and retain women in care; incorporating home visiting as part of the continuum of care, and as a key strategy to extend services to support recovery; and providing opportunities to increase access to care for diverse populations of women, particularly for those living in rural and remote locations in southern states.”

**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. CARA requires that twenty-five percent of all PPW funds are required to fund the pilot. Historically, the PPW program has only supported the provision of residential treatment services. In FY 2021, SAMHSA funded four new and five PPW-PLT continuation grants. In FY 2022, SAMHSA anticipates funding nine PPW-PLT continuation grants.”

“SAMHSA plans to award eight new PPW-pilot grants, four pilot continuation grants; 42 new residential treatment grants, and 26 residential treatment continuation grants to provide an array of services and supports to pregnant women and their families.”

**Recovery Community Services Program (RCSP):** “SAMHSA plans to award four new and eight continuation RCSP grants, and four new RCSP-Statewide Network (SN) grants. SAMHSA starts supporting the RCSP-SN program again in FY 2023. This will allow SAMHSA to continue the efforts of building substance use disorder recovery networks throughout the nation and the collaboration among peer-run organizations.”

**Minority AIDS:** “In FY 2021, SAMHSA funded 121 TCE-HIV continuation grants and supplements for direct technical assistance. In FY 2022, SAMHSA anticipates funding 61 new and 62 TCE-HIV continuation grants.”

“The FY 2023 President’s Budget request is \$66.9 million, an increase of \$1.3 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award 41 new grants and 87 TCEHIV continuation grants.”

**Drug Courts:** “SAMHSA’s grant programs are encouraged to use part of their annual award to provide Medications for Opioid Use Disorder (MOUD) and are required to ensure that drug courts funded by SAMHSA not deny the use of Food and Drug Administration (FDA)-approved medications for opioid use disorder by drug court clients. Drug courts funded in FY 2021 are required to provide MOUD services, with judicial discretion in certain situations. Practitioners involved in the drug court program who are eligible by law to obtain a Drug Abuse Treatment Act (DATA) waiver must do so. SAMHSA requires the use of evidence-based practices from federal resource access points. SAMHSA also has regular communications with the National Association of Drug Court Professionals to obtain and incorporate the latest findings and field expertise.”

“SAMHSA plans to support 167 new and 96 drug court continuation grants, and 21 new and 12 continuation ORP grants, and one contract. At least 20 awards will be made to tribes/tribal organizations, and at least 20 awards will be made to FTDCs, pending sufficient application volume from these groups.”

**Building Communities of Recovery (BCOR):** “SAMHSA plans to support 40 new grants and 36 continuation grants for the BCOR program to develop, expand, and enhance recovery support services. The BCOR program 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.”

**Minority Fellowship Program:** “In FY 2021, SAMHSA funded nine MFP continuation grants with the supplemental funding for eight continuation grants, and one contract. In FY 2022, SAMHSA anticipates funding nine MFP continuation grants and the supplemental funding for eight continuation grants, and one contract.”

“The purposed funding will support two continuation grants, award a new cohort of 10 grants and the technical assistance contract. The increase in funding will increase the number of trained behavioral health providers to 6,500.”

**Addiction Technology Transfer Centers (ATTC):** “After over 28 years of conducting training workshops, translating research into bite-size pieces for curricula or stand-alone products, and creating opportunities for performance feedback to enhance skill development, the Addiction Technology Transfer Centers (ATTCs) are improving and updating their programs to offer novel training and technical assistance (TA) options that include multiple learning components in new delivery formats focused on changing practices. In response to the COVID-19 pandemic, the ATTC program has developed and implemented many alternative ways to deliver training and technical assistance. A robust virtual platform has been used to support healthcare professionals with telehealth strategies and many adaptations of evidence-based interventions for the virtual settings. The ATTC centers will continue the response to the differential impact of the pandemic by addressing the needs of providers and continuing to develop resources to help to address the needs of all communities.”

“SAMHSA plans to fund 12 new grants. Funding will allow the ATTC grantees to disseminate evidence-based, promising practices to substance use disorder treatment and recovery professionals, public health and mental health personnel, institutional and community corrections professionals, and other related disciplines.”

**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 are used to target common painful conditions, train providers and other hospital personnel to recognize the presence of an opioid use disorder, initiate treatment as appropriate, and provide alternatives to opioids for patients with painful conditions. In FY 2021, SAMHSA funded two new grants and 10 continuation grants. In FY 2022, SAMHSA anticipates funding 12 continuation grants.”

“The FY 2023 President’s Budget request is \$9.0 million, an increase of \$3.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award two new and 16 continuation grants.”

**Treatment, Recovery, and Workforce Support:** “The Workforce Support initiative will continue implementing evidence-base programs supporting individuals in substance use disorder treatment and recovery to live independently and participate in the

workforce with sustained employment during 2022 and 2023. In FY 2021, SAMHSA funded four new and eight TRWS continuation grants. In FY 2022, SAMHSA anticipates funding 12 TRWS continuation grants.”

“The FY 2023 President’s Budget request is \$9.0 million, an increase of \$3.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to award six new and 12 continuation grants.”

**Comprehensive Opioid Recovery Centers:** “In FY 2021, SAMHSA funded two new and two continuation grants. There remains a need to expand comprehensive, recovery-oriented services. In FY 2022, SAMHSA anticipates funding four continuation grants.”

“The FY 2023 President’s Budget request is \$6.0 million, an increase of \$2.0 million from the FY 2022 Annualized Continuing Resolution. SAMHSA plans to support two new and four continuation grants. These funds will provide critical comprehensive care services, including long-term care and support services utilizing the full range of FDA-approved medications and evidence-based services and will cover the costs of critical linkage and system development not currently covered by other sources of funding. These funds will extend the reach of MOUD treatment and recovery support services to address the overdose epidemic across systems and regional locations, reducing scattered, uncoordinated treatment efforts, and expanding access to care for people with special needs and/or in rural areas.”

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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
<b>CSAP PRNS TOTAL</b>	\$205,469,000	\$206,469,000	\$208,219,000	\$218,219,000	\$236,879,000	+\$18,660,000
At-Home Prescription Drug Disposal Demonstration	Not funded	Not funded	Not funded	Not funded	Not funded	N/A
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$9,493,000	+\$2,000,000
Federal Drug-Free Workplace/Mandatory Drug Testing	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$5,139,000	+\$245,000
Minority AIDS Initiative	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	\$43,205,000	+\$2,000,000
Minority Fellowship Program	\$321,000	\$321,000	\$321,000	\$321,000	\$1,321,000	+\$1,000,000
Science and Service Program Coordination	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$8,000,000	\$9,000,000	\$10,000,000	\$12,000,000	\$14,500,000	+\$2,500,000
<i>National Adult-Oriented Media Public Service Campaign</i>	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000	\$2,500,000	+\$500,000
Strategic Prevention Framework-Partnerships for Success	\$119,484,000	\$119,484,000	\$119,484,000	\$127,484,000	\$135,484,000	+\$8,000,000
<i>Strategic Prevention Framework Rx</i>	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level
Tribal Behavioral Health Grants	\$20,000,000	\$20,000,000	\$20,750,000	\$20,750,000	\$23,665,000	+\$2,915,000

**Final FY 2023 Omnibus Report Language:**

**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.”

**Office of Prevention Innovation (OPI):** “The agreement notes concern with the manner in which SAMHSA established OPI, without providing notice to the public for comment and failure to include the office in the fiscal year 2023 budget request. Further, the agreement is concerned that the work conducted by the OPI may be outside of the authorized scope for the Center for Substance Abuse Prevention. The agreement requests an update from SAMHSA on OPI and its activities within 120 days of enactment of this Act.”

**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.”

**Substance Misuse Prevention:** “The agreement remains supportive of 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, these programs primarily serve individuals already struggling with substance misuse and should not be considered primary prevention programs. As such, the agreement strongly encourages SAMHSA to ensure this funding is administered through the Center for Substance Abuse Treatment and not through the Center for Substance Abuse Prevention.”

***FY 2023 Senate Appropriations Committee Report Language:***

**At-Home Prescription Drug Disposal:** “The Committee is aware that many unused and unwanted prescription opioids and other powerful medications remain in homes and are subject to diversion. The Committee is concerned that medication take-back programs are difficult to access for many Americans. The Committee supports efforts to encourage at-home prescription drug deactivation and disposal and urges SAMHSA to support these types of programs.”

**Harm Reduction:** “The Committee remains supportive of efforts to reduce the risks associated with drug use, specifically through programs that focus on harm reduction strategies. However, harm reduction programs primarily serve individuals already struggling with substance use disorders 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 Use Services and not through the Center for Substance Use Prevention Services. Accordingly, the Committee recommendation continues to fund the Improving Access to Overdose Treatment, Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, and First Responder Training grants within the Center for Substance Use Services PRNS and not within the Center for Substance Use Prevention Services PRNS.”

**Office of Prevention Innovation [OPI]:** “The Committee is concerned with the manner in which SAMHSA established the OPI, without providing notice to the public for comment and failure to include the office in the fiscal year 2023 budget request. The Committee requests an update from SAMHSA on OPI and its activities within 120 days of enactment of this act.”

**Programs of Regional and National Significance:** “The Committee provides \$248,219,000 for PRNS within the Center for Substance Use Prevention Services. These programs support the development of new practice knowledge on substance use prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance use prevention programs; and programs addressing new needs in the prevention system.”

**Strategic Prevention Framework:** “The Committee recommends \$142,821,000, an increase of \$15,337,000 for the Strategic Prevention Framework. Within the total provided, \$132,821,000 is for the Strategic Prevention Framework-Partnerships for Success program, and \$10,000,000 is for Strategic Prevention Framework-Rx. The Strategic Prevention Framework is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and Tribal levels. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State’s top substance use issues for high-risk youth as determined by the State’s epidemiological data. The Committee directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions. Finally, the Committee directs SAMHSA to issue a report assessing the extent to which the work of local grantees complements and aligns with the primary prevention efforts led by the corresponding State alcohol and drug agency.”

**Sober Truth on Preventing [STOP] Underage Drinking Act:** “The Committee provides \$20,000,000, increase of \$8,000,000 for the STOP Act. Of this funding, \$12,000,000 is for community-based coalition enhancement grants, \$2,500,000 is for the National media campaign, and \$1,000,000 is for the Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD].”

**Substance Use Disorder Prevention Workforce Report:** “The Committee appreciates SAMHSA’s work to conduct a comprehensive national study regarding the substance use prevention workforce as directed in fiscal year 2022. The study will collect information on the existing availability of and access to data on prevention workforce size, salaries, and profession-focused education and training opportunities including an evaluation of existing support for prevention workforce and the funding necessary to maintain an adequate workforce. The Committee directs SAMHSA to brief the Committees on the study’s findings within 60 days of issuing the final report.”

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

***FY 2023 House Appropriations Committee Report Language:***

**At-Home Prescription Drug Disposal Demonstration and Evaluation:** “The Committee is aware that many unused and unwanted prescription opioids and other powerful medications remain in homes and are subject to diversion. The Committee includes \$5,000,000 for an at-home drug deactivation and disposal demonstration and evaluation initiative and urges SAMHSA

to make a diverse selection of grantees including urban, rural, and tribal government partners. The initiative will assess the effectiveness of drug disposal technologies that meet the standard in section 3032 of the SUPPORT for Patients and Communities Act (21 U.S.C.355–1(e)(4)(B)).”

**Center for the Application of Prevention Technologies:** “The Committee includes an increase of \$4,500,000 for the Center for the Application of Prevention Technologies. The Committee encourages SAMHSA to ensure eligibility for private, non-profit, and regional organizations, including faith-based organizations for the Center for the Application of Prevention Technologies. The broad coalition 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.”

**Eliminating Racial Disparities in Overdose Deaths:** “The Committee is concerned with the rising rates of overdose deaths in communities of color, specifically among Black people. These racial disparities are made worse by the fact that access to treatment is often dependent on race, income, geography, and insurance status, rather than individual preferences, or medical or psychiatric indicators and needs. The Committee urges SAMHSA to scale programs in communities of color, including increased outreach capacity, to help eliminate racial disparities in overdose deaths and improve access to prevention and treatment services.”

**PTSD in First Responders:** “The Committee looks forward to receiving the report requested in House Report 117–96 that examines post-traumatic stress disorder (PTSD) in individuals working in civilian first responder disciplines of law enforcement, fire services, and emergency medical services.”

**Sober Truth on Preventing Underage Drinking Act:** “The Committee includes an increase of \$2,500,000 for the Sober Truth on Preventing Underage Drinking (STOP) Act. Of this amount, the Committee includes an increase of \$2,500,000 for the Community Based Enhancement Grant Program to help community coalitions address underage drinking.”

**Strategic Prevention Framework** – “The Committee provides an increase of \$10,000,000 for the Strategic Prevention Framework (SPF). Of this amount, the Committee includes an increase of \$5,000,000 for SPF for Prescription Drugs (SPF Rx).”

**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 AI/AN populations.”

***Administration's Proposed FY 2023 Budget Regarding CSAP:***

**Strategic Prevention Framework – Partnerships for Success:** “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 FY 2021, SAMHSA awarded 5 new grants and supported the continuation of 230 grants to state, tribal, and community organizations for preventing the onset and reducing the progression of substance use and its related challenges while strengthening prevention capacity and infrastructure at the community and state levels. In FY 2022 Continuing Resolution, SAMHSA will fund 235 continuing and 4 new PFS grants as well as 21 continuing and 8 new SPF Rx grants. In FY 2023, SAMHSA will support the continuation of 237 PFS grants as well as 54 new grants.

**Strategic Prevention Framework 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.”

“The increase will support 266 new and continuing PFS grants as well as 30 new and continuing SPF Rx grants.”

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

CMHS Program	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2023 vs FY 2022
<b>CMHS PRNS TOTAL</b>	\$395,774,000	\$460,774,000	\$487,036,000	\$599,036,000	\$1,065,453,000 <sup>2</sup>	+\$466,417,000
<b>Assisted Outpatient Treatment</b>	\$15,000,000	\$19,000,000	\$21,000,000	\$21,000,000	\$21,420,000	+\$420,000
<b>Assertive Community Treatment for Individuals with Serious Mental Illness (SMI)</b>	\$5,000,000	\$7,000,000	\$9,000,000	\$9,000,000	\$9,000,000	Level
<b>Certified Community Behavioral Health Clinics (CCBHCs)</b>	\$150,000,000	\$200,000,000	\$250,000,000	\$315,000,000	\$385,000,000	+\$70,000,000
<b>Comprehensive Opioid Recovery Center (CORCs)</b>	Not funded	\$2,000,000	Funded within CSAT	Funded within CSAT	Funded within CSAT	N/A
<b>Community Mental Health Services (CMHS) Block Grant (MHBG)</b>	\$722,571,000	\$722,571,000	\$757,571,000	\$857,571,000	\$1,007,571,000	+\$150,000,000
<b>Children and Family Programs</b>	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level
<b>Consumer &amp; Consumer Support Technical Assistance (TA) Centers</b>	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level
<b>Consumer and Family Network Grants</b>	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level
<b>Criminal and Juvenile Justice Programs</b>	\$4,269,000	\$6,269,000	\$6,269,000	\$6,269,000	\$11,269,000	+\$5,000,000
<b>Disaster Response</b>	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level
<b>Garrett Lee Smith Youth Suicide Prevention – State Grants</b>	\$35,427,000	\$35,427,000	\$36,427,000	\$38,806,000	\$43,806,000	+\$5,000,000
<b>Garrett Lee Smith Youth Suicide Prevention – Campus Grants</b>	\$6,488,000	\$6,488,000	\$6,488,000	\$6,488,000	\$8,488,000	+\$2,000,000
<b>Healthy Transitions</b>	\$25,951,000	\$28,951,000	\$29,451,000	\$29,451,000	\$30,451,000	+\$1,000,000
<b>Homelessness</b>	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level
<b>Homelessness Prevention Programs</b>	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$33,696,000	+\$3,000,000
<b>Infant and Early Childhood Mental Health</b>	\$5,000,000	\$7,000,000	\$8,000,000	\$10,000,000	\$15,000,000	+\$5,000,000
<b>Mental Health System Transformation</b>	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level
<b>Mental Health Awareness Training<sup>3</sup></b>	\$20,963,000	\$22,963,000	\$23,963,000	\$24,963,000	\$27,963,000	+\$3,000,000
<b>Mental Health Crisis Response Grants</b>	Not funded	Not funded	Not funded	\$10,000,000	\$20,000,000	+\$10,000,000
<b>Minority Fellowship Program</b>	\$8,059,000	\$9,059,000	\$10,059,000	\$10,059,000	\$11,059,000	+\$1,000,000
<b>Minority AIDS</b>	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level
<b>National Child Traumatic Stress Initiative</b>	\$63,887,000	\$68,887,000	\$71,887,000	\$81,887,000	\$93,887,000	+\$12,000,000
<b>National Strategy for Suicide Prevention</b>	\$11,200,000	\$18,200,000	\$23,200,000	\$23,200,000	\$28,200,000	+\$5,000,000
<i>American Indian and Alaska Native</i>	\$2,200,000	\$2,200,000	\$2,400,000	\$2,400,000	\$3,400,000	+\$1,000,000
<i>Zero Suicide</i>	\$9,200,000	\$16,200,000	\$21,200,000	\$21,200,000	\$26,200,000	+\$5,000,000
<b>Practice Improvement and Training</b>	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level
<b>Primary and Behavioral Health Care Integration</b>	\$49,877,000	\$49,877,000	\$52,877,000	\$52,877,000	\$55,877,000	+\$3,000,000

<sup>2</sup> \$62,000,000 of total funding provided in CR Funding (P.L.117-180 Suicide Lifeline)

<sup>3</sup> Formerly Mental Health First Aid.

CMHS Program	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2023 vs FY 2022
Primary and Behavioral Health Integration Technical Assistance (TA)	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	Level
Project AWARE	\$71,001,000	\$102,001,000	\$105,118,000	\$120,000,000	\$140,001,000	+\$20,001,000
Projects for Assistance in Transition from Homelessness (PATH)	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	\$66,635,000	+\$2,000,000
Project LAUNCH	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	\$25,605,000	+\$2,000,000
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$36,146,000	\$36,146,000	\$36,146,000	\$38,000,000	\$40,000,000	+\$2,000,000
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level
988 Program (includes Lifeline)						
Behavioral Health Crisis and 988 Coordinating Office	N/A	N/A	N/A	N/A	\$501,618,000	+\$501,618,000
				\$5,000,000	\$7,000,000	+\$2,000,000
Tribal Behavioral Grants	\$20,000,000	\$20,000,000	\$20,750,000	\$20,750,000	\$22,750,000	+\$2,000,000
Children's Mental Health Services	\$125,000,000	\$125,000,000	\$125,000,000	\$125,000,000	\$130,000,000	+\$5,000,000

### Supplemental Funding

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

#### Final FY 2023 Omnibus Report Language:

**Certified Community Behavioral Health Clinics (CCBHC):** “The agreement continues to encourage SAMHSA to work with CMS to review and update the Department's approach to CCBHC certification activities. SAMHSA and CMS are directed to provide an update on the review and implementation of the CCBHC expansion included in the Bipartisan Safer Communities Act within 90 days of enactment of this Act. Within the increase, the agreement includes \$3,000,000 for the expansion and operation of the CCBHC-Expansion National Training and Technical Assistance Center to assist stakeholders on the application of certification criteria, data reporting requirements, financing questions, and best practices related to the expansion of the demonstration program included in the Bipartisan Safer Communities Act (P.L. 117-159).”

**Children's Mental Health Services:** “The agreement includes an increase to expand efforts, including reaching more children and training more people in mental health activities and practices.”

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

**National Child Traumatic Stress Initiative:** “The agreement includes an increase and directs SAMHSA to ensure the network maintains its focus on collaboration, data collection, and the provision of direct services, and that new grant opportunities should not be limited to training only.”

**Behavioral Health Crisis Services and 988 Program (988):** “The agreement reflects a one-time appropriation provided in section 145 of P.L. 117-180 and provides an increase in funding to support local crisis center capacity and centralized network functions in order to respond to the increase in contacts as the National Suicide Prevention Lifeline (Lifeline) continues its transition to 988. The agreement encourages SAMHSA to expand existing intervention and suicide prevention hotline and web services and focus outreach on youth. The agreement also encourages SAMHSA to partner with academic institutions and organizations in areas with high concentrations of veterans and active duty military personnel to ensure access to 988 and crisis lifeline resources. The agreement requests a briefing within 90 days of enactment of this Act on the implementation of the 988 program, which shall include a spend plan for the resources allocated through 988. Within the increase for 988, the agreement provides \$7,000,000 for the Behavioral Health Crisis and 988 Coordinating Office. In addition, within the increase for 988, the agreement provides \$10,000,000 to provide services for Spanish speakers seeking access to the Lifeline through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention. Furthermore, within the increase for 988, the agreement provides \$29,700,000 and directs the activities included in House Report 117-403, including making funding competitively available to provide the capacity and infrastructure to handle vulnerable youth callers, chats, and texts through interactive voice response technology and other technology solutions where appropriate.

**Mental Health Awareness Training:** “The agreement includes an increase for Mental Health Awareness Training 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

college students, veterans and armed services personnel and their family members and to broaden applicable settings to include non-educational and non-healthcare settings where appropriate.”

**Mental Health Centers of Excellence:** “The agreement urges SAMHSA to continue supporting centers of excellence focused on the development, evaluation, and distribution of evidence-based resources regarding comprehensive treatment recommendations for mental health patients. These recommendations may include supportive services, wraparound services, and social determinants of care where applicable. The centers will also work to disseminate treatment recommendations to the broader network of mental health clinicians.”

**Mental Health Crisis Response Grants:** “The agreement includes an increase for the activities directed in House Report 117-403.”

**Project AWARE:** “The agreement includes an increase for school-and campus-based mental health services and support. Of the amount provided, the agreement directs \$17,500,000 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. Additionally, within this increase, the agreement provides \$12,000,000 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).”

***FY 2023 Senate Appropriations Committee Report Language:***

**Behavioral Health Crisis Services and 988 Program:** “Suicide is a leading cause of death in the United States, claiming over 45,000 lives in 2020. According to the CDC, suicide rates have increased by 30 percent since 1999. The Committee provides \$696,901,000, an increase of \$595,280,000, for 988 and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the National Suicide Prevention Lifeline [NSPL], which coordinates a network of more than 180 crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act (Public Law 117–159) included \$150,000,000 for the NSPL to be made available through December 31, 2022. The increase in funding will also support increasing local crisis center capacity including through partnerships in behavioral health crisis response and bolstering the NSPL centralized network functions necessary to respond to the anticipated increase in contacts in fiscal year 2023 as the NSPL transitions to a three-digit number (988), as required by the National Suicide Hotline Designation Act (Public Law 116–172). The Committee encourages SAMHSA to use additional funding for the NSPL to ensure a smooth transition to 161 988 into fiscal year 2023 and expand existing intervention and suicide prevention hotline and web services, including texts or other digital modes of



communications and focus outreach to youth, teens, young adults, and their families. Within the funds provided, SAMHSA is encouraged to partner with academic institutions and organizations in areas with high concentrations of veterans and active duty military personnel to ensure access to 988 and crisis lifeline resources. The Committee requests a briefing within 90 days of enactment of this act on the implementation of the 988 program, which shall include a spend plan for the resources allocated through 988.”

- **Behavioral Health Crisis and 988 Coordinating Office:** “Within the increase for 988 and Behavioral Health Crisis Services, the Committee recommendation includes \$10,000,000, a \$5,000,000 increase, to continue the 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, performance management, evaluation, data collection and coordination of the Nation’s crisis care network, strategic planning for the development of a crisis care system encompassing nationwide standards guidelines in order to expand mobile crisis care and crisis stabilization. Additionally, the office will coordinate with national and local first responders such as the 911 system and related emergency medical services so that behavioral health crisis services are well integrated into emergency care responses and minimize reliance on law enforcement. The Committee requests that the Secretary include a multi-year, crisis care system roadmap in the fiscal year 2024 CJ.”
- **NSPL Text and Chat-Based Capabilities:** “The Committee notes that while Spanish language services are available for those calling 988, there are not Spanish language services for NSPL contacts that are initiated through web-based chats or texts. Texting for individuals experiencing a mental health crisis can be important, particularly among young people for whom texting is often preferable to voice calls. In order to better serve this community, the Committee includes \$10,000,000 to provide specialized services for Spanish speakers seeking access to the NSPL through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.”
- **Specialized Services for LGBTQ+ Youth:** “The Committee understands that LGBTQ+ youth are more than four times more likely to attempt suicide than their peers. Forty-five percent of LGBTQ+ youth and more than half of transgender or non-binary youth reported seriously considering attempting suicide in the past year. Within the total for 988 and Behavioral Crisis Services, the Committee includes \$29,700,000, which shall be used to provide specialized services for LGBTQ+ youth, including training for existing counselors in LGBTQ+ youth cultural competency and the establishment and operation of an Integrated Voice Response [IVR] to transfer LGBTQ+ youth to a specialty organization. This funding shall be awarded through a competitive process to an organization 162 with experience working with LGBTQ+ youth and possessing the capacity and infrastructure to handle LGBTQ+ youth callers, chats, and texts through IVR technology and other technology solutions where appropriate.”

**Criminal Justice Activities:** “The Committee provides \$19,994,000, an increase of \$13,725,000 for criminal and juvenile justice activities to help meet the significant unmet behavioral healthcare needs of individuals before, during, and after incarceration. 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, approximately half of people in the criminal justice system have a mental illness and 6 in 10 have a substance use disorder. More than a third of those with mental health problems also meet the criteria of having a co-occurring substance use disorder. Successful reentry 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.”

**Garrett Lee Smith Youth Suicide Prevention:** “The Committee recommends \$56,512,000, an \$11,218,000 increase, for Garrett Lee Smith Suicide Prevention programs, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee recommends \$11,000,000, a \$2,000,000 increase, for the Garrett Lee Smith Youth Suicide Prevention Resource Center.”

**Healthy Transitions:** “The Committee includes \$34,451,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental healthcare treatment and related support services for young people aged 16 to 25 who either 163 have, or are at risk of developing, a serious mental health condition.”

**Infant and Early Childhood Mental Health:** “The Committee provides \$20,000,000, an increase of \$10,000,000, for grants to entities such as State agencies, Tribal communities, universities, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change, as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. 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:** “The Committee provides \$47,000,000, an increase of \$22,037,000, to continue existing activities, including Mental Health First Aid. Mental Health Awareness Training and Mental Health First Aid have allowed Americans as well as first responders to recognize the signs and symptoms of common mental disorders. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$120,000,000 for Mental Health Awareness Training over four fiscal years, with \$30,000,000 made available each fiscal year through September 30, 2025, to support mental health awareness training. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-

escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program.”

**Mental Health Crisis Response Grants:** “The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee includes \$15,000,000 for communities to create or enhance existing crisis response programs that may include teams of mental health professionals, law enforcement, EMTs, and crisis workers to provide immediate support and stabilization to those in crisis.”

**Mental Health Workforce:** “The Committee is concerned that communities with high poverty rates and historically marginalized communities disproportionately suffer from a high prevalence of substance use disorders, high suicide rates, and high poverty rates. These communities also experience severe mental health provider shortages of rates less than half the National benchmark for fulltime equivalent mental health providers, psychologists, and psychiatrists. The Committee urges SAMHSA to work with these communities to better develop a mental health workforce.”

**Minority Fellowship Program:** “The Committee includes \$11,000,000 to support new grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations.”

**National Strategy for Suicide Prevention:** “The Committee includes \$30,000,000, a \$6,800,000 increase for suicide prevention programs. Of the total, \$27,000,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems. Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to the CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee recommends \$3,400,000 for the AI/AN Suicide Prevention Initiative.”

**Project AWARE:** “The Committee provides \$222,000,000, an increase of \$101,999,000, for Project AWARE. This program increases awareness of mental health issues and connects young people that have behavioral health concerns and their families with needed services. The Committee encourages SAMHSA to continue using funds to provide mental health services in schools and for school aged youth, and provide an update on these efforts in the fiscal year 2024 CJ.”

**Programs of Regional and National Significance:** “The Committee recommends \$1,395,036,000, an increase of \$796,000,000 over fiscal year 2022, for PRNS within the Center for Mental Health Services. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.”

**Community Mental Health Services Block Grant:** “The Committee recommends \$1,421,571,000 for the Mental Health Block Grant [MHBG], an increase of \$564,000,000 over the fiscal year 2022 enacted level. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$250,000,000 over four fiscal years, with \$62,500,000 made available each fiscal year through September 30, 2025, to support the MHBG. The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. The Committee recommendation continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee continues to direct SAMHSA to include in the fiscal year 2024 CJ a detailed table showing at a minimum 166 each State’s allotment, name of the program being implemented, and a short description of the program.”

- **Crisis Set-Aside:** “The Committee again includes a 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 recommendation increases the set aside from 5 percent to 10 percent. 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:** “The Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14. Effective early intervention and prevention programs will reduce suicide prevalence rates, school dropout, homelessness, and involvement in the criminal justice system. To increase access to early intervention and prevention programs, the Committee has included 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 depression 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.”

**Children’s Mental Health Services:** “The Committee recommends \$200,000,000 for the Children’s Mental Health Services program, an increase of \$75,000,000 over the fiscal year 2022 enacted level. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first episode psychosis.”

**Projects for Assistance in Transition from Homelessness [PATH]:** “The Committee recommends \$69,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. 167 Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.”

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

**National Child Traumatic Stress Initiative:** “The Committee recommends \$111,887,000, an increase of \$30,000,000 for the National Child Traumatic Stress Initiative, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$40,000,000 for the National Child Traumatic Stress Network over four fiscal years, with \$10,000,000 made available each fiscal year through September 30, 2025, for trauma services for youth. The Committee supports the National Child Traumatic Stress Network for building, evaluating, disseminating, and delivering evidence-based best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. The Committee directs SAMHSA to ensure the network maintains its focus on collaboration, data collection, and the provision of direct services, and that the NCTSN mission or grant opportunities not be limited to training only.”

**Certified Community Behavioral Health Clinics [CCBHC]:** “The Committee includes \$385,000,000, an increase of \$70,000,000. The CCBHC expansion program allows communities to improve access to mental health and substance use disorder treatment services. The Committee continues to direct SAMHSA to prioritize resources to entities within States that are able to quickly stand-up a CCBHC, including those part of section 223(a) of the Protecting Access to Medicare Act of 2014 [PAMA] (Public Law 113–93). The Committee notes PAMA does not prohibit States from certifying new CCBHCs under their Medicaid demonstration programs, including organizations that have received CCBHC Expansion Grants. SAMHSA is encouraged to work with CMS to review and update the Department’s approach to CCBHC certification activities authorizing States to certify any clinics that meet all SAMHSA CCBHC certification criteria. The Committee notes that the Bipartisan Safer Communities Act expanded the CCBHC demonstration to include any State wishing to participate with the goal of establishing a nationwide network of community based mental health service providers. In turn, this legislative action will significantly increase the needs of stake- 168 holders ranging from individual CCBHC applicants to relevant State behavioral health and Medicaid authorities for information, technical assistance on the application of certification criteria, data reporting requirements, financing questions and related best practices. The Committee includes \$3,000,000 for the expansion and operation of the CCBHC–E National Training and Technical Assistance Center.”

***FY 2023 House Appropriations Committee Report Language:***

**Behavioral Health Crisis and 988 Coordinating Office:** “Of the funds provided for the 988 Program, the Committee includes an increase of \$5,000,000 for SAMHSA to continue to staff an office within the Center for Mental Health Services to coordinate work relating to behavioral health crisis care across HHS operating divisions, including CMS and HRSA, as well as with external stakeholders. The office will continue to support technical assistance, data analysis, and evaluation functions in order to develop a crisis care system encompassing nationwide standards with the objective of expanding the capacity of and access to local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, and rapid post-crisis follow up, provided by the National Suicide Prevention and Mental Health Crisis Response System, Community Mental Health Centers, Certified Community Behavioral Health Clinics and other community mental health and substance use disorder (SUD) providers.”

**Garrett Lee Smith Youth Suicide Prevention:** “The Committee includes a total increase of \$13,000,000 for Garrett Lee Smith Youth Suicide Prevention, to develop and implement youth suicide prevention and early intervention strategies.”

**Healthy Transitions:** “The Committee includes an increase of \$20,000,000 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 are at risk of developing a serious mental health condition.”

**Homelessness Prevention Programs:** “The Committee includes an increase of \$5,000,000 for Homeless Prevention Programs to help prevent or reduce chronic homelessness by funding services for individuals and families experiencing homelessness while living with severe mental illness or co-occurring mental and substance disorders. The program addresses the need for treatment and support service provision to individuals and families.”

**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 \$20,000,000 for Infant and Early Childhood Mental Health. The Committee continues to urge 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. The Committee encourages SAMHSA to increase technical assistance allocations as the number of grantees increases.”

**Mental Health Block Grant:** “The Committee includes \$1,357,571,000, an increase of \$500,000,000, for the Mental Health Block Grant (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.”

- **MHBG Crisis Care Set-Aside:** “The Committee increases the set aside in the MHBG for evidence-based crisis care programs to 10 percent to address 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.”
- **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. 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.”

**Mental Health Crisis Response Grants:** “The Committee notes that funding crisis care services can help divert people experiencing a mental health crisis from the criminal justice system into mental health treatment. However, the availability of mental health crisis care remains inconsistent across the U.S., and first responders are not always trained and equipped to diffuse a mental health crisis, which can lead to tragic outcomes. Many communities are implementing model programs where mental health providers respond to mental health emergencies, sometimes in partnership with law enforcement. To make these model programs more widely available, the Committee includes an increase of \$50,000,000 to expand the grant program for communities to create, or enhance existing, mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams. These teams may be composed of licensed counselors, clinical social workers, physicians, EMTs, crisis workers, and/or peers available to respond to people in crisis and provide immediate stabilization and referral to community-based mental health services and supports. The Committee encourages grantees to partner or co-respond with law enforcement to ensure community policing meets the needs of everyone in the community. The Committee looks forward to receiving the report on existing steps being taken to strengthen partnerships between mental health providers, behavioral health teams, and first responders requested in House Report 117–96. The Committee requests a report not later than one year following the obligation of awards in fiscal year 2023 for this program, including best practices and recommendations for subsequent grant cycles.”

**Minority Fellowship Program:** “The Committee provides a total of \$25,169,000, an increase of \$9,000,000, across SAMHSA 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 SUDs and mental health issues impacting minority and underserved populations.”

**National Child Traumatic Stress Initiative:** “The Committee includes \$150,000,000, an increase of \$68,113,000 for the National Child Traumatic Stress Initiative. The 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. The agreement also provides no less than \$10,000,000 for activities authorized under section 582(d) and (e) of the PHS Act for the National Center for Child Traumatic Stress.”

**Primary and Behavioral Health Care Integration:** “The Committee includes an increase of \$50,000,000 to improve the coordination and integration of primary care services and publicly funded behavioral health services.”

**Project AWARE:** “The Committee includes a total increase of \$108,999,000 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, as set out by the 2013 “Now is the Time” plan. This includes an increase of \$102,749,000 for Project AWARE State grants, and an increase of \$6,250,000 for Resilience in Communities after Stress and Trauma (ReCAST) grants. In addition, the Committee includes an increase of \$20,000,000 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.”

**Projects for Assistance in Transition from Homelessness:** “The Committee includes \$79,635,000, an increase of \$15,000,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or SUDs 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. HUD/HHS.”

**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 AI/AN populations.

**Certified Community Behavioral Health Clinics:** “The Committee includes \$400,000,000, an increase of \$85,000,000 for the Certified Community Behavioral Health Clinics program. 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.”

***Administration’s Proposed FY 2023 Budget Regarding CMHS Programs:***

**National Child Traumatic Stress Network:** “SAMHSA funds 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. The NCTSN has grown from a collaborative network of 17 centers to 140 funded and over 160 affiliate (formerly funded) centers and individuals located nationwide in universities, hospitals, and a range of diverse community-based organizations with thousands of national and local partners. The NCTSN’s mission is to raise the standard of care and improve access to evidence-based services for children experiencing trauma, their families, and communities. In FY 2021, SAMHSA supported 34 grant continuations and awarded a new cohort of 106 grants (97 grants from annual appropriations, 7 grants from COVID Relief Supplemental Appropriations Act and two grants from American Rescue Plan Act.) In FY 2022 Annualized CR, SAMHSA plans to support 129 grant continuations (127 grants from annual appropriations and 2 grants from American Rescue Plan Act) and award a new cohort of 4 grants.”

“SAMHSA plans to support 120 grant continuations (118 grant from annual appropriation and two grants from American Rescue Plan Act) and 171 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. With the purposed increase in funds, SAMHSA estimates the number of individuals served will nearly double to 16,000 and the number of people in the mental health and related workforce will increase to 250,000.”

**Project Aware:** “Project AWARE is made up of two components: Project AWARE State Education Agency (SEA) grants and Resilience in Communities after Stress and Trauma (ReCAST) grants. Currently, Project AWARE SEA grants are awarded to State Education Agencies to promote comprehensive, coordinated, and integrated state efforts to make schools safer and increase access to mental health services. The program also includes a focus on the specific needs affecting rural communities. These communities struggle with access to mental health services in schools and access to qualified health professionals to provide such services.”

“Funding for this program will support 88 new Project AWARE State Grants, 1 new ReCAST grant, and technical assistance on the provision of school based mental health services. The funding increase will expand the program’s targeted population to include college students and adults and expand the program’s training settings to include noneducational and non-health care sites. It is expected that the increase in funding for Project AWARE will help to identify and refer approximately 80,000 school-

aged youth to mental health and related services; and to train approximately 500,000 mental health and mental health-related professionals on evidence-based mental health practices.”

**Mental Health Awareness Training:** “The Mental Health Awareness Training (MHAT) grants train school personnel, emergency first responders, law enforcement, veterans, armed services members, and their families how to recognize the signs and symptoms of mental disorder such as serious mental illness and/or serious emotional disturbances. In addition, MHAT grant program provides training on how to create a supportive and compassionate culture and assist others in accessing treatment if needed.”

“Funding for this program will support 168 continuation grants and award a new cohort of 325 grants. The budget will expand eligible populations for this program to include college students and adults, and to broaden applicable settings for trainings to include non-educational, non-health care settings. With the purposed increase in funding, it is estimated the number of individuals referred to mental health and related services will near 300,000 and the number of individuals trained to recognize the signs and symptoms of mental illness will increase to 200,000.”

**Healthy Transition:** “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. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care and evidence-informed treatment for this age group.”

“This budget will support 18 continuation grants and fund a new cohort of 41 grants. Funding will improve access to mental disorder treatment and related support services for young people, aged 16 to 25, who either have, or are at risk of developing a serious mental health condition. It is expected that the number of young people served by this program will increase to 1,500 and there will be an increase in the available supports and services needed to support this population.”

**Children and Family Programs:** “SAMHSA’s Children and Family Programs provide funding for the Circles of Care grant program. Initially funded in 1998, the Circles of Care Program is a three-year infrastructure/planning grant that seeks to promote mental disorder treatment equity by providing American Indian/Alaska Native (AI/AN) communities with tools and resources to design and sustain their own culturally competent system of care approach for children. In FY 2021, SAMHSA supported 18 continuation grants, awarded three new grants, and 1,581 individuals received training in mental health practices and activities that aligned with the goals of the program. In FY 2022 Annualized CR, SAMHSA will support 21 continuation grants and award one new grant.”

“The FY 2023 President’s Budget request is \$7.2 million, level with the FY 2022 Annualized Continuing Resolution. This funding will support four Circles of Care continuation grants and award a new cohort of 18 grants. Funding will enhance and improve the quality of existing services and promote the use of culturally competent services and support for children and youth with, or at risk for, serious mental health conditions, and their families.”

**Consumer and Family Network Grants:** “The Consumer and Family Network Programs provide consumers, families, and youth with opportunities to participate meaningfully in the development of policies, programs, and quality assurance activities related to mental health systems across the United States. The Consumer and Family Network Programs support two primary grant programs, the Statewide Consumer Network (SCN) Program and the Statewide Family Network (SFN) Program.”

“The FY 2023 President’s Budget request is \$4.9 million, level with the FY 2022 Annualized Continuing Resolution. Funds will be used for 47 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:** “In 2008, Project Linking Actions for Unmet Needs in Children’s Health (LAUNCH) began as a national initiative. 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. Project LAUNCH pays particular attention to the social and emotional development of young children and works to ensure that the systems that serve them (including childcare and education, home visiting, and primary care) are equipped to promote and monitor healthy social and emotional development. The program also ensures that the systems intervene to prevent, recognize early signs of, and address mental, emotional, and behavioral disorders in early childhood and into the early elementary grades.”

“The FY 2023 President’s Budget request is \$35.4 million, an increase of \$11.8 million from the FY 2022 Annualized Continuing Resolution. This funding will support 16 continuation grants, award a new cohort of 24 grants and the CoE-IECMHC to improve health outcomes for young children and support children at high risk for mental illness and their families to prevent future disability. This funding will provide continued screening, prevention, early intervention for behavioral health issues and referrals to high quality treatment for children and families in 30 communities across the U.S. through the CoE-IECMHC. With the purposed increase in funding, it is expected that the number of young children screened for mental health disorders will increase to nearly 11,000, and the number of young children referred to mental health and related services will increase to 7,000.”

**Mental Health System Transformation and Health Reform:** “In FY 2014, the Transforming Lives through Supported Employment Grant program was implemented, within the Mental Health System Transformation program, to help states foster the adoption and implementation of permanent transformative changes in how public mental health services are organized, managed, and delivered throughout the United States. This program aims to enhance state and community capacity to provide evidence-based supported employment programs for adults and youth with SMI or serious emotional disturbance (SED). These

grants help people achieve their goals for competitive employment, building paths to self-sufficiency and recovery. They also support treatment and service providers and employers to prioritize employment as a standard of care by developing and maintaining sustained competitive employment opportunities for people with SMI or SED, primarily using the evidence-based Individual Placement and Support (IPS) model of supported employment. The grant program helps states to identify and implement the structural and financing changes that are essential to make evidence-based supported employment programs sustainable statewide.”

“The FY 2023 President’s Budget request is \$3.7 million, level with the FY 2022 Annualized Continuing Resolution. Funding will 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 Primary and Behavioral Health Care Integration (PBHCI) Portfolio began in FY 2009 to address this intersection between primary care and treatment for mental illness and co-occurring disorders. This portfolio includes grants to states and community mental health centers. Across several cohorts, the PBHCI program supported the coordination and integration of primary care services and publicly funded community behavioral health services for individuals with SMI or co-occurring mental illness and drug/alcohol addiction served by the public mental health system. The PBHCI program was designed to improve health outcomes for people with SMI and cooccurring mental illness and drug/alcohol addiction by encouraging grantees to engage in necessary collaboration, expand infrastructure, and increase the availability of primary healthcare and wellness services for individuals with SMI or co-occurring mental illness and drug/alcohol addiction.”

“Funding will support the continuation of 12 PIPBHC grants and one CIHS grant. The funding will also fund a new cohort of 37 PIPBHC grants. The purposed increase in funding will result in nearly 19,000 individuals in the mental health and related workforce trained in mental health practices and activities; and the number of individuals served will increase to 10,000.”

**Suicide Prevention Programs:** “Research has shown that implementing comprehensive public health approaches that make suicide prevention a priority within health and community systems can reduce the rates of death by suicide as well as suicide attempts. Accordingly, SAMHSA supports a comprehensive portfolio of suicide prevention programs including the backbone of the portfolio, 988 and Behavioral Health Crisis Services (which subsumes the Suicide Lifeline), the National Strategy for Suicide Prevention, and targeted interventions for populations at higher risk of suicide such as the Garrett Lee Smith and the AI/NA programs.”

“The FY 2023 President’s Budget request is \$696.9 million. The proposed allocation for FY 2023 represents a historic investment in suicide prevention and behavioral health crisis services. This funding level would ensure that 988 can respond to 100% of contacts in FY 2023. FY 2021 federal funds to the Lifeline totaled \$24 million, while FY 2022 federal funding (including workforce

funds from the American Rescue Plan) totaled \$282 million. The FY 2023 proposed allocation amounts to nearly a 30x increase over FY 2021 funding levels. This funding will play an essential role in advancing the four areas to begin transforming the crisis system to meet the once-in-a-lifetime opportunity of 988 by:

- Strengthening network operations through the Lifeline grant— Historically, Federal funding for the Lifeline has been dedicated to supporting the Lifeline administrator and centralized network functions, such as: staffing for backup call centers, core chat/text centers, and specialized services; data and telephony infrastructure; standards, training, and quality improvement; evaluation and oversight. The FY 2023 investment further increases the capacity and performance of these key network infrastructure components and functions to the standard required for the projected contacts anticipated in FY 2023 and support collaborative efforts with partner organizations to improve local routing of contacts.
- Enhancing local capacity through partnerships in behavioral health crisis response— Local center capacity is critical to ensuring that individuals in crisis receive responses that are tailored to the service system where they are located and that services across the continuum are linked and coordinated.
- Establishing and maintaining a 988 and Behavioral Health Crisis Coordination Office— Coordination will support 988 implementation and broader crisis system transformation. Coordination activities will include technical assistance to states, and crisis centers; strategic planning, performance management, evaluation, and oversight; and formal partnerships, convenings, and cross-entity coordination.
- Supporting public awareness with targeted 988 national messaging— The 988 code will provide a universal, easy-to-remember, three-digit phone number and connect people in crisis with life-saving resources. As 988 launches, SAMHSA anticipates the need and additional costs to educate the public on services covered by 988.”

**Homelessness Prevention Programs:** “The FY 2023 President’s Budget request is \$37.9 million, an increase of \$5.0 million from the FY 2022 Annualized Continuing Resolution. With this funding, SAMHSA will support 24 TIEH continuation grants, one HHRC continuation grant 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. In addition, SAMHSA will award a new cohort of 35 TIEH grants and the number of individuals served will increase to 7,000.”

**Minority AIDS:** “The Minority AIDS Initiative - Service Integration grant program (MAI-SI) is designed to meet the health needs of these vulnerable individuals. The MAI-SI program enhances and expands the provision of effective, culturally appropriate, HIV/AIDS-related mental health services in racial and ethnic minority communities for people with a mental illness who are living with or at high risk for HIV/AIDS.”

“The FY 2023 President’s Budget request \$9.2 million, level with the FY 2022 Annualized Continuing Resolution. SAMHSA will continue to support 18 continuation 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 2023 President’s Budget request is \$56.3 million, an increase of \$50.1 million from the FY 2022 Annualized Continuing Resolution. SAMHSA will award a new cohort of up to 126 grants to support provision of services (screening, assessment, treatment, and linkage to services) to individuals by community-based behavioral health providers, both within jails and prisons, as well as after release and during reentry. This funding will establish pre-release relationships with community mental health providers and key stakeholders. 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 for a seamless transition of care once they are released. 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. Special importance will be paid towards ensuring a commitment to racial and economic justice, trauma-informed approaches, as well as cultural awareness. SAMHSA will also improve the response to people with mental illness across local criminal justice and court systems, including through specialty mental health court programs, by expanding the number of opportunities for diversion for non-violent offenders when appropriate. This funding will help people who need treatment get the care they need, decrease recidivism, and increase public safety. SAMHSA will also support the continuation of six Early Diversion grants; 26 new grants to improve reentry into the community and access to treatment for people involved in the criminal justice system and one new grant for this program; and award a continuation contract for the technical assistance center. This proposed increase aligns with the Administration’s goal to address the unmet mental health treatment needs among incarcerated youth and adults and ensure their successful transition into the community 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.”

**Practice Improvement and Training:** “The FY 2023 President’s Budget request is \$9.8 million, an increase of \$2.0 million from the FY 2022 Annualized Continuing Resolution. The purposed funding increase will be targeted to the HBCU-CFE program, support continuation of the Clinical Support Services TA Center for SMI and provide supplemental funding for the school safety program.”

**Disaster Response:** “SAMHSA ensures that the nation is prepared to address, as well as respond to, the behavioral health needs that follow these disasters or events by funding three major programs: the Disaster Distress Helpline (DDH), the Crisis Counseling Assistance and Training Program (CCP), and the Disaster Technical Assistance Center (DTAC). These programs

provide disaster behavioral health expertise around natural disasters, and emerging public health initiatives to develop and disseminate innovative consultation and technologies to communities, federal partners, and other stakeholders.”

**Tribal Behavioral Health Grants:** “The FY 2023 President’s Budget request is \$23.2 million, an increase of \$2.5 million from the FY 2022 Annualized Continuing Resolution. The purposed increase, combined with \$23.6 million in the Substance Use Prevention Services will support technical assistance activities, 78 continuation grants and award a new cohort of 38 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families. The increase in funding will result in an increase in the number of individuals contacted through program outreach efforts to nearly 600,000. As a braided activity, SAMHSA is tracking separately any amounts spent or awarded under Tribal Behavioral Health Grants through the distinct appropriations and ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.”

**Infant and Early Childhood Mental Health:** “The FY 2023 President’s Budget request is \$37.5 million, an increase of \$29.5 million from the FY 2022 Annualized Continuing Resolution. The purposed funding will support the continuation of six grants and award a new cohort of 67 grants to increase access to a range of evidence-based and culturally appropriate infant and early childhood mental health services. With this significant increase in funding, it is expected that the number of children screened for mental health disorders will double to nearly 20,000; and the number of children subsequently referred to mental health and related services will increase to 7,000.”





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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
NIAAA	\$525,591,000	\$543,373,000	\$554,882,000	\$573,651,000	\$595,318,000	+\$21,667,000



### National Institute on Drug Abuse (NIDA)

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
NIDA	\$1,419,844,000	\$1,462,016,000	\$1,480,309,000	\$1,595,474,000	\$1,662,695,000	+\$67,221,000

**Final FY 2023 Omnibus Report Language:**

**Opioids, Stimulants, and Pain Management:** “The agreement includes no less than \$355,295,000 in NIDA for the HEAL Initiative. The agreement encourages NIDA to continue its efforts through the HEAL initiative in fiscal year 2023, with a focus on grant opportunities to support research and education to improve outcomes for people with both chronic pain and addiction in diverse settings across the United States, particularly those located in areas with high incidence of people living with chronic pain. The agreement also includes an additional \$10,000,000 to support related research on pain and pain management, as described in the fiscal year 2023 budget request.”

**Reducing Opioid Disparities:** “The agreement supports efforts to address the disproportionate effects of the opioid overdose epidemic on Black/African Americans. NIDA, in coordination with NIMHD, is encouraged to support collaborations between qualified educational institutions and treatment partners with demonstrated excellence in addiction science and community-based research to lead several large multi-year research efforts. Funding calls should highlight the need for research to reduce barriers to care at the levels of State funding bodies, treatment agencies, individual clinicians, and among patients and

community members. Specific areas of focus may include research that examines and mitigates stigma toward medications for opioid use disorder, evaluates reimbursement structures to incentivize improved patient outcomes, implements and evaluates effective environmental supports like crisis and respite housing and transportation assistance, and integrates treatment and recovery support services into nonmedical, community-based settings ( e.g., interventions delivered by peer and community health workers).”



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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
<b>HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</b>	\$1,132,278,000	\$1,273,556,000	\$1,314,056,000	\$1,345,056,000	\$1,391,056,000	+\$46,000,000
<b>HIV Prevention by Health Depts.</b>	\$397,161,000	Not listed	Not listed	Not listed	Not listed	N/A
<b>School Health- HIV</b>	\$33,081,000	\$33,081,000	\$34,081,000	\$36,081,000	\$38,081,000	+\$2,000,000
<b>Viral Hepatitis</b>	\$39,000,000	\$39,000,000	\$39,500,000	\$41,000,000	\$43,000,000	+\$2,000,000
<b>Infectious Diseases and the Opioid Epidemic</b>	\$5,000,000	\$10,000,000	\$13,000,000	\$18,000,000	\$23,000,000	+\$5,000,000
<b>Sexually Transmitted Infections</b>	\$157,310,000	\$160,810,000	\$161,810,000	\$164,310,000	\$174,310,000	+\$10,000,000
<b>Chronic Disease Prevention and Health Promotion</b>	\$1,187,771,000	\$1,239,914,000	\$1,276,664,000	\$1,338,664,000	\$1,430,414,000	+\$91,750,000
<b>Tobacco</b>	\$210,000,000	\$230,000,000	\$237,500,000	\$241,500,000	\$246,500,000	+\$5,000,000
<b>Excessive Alcohol Use</b>	\$4,000,000	\$4,000,000	\$4,000,000	\$5,000,000	\$6,000,000	+\$1,000,000
<b>Prevention Research Centers</b>	\$25,461,000	\$26,461,000	\$26,961,000	\$26,961,000	\$28,961,000	+\$2,000,000
<b>Birth Defects and Developmental Disabilities<sup>12</sup></b>	\$155,560,000	\$160,810,000	\$167,810,000	\$177,060,000	\$205,560,000	+\$28,500,000
<b>Fetal Alcohol Syndrome</b>	\$11,000,000	\$11,000,000	\$11,000,000	\$11,000,000	\$11,500,000	+\$500,000
<b>Neonatal Abstinence Syndrome</b>	\$2,000,000	\$2,250,000	\$2,250,000	\$3,250,000	\$4,250,000	+\$1,000,000
<b>Injury Prevention and Control</b>	\$648,559,000	\$677,379,000	\$682,879,000	\$714,879,000	\$761,379,000	+\$46,500,000
<b>Unintentional Injury</b>	\$8,800,000	\$8,800,000	\$8,800,000	\$8,800,000	N/A	N/A
<b>Suicide Prevention</b>	Not funded	\$10,000,000	\$12,000,000	\$20,000,000	\$30,000,000	+\$10,000,000

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
<b>Adverse Childhood Experiences</b>	Not funded	\$4,000,000	\$5,000,000	\$7,000,000	\$9,000,000	+\$2,000,000
<b>Injury Prevention Activities</b>	\$28,950,000	\$28,950,000	\$28,950,000	\$28,950,000	\$29,950,000	+\$1,000,000
<b>Opioid Overdose Prevention and Surveillance</b>	\$475,579,000	\$475,579,000	\$475,579,000	\$490,579,000	\$505,579,000	+\$15,000,000
<b>Preventive Health and Health Services Block Grant</b>	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Level
<b>America's Health Block Grant</b>	Not funded	Not funded	Not funded	Not funded	Not funded	N/A

**Final FY 2023 Omnibus Report Language:**

**Ending the HIV Epidemic (EHE) Initiative:** “The agreement includes an increase to advance the activities of EHE, including increasing equitable access to pre-exposure prophylaxis (PrEP).”

**Infectious Diseases and the Opioid Epidemic:** “The agreement includes an increase for activities as outlined in House Report 117-403. In addition, the agreement strongly encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to substance use disorders and acute hepatitis C infection. CDC is also strongly encouraged to prioritize jurisdictions that are experiencing high rates of new HIV infections or outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.”

**School Health:** “The agreement includes an increase for the expansion of school health activities.”

**Sexually Transmitted Infections (STIs):** “The agreement includes an increase for STI prevention and control activities in public health programs, and CDC is directed to move the grant year forward by at least one month.”

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

**Excessive Alcohol Use:** “The agreement includes an increase for the activities included in House Report 117-403.”

**Prevention Research Centers:** “The agreement provides an increase to continue the national network conducting prevention research and translating research results into policy and public health practice that address local health needs.”

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

**Fetal Alcohol Spectrum Disorders:** “The agreement provides an increase to expand efforts related to fetal alcohol spectrum disorders.”

**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 or Other Drug Use and Overdose Prevention:** “The agreement includes an increase to enhance activities and encourages 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. In addition to the activities included in House Report 117-403, the agreement encourages CDC to include community member naloxone education as a strategy for local community overdose prevention funds. The agreement continues to support rigorous monitoring, evaluation and improvements in data quality and monitoring at a national level, including data collection and analysis on overdose deaths. 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 agreement urges CDC to continue to maximize the use of State-based Prescription Drug Monitoring Programs (PDMPs) as a public health tool 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 integration of PDMPs and electronic health records.”

**Opioid Prescribing Guidelines:** “The agreement applauds CDC's efforts to update the Clinical Practice 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. The agreement directs CDC to continue its work educating patients and providers, and to encourage uptake and use of the Guidelines. The agreement 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.”

***FY 2023 Senate Appropriations Committee Report Language:***

**Chronic Disease Prevention and Health Promotion:** “The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,595,414,000, which includes \$254,950,000 in transfers from the PPH Fund.”

**Infectious Diseases and the Opioid Epidemic:** “The Committee provides an increase of \$25,000,000 for CDC to strengthen efforts to save lives, improve drug user health, and prevent and treat infectious diseases. Rates of hepatitis C have quadrupled since 2010, and HIV transmission associated with injection drug use began to rise after years of decline. The Committee directs CDC to provide additional resources to syringe service programs and related harm reduction programs nationwide to help prevent disease and death and provide access to critical health and support services. The Committee strongly encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to substance use disorders and acute hepatitis C infection. CDC is also strongly encouraged to prioritize jurisdictions that are experiencing high rates of new HIV infections or outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.”

**Injury Prevention and Control:** “The Committee recommendation for the National Center for Injury Prevention and Control is \$1,025,279,000.”

**National Center On Birth Defects, Developmental Disabilities, Disability And Health:** “The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$231,060,000. This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of hereditary blood disorders, and by promoting optimal child development and health.”

**Opioid or Other Drug Use and Overdose Prevention:** “The Committee includes an increase of \$111,000,000 to enhance activities, and encourages 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. The Committee encourages CDC to include community member naloxone education as a strategy for local community overdose prevention funds. The Committee continues to support rigorous monitoring, evaluation, and improvements in data quality and monitoring at a national level, including data collection and analysis on overdose deaths. 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 continue to maximize the use of State-based Prescription Drug Monitoring Programs [PDMPs] as a public health tool to assist in clinical decision-making and in conducting surveillance. CDC is directed to improve utilization of State-based 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 integration of PDMPs and electronic health records.”

**School Health:** “The Committee has provided an increase of \$6,000,000 to promote school-based health and disease prevention for adolescents, including mental health. CDC is urged to collect and integrate data on school policies and practices that support student and staff physical and emotional well-being and positive mental health and wellness. CDC is directed to use the additional funds to expand the program to local education agencies and support State and territorial education agencies to prevent the spread of HIV, STDs, and pregnancy among youth. The Committee eliminates funding for the discretionary abstinence-only-until-marriage “sexual risk avoidance education” program for fiscal year 2023. This kind of programming has been proven to be ineffective, including by a congressionally mandated evaluation. Even more troubling, it can be harmful as it withholds and distorts pertinent information that allows young people to make informed decisions about their health, and often perpetuates harmful gender stereotypes, shames LGBTQ+ youth, and stigmatizes sex.”

**Sexually Transmitted Infections [STIs]:** “The Committee includes an increase of \$15,000,000 to combat the high incidence of STIs. The Committee further directs that a portion of these funds be used to ensure that none of the grantees receives less than the amount received in fiscal year 2022 as well as to increase funding for training centers. Additionally, the Committee directs CDC to utilize a portion of the increase to move the grant year forward by 1 month to provide for a more efficient expenditure of funds and improve grantee activities, with the intention that the grant year will be moved forward by 1 month each year for the next 3 years, contingent on the availability of funds. Finally, the Committee encourages CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.”

**Tobacco:** “The Committee provides an increase of \$20,000,000 so that CDC, States and territories can continue efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality and expand the highly 86 successful and cost-effective Tips from Former Smokers media campaign.”

***FY 2023 House Appropriations Committee Report Language:***

**Excessive Alcohol Use Prevention:** “The Committee includes an increase of \$1,000,000 to expand alcohol epidemiology capacity through improved data collection on excessive drinking and related harms in more States, and monitoring identifying strategies to reduce youth exposure to alcohol and alcohol marketing.”

**Hepatitis:** “The Committee includes an increase of \$13,500,000 to enhance efforts to eliminate the public health threat of viral hepatitis. The Committee is aware of the November 2021 ACIP recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B, and urges CDC to take any associated action as early as possible. In addition, the Committee urges CDC to expand the viral hepatitis disease tracking and surveillance capabilities of States to permit an effective targeting of resources and evaluation of program effectiveness. Furthermore, the Committee encourages CDC to expand outreach and communications efforts and related initiatives to promote hepatitis C screening during pregnancy with the goal of ensuring that every pregnant individual gets tested for hepatitis C during each pregnancy.”

**HIV/AIDS, Viral Hepatitis, STD, and TB Prevention** – “CDC provides national leadership and support for prevention research and the development, implementation, and evaluation of evidence-based HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) prevention programs serving persons affected by, or at risk for, these infections. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities. CDC provides funds to State, local, and tribal health departments and community-based organizations to develop and implement integrated community prevention plans.”

**Infectious Diseases and the Opioid Epidemic:** “The Committee includes an increase of \$25,000,000 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.”

**Opioid Abuse and Overdose Prevention:** “The Committee includes an increase of \$25,000,000 to enhance activities, including outreach capacity and to help eliminate racial disparities in overdose deaths and improve access to prevention and treatment services. In addition, the Committee notes that CDC is currently conducting efforts focused on chronic pain as directed in House Report 117–96, and requests an update in the fiscal year 2024 Congressional Budget Justification on the status of these efforts.”

**Preventive Health and Health Services Block Grant:** “The Committee continues to support the Preventive Health and Health Services Block grant, of which at least \$7,000,000 is to support direct services to victims of sexual assault and to prevent rape.”

**Sexually Transmitted Infections:** “The Committee includes an increase of \$15,000,000 to address the high rates of sexually transmitted infections (STIs). The Committee directs CDC to utilize a portion of the increase to move the grant year forward by one month to provide for a more efficient expenditure of funds and improve grantee activities, with the intention that the grant year will be moved forward by one month each year for the next three years, contingent on the availability of funds. In addition, the Committee encourages CDC to maximize the impact of available resources, prevent the largest number of infections, and increase health equity by allocating funding to States and local jurisdictions using data driven methods incorporating burden of



disease provided that a portion of these funds be used to ensure that no grantee receives less than the amount received in fiscal year 2022. Furthermore, the Committee encourages CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.”

**Tobacco:** “The Committee includes an increase of \$10,000,000 so that CDC, States and territories can continue efforts to more robustly respond to the public health threat caused by youth use of e-cigarettes and other tobacco products, to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality, and to expand the highly successful and cost-effective Tips from Former Smokers media campaign.”

#### **Administration’s Proposed FY 2023 Budget Regarding CDC Programs:**

**HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:** “CDC envisions a future free of Human Immunodeficiency Virus (HIV), viral hepatitis, sexually transmitted infections (STIs), and tuberculosis (TB). In working toward that future, CDC prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest reduction in the incidence and disparities of these conditions—all of which have substantial individual, societal, and economic costs for all Americans, and an even greater cost for certain groups.”

**Chronic Disease Prevention and Health Promotion:** “CDC’s FY 2023 request of \$1,470,556,000 for HIV, Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis is \$156,500,000 above the FY 2022 Annualized CR. CDC will employ an intensive, strategic approach to diagnose, refer for treatment, prevent, and respond to new HIV transmissions; expand viral hepatitis services in high-impact settings to reduce new infections and mortality; and address the infectious diseases consequences related to substance use.”

**Birth Defects and Developmental Disabilities:** “CDC’s FY 2023 request of \$1,612,264,000 for the Chronic Disease Prevention and Health Promotion program, including \$254,950,000 from the Prevention and Public Health Fund, is \$335,600,000 above the FY 2022 Annualized CR level. The FY 2023 request also includes additional funds to support cancer and tobacco prevention and control activities under the Cancer Moonshot Initiative. Additionally, the request includes increases to support activities which address social determinants of health, maternal health, and the Healthy Schools Program. The request provides resources to support states, tribes, and territories to address key variables contributing to chronic disease health disparities where people live, work, and play. In FY 2023, CDC will continue to lead efforts to prevent and control chronic diseases and associated risk factors through evidence-based strategies to:

- Support a robust public health response at all levels by implementing focused chronic disease prevention interventions through state, tribal, local, and territorial health departments; community based organizations; and nongovernmental partners.
- Monitor chronic diseases, conditions, and risk factors to track national trends and evaluate effective interventions.
- Conduct and translate public health research and evaluation to improve uptake of effective public health strategies.
- Provide national leadership and technical assistance to build the evidence for effective prevention programs.
- Communicate to partners and the public about chronic disease burden, risks, and prevention opportunities.
- Informing sound public health policies that reduce rates of chronic diseases and associated risk factors.”

**Birth Defects and Developmental Disabilities:** “CDC’s FY 2023 request of \$195,310,000 for Birth Defects, Developmental Disabilities, Disabilities and Health is \$27,500,000 above the FY 2022 Annualized CR. The request includes an increase above the FY 2022 Annualized CR of \$2,500,000 for Sickle Cell Disease and \$25,000,000 for Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET). CDC continues its contribution to the enhancement of public health infrastructure via modernization and expansion of surveillance efforts. Recruiting, retaining, and expanding epidemiology and laboratory expertise is helping CDC and public health partners better understand the impact of public health threats and emergencies like COVID-19, and adequately address issues affecting infants, pregnant people, people with disabilities, and people with blood disorders.”

**Injury Prevention and Control:** “CDC’s FY 2023 request of \$1,283,169,000 Injury Prevention and Control is \$600,290,000 above the FY 2022 Annualized CR. CDC is investing an additional \$237.79 million for opioid overdose prevention and surveillance, including local investments and innovation to reach a total of 25 of the nation’s largest cities/counties and 40 smaller communities heavily impacted by the overdose crisis, as well as continued support for all 50 states, territories, and local jurisdictions to track and prevent overdose deaths. CDC will support collection and reporting of real time, robust mortality data, investments in prevention for people put at highest risk, and upstream prevention programs.”

**Preventive Health and Health Services Block Grant:** “CDC’s FY 2023 request of \$160,000,000 from the Prevention and Public Health Fund resources for Preventive Health and Health Services Block Grant is level with the FY 2022 Annualized CR. In FY 2023, CDC will continue to administer the program and work with recipients to address their locally identified public health priorities. In addition, CDC will continue to support these jurisdictions to use evidence-based methods and interventions; reduce risk factors, such as poor nutritional choices, smoking, and lack of physical activity; establish policy, social, and environmental changes; monitor and re-evaluate funded programs; and leverage other funding sources.”

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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
Community Health Centers	\$1,625,522,000	\$1,626,522,000	\$1,682,772,000	\$1,747,772,000	\$1,857,772,000	+\$110,000,000
Interdisciplinary Community-Based Linkages	\$191,903,000	\$220,903,000	\$235,903,000	\$252,298,000	\$291,298,000	+\$39,000,000
Maternal and Child Health Block Grant	\$677,700,000	\$687,700,000	\$712,700,000	\$747,700,000	\$822,700,000	+\$75,000,000
Rural Health	\$317,794,000	\$318,294,000	\$329,519,000	\$331,062,000	\$352,407,000	+\$21,345,000
Rural Communities Overdose Program	\$120,000,000	\$110,000,000	\$110,000,000	\$135,000,000	\$145,000,000	+\$10,000,000
Telehealth	\$24,500,000	\$29,000,000	\$34,000,000	\$35,050,000	\$38,050,000	+\$3,000,000
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,388,781,000	\$2,423,781,000	\$2,494,776,000	\$2,571,041,000	+\$76,265,000
National Health Service Corps (NHSC)-Substance Use Disorder Providers	\$105,000,000	\$120,000,000	\$120,000,000	\$121,600,000	\$125,600,000	+4,000,000
Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program	N/A	\$12,000,000	\$16,000,000	\$24,000,000	\$40,000,000	+\$16,000,000
Peer Support	N/A	\$10,000,000	\$13,000,000	\$14,000,000	\$14,000,000	Level

### *Final FY 2023 Omnibus Report Language:*

**NHSC Loan Repayment Application Process:** “The agreement requests the report that was requested in House Report 117-403 within 180 days of enactment of this Act. The agreement does not include dedicated funding for the Behavioral Health Demonstration Program and the Rural Demonstration Program described in House Report 117-403.”

**Ending the HIV Epidemic:** “The agreement includes \$165,000,000 within the Ryan White program for the Ending the HIV Epidemic initiative.”

**Rural Communities Opioids Response Program (RCORP):** “The agreement includes \$145,000,000, an increase of \$10,000,000, to expand 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 and 117-103. Funding provided to the Centers may also be used for research and dissemination activities to address rural tobacco and alcohol addiction. Within the total for RCORP, the agreement also includes \$4,000,000 to support career and workforce training services for the NBRC region to assist individuals affected by an opioid use disorder.”

**Peer Support:** “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 117-403.”

**Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program:** “The agreement includes \$40,000,000 for this program. The agreement does not include dedicated funding for Behavioral Health Integration into Community Based Settings, the Community Improvement Program, and Crisis Workforce Development activities described in House Report 117-403.”

***FY 2023 Senate Appropriations Committee Report Language:***

**Community Health Centers:** “The Committee provides \$1,918,772,000, an increase of \$170,000,000 above the fiscal year 2022 enacted level. Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas. In addition, within the amount provided, the Committee provides up to \$120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers’ federally approved scope of project.”

**Maternal and Child Health Block Grant:** “The Committee provides \$951,700,000, an increase of \$204,000,000, for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. Within this total, the Committee also proposes increases for a number of special projects to address the nation’s rising rate of maternal mortality. The program supports a broad range of activities, including providing prenatal care, well-child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing 60 comprehensive care through clinics, home visits, and school-based health programs.”

**MCH Block Grant—Special Projects of Regional and National Significance [SPRANS] Addressing Social Determinants of Maternal Health:** “The Committee includes 30,000,000 to provide grants to community-based organizations to support reducing maternal mortality and adverse maternal outcomes, as described in the fiscal year 2023 budget request. Projects may include expanding access to maternal mental health and SUD services, providing resources to address social determinants of maternal health, developing digital tools to enhance maternal healthcare, and technology-enabled collaborative learning and capacity building models for pregnant and postpartum women.”

**Peer Support Specialists:** “Within BHWET, the Committee includes \$14,000,000 to fund training, internships, and national certification for mental health and substance abuse peer support specialists to create an advanced peer workforce prepared to work in clinical settings.”

**Rural Communities Opioids Response:** “The Committee includes \$145,000,000, an increase of \$10,000,000, to expand the Rural Communities Opioids Response program [RCORP], which supports 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 and 117–103. The Committee recognizes the success of the Centers in addressing opioid abuse, but is concerned about growing issues of rural alcohol and tobacco addiction. Funding provided to the Centers may also be used for research and dissemination activities to address rural tobacco and alcohol addiction. Within the total provided for RCORP, the Committee also includes \$4,000,000 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.”

**Ryan White HIV/AIDS Program:** “The Committee recommendation includes \$2,630,306,000 for the HIV/AIDS Bureau, an increase of \$135,530,000. The mission of the Bureau is to address the unmet care and treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act (Public Law 111–87), which provides a wide range of community-based services, including primary and home healthcare, case management, substance abuse treatment, mental health, and nutritional services.”

**Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment Program:** “The Committee also includes \$50,000,000 for this program within the total for BHWET, \$26,000,000 above the fiscal year 2022 enacted level. 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.”

**Telehealth:** “The Committee provides \$40,050,000, an increase of \$5,000,000, for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals. The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.”

***FY 2023 House Appropriations Committee Report Language:***

**Health Centers:** “The Committee recommends \$1,945,772,000 for the Health Centers program, \$198,000,000 above the fiscal year 2022 enacted level and \$107,750,000 above the fiscal year 2023 budget request. Health Centers deliver affordable, accessible, quality, and cost-effective primary health care to millions of people across the country regardless of their ability to pay. Programs supported by this funding include community health centers, migrant health centers, health care for the homeless, and public housing health service grants. The Committee includes bill language providing up to \$120,000,000 for the Federal Tort Claims Act program, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request.”

**Maternal and Child Health Block Grant:** “The Committee recommends \$872,700,000 for the MCH Block Grant, \$125,000,000 above the fiscal year 2022 enacted level. States use the MCH Block Grant to improve access to care for mothers, children, and their families; reduce infant mortality; pre-and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.”

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

**Rural Communities Overdose Response Program (RCORP):** “The Committee includes \$160,000,000, an increase of \$25,000,000 above the fiscal year 2022 enacted level, for the RCORP program, and allows for the expanded focus on behavioral health care, including SUD, needs in rural communities. The Committee is particularly interested in programs that address health equity and reach rural populations that have historically suffered poorer behavioral health outcomes relative to their counterparts. Within the funding provided, the agreement includes \$10,000,000 to continue the Rural Centers of Excellence (COE) program in order to collaboratively identify, implement, and evaluate innovative SUD and broader behavioral health approaches to build the

evidence-base for effective prevention, treatment, and recovery programs in rural communities across the U.S.; and through the addition of a fourth coordinating COE, track, synthesize, and disseminate national and State-level SUD policies and research, including any effective interventions and outcomes identified.”

**Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program:** "The Committee includes \$28,000,000 for this program, \$4,000,000 above the fiscal year 2022 enacted level and the same as fiscal year 2023 budget request. An estimated 21 million Americans needed treatment for SUD in 2017, but only 4 million received any form of treatment for SUD. The Bureau of Labor Statistics data has cited tremendous workforce shortages in the SUD treatment profession. Without strategic investments in the SUD workforce, this gap will not close and more lives will be lost. 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.”

**Administration’s Proposed FY 2023 Budget Regarding HRSA Programs:**

**Community Health Centers:** “The Administration continues to be committed to working with the Congress to advance the President’s goal of doubling the Federal investment in community health centers, which would help reduce health disparities by expanding access to care.”

**NHSC:** “The FY 2023 Budget Request for the NHSC of \$502.3 million is \$90.0 million above the FY 2022 Continuing Resolution level. This request will fund approximately 98 new and 51 continuation scholarship awards, and 3,898 new and 3,416 continuation loan repayment awards, with a priority of substance use disorder Workforce LRP awards, and 168 Student to Service loan repayment awards. The request includes an additional \$60.0 million for loan repayment for clinicians to provide opioid and substance use disorder treatment, and an increase of \$25 million specifically for mental and behavioral health providers, including peer support specialists, providers in crisis centers.”

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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
<b>Promoting Safe and Stable Families (PSSF)</b>	\$444,765,000	\$437,515,000	\$427,515,000	\$427,515,000	\$431,515,000	+\$4,000,000
<b>Regional Partnership Grant (RPG), mandatory</b>	\$20,000,000	\$10,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level
<b>Children and Families Services Programs</b>	\$12,239,225,000	\$12,876,652	\$13,040,511,000	\$13,438,343,000	\$14,618,437,000	+\$1,180,094,000
<b>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</b>	\$85,310,000	\$90,091,000	\$90,091,000	\$95,091,000	\$105,000,000	+\$9,909,000
<b>Child Welfare Services</b>	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level

***FY 2023 Senate Appropriations Committee Report Language:***

**Child Abuse Prevention and Treatment State Grants:** “The Committee recommendation includes \$110,091,000 for the Child Abuse Prevention and Treatment State Grant program, an increase of \$15,000,000 above the fiscal year 2022 enacted level. This program provides formula grants to States to improve their child protective service systems.”

**Child Welfare Services:** “The Committee recommendation includes \$272,735,000 for Child Welfare Services, which is an increase of \$4,000,000 above fiscal year 2022. This formula grant program helps State and Tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and Tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.”

**Promoting Safe and Stable Families program:** “The Committee recommends \$439,515,000 for the Promoting Safe and Stable Families program. The Committee recommendation includes \$345,000,000 in mandatory funds authorized by the Social Security Act (Public Law 74–271) and \$94,515,000 in discretionary appropriations. This program enables States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.”



***FY 2023 House Appropriations Committee Report Language:***

**Promoting Safe and Stable Families:** “The Committee recommends \$345,000,000 in mandatory funds and \$82,515,000 in discretionary funds for the Promoting Safe and Stable Families program. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services. States receive funds based on their share of children in all States receiving food stamp benefits.”

**State Child Abuse Prevention:** “The Committee recommends \$110,000,000 for Child Abuse Prevention and Treatment Act (CAPTA) State Grants, which is \$14,909,000 above the fiscal year 2022 enacted level.”

***Administration’s Proposed FY 2023 Budget Regarding ACF Programs:***

**Regional Partnership Grants (RPG):** “\$20 million from mandatory funds are reserved for the RPG program, to provide services and activities to benefit children and families affected by a parent’s or caretaker’s substance use disorder, including opioid misuse, who come to the attention of the child welfare system.”

**CAPTA State Grants:** “The FY 2023 President’s Budget request for CAPTA State Grants is \$125 million, an increase of \$34.9 million from the FY 2022 annualized CR level. The funding will assist states in strengthening their child protective service systems, better serve families affected by substance use disorders, and support and enhance interagency and community-based collaborations to prevent child abuse and neglect by promoting child and family well-being. The request includes \$83 million to combat the opioid crisis. The funding will help states to improve their response to infants affected by substance use disorders or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder by developing, implementing, and monitoring plans of safe care for these infants and their parents and caregivers. For FY 2023, it is estimated that 56 awards will be made with an average award of \$2,203,125 and a range of \$78,138 to \$14,474,061.”

**Child Welfare Services:** “The FY 2023 President’s Budget request for the Child Welfare Services Program is \$278.9 million, an increase of \$10.2 million from the FY 2022 annualized CR level. This funding will support grants to help improve state and tribal child welfare services programs with a goal of keeping families together when appropriate. Funding has remained at the FY 2021 enacted level of \$268.7 million since FY 2014, which has eroded the real value of the appropriation. For FY 2023, an estimated 234 awards will be made with an average award of \$1,190,880 and a range from \$1,085 to \$38,669,019. The Budget proposes to reauthorize Title IV-B, Subpart 1 of the Social Security Act, extending its statutory authority to FY 2027.”



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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
<b>Drug Enforcement Administration</b>	\$2,687,703,000	\$2,722,295,000	\$2,819,132,000	\$2,933,181,000	\$2,563,116,000	+\$141,594,000
<b>Office of Justice Programs (OJP): Research, Evaluation, and Statistics</b>	\$80,000,000	\$79,000,000	\$82,000,000	\$70,000,000	\$77,000,000	+\$7,000,000
<b>Study on Law Enforcement Responses to Opioid Overdoses</b>	Not funded	Not funded	Not funded	Not funded	\$1,000,000	+\$1,000,000
<b>OJP: State and Local Law Enforcement Assistance</b>	\$1,723,000,000	\$1,829,000,000	\$1,914,000,000	\$2,213,000,000	\$2,416,805,000	+\$203,805,000
<b>Byrne Memorial Justice Assistance Grants</b>	\$329,600,000	\$348,800,000	\$360,100,000	\$381,900,000	\$770,805,000	+\$338,905,000
<b>Comprehensive Opioid, Stimulant, and Substance Use Disorder Program<sup>4</sup></b>	\$157,000,000	\$180,150,000	\$185,000,000	\$185,000,000	\$190,000,000	+\$5,000,000
<b>Drug Courts</b>	\$77,000,000	\$80,000,000	\$83,000,000	\$88,000,000	\$95,000,000	+\$7,000,000
<b>Justice and Mental Health Collaboration Program (JMHCP)</b>	\$31,000,000	\$33,000,000	\$35,000,000	\$40,000,000	\$45,000,000	+\$5,000,000
<b>Residential Substance Abuse Treatment (RSAT)</b>	\$30,000,000	\$31,160,000	\$34,000,000	\$40,000,000	\$45,000,000	+\$5,000,000
<b>Second Chance Act/Offender Reentry</b>	\$88,000,000	\$90,000,000	\$100,000,000	\$115,000,000	\$125,000,000	+\$10,000,000
<b>Veterans Treatment Courts</b>	\$22,000,000	\$23,000,000	\$25,000,000	\$29,000,000	\$35,000,000	+\$6,000,000
<b>Prescription Drug Monitoring</b>	\$30,000,000	\$31,000,000	\$32,000,000	\$33,000,000	\$35,000,000	+\$2,000,000
<b>Community Oriented Policing Services (COPS)</b>	\$303,500,000	\$343,000,000	\$386,000,000	\$511,744,000	\$662,880,000	+\$151,136,000
<b>Drug Data Research Center to Combat Opioid Abuse</b>	Not funded	Not funded	Not funded	Not funded	\$4,000,000	+\$4,000,000
<b>Juvenile Justice Programs</b>	\$287,800,000	\$320,000,000	\$346,000,000	\$360,000,000	\$400,000,000	+\$40,000,000

**Final FY 2023 Omnibus Report Language:**

**Responding to Opioids, Methamphetamine, Synthetic Drugs, and Substance Abuse in Our Communities:** “The agreement includes a total of \$608,500,000 in grant program funding, an increase of \$36,000,000 above the fiscal year 2022 enacted level, to help communities and State and local law enforcement respond to substance abuse, including opioids, stimulants, and synthetic drugs. The Drug Enforcement Administration (DEA) is funded at \$2,563,116,000, an increase of

<sup>4</sup> Previously called the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) until FY 2023.

\$141,594,000 above the fiscal year 2022 enacted level, to strengthen drug trafficking investigations, including those related to heroin, fentanyl, and methamphetamines. The agreement supports the continuation of heroin enforcement teams, methamphetamine and fentanyl cleanup and container programs, and other interdiction and intervention efforts, including expansion of DEA's 360 Strategy and Operation Engage."

**Drug Data Research Center to Combat Opioid Abuse:** "The agreement provides \$4,000,000 for the continuation of a national drug data research center to combat opioid abuse that is at an accredited institution of higher education that conducts research on opioids, has existing expertise in databases, statistics, and geographic information systems, and has an established network of subject and behavioral matter experts."

**Veterans Treatment Courts:** "OJP is directed to keep the Committees apprised of the status of the evaluation to be completed under the NIJ solicitation 'NIJ Multisite Impact and Cost-Efficiency Evaluation of Veterans Treatment Courts, Fiscal Year 2022.' BJA is urged to promote awareness of veterans treatment court funding opportunities within State court systems. OJP shall report, within 180 days of the enactment of this act, on these efforts, including efforts to administer the program through a dedicated solicitation."

**State and Local Law Enforcement Assistance:** "For fiscal year 2023, the Department is directed to continue following the directives in the joint explanatory statement accompanying Public Law 116- 260 on the following topics: --Project Safe Neighborhoods," "Group Violence Intervention." --Grants to Combat Human Trafficking," "Patrick Leahy Bulletproof Vest Partnership Grant Program," "Sexual Assault Kit Initiative," --Keep Young Athletes Safe Act," "Paul Coverdell Forensic Science," --Comprehensive Addiction and Recovery Act (CARA) Programs," and --Body-Worn Camera Partnership Program." In addition, the Department is directed to continue following the directives in House Report 117-97 adopted by reference in Public Law 116-260 on "Byrne Memorial Justice Assistance Grant (Byrne JAG) Formula program" and the joint explanatory statement accompanying Public Law 117- 103 on --Uses of Byrne-JAG Funds." The agreement urges the Department to release Byrne-JAG funds as expeditiously as possible and clarifies that Byrne-JAG funding may not be made available for luxury items, real estate, or construction projects. Lastly, the agreement urges Byrne-JAG recipients to offer meaningful language access to applicable programs and services for individuals with limited English proficiency, where practicable. The Department shall submit updated reports consistent with the directives. For fiscal year 2023, the Department is directed to continue following the directives in the joint explanatory statement accompanying Public Law 117- 103 on the following topics: "Officer Training on Responding to People with Mental Illness or Disabilities," "Capital Litigation Improvement and Wrongful Conviction Review," --DNA Initiative," "Second Chance Act," --community Based Violence Intervention and Prevention Initiative (CVIPI)." and "Forensic Ballistics and Higher Education'."

**Study on Law Enforcement Responses to Opioid Overdoses:** “The agreement provides \$1,000,000 for NIJ to administer a competitive grant to an accredited research university for a study regarding law enforcement’s responses to opioid overdoses. The study shall take into account law enforcement’s responses with linked community agencies and also include specific practices utilized to ensure the well-being, assessment, and protection of children in these situations.”

***FY 2023 Senate Appropriations Committee Report Language:***

**Community Oriented Policing Systems (COPS):** “The Committee’s recommendation provides \$583,711,000 for community oriented policing services. The recommendation is \$71,967,000 above the fiscal year 2022 enacted level and \$67,289,000 below the budget request.”

**Comprehensive Addiction and Recovery Act [CARA] Programs:** “The Committee provides a total of \$455,000,000 for CARA programs, including \$95,000,000 for drug courts; \$35,000,000 for veterans treatment courts; \$45,000,000 for Residential Substance Abuse Treatment, including access to any of the three MAT options; \$35,000,000 for prescription drug monitoring; \$45,000,000 for the Mentally Ill Offender Act; and \$200,000,000 for the Comprehensive Opioid, Stimulant, and Substance Use Disorder Program [COSSUP]. The Committee directs that funding for COSSUP 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 \$200,000,000 for COSSUP, 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 125 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. 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. The Committee recognizes the importance of drug courts and the vital role that they serve in reducing crime among people with a substance use or mental health disorder. In recent years, drug courts have been on the front lines of the opioid epidemic and have become important resources for law enforcement and other community stakeholders affected by opioid addiction. The Committee applauds efforts already undertaken in communities across the country to utilize drug courts. The Committee encourages Federal agencies to continue to work with State and local governments and communities to support drug courts. The Committee supports the ability of drug courts to address offenders with co-occurring substance abuse and mental health problems, and supports court ordered assisted outpatient treatment programs for individuals struggling with mental illness. Within the funding provided for drug courts, the Committee encourages OJP to give attention to States and localities that have the highest concentrations of opioid-related cases, and to prioritize assistance to underserved areas whose criminal defendants

currently have relatively little opportunity to access drug courts. The Committee encourages OJP to coordinate, as appropriate, with other Federal agencies such as the Department of Health and Human Services, as it implements these activities in order to avoid duplication. The Committee supports the work of mental health courts across the country. The Committee is concerned, however, by the high rates of re-incarceration among individuals with serious mental illness due to the inadequate access to care for or management of their illness and directs that the Department include appropriate long-acting medications, including injectable anti-psychotic medication, as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration.”

**Drug Data Research Center to Combat Opioid Abuse:** “The Committee provides \$4,000,000 for the establishment of a national drug data research center to combat opioid abuse that is at an accredited institution of higher education that conducts research on opioids, has existing expertise in databases, statistics, and geographic information systems, and has an established network of subject and behavioral matter experts.”

**Edward Byrne Memorial Justice Assistance Grant Program:** “The Committee recommends \$815,000,000 for Byrne-JAG. Funding is not available for luxury items, real estate, or construction projects. The Department should expect State, local, and Tribal governments to target funding to programs and activities that conform to evidence-based strategic plans developed through broad stakeholder involvement. The Committee directs the Department to make technical assistance available to State, local, and Tribal governments for the development or update of such plans. Funding is authorized for law enforcement programs including those that promote data interoperability among disparate law enforcement entities; prosecution and court programs; prevention and education programs; corrections programs; drug treatment and enforcement programs; planning, evaluation, and technology improvement programs; and crime victim and witness programs, other than compensation.”

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

**Juvenile Justice Programs:** “The Committee’s recommendation provides \$471,000,000 for juvenile justice programs. The recommendation is \$111,000,000 above the fiscal year 2022 enacted level and \$289,000,000 below the budget request. The Committee strongly supports a comprehensive approach of substantial funding for a robust portfolio of programs that work to improve the lives of the youth in our communities. Title II State Formula and Title V Juvenile Delinquency Prevention grants are the backbone of programs assisting State and local agencies in preventing juvenile delinquency and ensuring that youth who are in contact with the juvenile justice system are treated fairly. Combined with other critical programs like youth mentoring, the Committee believes that a balanced level of programming is the way to best help at-risk and vulnerable youth and their families.

The Committee encourages OJJDP to review its suite of grant programs in order to offer services and programs for children and youth who have experienced complex trauma.”

**OJP: State and Local Law Enforcement Assistance:** “The Committee’s recommendation provides \$88,000,000 for the Research, Evaluation and Statistics account. The recommendation is \$18,000,000 above the fiscal year 2022 enacted level and equal to the budget request. Funding in this account provides assistance in the areas of research, evaluation, statistics, hate crimes, DNA and forensics, criminal background checks, and gun safety technology, among others.”

**Second Chance Act [SCA] Grants:** “The recommendation provides \$125,000,000 for SCA grants. The Committee expects that 124 SCA funding will support grants that foster the implementation of strategies that have been proven to reduce recidivism and ensure adults released from prisons and jails safely and successfully reenter their communities. The SCA supports activities such as employment assistance, substance abuse treatment including MAT options, housing, local transportation, mentoring, family programming, and victim support. SCA grants will also support demonstration projects designed to test the impact of new strategies and frameworks. Of the amounts provided in this section, up to \$10,000,000 is provided for the purposes of the Crisis Stabilization and Community Reentry Act of 2020 (Public Law 116–281), which also addresses the mental health and substance use disorder needs of individuals who are recently released from correctional facilities. When awarding SCA grants, the Committee directs OJP to consider the impact of reentry of prisoners on communities in which a disproportionate number of individuals reside upon release from incarceration. OJP shall assess the reentry burdens borne by local communities and local law enforcement agencies; review the resources available in such communities to support successful reentry and the extent to which those resources are used effectively; and make recommendations to strengthen the resources in such communities which are available to support successful reentry and to lessen the burden placed on such communities by the need to support reentry.”

**State and Local Law Enforcement Assistance:** “The Committee’s recommendation provides \$2,394,500,000 for State and local law enforcement assistance. The recommendation is \$181,500,000 above the fiscal year 2022 enacted level and \$123,000,000 below the budget request.”

**Veterans Treatment Courts:** “The Committee continues to strongly support veterans treatment courts [VTCs], and looks forward to the evaluation to be completed under the NIJ solicitation “NIJ Multisite Impact and Cost-Efficiency Evaluation of Veterans Treatment Courts, Fiscal Year 2022.” OJP is directed to keep the Committee apprised of the status of the evaluation. The Committee commends BJA for administering the VTC program through a dedicated solicitation in fiscal year 2022, and urges BJA to undertake efforts to promote awareness of this funding opportunity within State court systems. OJP is directed to report, within 180 days of the enactment of this act, on these efforts.”

***FY 2023 House Appropriations Committee Report Language:***

**Anti-Opioid Initiative:** “The recommendation includes \$460,000,000 for programs to reduce opioid addiction, as authorized by the Comprehensive Addiction and Recovery Act of 2016 (CARA; Public Law 114–198). Within this amount is \$100,000,000 for drug courts; \$45,000,000 for the Mentally Ill Offender Act; \$42,000,000 for residential substance use treatment, \$38,000,000 for veterans treatment courts; \$35,000,000 for prescription drug monitoring; and \$200,000,000 for the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), 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 continues to support funding that provides virtual transitional substance use and misuse services to individuals who are incarcerated. By building on and leveraging investments in medication assisted treatment and telehealth services, the Committee supports programs that offer internet-based substance use and misuse education, peer coaching and case management. Such programs facilitate a seamless transition from jails to the community and reduce relapse and recidivism. Of the amount made available for COSSUP, the Committee supports programs that provide comprehensive, virtual transition of care from jails to the community for individuals struggling with substance use and misuse.”

**Byrne Memorial Justice Assistance Grant (Byrne JAG) Formula program:** “In addition to the carveouts mentioned in the table above, the recommendation includes \$417,326,000 for the Byrne JAG Formula grant program, \$35,433,000 above the fiscal year 2022 enacted 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 Department is urged to release funding as expeditiously as possible. Recipients are urged to provide meaningful language access to their programs and services to individuals with limited English proficiency. 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; immersive, reality-based training programs that utilize role-playing and live-action scenarios for law enforcement officers; radio communications to provide secure communications systems; supporting expungement and record clearing initiatives; human trafficking prevention initiatives; accreditation assistance; computer-aided patch equipment; gun storage safety initiatives; and cloud-native, multi-tenant records management systems. The Committee acknowledges the need for law enforcement to have lifesaving equipment to better protect officers in the field and the people they serve. This includes enhanced video surveillance capabilities such as cameras and license plate readers to better identify and respond to various planned and unplanned events;

radio communications to provide a secure communications system; and items on the Controlled Equipment List to protect officers on the front lines of large-scale incidents such as riot batons, riot shields, and riot helmets. The Committee notes that lifesaving equipment to better protect officers in the field is an allowable expense under Byrne JAG. The Committee recognizes the importance of virtual reality de-escalation training and the use of humane remote restraint devices that enable law enforcement to restrain an uncooperative subject without requiring the infliction of pain. Providing such training and equipment can significantly improve the ability of law enforcement to de-escalate confrontations with non-compliant subjects and avoid potential lethal use of force, particularly with respect to individuals with mental health conditions. The Committee notes that Byrne JAG funding may be used for such research, procurement, and training and encourages the Department to award funds for these purposes. The Committee understands the critical importance of immersive, real-life, scenario-based police training in ensuring the safety of both police officers and the communities they serve. The Committee recommends that the Department prioritize support for the implementation of new training systems that enable customizable scenario-based training, particularly those that utilize Virtual Reality, Augmented Reality, and Artificial Intelligence, to equip police officers to safely and appropriately respond to the full range of situations they may encounter in the line of duty. Particular focus should be placed on de-escalation techniques. Training scenarios should include interactions with all members of the community, including youth; LGBTQ individuals; individuals with limited English proficiency; individuals with disabilities; multicultural communities; individuals with an impairment, such as a mental health condition or being under the influence of drugs or alcohol; and individuals experiencing homelessness. The Committee is concerned by the impact on law enforcement of the growing epidemic of opioid and synthetic drug use, and notes that funds within this account may be utilized for the implementation of medication-assisted treatment to maintain abstinence from drugs. Finally, the Committee provides \$7,000,000 for a new cybercrime enforcement program as authorized by Sections 1401 and 1402 of Title XIV of Public Law 117–103. The Department is directed to brief the Committee on its implementation plan for these funds prior to the submission of its fiscal year 2023 spend plan. The Committee reminds the Department of direction in House Report 117– 97 on “Cybercrime as an Area of Emphasis” and encourages the Department to incorporate those priorities as part of its implementation of these funds.”

**Community Oriented Policing Services (COPS) Programs:** “The Committee recommends \$540,927,000 for Community Oriented Policing Services (COPS) Programs, which is \$29,183,000 above fiscal year 2022.”

**Juvenile Justice Programs:** “The Committee recommends \$410,000,000 for Juvenile Justice programs, which is \$50,000,000 above the fiscal year 2022 enacted level. The Committee looks forward to receiving the report directed in the fiscal year 2022 Explanatory Statement under the heading “Arts Programs and Therapies for At-Risk and Justice-Involved Youth” and continues the direction for a report identifying grant within OJJDP for art-based programs and therapies for fiscal year 2023.”

**Office of Justice Programs: Research, Evaluation, and Statistics:** “The Committee recommends \$80,000,000 for Research, Evaluation and Statistics, which is \$10,000,000 above fiscal year 2022.”



### **Administration's Proposed FY 2023 Budget Regarding DOJ Programs:**

**Office of Justice Programs: Research, Evaluation, and Statistics:** “The 2023 Budget requests \$88 million for the Office of Justice Programs (OJP) Research, Evaluation, and Statistics appropriation. This appropriation provides nationwide support for criminal justice professionals and decisionmakers through programs that provide grants, contracts, and cooperative agreements for research, development, and evaluation, and support development and dissemination of quality and relevant statistical and scientific information. The information and technologies developed through OJP’s research and statistical programs improve the efficiency and effectiveness of criminal justice programs at all levels of government.”

**Byrne Justice Assistance Grants (JAG):** “The Byrne Justice Assistance Grants program awards grants to state, local, and tribal governments to support a broad range of activities that prevent and control crime, including: law enforcement programs; prosecution and court programs; prevention and education programs; corrections and community corrections programs; drug treatment programs; and planning, evaluation, and technology improvement programs. The 2023 Budget proposes \$533.5 million for this program.”

**Comprehensive Addiction Recovery Act (CARA):** “The 2023 Budget requests \$418 million for continued support for programs authorized by the Comprehensive Addiction Recovery Act, including \$190 million for OJP’s Comprehensive Opioid and Stimulant and Substance Abuse Program (COSSAP), which aims to reduce substance abuse and the number of overdose fatalities. The 2023 Budget also requests \$95 million for the Drug Court Program, which provides an alternative to incarceration to addicted offenders who enter the criminal justice system, addressing their addiction through treatment and recovery support services and subsequently reducing recidivism. Other CARA-authorized programs requested in the budget include: Veterans Treatment Courts (\$25 million), Residential Substance Abuse Treatment (\$35 million), Justice and Mental Health Collaborations (\$40 million), and the Prescription Drug Monitoring Program (\$33 million).”

**Second Chance Act Program:** “This program provides grants to establish and expand various adult and juvenile offender reentry programs and funds related research. Successful reintegration will reduce rates of criminal recidivism, thus increasing public safety. The 2023 Budget proposes \$125 million for this program. Of this total, \$8 million is to help states, localities, and tribes develop comprehensive, innovative probation and parole supervision programs and \$5 million is for the Children of Incarcerated Parents Demonstration Grant Program.”

**Community Oriented Policing Services (COPS):** “The Committee recommends \$540,927,000 for Community Oriented Policing Services (COPS) Programs, which is \$29,183,000 above fiscal year 2022.”

**Second Chance Act/Reoffender Reentry:** “The recommendation also includes \$125,000,000 for Second Chance Act grants, an increase of \$10,000,000 above fiscal year 2022.”



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

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022
Drug Free Communities (DFC) Program	\$100,000,000	\$101,000,000	\$102,000,000	\$106,000,000	\$109,000,000	+\$3,000,000
High-Intensity Drug Trafficking Areas (HIDTA) Program	\$280,000,000	\$285,000,000	\$290,000,000	\$296,600,000	\$302,000,000	+\$5,400,000
Community-Based Coalition Enhancement Grants (CARA Grants)	\$3,000,000	\$4,000,000	\$5,000,000	\$5,200,000	\$5,200,000	Level

**Final FY 2023 Omnibus Report Language:**

**High Intensity Drug Trafficking Areas Program (HIDTA):** “The bill provides \$302,000,000 for the High Intensity Drug Trafficking Areas Program (HIDTA). 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 communities are equipped with the necessary resources to coordinate law enforcement strategies adequately, ONDCP is directed to prioritize eligible applicants whose communities are experiencing the highest overdose death rates per capita when 19 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.”

**Fentanyl-Related Substances:** “Given the urgency of the drug overdose epidemic, ONDCP shall report to the Committees no later than 180 days after enactment of this Act, on ways to improve the timeliness, accuracy, and accessibility of fatal and non-fatal overdose data from law enforcement, emergency medical services, and public health sources.”

***FY 2023 Senate Appropriations Committee Report Language:***

**Drug-Free Communities Support Program:** “The Drug-Free Communities [DFC] Support Program provides dollar-for-dollar matching grants of up to \$125,000 to local coalitions that mobilize their communities to prevent youth alcohol, tobacco, illicit drug, and inhalant abuse. Such grants support coalitions of youth; parents; media; law enforcement; school officials; faith-based organizations; fraternal organizations; State, local, and Tribal government agencies; healthcare professionals; and other community representatives. The DFC Support Program enables these coalitions to strengthen their coordination and prevention efforts, encourage citizen participation in substance abuse reduction efforts, and disseminate information about effective programs. The Committee provides \$107,000,000 for the continuation of the DFC Support Program. Of that amount, \$2,500,000 shall be for training and related 34 purposes as authorized by section 4 of Public Law 107–82, as amended by section 8204 of Public Law 115–271.”

**Fentanyl-Related Substances:** “The Committee recognizes that the overdose mortality rate among U.S. adolescents 14 to 18 years old rose by 94 percent between 2019 and 2020, according to the findings of an analysis published in the Journal of the American Medical Association. The lethality of the illicit drug supply, including fentanyl-related substances, is likely attributed to the exponential rise in the overdose death rate among children and young adults. ONDCP is directed to report to the Committee no later than 120 days after enactment of this act on any targeted prevention efforts and on efforts to encourage community-led coalitions to raise awareness on the rise of fentanyl contamination of illegal drugs.”

**High-Intensity Drug Trafficking Areas (HIDTA) Program:** “The Committee recommends an appropriation of \$300,000,000 for the HIDTA program, which is \$3,400,000 more than the fiscal year 2022 enacted level and \$6,500,000 more than the budget request. The Committee directs that funding shall be provided for the existing HIDTAs at no less than the fiscal year 2022 level. 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 the new grants management system. 33 Many of the areas that are hit hardest by this opioid crisis, such as the Appalachian region, lack administrative resources to compete adequately for scarce Federal funds intended to assist these areas. To ensure communities are equipped with the necessary resources to coordinate law enforcement strategies adequately, the ONDCP is directed to prioritize States with 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.”

***FY 2023 House Appropriations Committee Report Language:***

**High-Intensity Drug Trafficking Areas (HIDTA) Program:** “The HIDTA Program provides resources to Federal, State, local, and Tribal agencies in designated HIDTAs to combat the production, transportation, and distribution of illegal drugs; to seize assets derived from drug trafficking; to address violence in drug plagued communities; and to disrupt the drug marketplace. There are 33 HIDTAs operating in all 50 States plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Each HIDTA is managed by an Executive Board comprised of equal numbers of Federal, State, local, and Tribal officials. Each HIDTA Executive Board is responsible for designing and implementing initiatives for the specific drug trafficking threats in its region. Intelligence and information sharing are key elements of all HIDTA programs.”