



President's Proposed FY 2024 Budget

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Overview

This overview summarizes proposed fiscal year (FY) 2024 funding for:

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

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Substance Abuse and Mental Health Services Administration

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant¹

(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	President's FY 2024 Request	FY 2024 vs. FY 2023
SUPTRS 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	\$2,708,079,000	+\$700,000,000

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

SAMHSA Congressional Justification Language on the SUPTRS Block Grant:

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

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

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

Proposal for 10 Percent Recovery Support Services Set-Aside: “The FY 2024 budget includes a 10 percent set-aside for non-clinical recovery support services. The set-aside requires that at least 10 percent of grantees’ SUPTRS BG expenditures be used for recovery community organizations, peer recovery support services, and other recovery support services. Recovery support systems partner people in recovery from mental and substance use disorders, as well as their family members, with recovery services. These services may include recovery housing, recovery community centers, recovery schools, recovery industries, and recovery ministries. These programs utilize individual, community, and system-level approaches to increase the four dimensions of recovery as defined by SAMHSA:

1. Health (access to quality health and SUD treatment);
2. Home (housing with needed supports);
3. Purpose (education, employment, and other pursuits); and
4. Community (peer, family, and other social supports)

States can use these funds to develop local recovery community support institutions, provide system navigation resources and supports, and collaborate and coordinate with local private, public, non-profit, and faith community response efforts. SAMHSA anticipates that this set-aside will help increase access to recovery support services across the country and complement the existing efforts to respond to the ongoing overdose crisis that has accelerated during the COVID-19 pandemic.”

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

Additional Opioids Allocation

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 2024 Request	FY 2024 vs FY 2023
State Targeted Response (STR) to the Opioid Crisis Grants	Not funded	Not funded	Not funded	Not funded	Not funded	N/A	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	\$2,000,000,000	+\$425,000,000

SAMHSA Congressional Justification Language on the SOR Grant program:

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

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

“The FY 2024 President’s Budget Request is \$2.0 billion, an increase of \$425.0 million from the FY 2023 Enacted level. The funding includes \$75.0 million set-aside for the Tribal Opioid Response program. SAMHSA plans to fund 59 new SOR grants to continue to support states and territories. SAMHSA aims to admit 140,569 people for OUD treatment through SOR. The allowable uses of this program will continue to include state efforts to address stimulants, including methamphetamine, and cocaine. Stimulants are an increasing source of concern and are involved in a significant proportion of deaths in a number of states.

Based on an assessment of a state’s naloxone purchasing and distribution conducted in FY 2022 and further refined through technical assistance and early implementation in FY 2023, states will utilize SOR grant dollars as a key source of funds to target naloxone to underserved areas and organizations in FY 2024. SAMHSA will assist states in the identification of underserved communities and agencies and continue in FY 2024 to work with states on implementation and further refinement of naloxone distribution and saturation.”

SAMHSA’s Center for Substance Abuse Treatment (CSAT)²

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President’s FY 24 Request	FY 2024 vs FY 2023
CSAT PRNS TOTAL	\$458,677,000	\$477,677,000	\$496,677,000	\$521,517,000	\$574,219,000	+\$52,702,000	\$755,008,000	+\$180,789,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level	\$9,046,000	Level
Building Communities of Recovery	\$6,000,000	\$8,000,000	\$10,000,000	\$13,000,000	\$16,000,000	+\$3,000,000	\$28,000,000	+\$12,000,000
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	\$30,197,000	+\$592,000	\$30,197,000	Level
Comprehensive Opioid Recovery Centers (CORCs)	Not funded	Funded within CMHS (\$2 million)	\$4,000,000	\$5,000,000	\$6,000,000	+\$1,000,000	\$6,000,000	Level
Community Harm Reduction and Engagement Initiative	-	-	-	-	-	N/A	\$50,000,000	+\$50,000,000
Criminal Justice Activities	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	\$94,000,000	+\$5,000,000	\$124,380,000	+\$30,380,000
<i>Drug Courts</i>	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	\$74,000,000	+\$4,000,000	\$105,000,000	+\$31,000,000
Emergency Dept. Alternatives to Opioids	Not funded	\$5,000,000	\$6,000,000	\$6,000,000	\$8,000,000	+\$2,000,000	\$9,000,000	+\$1,000,000
First Responder Training (CARA)	\$36,000,000	\$41,000,000	\$42,000,000	\$46,000,000	\$56,000,000	+\$10,000,000	\$77,500,000	+\$21,500,000
<i>Rural Focus</i>	\$18,000,000	\$23,000,000	\$24,000,000	\$26,000,000	\$31,000,000	+\$5,000,000	\$31,000,000	Level
Grants to Develop Curricula for DATA Act Waivers	Not funded	Not funded	Not funded	Not funded	Not funded	N/A	Not funded	N/A
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	\$12,000,000	\$12,000,000	\$12,000,000	\$14,000,000	\$16,000,000	+\$2,000,000	\$28,000,000	+\$12,000,000
Improving Access to Overdose Treatment	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	+\$500,000	\$1,500,000	Level
Minority AIDS Initiative	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	\$66,881,000	+\$1,311,000	\$66,881,000	Level
Minority Fellowship Program	\$4,789,000	\$4,789,000	\$5,789,000	\$5,789,000	\$7,136,000	+\$1,347,000	\$12,000,000	+\$4,864,000
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	\$10,724,000	+\$2,000,000	\$13,086,000	+\$2,362,000
Peer Support Technical Assistant (TA) Center	Not funded	\$1,000,000	\$1,000,000	\$1,000,000	\$2,000,000	+\$1,000,000	\$2,000,000	Level
Pregnant and Postpartum Women (PPW)	\$29,931,000	\$31,931,000	\$32,931,000	\$34,931,000	\$38,931,000	+\$4,000,000	\$49,397,000	+\$10,466,000

² The FY 2024 President’s Budget proposes to change the name of the Center from the Center for Substance Abuse Treatment (CSAT) to Center for Substance Use Services (CSUS).

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	\$4,434,000	+\$2,000,000	\$5,151,000	+\$717,000
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	\$30,000,000	\$31,840,000	\$33,840,000	+\$2,000,000	\$33,840,000	Level
Targeted Capacity Expansion (TCE) General	\$100,192,000	\$100,192,000	\$102,192,000	\$112,192,000	\$122,416,000	+\$10,224,000	\$157,916,000	+\$35,500,000
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)	\$89,000,000	\$89,000,000	\$91,000,000	\$101,000,000	\$111,000,000	+\$10,000,000	\$136,500,000	+\$25,500,000
Treatment, Recovery, and Workforce Support	N/A	\$4,000,000	\$6,000,000	\$10,000,000	\$12,000,000	+\$2,000,000	\$12,000,000	Level
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	\$37,114,000	+\$728,000	\$37,114,000	Level
Youth Prevention and Recovery Initiative	Not funded	Not funded	Not funded	Not funded	\$2,000,000	+\$2,000,000	\$2,000,000	Level

SAMHSA Congressional Justification Language:

Addiction Technology Transfer Centers: “The purpose of the Technology Transfer Centers (TTCs) is to develop and strengthen the specialized behavioral healthcare and broad primary healthcare workforce who provides the continuum of prevention, public health harm reduction, treatment, and recovery support services for substance use disorder (SUD) and mental illness. The program’s mission is to help people and organizations to incorporate effective evidence-based practices into the aforementioned services. The TTCs are comprised of three networks, which include the Addiction Technology Transfer Centers (ATTC) network.”

“Specific activities that the ATTC network carries out include: providing custom technical assistance, building capacity to address regional, local and/or population-specific needs on a variety of topics; promoting and facilitating relationship building among stakeholders in behavioral health policy, research, and practice; serving as a continuous feedback loop for innovation and practice; focusing on consultation and implementation to achieve systems change; and continually adapting and growing to improve, advance, and expand treatment and recovery services.”

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

Building Communities of Recovery: “Peer services play a vital role in assisting individuals in achieving recovery from substance use disorders. Recovery Community Organizations (RCOs) are central to the delivery of those services. In FY 2017, SAMHSA launched the Building Communities of Recovery (BCOR) grant program. This program mobilizes resources within, and outside of the recovery community to increase the prevalence and quality of long-term recovery support from substance use disorder. These grants are intended to support the

development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of and education about recovery. They are administered and implemented by individuals with lived experience who are in recovery from SUD and COD and reflect the needs and population of the community being served.”

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

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

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

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

Comprehensive Opioid Recovery Centers: “Comprehensive Opioid Recovery Centers (CORC) provide grants to nonprofit substance use disorder treatment organizations to operate comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. Grantees are required to provide outreach and the full continuum of treatment services, including medication for opioid use disorder (MOUD); counseling; treatment for mental disorders; testing for infectious diseases, residential treatment, and intensive outpatient services; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and family support services such as childcare, family counseling, and parenting interventions. Grantees must utilize third party and other revenue to the extent possible. Grantees are required to report client-level data, including demographic characteristics, substance use, assessment, services received, types of MOUD received, length of stay in treatment, employment status, criminal justice involvement, and housing.”

“The FY 2024 President’s Budget Request is \$6 million, level with the FY 2023 Enacted level. SAMHSA plans to fund two new and five continuation grants. SAMHSA is targeting to serve a baseline of 264 clients in FY 2024. These funds will provide critical comprehensive care services, including long-term care and support services utilizing the full range of FDA-approved medications and evidence-based services and will cover the costs of critical linkage and system development not currently covered by other sources of funding. These funds will extend the reach of MOUD treatment and recovery support services to address the overdose epidemic across systems and regional locations, reducing scattered, uncoordinated treatment efforts, and expanding access to care for people with special needs and/or in rural areas. SAMHSA will maintain the same performance targets as in FY 2023.”

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

1. Harm Reduction Resources for Community-Based Organizations (\$17 million): Develop a Notice of Funding Opportunity that is targeted to small, community-based organizations. This funding amount would reach at least 100 organizations already serving populations needing these services but without other federal resources to support harm reduction services. These organizations will receive technical assistance and capacity-building support, as well as resources to expand their services. These efforts will enable organizations to expand their reach to an additional 50,000 individuals.
2. Community Harm Reduction and Engagement Expansion Grants (\$30 million): Develop a Notice of Funding Opportunity that is targeted to harm reduction organizations and harm reduction-oriented substance use disorder treatment programs. This funding level would support approximately 50 harm organizations, that collectively have the capacity to expand their services to an additional 100,000 individuals.
3. Harm Reduction Technical Assistance (TA) Center (\$3 million): SAMHSA will support a TA center to provide TA to States, Tribes, and communities interested in establishing or strengthening their harm reduction services. SAMHSA will continue funding one in partnership with CDC. It is estimated this TA will reach a minimum of 120 organizations.”

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

“SAMHSA’s Adult Treatment Drug Court (ATDC) programs support a variety of services including direct treatment services for diverse populations, wraparound, and recovery support services such as recovery housing and peer recovery support services designed to improve access to and retention in care, drug test monitoring for illicit substances, educational support, relapse prevention and long-term disease management skills development, and HIV and viral hepatitis B and C testing and/or referral, conducted in accordance with state and local requirements.

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

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

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

Emergency Department Alternatives to Opioids: “The Emergency Department Alternative to Opioids (EDAO) program provides funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. These funds are used to target common painful conditions, train providers and other hospital personnel to recognize the presence of an opioid use disorder, initiate treatment as appropriate, and provide alternatives to opioids for patients with painful conditions.”

“The FY 2024 President’s Budget Request is \$9 million, an increase of \$1 million from the FY 2023 Enacted level. SAMHSA plans to award two new and 15 continuation grants with a target of training 2,520 providers on using non-opioid therapies and providing non-opioid therapies to 115,850 patients.”

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

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

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

“The FY 2024 President’s Budget Request is \$28 million, an increase of \$12 million from the FY 2023 Enacted level. SAMHSA will fund 15 new and 17 continuation grants. This funding will help states purchase overdose reversing drugs, equip first responders in high-risk communities, support education on the use of naloxone and other overdose-related death prevention strategies, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts. SAMHSA anticipates an additional 13,281 naloxone kits will be distributed and 6,793 more lay people will be trained with this additional funding.”

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

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

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

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

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

“The FY 2024 President’s Budget request is \$12.0 million, an increase of \$4.9 million from the FY 2023 Enacted level. Combined with \$22.0 million in the Mental Health appropriation and \$2.7 million in the Substance Use Prevention appropriation, funds will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase in fellows will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.”

Opioid Treatment Programs/Regulatory Activities: “SAMHSA seeks to close the gap between the number of people needing treatment for Opioid Use Disorder (OUD) and the capacity to treat them with Food and Drug Administration (FDA)- approved Medications for Opioid Use Disorder (MOUD) (buprenorphine, methadone, and naltrexone products). These medications are often used in combination with

additional evidence-based treatment and recovery support services. SAMHSA expands access to MOUD through Opioid Treatment Programs (OTPs), provider support for those who provide MOUD with buprenorphine in office-based settings and education and training of healthcare students and practitioners for treatment of OUD, including MOUD, via universities and professional organizations. These activities apply to multiple other CSUS programs and form a cornerstone of efforts related to the HHS Overdose Prevention Strategy.

MOUD in Opioid Treatment Programs

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

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

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

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

Pregnant and Postpartum Women: “The Pregnant and Postpartum Women (PPW) program uses a family-centered approach to provide comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and other family members (e.g., fathers of the children). Section 501 of the Comprehensive Addiction and

Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. CARA requires that twenty-five percent of all PPW funds support these ambulatory services. The PPW program provides services not covered under most public and private insurance and includes the Pregnant and Postpartum Women – Residential Treatment (PPW-R) program and Pregnant and Postpartum Women – Pilot (PPW-PLT) programs.

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

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

Pregnant and Postpartum Women – Pilot (PPW-PLT)

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

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

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

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

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

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

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

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

The MAT-PDOA program addresses unique local treatment needs of individuals who have an opioid use disorder (OUD) by expanding/enhancing local treatment system capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based MOUD and recovery support services. MOUD refers to the use of the Food and Drug Administration-approved pharmacotherapies (i.e., buprenorphine products, methadone, and naltrexone products) for the treatment of OUD. Medications are often combined with evidence-based psychosocial interventions tailored to an individual’s needs. This approach is a safe and effective strategy for decreasing the frequency and quantity of opioid misuse and reducing the risk of overdose and death. Recovery support services include linking patients and families to social, legal, housing, and other supports to improve retention in care and increase the probability of positive outcomes.”

“The FY 2024 President’s Budget request is \$157.9 million, an increase of \$35.5 million from the FY 2023 Enacted level. Of this, the request for MAT-PDOA is \$136.5 million, an increase of \$25.5 million from Enacted level, and \$10 million to expand TCE to add a new program: the TCE – Low-Threshold Housing First Pilot Project, which will address service needs and housing instability for people with SUDs and/or CODs. With this proposed funding, SAMHSA will award one new and 26 continuation TCE-SP grants, along with 10 new

Low-Threshold Housing First Pilot Project cooperative agreements. Collectively, these grants are projected to serve over 5,000 individuals annually, an increase of about 2,000 individuals served from FY 2023. SAMHSA plans to fund 183 continuation and 29 new MAT-PDOA grants and expects to serve between 12,000 and 14,000 people with substance use disorders.

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

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

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

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

“The FY 2024 President’s Budget Request is \$12 million, level with the FY 2023 Enacted level. This level will continue to provide access to career services for people in recovery from substance use disorder through partnerships with local organizations. SAMHSA plans to fund 23 continuation grants. The investment will further strengthen and develop America’s workforce and allow for greater support to those in recovery. SAMHSA will maintain the same performance targets as in FY 2023.”

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

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

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

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

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

SAMHSA’s Center for Substance Abuse Prevention (CSAP)

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President’s FY 24 Request	FY 2024 vs FY 2023
CSAP PRNS TOTAL	\$205,469,000	\$206,469,000	\$208,219,000	\$218,219,000	\$236,879,000	+\$18,660,000	\$245,738,000	+\$8,859,000
At-Home Prescription Drug Disposal Demonstration	Not funded	Not funded	Not funded	Not funded	Not funded	N/A	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	\$11,993,000	+\$2,500,000
Federal Drug-Free Workplace/Mandatory Drug Testing	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$5,139,000	+\$245,000	\$5,139,000	Level
Minority AIDS Initiative	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	\$43,205,000	+\$2,000,000	\$43,205,000	Level
Minority Fellowship Program	\$321,000	\$321,000	\$321,000	\$321,000	\$1,321,000	+\$1,000,000	\$2,680,000	+\$1,359,000
Science and Service Program Coordination	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level	\$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	\$14,500,000	Level
<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	\$2,500,000	Level
Strategic Prevention Framework-Partnerships for Success	\$119,484,000	\$119,484,000	\$119,484,000	\$127,484,000	\$135,484,000	+\$8,000,000	\$140,484,000	+\$5,000,000
<i>Strategic Prevention Framework Rx</i>	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level	\$15,000,000	+\$5,000,000
Tribal Behavioral Health Grants	\$20,000,000	\$20,000,000	\$20,750,000	\$20,750,000	\$23,665,000	+\$2,915,000	\$23,665,000	Level

SAMHSA Congressional Justification Language:

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

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

also supports 11 PTTC continuation grants to continue support for the provision of state-of-the-art substance use prevention technical assistance to states, communities, tribal communities, and territories. In FY 2024, CSUP intends to continue to advance key prevention knowledge transfer and workforce development through the PTTCS, including continued support of the prevention fellowship program and continued training of the prevention workforce.”

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

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

Minority Fellowship Program: “The FY 2024 President’s Budget is \$2.7 million, an increase of \$1.3 million from the FY 2023 Enacted level. Combined with \$22.0 million in the Mental Health appropriation and \$12 million in the Substance Use Services appropriation, funds will support eight continuation grants and a technical assistance contract. This funding will more than double the number of fellows from 428 to 1,182 and increase the number of trained behavioral health providers to 6,500. As a braided activity, this increase in fellows will directly address the significant treatment gap across the care continuum and the workforce shortage in disenfranchised and minority populations. In addition, SAMHSA will conduct a robust evaluation of the program for culturally appropriate approaches to further improve retention and increase recruitment of more diverse fellows into the workforce.”

Science and Service Program Coordination: “The FY 2024 President’s Budget is \$4.0 million, level with the FY 2023 Enacted level. Funding will continue to maintain improvements in community readiness in identified tribal communities through tribally focused, and tribally specific technical assistance delivery. In FY 2024, CSUP intends to maintain a target of improving community readiness in six tribal organizations.

In FY 2024, CSUP will also continue to elevate community success stories via its podcast series, webinars, and prominent placement of stories on the Communities Talk website. Additionally, CSUP will expand its use of mini campaigns, which promote and amplify substance use data, research, and prevention resources related to alcohol and substance misuse by youth and youth adults. Other focus areas for communications

activities will include technical assistance in bridging prevention service delivery between substance misuse and mental health promotion as well as operationalizing diversity, equity, and inclusion in prevention service delivery.”

Sober Truth on Preventing Underage Drinking Act (STOP Act): “The FY 2024 President’s Budget is \$14.5 million, level with the FY 2023 Enacted level. SAMHSA plans to fund 93 new grants and 114 continuations and will continue to assess technical assistance needs to address areas identified as challenges in data collection and reporting processes, to prevent and reduce alcohol use among youth and young adults ages 12-20 in communities throughout the United States. The STOP Act Program aims to (1) address norms regarding alcohol use by youth, (2) reduce opportunities for underage drinking, (3) create changes in underage drinking enforcement efforts, (4) address penalties for underage use, and/or (5) reduce negative consequences associated with underage drinking.”

Strategic Prevention Framework:

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

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

“Strategic Prevention Framework for Prescription Drugs (SPF Rx)

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

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

SPF-PFS

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

SPF-Rx

In FY 2024, the SPF-Rx program will award a new cohort of 8 new grants and 37 grant continuations. The \$5 million increase will be utilized to for a new cohort of grants. The increase of \$5M for SPF-Rx will be used to allow more underserved populations to receive important technical support for the purposes of decreasing prescription drug misuse. Grantees seeking partnerships with agencies that manage state PDMPs will have more opportunities to engage in productive data-sharing agreements and activities. Access to and leveraging this data to reduce opioid dependency, and overdose incidence is at the very center of this program and SAMHSA's intent for these funds. In FY 2024, the SPF-Rx program will also be evaluated and mined for "lessons learned," because the grant program was opened to nonprofit agencies working with the single state agency (SSA) in FY 2022."

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

SAMHSA’s Center for Mental Health Services (CMHS)

CMHS Program	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2023 vs FY 2022	President’s FY 24 Request	FY 2024 vs FY 2023
CMHS PRNS TOTAL	\$395,774,000	\$460,774,000	\$487,036,000	\$599,036,000	\$1,065,453,000 ³	+\$466,417,000	\$1,778,269,000	+\$734,236,000
Assisted Outpatient Treatment	\$15,000,000	\$19,000,000	\$21,000,000	\$21,000,000	\$21,420,000	+\$420,000	\$21,420,000	Level
Assertive Community Treatment for Individuals with Serious Mental Illness (SMI)	\$5,000,000	\$7,000,000	\$9,000,000	\$9,000,000	\$9,000,000	Level	\$9,000,000	Level
Certified Community Behavioral Health Clinics (CCBHCs)	\$150,000,000	\$200,000,000	\$250,000,000	\$315,000,000	\$385,000,000	+\$70,000,000	\$552,500,000	+\$167,500,000
Comprehensive Opioid Recovery Center (CORCs)	Not funded	\$2,000,000	Funded within CSAT	Funded within CSAT	Funded within CSAT	N/A	Funded within CSAT	N/A
Community Mental Health Services (CMHS) Block Grant (MHBG)	\$722,571,000	\$722,571,000	\$757,571,000	\$857,571,000	\$1,007,571,000	+\$150,000,000	\$1,652,571,000	+\$645,000,000
Children and Family Programs	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level	\$7,229,000	Level
Children’s Mental Health Services	\$125,000,000	\$125,000,000	\$125,000,000	\$125,000,000	\$130,000,000	+\$5,000,000	\$225,000,000	+\$95,000,000
Community Mental Health Centers	-	-	-	-	-	N/A	\$412,500,000	+\$412,500,000
Consumer & Consumer Supporter Technical Assistance (TA) Centers	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,269,000	\$6,269,000	\$6,269,000	\$6,269,000	\$11,269,000	+\$5,000,000	\$56,394,000	+\$45,125,000
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level	\$1,953,000	Level
Healthy Transitions	\$25,951,000	\$28,951,000	\$29,451,000	\$29,451,000	\$30,451,000	+\$1,000,000	\$61,400,000	+\$30,949,000
Homelessness	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level	\$2,296,000	Level
Homelessness Prevention Programs	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$33,696,000	+\$3,000,000	\$35,696,000	+\$2,000,000
Infant and Early Childhood Mental Health	\$5,000,000	\$7,000,000	\$8,000,000	\$10,000,000	\$15,000,000	+\$5,000,000	\$37,500,000	+\$22,500,000
Mental Health System Transformation and Reform	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level	\$3,779,000	Level
Mental Health Awareness Training⁴	\$20,963,000	\$22,963,000	\$23,963,000	\$24,963,000	\$27,963,000	+\$3,000,000	\$64,000,000	+\$36,037,000
MH Minority Fellowship Program	\$8,059,000	\$9,059,000	\$10,059,000	\$10,059,000	\$11,059,000	+\$1,000,000	\$22,000,000	+\$10,941,000
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level	\$9,224,000	Level
National Child Traumatic Stress Initiative	\$63,887,000	\$68,887,000	\$71,887,000	\$81,887,000	\$93,887,000	+\$12,000,000	\$150,000,000	+\$56,113,000
Suicide Prevention Programs	\$74,034,000	\$90,034,000	\$102,046,900	\$196,979,000	\$617,043,000	+\$420,064,000	\$1,034,425,000	+\$417,382,000
988 and Behavioral Health Crisis Services (988 Program)⁵	N/A	N/A	N/A	N/A	\$501,618,000 ⁶	+\$501,618,000	\$836,000,000	+\$334,382,000

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

⁴ Formerly Mental Health First Aid.

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

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

CMHS Program	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
<i>Behavioral Health Crisis and 988 Coordinating Office</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	\$5,000,000	<i>See footnote⁷</i>	<i>N/A</i>	<i>See footnote⁸</i>	<i>N/A</i>
National Strategy for Suicide Prevention	\$11,200,000	\$18,200,000	\$23,200,000	\$23,200,000	\$28,200,000	+\$5,000,000	\$28,200,000	Level
<i>Zero Suicide</i>	<i>\$9,200,000</i>	<i>\$16,200,000</i>	<i>\$21,200,000</i>	<i>\$21,200,000</i>	<i>\$26,200,000</i>	<i>+\$5,000,000</i>	<i>\$22,800,000</i>	<i>Level</i>
<i>Zero Suicide American Indian and Alaska Native</i>	<i>\$2,200,000</i>	<i>\$2,200,000</i>	<i>\$2,400,000</i>	<i>\$2,400,000</i>	<i>\$3,400,000</i>	<i>+\$1,000,000</i>	<i>\$3,400,000</i>	<i>Level</i>
Garrett Lee Smith Youth Suicide Prevention – State Grants	\$35,427,000	\$35,427,000	\$36,427,000	\$38,806,000	\$43,806,000	+\$5,000,000	\$43,806,000	Level
Garrett Lee Smith Youth Suicide Prevention – Campus Grants	\$6,488,000	\$6,488,000	\$6,488,000	\$6,488,000	\$8,488,000	+\$2,000,000	\$11,488,000	+\$3,000,000
Suicide Prevention Resource Center	\$5,988,000	\$7,988,000	\$9,000,000	\$8,983,000	\$11,000,000	+\$2,017,000	\$11,000,000	Level
AI/AN Suicide Prevention Initiative	\$2,931,000	\$2,931,000	\$2,931,000	\$2,931,000	\$3,931,000	+\$1,000,000	\$3,931,000	Level
Mental Health Crisis Response Partnership Program	Not funded	Not funded	Not funded	\$10,000,000	\$20,000,000	+\$10,000,000	\$100,000,000	+\$80,000,000
Practice Improvement and Training	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level	\$15,828,000	+\$8,000,000
Primary and Behavioral Health Care Integration	\$49,877,000	\$49,877,000	\$52,877,000	\$52,877,000	\$55,877,000	+\$3,000,000	\$102,877,000	+\$47,000,000
Primary and Behavioral Health Care Integration Training and Technical Assistance (TTA)	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	Level	\$1,991,000	Level
Project AWARE	\$71,001,000	\$102,001,000	\$105,118,000	\$120,000,000	\$140,001,000	+\$20,001,000	\$244,000,000	+\$103,999,000
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	\$109,635,000	+\$43,000,000
Project LAUNCH	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	\$25,605,000	+\$2,000,000	\$35,408,000	+\$9,803,000
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	\$40,000,000	Level
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level	\$1,147,000	Level
Tribal Behavioral Health Grants	\$20,000,000	\$20,000,000	\$20,750,000	\$20,750,000	\$22,750,000	+\$2,000,000	\$23,250,000	+\$500,000

Supplemental Funding

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

⁸ The President's FY 2024 Budget request realigns this line item into the \$836,000,000 proposed for the 988 and Behavioral Health Crisis Services.

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

SAMHSA Congressional Justification Language:

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

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

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

“Crisis Services Set-Aside

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

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

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

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

“Set-aside for Early Intervention and Prevention of Mental Disorders Among At-Risk Children and Adults

The FY 2024 Budget includes a new set-aside that would require states to expend at least 10 percent of their MHBG funding for evidence-based prevention and early intervention programs to improve outcomes for at-risk youth and adults who are at risk to develop SMI or SED through prevention, education, screening, and early identification. This investment expands funding to support earlier identification and prevention of mental health disorders and further support targeted services for youth and prevent more serious symptoms further on in a person’s life.”

“The FY 2024 President’s Budget Request is \$1.6 billion, an increase of \$645.0 million from the FY 2023 Enacted level. With this funding, SAMHSA will continue to address the needs of individuals with SMI and SED and will continue to maintain the 10 percent set-aside for evidence-based programs that address the needs of individuals with early SMI, including psychotic disorders. The 10 percent crisis care set-aside funds help reduce costs to society, as intervening early helps prevent deterioration of functioning in individuals experiencing a first episode of SMI. The Budget also includes a 10 percent set-aside for evidence-based programs for early intervention and prevention of mental disorders among at-risk children and adults. States will continue to use the Coronavirus Response and Relief Supplement and American Rescue Plan funding through FY 2023 (or FY 2024 with No Cost Extension request approvals) and FY 2025, respectively, as states expand their MHBG infrastructure to address unmet service needs.”

Children and Family Programs: “The FY 2024 President’s Budget request is \$7.2 million, same level with the FY 2023 Enacted level. This funding will support 19 Circles of Care continuation grants and award a new cohort of three grants. Funding will enhance and improve the quality of existing services and promote the use of culturally competent services and support for children and youth with, or at risk for, serious mental health conditions, and their families. SAMHSA will maintain the FY 2023 targets: 1,500 mental health professionals trained in mental health-related practices; develop collaborative partnerships and shared resources with nearly 2,500 organizations; and contact 28,000 individuals through program outreach efforts.”

Consumer and Consumer-Supporter TA Centers: “The FY 2024 President’s Budget request is \$1.9 million, level with the FY 2023 Enacted level. This funding request will support five continuation grants to provide technical assistance to facilitate the quality improvement of the mental health system by promoting consumer-directed approaches for adults with SMI and focus on coordination with the state-wide consumer network program and engaging people with lived experience of mental illness to improve mental health systems and supports and advance community inclusion, recovery, and resilience. In FY 2024, SAMHSA will continue to maintain the performance measure targets for this program.”

Consumer and Family Network Grants: “The FY 2024 President’s Budget request is \$4.9 million, level with the FY 2023 Enacted level. Funds will be used for 20 continuation grants and 8 new grants that promote consumer, family, and youth participation in the development of policies, programs, and quality assurance activities related to mental health systems reform across the United States. It is expected that in FY 2024, SCN will train 16,000 individuals in the mental health and related workforce and SFN will train 25,500 individuals in prevention, mental health promotion, and mental health-related practices/activities,”

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

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

Garrett Lee Smith Youth Suicide Prevention – State/Tribal and Campus: “The FY 2024 President’s Budget request is \$55.3 million, an increase of \$3.0 million from the FY 2023 Enacted level. Funds will support the continuation of 25 GLS State/Tribal grants and award a new cohort of 30 new grants. Funding will also support 44 GLS Campus continuation grants and award a new cohort of 54 grants. The program will continue developing and implementing youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions as well as to support suicide prevention among institutions of higher learning. It is anticipated that 125,000 individuals will be served.”

Healthy Transitions: “The FY 2024 President’s Budget request is \$61.4 million, an increase of \$30.9 million from the FY 2023 Enacted level. This budget will support 14 continuation grants and fund a new cohort of 44 grants. Funding will improve access to mental disorder treatment and related support services for young people, aged 16 to 25, who either have, or are at risk of developing a serious mental health condition. It is expected that this program will serve approximately 5,800 young people and provide quality supports and services needed to engage this population.”

Homelessness Prevention Programs: “The FY 2024 President’s Budget Request is \$38.0 million, an increase of \$2.0 million from the FY 2023 Enacted level. With this funding, SAMHSA will support 37 TIEH continuation grants, 25 TIEH new grants, one Housing and Homeless Resource Center (HHRC) continuation grant, and one SSI Outreach Access and Recovery (SOAR) contract to increase capacity and provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based treatment services, peer support and other recovery support services, and linkages to sustainable and permanent housing. Grantees will expand access to treatment and connect homeless

individuals experiencing SMI with safe, secure housing. The number of individuals served is estimated to increase to approximately 9,000 individuals.”

Mental Health System Transformation and Reform: “The FY 2024 President’s Budget Request is \$3.8 million, level with the FY 2023 Enacted level. Funding will support one continuation grant and 3 new SEP grants that will enhance state and community capacity to provide evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for adults and youth with SMI/SED and cooccurring mental and substance use disorders. It is estimated that 800 individuals will be served.”

Mental Health Awareness Training: “The FY 2024 President’s Budget request is \$64.0 million, an increase of \$36.0 million from the FY 2023 Enacted funding level for this program will support 197 continuation grants and 277 new grants. The budget will enable populations to be trained, including college students, veterans and armed services personnel and their family members, and to broaden applicable settings for trainings to include noneducational, non-health care settings. With this funding, it is estimated the number of individuals referred to mental health and related services will near 325,000 and the number of individuals trained to recognize the signs and symptoms of mental illness will be approximately 600,000.”

Mental Health Crisis Response Partnership Program: “The FY 2024 President’s Budget Request is \$100.0 million, an increase of \$80.0 million from the FY 2023 Enacted level. In FY 2024, the program will support 26 grant continuations and award a new cohort of 107 grants. These projects will support communities across the country to improve crisis response capacity and integrate community 988 and crisis systems. It is estimated that in FY 2024, 24,000 individuals will be screened and 15,000 will be referred for services.”

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

National Child Traumatic Stress Initiative: “The FY 2024 President’s Budget Request is \$150.0 million, an increase of \$56.1 million from the FY 2023 Enacted level. SAMHSA will support 170 grant continuations and award a new cohort of 76 grants for the improvement of mental disorder treatment, services, and interventions for children and adolescents exposed to traumatic events and to provide trauma-informed services for children and adolescents as well as training for the child-serving workforce. SAMHSA estimates approximately 16,000 children and adolescents will be served and the approximately 500,000 people in the mental health and related workforce will be trained.”

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

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

Primary and Behavioral Health Care Integration: “The FY 2024 President’s Budget Request is \$104.9 million, an increase of \$47.0 million from the FY 2023 Enacted level. Funding will support the continuation of 21 PIPBHC grants and a new cohort of 29 PIPBHC grants. SAMHSA anticipates that this increase in funding will enable the PIPBHC program to greatly expand its reach across the U.S. and enable the program to advance the integration of physical and behavioral health care, through evidence-based models, including the Collaborative Care Model. It is expected that this increase in funding will also enable the program to reach approximately 40,000 people with treatment and services.”

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

Projects for Assistance in Transition from Homelessness (PATH): “The FY 2024 President’s Budget Request is \$109.6 million, an increase of \$43.0 million from the FY 2023 Enacted level. The PATH program was flat funded from FY 2010 to FY 2022 and increased by \$2 million in FY 2023, while costs associated with the program have steadily increased. The number of providers has decreased significantly over the past 10 years. In FY 2022, 406 providers across the country provided PATH-related services, compared to 505 PATH providers in FY 2012. The PATH program pays for the street outreach and engagement not covered by most funding sources and helping to bring one of the most vulnerable groups, individuals with serious mental illness lacking housing, off the street. SAMHSA expects that the FY 2024 budget request will increase the local PATH providers to 505, resulting in 200,000 individuals being contacted and 119,000 individuals enrolled in the PATH program. All of those contacted receive referrals to important local services and resources, and those eligible individuals who are enrolled receive extended engagement and supportive services to help them gain or maintain stable housing. In addition, the increase will expand the geographic reach of the program to a scope of communities consistent with earlier years of the program.”

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

Mental Health Consultation (CoE-IECMHC) to improve health outcomes for young children and support children at high risk for mental illness and their families to prevent future disability. This funding will provide continued screening, prevention, early intervention for behavioral health issues and referrals to high quality treatment for children and families in 30 communities across the U.S. through the CoE-IECMHC. It is expected that approximately 29,000 young children will be screened for mental health disorders, and about 8,500 children will be referred for mental health and related services.”

Protection and Advocacy for Individuals with Mental Illness (PAIMI): “The FY 2024 President’s Budget Request is \$40.0 million, level with the FY 2023 Enacted level. PAIMI programs will continue to focus on addressing abuse and neglect issues for vulnerable populations and advocate for the rights of individuals with mental illness as well as continue to assist individuals with SMI increase access to treatment.”

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

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

- Supporting network operations and specialized services. Network operations include centralized network functions, such as: staffing for backup call centers; core chat/text centers; data and telephony infrastructure; standards, training, and quality improvement; evaluation and oversight. Specialized services include services for LGBTQ+ youth and Spanish language services.
- Enhancing local capacity through partnerships in behavioral health crisis response. Local center capacity is critical to ensuring that individuals in crisis receive responses that are tailored to the service system where they are located and that services across the continuum are linked and coordinated.
- Maintaining the 988 and Behavioral Health Crisis Coordination Office. Coordination activities include technical assistance to states, and crisis centers; strategic planning, performance management, evaluation, and oversight; and formal partnerships, convenings, and cross-entity coordination.
- Enhancing public awareness with targeted 988 national messaging. A research-based campaign will save lives through the use of preferred and effective communication channels and messengers to promote help seeking behavior.”

Tribal Behavioral Health Grants: “The FY 2024 President’s Budget Request is \$23.25 million, an increase of \$500,000 from the FY 2023 Enacted level. Combined with \$23.7 million in the Substance Use Prevention Services appropriation, these funds will support technical assistance activities, 118 continuation grants and award a new cohort of 35 grants that promote mental health and prevent substance use activities for high-risk AI/AN youth and their families. In FY 2024, SAMHSA will continue the same performance measures and it is expected that 500,000 youth with mental health or substance use disorders will be contacted through program outreach efforts targets.

As a braided activity, SAMHSA is tracking separately any amounts spent or awarded under Tribal Behavioral Health Grants through the distinct appropriations and ensures that funds are used for purposes consistent with legislative direction and intent of these appropriations.”

National Institute on Alcohol Abuse and Alcoholism (NIAAA)⁹

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
NIAAA	\$525,591,000	\$543,373,000	\$554,882,000	\$574,910,000	\$596,616,000	+\$21,706,000	\$596,616,000	Level

National Institute on Drug Abuse (NIDA)¹⁰

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
NIDA	\$1,419,844,000	\$1,462,016,000	\$1,480,309,000	\$1,596,123,000	\$1,663,365,000	+\$67,242,000	\$1,663,365,000	Level

⁹ The President's FY 2024 Budget proposes to change the name of the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.

¹⁰ The President's FY 2024 Budget proposes to change the name of the National Institute on Drug Abuse to the National Institute on Drugs and Addiction.

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	President's FY 24 Request	FY 2024 vs FY 2023
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,132,278,000	\$1,273,556,000	\$1,314,056,000	\$1,345,056,000	\$1,391,056,000	+\$46,000,000	\$1,544,556,000	+\$153,500,000
HIV Prevention by Health Depts.	\$397,161,000	Not listed	Not listed	Not listed	Not listed	N/A	Not listed	N/A
<i>School Health- HIV</i>	\$33,081,000	\$33,081,000	\$34,081,000	\$36,081,000	\$38,081,000	+\$2,000,000	\$90,081,000	+\$52,000,000
Viral Hepatitis	\$39,000,000	\$39,000,000	\$39,500,000	\$41,000,000	\$43,000,000	+\$2,000,000	\$54,500,000	+\$11,500,000
Infectious Diseases and the Opioid Epidemic	\$5,000,000	\$10,000,000	\$13,000,000	\$18,000,000	\$23,000,000	+\$5,000,000	\$23,000,000	Level
Sexually Transmitted Infections	\$157,310,000	\$160,810,000	\$161,810,000	\$164,310,000	\$174,310,000	+\$10,000,000	\$174,310,000	Level
Chronic Disease Prevention and Health Promotion	\$1,187,771,000	\$1,239,914,000	\$1,276,664,000	\$1,338,664,000	\$1,430,414,000	+\$91,750,000	\$1,813,539,000	+\$383,125,000
Tobacco Prevention and Control	\$210,000,000	\$230,000,000	\$237,500,000	\$241,500,000	\$246,500,000	+\$5,000,000	\$257,500,000	+\$11,000,000
Excessive Alcohol Use	\$4,000,000	\$4,000,000	\$4,000,000	\$5,000,000	\$6,000,000	+\$1,000,000	\$6,000,000	Level
Prevention Research Centers	\$25,461,000	\$26,461,000	\$26,961,000	\$26,961,000	\$28,961,000	+\$2,000,000	\$28,961,000	Level
Birth Defects and Developmental Disabilities¹²	\$155,560,000	\$160,810,000	\$167,810,000	\$177,060,000	\$205,560,000	+\$28,500,000	\$222,560,000	+\$17,000,000
Fetal Alcohol Syndrome	\$11,000,000	\$11,000,000	\$11,000,000	\$11,000,000	\$11,500,000	+\$500,000	\$11,500,000	Level
Neonatal Abstinence Syndrome	\$2,000,000	\$2,250,000	\$2,250,000	\$3,250,000	\$4,250,000	+\$1,000,000	\$4,250,000	Level
Injury Prevention and Control	\$648,559,000	\$677,379,000	\$682,879,000	\$714,879,000	\$761,379,000	+\$46,500,000	\$1,351,669,000	+\$590,290,000
Unintentional Injury	\$8,800,000	\$8,800,000	\$8,800,000	\$10,300,000	\$13,300,000	+\$3,000,000	\$13,30,000	Level
Suicide Prevention	Not funded	\$10,000,000	\$12,000,000	\$20,000,000	\$30,000,000	+\$10,000,000	\$80,000,000	+\$50,000,000

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
Adverse Childhood Experiences	Not funded	\$4,000,000	\$5,000,000	\$7,000,000	\$9,000,000	+\$2,000,000	\$15,000,000	+\$6,000,000
Injury Prevention Activities	\$28,950,000	\$28,950,000	\$28,950,000	\$28,950,000	\$29,950,000	+\$1,000,000	\$29,950,000	Level
Opioid Abuse and Overdose Prevention and Surveillance	\$475,579,000	\$475,579,000	\$475,579,000	\$490,579,000	\$505,579,000	+\$15,000,000	\$713,369,000	+\$207,790,000
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Level	\$160,000,000	Level
America's Health Block Grant	Not funded	Not funded	Not funded	Not funded	Not funded	N/A	Not funded	N/A

CDC Congressional Justification Language:

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

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

The United States is experiencing a public health crisis involving drug use of opioids⁴¹ and other drugs such as methamphetamines and cocaine. For over a decade, our nation has seen a rise in drug use-related hospitalizations, overdoses, and fatalities and in the transmission of infectious diseases such as viral hepatitis, HIV, and other drug use-related bacterial and fungal infections. Rates of hepatitis C have quadrupled since 2010, and HIV transmission associated with injection drug use began to rise after years of declines. In 2020, an analysis of electronic health record data showed that among persons with substance use disorders the rates of hospitalization for serious bacterial infections, including infective endocarditis, increased from 2012 to 2017. The COVID-19 pandemic has exacerbated this danger and creates an uncertain post-pandemic landscape for the health of people who use drugs. Since 2019, CDC’s program to address the infectious diseases associated with substance use focuses on four key strategies: 1. Ensuring implementation of and access to high quality SSPs nationwide...2. Increasing testing and linkage to care in local communities...3. Increasing state and local capacity to detect and respond to infectious disease clusters and prevent further transmission...4. Increasing linkage to substance use disorder treatment at healthcare encounters for drug-use-related infections.”

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

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

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

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

Prevention Research Centers: “CDC’s FY 2024 budget request of \$28,961,000 for Prevention Research Centers is level with the FY 2023 enacted level. FY 2024 marks the beginning of a new five-year cycle for the PRC Program. With the FY 2024 funding opportunity, CDC will continue to leverage the PRC network to increase availability and use of evidence-based interventions by public health practitioners and increase translation of evidence-based research to practice that improves population health and advances health equity.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recognizing the associations between ACEs, suicides, and substance use disorders, CDC will continue supporting upstream prevention programs, such as expanding ACEs data collection in communities experiencing high rates of drug overdoses and leveraging ongoing comprehensive suicide prevention approaches to test a comprehensive community approach for the primary and secondary prevention of ACEs.”

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

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

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

Preventive Health and Health Services Block Grant: “CDC’s FY 2024 budget request of \$160,000,000 from the Prevention and Public Health Fund resources for Preventive Health and Health Services Block Grant is level with FY 2023 enacted level. In FY 2024, CDC will continue to administer the program and work with recipients to address their locally identified public health priorities. In addition, CDC will continue to support these jurisdictions to use evidence-based methods and interventions; reduce risk factors, such as poor nutritional choices, smoking, and lack of physical activity; establish policy, social, and environmental changes; monitor and re-evaluate funded programs; and leverage other funding sources.”

Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
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	\$1,937,772,000	+\$80,000,000
Interdisciplinary Community-Based Linkages	\$191,903,000	\$220,903,000	\$235,903,000	\$252,298,000	\$291,298,000	+\$39,000,000	\$481,619,000	+\$190,321,000
Maternal and Child Health Block Grant	\$677,700,000	\$687,700,000	\$712,700,000	\$747,700,000	\$822,700,000	+\$75,000,000	\$937,300,000	+\$121,600,000
Rural Health	\$317,794,000	\$318,294,000	\$329,519,000	\$331,062,000	\$352,407,000	+\$21,345,000	\$415,852,000	+\$63,445,000
Rural Communities Opioid Response Program	\$120,000,000	\$110,000,000	\$110,000,000	\$135,000,000	\$145,000,000	+\$10,000,000	\$165,000,000	+\$20,000,000
Telehealth	\$24,500,000	\$29,000,000	\$34,000,000	\$35,050,000	\$38,050,000	+\$3,000,000	\$44,500,000	+\$6,450,000
Ryan White HIV/AIDS Program (HIV/AIDS Bureau)	\$2,318,781,000	\$2,388,781,000	\$2,423,781,000	\$2,494,776,000	\$2,571,041,000	+76,265,000	\$2,696,041,000	+\$125,000,000
National Health Service Corps (NHSC)	\$105,000,000	\$120,000,000	\$120,000,000	\$121,600,000	\$125,600,000	+4,000,000	\$175,600,000	+\$50,000,000
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	\$40,000,000	Level
Peer Support	N/A	\$10,000,000	\$13,000,000	\$14,000,000	\$14,000,000	Level	See footnote ¹¹	NA

HRSA Congressional Justification Language:

Maternal and Child Health Block Grant: “The FY 2024 Budget Request for the Maternal and Child Health Block Grant program of \$937.3 million is \$121.6 million above the FY 2023 Enacted level. The request includes \$593.3 million for formula awards to states to promote and improve the health and well-being of the nation’s mothers, children (including children with special needs), and their families. Additionally, the request includes \$333.7 million in SPRANS funding, an increase of \$121.6 million.”

¹¹ Peer support is funded within the umbrella of Behavioral Health Workforce Development Programs (BHWET). The President's budget does not distinguish how much of the overall budget of BHWET is allocated for peer support (or "Peer Support Specialists in the Opioid Use Disorder Workforce").

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

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

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

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

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

Telehealth: “The FY 2024 Budget Request for the Office for the Advancement of Telehealth of \$44.5 million is \$6.5 million above the FY 2023 Enacted Level. HRSA will continue to utilize telehealth to provide access to healthcare in rural and underserved areas. In FY 2024, HRSA will support the continuation of 38 existing grantees, and 27 new competitive grants to strengthen the networks and the technical assistance providers that support effective implementation of telehealth services. The Telehealth Network Grant Program and Licensure Portability Grant Program will be re-competed in FY 2024. The \$6.5 million increase will fund the continuation of the HHS Telehealth Hub, which includes Telehealth.hhs.gov and the corresponding promotional contract for Telehealth.hhs.gov, which allow for the rapid dissemination of critical telehealth resources for patients, providers, states, researchers, and other stakeholders through Telehealth.HHS.gov. In addition, the increase will fund a contract for the Telehealth Data Collection Infrastructure, which is critical in allowing HRSA to track funding, projects, and data for telehealth services within HRSA. Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.”

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

NHSC Substance Use Disorder (SUD) Workforce LRP: “The NHSC received a dedicated appropriation to expand and improve access to quality opioid and SUD treatment in rural and underserved areas nationwide in a variety of settings including Opioid Treatment Programs, Office-based Opioid Treatment Facilities, and Non-opioid Outpatient SUD facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. In exchange for three years of service at an NHSC-approved SUD treatment facility, providers receive up to \$75,000 in loan repayment assistance to reduce their educational financial debt.”

Administration for Children and Families (ACF) – Select Programs

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President’s FY 24 Request	FY 2024 vs FY 2023
Promoting Safe and Stable Families (PSSF)	\$444,765,000	\$437,515,000	\$427,515,000	\$427,515,000	\$431,515,000	+\$4,000,000	\$431,515,000	Level
Regional Partnership Grant (RPG), mandatory	\$20,000,000	\$10,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level	\$60,000,000	+\$40,000,000
Children and Families Services Programs	\$12,239,225,000	\$12,876,652	\$13,040,511,000	\$13,438,343,000	\$14,618,437,000	+\$1,180,094,000	\$16,139,665,000	+\$1,521,228,000
Child Abuse Prevention and Treatment Act (CAPTA) State Grants	\$85,310,000	\$90,091,000	\$90,091,000	\$95,091,000	\$105,091,000	+\$9,909,000	\$125,000,000	+\$19,909,000
Child Welfare Services	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level	\$278,900,000	+\$10,165,000

ACF Congressional Justification Language:

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

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

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

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

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

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

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

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

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



Department of Justice (DOJ) – Select Programs

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
Drug Enforcement Administration	\$2,687,703,000	\$2,722,295,000	\$2,819,132,000	\$2,933,181,000	\$2,563,116,000	+\$141,594,000	\$3,740,808,000	+\$1,177,692,000
Office of Justice Programs (OJP): Justice Assistance/Research, Evaluation, and Statistics	\$80,000,000	\$79,000,000	\$82,000,000	\$70,000,000	\$77,000,000	+\$7,000,000	\$141,000,000	+\$64,000,000
Study on Law Enforcement Responses to Opioid Overdoses	Not funded	Not funded	Not funded	Not funded	\$1,000,000	+\$1,000,000	Not funded	-\$1,000,000
OJP: State and Local Law Enforcement Assistance	\$1,723,000,000	\$1,829,000,000	\$1,914,000,000	\$2,213,000,000	\$2,416,805,000	+\$203,805,000	\$2,438,130,000	+\$21,325,000
Byrne Memorial Justice Assistance Grants	\$329,600,000	\$348,800,000	\$360,100,000	\$381,900,000	\$770,805,000	+\$338,905,000	\$542,630,000	-\$228,175,000
Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)¹²	\$157,000,000	\$180,150,000	\$185,000,000	\$185,000,000	\$190,000,000	+\$5,000,000	\$190,000,000	Level
Drug Courts	\$77,000,000	\$80,000,000	\$83,000,000	\$88,000,000	\$95,000,000	+\$7,000,000	\$88,000,000	-\$7,000,000
Justice and Mental Health Collaboration Program (JMHCPC)	\$31,000,000	\$33,000,000	\$35,000,000	\$40,000,000	\$45,000,000	+\$5,000,000	\$40,000,000	-\$5,000,000
Residential Substance Abuse Treatment (RSAT)	\$30,000,000	\$31,160,000	\$34,000,000	\$40,000,000	\$45,000,000	+\$5,000,000	\$35,000,000	-\$10,000,000
Second Chance Act/Offender Reentry	\$88,000,000	\$90,000,000	\$100,000,000	\$115,000,000	\$125,000,000	+\$10,000,000	117,000,000	-\$8,000,000
Veterans Treatment Courts	\$22,000,000	\$23,000,000	\$25,000,000	\$29,000,000	\$35,000,000	+\$6,000,000	\$25,000,000	-\$10,000,000
Prescription Drug Monitoring	\$30,000,000	\$31,000,000	\$32,000,000	\$33,000,000	\$35,000,000	+\$2,000,000	\$33,000,000	-\$2,000,000
Community Oriented Policing Services (COPS)	\$303,500,000	\$343,000,000	\$386,000,000	\$511,744,000	\$662,880,000	+\$151,136,000	\$651,000,000	-\$11,880,000

¹² Previously called the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) until FY 2023.

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
Drug Data Research Center to Combat Opioid Abuse	Not funded	Not funded	Not funded	Not funded	\$4,000,000	+\$4,000,000	Not funded	-\$4,000,000
Juvenile Justice Programs	\$287,800,000	\$320,000,000	\$346,000,000	\$360,000,000	\$400,000,000	+\$40,000,000	\$760,000,000	+\$360,000,000

DOJ Congressional Justification Language:

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

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

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

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

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

- \$537 million for the COPS Hiring Program (CHP) to assist in hiring additional sworn law enforcement professionals, including the following set-asides:
 - \$40 million for Tribal Resources Grant Program;
 - \$6 million for Tribal Access Program (TAP);
 - \$8 million for the Law Enforcement Mental Health and Wellness Program;
 - \$35 million for Community Policing Development

- \$40 million for Regional Information Shared Services (RISS); and
- \$20 million for Collaborative Reform
- \$15 million for Anti-Methamphetamine Task Forces
- \$11 million for the Police Act Program
- \$35 million for Anti-Heroin Task Forces
- \$53 million for COPS School Violence Prevention Program

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

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

Drug Courts: “The FY 2024 request will fund the Drug Court Program at \$88 million, which is equal to the FY 2022 Enacted funding levels. This reduction will lead to a modest adjustment in the number and 47 https://ndcrc.org/wp-content/NDCRC_Court_Map/ 48 <https://ndcrc.org/funding-maps/> 49 Essential Readings | National Drug Court Resource Center (ndcrc.org) and Overview of Drug Courts | National Institute of Justice (ojp.gov) 242 Program Decreases and Changes by Item size of awards, but will still provide adequate funding to support state, local, and tribal drug courts throughout the nation. Since awards made under this program awards remain available to grantees for a 36- to48-month period of performance, grantees will also have access to remaining balances from prior years’ Drug Court awards during FY 2024. Although this decrease will limit efforts to expand drug courts programs, OJP anticipates no significant long-term effects on overall program performance as a result of this decrease.”

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

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

Justification: The reduction in funding will not have a major impact on the effectiveness of the program. The funding will support cross-system collaboration programs that improve or enhance public safety and public health responses to and outcomes for individuals with MHDs or MHSUDs, including individuals with traumatic brain injury and post-traumatic stress disorder who come in contact with the criminal

justice system or are leaving a custodial setting. BJA provides grant funding to help public safety and behavioral health entities prepare, create, or expand comprehensive plans and then implement these collaborative projects. These funds can also be used to help jurisdictions develop ways to fully integrate 988, alternative response models, and support the necessary services to divert individuals away from the justice system.”

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

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

Veteran Treatment Courts: “In FY 2024, the President’s Budget requests \$25.0 million for the Veterans Treatment Courts (VTCs), which is a decrease of \$10 million below the FY 2023 enacted level. This program is to provide VTCs and criminal justice professionals with resources needed to use research-based tools to assess risk and need of justice-involved veterans, using this to better connect them to effective interventions to reduce recidivism and increase access to critical treatment and recovery support services. The requested funding will support the planning, implementation and enhancement of veteran’s treatment courts, both at the local and tribal levels. The Veterans Treatment Court provides financial support, training and technical to implement or enhance the operations of Veterans Treatment Courts (VTCs). The program also supports the development of the veteran’s treatment court model and knowledge about its effectiveness and how state, local and tribal VTC can coordinate resources with the Veterans Justice Officers out of the Department of Veterans Affairs (VA). The goal of the VTC program is to provide drug court and criminal justice professionals with the resources needed to implement, enhance, and sustain evidence-based drug court programs and systems for veterans with substance use disorders, and in some cases cooccurring mental health needs including PTSD resulting from their service....”

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

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



Office of National Drug Control Policy (ONDCP)

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
Drug Free Communities (DFC) Program	\$100,000,000	\$101,000,000	\$102,000,000	\$106,000,000	\$109,000,000	+\$3,000,000	\$109,000,000	Level
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	\$290,200,000	-\$11,800,000
Community-Based Coalition Enhancement Grants (CARA Grants)	\$3,000,000	\$4,000,000	\$5,000,000	\$5,200,000	\$5,200,000	Level	\$5,200,000	Level

ONDCP Congressional Justification Language:

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