



Fiscal Year 2025 Budget: Congressional Recommendations

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Overview

This overview summarizes proposed fiscal year (FY) 2025 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
 - State Opioid Response (SOR) 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 (SAMHSA)

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

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

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
SUPTRS Block Grant	2,008,079,000	Level	\$2,008,079,000	Level	\$2,508,079,000 ²	+\$500,000,000	\$2,048,079,000	+\$40,000,000

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

Senate Committee Report Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: “The Committee recommends \$2,048,079,000 for the SUPTRS Block Grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).”

The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. In addition, States may use SUPTRS Block Grant funds to support medications and recovery support for the treatment of alcohol use and other substance use disorders, including to support peer recovery housing. The

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

² The FY 2025 House recommendation for the SUPTRS funding level reflects a transfer of \$500,000,000 from the CDC’s Opioid Overdose Prevention and Surveillance funding to SAMHSA’s SUPTRS Block Grant.

Committee also notes the importance of the block grant's 20 percent prevention set-aside, which is a vital source of primary prevention funding. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

The Secretary is encouraged to review and recommend changes to the formula used for distributing SUPTRS block grant funds to States no later than 1 year prior to the expiration of the authorization to ensure that sufficient funds are being directed to the hardest hit States, specifically those with the highest drug overdose death rates.”

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

No Cost Extension: “The Committee directs SAMHSA to allow States to apply for a one-year, no-cost extension to September 30, 2026 for the allocation of supplemental funds to the SUPTRS Block Grant as provided in Public Law 117–2. States are concerned about the impending fiscal cliff. An extension as described allows certain States to work with their providers to implement spending plans in a more strategic, predictable, and efficient manner.”

Block Grant Reporting Requirements: “The Committee acknowledges the important role of the Community Mental Health Services and Substance Use Prevention, Treatment, and Recovery Services Block Grants in supporting States’ efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Committee reiterates the request for a report as included in Public Law 118–47 regarding the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and what programs or services they are going toward.”

Not Included – change in calculation for HIV early intervention services: The Senate Committee does not include a proposal by the Administration to change the HIV Set-Aside proxy calculations determining which States must allocate resources to support HIV/AIDS early intervention services from AIDS cases to HIV cases.

House Committee Report Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: “The Committee includes \$2,508,079,000, which is a \$500,000,000 increase to the fiscal year 2024 enacted program level, for the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant. The SUPTRS Block Grant is a critical component of each State’s publicly funded substance use disorder system designed to address all substance use disorders—including those related to alcohol. SUPTRS Block Grant funds may support initiatives related to alcohol in settings such as emergency rooms and primary care offices. In addition, States utilize SUPTRS Block Grant funds to

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

The Committee recognizes the critical role the block grant plays in State and Territory systems across the country, giving States and Territories the flexibility to direct resources to address the most pressing needs of their communities. The Committee also recognizes that the 20 percent prevention set aside within the SUPTRS Block Grant is a vital source of funding for primary prevention. The Committee further notes that the transfer of opioid overdose prevention and surveillance funding from CDC to the SUPTRS Block Grant will increase the availability of treatment and recovery services given the dramatic differences in administrative overhead costs assessed by the respective agencies.

The SUPTRS funding level reflects a transfer of \$500,000,000 from the CDC to SAMHSA. Of the \$506,079,000 provide for the CDC program in fiscal year 2024, \$114,000,000, or 23 percent, went to administrative costs. The transfer of State program funding from CDC to SAMHA should increase the funding available to States for these activities by more than \$63,000,000 in reduced Federal administration expenses alone.”

No Cost Extension: “The Committee directs SAMHSA to allow States to apply for a one-year no-cost extension to September 2026 for the allocation of supplemental funds to the SUPTRS Block Grant as provided in P.L. 117–2. States are concerned about the impending fiscal cliff. An extension as described allows certain States to work with their providers to implement spending plans in a more strategic, predictable, and efficient manner.”

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

Prevention Activities: “The SUPTRS Block Grant’s prevention set aside requires States to allocate at least 20 percent of Block Grant funds to primary prevention. States may use these prevention set aside funds to support initiatives aimed at addressing underage drinking; such efforts can reduce access to alcohol, reduce risk factors, and increase protective factors.”

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

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

Not Included – change in calculation for HIV early intervention services: The House Committee does not include a proposal by the Administration to change the HIV Set-Aside proxy calculations determining which States must allocate resources to support HIV/AIDS early intervention services from AIDS cases to HIV cases.

SAMHSA Congressional Justification Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: “The FY 2025 President’s Budget request is \$2.0 billion, equal to the FY 2023 Final level. Coming out of the COVID-19 pandemic, and with an evolving overdose crisis, the need and demand for prevention, treatment, harm reduction, and recovery support services for SUDs continues to grow. The SUPTRS BG will continue to serve as a source of safety-net funding for vulnerable populations that rely on public funding to pay for substance use disorder prevention, treatment, public health interventions, and recovery support services. SAMHSA will continue to provide assistance to states in addressing and evaluating activities to prevent, reduce harm from, treat, and provide recovery support services for individuals, families, and communities that are adversely impacted by substance use disorders (SUDs) and related conditions. SAMHSA will also assist states and jurisdictions in planning for, expanding, enhancing, and building capacity in their service systems to address these evolving needs. States continue to use the Coronavirus Response and Relief Supplemental Funding and the American Rescue Plan Supplemental funding through March 14, 2024 (with No Cost Extension request approvals) and September 30, 2025, respectively, as states expand their SUD infrastructure to address unmet service needs.”

Recovery Support Services Set-Aside: “The Budget Request includes a 10 percent set-aside within the SUPTRS BG for recovery support services.”

Section 1242 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) included language that requires states to describe the State’s comprehensive statewide recovery support services activities, including the number of individuals being served, target populations, workforce capacity, and priority needs; and the amount of funds received that are expended on recovery support services, disaggregated by the amount expended for type of service activity. Further, the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2023 noted that the agreement does not include a new set-aside within the SUPTRS BG for recovery services but urges SAMHSA to strongly encourage States to use a portion of their SUPTRS BG funding for recovery support services. SAMHSA included such language as well as recovery-specific reporting elements in the SUPTRS BG FY 2024/FY 2025 state application and reporting requirements. However, SAMHSA recognizes that states often have competing priorities for SUPTRS BG funds. Given how fundamental recovery support services are to the health and well-being of people with SUD and their families, the FY 2025 budget request includes a proposed 10 percent set-aside for 302 non-clinical, substance use disorder recovery support services. This will help ensure the more than 20 million Americans recovering from substance use disorder receive the services and supports to help them thrive. These services may include substance use disorder recovery housing that meets national certification standards, recovery community centers, peer recovery support services, recovery schools, and a variety of other allowable recovery support services. 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 accelerated during the COVID-19 pandemic.”

HIV/AIDS Set-Aside: “In accordance with Public Health statute and SUPTRS BG regulations, states and jurisdictions with an AIDS case rate of 10 or more such cases per 100,000 individuals (“designated States”) are required to obligate and expend 5 percent of their respective SUPTRS BG annual award for early intervention services for HIV. For the purpose of determining which states and jurisdictions are considered “designated States” SAMHSA relies on the most current reporting from the AtlasPlus HIV·Hepatitis·STD·TB·Social Determinants of Health Data. This reporting of HIV/AIDS data is available through the Centers for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most current HIV data reporting that is accessible on the AtlasPlus website, on or before October 1 of the federal fiscal year for which a state is applying for a grant, is used to determine the states or jurisdictions that will be required to meet this set-aside. These states use the HIV/AIDS set-aside funds to establish one or more projects to provide HIV early intervention services (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. This set-aside is

required to support specific EIS/HIV services including (1) appropriate pretest counseling for HIV/AIDS; (2) testing individuals with respect to such disease, including tests to confirm the presence of the disease, tests to diagnose the extent of the deficiency of the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease; 3) appropriate post-test counseling; and 4) providing the therapeutic measures described above. **The FY 2025 budget request includes a proposed update to the HIV set-aside language to better reflect the current HIV epidemic. Under this proposal, SAMHSA would use HIV cases as opposed to AIDS cases to calculate the HIV setaside in the SUPTRS BG.**

Additional Opioids Allocation – State Opioid Response (SOR) Grant

Program	Final FY 2024	FY 2024 vs FY 2023	President’s FY 2025 Request	President’s FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
State Targeted Response (STR) to the Opioid Crisis Grants	Not funded	NA	Not funded	NA	Not funded	NA	Not Funded	NA
State Opioid Response (SOR) Grants	\$1,575,000,000	Level	\$1,595,000,000	+\$20,000,000	\$1,575,000,000	Level	\$1,600,000,000	+\$25,000,000

Senate Committee Report Language on the SOR Grant program:

State Opioid Response Grants: “The Committee provides \$1,600,000,000 for grants to States to address the opioid crisis. Bill language provides not less than 4 percent for grants to Indian Tribes or Tribal organizations. The Committee supports the 15 percent set-aside for States with the highest age-adjusted mortality rate related to substance use disorders, as authorized in Public Law 117–328. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on state ordinal ranking. Activities funded with this grant may include treatment, prevention, and recovery support services. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA’s website. The Committee further directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and Territory SOR grantees, sub-recipients and others addressing opioid use disorder and stimulant use disorder in their communities.”

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

SOR Funding Cliffs: “The Committee continues to direct SAMHSA to avoid significant funding cliffs between States with similar opioid mortality data and to prevent unusually large changes in a State’s SOR allocation when compared to the prior year’s allocation, and acknowledges SAMHSA’s work to avoid cliffs in the last funding cycle. In ensuring the formula avoids such cliffs, the Assistant Secretary may consider options including, but not limited to, expanding the number of States that are eligible for the 15 percent set aside and using multiple years of data to minimize the effect of temporary changes in overdose mortality rates. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.”

Rural Opioid Technical Assistance Regional Centers [ROTA–R] Cooperative Agreements: “The Committee is concerned with the proposal to consolidate all ROTA–R activities into one program award in the fiscal year 2024 notice of funding announcement. This decision could dilute the effectiveness of the traditional ROTA–R program and jeopardize the ability to effectively respond to locally identified needs, and leave behind the rural communities that are currently being served. The Committee recognizes the need, however, for more collaboration and coordination among ROTA–R recipients while also appreciating the unique needs of each regional, rural community to address the opioid crisis. As such, the Committee directs SAMHSA to maintain funding for the 10 cooperative agreements under the ROTA–R program at not less than the fiscal year 2023 level instead of consolidating the program, and directs not more than \$1,500,000 to use for a technical assistance center to serve as a coordinating body for the ROTA–R recipients.”

House Committee Report Language on the SOR Grant program:

State Opioid Response Grants: “The Committee includes \$1,575,000,000, which is the same as the fiscal year 2024 enacted program level, for State Opioid Response (SOR) grants. The Committee supports efforts from SAMHSA through SOR grants to expand access to SUD treatments in rural and underserved communities, including through funding and technical assistance. Within the amount provided, the Committee includes a set aside for Indian Tribes and Tribal organizations of 4 percent.

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

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

Opioid Use Disorder Recurrence: “The Committee is concerned that relapse following opioid withdrawal management for opioid use disorder is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA’s efforts to address this within the Federal grant population by emphasizing the potential benefits of opioid detoxification followed by medication to prevent recurrence and encourages SAMHSA to disseminate and implement this approach in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.”

Technical Assistance: “The Committee provides no funding for Notice of Funding Opportunity Number TI–24–012. The Committee directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for SOR grants, to provide locally based technical assistance teams as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and territorial SOR grantees, sub-recipients, and others addressing opioid use disorder and stimulant use disorder in their communities.”

SAMHSA Congressional Justification Language on the SOR Grant program:

State Opioid Response Grants: “The FY 2025 President’s Budget request is \$1.6 billion, an increase of \$20.0 million over the FY 2023 Final level. The funding includes a \$60.0 million set-aside for the TOR program, an increase of \$5 million over the FY 2023 Final level. SAMHSA plans to fund 59 new SOR grants to continue to support states and territories. SAMHSA aims to admit 127,500 people for OUD treatment through SOR in FY 2025. 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 in FY 2023 and FY 2024, many states will utilize SOR grant dollars as a key source of funds to provide naloxone and other opioid overdose reversal medications to underserved areas and organizations in FY 2025. SAMHSA will assist states in the identification of underserved communities and agencies and continue to work with states on implementation and iterative refinement of overdose reversal medication distribution and saturation.”

SAMHSA’s Center for Substance Abuse Treatment (CSAT)³

Program	Final FY 2024	FY 2024 vs FY 2023	President’s FY 2025 Request	President’s FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
CSAT PRNS TOTAL	\$576,219,000	+\$2,000,000	\$590,969,000	+\$14,750,000	\$433,384,000	-\$142,835,000	\$587,219,000	+\$11,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	Level	\$9,046,000	Level	\$9,046,000	Level	\$10,046,000	+\$1,000,000
Building Communities of Recovery	\$17,000,000	+\$1,000,000	\$16,000,000	-\$1,000,000	\$17,000,000	Level	\$18,000,000	+\$1,000,000
Children and Families	\$30,197,000	Level	\$30,197,000	Level	\$30,197,000	Level	\$30,197,000	Level
Comprehensive Opioid Recovery Centers (CORCs)	\$6,000,000	Level	\$6,000,000	Level	\$6,000,000	Level	\$7,000,000	+\$1,000,000
Community Harm Reduction and Engagement Initiative	-	NA	\$10,000,000	NA	-	NA	-	NA
Criminal Justice Activities	\$94,000,000	Level	\$94,000,000	Level	\$74,000,000	-\$20,000,000	\$94,000,000	Level
<i>Drug Courts</i>	\$74,000,000	Level	\$74,000,000	Level	\$74,000,000	Level	\$74,000,000	Level
Emergency Department Alternatives to Opioids	\$8,000,000	Level	\$8,000,000	Level	\$15,000,000	+\$7,000,000	\$8,000,000	Level
First Responder Training (CARA)	\$57,000,000	+\$1,000,000	\$56,000,000	-\$1,000,000	\$58,000,000	+\$1,000,000	\$59,000,000	+\$2,000,000
<i>Rural Focus</i>	\$32,000,000	+\$1,000,000	\$31,000,000	-\$1,000,000	\$33,000,000	+\$1,000,000	\$34,000,000	+\$2,000,000
Grants to Develop Curricula for DATA Act Waivers	Not funded	NA	Not funded	NA	Not funded	NA	Not funded	NA
Grants to Prevent Prescription Drug/Opioid Overdose	\$16,000,000	Level	\$16,000,000	Level	\$16,000,000	Level	\$16,000,000	Level
Improving Access to Overdose Treatment	\$1,500,000	Level	\$1,500,000	Level	\$1,500,000	Level	\$1,500,000	Level
Minority AIDS Initiative	\$66,881,000	Level	\$66,881,000	Level	Not funded	-\$66,881,000	\$66,881,000	Level
Minority Fellowship Program	\$7,136,000	Level	\$7,136,000	Level	\$7,136,000	Level	\$7,136,000	Level
Opioid Treatment Programs and Regulatory Activities	\$10,724,000	Level	\$10,724,000	Level	\$10,724,000	Level	\$10,724,000	Level
Peer Support Technical Assistance Center	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level
Pregnant and Postpartum Women (PPW)	\$38,931,000	Level	\$43,931,000	+\$5,000,000	\$38,931,000	Level	\$40,931,000	+\$2,000,000
Recovery Community Services Program	\$4,434,000	Level	\$4,434,000	Level	\$4,434,000	Level	\$4,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$33,840,000	Level	\$33,840,000	Level	Not funded	-\$33,840,000	\$33,840,000	Level
Targeted Capacity Expansion (TCE) General	\$122,416,000	Level	\$122,416,000	Level	\$129,416,000	+\$7,000,000	\$125,416,000	+\$3,000,000
<i>Medication-Assisted Treatment for</i>	\$111,000,000	Level	\$111,000,000	Level	118,000,000	+\$7,000,000	\$114,000,000	+\$3,000,000

³ The FY 2025 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	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
<i>Prescription Drug and Opioid Addiction (MAT-PDOA)</i>								
Treatment, Recovery, and Workforce Support	\$12,000,000	Level	\$12,000,000	Level	\$12,000,000	Level	\$12,000,000	Level
Treatment Systems for Homeless	\$37,114,000	Level	\$37,114,000	Level	Not funded	-\$37,114,000	\$37,114,000	Level
Women's Addiction Services Leadership Institute (WASLI)	-	-	-	-	-	-	\$1,000,000	NA
Women's Behavioral Health Technical Assistance Center	-	-	\$1,750,000	NA	Not funded	NA	Not funded	NA
Youth Prevention and Recovery Initiative	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level	\$3,000,000	+\$1,000,000

Senate Committee Report Language:

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

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

Drug Courts: “The Committee recommends \$74,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”

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

First Responder Training: “The Committee provides \$59,000,000 for First Responder Training grants. Of this amount, \$34,000,000 is set aside for rural communities with high rates of substance use. In addition, \$13,500,000 of this funding is provided to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone and protective equipment) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334). The Committee directs SAMHSA to ensure funding is for new awardees and allows awards in amounts less than the maximum award amount to ensure nationwide funding.”

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

Medication-Assisted Treatment: “The Committee includes \$114,000,000 for medication-assisted treatment, of which \$14,500,000 is for grants to Indian Tribes, Tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct the Center for Substance Abuse Treatment to ensure that these grants include as an allowable use the support of medication- assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.”

Medications for Opioid Use Disorder: “The Committee urges SAMHSA to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder.”

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

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

Opioid Use Disorder Recurrence: “The Committee is concerned that relapse following withdrawal management from opioids is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA’s efforts to address this within the Federal grant population by emphasizing the potential benefits of withdrawal management for opioid use disorder followed by medication to prevent recurrence and encourages SAMHSA to disseminate and implement this policy in all settings where withdrawal management is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.”

Pregnant and Postpartum Women Program: “The Committee includes \$40,931,00 for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”

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

Treatment Assistance for Localities: “The Committee recognizes the use of peer recovery specialists and mutual aid recovery programs that support medication-assisted treatment and directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support medication-assisted treatment in its grant programs.”

Treatment, Recovery, and Workforce Support: “The Committee includes \$12,000,000 for SAMHSA to continue implementation of section 7183 of the SUPPORT Act.”

Women’s Addiction Services Leadership Institute: “The Committee is aware that CSAT implemented for 10 years an important workforce development initiative known as the Women’s Addiction Services Leadership Institute [WASLI]. The program, which ended in 2018 due to insufficient funding, strengthened the capacity of emerging leaders to meet the needs of women with substance use disorders by developing participants’ leadership skills and creating a network of the next generation of leaders in women’s addiction services. A total of 112 emerging leaders graduated from WASLI and 56 coaches received training in executive coaching. The Committee includes \$1,000,000 within the Addiction Technology Transfer Centers for SAMHSA to reinstitute WASLI in order to close a significant gap in Federal support to strengthen and retain the women’s substance use disorder services workforce.”

House Committee Report Language:

Eligible Grantees: “The Committee directs the Secretary to expand eligibility for grants under SAMHSA Prevention Programs of Regional and National Significance and the corresponding services provided by the Center for the Application of Prevention Technologies to private,

nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently eligible for such grants.”

Opioid Treatment Programs and Regulatory Activities: “The Committee provides \$10,724,000, which is the same as the fiscal year 2024 enacted program level, to support access to FDA approved medications for opioid use disorder through opioid treatment programs and to approve organizations that accredit opioid treatment programs.”

Screening, Brief Intervention, and Referral to Treatment: “The Committee provides no funding for the Screening, Brief Intervention, and Referral to Treatment program. The Committee notes that SAMHSA has labeled the program as supporting “harm reduction” activities. The Committee further notes that following the decriminalization of drugs for personal use in Oregon in 2021, overdose deaths increased almost 50 percent.”

Targeted Capacity Expansion: “The Committee provides \$129,416,000, an increase of \$7,000,000 from the fiscal year 2024 enacted program level, for the Targeted Capacity Expansion program including the Medication-Assisted Treatment for Prescription Drug and Opioid Addition program (MAT–PDOA). These programs support State and local governments, Tribes, nonprofit organizations, and health facilities respond to treatment and capacity gaps for purposes of providing services to individuals with opioid use disorder. MAT–PDOA provides access to FDA approved medications for opioid use disorders to reduce opioid use and related deaths. The Committee directs SAMHSA to use the increase to support nonprofit treatment facilities engaged in community enhancement projects to improve the provision of services to rural communities in surrounding regions. Better access to care mitigates community safety risks while expanding treatment services and recovery support programs for patients and their families.

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

Grants to Prevent Prescription Drug/Opioid Overdose: “The Committee provides \$16,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths (PDO), which is the same as the fiscal year 2024 program level. The PDO program trains first responders and other community providers on the prevention of prescription drug/opioid overdose-related deaths including through the purchase and distribution of naloxone.”

First Responder Training: “The Committee provides \$58,000,000 for First Responder Training. This amount includes \$33,00,000, an increase of \$1,000,000 from the fiscal year 2024 enacted program level, for Rural Emergency Medical Services Training Grants, which provide funding to recruit and train emergency medical services personnel in rural areas with a focus on addressing substance use disorders and co-occurring mental health conditions.”

Pregnant and Postpartum Women: “The Committee provides \$38,931,000 for the Pregnant and Postpartum Women program which is the same as the fiscal year 2024 program level. The Pregnant and Postpartum Women program supports comprehensive residential substance

use disorder treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and other family members.”

Recovery Community Services Program: “The Committee provides \$4,434,000 for the Recovery Community Services Program, which is the same as the fiscal year 2024 program level; this program provides grants to develop, expand, and enhance community and statewide recovery support services.”

Children and Families Program: “The Committee provides \$30,197,000, which is the same as the fiscal year 2024 program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations with co-occurring mental illnesses.”

Drug Courts: “The Committee provides \$74,000,000 for SAMSHA’s Drug Court initiative. The Committee continues to direct SAMHSA to ensure that all funding appropriated for drug treatment courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance use agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”

Improving Access to Opioid Treatment: “The Committee provides \$1,500,000, which is the same as fiscal year 2024 program level, to support awards to expand access to FDA approved drugs or devices for emergency treatment of known or suspected opioid overdose.”

Building Communities of Recovery: “The Committee provides \$17,000,000, which is the same as the fiscal year 2024 program level, to enable the development, expansion, and enhancement of recovery community organizations.”

Peer Support Technical Assistance Center: “The Committee provides \$2,000,000, which is the same as the fiscal year 2024 program level, to provide technical assistance to recovery community organizations and peer support networks.”

Comprehensive Opioid Recovery Centers: “The Committee provides \$6,000,000 for Comprehensive Opioid Recovery Centers, which is the same as the fiscal year 2024 program level, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271).”

Emergency Department Alternatives to Opioids: “The Committee provides \$15,000,000, an increase of \$7,000,000, for Emergency Department Alternatives to Opioids, as authorized by section 7091 of the SUPPORT Act (P.L. 115–271). This program provides funding to hospitals and emergency departments to develop and implement alternative pain management protocols and treatments that limit the prescribing of opioids in emergency departments.”

Treatment, Recovery, and Workforce Support: “The Committee provides \$12,000,000, which is the same as the fiscal year 2024 program level, for grants to entities that offers treatment or recovery services for individuals with SUDs to support individuals in SUDs treatment and recovery live independently and participate in the workforce.”

Youth Prevention and Recovery Initiative: “The Committee provides \$2,000,000, which is the same as the fiscal year 2024 program level, for the Youth Prevention and Recovery Initiative to support early identification and services to children, adolescents, and young adults at risk of SUDs, and treatment for such populations including those with co-occurring mental illnesses, as authorized by the SUPPORT Act (P.L. 115–271).”

Minority Fellowship Program: “The Committee provides \$7,136,000, which is the same as the fiscal year 2024 program level, to increase behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations.”

Substance Use Disorder Treatment: “The Committee encourages SAMHSA to expand the availability of treatment services tailored to adolescents, pregnant women, and parents.”

SAMHSA Congressional Justification Language:

Opioid Treatment Programs/Regulatory Activities: “The FY 2025 President’s Budget request is \$10.7 million, equal to the FY 2023 Final. SAMHSA plans to award 19 continuation PCSS-U grants, plus two continuation cooperative agreements for PCSS-MOUD and PCSS-MAUD and two contracts. One of these contracts supports the technology used to process certification applications and requests for exemptions to the federal regulations that govern OTP services (42 CFR Part 8). The other, starting in FY 2024, will be critical to assisting the accreditation bodies, states, and OTPs’ implementation of the substantially revised 42 CFR Part 8 regulations. In FY 2025, CSUS expects to continue to support practitioners, particularly in adjusting to the removal of the DATA-waiver process, the introduction of new training requirements for all providers prescribing controlled medications that went into effect in June 2023, and the revised OTP regulations for those practitioners caring for patients in this setting. It will also continue its support activities to assure providers of MOUD and other systems of care have access to CSUS-funded technical assistance and training resources.”

Screening, Brief Intervention, and Referral to Treatment: “The FY 2025 President’s Budget request is \$33.8 million, equal to the FY 2023 Final level. SAMHSA plans to fund 30 continuation grants and anticipates grant recipients will serve 146,366 clients.”

Targeted Capacity Expansion-General: “The FY 2025 President’s Budget request is \$122.4 million, equal to the FY 2023 Final level. With this proposed funding, SAMHSA plans to fund 177 continuation MAT-PDOA grants. SAMHSA will award 22 new and five continuation TCE-SP grants and the continuation of a HBCU-CFE grant, using 50 percent braided funding from CMHS. SAMHSA anticipates grant recipients will serve approximately 13,844 clients.”

Pregnant and Postpartum Women: “The FY 2025 President’s Budget request is \$43.9 million, an increase of \$5.0 million from the FY 2023 Final level. SAMHSA plans to award two new and 10 continuation PPW-pilot grants, as well as 10 new and 48 continuation PPW-residential treatment grants to provide an array of services and supports to pregnant women and their families. In FY 2025, SAMHSA anticipates serving an additional 43 women in the PPW-residential treatment program, for a total of 2,165 and 6 additional women in the

PPW-pilot program, for a total of 640 people. The proposed increase for this program will support the Administration's priority to address the maternal health crisis."

Improving Access to Overdose Treatment: "The FY 2025 President's Budget request is \$1.5 million, equal to the FY 2023 Final level. SAMHSA will support seven continuation grants to continue reducing opioid overdose related deaths through the provision of prevention, harm reduction, and linkages to treatment for opioid use disorder (OUD). SAMHSA anticipates that approximately 3,000 people will be trained in policies, procedures, and models of care for prescribing co-prescribing, and expanding access to naloxone and other opioid overdose reversal medications."

Building Communities of Recovery (BCOR): "The FY 2025 President's Budget request is \$16.0 million, flat from the FY 2023 Final level. SAMHSA plans to support 13 new grants and 37 continuation grants for the BCOR program. The funding will support ongoing coverage and integration of recovery support and social services (including peer support) to promote access to and strengthen behavioral and physical healthcare. 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. 112 Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. With continued investment, SAMHSA is responding directly to concerns from the recovery community that funding is needed to provide the full range of recovery services."

Recovery Community Services Program: "The FY 2025 President's Budget request is \$4.4 million, flat from the FY 2023 Final level. SAMHSA plans to award five new and nine continuation RCSP grants, as well as three continuation RCSP-SN grants. SAMHSA anticipates that RCSP will serve 794 clients and the RCSP-SN program will serve 339 clients."

Children And Families: "The FY 2025 President's Budget request is \$30.2 million, level with the FY 2023 Final level. SAMHSA plans to fund 53 continuation YFTREE grants, estimated to serve 1,740 people."

Treatment Systems for Homeless: "The FY 2025 President's Budget request is \$37.1 million, equal to the FY 2023 Final level. SAMHSA intends to fund 11 new and 62 continuation GBHI grants with a target to serve 4,600 people."

Criminal Justice Activities: "The FY 2025 President's Budget request is \$94.0 million, flat from the FY 2023 Final level. SAMHSA plans to support 170 drug court continuation grants, 38 AR continuation and six new AR grants, and one contract. At least one award will be made to tribes/tribal organizations, and at least eight will be made to FTDCs, pending sufficient application volume from these groups. SAMHSA expects these programs will serve approximately 7,787 people in FY 2025."

Minority AIDS Initiative: "The FY 2025 President's Budget request is \$66.9 million, equal to the FY 2023 Final level. SAMHSA plans to fund 124 MAI-HRP continuation grants and will serve approximately 10,185 people."

Minority Fellowship Program: “The FY 2025 President’s Budget request is \$7.1 million, equal to the FY 2023 Final level. These funds, in combination with \$11.0 million in the Mental Health appropriation and \$1.3 million in the Substance Use Prevention appropriation, will support eight continuation grants and one 252 contract. The budget request will continue to support 428 fellows. As a braided activity, this funding 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.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to continue inclusion of addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program. SAMHSA separately tracks any amounts spent, or awarded, under the Minority Fellowship Program through the distinct appropriations and to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.”

Addiction Technology Transfer Centers: “The FY 2025 President’s Budget request is \$9 million, equal to the FY 2023 Final level. At this level, SAMHSA will fund 11 cooperative agreement continuations and maintain the same performance target as in the FY 2024. In FY 2025, ATTCs will conduct an estimated 1,200 events, with an estimated 40,000 total participants.”

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths: “The FY 2025 President’s Budget request is \$16.0 million, equal to the FY 2023 Final level. SAMHSA will fund 18 continuation grants. This funding will help states purchase overdose reversing agents, equip first responders in high-risk communities, support education on the use of naloxone and other opioid overdose reversal medications, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts. SAMHSA anticipates distributing 50,000 naloxone kits and training 15,000 people with this funding. PDO places focused emphasis upon getting lifesaving opioid reversal kits into the hands of 257 community organizations and individuals that are in close proximity to those vulnerable to opioid overdose. This program builds upon existing assets and resources within communities that allows programs to serve as a bridge to close gaps and mitigate with prevention efforts for those at higher risks of substance misuse, substance use disorders, and overdose.”

Peer Support Technical Assistant Center: “The FY 2025 President’s Budget request is \$2 million, equal to the FY 2023 Final level. SAMHSA will award one continuation cooperative agreement at \$2 million, providing training to approximately 2,500 individuals on peer support services.”

Treatment, Recovery, and Workforce Support: “The FY 2025 President’s Budget request is \$12 million, equal to the FY 2023 Final 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 seven new and 16 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 FY 2024.”

Emergency Department Alternatives to Opioids: “The FY 2025 President’s Budget request is \$8.0 million, equal to the FY 2023 Final level. SAMHSA plans to award 16 continuation grants. In FY 2025, SAMHSA anticipates funding one 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.”

Comprehensive Opioid Recovery Centers: “The FY 2025 President’s Budget request is \$6.0 million, equal to the FY 2023 Final level. SAMHSA plans to fund two new and five continuation grants. These funds will provide critical comprehensive care services, including long-term care and support services utilizing the full range of FDA-approved medications and evidence-based services and will cover the costs of critical linkage and system development not currently covered by other sources of funding. These funds will extend the reach of MOUD treatment and recovery support services to address the overdose 269 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 for FY 2025 as in FY 2023.”

First Responder Training – Comprehensive Addiction and Recovery Act: “The FY 2025 President’s Budget request is \$56.0 million, equal to the FY 2023 Final level. SAMHSA anticipates funding 60 new and 65 continuation grants. SAMHSA will utilize multiple sources of data (including, but not limited to, previous program, morbidity, and mortality data) to identify priority communities and populations in greatest need of funding.

FR-CARA will continue to prevent overdoses with increasing access to overdose prevention that includes purchasing, training, and equipping first responders and community members with naloxone and other opioid overdose reversal medications. Additionally, an important goal will be facilitating referral and linkage where the first responder is directly connecting the person in need of services with a provider of substance use services. This program will continue providing access for individuals treated with naloxone for overdose to obtain services such as low threshold buprenorphine with psychosocial support services to address the multifaceted challenges a person experiences after an overdose.”

Youth Prevention and Recovery Initiative: “The FY 2025 President’s Budget request is \$2.0 million, equal to the FY 2023 Final level. SAMHSA anticipates funding four continuation grants. Data from the initial cohort of grantees funded in FY 2023, that will serve as a baseline for future years, will be available in the spring of 2024.”

Community Harm Reduction and Engagement Initiative: “The FY 2025 President’s Budget request is \$10.0 million to establish the new harm reduction program. SAMHSA’s community harm reduction and engagement initiative aims to reach 181,000 individuals with harm reduction and low threshold treatment services through three approaches:

1. *Harm Reduction Resources for Community-Based Organizations (\$3 million):* Provide awards reaching at least 41 small community-based organizations that are 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 21,000 individuals.

2. *Community Harm Reduction and Engagement Expansion Grants (\$5 million):* Grants will be provided to approximately 41 harm reduction service organizations serving who have the capacity to expand their services to an additional 60,000 individuals.
3. *Harm Reduction TA Center (\$2 million):* Technical assistance will be made available to States, Tribes and communities interested in establishing or strengthening their harm reduction services. It is estimated this TA will reach a minimum of 75 organizations, who will in turn be able to reach 100,000 individuals.”

Women’s Behavioral Health Technical Assistance Center: “The FY 2025 President’s Budget request is \$3.5 million, with CSUS contributing \$1.75 million and CMHS contributing \$1.75 million per year. The program, over its lifetime, is expected to have over 2,660,000 website visits, 99,200 unique clinicians trained, 3,200 vetted resources offered, and 6,300 clinical consultations. Additionally, this cooperative agreement focuses on assisting providers with topics that are not traditionally covered in behavioral health training programs such as 281 as suicide and crisis prevention, how to address gender-based violence, and importantly how to address the needs of women facing special challenges due to lower socioeconomic status, racial/ethnic minority status, and/or sexual orientation and disabilities in a culturally competent manner.”

SAMHSA’s Center for Substance Abuse Prevention (CSAP)⁴

Program	Final FY 2024	FY 2024 vs FY 2023	President’s FY 2025 Request	President’s FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
CSAP PRNS TOTAL	\$236,879,000	Level	\$236,879,000	Level	\$203,174,000	-\$33,705,000	\$246,879,000	+\$10,000,000
At-Home Prescription Drug Disposal Demonstration	Not funded	NA	Not funded	NA	Not funded	NA	Not funded	NA
Center for the Application of Prevention Technologies (CAPT)	\$9,493,000	Level	\$9,493,000	Level	\$9,493,000	Level	\$9,493,000	Level
Federal Drug-Free Workplace	\$5,139,000	Level	\$5,139,000	Level	\$5,139,000	Level	\$5,139,000	Level
Minority AIDS Initiative	\$43,205,000	Level	\$43,205,000	Level	Not Funded	-\$43,205,000	\$43,205,000	Level
Minority Fellowship Program	\$1,321,000	Level	\$1,321,000	Level	\$1,321,000	Level	\$1,321,000	Level
Science and Service Program Coordination	\$4,072,000	Level	\$4,072,000	Level	\$4,072,000	Level	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$14,500,000	Level	\$14,500,000	Level	\$14,000,000	-\$500,000	\$14,500,000	Level
<i>National Adult-Oriented Media Public Service Campaign</i>	\$2,500,000	Level	\$2,500,000	Level	\$2,500,000	Level	\$2,500,000	Level
<i>Community Based Coalition Enhancement Grants</i>	\$11,000,000	Level	\$11,000,000	Level	\$11,000,000	Level	\$11,000,000	Level
<i>Interagency Coordinating Committee to Prevent Underage Drinking</i>	\$1,000,000	Level	\$1,000,000	Level	\$500,000	-\$500,000	\$1,000,000	Level
Strategic Prevention Framework-Partnerships for Success	\$135,484,000	Level	\$135,484,000	Level	\$140,484,000	+\$5,000,000	\$145,484,000	+\$10,000,000
<i>Strategic Prevention Framework Rx</i>	\$10,000,000	Level	\$10,000,000	Level	Not funded	-\$10,000,000	\$10,000,000	Level
Tribal Behavioral Health Grants	\$23,665,000	Level	\$23,665,000	Level	\$28,665,000	+\$5,000,000	\$23,665,000	Level

Senate Committee Report Language:

⁴The FY 2025 President’s Budget proposes to change the name of the Center from the Center for Substance Abuse Prevention (CSAP) to the Center for Substance Use Prevention Services (CSUPS).

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

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

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

Strategic Prevention Framework: “The Committee recommends \$145,484,000 for the Strategic Prevention Framework. Within the total provided, \$135,484,000 is for the Strategic Prevention Framework-Partnerships for Success program, and \$10,000,000 is for Strategic Prevention Framework-Rx. The Strategic Prevention Framework is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and Tribal levels. The Committee recognizes that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation as well as slow the pathways to addiction and overdose, and that demand for community-based primary prevention resources far outpaces available funding.”

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

Subawards: “The Committee is concerned about the accountability of grants provided under SP–22–001 and directs SAMHSA to track and monitor subawards.”

Substance Use Disorder Prevention Workforce Report: “The Committee notes that SAMHSA was directed in fiscal year 2022 to conduct a comprehensive national study regarding the substance use prevention workforce. The study will collect information on the existing availability of and access to data on prevention workforce size, salaries, and current challenges in maintaining support for an adequate workforce, a plan to address these challenges and potential Federal programming to help implement the plan. The Committee looks forward to a briefing from SAMHSA on the study’s findings within 60 days of issuing the final report.”

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

House Committee Report Language:

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

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

Federal Drug Free Workplace: “The Committee provides \$5,139,000, the same as the fiscal year 2024 program level, for Federal Drug-Free Workplace Programs (DFWP). DFWP ensures employees in national security, public health, and public safety positions are tested for the use of illegal drugs and the misuse of prescription drugs and ensures the laboratories that perform this regulated drug testing are inspected and certified by HHS.”

Sober Truth on Preventing Underage Drinking Act: “The Committee provides \$14,000,000 for the Sober Truth on Preventing Underage Drinking (STOP) Act. The STOP Act supports an adult-oriented national media campaign to provide parents and caregivers of youth under the age of 21 with information and resources to discuss the issue of alcohol with their children, funds the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICPUD), and provides grants to prevent and reduce alcohol use among youth under the age of 21.

The Committee is concerned that funding for the ICPUD may have been diverted for purposes unrelated to underage drinking and reiterates that the ICPUD is to focus exclusively on preventing underage drinking. The Committee further directs SAMHSA to ensure that no funds provided by this Act are directed for the purpose of input into the Dietary Guidelines.”

Tribal Behavioral Grants: “The Committee provides \$28,665,000, an increase of \$5,000,000 from fiscal year 2024, to address the high incidence of substance misuse and suicide among the AI/AN population.”

Fentanyl and Prescription Drug Misuse Prevention: “The Committee supports efforts to better educate the public on the potential lethality of fentanyl and prescription drug misuse.”

Center for the Application of Prevention Technologies: “The Committee provides \$9,493,000, the same as the fiscal year 2024 program level, for the Center for the Application of Prevention Technologies to improve implementation and delivery of effective substance use prevention interventions and provide training and technical assistance services to the substance use prevention field.

The Committee applauds the Center for Substance Abuse Prevention and the Prevention Technology Transfer Centers for their work implementing the Prevention Fellowship Program. This program supported 16 early career prevention fellows throughout each HHS region where they gained hands on experience working in State alcohol and drug agencies. Fellows, coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and prepared for employment opportunities in the substance use prevention field. The Committee directs the Secretary to expand eligibility for Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently authorized for such grants.”

Minority Fellowship Program: “The Committee provides \$1,321,000, the same as the fiscal year 2024 program level, to provide stipends to increase the number of SUD and mental health professionals who teach, administer, conduct services research, and provide direct mental health or substance use disorder treatment services for minority populations.

The Committee directs SAMHSA to ensure that Center for Substance Abuse Prevention funded fellowships focus on substance use disorder prevention related activities.”

SAMHSA Congressional Justification Language:

Strategic Prevention Framework-Partnerships for Success: “The FY 2025 President’s Budget request is \$135.5 million, equal to the FY 2023 Final level. This funding level will support 51 new and 144 continuing SPF-PFS grant awards and 27 continuing SPF-Rx grants.”

Federal Drug-Free Workplace Programs: “The FY 2025 President’s Budget request is \$5.1 million, equal to the FY 2023 Final level. The funding continues to support the DFWP with implementing and maintaining Mandatory Guidelines for oral fluid in the federally regulated drug testing program. This includes costs associated with laboratory proficiency testing specimens, application fees, inspector training, HHS pre-inspections for applicant laboratories, and HHS laboratory certification for new oral fluid testing laboratories. Along with the implementation of the oral fluid testing program, SAMHSA will continue to pursue the implementation of hair testing and oversight of the Executive Branch Agencies’ DFWP as well as continue its oversight role for the inspection and certification of the HHS-certified laboratories.”

Sober Truth on Preventing Underage Drinking Act (STOP Act): “The FY 2025 President’s Budget Request is \$14.5 million, equal to the FY 2023 Final level. In FY 2025 the program will support 6 new and 177 continuing grants. This program will continue to support efforts 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 (5) reduce negative consequences associated with underage drinking.”

Tribal Behavioral Health Grants: “The FY 2025 President’s Budget Request is \$23.6 million, equal to the FY 2023 Final level. Combined with \$22.7 million in the Mental Health appropriation these funds will support technical assistance activities. SAMHSA anticipates funding 133 continuation grants and a new cohort of 25 grants. In FY 2025, SAMHSA expects Tribal Behavioral Health grantees to contact 470,790 youth through the program. Additionally, SAMHSA estimates that 26,000 individuals will be screened for mental health or related interventions and 5,883 will receive services after screening. As a braided activity, SAMHSA is tracking separately any amounts spent or awarded under Tribal Behavioral Health Grants through the distinct appropriations and ensuring that funds are used for purposes consistent with legislative direction and intent of these appropriations.”

Minority AIDS Initiative: “The FY 2025 President’s Budget Request is \$43.2 million, equal to the FY 2023 Final level. Given level-funding, the program will award approximately 66 new and 94 continuing grants. In FY 2025, the grant recipients will serve approximately 11,000 individuals and provide over 18,000 referrals to support services.”

Minority Fellowship Program: “The FY 2025 President’s Budget Request is \$1.3 million, equal to the FY 2023 Final level. SAMHSA will support 7 continuation grants. The budget request will continue to support 428 fellows.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.

Note, SAMHSA is tracking separately any amounts spent, or awarded, under the Minority Fellowship Program through the distinct appropriations and to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.”

Center for the Application of Prevention Technologies: “The FY 2025 President’s Budget Request is \$9.5 million, equal to the FY 2023 Final level. SAMHSA plans to support 13 continuing grants with no new grant awards. This program is a key component to expanding and enhancing the prevention workforce. The program funding includes support for continuation funding to continue the PTTC Network to ensure consistent high quality, easily accessible technical assistance resources are available to the prevention field. In FY 2025, CSUPS 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. SAMHSA anticipates grantees will provide trainings to approximately 39,774 participants.”

Science and Service Program Coordination: “The FY 2025 President’s Budget Request is \$4.1 million, equal to the FY 2023 Final 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 2025, CSUPS anticipates serving 2,583 individuals through tribally-focused technical assistance.”

SAMHSA’s Center for Mental Health Services (CMHS)

Program	Final FY 2024	FY 2024 vs FY 2023	President’s FY 2025 Request	President’s FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
CMHS PRNS TOTAL	\$1,080,453,000	+\$15,000,000	\$1,238,953,000	+\$158,500,000	\$411,396,000	-\$149,439,000	\$1,119,453,000	+\$39,000,000
Assisted Outpatient Treatment	\$21,420,000	Level	\$21,420,000	Level	\$21,420,000	Level	\$21,420,000	Level
Assertive Community Treatment for Individuals with Serious Mental Illness	\$9,000,000	Level	\$9,000,000	Level	\$9,000,000	Level	\$9,000,000	Level
Certified Community Behavioral Health Clinics (CCBHCs)	\$385,000,000	Level	\$450,000,000	+\$65,000,000	\$385,000,000	Level	\$400,000,000	+\$15,000,000
Comprehensive Opioid Recovery Center (CORCs)	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT
Community Mental Health Services Block Grant (MHBG)	\$1,007,571,000	Level	\$1,042,571,000	+\$35,000,000	\$1,022,571,000	+\$15,000,000	\$1,042,571,000	+\$35,000,000
Children and Family Programs	\$7,229,000	Level	\$7,229,000	Level	\$8,229,000	+\$1,000,000	\$7,229,000	Level
Children’s Mental Health Services	\$130,000,000	Level	\$180,000,000	+\$50,000,000	\$130,000,000	Level	\$130,000,000	Level
Community Mental Health Centers	-	N/A	\$412,500,000	NA	Not funded	NA	Not funded	NA
Consumer and Consumer Supporter Technical Assistance Centers	\$1,918,000	Level	\$1,918,000	Level	\$1,918,000	Level	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	Level	\$4,954,000	Level	\$4,954,000	Level	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$11,269,000	Level	\$11,269,000	Level	\$11,269,000	Level	\$11,269,000	Level
Disaster Response	\$1,953,000	Level	\$1,953,000	Level	\$1,953,000	Level	\$1,953,000	Level
Eating Disorder Identification, Treatment, and Recovery	-	-	-	-	\$5,000,000	+\$5,000,000	-	-
Healthy Transitions	\$28,451,000	-\$2,000,000	\$30,451,000	+\$2,000,000	Not Funded	-\$28,451,000	\$28,451,000	Level
Homelessness	\$2,296,000	Level	\$2,296,000	Level	\$2,296,000	Level	\$2,296,000	Level
Homelessness Prevention Programs	\$33,696,000	Level	\$33,696,000	Level	Not funded	-\$33,696,000	\$33,696,000	Level
Infant and Early Childhood Mental Health	\$15,000,000	Level	\$15,000,000	Level	\$15,000,000	Level	\$15,000,000	Level
Interagency Task Force on Trauma-Informed Care	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level	\$2,000,000	Level
Mental Health Crisis Response Grants	\$20,000,000	Level	\$40,000,000	+\$20,000,000	Not funded	-\$20,000,000	\$30,000,000	+\$10,000,000
Mental Health System Transformation and Reform	\$3,779,000	Level	\$3,779,000	Level	\$3,779,000	Level	\$3,779,000	Level

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
Mental Health Awareness Training ⁵	\$27,963,000	Level	\$27,963,000	Level	Not funded	-\$27,963,000	\$27,963,000	Level
Minority Fellowship Program	\$11,059,000	Level	\$11,059,000	Level	\$11,059,000	Level	\$11,059,000	Level
Minority AIDS	\$9,224,000	Level	\$9,224,000	Level	Not Funded	-\$9,224,000	\$9,224,000	Level
National Child Traumatic Stress Initiative	\$98,887,000	+\$5,000,000	\$93,887,000	-\$5,000,000	\$100,887,000	+\$2,000,000	\$103,887,000	+\$5,000,000
988 Suicide & Crisis Lifeline	\$519,618,000	+\$18,000,000	\$601,618,000	+\$82,000,000	\$519,618,000	Level	\$539,618,000	+\$20,000,000
<i>Behavioral Health Crisis Coordinating Office</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>	\$7,000,000	+\$7,000,000
National Strategy for Suicide Prevention	\$28,200,000	Level	\$29,950,000	+\$1,750,000	\$29,200,000	+\$1,000,000	\$30,200,000	+\$2,000,000
<i>Zero Suicide</i>	\$26,200,000	<i>Level</i>	\$26,200,000	<i>Level</i>	\$27,200,000	+\$1,000,000	\$26,200,000	<i>Level</i>
<i>Zero Suicide American Indian and Alaska Native</i>	\$3,400,000	<i>Level</i>	\$3,400,000	<i>Level</i>	\$4,400,000	+\$1,000,000	\$3,400,000	<i>Level</i>
<i>Older Adult Suicide Prevention Pilot</i>	-	-	-	-	-	-	\$2,000,000	+\$2,000,000
Garrett Lee Smith Youth Suicide Prevention – State Grants	\$43,806,000	Level	\$43,806,000	Level	\$43,806,000	Level	\$43,806,000	Level
Garrett Lee Smith Youth Suicide Prevention – Campus Grants	\$8,488,000	Level	\$8,488,000	Level	\$8,488,000	Level	\$8,488,000	Level
Garrett Lee Smith Suicide Prevention Resource Center	\$11,000,000	Level	\$11,000,000	Level	\$11,000,000	Level	\$11,000,000	Level
AI/AN Suicide Prevention Initiative	\$3,931,000	Level	\$3,931,000	Level	\$4,931,000	+\$1,000,000	\$4,931,000	+\$1,000,000
Mental Health Crisis Response Grants	\$20,000,000	Level	\$40,000,000	+\$20,000,000	Not funded	-\$20,000,000	\$30,000,000	+\$10,000,000
Practice Improvement and Training	\$7,828,000	Level	\$7,828,000	Level	\$7,828,000	Level	\$7,828,000	Level
Primary and Behavioral Health Care Integration	\$55,877,000	Level	\$55,877,000	Level	\$55,877,000	Level	\$55,877,000	Level
Primary and Behavioral Health Care Integration Technical Assistance	\$2,991,000	+\$1,000,000	\$1,991,000	-\$1,000,000	\$2,991,000	Level	\$2,991,000	Level
Project AWARE	\$140,001,000	Level	\$190,001,000	+\$50,000,000	\$120,501,000	-\$19,500,000	\$146,001,000	+\$6,000,000

⁵ Formerly Mental Health First Aid.

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
<i>Tribal Set Aside</i>	-	-	-	-	\$10,000,000	+\$10,000,000	-	-
Projects for Assistance in Transition from Homelessness (PATH)	\$66,635,000	Level	\$66,635,000	Level	\$66,635,000	Level	\$66,635,000	Level
Project LAUNCH	\$23,605,000	-\$2,000,000	\$25,605,000	+\$2,000,000	Not funded	-\$23,605,000	\$23,605,000	Level
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$40,000,000	Level	\$40,000,000	Level	\$40,000,000	Level	\$40,000,000	Level
Seclusion & Restraint	\$1,147,000	Level	\$1,147,000	Level	\$1,147,000	Level	\$1,147,000	Level
Tribal Behavioral Health Grants	\$22,750,000	Level	\$22,750,000	Level	\$27,750,000	+\$5,000,000	\$22,750,000	Level
Women's Behavioral Health Technical Assistance Center	-	-	\$1,750,000	NA	Not funded	NA	Not funded	NA

Supplemental Funding

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

Senate Committee Report Language:

988 Suicide and Crisis Lifeline [988 Lifeline]: “Suicide is a leading cause of death in the United States, claiming over 49,000 lives in 2022. The Committee provides \$539,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. This amount includes funding to continue to strengthen the 988 Lifeline and enable the program to continue to respond in a timely manner to an increasing number of contacts. The 988 Lifeline coordinates a network of independently operated crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The Committee requests a briefing within 90 days of enactment on the 988 Lifeline spend plan and related activities.”

Behavioral Health Crisis and 988 Coordinating Office: “Within the total for the 988 Lifeline, the Committee recommendation again includes \$7,000,000 to continue the office dedicated to the implementation of the 988 Lifeline and the coordination of efforts related

to behavioral health crisis care across HHS operating divisions as well as with external stakeholders. The Committee requests that the Secretary include a multi-year, crisis care system roadmap in the fiscal year 2026 CJ.”

988 Program Integrity: “The Committee remains concerned about the suicide rates among youth and young adults. The Committee recognizes the vital services provided through the 988 Lifeline and the important role of State partners in suicide prevention and behavioral health. The Committee requests SAMHSA include information on 988 program integrity activities, including with respect to safeguarding 988 user data and privacy, and a review of work with States and other 988 program partners in the 988 Lifeline spend plan briefing.”

988 Lifeline Text and Chat-Based Capabilities: “The Committee encourages SAMHSA to continue to make funding competitively available to chat and text backup centers to provide the capacity and infrastructure to handle vulnerable youth callers, chats, and texts. Within the total for the 988 Lifeline, the Committee continues \$10,000,000 for specialized services for Spanish speakers seeking access to 988 services through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.”

Specialized Services for LGBTQ+ Youth: “The Committee understands that LGBTQ+ youth are four times more likely to attempt suicide than their peers. Within the total for the 988 Lifeline, the Committee includes \$34,100,000 which shall be used to provide specialized services for LGBTQ+ youth, including training for existing counselors in LGBTQ+ youth cultural competency and the establishment and operation of an Integrated Voice Response [IVR] to transfer LGBTQ+ youth to a specialty organization. This funding shall be awarded through a competitive process to an organization with experience working with LGBTQ+ youth and with the capacity and infrastructure to handle calls, chats, and texts from LGBTQ+ youth through IVR technology and other technology solutions where appropriate.”

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

Youth-to-Youth Peer Support: “The Committee recognizes that young people are uniquely situated to provide peer support for teens and young adults who are struggling with their mental health. The Committee is also aware that youth-to-youth engagement, when conducted by youth with professional support and training, has proven effective at reaching young people in crisis but is currently underused across the Nation. The Committee recommends the inclusion and expansion of peer services as a component of the 988 Lifeline, which may include integrating training on youth peer services across contact centers within the 988 Lifeline network, along with highly coordinated referrals and connections for youth peer-run support lines that are not formally embedded within the 988 Lifeline.”

Eating Disorders: “The Committee continues to direct SAMHSA to coordinate with HRSA to create a pediatric training model for pediatric providers for prevention, early intervention, treatment, and ongoing support protocols for youth with or at-risk of developing an eating disorder.”

Garrett Lee Smith Youth Suicide Prevention: “The Committee recommends \$43,806,000 for Garrett Lee Smith Youth Suicide Prevention programs, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee recommends \$11,000,000 for the Garrett Lee Smith Youth Suicide Prevention Resource Center.”

Garrett Lee Smith Campus Suicide Prevention Grant Program: “The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under- resourced. The Committee supports SAMHSA’s waiver of matching funds for minority-serving institutions and community colleges included in the 2024 funding notice and as directed in Public Law 118–47. The Committee directs the Assistant Secretary to continue to waive the requirement of matching funds for minority-serving institutions and community colleges as defined by the Higher Education Act of 1965 to help meet these growing needs and address disparities in access to mental health services. The Secretary may continue to waive such requirement with respect to an institution of higher education not covered by those definitions, if the Secretary determines that extraordinary need at the institution justifies the waiver.”

Healthy Transitions: “The Committee includes \$28,451,000 for the Healthy Transitions program, which provides grants to States and tribes to improve access to mental healthcare treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition.”

Infant and Early Childhood Mental Health: “The Committee provides \$15,000,000 for grants to entities such as State agencies, Tribal communities, universities, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change, as well as building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. Additionally, the Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14. The Committee encourages SAMHSA to work with States to support services and activities related to infants and toddlers, such as expanding the infant and early childhood mental health workforce; increasing knowledge of infant and early childhood mental health among professionals most connected with young children to promote positive early mental health and early identification; strengthening systems and networks for referral; and improving access to quality services for children and families who are in need of support.”

Interagency Task Force on Trauma Informed Care: “The Committee recommends \$2,000,000 to continue the Interagency Task Force on Trauma-Informed Care as authorized by the SUPPORT Act (Public Law 115–271). The Committee supports the Task Force’s authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs and the Task Force is encouraged to collaborate with the National Child Traumatic Stress Network.”

Mental Health Awareness Training: “The Committee provides \$27,963,000 to continue existing activities, including Mental Health First Aid. Mental Health Awareness Training and Mental Health First Aid have allowed Americans as well as first responders to recognize the signs and symptoms of common mental disorders. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$120,000,000 for Mental Health Awareness Training over 4 fiscal years, with \$30,000,000 made available each fiscal year through September 30, 2025, to support mental health awareness training. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program. Additionally, SAMHSA is encouraged to prioritize grants to eligible entities that will serve within States where there is a high prevalence of adverse childhood experiences and youth substance use disorders.”

Mental Health Crisis Response Grants: “The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee includes \$30,000,000 for communities to create or enhance existing crisis response programs that may include teams of mental health professionals, law enforcement, emergency medical technicians, and crisis workers to provide immediate support and stabilization to those in crisis.”

Minority Fellowship Program: “The Committee includes \$11,059,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations. The Committee understands the importance of increasing the pool of culturally competent pediatric mental health professionals, including child and adolescent psychiatrists, to address the Nation’s youth mental health crisis. The Committee encourages SAMHSA to prioritize and increase the number of pediatric behavioral health treatment providers, including child and adolescent psychiatrists, selected to participate in the minority fellowship program. The Committee looks forward to the report requested in Public Law 118–47 that will outline the number and type of healthcare providers, by occupation, participating in the program.”

National Strategy for Suicide Prevention: “The Committee includes \$30,200,000 for suicide prevention programs. Of the total, \$26,200,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems.

Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to the CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee recommends \$3,400,000 for AI/AN within Zero Suicide.”

Older Adult Suicide Prevention Program: “The Committee notes that deaths by suicide among adults 65 and older increased by over 8 percent in 2022 compared to 2021. Older adults comprise 16.4 percent of the U.S. population but represent 22 percent of all suicides. The Committee includes \$2,000,000 within the National Strategy of Suicide Prevention for an older adult suicide prevention grant program, to be implemented in conjunction with the Administration for Community Living. The grants will support community efforts to reduce suicide among this population through increased screening, intervention, and referrals to treatment.”

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

Project AWARE: “The Committee provides \$146,001,000 for Project AWARE. This program increases awareness of mental health issues and connects young people who have behavioral health concerns and their families with needed services. The Committee encourages SAMHSA to continue using funds to provide mental health services in schools and for school-aged youth, and provide an update on these efforts in the fiscal year 2026 CJ.

In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$240,000,000 for Project AWARE over 4 fiscal years, with \$60,000,000 made available each fiscal year through September 30, 2025, to support mental health services for youth.

Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$17,500,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2024 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants.

The Committee requests a report on progress of grantees in the fiscal year 2026 CJ. The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families and the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs \$14,000,000 for student access to evidence-based, culturally relevant, trauma support services and mental healthcare through established partnerships with community organizations as authorized by section 7134 of the SUPPORT Act (Public Law 115–271).”

Psychosocial Rehabilitation Model: “The Committee encourages SAMHSA to explore the expansion of accredited clubhouses to reach a broader subset of the people with serious mental illness [SMI]. Specifically, the Committee requests a briefing, within 180 days of enactment of this act, with recommendations on how SAMHSA will address loneliness and social isolation and other social drivers of health through community-based models like accredited clubhouses and how SAMHSA programs may promote the expansion of accredited clubhouses for people with SMI.”

Community Mental Health Services Block Grant: “The Committee recommends \$1,042,571,000 for the Mental Health Block Grant [MHBG]. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$250,000,000 over 4 fiscal years, with \$62,500,000 made available each fiscal year through September 30, 2025, to support the MHBG.

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

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

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

Children's Mental Health Services: "The Committee recommends \$130,000,000 for the Children's Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first-episode psychosis."

Projects for Assistance in Transition from Homelessness [PATH]: "The Committee recommends \$66,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment."

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

National Child Traumatic Stress Initiative: "The Committee recommends \$103,887,000 for the National Child Traumatic Stress Initiative, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events. In addition to the funding made available in this bill, the Bipartisan Safer Communities Act included \$40,000,000 for the National Child Traumatic Stress Network [NCTSN] over 4 fiscal years, with \$10,000,000 made available each fiscal year through September 30, 2025, for trauma services for youth.

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

Certified Community Behavioral Health Clinics [CCBHC]: “The Committee includes \$400,000,000 for the CCBHC expansion program, which allows communities to improve access to mental health and substance use disorder treatment services.

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

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

Data Infrastructure: “The Committee provides \$2,500,000 for SAMHSA to develop a CCBHC data infrastructure and data repository program while establishing a data reporting partnership with at least one State currently operating a Statewide CCBHC network. With more than 500 CCBHCs operating in 46 States, it is incumbent upon the agency to assure a high level of accountability in concert with expanded access to intensive community-based services for persons with SMI and substance use disorders. The Committee directs SAMHSA to report to the Senate and House Appropriations Committees on this undertaking within 90 days of enactment of this act.”

House Committee Report Language:

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

Mental Health Services Block Grant: “The Committee provides \$1,022,571,000 for the Mental Health Services Block Grant (MHBG) which is \$15,000,000 above the fiscal year 2024 enacted program level and \$20,000,000 below the fiscal year 2025 budget request. The MHBG provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the 10 percent set aside within the MHBG for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders and the 5 percent set aside for crises-based services. The Committee notes that, consistent with State plans, communities may choose to direct additional funding to crises stabilization programs.”

Certified Community Behavioral Health Clinics: “The Committee provides \$385,000,000, the same as the fiscal year 2024, for Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care by providing care for mental health or substance use to all who request such services regardless of their age or ability to pay. CCBHCs provide access to crises services around the clock, support outpatient mental health and substance use services, and community-based mental health care for veterans.”

Children’s Mental Health Services: “The Committee provides \$130,000,000 for Children’s Mental Health Services, which is the same as the fiscal year 2024 enacted program level and \$50,000,000 below the fiscal year 2025 budget request, to fund grants and technical assistance for community- based services for children and adolescents with serious emotional, behavioral, or mental disorders, and assists States and local jurisdictions in developing integrated systems of community care.”

Protection and Advocacy for Individuals with Mental Illness: “The Committee provides \$40,000,000 for the Protection and Advocacy for Individuals with Mental Illness program, which is the same as the fiscal year 2024 enacted program level and the fiscal year 2025 budget request, to support legal-based advocacy services to ensure the rights of individuals with mental illness, protect and advocate for these rights, and investigate incident of abuse and/or neglect.”

Projects for Assistance in Transition from Homelessness: “The Committee provides \$66,635,000 for the Projects for Assistance in Transition from Homelessness program, which is the same as the fiscal year 2024 enacted program level and the fiscal year 2025 budget request, to provide grants to States and territories for assistance to individuals suffering from severe mental illness and/ or substance use disorders and who are experiencing homelessness or are at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.”

National Child Traumatic Stress Initiative: “The Committee provides \$100,887,000 for the National Child Traumatic Stress Initiative, which is a \$2,000,000 increase above the fiscal year 2024 enacted program level and \$7,000,000 above the fiscal year 2025 budget request, to increase access to effective trauma and grief focused treatment and services systems for children, adolescents, and their families, who experience traumatic events.”

988 Suicide & Crisis Lifeline: “The Committee provides \$519,618,000 for the 988 Suicide & Crisis Lifeline, which is the same as the fiscal year 2024 enacted program level, to support the national suicide hotline to continue to support State and local suicide prevention call centers as well as a national network of backup call centers and the national coordination of such centers.”

Program Integrity: “The Committee remains concerned that suicide is a leading cause of death in the U.S., with particular concern regarding the suicide rates among youth and young adults. The Committee recognizes the vital work of the 988 Lifeline service and the important role of State partners in suicide prevention and behavioral health. As States establish and develop 988 programs, the Committee directs SAMHSA to maintain State choice in their technology platform. States should have the flexibility to utilize a platform that best facilitates a seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, and ensures that sensitive user data is being safeguarded and protected. In addition, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA’s 988 program integrity activities, including with respect to safeguarding 988 user data and responding to feedback from States and other 988 program partners.”

Program Transparency: “The Committee recognizes the work of SAMHSA to implement the expansion of the 988 Suicide & Crises Lifeline in fiscal year 2023. The Committee, however, remains concerned that the use of a sole source cooperative agreement limits the contractual remedies available to ensure effective implementation. The Committee is extremely concerned that SAMSHA’s decision to limit eligible entities in implementing the fiscal year 2021 National Suicide Prevention Lifeline and Disaster Distress Helpline artificially necessitated the use of an expanded sole source cooperative agreement. The Committee directs SAMHSA, 180 days prior to any extension of the current or an amended cooperative agreement or request for proposal for a sole source contract, to provide the committees of jurisdiction a description of the services required to meet agency needs, a demonstration of any potential recipients unique qualifications, SAMHSA’s assessment of other entities ability to provide the required services, a description of the market research conducted and the result of such research, and planned activities to ensure that offers are solicited from as many potential sources as practicable.”

Seclusion and Restraint: “The Committee provides \$1,147,000, which is the same as the fiscal year 2024 enacted program level, to reduce the inappropriate use of seclusion and restraint practices through the provision of technical assistance and the promotion of alternatives to restraint, seclusion, and other coercive practices.”

Project AWARE: “The Committee provides \$120,501,000 for Project AWARE State and Tribal grants to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services. The Committee notes the Bipartisan Safer Communities Act (P.L. 117–159) provided \$60,000,000 for fiscal year 2025 for this program in addition to resources in this Act and therefore provides no funding for the civil unrest or school-based programs.”

Tribal Set Aside: “Of the funds made available for Project AWARE, the Committee directs that \$10,000,000 be made available for Tribes and Tribal Organizations.”

Mental Health Awareness Training: “The Committee provides no funding for the Mental Health Awareness Training to better ensure that SMAHSA prioritizes services and programming for individuals with severe mental illness. The Committee notes the Bipartisan Safer Communities Act (P.L. 117–159) provided \$120,000,000 for fiscal year 2025 for this program.”

Healthy Transitions: “The Committee provides no dedicated funding for the Healthy Transitions program. The Committee notes that to 10 percent of the amounts made available to carry out the Children’s Mental Health Services program may be used to carry out demonstration grants or contracts for early interventions with persons not more than 25 years of age at clinical high risk of developing a first episode of psychosis.”

Infant and Early Childhood Mental Health: “The Committee provides \$15,000,000, which is the same as the fiscal year 2024 enacted program level, for the Infant and Early Childhood Mental Health program, for grants to human service agencies and nonprofit organizations to provide age-appropriate mental health promotion and early intervention or treatment for children with or with significant risk of developing mental illness including through direct services, assessments, and trainings for clinicians and education providers.”

Children and Family Programs: “The Committee provides \$8,229,000, an increase of \$1,000,000, for the Children and Family program, to provide grants to Tribes for community-based services and supports for children and youth, with or at risk for mental illness.”

Consumer and Family Network Grants: “The Committee provides \$4,954,000, which is the same as the fiscal year 2024 enacted program level, for Consumer and Family Network grants. Consumer grants support Statewide organizations run by adults with serious mental illness or serious emotional disturbance to integrate consumer voice into State mental health and allied systems. Family grants provide education and training to family organizations to improve their capacity for policy and service development.”

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

Mental Health System Transformation: “The Committee provides \$3,779,000, which is the same as the fiscal year 2024 enacted program level, for the Mental Health System Transformation program. The program provides State and community capacity building grants for supported employment for individuals with serious mental illness or serious emotional disturbance.”

Primary and Behavioral Health Care Integration: “The Committee provides \$55,877,000, which is the same as the fiscal year 2024 enacted program level, for the Primary and Behavioral Health Care Integration program to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/ physical healthcare. The key goal of this program is to improve patient access to integrated health care services which requires bilateral cooperation between physicians and technical assistance centers.

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

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

National Strategy for Suicide Prevention: “The Committee provides \$29,200,000, an increase of \$1,000,000 from the fiscal year 2024 enacted program level, for the implementation of the National Strategy for Suicide Prevention including \$22,800,000, the same as fiscal year 2024, for grants to screen adults for suicide risks and provide referral services, the implementation of evidence-based practices to provide services to adults at-risk, or to raise awareness of such risks. Of the funding provided, \$4,400,000 is reserved for grants to American Indian and Alaska Native health systems.”

Garrett Lee Smith Youth Suicide Prevention: “The Committee provides \$52,294,000, which is the same as the fiscal year 2024 enacted program level, for Garrett Lee Smith Youth Suicide Prevention, this program supports grants to States and Tribes or their designees for youth suicide prevention activities and services and grants to institutions of higher education for services for students with mental health or substance use disorders.

The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under- resourced and serve large proportions of minority populations. To help meet these growing needs in access to mental health services, the Committee directs the Secretary to waive the requirement of matching funds for minority-serving institutions and community colleges as defined by the Higher Education Act of 1965.”

American Indian/Alaska Native Suicide Prevention Initiative: “The Committee provides \$4,931,000, a \$1,000,000 increase from the fiscal year 2024 enacted program level, for the Tribal Training and Technical Assistance Center to facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce suicide among American Indians/Alaska Natives (AI/AN), prevent substance misuse, and reduce substance misuse among AI/AN communities.”

Tribal Behavioral Grants: “The Committee provides \$27,750,000, a \$5,000,000 increase from the fiscal year 2024 enacted program level, to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24.”

Homelessness Prevention Programs: “The Committee provides no funding for the Homelessness Prevention Program noting that the program is duplicative of the Projects for Assistance in Transition from Homelessness program.”

Criminal and Juvenile Justice Activities: “The Committee provides \$11,269,000, which is the same as the fiscal year 2024 enacted program level, for grants to States, political subdivisions of States, and Tribes or Tribal organizations, to develop and implement programs to divert individuals with mental illness from the criminal justice system.”

Assisted Outpatient Treatment: “The Committee provides \$21,420,000, which is the same as the fiscal year 2024 enacted program level, for grants to deliver outpatient treatment under a civil court order to adults with a serious mental illness who meet State civil commitment assisted outpatient treatment criteria.”

Assertive Community Treatment for Individuals with Serious Mental Illness: “The Committee provides \$9,000,000, which is the same as the fiscal year 2024 enacted program level, for Assertive Community Treatment programs, which include a multi-disciplinary service-delivery approach for individuals with severe functional impairments associated with a serious mental illness.”

Interagency Task Force on Trauma Informed Care: “The Committee provides \$2,000,000 for the Interagency Task Force on Trauma-Informed Care.”

Garrett Lee Smith Suicide Prevention Resource Center: “The Committee provides \$11,000,000, which is the same as the fiscal year 2024 enacted program level, for the Garrett Lee Smith-Suicide Prevention Resource Center to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist States, Tribes, organizations, and SAMHSA grantees to develop suicide-prevention strategies.”

Practice Improvement and Training: “The Committee provides \$7,828,000, which is the same as the fiscal year 2024 enacted program level, to support the dissemination of key information to the mental health delivery system.”

Consumer and Consumer Support Technical Assistance Centers: “The Committee provides \$1,918,000, which is the same as the fiscal year 2024 enacted program level, to facilitate quality improvement of the mental health system by the specific promotion of consumer-directed approaches for adults with serious mental illness.”

Primary and Behavioral Health Care Integration Technical Assistance: “The Committee provides \$2,991,000, which is the same as the fiscal year 2024 enacted program level, to provide technical assistance to Primary and Behavioral Health Care Integration grantees. Of the funds provided, the Committee directs that \$1,000,000 be allocated to the Technical Assistance activities authorized under section 1301(g) of P.L. 117–328 to implement the psychiatric collaborative care model in primary care practices/systems. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements.”

Minority Fellowship Program: “The Committee provides \$11,059,000, which is the same as the fiscal year 2024 enacted program level, to increase behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations.”

Disaster Response: “The Committee provides \$1,953,000, which is the same as the fiscal year 2024 enacted program level, to support the Disaster Distress Helpline, the Crisis Counseling Assistance and Training Program, and the Disaster Technical Assistance Center.”

Eating Disorders: “The Committee provides \$5,000,000 to improve the availability of health care providers to respond to the needs of individuals with eating disorders including the work of the National Center of Excellence for Eating Disorders to increase engagement with

primary care providers, including pediatricians, to provide specialized advice and consultation related to the treatment of eating disorders. The Committee provides additional funding to support the development, in coordination with the departments of Defense and Veterans Affairs, of a Screening, Brief Intervention and Referral to Treatment model for service members, veterans, and their families.”

SAMHSA Congressional Justification Language:

Project AWARE: “The FY 2025 President’s Budget Request is \$190.0 million, an increase of \$50.0 million from the FY 2023 Final level. Funding for this program will support 48 continuations as well as a new cohort of 33 grants for Project AWARE grants, 13 continuations for School-based Trauma grants, four continuations for LGBTQI family support grants, and 17 continuations for ReCAST grants. The funding will support the programs’ focus and expand the programs’ training settings to include non-educational and non-health care sites. It is expected that the additional funding for Project AWARE will help to identify and refer approximately 35,000 additional school-aged youth to mental health and related services, for a total of 135,000; and to train an additional 105,000 mental health and mental health-related professionals on evidence-based mental health practices, for a total of 405,000 professionals.”

Mental Health Awareness Training: “The FY 2025 President’s Budget Request is \$27.9 million, equal to the FY 2023 Final level. Funding level for this program will support 195 continuation 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.”

Healthy Transitions: “The FY 2025 President’s Budget Request is \$30.5 million, equal to the FY 2023 Final level. This budget will support 31 continuation 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 3,200 young people and provide quality supports and services needed to engage this population.”

Children and Family Programs: “The FY 2025 President’s Budget Request is \$7.2 million, equal to the FY 2023 Final level. This funding will support 12 Circles of Care continuation grants and award a new cohort of eight 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 2024 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 40,075 individuals through program outreach efforts.”

Consumer and Family Network Grants: “The FY 2025 President’s Budget Request is \$5.0 million, equal to the FY 2023 Final level. Funds will be used for 21 continuation grants (10 SFN and 11 SCN) and 17 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 2025, 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.”

Project LAUNCH: “The FY 2025 President’s Budget Request is \$25.6 million, equal to the FY 2023 Final level. This funding will support 27 continuation grants and the Center of Excellence for Infant and Early Childhood TTA center (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.”

Mental Health System Transformation and Health Reform: “The FY 2025 President’s Budget Request is \$3.8 million, equal to the FY 2023 Final level. Funding will support four continuation grants to enhance state and community capacity to provide evidence-based supported employment programs and mutually compatible and supportive evidence-based practices for adults and youth with SMI/SED and co-occurring mental and substance use disorders. It is expected that in FY 2025, the supported employment program will serve 800 individuals.”

Primary and Behavioral Health Care Integration: “The FY 2025 President’s Budget Request is \$57.9 million, equal to the FY 2023 Final level. Funding will support the continuation of 21 PIPBHC grants, award a new cohort of four grants and the continuation of the CoE-IHS. SAMHSA anticipates that this 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 CoCM. Funding for the CoE-IHS in FY 2025 is proposed to be level with the FY 2023 Final level. This funding will enable the PIPBHC to reach approximately 40,000 people with treatment and services and COE-IHS to train approximately 17,000 individuals in primary and behavioral health integration practices.”

988 and Behavioral Health Crisis Services: “At the FY 2025 President’s Budget, the budget request is \$601.6 million, an increase of \$100.0 million from the FY 2023 Final level. In FY 2025 SAMHSA anticipates that annual contact volume – including calls, texts, and chats – will continue to increase, with capacity needed to respond to an estimated 7.5 million contacts. The FY 2025 request is based on the following estimated breakdown of funding needs:

Network administration: Funding of the Network Administrator includes data and telephony infrastructure; standards, training, and quality improvement; evaluation and oversight.

Local, national subnetwork & backup capacity:

- Local capacity will be funded through the existing 988 state/territory grant program, the 988 Tribal response program and the Lifeline crisis center follow up program. 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. As SAMHSA continues to evaluate state support of local services, funding for states may include opportunities

for better linkage of crisis centers to a full continuum of care. The local grant program funding continuation will ensure ongoing leadership engagement, enhanced nationwide technical assistance, and the achievement of standardized key performance indicator outcomes.

- Backup and national subnetwork capacity, including Spanish language services and specialized service access for LGBTQI+ youth and young adults, will be funded through subcontracts executed by the 988 Lifeline Administrator.

Communications: Resources will be required to continue to conduct and expand 988 awareness and engagement work activities, including:

- Developing, testing, and marketing research-based messaging and advertising that is proven to resonate with at-risk audiences and continuously measuring for success
- Increasing and aligning communications partnerships with 988 grantees, states, territories, tribes, associations, federal partners, and other trusted messengers to increase cohesive awareness of 988, with a particular focus on building awareness and credibility in high-risk communities
- Continuing to evaluate and update messaging content and paid advertising strategies that answer questions about how 988 works and what happens when people use the service.”

988 & Behavioral Health Crisis Coordinating 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.”

National Strategy for Suicide Prevention: “The FY 2025 President’s Budget Request is \$29.9 million, an increase of 1.75 million from the FY 2023 Final level. The increase supports a new Older Adult Suicide Prevention program, which will be implemented in conjunction with the Administration for Community Living. This new Older Adult program would provide funding to up to five grantees for three years at up to \$350,000. This program is expected to decrease the number of suicides and suicide attempts by older adults in communities served by this program. Expected outcomes includes increased screening, intervention, and/or referrals for older adults at risk for suicide and increased respite for family caregivers of older adults; reduced access to lethal means and increased safety planning for older adults receiving care; provide evidence-based trainings and learning opportunities to a minimum of 35 gerontologists and primary care providers annually; and provide evidence-based training to 70 mental health professionals and 35 caregivers annually. The FY 2025 funding will also support 35 Zero Suicide continuation grants, support five NSSP continuation grants, and award a new cohort of 11 Zero Suicide grants. It is expected that 98,000 individuals will be referred for services.”

Garrett Lee Smith Youth Suicide Prevention – State/Tribal and Campus: “The FY 2025 President’s Budget Request is \$52.9 million, equal to the FY 2023 Final level. Funds will support the continuation of 46 GLS State/Tribal grants and award a new cohort of eight grants. Funding will also support 55 GLS Campus continuation grants and award a new cohort of 18 grants. SAMHSA will also continue support for evaluation activities. 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 118,200 individuals will be served.”

Suicide Prevention Resource Center: “The FY 2025 President’s Budget Request is \$11.0 million, equal to the FY 2023 Final level. The funding will award one new grant and provide states, tribes, government agencies, private organizations, colleges and universities, and suicide survivors and mental health consumer groups with access to information and resources that support program development, intervention implementation, and adoption of policies that prevent suicide. The funding will expand youth suicide prevention and early intervention strategies involving public-private collaboration. SAMHSA anticipates that SPRC will provide training to approximately 14,000 people.”

American Indian/Alaska Native Suicide Prevention Initiative: “The FY 2025 President’s Budget Request is \$3.9 million, equal to the FY 2023 Final level. This funding will provide funding for the Tribal Affairs Center and continuation of the contract to provide comprehensive, broad, focused, and intensive training and technical assistance to federally recognized tribes and other AI/AN communities to address and prevent mental illness and alcohol/other drug addiction, prevent suicide, and promote mental health through the contract continuation.”

Mental Health Crisis Response Partnership Program: “The FY 2025 President’s Budget Request is \$40.0 million, an increase of \$20.0 million from the FY 2023 Final level. Funding will support 25 grant continuations and award a new cohort of 23 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 2025, 14,000 individuals will be screened and 8,000 will be referred for services.”

Homelessness Prevention Programs: “The FY 2025 President’s Budget Request is \$35.9 million, equal to the FY 2023 Final level. With this funding, SAMHSA will support 47 TIEH continuation grants, award a new cohort of five TIEH grants, one Housing and Homeless Resource Center (HHRC) contract, and one SSI Outreach Access and Recovery (SOAR) contract. These resources will 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 7,000 individuals.”

Minority AIDS: “The FY 2025 President’s Budget Request is \$9.2 million, equal to the FY 2023 Final level. SAMHSA will support 19 continuation grants focused on individuals with mental disorders and/or co-occurring disorders with or at risk for HIV. SAMHSA will also maintain its performance measure targets for FY 2025.”

Criminal and Juvenile Justice Programs: “The FY 2025 President’s Budget Request is \$11.3 million, equal to FY 2023 Final level. In FY 2025 SAMHSA anticipates awarding 22 grant continuations and award a new cohort of nine grants to establish or expand programs that divert adults and youth with a mental illness or a COD from the criminal or juvenile justice system to community-based mental health and substance use disorder services and other supports prior to arrest and booking. SAMHSA estimates the total number of individuals served by both programs will remain the same as in FY 2023.”

Practice Improvement and Training: “The FY 2025 President’s Budget Request is \$7.8 million, is equal to the FY 2023 Final level. Funding will support continuation of the Clinical Support Services TA Center for SMI, HBCU grant program to support workforce

development, the NCEED in contract and a continuation of eight Transforming Lives through Supported Employment Programs (SEP) grants.”

Consumer and Consumer-Supporter TA Centers: “The FY 2025 President’s Budget is \$1.9 million, is equal to the FY 2023 Final level. This funding request will support new 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 2025, SAMHSA will continue to maintain the performance measure targets for this program.”

Disaster Response: “The FY 2025 President’s Budget is \$1.9 million, is equal to the FY 2023 Final level. Funding will continue the support of a nationally available disaster distress crisis counseling telephone line and the DTAC. In FY 2025, SAMHSA will continue to maintain the same performance measure targets as FY 2023.”

Seclusion and Restraint: “The FY 2025 President’s Budget is \$1.1 million, is equal to the FY 2023 Final level. With these funds, SAMHSA will support the MHTTC.”

Assertive Community Treatment for Individuals with Serious Mental Illness: “The FY 2025 President’s Budget Request is \$9.0 million, equal to the FY 2023 Final level. This funding will support the continuation of nine grants to advance the ACT approach to address the needs of those living with SMI and award a new cohort of three grants. In FY 2025, SAMHSA will continue to maintain the same performance measure targets as FY 2023.”

Tribal Behavioral Health Grants: “The FY 2025 President’s Budget is \$22.8 million, is equal to the FY 2023 Final level. Combined with \$23.6 million in the Substance Use Prevention Services appropriation, these funds will support technical assistance activities, 133 continuation grants that promote mental health and prevent substance misuse activities for high-risk AI/AN youth and their families and award a new cohort of 25 grants.

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.”

MH Minority Fellowship Program: “The FY 2025 President’s Budget is \$11.1 million, equal to the FY 2023 Final level. This funding is combined with \$7.1 million in the Substance Use Services appropriation and \$1.3 million in the Substance Use Prevention appropriation. Funding will support seven continuation grants and a technical assistance contract and will continue to support 428 fellows. As a braided activity, this funding 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.

Please note, SAMHSA is tracking separately any amounts spent, or awarded, under the Minority Fellowship Program through the distinct appropriations to ensure that funds are used for purposes consistent with legislative direction and intent of these appropriations.

The Budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.”

Infant and Early Childhood Mental Health: “The FY 2025 President’s Budget is \$15.0 million, equal to the FY 2023 Final level. The proposed funding will support the continuation of 23 grants and support TTA contract in Center of Excellence for Infant and Early childhood.”

Interagency Task Force on Trauma-Informed Care: “The FY 2025 President’s Budget is \$2.0 million, equal to the FY 2023 Final level. In FY 2025, SAMHSA expects to continue the implementation of the operating plan through a series of expert panel meetings, and youth, family, and community stakeholder engagement meetings. These engagements will inform the development of a user-centered website. In addition, SAMHSA will continue to develop a robust framework for community providers, using research and evidence based interventions. This budget request will continue to carry out Phase One of the National Strategy. Based on SAMHSA’s experience with the NCTSN website and prior stakeholder engagement, it is estimated that the website will have over 1 million visitors and that the resources provided will influence the care received of over 2 million children and their families.”

Women’s Behavioral Health Technical Assistance Center: “The FY 2025 President’s Budget is \$3.5 million, with CSUS increasing \$1.75 million and CMHS increasing \$1.75 million from the FY 2023 Final level. The program, over its lifetime, is expected to have over 2,660,000 website visits, 99,200 unique clinicians trained, 3,200 vetted resources offered, and 6,300 clinical consultations. Additionally, this cooperative agreement focuses on assisting providers with topics that are not traditionally covered in behavioral health training programs such as suicide and crisis prevention, how to address gender-based violence, and importantly how to address the needs of women facing special challenges due to social determinants of health, including socioeconomic status, racial/ethnic minority status, and/or sexual orientation, and disabilities, in a culturally competent manner.”

National Child Traumatic Stress Network: “The FY 2025 President’s Budget is \$93.9 million, equal to the FY 2023 Final level. SAMHSA will support 182 grant continuations (158 with base budget authority, three grants with American Rescue Plan Act and 21 grants with Bipartisan Safer Community Act) and award a new cohort of 10 grants with base budget authority 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 13,000 children and adolescents will be served and the approximately 500,000 people in the mental health and related workforce will be trained.”

Assisted Outpatient Treatment for Individuals with Serious Mental Illness: “The FY 2025 President’s Budget is \$21.4 million, equal to the FY 2023 Final level. This funding will support 18 grant continuations and award a new cohort of three grants to improve the health and social outcomes for individuals with SMI and continuation of the technical assistance center. In FY 2025, SAMHSA will maintain the same performance targets as FY 2024.”

Children’s Mental Health Services: “The FY 2025 President’s Budget is \$180.0 million, an increase of \$50.0 million from the FY 2023 Final level. This funding will support the continuations of 34 CHR-P under the 10 percent set-aside for CHR-P. In addition, funding will support 62 CMHI continuation grants, award a new cohort of 40 CMHI grants and a technical assistance center. SAMHSA expects to increase the

number of children served to over 12,500 and to train an additional 3,458 people in mental health activities and practices, for a total of 71,760 people trained. These funds will increase access to services and supports children and youth with SED and improve the system of care for these children and their families.”

Projects for Assistance in Transition from Homelessness: “The FY 2025 President’s Budget is \$66.6 million, equal to the FY 2023 Final level. The PATH program was flat funded from FY 2010 to FY 2022 and had a slight increase of \$2 million in FY 2023. 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 2025 budget request will maintain the current level of local PATH providers and current level of service.”

Protection and Advocacy for Individuals with Mental Illness (PAIMI): “The FY 2025 President’s Budget is \$40.0 million, equal to the FY 2023 Final 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.”

Certified Community Behavioral Health Clinics (CCBHC): “The FY 2025 President’s Budget is \$450.0 million, an increase of \$65.0 million from the FY 2023 Final level. The funding will support 363 continuation grants and award a new cohort of 63 grants. SAMHSA expects to serve approximately 819,000 individuals directly with grant-funded services, expanding CCBHC’s services across the nation. The FY 2025 president’s budget includes a technical assistance center contract. The contract will support CCBHC expansion grant recipients, state CCBHCs outside of the expansion program, states in the CCBHC Demonstration program, states planning to be part of the Demonstration, states with CCBHC programs independent of the Demonstration, and states considering adopting the CCBHC model. This contract will also incorporate funding appropriated from the Bipartisan Safer Communities Act. The FY 2025 budget request will also support an evaluation contract that will assess the extent to which grant recipients develop, improve, implement, and sustain the CCBHC model and will assess the delivered services consistent with the CCBHC certification requirements to measure client outcomes and experiences with care.

The Budget also proposes an accreditation process similar to the process for which many health facilities are accredited. This new process would support consistent implementation of the CCBHC model and adherence to the CCBHC certification criteria. A CCBHC accreditation process will allow for improved accountability for CCBHCs across the country s and will ensure that CCBHCs are consistently providing access to quality behavioral health care.”

Community Mental Health Services Block Grant (MHBG): “The FY 2025 President’s Budget is \$1.0 billion, an increase of \$35.0 million from the FY 2023 Final 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 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 2024 with No Cost Extension request approvals and FY 2025, respectively, as states expand their MHBG infrastructure to address unmet service needs.”

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.”

Community Mental Health Centers (CMHC): “The FY 2025 President’s Budget Request is \$412.5 million, an increase of \$412.5 million from the FY 2023 Final level. The funding increase will be used to further develop the quality and continuum of behavioral health services, expanding access to crisis care, integrated care, and other recovery support services. CMHC funding to states would require the providers to develop a continuum of behavioral health services plan, which incorporates a crisis care continuum (i.e., crisis residential, crisis stabilization, adverse event crisis coordination, and mobile crisis teams); screening (i.e., mental health, substance use disorder, and common medical conditions), treatment, and/or referral for substance use disorders and medical conditions; outpatient mental health services regardless of ability to pay; and recovery support services (i.e., case management; peer support, and family support approaches), including screening, treatment and recovery supports for children’s mental and co-occurring disorders. Funding would also support the development and implementation of the behavioral health services plan, including overhead costs (subject to all existing limitations on use of SAMHSA funds). Establishment of long-term support for CMHCs will directly increase the scope and quality of behavioral health services in CMHCs funded by the program, establish a higher standard as a target for all CMHCs and address the incomplete and inconsistent service array in much of America.

SAMHSA is requesting that this be funded as a mandatory grant program. It is estimated that these services will directly benefit at least 20,000 individuals per year, providing an improved level of treatment, and support to meet the increase behavioral health services needs in local communities. SAMHSA is requesting that this be funded as a mandatory grant program.”

National Institute on Alcohol Abuse and Alcoholism (NIAAA)⁶

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
NIAAA	\$595,318,000	Level	\$598,903,000	+\$3,585,000	Not funded	-\$595,318,000 ⁷	\$595,318,000	Level

National Institute on Drug Abuse (NIDA)⁸

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
NIDA	\$1,662,695,000	Level	\$1,668,343,000	+\$5,648,000	Not funded	-\$1,662,695,000 ⁹	\$1,667,695,000	+\$5,000,000

⁶ The FY 2025 President's Budget proposes to rename the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to the National Institute on Alcohol Effects and Alcohol-Associated Disorders (NIAAA).

⁷ The FY 2025 House recommendation for NIAAA reflects a proposal to consolidate and transfer all NIAAA funding (\$595,318,000) to a newly-established National Institute on Substance Use, with total funding of \$2,258,013,000 for FY 2024. The House recommendation for the National Institute on Substance Use for FY 2025 is \$2,281,695,000, which would be an increase of \$23,682,000 compared to FY 2024.

⁸ The FY 2025 President's Budget proposes to rename the National Institute on Drug Abuse to the National Institute on Drugs and Addiction (NIDA).

⁹ The FY 2025 House recommendation for NIDA reflects a proposal to consolidate and transfer all NIDA funding (\$1,662,695,000) to a newly-established National Institute on Substance Use, with total funding of \$2,258,013,000 for FY 2024. The House recommendation for the National Institute on Substance Use for FY 2025 is \$2,281,695,000, which would be an increase of \$23,682,000 compared to FY 2024.

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

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	\$1,391,056,000	Level	\$1,391,056,000	Level	\$1,177,135,000	-\$213,921,000	\$1,394,056,000	+\$3,000,000
<i>HIV Prevention by Health Department</i>	\$755,631,000	NA	-	NA	\$755,631,000	Level	-	NA
<i>School Health – HIV BA</i>	\$38,081,000	Level	\$38,081,000	Level	\$38,081,000	Level	\$38,081,000	Level
<i>Viral Hepatitis</i>	\$43,000,000	Level	\$43,000,000	Level	\$53,000,000	+\$10,000,000	\$43,000,000	Level
<i>Infectious Diseases and Opioids</i>	\$23,000,000	Level	\$23,000,000	Level	\$29,079,000	+\$6,079,000	\$23,000,000	Level
<i>Sexually Transmitted Infections</i>	\$174,310,000	Level	\$174,310,000	Level	\$164,310,000	-\$10,000,000	\$176,310,000	+\$2,000,000
Chronic Disease Prevention and Health Promotion	\$1,433,914,000	+\$3,500,000	\$1,559,414,000	+\$125,500,000	\$1,154,153,000	-\$279,761,000	\$1,463,914,000	+\$30,000,000
<i>Tobacco</i>	\$246,500,000	Level	\$256,500,000	+\$10,000,000	Not funded	-\$264,500,000	\$246,500,000	Level
<i>Excessive Alcohol Use</i>	\$6,000,000	Level	\$6,000,000	Level	\$6,000,000	Level	\$6,000,000	Level
<i>Prevention Research Centers</i>	\$28,961,000	Level	\$28,961,000	Level	Not funded	-\$28,961,000	\$31,961,000	+\$3,000,000
Birth Defects, Developmental Disabilities, Disability and Health	\$206,060,000	+\$500,000	\$205,560,000	-\$500,000	\$206,060,000	Level	\$210,060,000	+\$4,000,000
<i>Fetal Alcohol Syndrome</i>	\$11,500,000	Level	\$11,500,000	Level	\$11,500,000	Level	\$11,500,000	Level
<i>Neonatal Abstinence Syndrome</i>	\$4,250,000	Level	\$4,250,000	Level	\$4,250,000	Level	\$5,250,000	+\$1,000,000
Injury Prevention and Control	\$761,379,000	Level	\$943,379,000	+\$182,000,000	Not funded	-\$761,379,000	\$776,379,000	+\$15,000,000
<i>Unintentional Injury</i>	\$13,300,000	Level	\$13,300,000	Level	Not funded	-\$13,000,000	\$13,300,000	Level
<i>Suicide Prevention</i>	\$30,000,000	Level	\$68,000,000	+\$38,000,000	Not funded	-\$30,000,000	\$38,000,000	+\$8,000,000
<i>Adverse Childhood Experiences</i>	\$9,000,000	Level	\$30,000,000	+\$21,000,000	Not funded	-\$9,000,000	\$14,000,000	+\$5,000,000
<i>Injury Prevention Activities</i>	\$29,950,000	Level	\$29,950,000	Level	Not funded	-\$29,950,000	\$29,950,000	Level

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
Opioid Overdose Prevention and Surveillance	\$505,579,000	Level	\$506,079,000	+\$500,000	Not funded	-\$505,579,000 ¹⁰	\$507,579,000	+\$2,000,000
Preventive Health and Health Services Block Grant	\$160,000,000	Level	\$160,000,000	Level	Not funded	-\$160,000,000	\$160,000,000	Level
America's Health Block Grant	Not funded	NA	Not funded	NA	Not Funded	NA	Not Funded	NA

Senate Committee Report Language:

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention: “The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB] is \$1,394,056,000.”

Hepatitis: “The Committee encourages CDC to expand the viral hepatitis disease tracking and surveillance capabilities of States to permit an effective targeting of resources and evaluation of program effectiveness. In pursuit of this goal, the Committee recommends greater emphasis and access to testing for both hepatitis B and hepatitis D. The Committee requests an update on the prevalence and incidence of hepatitis D and the opportunities to enhance the analysis of this disease in the fiscal year 2026 CJ.”

Hepatitis B: “The Committee encourages efforts to eliminate the public health threat of viral hepatitis and to implement and help fund the HHS National Viral Hepatitis Strategic Plan, which offers a framework to eliminate viral hepatitis as a public health threat. The Committee is aware of the November 2021 ACIP recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B and the March 2023 CDC recommendation that all adults be screened for hepatitis B. The Committee urges a coordinated Federal effort to implement these goals. In addition, the Committee encourages CDC to expand viral hepatitis disease tracking and surveillance capabilities of States to permit an effective targeting of resources and evaluation of program effectiveness. Finally, the Committee encourages that funds be prioritized for implementing equitable strategies to make the biggest positive impact among underserved jurisdictions that carry a disproportionate burden of hepatitis B.”

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

¹⁰ The FY 2025 House recommendation for the CDC’s Opioid Overdose Prevention and Surveillance funding level reflects a transfer of \$500,000,000 of the program’s funding to SAMHSA’s SUPTRS Block Grant.

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

Sexually Transmitted Infections [STIs]: “The Committee is concerned by the high rates of sexually transmitted infections in the United States, particularly the increase in syphilis and congenital syphilis. The Committee includes \$176,310,000 to combat and prevent the high incidence of STIs. Additionally, the Committee directs CDC to continue to move the grant year forward by 1 month to provide for a more efficient expenditure of funds and improve grantee activities, with the intention that the grant year will be moved forward by 1 month for the next year, contingent on the availability of funds. Finally, the Committee encourages CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.”

Subawards: “The Committee is concerned about the accountability of subawards made with funds appropriated for infectious diseases and the opioid epidemic and directs CDC to track and monitor subawards.”

Chronic Disease Prevention and Health Promotion: “The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is \$1,463,914,000, which includes \$270,950,000 in transfers from the PPH Fund. The mission of the Center is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. More than one-half of all American adults have at least one chronic illness, and such diseases account for 70 percent of all U.S. deaths and over three-quarters of all healthcare costs in the United States. Chronic diseases are the leading causes of death and disability and while they affect all populations, the most disadvantaged Americans often suffer the highest burden of disease. These conditions are largely preventable or improved through evidence-based programs and strategies. The Committee encourages CDC to continue working with State and local health departments and national organizations to maximize their investments in evidence-based programming and strategies at the community level.”

Rural Prevention Health Research: “The Committee recognizes the important work of Prevention Research Centers [PRCs], in particular the needs of rural focused prevention research. The Committee encourages CDC to review their grant funding process to ensure appropriate funding to rural areas, including rural Appalachia, which consistently ranks high in incidences of disease, injury, and poor health outcomes, to ensure important rural health research continues to take place. The Committee also directs CDC to ensure at least 20 percent of PRC funding is being directed to research in rural areas.”

Tobacco: “The Committee includes \$246,500,000 for CDC, States, Tribes and territories to continue efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality, as well as continue the highly successful and cost-effective Tips from Former Smokers media campaign. The Committee acknowledges the overall progress that has been made on reducing adult smoking prevalence, expresses concern that more than 1 in 10 U.S. adults continues to smoke cigarettes, and urges CDC to continue its evidence-based work to ensure that rates also decline in populations disproportionately affected by tobacco use, including rural communities. The Committee remains concerned that 10 percent of youth use at least one tobacco product and encourages CDC’s ongoing efforts to respond to and prevent youth use of e-cigarettes and other tobacco

products. Additionally, the Committee is concerned with reports of unauthorized, illegal tobacco products sold in the United States. The Committee directs CDC to provide a briefing on the Tobacco program, including a breakdown of funding sources, programs, and activities within 120 days of enactment of this act. Additionally, CDC is instructed to provide information on how funds are currently supporting, or may prospectively support, FDA enforcement and regulation of unauthorized products and State directories.”

Birth Defects, Developmental Disabilities, Disabilities and Health: “The Committee recommendation for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD] is \$210,060,000. This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of hereditary blood disorders, and by promoting optimal child development and health and wellness among children and adults living with disabilities.”

Fetal Alcohol Syndrome: “The Committee includes \$11,500,000 for the surveillance of prenatal alcohol use and fetal alcohol spectrum disorders [FASD], to facilitate partnerships to prevent alcohol use during pregnancy, improve support services and access to care by responding to families living with FASD, and disseminating practical resources and information through existing community- based local affiliates.”

Neonatal Abstinence Syndrome [NAS] Surveillance: “The Committee includes \$5,250,000 to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy. Funding should be used to conduct research on the use of opioids and other substances during pregnancy and related adverse outcomes from infancy through childhood, and identify best practices for care, evaluation, and management to help children.”

Injury Prevention and Control: “The Committee recommendation for the National Center for Injury Prevention and Control is \$776,379,000. CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by nonoccupational injuries including those caused by fires and burns, poisoning, drowning, violence, and traffic accidents.”

Adolescent Mental Health: “The Committee supports the creation of the Behavioral Health Coordinating Unit to coordinate and leverage existing CDC activities related to mental health, with a particular focus on adolescent mental health activities, including early intervention. The Committee encourages CDC to begin to develop a national strategy and establish goals to improve adolescent mental health, including linkages between adolescent mental health and substance use and overdose, adverse childhood experiences, suicide, and other areas that impact mental wellbeing. This effort is expected to include convening of key experts, in and out of government, with special considerations to ensure the voices of underserved communities and populations are represented. CDC is also encouraged to provide technical assistance, including through grants to partner organizations, to support collaborations and connections between multiple sectors in communities such as public health, education, community mental health organizations and other community-based organizations, youth serving organizations, parents, and social services providers to strengthen mental health prevention and promotion and improve mental health, well-being, and resilience in communities.”

Adverse Childhood Experiences [ACEs]: “The Committee provides \$14,000,000 for ACEs surveillance, research, and prevention efforts. The Committee commends CDC’s Injury Prevention Center for funding States and localities, including those with high rates of

trauma, violence, and overdoses, to conduct surveillance on exposure to ACEs and target community-based interventions related to exposure to childhood trauma, ACEs, substance use, and violence and to promote positive childhood experiences. The Committee provides an increase to expand CDC’s efforts by supporting additional prevention and surveillance programs, including support for additional States.”

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

Opioid or Other Drug Use and Overdose Prevention: “The Committee continues to encourage CDC to ensure that funding for opioid and stimulant use and overdose prevention, as well as other emerging substances and threats, reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities. Additionally, CDC is directed to continue expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. In addition, the Committee understands that CDC has focused on chronic pain as directed in Public Law 117–103 and requests an update in the fiscal year 2026 CJ on the status of these efforts. In particular, the update should include an analysis of the direct healthcare costs related to pain diagnostic, management, and treatment services for all forms of treatment for all payer sources as well as indirect costs related to pain including missed work, short and long-term disability, and loss of productivity.”

Provider Education for Opioid Alternatives: “The Committee remains concerned about the high mortality rate due to opioid overdoses and encourages CDC to provide outreach to outpatient surgical providers on the increased availability and wide-ranging benefits of non-opioid pain management in both hospital outpatient departments and ambulatory surgery centers. The Committee encourages CDC to work with CMS, FDA, and continuing medical education associations on an education and outreach plan.”

Suicide Prevention: “The Committee remains concerned about suicide rates in the United States and includes \$38,000,000. The Committee recognizes that suicide is a serious public health problem requiring strategic programming, especially among disproportionately impacted populations. The Committee also recognizes that suicide prevention requires a public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, tribes, and territories are well positioned to lead a comprehensive public health approach to suicide prevention, which involves coordinating with multisector partners, to take a data-driven, evidence-based process to address the broad range of risk and protective factors associated with suicide. The Committee directs CDC to prioritize funding to State public health departments with the goal of expanding the Comprehensive Suicide Prevention program nationwide, and to help tribes and territories build capacity and implement strategies to prevent suicide.”

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

Sexually Transmitted Infections: “The Sexually Transmitted Infections programs included \$10,000,000 in both fiscal years 2023 and 2024 to advance the grant period. For fiscal year 2025, the Committee provides \$164,310,000, which will allow the program to operate at the same fiscal level and grant year as provided for fiscal year 2024.”

Viral Hepatitis: “The Committee provides \$53,000,000 for Viral Hepatitis, an increase of \$10,000,000 from fiscal year 2024. This increase will support health departments conducting viral hepatitis outbreak response and surveillance, support viral hepatitis elimination planning and implementation in target jurisdictions, and work with health clinics and community organizations to promote awareness and uptake of updated national viral hepatitis testing and vaccination recommendations.”

Chronic Disease Prevention and Health Promotion: “The Committee recommendation includes \$912,886,000 in discretionary appropriations and \$241,267,000 in transfers from PPHF. Programs supported within Chronic Disease Prevention and Health Promotion provide national leadership and support for State, Tribal, and community efforts to promote health and well-being through the prevention and control of chronic diseases.”

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

Injury Prevention and Control: “To restore public confidence and better focus CDC on controlling and preventing communicable diseases, the Committee provides no funding for the National Center for Injury Prevention and Control (Injury Center). The Committee remains concerned that CDC, under the Biden Administration, continues to request funding for politically-motivated projects at the expense of CDC core preparedness and response activities. While Director Cohen has stated in relation to pandemic preparedness that CDC must “be ready to respond, and that is our top priority at CDC,” the fiscal year 2025 budget request called for \$182,000,000 in additional funding for the Injury Center, a 24 percent increase above the fiscal year 2023 level and the largest requested funding increase of any CDC center.

The Committee further notes that the activities of the Injury Center are duplicative of other programs, projects, and activities at other agencies, and taxpayers see less services from CDC-funded activities due to high program support costs. The Department of Justice’s Office on Violence Against Women is better positioned to implement Violence Against Women Act programs, the Department of Health and Human Services’ Administration for Children and Families is better positioned to support children and families, and the Administration on Community Living is better positioned to implement programs for seniors. Finally, of the \$506,079,000 provided for the CDC opioid program in fiscal year 2024, \$114,000,000, or 23 percent, has been allocated for administrative costs. The transfer of this funding to SAMSHA will

increase the funding available to States for prevention, response, and recovery services by \$63,000,000 in reduced Federal administrative expenses alone.”

Nicotine: “The Committee encourages CDC to study the psychiatric and physical effect on the body from the use of nicotine.”

Overdose Prevention Funding and Naloxone: “The Committee commends CDC for its leadership in combating opioid drug overdoses; this funding has been reallocated to SAMHSA to reduce administrative overhead and expand the resources available to States and communities to directly respond to substance misuse. The Committee recognizes that CDC has issued opioid overdose prevention funding opportunities to States, territories, and certain localities. The Committee recognizes the delay in implementation and directs CDC to provide a written report on how to consider opioid overdose reversal education as a criterion when distributing opioid overdose prevention funds. The Committee notes that when an opioid overdose reversal medication, like naloxone, and overdose education are available to community members, overdose deaths decrease significantly in those communities.”

Prescription Drug Monitoring Programs: “The Committee understands that nearly all 50 States and U.S. territories’ prescription drug monitoring programs are connected and securely sharing critical controlled substance information for the purposes of identifying and preventing abuse, misuse, or diversion of prescription drugs. The Committee supports the removal of a requirement for States to connect to a specific data hub solution as a condition of funding. However, to adhere to Congressional intent and ensure the success and continuity of the program, the Committee encourages CDC to cease any technical requirements that limit the ability of States to optimize Federal funding and to continue to utilize the prescription drug monitoring program data hub of their choice.”

Unapproved Nicotine Devices: “The Committee recognizes the risks posed by nicotine delivery devices from uncertain origins particularly those from foreign entities of concern. The Committee directs CDC, within 180 days of enactment of this Act, to publicly release a report on actions taken by States to improve consumer transparency regarding the risks posed by such devices. The Committee encourages CDC to provide funding to States to support the implementation and enforcement of efforts related to State laws mandating that manufacturers of electronic nicotine products provide certifications related to compliance with FDA requirements.”

Youth Electronic Cigarette Use: “The Committee recognizes the growing challenge that schools undergo by increased use of electronic cigarettes and other vaporizing equipment in their facilities. These concerns often cause schools to lock bathroom doors to prevent their use, but this can also pose a safety risk. The Committee understands that there are commercially-available off-the-shelf vape detection sensors that can provide detect vape, smoke, THC, and sound abnormalities in areas where cameras cannot be placed. The Committee urges CDC to clarify that funds may be used for this technology and the Committee encourages CDC to work with States and school districts to increase awareness of this technology.”

CDC Congressional Justification Language:

Fetal Alcohol Syndrome: “CDC’s FY 2025 budget request of \$11,500,000 for Fetal Alcohol Syndrome is level with the FY 2023 final 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.¹³⁵ Despite the known adverse effects¹³⁶ of FASD, alcohol use during pregnancy remains a critical public health issue, and polysubstance use is increasingly common. In FY 2025, 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.”

HIV, Viral Hepatitis, Sexually Transmitted Infections and Tuberculosis: “CDC’s FY 2025 budget request of \$1,391,056,000 for HIV, Viral Hepatitis, Sexually Transmitted Infections and Tuberculosis is level with the FY 2023 final level.”

Sexually Transmitted Infections: “CDC’s FY 2025 budget request of \$174,310,000 for Sexually Transmitted Infections is level with the FY 2023 final level. In FY 2025, CDC will continue to support state and local health departments to mitigate the spread of STIs. CDC will continue to conduct STI surveillance and support states to conduct STI prevention and control activities. This funding level will also support training and educational resources for healthcare professionals, research and evaluation studies, and the translation of findings to improve STI prevention programs. CDC will also continue to support efforts in alignment with the 2020 HHS STI National Strategic Plan and the Federal Implementation Plan released in June 2023.”

Tuberculosis: “CDC’s FY 2025 budget request of \$137,034,000 for Tuberculosis is level with the FY 2023 final level. In FY 2025, CDC will continue to support 50 states, eight cities, Washington, D.C., and two territories to conduct TB surveillance and oversee the medical and public health management of persons with TB disease and their contacts. CDC will fund four TB Centers of Excellence (COEs) to provide training and technical assistance for contact tracing, outreach and case management, TB educational materials, and medical consultation for healthcare professionals treating TB patients. CDC continues to offer state-of-the-art TB laboratory services to health departments, free of charge. Through CDC’s support, state health departments across the nation: • Investigate and report every case of TB disease. • Ensure provision of medical care, laboratory testing, and other services to achieve complete cure of TB patients, which halts further transmission and prevents drug resistance. • Identify contacts and provide treatment to prevent future TB cases. • Examine genetic fingerprints of TB isolates (purified TB samples) to find out whether cases are related, and to test for drug resistance. CDC’s TB elimination program embraces a dual approach that includes case finding and treatment for TB disease, plus prevention of new cases by testing and treating people with latent TB infection (LTBI). CDC estimates that up to 13 million people in the United States have LTBI with more than 80 percent of U.S. TB cases resulting from reactivated LTBI. To achieve TB elimination, LTBI must be addressed.”

Infectious Diseases and the Opioid Epidemic: “CDC’s FY 2025 budget request of \$23,000,000 for Infectious Diseases and the Opioid Epidemic is level with the FY 2023 final level. CDC will invest in the implementation of harm reduction services, bringing life-saving services and linkages to care to improve the health of people who use drugs. CDC’s program to address the infectious diseases associated with substance use focuses on four key strategies: CDC’s FY 2025 budget request of \$23,000,000 for Infectious Diseases and the Opioid Epidemic is level with the FY 2023 final level. CDC will invest in the implementation of harm reduction services, bringing life-saving services and linkages to care to improve the health of people who use drugs. CDC’s program to address the infectious diseases associated with substance use focuses on four key strategies: Ensuring implementation of and access to high quality Syringe Services Programs (SSPs)

nationwide; Increasing testing and linkage to care in local communities; Increasing state and local capacity to detect and respond to infectious disease clusters and prevent further transmission; and Increasing linkage to substance use disorder treatment at healthcare encounters for drug-use-related infections.”

Chronic Disease Prevention and Health Promotion: “CDC’s FY 2025 budget request of \$1,559,414,000 for the Chronic Disease Prevention and Health Promotion program is \$129,000,000 above the FY 2023 final level and includes \$254,950,000 from the Prevention and Public Health Fund (PPHF), which is level with the FY 2023 final level.”

Tobacco Prevention and Control: “CDC’s FY 2025 budget request of \$256,500,000 for Tobacco Prevention and Control is \$10,000,000 above the FY 2023 final level. The total request includes \$125,850,000 from the Prevention and Public Health Fund (PPHF), which is level with FY 2023 final. In FY 2025, in alignment with the Cancer Moonshot Initiative, CDC will continue tobacco prevention, control, and surveillance efforts, including addressing tobacco use among youth, and the successful Tips From Former Smokers (Tips®) campaign, which helps adults who smoke quit. In FY 2025, CDC will place additional Tips ads on platforms that reach populations with the highest smoking prevalence, increase support to the National Tobacco Control Programs to expand Tobacco Quitline services, and will enhance community-based program efforts to increase awareness of cessation services and coverage options among populations experiencing health disparities.”

Excessive Alcohol Use Prevention: “Excessive Alcohol Use Prevention Excessive alcohol use, including binge and underage drinking, is responsible for more than 140,000 deaths in the United States each year, or more than 380 deaths per day. One in five deaths among people aged 20 to 49 years is from excessive alcohol use. In FY 2024, CDC continued its support for alcohol epidemiology in 12 states and through the Center for Advancing Alcohol Science to Practice, which delivers evidence-based technical assistance and training. This support improved state surveillance on excessive drinking and alcohol-related harms and facilitated the integration of excessive alcohol use prevention into a range of other topic areas to leverage resources and amplify prevention efforts. In FY 2025, CDC will continue to strengthen state capacity to prevent excessive drinking and alcohol-related disease, injury, and death, including supporting innovative research on youth exposure to digital alcohol marketing and research translation tools to measure the concentration of alcohol outlets to improve the alcohol environment and address alcohol-related health disparities.”

Prevention Research Centers: “CDC provides leadership, technical assistance, and oversight to a network of academic Prevention Research Centers¹²⁷ (PRCs) to conduct innovative public health research at the community level to develop, test, and evaluate interventions that can be disseminated to address chronic diseases and leading causes of death and disability in the United States.

CDC’s FY 2025 budget request of \$28,961,000 for Prevention Research Centers is level with the FY 2023 final level. In FY 2025, CDC will continue to leverage the PRC Network to conduct applied prevention research and increase the translation, dissemination, and uptake of evidence-based interventions into practice by public health practitioners to improve population health and advance health equity. In FY 2024, CDC will fund a new five-year cooperative agreement cycle for PRCs to conduct dissemination and implementation research projects that

utilize an evidence-based intervention and a community-engaged approach to address a leading cause of chronic disease illness and death in a population experiencing high levels of health disparities. The 2024 - 2029 cycle will build on the 2019 - 2024 cycle to increase public health impact. PRCs in the 2019 - 2024 funding cycle trained nearly 14,000 persons through almost 300 PRC-hosted trainings and developed over 230 research and practice tools to help public health practitioners adopt and implement evidence-based practices. CDC also funds PRCs to conduct Special Interest Projects (SIPs) that enable all CDC Centers, Institutes, and Offices (CIOs) to leverage PRC expertise and their established relationships with community partners to conduct additional applied research projects. In the 2019 - 2024 funding cycle, CDC awarded 54 SIPs, including five thematic research networks that focused on cancer, epilepsy, nutrition and obesity, physical activity, and dementia risk reduction. Thematic research networks fund multiple PRCs to work together to conduct research to advance a specific health issue. In 2022, the Cancer Prevention and Control Research Network (CPCRN) celebrated its 20th anniversary. With CDC support, the CPCRN has published over 2,000 CPCRN-related papers in peer-reviewed journals, delivered more than 2,000 presentations to external organizations, and awarded over 682 grants to further public health work.”

Birth Defects, Developmental Disabilities, Disabilities and Health: “CDC’s FY 2025 budget request of \$205,560,000 for Birth Defects, Developmental Disabilities, Disabilities and Health is level with the FY 2023 final level. CDC will continue to modernize and expand its surveillance efforts to address birth defects and developmental disabilities. To achieve this, CDC is committed to recruiting, retaining, and increasing the number of public health professionals with epidemiology and laboratory expertise to provide critical support needed to address the needs of vulnerable populations. A diversified and experienced workforce will also help identify a more detailed picture of the impact that public health emergencies have on Americans, leading to enhanced public health responses for infants, pregnant people, people with disabilities, and people with blood disorders.

The COVID-19 pandemic highlighted critical and systemic factors contributing to health disparities, especially for children at risk for or with developmental disabilities and people with disabilities. For example, COVID-19 has a disproportionate impact on people with disabilities, who experience barriers to accessing COVID-19 testing and vaccines. To reduce health inequities, CDC worked with partners including the Association of University Centers on Disability to promote equitable access to COVID-19 preventative measures for people with disabilities; CDC also worked with the National Academies of Science, Engineering, and Medicine (NASEM) to design free online tools to support coping skills and resilience among those disproportionately affected. CDC also issued specific and relevant guidance for people with disabilities using a variety of communication formats, including American Sign Language and extreme low literacy tools, to ensure accessible messaging about how to stay well during the COVID-19 pandemic. CDC partnered with the Administration on Community Living on the Disability Information and Access Line (DIAL) to help people with disabilities get vaccinated and has begun to monitor COVID-19 vaccination by disability status. These efforts helped improve inclusion for people with disabilities, but gaps remain.”

Neonatal Abstinence Syndrome: “Neonatal Abstinence Syndrome (NAS) CDC’s FY 2025 budget request of \$4,250,000 for Neonatal Abstinence Syndrome (NAS) is level with the FY 2023 final 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. In FY 2025, 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.”

Fetal Alcohol Syndrome: “CDC’s FY 2025 budget request of \$11,500,000 for Fetal Alcohol Syndrome is level with the FY 2023 final 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 the known adverse effects of FASD, alcohol use during pregnancy remains a critical public health issue, and polysubstance use is increasingly common. In FY 2025, 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.”

Injury Prevention and Control: “CDC’s FY 2025 budget request of \$943,379,000 for Injury Prevention and Control is \$182,000,000 million above the FY 2023 final Level. This total includes \$100 million in PHS Evaluation Funds. CDC will continue to protect Americans from injury and violence by:

- Researching and evaluating prevention strategies to better understand what works, why, and for whom.
- Executing impactful strategies and effectively translating them for populations most at risk.
- Mobilizing a diverse group of champions and change agents to enhance preventive measures within communities.
- Ensuring equitable policies, programs, and services that build on individual, family, and community strengths while reducing disparities that increase risk.

CDC is advancing health equity as a fundamental part of our injury and violence prevention work by:

1. Establishing and strengthening internal mechanisms for implementing and evaluating how health equity is incorporated into CDC’s work.
2. Prioritizing health equity as part of CDC funding opportunities.
3. Building and disseminating a broader evidence-base to advance health equity.
4. Cultivating and strengthening reciprocal partnerships to achieve health equity.”

Unintentional Injury Prevention: “CDC’s FY 2025 budget request of \$13,300,000 for Unintentional Injury Prevention is level with the FY 2023 final Level. At this level, CDC will continue to prevent and minimize unintentional injury impacts. With these funds, CDC will create new Still Going Strong campaign assets to focus on differently abled older adults and American Indian/Alaska Native elders, to expand the campaign’s reach, and to broaden the campaign focus to promote social connectedness. CDC will also continue to fund its Heads Up TBI campaign.”

Injury Prevention Activities: “CDC’s FY 2025 budget request of \$29,950,000 for Injury Prevention Activities is level with the FY 2023 final 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.”

Opioid Overdose Prevention and Surveillance: “CDC’s FY 2025 request of \$506,079,000 for Opioid Overdose Prevention and Surveillance is \$500,000 above the FY 2023 final Level. With increased funding, CDC will continue to meet the evolving needs of the overdose crisis by investing in communities heavily impacted by this crisis while supporting all states, territories, and tribes to track and prevent overdose deaths. CDC will support the collection and reporting of real-time, robust overdose data, building upon the work of Overdose Data to Action (OD2A) programs. CDC will partner with state, local, and territorial health departments to implement actionable data collection that include contextual and toxicological information that can identify emerging drug threats, such as xylazine and fentanyl analogs, and prevent overdose and negative health outcomes in communities. Recognizing the associations between ACEs, suicide, 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 community approach for the primary and secondary prevention of ACEs.”

Injury Control Research Centers: “CDC’s FY 2025 budget request of \$11,000,000 for the Injury Control Research Centers is level with the FY 2023 final level. In FY 2024, the new ICRC funding cycle will start, and CDC anticipates increasing the number of funded ICRCs from nine to eleven. With the \$2 million increase received in FY 2023, CDC will support two additional ICRCs in FY 2024, in alignment with Congressional direction. In the new five-year funding cycle, ICRCs will continue to implement high- quality research, training, and outreach activities, as well as effective translation of scientific discoveries into practice for the prevention and control of injuries and violence.”

Preventive Health and Health Services Block Grant: “CDC’s FY 2025 budget request of \$160,000,000 from the Prevention and Public Health Fund resources for the Preventive Health and Health Services Block Grant is level with the FY 2023 final level.”

Health Resources and Services Administration (HRSA) – Select Programs

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
Health Centers	\$1,858,772,000	Level	\$1,858,772,000	Level	\$1,858,772,000	Level	\$1,858,772,000	Level
Interdisciplinary Community-Based Linkages	\$252,298,000	-\$39,000,000	\$347,798,000	+\$95,491,000	\$253,298,000	+\$1,000,000	\$253,298,000	+\$1,000,000
Maternal and Child Health Services Block Grant	\$813,700,000 ¹¹	-\$9,000,000	\$831,714,000 ¹²	+\$18,014,000	\$802,852,000 ¹³	-\$10,848,000	\$816,700,000 ¹⁴	+\$3,000,000
Rural Health	\$364,607,000	+\$12,200,000	\$352,407,000	-\$12,200,000	\$400,907,000	+\$36,300,000	\$385,907,000	+\$21,300,000
<i>Rural Communities Opioid Response</i>	\$145,000,000	Level	\$145,000,000	Level	\$145,000,000	Level	\$155,000,000	+\$10,000,000
Office for the Advancement of Telehealth	\$42,050,000	+\$4,000,000	\$38,050,000	-\$4,000,000	\$44,550,000	+\$2,500,000	\$44,050,000	+\$2,000,000
Ryan White HIV/AIDS Program	\$2,571,041,000	Level	\$2,581,041,000	+\$10,000,000	\$2,381,041,000	-\$190,000,000	\$2,571,041,000	Level
National Health Service Corps (NHSC)	\$128,600,000	+\$3,000,000	\$125,600,000	-\$3,000,000	\$130,000,000	+\$1,400,000	\$128,600,000	Level
Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program	\$40,000,000	Level	\$40,000,000	Level	\$40,000,000	Level	\$65,000,000	+\$25,000,000
Peer Support Specialists	\$14,000,000	Level	Not funded	NA	\$15,000,000	+\$1,000,000	\$14,000,000	Level

Senate Committee Report Language:

¹¹ This includes \$210,116,000 in funding of Special Projects of National Significance.

¹² This includes \$228,130,000 in funding of Special Projects of National Significance.

¹³ This includes \$194,268,000 in funding of Special Projects of National Significance.

¹⁴ This includes \$213,116,000 in funding of Special Projects of National Significance.

Community Health Centers: “The Committee provides \$1,858,772,000 for the Bureau of Primary Health Care. Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas.

In addition, within the amount provided, the Committee provides up to \$120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers’ federally approved scope of project.”

Base Grant Adjustments: “The Committee recognizes that health center costs have increased significantly and that it has been nearly a decade since the last base grant adjustment. The Committee encourages HRSA to consider the needs of existing health centers in relation to their current base grants when allocating health center funding.”

Children’s Mental Health Services: “The Committee continues to urge HRSA to provide funding to Health Centers to support vital mental health services for children.”

Federally Qualified Health Center [FQHC] Look-Alike Participation: “The Committee notes that certain health centers throughout the country are ineligible to apply for supplemental funding awards because of their status as a FQHC Look-Alike [LAL]. The Committee requests a briefing from HRSA within 180 days of enactment of this act on the impacts of allowing FQHC LALs to apply for supplemental funding opportunities under section 330 of the Public Health Service [PHS] Act and ways in which the FQHC LAL program could be better utilized as a pipeline into the section 330 Health Center program.”

School-Based Health Centers [SBHCs]: “The Committee includes \$55,000,000 for awards to health centers operating school-based service sites under section 330 of the PHS Act to increase their capacity to meet the increasing demand for health services, including mental health services.”

Technical Assistance: “The Committee believes funding for the training and technical assistance available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the Health Centers program. Funds are available within the amount provided to enhance technical assistance and training activities and further quality improvement initiatives that improve health outcomes.”

Vaccination and Screening for Hepatitis B: “The Committee encourages HRSA to redouble efforts to support health center grantees to adopt the necessary practices and policies to comply with the November 2021 Advisory Committee on Immunization Practices [ACIP] recommendation that all adults between ages 19 and 59 be vaccinated and the March 2023 ACIP recommendation that all adults between ages 19 and 59 be screened for hepatitis B. To implement these policies, the Committee further encourages HRSA to ensure that health centers screen patients aged 19–59 for hepatitis B, offer to immunize all non-infected patients in the 19–

59 age cohort, and navigate infected individuals into care. The Committee requests an update from HRSA before the end of fiscal year 2025 on its progress to meet this goal, including the number of individuals screened and number of individuals vaccinated for hepatitis B at HRSA-funded health centers.”

National Health Service Corps: “The Committee provides \$128,600,000 for the National Health Service Corps [Corps]. The Committee recognizes the success of the Corps program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas.

Within this total, the Committee continues support for access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide. The Committee continues language that expands eligibility for loan repayment awards through the Corps to include SUD counselors. The Committee also continues to include section 206 of this act to modify the rules governing the Corps to allow every Corps member 60 days to cancel their contract. Further, the Committee encourages HRSA to explore opportunities to provide incentives for individuals working in their home State or the State in which they received their education.”

Correctional Facilities: “While Federal and State correctional facilities are eligible for Corps scholarships and loan repayment, a 1989 Federal regulation narrowed eligibility for Corps scholarships to exclude county jails. The Committee notes that county jails in large metropolitan areas are often the biggest correctional facilities in an area, and encourages HRSA to work with Congress and relevant stakeholders to develop a process to provide county and municipal correctional facilities the opportunity to participate in the Corps program if they would otherwise meet the requirements of a National Health Service Corps service site. Within 180 days of enactment of this act, the Committee requests a briefing detailing implications and considerations for participation by county jails.”

Maternity Care Target Areas [MCTAs]: “The Committee recognizes HRSA’s progress in determining MCTAs in order to begin making loan repayment awards to maternal health practitioners, such as OB/GYNs and Certified Nurse Midwives, who agree to serve in MCTAs. Within the total for the Corps, the Committee includes not less than \$8,000,000 to support loan repayment and scholarships for maternity care health services in health professional shortage areas. The Committee requests that HRSA provide a briefing on this effort within 120 days of enactment of this act.”

Rural Health Equity: “The Committee recognizes the importance of the Corps Scholarship Program, especially in combatting the rural healthcare provider shortage, and encourages HRSA to increase the number of scholarships provided. Providing Corps scholarships, particularly to students from rural communities, will increase equitable access to medical school and help to solve the rural provider workforce shortages throughout the United States.”

Behavioral Health Workforce Education and Training Program: “The Committee provides \$113,000,000 for the Behavioral Health Workforce Education and Training [BHWET] program. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas. The Committee expresses ongoing, strong support for the Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment program that was previously funded under BHWET, but is now funded as a standalone program.”

Addiction Medicine Fellowship [AMF] Program: “Within the total for BHWET, the Committee includes \$25,000,000 for AMF to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors.”

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

Provider Distribution: “The Committee recognizes that some communities may disproportionately experience a high prevalence of substance use disorders, high suicide rates, and high poverty rates, combined with severe mental health provider shortages. The Committee encourages HRSA to assess the distribution of behavioral health students and providers who have participated in behavioral health workforce development programs and examine best practices to support healthcare and mental health providers serving in such communities.”

Mental and Behavioral Health Programs: “The Committee includes \$44,053,000 for Mental and Behavioral Health programs.”

Graduate Psychology Education [GPE]: “Within the total for Mental and Behavioral Health programs, the Committee includes \$25,000,000 for the inter-professional GPE program to increase the number of health service psychologists trained to provide integrated services to high-need, high-demand populations in rural and urban communities. The Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management in addressing the opioid epidemic. The Committee also notes data from CDC demonstrating a mental health crisis among youth and adolescents and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands.”

Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment Program: “The Committee provides \$65,000,000, an increase of \$25,000,000 above the fiscal year 2024 enacted level. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the National average. The Committee also encourages HRSA to actively recruit SUD counselors to take advantage of its STAR Loan Repayment Program, so that underserved communities may benefit from the presence of these professionals.”

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

MCH Block Grant-Special Projects of Regional and National Significance [SPRANS]: “The Committee recommends \$213,116,000, an increase of \$3,000,000, for SPRANS.”

Screening and Treatment for Maternal Mental Health and Substance Use Disorders [MMHSUD]: “The Committee provides \$12,000,000 for the MMHSUD program, which was reauthorized in the Consolidated Appropriations Act of 2023 (Public Law 117–328). HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for maternal depression in women who are pregnant or who have given birth within the preceding 12 months.

According to Maternal Mortality Review Committee data in 38 States, mental health conditions accounted for over 22 percent of pregnancy-related deaths in 2020. Maternal mental health [MMH] conditions impact one in five pregnant or postpartum women, including as many as one in three in high-risk populations. MMHSUD trains healthcare providers to screen, assess, and treat MMH conditions and substance use disorders, and provides specialized psychiatric consultation to providers. The Committee encourages HRSA to improve or maintain existing State programs, prioritizing States with high rates of adverse maternal health outcomes. Grants shall include culturally and linguistically appropriate approaches to assist in the reduction of maternal health inequities. The Committee encourages HRSA to provide technical assistance to both grantee and non-grantee States to implement activities under this program. The Committee requests a report within 1 year of enactment of this act detailing updates since the fiscal year 2024 report, as well as the technical assistance HRSA has provided to States and steps HRSA has taken to expand the number of grants to States.”

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

Rural Health: “The Committee recommendation for Rural Health programs is \$385,907,000, an increase of \$21,300,000 above the fiscal year 2024 enacted level. The Federal Office of Rural Health Policy [FORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 60 million residents of rural communities. FORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens’ access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.”

Rural Communities Opioid Response Program [RCORP]: “The Committee provides \$155,000,000 for RCORP, an increase of \$10,000,000 to expand the program. Within the funding provided, the Committee includes \$11,500,000 to continue at least three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260 and 117–103. The Committee recognizes the success of the Centers in addressing substance use disorders within rural communities through various evidence-based treatment and recovery models. The Committee supports HRSA’s continued investment in the current Centers and encourages HRSA to consider how the Centers can expand their outreach into other underserved communities. Within the total provided for RCORP, the Committee includes \$4,000,000 to support career and workforce training services and other needs

related to substance use challenges within the Northern Border Regional Commission’s rural regions to assist individuals affected by a substance use disorder.”

Telehealth: “The Committee provides \$44,050,000 for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for health professionals. The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.”

Expanding Capacity for Health Outcomes: “The Committee provides \$10,500,000 as authorized in Public Law 116–260 to continue the use of technology-enabled collaborative learning and capacity building models. This collaborative model of medical education and care management helps clinicians provide expert-level care to patients wherever they live, and increases access to specialty treatment in rural and underserved areas for a variety of conditions. The Committee recognizes that HRSA has initiated activities to allow grantees to explore addressing Alzheimer’s disease. The Committee encourages HRSA to expand and support such activities, including improving Alzheimer’s person-centered care coordination and improving care transitions.”

Telehealth Centers of Excellence [Centers]: “The Committee provides \$8,500,000 for the Centers to continue to validate technologies and reimbursement mechanisms, establish training protocols, and develop comprehensive templates for States to integrate telehealth into their State health provider networks. The Centers identify best practices, serve as national training resources and test the efficacy of different telehealth clinical applications. The Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols and by providing a comprehensive template for States to integrate telehealth into their State health provider network. Funding should serve to promote the adoption of telehealth services nationwide and help address the access to care issue faced by rural America.”

House Committee Report Language:

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

The Committee includes bill language providing up to \$120,000,000 for the Federal Tort Claims Act program, the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request.”

Base Grant Adjustments: “The Committee recognizes that Health Center costs have increased significantly and that it has been nearly a decade since the last base grant adjustment. The Committee encourages HRSA to consider the needs of existing health centers in relation to their current base grants when allocating increased health center funding.”

Federally Qualified Health Center Look Alike Participation: “The Committee is concerned that certain health centers—and in turn, certain groups of patients—throughout the country are unable to realize the benefits of federal funding for high-quality primary care services due to Federally Qualified Health Center Look Alike (FQHC LALs) ineligibility to apply for supplemental funding awards. In many geographic regions, FQHC LALs are ideal candidates for supplemental funding opportunities but are ineligible to apply for them. Given the access to care issues many communities currently face, widespread healthcare workforce challenges, and the ability of many FQHC LALs to help meet the country’s current unmet health care needs, the Committee requests that HRSA provide an update to the committees of jurisdiction on the impacts of allowing FQHC LALs to apply for Supplemental Funding opportunities under section 330(d) of the PHS Act (42 U.S.C. 254b) within 180 days of enactment of this Act.

Additionally, the Committee requests that HRSA provide a report to the House and Senate Committees on Appropriations; the House Committee on Energy and Commerce; and the Senate Committee on Health, Education, Labor and Pensions on the ways in which FQHC LALs could be better utilized as a pipeline into the Section 330 Health Center program.”

School-Based Health Centers: “The Committee continues funding for school based health centers authorized under section 330 of the PHS Act (42 U.S.C. 254b).”

Testing for Hepatitis C: “The Committee recognizes the value of point of care testing for the hepatitis C virus and supports efforts by HRSA to adopt practices and policies to test for the hepatitis C virus. The Committee further encourages HRSA to ensure that health centers have access to and utilize available point of care diagnostic tests to adequately test the populations they serve.”

National Health Service Corps: “The Committee includes \$130,000,000, which is \$1,400,000 above the fiscal year 2024 enacted level and \$4,400,000 above the fiscal year 2025 budget request, for the National Health Service Corps (NHSC) to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and Tribal areas.”

State Loan Repayment Program: “The Committee appreciates that the State Loan Repayment Program (SLRP) program allows States to determine how to address healthcare provider shortages. However, the Committee is concerned that many States are not focusing on the full range of healthcare providers in shortage, including in nursing, pharmacy, dentistry, and behavioral healthcare. The Committee directs HRSA to include in the fiscal year 2026 congressional justification information regarding the process for how States determine which health professions benefit from the SLRP with recommendations to improve SLRP access to all professions in shortage in the States.”

Tribal Set Aside: “The Committee also includes a set aside of 15 percent within the discretionary total provided for NHSC to support awards to participating individuals that provide health services in Indian Health Service facilities, Tribally-operated health programs, and Urban Indian Health programs.”

Mental and Behavioral Health Programs: “The Committee adopts the budget request to consolidate activities funded under Mental and Behavioral Health programs into Behavioral Health Workforce Education and Training.”

Behavioral Health Workforce Education and Training: “The Committee includes \$158,053,000 for the Behavioral Health Workforce Education and Training (BHWET) program, \$1,000,000 above the comparable fiscal year 2024 enacted level and \$95,500,000 below the fiscal year 2025 budget request. This program establishes and expands internships or field placement programs in behavioral health, serving populations in rural and medically underserved areas.”

Crisis Service Models: “Crisis service models present opportunities for cost savings and more effective use of the behavioral health workforce. By stabilizing individuals experiencing behavioral health crises in settings that are less intensive and less costly than traditional acute care, these models align the level of intervention needed by a client to address a crisis with the level of training and credentials of a provider. The Committee encourages HRSA to include crisis workforce development, as appropriate, in the BHWET programs.”

Mental and Substance Use Disorder Workforce Training Demonstration: “This program makes grants to institutions, including but not limited to medical schools and Federally qualified health centers, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, and others, to provide substance use disorder (SUD) treatment in underserved communities. Within the total included for this activity, the Committee directs HRSA to use no less than 50 percent of the total funds to award grants to expand the number of nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and social workers trained to provide mental health and substance use disorder services in underserved and rural community-based settings, including such settings that serve pediatric populations, as authorized under section 760 of the PHS Act.

The Addiction Medicine Fellowship program provides fellowships to train addiction medicine physicians and addiction psychiatrists who work in underserved, community-based settings that integrate primary care with mental health disorder and SUD prevention and treatment services. One major cause of the existing treatment gap is that physicians in traditional medical settings lack the necessary training and overall confidence to provide comprehensive assessments of adolescents with SUD and subsequent evidence-based treatment. The fellowship opportunities funded by this program provide advanced training opportunities to a wide range of specialists, including those in family medicine, internal medicine, psychiatry, and emergency medicine.”

Peer Support Specialists: “The Committee supports community based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals. The Committee includes a \$1,000,000 increase for this activity.”

Youth Behavioral Health Workforce: “The Committee recognizes the access limitations for child and youth behavioral health services. Some children are impacted by socioeconomic or geographic factors. The Committee requests an update in the fiscal year 2026 congressional justification outlining funding available for child and adolescent behavioral health workforce development. The update should note the type of child and adolescent behavioral health professionals being trained with HHS funding and the number of individuals being trained in each type.”

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program: “The Committee includes \$40,000,000 for this program, the same as the fiscal year 2024 enacted level. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health HPSA or a county where the overdose death rate exceeds the national average.”

Maternal and Child Health Services Block Grant: “The Committee recommends \$608,584,000 for the maternal and child health (MCH) services block grant, which is \$5,000,000 above the fiscal year 2024 enacted level and the fiscal year 2025 budget request. States use these funds to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs.”

MCH Block Grant Special Projects of Regional and National Significance: “The Committee recommends \$194,268,000 for the special projects of regional and national significance (SPRANS), which is \$15,848,000 below the fiscal year 2024 enacted level and \$33,862,000 below the fiscal year 2025 budget request. The Committee continues bill language identifying a specific amount for SPRANS.”

Screening and Treatment for Maternal Mental Health and Substance Use Disorders: “The Committee provides \$11,500,000, which is \$500,000 above the fiscal year 2024 enacted level and \$4,000,000 below the fiscal year 2025 budget request for the Screening and Treatment for Maternal Mental Health and Substance Use Disorder (MMHSUD) program. The program helps expand health care providers’ capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal mental health and substance use disorders.

The Committee continues to support MMHSUD. According to Maternal Mortality Review Committee data reported to the Centers for Disease Control and Prevention, suicide and overdose are the leading causes of maternal mortality, accounting for 22 percent of maternal deaths. Maternal mental health conditions impact 1 in 5 pregnant or postpartum women, including as many as 1 in 3 in high-risk populations including military service members, costing the U.S. economy \$14 billion annually. MMHSUD trains health care providers to screen, assess, and treat MMH conditions and provides specialized psychiatric consultation to health care providers. The Committee encourages HRSA to reduce the administrative burden on current grantees and work to create uniform evaluation metrics across all States with perinatal psychiatric access programs. The Committee urges HRSA to provide guidance for the MMHSUD and Pediatric Mental Health Care Access program State grantees to foster collaboration and promote cost efficiencies by integrating the States’ maternal and child psychiatric consultation lines, if applicable. The Committee supports HRSA providing technical assistance to support States that desire to increase collaboration between maternal and child health consultation lines. The Committee requests a report within 180 days after the enactment of this Act detailing the technical assistance HRSA has provided to States to promote collaboration between maternal and child health psychiatric consultation lines; such report shall be made available on the agency’s website.”

Integrated Services for Pregnant and Postpartum Women: “The Committee includes \$10,000,000 for integrated services for pregnant and postpartum women, the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request. The Integrated Services for Pregnant and Postpartum Women program helps States, Indian Tribes, and Tribal organizations establish or operate innovative programs to effectively deliver care for pregnant and postpartum women while considering their social, behavioral, and health care needs.”

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

Rural Health: “The Federal Office of Rural Health Policy’s (FORHP) programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; and for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments.”

Rural Healthcare: “While current spending for all rural health discretionary programs is relatively small, it plays a critical role in solidifying the fragile healthcare infrastructure in rural communities. The Committee supports programs seeking to address the severe health care crisis escalating in rural America and preventing any additional rural hospitals from closing. Health care workforce shortages continue to plague rural communities, and, while health care innovations, such as telehealth technologies, show promise in rural areas, the Committee believes that action needs to be taken to address the workforce shortages in rural communities. The Committee continues to support HHS’ efforts to implement programs and policies to improve rural health outcomes, strengthen care delivery, and address the immediate issues facing rural communities.”

Rural Communities Overdose Response Program: “The Committee includes \$145,000,000, the same as the fiscal year 2024 enacted level and the fiscal year 2025 budget request, for this program. Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by P.L. 115–245 and continued through P.L. 117–328. The Committee recognizes the success of the three Centers in reducing substance use disorders within rural communities, through various evidence-based treatment and recovery models. The Committee supports HRSA’s continued investment in the current Centers and encourages HRSA to consider how the Centers can expand their outreach into other underserved communities.”

Office for the Advancement of Telehealth: “The Committee includes \$44,550,000 for the Office for the Advancement of Telehealth, an increase of \$2,500,000 above the fiscal year 2024 enacted level and \$6,500,000 above the fiscal year 2025 budget request. Funds for the Office for the Advancement of Telehealth promote the effective use of technologies to improve access to health services for people who are isolated from health care and to provide distance education for health professionals.”

Telehealth Centers of Excellence: “Within the funds provided for Telehealth, the Committee provides \$9,000,000 for Telehealth Centers of Excellence, an increase of \$500,000 above the fiscal year 2024 enacted level. These Centers identify best practices, serve as national training resources, and test the efficacy of different telehealth clinical applications. These Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols and by providing a comprehensive template for states to integrate telehealth into their state health provider network. Funding should serve to promote the adoption of telehealth services nationwide and help address the access to care issue faced by rural America.”

Telehealth Technology Enabled Learning: “The Committee recognizes the significance of telementoring in transforming healthcare training, education, and delivery. Specifically, the Committee encourages HRSA to integrate and implement a robust telementoring initiative at an academic medical center with existing Federal support and expertise in the field. This should include technology enabled delivery of evidence-based curricula, offering of practice-based, culturally responsive care, advancing the skill set of health care workers, facilitating task shifting, increasing access to specialized care, including for adolescent behavioral health. The Committee further encourages this initiative to increase community level health literacy that will lead to healthier behaviors and prepare for this telementoring service to be used during public health emergencies. Telementoring, in partnership with community-based organizations, can be rapidly deployed to deliver support and training across a broad cross-section of clinical and non-clinical disciplines. The Committee includes a \$2,000,000 increase for this effort.”

HRSA Congressional Justification Language:

Community Health Centers: “The FY 2025 Budget Request for the Health Center Program is \$8.2 billion, an increase of \$2.4 billion above the FY 2023 Final level. This total consists of \$1.9 billion in discretionary resources and includes \$6.3 billion in mandatory funding. The proposed mandatory investments continue progress on the President’s plan to put the Health Center Program on a pathway to doubling.

As a result of this expanded investment in FY 2025, approximately 3.9 million additional patients will be served by health centers, for a total of 37.4 million. Health centers will have resources to expand medical capacity at existing sites, including the expansion of behavioral health and oral health, as well as expand maternal health services and enabling/patient support services. In addition, the FY 2025 request will support the creation of a new initiative to support new and expanded workforce training at health centers, and the establishment of a new street medicine and outreach program for individuals experiencing homelessness.

The FY 2025 Health Center Program investments included in the FY 2025 Budget Request will build on ongoing annual investments and Program enhancements proposed in FY 2024; notably, statutory changes requiring the provision of mental health and substance use disorder services in all health centers, and mandatory funding investments in health center expanded hours (\$250 million), new access points (\$150 million), and behavioral health service expansion (\$700 million).”

Maternal and Child Health Block Grant: “The FY 2025 Budget Request for the MCH Block Grant program of \$831.7 million is \$15.5 million above the FY 2023 Final 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 CYSHCN), and their families. Additionally, the request includes \$228.1 million in SPRANS to continue to address critical and emerging issues in maternal and child health.

Within SPRANS, the FY 2025 Budget Request includes an additional \$16.0 million, for a total of \$81.0 million, to support HRSA's efforts to improve maternal health with a specific focus on areas with high rates of adverse maternal health outcomes or with disparities in maternal health outcomes:

Doula Workforce: \$5.0 million to support a doula workforce initiative to provide grants for up to 7 community-based organizations (CBOs) to develop and/or expand programs to recruit doula candidates (health workers who provide support before, during and after childbirth), support their training/certification, and then employ them as doulas to support improved birth outcomes in the community. HRSA will also provide technical support and expertise in furthering community-based doula services and maternal and child health to advance the training and development of a doula workforce.

State Maternal Health Innovation Awards: An additional \$6.0 million, for a total of \$61.0 million, to continue to expand the program. This program provides funding for awardees to launch new maternal health service delivery activities, including data-driven innovations and direct clinical care.

Addressing Emerging Issues and Social Determinants of Maternal Health: \$5.0 million to provide support for community-based organizations to conduct innovative pilot projects to reduce maternal mortality and adverse maternal health outcomes, particularly in areas with significant disparities in maternal health outcomes.

Funding for Minority-Serving Institutions: \$10 million to continue funding a multi-institutional research network to support minority-serving institutions to study health disparities in maternal health outcomes and identify community-based solutions to address those disparities, including a component to create and disseminate curricula to train health professionals on the impact of climate change on maternal health.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, collection and reporting of performance and outcome measure data to include the National Survey on Children's Health, and information technology and other program support costs."

Rural Communities Opioid Response program: "The FY 2025 Budget Request for the Rural Communities Opioid Response program of \$145 million is equal to the FY 2023 Final 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 directly to rural residents. Drug overdose death rates in rural areas rose from 19.6159 in 2019 to 26.2160 per 100,000 standard population in 2020. The rate of deaths involving psychostimulants with abuse potential was 31% higher in rural counties (9.4) than in urban counties (7.2), and the rate of deaths involving natural and semisynthetic opioids was nearly 13% higher in rural counties (4.5) than in urban counties (4.0).¹⁶¹ Further, over 60 percent of mental health professional shortage designations are located in rural areas.⁴ Through progress reports, listening sessions, and town halls, RCORP award recipients and other rural stakeholders have described continued workforce shortages, reimbursement issues,

continually evolving and emerging threats related to SUD/ODU (e.g. fentanyl and xylazine), and the need for additional resources to address substances beyond opioids and co-occurring mental health disorders.

This request will enable HRSA to continue supporting RCORP programs that address emergent behavioral health needs in rural communities, health equity, and needed prevention, treatment, and recovery services to rural residents, including for children and adolescents, and pregnant and postpartum people. In FY 2023, HRSA piloted the Overdose Response program that provided funds to rural communities to rapidly address their immediate SUD/ODU needs (including the purchase and distribution of lifesaving naloxone) and addressed health equity.

In FY 2025, HRSA plans to continue funding activities that provide technical assistance, evaluation, and rural behavioral health care workforce development support. Additionally, due to the high-level of need identified in FYs 2023 and 2024, HRSA will support approximately 20 new RCORP-Overdose Response awards to continue to allow rural communities to address their immediate and evolving needs around SUD/ODU. To address the high rate of overdose death from stimulants in rural communities (including psychostimulants), HRSA will also support approximately 20 new RCORP-Stimulant Support awards. 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. This request will enable HRSA to strengthen RCORP's commitment to reducing disparities in health outcomes and access among underserved 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.”

Office for the Advancement of Telehealth: “The FY 2025 Budget Request for the Office for the Advancement of Telehealth is \$38.05 million, equal to the FY 2023 Final level. HRSA will continue to utilize telehealth to provide access to healthcare in rural and underserved areas. In FY 2025, HRSA will support the continuation of 51 existing grantees, and 16 new competitive grants through the Telehealth Resource Center and Telehealth Research Center Programs, which will be re-competed in FY 2025. These programs strengthen the networks and the technical assistance providers that support effective implementation of telehealth services. The funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.”

National Health Service Corps: “The FY 2025 Budget Request for the NHSC of \$915.6 million is \$497.7 million more than the FY 2023 Final level. The Budget will enable HRSA to increase its anticipated field strength in in FY 2025 to more than 24,800 by recruiting primary care, behavioral health, and oral health providers to areas of greatest need. The NHSC will also continue to work to recruit a workforce that is well prepared to meet patients' needs, including addressing language access barriers to quality care. HRSA also will fund a new grant competition for the State Loan Repayment Program in FY 2025.

To support a qualified health workforce dedicated to serving in areas of the United States with limited access to care, the FY 2025 Budget Request also includes a new legislative proposal to expand eligibility for the NHSC Scholarship and Loan Repayment Programs to include lawful permanent residents of the U.S. Including qualified permanent residents as eligible applicants will align the NHSC with other health workforce training and service programs and support continued efforts to recruit and retain a highly qualified health workforce in underserved communities.

The funding request also includes costs associated with the award process, follow-up performance reviews, information technology enhancements, and other program support costs.”

Behavioral Health Workforce Development Programs: “The FY 2025 Budget Request for the Behavioral Health Workforce Development Programs of \$253.6 million is \$56.5 million above the FY 2023 Final level. This request will support the training of approximately 15,500 individuals through training grants. This includes funding to support the training of 12,000 individuals to become new behavioral health providers through the Behavioral Health Workforce Education and Training Programs for Professionals and Paraprofessionals.

HRSA will use \$46.5 million of the requested increase to support the Behavioral Health Workforce Education and Training for Professionals and Paraprofessionals Programs. The goal of these programs is to increase the supply, distribution, and quality of behavioral health professionals such as psychologists, psychiatrists, social workers, counselors, marriage and family therapists, and other mental health and addiction counselors as well as peer support specialists and other behavioral health-related paraprofessionals. Funding will primarily focus on the knowledge and understanding of children, adolescents, and young adults at risk for behavioral health disorders. Additionally, HRSA will use a portion of the requested funding increase to support activities to increase the access to and quality of family behavioral health services, including maternal behavioral health services.

HRSA will direct \$10 million to support a new Youth Behavioral Health Training Program to help address behavioral health needs of youth and young adults while also building an early pathway program for youth peers interested in behavioral health careers. Through this program, young people will be trained to provide much needed direct behavioral health support to their peers. In addition, peers will be able to train in behavioral health core competencies that will put them on a pathway to a behavioral health career. The program will engage youth in peer-to-peer support.

In FY 2025, HRSA will re-compete the Addiction Medicine Fellowship and the Graduate Psychology Education programs. Additionally, HRSA will fund continuation awards under the Integrated Substance Use Disorder Training Program and Opioid-Impacted Family Support Program and provide approximately 295 new loan repayment awards through the Substance Use Disorder Treatment and Recovery Loan Repayment Program.

The funding request also includes costs associated with the award process, follow-up performance reviews, information technology, and other program support costs.”

Administration for Children and Families (ACF) – Select Programs

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
Promoting Safe and Stable Families (PSSF)	\$417,515,000	-\$14,000,000	\$421,515,000	+\$4,000,000	\$414,765,000	-\$2,750,000	\$417,515,000	Level
<i>Regional Partnership Grant (RPG), mandatory</i>	\$20,000,000	Level	\$60,000,000	+\$40,000,000	\$20,000,000	Level	\$20,000,000	Level
Children and Families Services Programs	\$14,829,100,000	+\$210,663,000	\$15,052,128,000	+\$223,028,000	\$14,709,694,000	\$119,406,000	\$15,544,939,000	+\$715,839,000
<i>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</i>	\$105,091,000	Level	\$105,091,000	Level	\$105,091,000	Level	\$110,091,000	+\$5,000,000
<i>Child Welfare Services</i>	\$268,735,000	Level	\$268,735,000	Level	\$268,735,000	Level	\$268,735,000	Level

Senate Committee Report Language:

Children and Families Services Programs: “The Committee recommends \$15,544,939,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; survivors of child abuse, neglect, and domestic violence; and other vulnerable populations.”

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

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

Family First Clearinghouse: “The Committee includes \$2,750,000 for the Family First Clearinghouse. The Committee continues to recognize the need to support research into programs that provide rigorous evaluations of established foster care prevention and family support programs within the child welfare population, including programs that support adoption arrangements at risk of a disruption or dissolution that would result in foster care placement, provide mental health prevention and treatment services, substance abuse prevention and treatment services, in-home parent skill- based programs, and kinship navigator programs.”

House Committee Report Language:

Promoting Safe and Stable Families (PSSF): “The Committee provides \$345,000,000 in mandatory funds and \$69,765,000 in discretionary funds for the Promoting Safe and Stable Families program. This program enables each State to operate a coordinated program of family preservation services, community- based family support services, time-limited reunification services, and adoption promotion and support services.

The Committee eliminates \$2,750,000 in discretionary funding for the Title IV–E Prevention Services Clearinghouse of evidence- based programs and notes that the Clearinghouse receives \$1,000,000 in dedicated mandatory funding. As described in the fiscal year 2020 House Report (House Report 116–62), discretionary funding for the Clearinghouse was intended to be temporary, while Kinship Navigator programs eligible for Title IV–E reimbursement were identified. The Clearinghouse has received \$17,750,000 in discretionary funding since fiscal year 2020, and the Committee believes this funding is no longer necessary.”

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

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

Child Welfare Services: “This program funds formula grants to State and Tribal child welfare programs for research, monitoring, and special initiatives to promote positive outcomes for children and families involved in child welfare.”

ACF Congressional Justification Language:

Promoting Safe and Stable Families (PSSF): “The FY 2025 President's Budget request for the PSSF appropriation for the mandatory and discretionary account is \$796.5 million, an increase of \$215.0 million from the FY 2023 final level. The mandatory request is \$645 million, an increase of \$300 million from the FY 2023 enacted level for the PSSF program, and \$75 million for PREP. The request does not include the amount required by law to be sequestered in FY 2025, which totals \$19.7 million for PSSF. The discretionary appropriation request is \$76.5 million, a decrease of \$10.0 million from the FY 2023 enacted level.

The Budget request for the PSSF program discretionary appropriations includes \$10 million for formula grants to states and tribal agencies operating title IV-E programs to develop, enhance, or evaluate kinship navigator programs, a decrease of \$10 million provided in the FY 2023 appropriation.

The request also includes \$6.75 million for the Title IV-E Prevention Services Clearinghouse and to support evaluation and technical assistance relating to the evaluation of child and family serving programs and services. This proposed level of funding for kinship navigator grants reflects the expectation that increasing numbers of agencies will begin participating in the title IV-E Kinship Navigator program, as progress continues in identifying evidence-based models rated by the Prevention Services Clearinghouse.

This Budget continues the request from the FY 2024 President’s Budget for a five-year reauthorization of the PSSF program with discretionary appropriations authorized at the current statutory level (\$200 million annually) and an increase in the annual mandatory appropriation from \$345 million to \$645 million. The increase in the mandatory appropriation would support increased funding for PSSF formula grants to states and tribes. It would also increase funding for the CIP by \$30 million of which \$1 million would be for Tribal CIP grants and \$29 million for increased funding to state courts to modernize and expand the program and assist courts in meeting additional training and hearing requirements enacted in the Family First Prevention Services Act. In addition, the proposal would increase mandatory funding for the RPG program by \$40 million to expand the reach of this evidence-based program to better address the intersection of substance-use disorders and child welfare involvement in more communities around the country. Finally, the increase would support the creation of a new \$50 million formula grant program to support costs of legal services and representation for children and families involved in the child welfare system, including to help them address collateral issues such as housing and domestic violence.

Other proposals continued from the FY 2024 President’s Budget include a state plan provision to PSSF requiring states to report on their use of kinship diversion (aka “hidden foster care”), adding kinship support as an allowable use of PSSF funds, revising the formula used to determine whether a tribe qualifies for the required \$10,000 minimum allotment needed to receive a grant.

The Budget continues a one-year reauthorization of the PREP program to ensure states and territories, tribes, and community-based organizations have funding available to support youth’s access to education on abstinence and contraception to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS.

ACF will make an estimated 536 awards for PSSF in FY 2025, with an average award of \$1,330,495 and a range of \$10,000 to \$28,645,894.”

Regional Partnership Grant (RPG) (mandatory): “The FY 2025 request for the RPG program on the mandatory side is \$60 million, a \$40 million increase from FY 2024 CR level. This funding will continue the success of earlier RPGs and will support state efforts to reduce foster care placements due to parental substance abuse. Adult substance-use disorders, including opioid-use disorder, remain a major and growing factor for involvement in the child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of substance-use disorders, including opioid addiction, and child welfare involvement.”

Children and Families Services Programs: “The FY 2025 request for discretionary Children and Families Services Programs is \$15.1 billion, an increase of \$433.7 million from the FY 2023 enacted level. The FY 2025 request for Children and Families Services Programs funds most programs at or above the FY 2023 enacted level. Highlights include:

- Head Start (+\$543.7 million),
- Community-Based Child Abuse Prevention (+19.3 million),
- Child Welfare Research, Training and Demonstration (+\$27 million),
- Native American Programs (+\$5 million),
- Chafee Education and Training Vouchers (+4 million), and
- Federal Administration (+\$12 million)

This Budget also supports the reauthorization of the Family Violence and Prevention Services, Runaway and Homeless Youth, and Native American programs, while proposing a new demonstration program that would support initiatives to address the whole family across the lifecycle of their interactions with benefits programs throughout the federal government.”

CAPTA State Grants: “The FY 2025 President's Budget request for CAPTA State Grants is \$105 million, the same as the FY 2023 final 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 wellbeing. 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 2025, it is estimated that 56 awards will be made with an average award of \$1,847,607 and a range of \$68,478 to \$11,951,260.”

Child Welfare Services: “The FY 2025 President's Budget request for the Child Welfare Services Program is \$268.7 million, the same as the FY 2023 final level. This funding will support grants to help improve state and tribal child welfare services programs with a goal of keeping families together when appropriate. For FY 2025, an estimated 230 awards will be made with an average award of \$1,168,413 and a range from \$1,058 to \$27,997,373. 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	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
Drug Enforcement Administration	\$2,567,000,000	+\$3,884,000	\$2,687,000,000	+\$120,000,000	\$2,760,924,000	+\$193,924,000	\$2,600,000,000	+\$33,000,000
Office of Justice Programs (OJP): Research, Evaluation, and Statistics	\$65,000,000	-\$12,000,000	\$77,000,000	+\$12,000,000	\$55,000,000	-\$10,000,000	\$75,000,000	+\$10,000,000
<i>Study on Law Enforcement Responses to Opioid Overdoses</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>
OJP: State and Local Law Enforcement Assistance	\$2,475,061,000	+\$58,256,000	\$2,009,000,000	-\$341,061,000	\$2,210,110,000	-\$264,951,000	\$2,149,338,000	-\$325,723,000
<i>Byrne Memorial Justice Assistance Grants</i>	\$924,061,000	+\$153,256,000	\$524,500,000	-\$399,561,000	\$847,810,000	-\$76,251,000	\$720,338,000	-\$203,723,000
<i>Drug Data Research Center to Combat Opioid Abuse</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>	<i>Not funded</i>	<i>NA</i>
Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)¹⁵	\$189,000,000	-\$1,000,000	\$190,000,000	+\$1,000,000	\$189,000,000	<i>Level</i>	\$190,000,000	+\$1,000,000
<i>Drug Courts</i>	\$89,000,000	-\$6,000,000	\$95,000,000	+\$6,000,000	\$89,000,000	<i>Level</i>	\$95,000,000	+\$6,000,000
<i>Justice and Mental Health Collaboration Program (JMHCPC or Mentally Ill Offender Act MIOTCRA)</i>	\$40,000,000	-\$5,000,000	\$45,000,000	+\$5,000,000	\$40,000,000	<i>Level</i>	\$45,000,000	+\$5,000,000
<i>Residential Substance Use Treatment (RSAT)</i>	\$35,000,000	-\$10,000,000	\$45,000,000	+\$10,000,000	\$35,000,000	<i>Level</i>	\$45,000,000	+\$10,000,000
<i>Second Chance Act/Offender Reentry</i>	\$117,000,000	-\$8,000,000	\$125,000,000	+\$8,000,000	\$115,000,000	-\$2,000,000	\$125,000,000	+\$8,000,000
<i>Veterans Treatment Courts</i>	\$32,000,000	-\$3,000,000	\$33,000,000	+\$1,000,000	\$32,000,000	<i>Level</i>	\$35,000,000	+\$3,000,000

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

Program	Final FY 2024	FY 2024 vs FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
<i>Prescription Drug Monitoring</i>	\$35,000,000	<i>Level</i>	\$35,000,000	<i>Level</i>	\$35,000,000	<i>Level</i>	\$35,000,000	<i>Level</i>
Community Oriented Policing Services (COPS)	\$664,516,000	+\$1,636,000	\$534,000,000	-\$130,516,000	\$670,000,000	+\$5,484,000	\$548,123,000	\$116,393,000
Juvenile Justice Programs	\$375,000,000	-\$25,000,000	\$407,000,000	+\$32,000,000	\$325,000,000	-\$50,000,000	\$407,000,000	+\$32,000,000

Senate Committee Report Language:

Drug Enforcement Administration: “The Committee’s recommendation provides total resources of \$2,600,000,000 for the DEA salaries and expenses, of which \$651,723,000 is derived from the DEA’s Diversion Control Fee Account. The recommendation is \$33,000,000 above the fiscal year 2024 enacted level and \$87,000,000 below the budget request.

The DEA’s mission is to enforce the controlled substances laws and regulations of the United States and bring to the criminal and civil justice system of the United States—or any other competent jurisdiction—those organizations and principal members of organizations involved in the growing, manufacturing, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

The Committee’s recommendation supports DEA’s efforts to reverse the significant decline in special agent employment levels to ensure the DEA has the personnel necessary to combat the ongoing methamphetamine and opioid crises. The Committee encourages the DEA to assign agents to the geographic areas that are most broadly impacted by methamphetamines and opioids.”

Social Media Platforms: “The Committee is aware that online drug sales pose a growing threat to Americans of all ages, but particularly teens. The Committee adopts and reiterates the directive under this heading in Senate Report 118–62, as adopted into the joint explanatory statement accompanying Public Law 118–42. The Committee looks forward to the timely submission of this report.”

Fentanyl Analogues: “Given the worsening opioid epidemic, the Committee encourages DEA to continue its efforts to test and schedule fentanyl-related substances to advance the scientific and medical research of these dangerous substances. The DEA shall report, and make available for public comment, the scientific and medical evaluation provided by the Secretary of Health and Human Services as part of any proposed rule in the Federal Register relating to the scheduling of a fentanyl-related substance. The DEA shall include all pharmacological data that it considered, as well as information related to the identification and testing of the substance that is the subject of the proposed rule. The Department shall report to the Committees on Appropriations and the Judiciary, within 90 days of enactment of this act, the status of studies and scheduling recommendations for all fentanyl analogues it has identified.”

DEA Suspicious Orders Report System [SORS]: “The Committee directs DEA to take further action to remove barriers to access for opioid use disorder medications. DEA must clarify the difference between suspicious orders of opioids and suspicious orders of buprenorphine on SORS. DEA should also work with other Federal regulators, including the Department of Health and Human Services

[HHS] and FDA, to ensure these barriers are removed after necessary clarifications are made. The Committee adopts and reiterates the directive under this heading in Senate Report 118–62, as adopted into the joint explanatory statement accompanying Public Law 118–42. The Committee looks forward to the timely submission of this report.”

Xylazine: “The FDA and DEA have issued warnings regarding the risks of the human consumption of xylazine, a sedative used in veterinary medicine and in farming. Media reports indicate the increased use of the drug, by itself or in combination with other substances, is resulting in worsening addiction and is causing physical wounds to those who use illicit opioids. The DEA shall report to the Committees on Appropriations and the Judiciary, within 90 days of enactment of this act, on the prevalence of xylazine in drug seizures, information about known distribution networks for the drug, and potential harm-reduction strategies.”

Hemp Testing Technology: “The Agriculture Improvement Act of 2018 (Public Law 115–334) removed hemp and its derivatives from the Controlled Substances Act (Public Law 91–513, as amended), and authorized the production, consumption, and sale of hemp and hemp-derived products in the United States. The act requires random testing to ensure hemp meets the definition under the law of having a delta-9 tetrahydrocannabinol [THC] concentration of less than 0.3 percent. The Committee is aware that DEA has developed field-testing kits that can distinguish between hemp and marijuana on the spot. The Committee directs the DEA to continue to work to ensure State and local law enforcement have access to this field test technology so they can more efficiently conduct their drug interdiction efforts at the local level. The Committee further directs the DEA to report to the Committee, not later than 180 days after enactment of this act, and not less than every 180 days thereafter, until such time as testing kits are deployed to State and local law enforcement in the field.”

Digital Evidence to Combat the Fentanyl Crisis: “Digital evidence technology enables adherence to standardized, secure operating procedures required to legally collect, forensically review, and efficiently analyze digital evidence with similar rigor and consistency to wiretaps, DNA, and fingerprint evidence. The Committee urges DEA to establish and formalize a tiered digital evidence enterprise program. Such a program should encompass the entire digital evidence workflow, including collection, review, and analysis by agents, analysts, and forensic examiners. DEA program personnel should uniformly deploy digital evidence technical capabilities and training across all DEA Divisions. With access to digital intelligence technology and training, DEA personnel can leverage capabilities like automation, machine learning, and optical character recognition to enable sharing and analysis of collected digital evidence both internally for deconfliction and externally with other Federal agencies and State and local partners.”

Preventing Drug Use By College-Age Individuals: “The Committee adopts and reiterates the language under this caption in Senate Report 118–62, as adopted into the joint explanatory statement accompanying Public Law 118–42. The Committee looks forward to the timely submission of this report.”

Tribal Consultation: “Prior to the finalization of the Proposed Rule for Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation (88 Fed. Reg. 12875), the Committee directs DEA to engage in meaningful Tribal consultation with federally recognized Tribes affected by the proposed rulemaking, as required by the DOJ Tribal Consultation Policy, Executive Order 13175, Executive Order 13604, and a November 30, 2022, Presidential Memorandum mandating executive agency consultation with Indian nations and Tribes.”

Fentanyl Precursors: “According to DEA, chemical companies within the People’s Republic of China produce and sell the majority of precursor chemicals that are used by the Sinaloa and Jalisco Cartels to manufacture fentanyl and methamphetamine. The DEA Administrator has testified that these precursor chemicals “are the foundation of the fentanyl and methamphetamine that are manufactured and transported from Mexico into the United States, and that are causing tens of thousands of drug-related deaths in our country.” The Committee commends DEA for recent operations that concluded in the first-ever charges to be brought against Chinese companies for fentanyl trafficking, and urges DEA to sustain these efforts to combat the exportation and sale of fentanyl precursors.”

Advanced Analytics and Digital Evidence: “The Committee recognizes the importance of removing barriers to sharing digital evidence collected across the DEA and enabling agents and investigators to collaborate across offices, to surface relevant leads and identify connections that might be missed. The Committee directs the DEA to implement an efficient data sharing mechanism for digital evidence collected from across the agency, and a digital evidence analytics platform that enables agents and investigators conducting opioid and fentanyl trafficking investigations to work collaboratively to find connections, generate new insights into narcotics trafficking patterns, and reduce investigator workload.

The program should encompass the entire digital evidence workflow from collection and review, to the analysis conducted by field agents and analysts, and to the forensic examiners in the lab; and should uniformly deploy digital evidence technical capabilities and training across all 23 DEA Divisions. The Committee recognizes that digital evidence technology enables the adherence to standardized, secure operating procedures required to legally collect, forensically review, and efficiently analyze digital evidence with similar rigor and consistency as wiretaps, DNA, and fingerprint evidence. With access to digital intelligence technology and training, DEA special agents, Technical Operations Group leaders, and investigative research specialists can leverage automation, machine learning, and optical character recognition to enable sharing and analysis of collected digital evidence both internally and externally.”

Office of Justice Programs (OJP): Research, Evaluation, and Statistics: “The Committee’s recommendation provides \$75,000,000 for the Research, Evaluation and Statistics account. The recommendation is \$10,000,000 above the fiscal year 2024 enacted level and \$2,000,000 below the budget request.

Funding in this account provides assistance in the areas of research, evaluation, statistics, hate crimes, DNA and forensics, criminal background checks, and gun safety technology, among others.”

Office of Justice Programs (OJP): State and Local Law Enforcement Assistance: “The Committee’s recommendation provides \$2,149,338,000 for State and local law enforcement assistance. The recommendation is \$325,723,000 below the fiscal year 2024 enacted level and \$140,338,000 above the budget request.”

Edward Byrne Memorial Justice Assistance Grant Program: “The Committee recommends \$720,338,000 for Byrne-JAG. Funding is not available for luxury items, real estate, or construction projects. The Department should expect State, local, and Tribal governments to target funding to programs and activities that conform to evidence-based strategic plans developed through broad stakeholder involvement. The Committee directs the Department to make technical assistance available to State, local, and Tribal

governments for the development or update of such plans. Funding is authorized for law enforcement programs including those that promote data interoperability among disparate law enforcement entities; prosecution and court programs; prevention and education programs; corrections programs; drug treatment and enforcement programs; planning, evaluation, and technology improvement programs; and crime victim and witness programs, other than compensation.”

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

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

Byrne Discretionary Grants: “The Committee provides \$131,393,000 for Byrne discretionary grants to prevent crime, improve the criminal justice system, provide victim services, and other related activities. The Committee directs OJP to provide the funding for the projects listed in the table titled, “Congressionally Directed Spending” at the end of this report in the corresponding amounts.”

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

When awarding SCA grants, the Committee directs OJP to consider the impact of reentry of prisoners on communities in which a disproportionate number of individuals reside upon release from incarceration. OJP shall assess the reentry burdens borne by local communities and local law enforcement agencies; review the resources available in such communities to support successful reentry and the extent to which those resources are used effectively; and make recommendations to strengthen the resources in such communities which are available to support successful reentry and to lessen the burden placed on such communities by the need to support reentry.”

Crisis Stabilization and Community Reentry Act: “The Committee directs BJA to ensure that the program includes grants for peer support specialists and peer-led mental health education classes or support groups for justice-involved individuals and families commensurate with community needs.”

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

The Committee directs that funding for COSSUP programs focus on prevention and education efforts, effective responses to those affected by substance abuse, and services for treatment and recovery from addiction. Of the \$190,000,000 for COSSUP, not less than \$11,000,000 shall be made available for additional replication sites employing the Law Enforcement Assisted Diversion [LEAD] model, with applicants demonstrating a plan for sustainability of LEAD- model diversion programs; no less than \$5,500,000 shall be made available for education and prevention programs to connect law enforcement agencies with K–12 students; and not less than \$11,000,000 shall be made available for embedding social services with law enforcement in order to rapidly respond to drug overdoses where children are impacted.

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

The Committee recognizes the importance of drug courts and the vital role that they serve in reducing crime among people with a substance use or mental health disorder. In recent years, drug courts have been on the front lines of the opioid epidemic and have become important resources for law enforcement and other community stakeholders affected by opioid addiction. The Committee applauds efforts already undertaken in communities across the country to utilize drug courts. The Committee encourages Federal agencies to continue to work with State and local governments and communities to support drug courts.

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

The Committee supports the work of mental health courts across the country. The Committee is concerned, however, by the high rates of re-incarceration among individuals with serious mental illness due to the inadequate access to care for or management of their illness and directs that the Department include appropriate long-acting medications, including injectable anti-psychotic medication, as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration.”

Veterans Treatment Courts: “The Committee continues to strongly support veterans treatment courts [VTCs]. An evaluation of VTCs funded by BJA found limitations in access to VTCs due to challenges in identifying veterans and also emphasized that veterans’ needs vary from other drug courts. The Committee supports the Department’s efforts to offer a broader range of tools to address program needs. The joint explanatory statement accompanying Public Law 118–42 directed BJA to submit a report, within 180 days of the enactment of that law, on the establishment of a National Center for Veterans Justice, designed to continuously enhance coordination of data, best practices, original research, and technical assistance to further evidence-based practices for justice- involved veteran interventions. The Committee looks forward to timely submission of the report. As appropriate, based the report’s conclusions, the Committee directs BJA to coordinate with the Veterans Justice Commission on the possible establishment of the national center in fiscal year 2025.

BJA is encouraged to prioritize VTC grants to rural and low-income areas with high rates of substance abuse and veteran homelessness. BJA is directed to submit a report, within 90 days of the enactment of this act, detailing the geographic distribution of applicants, award recipients, and award funding levels, over fiscal years 2019 to 2024.”

Juvenile Justice Programs: “The Committee’s recommendation provides \$407,000,000 for juvenile justice programs. The recommendation is \$32,000,000 above the fiscal year 2024 enacted level and equal to the budget request.

The Committee strongly supports a comprehensive approach of substantial funding for a robust portfolio of programs that work to improve the lives of the youth in our communities. Title II State Formula and Title V Juvenile Delinquency Prevention grants are the backbone of programs assisting State and local agencies in preventing juvenile delinquency and ensuring that youth who are in contact with the juvenile justice system are treated fairly. Combined with other critical programs like youth mentoring, the Committee believes that a balanced level of programming is the way to best help at-risk and vulnerable youth and their families.

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

Community Oriented Policing Services: “The Committee’s recommendation provides \$548,123,000 for community oriented policing services. The recommendation is \$116,393,000 below the fiscal year 2024 enacted level and \$14,123,000 above the budget request.”

Anti-Methamphetamine Task Forces: “The Committee’s recommendation provides \$17,000,000 for the COPS Office to make competitive grants to law enforcement agencies in States with high seizures of precursor chemicals, finished methamphetamine, laboratories, and laboratory dump seizures. These funds shall be utilized for investigative purposes to locate or investigate illicit activities such as precursor diversion, laboratories, or methamphetamine traffickers.”

Anti-Heroin Task Forces: “The Committee reiterates concerns over the dramatic rise of heroin use, deaths, and related crime in the United States. The need for additional resources and training to address these challenges is apparent, and the Committee created the anti-heroin task force program within the COPS Office in fiscal year 2015, continually providing funding in succeeding fiscal years. The Committee provides \$36,000,000 for the COPS Office to make competitive grants to law enforcement agencies in States with high per capita levels of primary treatment admissions for heroin, fentanyl, and other opioids. These funds shall be utilized for drug enforcement, including investigations and activities related to the distribution of heroin or unlawful diversion and distribution of prescription opioids, and for securing equipment commonly used in opioid investigations. The Committee directs that funding can be used for existing positions supported by prior Anti-Heroin Task Force awards. Priority shall be given to drug task forces managed and operated by the State that serve a majority of counties in the State.

House Committee Report Language:

Drug Enforcement Administration: “The recommendation includes a direct appropriation of \$2,760,924,000 for the salaries and expenses of the Drug Enforcement Administration (DEA). In addition, DEA expects to derive \$650,000,000 from fees deposited in the Diversion Control Fund to carry out the Diversion Control Program, resulting in \$3,410,924,000 in total spending authority for DEA. The recommendation is \$193,924,000 above fiscal year 2024 and \$73,924,000 above the request.”

Advanced Analytics and Information Sharing in Opioid and Fentanyl Investigations: “The Committee recognizes the importance of removing barriers to sharing digital evidence collected across the DEA and enabling agents and investigators to collaborate across offices to surface relevant leads and identify connections that might be missed. The recommendation includes \$3,500,000 to implement an efficient data sharing mechanism for digital evidence collected across the agency and a digital evidence analytics platform that enables agents and investigators conducting opioid and fentanyl trafficking investigations to work collaboratively to find connections, generate new insights into narcotics trafficking patterns, and reduce investigator workload.”

Fentanyl and Fentanyl Precursors Trafficked From the People’s Republic of China: “The Committee understands that United States counternarcotics policy regarding China has shifted toward preventing Chinese-sourced fentanyl precursors from entering the U.S.-bound fentanyl supply chain via third countries. The Committee further understands that Mexican drug cartels are largely responsible for the production of U.S.-consumed illicit fentanyl and that the cartels utilize Chinese-sourced primary materials to produce much of that illicit fentanyl. Given the worsening opioid epidemic, the recommendation exceeds the fiscal year 2024 level, and the administration’s request, to continue progress toward efforts to stem the flow of China’s illicit export of fentanyl and fentanyl precursors.”

Protecting Patient Access to Emergency Medications: “The timely and effective implementation of the Protecting Patient Access to Emergency Medications (PPAEM) Act of 2017 is critical for enabling emergency medical services practitioners to administer necessary controlled substances in a manner that is safe, regulated, and responsive to the urgent needs of patients across the United States. The Committee directs the ATF, no later than 90 days after the enactment of this Act, to finalize the rulemaking process for the PPAEM Act of 2017, which was initially promulgated on October 5, 2020. Finalization of the rulemaking process includes the solicitation and incorporation of stakeholder input.”

Office of Justice Programs (OJP): Research, Evaluation, and Statistics: “The recommendation includes \$55,000,000 for Research, Evaluation and Statistics, which is \$10,000,000 below the fiscal year 2024 enacted level and \$22,000,000 below the request.”

Office of Justice Programs (OJP): State and Local Law Enforcement Assistance: “The recommendation includes \$2,210,110,000 for State and Local Law Enforcement Assistance programs, which is \$264,951,000 below the fiscal year 2024 enacted level and \$201,110,000 above the request.”

Edward Byrne Justice Assistance Grant Funds for Treatment and Recovery Programs: “The Committee is concerned about the impact of the growing epidemic of opioid and synthetic drug abuse and misuse on the law enforcement community and notes that Byrne JAG funds may be used for the implementation of treatment and recovery programs to maintain abstinence from all abused or misused drugs.”

Mentally Ill Offender Act: “The Committee is aware that there can be a correlation between those suffering from mental health disturbances and repeat criminal offenders. The Committee supports justice and mental health collaborations and recognizes that these collaborations can provide support in mental health courts and jails, peer learning programs, and the juvenile justice system.”

Residential Substance Abuse Treatment for State Prisoners Program: “The recommendation includes \$35,000,000 for the Residential Substance Abuse Treatment for State Prisoners (RSAT) program. The Committee encourages the Department to leverage coordination between the RSAT program and other grant programs that offer mental health and mental illness services, as appropriate.”

Prescription Drug Monitoring Programs: “The Committee supports the goals of the Harold Rogers Prescription Drug Monitoring Program (PDMP) and allowing States to choose and operate the PDMP and data sharing hubs of their choice.”

Forensic Support for Opioid and Synthetic Drug Investigations: “The recommendation includes \$189,000,000 for the Comprehensive Opioid, Stimulant, and Substance Use Disorder Program (COSSUP) and of these funds, the recommendation includes \$17,000,000 for grants to assist State and local crime labs and medical examiner and coroner offices’ efforts to analyze evidence related to opioid and synthetic drug poisonings, among other purposes.”

Comprehensive Opioid, Stimulant, and Substance Use Program: “The recommendation includes \$20,000,000 within COSSUP for grants to local and regional non-profits preventing substance use and misuse. The Committee directs BJA to provide awards to local and regional non-profits working with law enforcement and community coalitions to educate youth in schools and in extracurricular programming on drug prevention. The Committee further directs BJA to prioritize non-profit organizations with comprehensive approaches to combating substance use, including investigations, treatment, and education.”

Juvenile Justice Programs: “The recommendation includes \$325,000,000 for Juvenile Justice programs which is \$50,000,000 less than the fiscal year 2024 enacted level and \$82,000,000 less than the request.”

Community Oriented Policing Services: “The recommendation includes \$670,000,000 for Community Oriented Policing Services (COPS) programs, which is \$5,484,000 above the fiscal year 2024 enacted level and \$136,000,000 above the request.”

DOJ Congressional Justification Language:

Drug Enforcement Administration: “The DEA’s FY 2025 budget request totals \$3,769,921,000. This request includes \$2,687,000,000 for the Salaries and Expenses Account (S&E) and \$651,723,000 derived from the Diversion Control Fee Account (DCFA). In addition, the DEA will account for a \$10 million balance rescission. The DEA anticipates receiving an estimated \$431,198,000 from other agencies through reimbursable agreements and sub- allotments from the Asset Forfeiture Fund (AFF) and Organized Crime and Drug Enforcement Task Forces (OCDETF). In sum, the DEA anticipates \$3.8 billion will support 10,130 positions and 9,120 full-time equivalent (FTE) during FY 2025.”

Office of Justice Programs (OJP): Research, Evaluation, and Statistics: “OJP strives to ensure integrity of, and respect for, science — including a focus on evidence based approaches in criminal and juvenile justice. In FY 2025, the Department requests \$77 million for the Research, Evaluation, and Statistics appropriation account. The FY 2025 request for this account is equal to the FY 2024 Continuing Resolution level. This appropriation account supports the work of the Bureau of Justice Statistics (BJS) and the National Institute of Justice (NIJ).”

Research, Evaluation, and Statistics (RES) Set-Aside: “In the FY 2025 budget request, the Department requests that the discretionary funding set aside percentage for the Research, Evaluation, and Statistics (RES) be raised from 2.0 percent to 2.5 percent. In FY 2025, this set aside will generate approximately \$60.3 million for research and statistical activities, an increase of \$8.3 million above the FY 2024 Continuing Resolution level. This set aside provides BJS and the NIJ an important funding source to supplement existing research and statistical activities and address emerging issues. Investment in science and innovation is essential to advancing policies and programs that will efficiently deliver safer and more equitable outcomes for all. The increased percentage will allow OJP to dedicate a sufficient level of resources to support critical statistical data collections and analyses and invest in research that will facilitate improvement and reform of the criminal justice system in the United States while maintaining effective crime reduction strategies.”

Office of Justice Programs (OJP): State and Local Law Enforcement Assistance: “In FY 2025, the Department requests \$2.009 billion in discretionary funding for the State and Local Law Enforcement Assistance account, which is \$407.8 million below the FY 2024 CR level.

State, local, and tribal law enforcement and criminal justice professionals are responsible for the majority of the Nation’s day-to-day crime prevention and control activities. The programs supported by this account help OJP partners throughout the Nation to promote systemic criminal and juvenile justice system reform; encourage the use of alternatives to incarceration in the justice system; prevent and reduce the incidence of violent crime (including hate crimes and sexual assault); build trust between law enforcement and the community; promote effective, evidence-based reentry programs; identify innovative solutions to crime- and justice system related challenges through evidence-based programs; and address criminal justice and public safety challenges related to substance misuse through effective treatment and

diversion programs. These programs include a combination of formula and discretionary grant programs, coupled with robust training and technical assistance activities designed to build and enhance the crime fighting and criminal justice capabilities of OJP's state, local, territorial, and tribal partners."

Byrne Justice Assistance Grants (Byrne JAG): "For FY 2025, the Department requests \$524.5 million for the Edward Byrne Memorial Justice Assistance Grant (JAG) program, a decrease of \$246.3 million below the FY 2024 Continuing Resolution level. This reduction is primarily due to the elimination of \$229.6 million in Congressionally-directed spending on one-time projects. The FY 2025 budget request reallocates funding among several carveouts:

- Decrease to one carveout:
 - John R. Justice Student Loan Repayment Program (reduced from \$5.0 million to \$4.0 million)
- Elimination of four carveouts administered by OJP:
 - Drug Data Resource Center to Combat Opioid Abuse (\$4.0 million)
 - Virtual Training for Law Enforcement (\$5.0 million)
 - Forensic Ballistics Program (\$1.5 million)
 - Congressionally Directed Spending Projects/Community Project Grants (\$229.6 million)
- Elimination of two carveouts administered by the Office on Violence Against Women (OVW), which will be supported directly by OVW's FY 2025 Budget:
 - Cybercrime Enforcement (\$7.0 million)
 - Multidisciplinary Partnership Improvements for Protection Orders (\$5.0 million). The JAG program is the leading source of federal justice funding to state and local jurisdictions.

The JAG Program provides states, tribes, and local governments with critical funding necessary to support a range of program areas including law enforcement; prosecution and courts; crime prevention and education; corrections and community corrections; substance use treatment and drug interdiction and enforcement; planning, evaluation, technology improvement; crime victim and witness initiatives; mental health programs and related law enforcement and corrections programs, including behavioral health programs and crisis intervention teams; and implementation of state crisis intervention court proceedings and related programs or initiatives including, but not limited to, mental health courts, treatment courts, veterans courts, and extreme risk protection order programs.

Justification: The proposed funding decrease will not significantly impact the amount of Byrne JAG formula grants available to state, local, or tribal recipients since the JAG program decrease is primarily due to the elimination of one-time Congressionally-directed spending (CDS) projects. The net result of all the decreases or eliminations mentioned above will result in a modest increase to the level of funding available to support JAG formula grant awards to state, local and tribal governments. The minor reduction to the John R. Justice Student Loan Repayment Program is also not expected to have significant impact. The proposed eliminations of funding for the Cybercrime Enforcement, Drug Data Resource Center to

Combat Opioid Abuse, Forensic Ballistics Program, Multidisciplinary Partnership, Improvements for Protection Orders, and Virtual Training for Law Enforcement will allow the Administration to direct funding to other priorities.

Impact on Performance: This program supports the Department's Strategic Plan Objective 2.3: Combat Violent Crime and Gun Violence. Because JAG funds can be used for a wide variety of purposes, the program addresses multiple DOJ strategic goals and objectives, including but not limited to:

- Protect Public Servants from Violence and Threats of Violence
- Target the Most Significant Violent Crime Problems
- Enhance Partnerships with Federal, State, Local, and Tribal Law Enforcement
- Invest in Community-Based Programs to Prevent Violence
- Deter, Disrupt, and Prosecute Cyber Threats
- Reduce Deaths and Addiction Driven by Drug Crime
- Expand Access to Evidence-Based Prevention and Treatment
- Promote Safety and Justice in Indian Country
- Protect Communities from Hate Crimes
- Deter and Prosecute Hate Crimes.”

Comprehensive Addiction and Recovery Act (CARA) Activities: “Funding has grown rapidly for programs authorized by CARA, including the Veterans Treatment Courts (VTC) program, since the enactment of CARA in 2016. Overall enacted funding for OJP’s CARA related programs grew from \$103.0 million in FY 2016 to \$445.0 million in FY 2023. The proposed funding adjustment to the VTC program will not interrupt any of OJP’s current efforts to help state, local, and tribal jurisdictions combat substance use disorders. In recent fiscal years, the VTC program 141 Program Decreases and Changes by Item did not award the full anticipated award amount due to a lack of sufficient applications. Therefore, the program has adequate resources to continue services. To address this past shortfall, OJP included a proposal in this budget request to expand the program to serve a larger proportion of veterans in need, which would increase applications.”

Office of Community Oriented Policing Services (COPS): “In the Fiscal Year (FY) 2025 President’s Budget Request, the Office of Community Oriented Policing Services (COPS) requests a total of \$534,000,000, 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 \$49.0 million in program increases and a decrease of \$177.9 million for discretionary grants, for a net reduction of \$128.9 million below the FY 2023 Enacted level.”

Juvenile Justice Programs: “The FY 2025 budget requests a total of \$407.0 million for Juvenile Justice programs. Research has consistently shown that youth incarceration has long-term negative health outcomes, can increase the chances of re-incarceration, and compound socioeconomic and psychosocial health risks in vulnerable youth.

OJP is committed to expanding the use of developmentally appropriate, culturally responsive, and evidence-informed prevention programs and strategies that prevent youth violence, reduce the likelihood of juvenile justice system contact, strengthen youth and family protective

factors and advance community safety. Efforts to address youth crime and violence should involve a comprehensive approach along a continuum of care framework that spans prevention, intervention, treatment and reentry strategies. These strategies – in addition to any enforcement strategies – address the problem of youth crime in a comprehensive manner and include promoting state and local juvenile justice practices that are informed by science and research to ensure that young people are adjudicated fairly and provided opportunities to transition into a safe and healthy adulthood.

The Office of Juvenile Justice and Delinquency Prevention's (OJJDP) programs are designed to prevent and respond to youth delinquency, violence and victimization. The Office helps states, localities, and Tribes develop effective and equitable juvenile justice systems that create safer communities and empower youth to lead productive lives.

In FY 2025, OJP requests continued support and expansion of existing Juvenile Justice programs, such as the Missing and Exploited Children Program, the Youth Mentoring Program, and the Title II Formula Grants Program. These programs provide critical support to states and localities in their efforts to reform juvenile justice and strengthen prevention, early intervention, and treatment programming for at-risk and delinquent youth; expand and improve the justice system response to the complex issues surrounding missing and exploited children and their families; and provided national leadership to strengthen and expand the delivery of high-quality mentoring opportunities to youth at risk of involvement in the juvenile justice system. Also in FY 2025, OJP requests support for a new Juvenile Justice program to help states facing serious crises in their juvenile justice systems as discussed below.”



Office of National Drug Control Policy (ONDCP)

Program	Final FY 2024	FY 2024 vs. FY 2023	President's FY 2025 Request	President's FY 2025 vs FY 2024	House FY 2025 Recommendation	House FY 2025 vs FY 2024	Senate FY 2025 Recommendation	Senate FY 2025 vs FY 2024
Drug-Free Communities (DFC) Support Program	\$109,000,000	Level	\$109,000,000	Level	\$109,000,000	Level	\$109,000,000	Level
High Intensity Drug Trafficking Areas (HIDTA) Program	\$298,579,000	-\$3,421,000	\$290,200,000	-\$8,379,000	\$299,600,000	+\$1,021,000	\$290,200,000	-\$8,379,000
Community-Based Coalition Enhancement Grants (CARA Grants)	\$5,200,000	Level	\$5,200,000	Level	\$5,200,000	Level	\$5,200,000	Level

Senate Committee Report Language:

Non-Fatal Overdose Data: “ONDCP is encouraged to continue to improve the timeliness, accuracy, and accessibility of fatal and non- fatal overdose data from law enforcement, emergency medical services, and public health sources through interagency coordination and by updating the Drug Control Data Plan on an annual basis.”

High Intensity Drug Trafficking Areas Program: “The Committee recommends an appropriation of \$290,200,000 for the HIDTA program. The Committee directs that funding shall be provided for the existing HIDTAs at no less than the fiscal year 2024 level.

The Committee recommendation specifies that up to \$4,000,000 may be used for auditing services and associated activities and \$2,000,000 is for the grants management system.”

New Counties: “The Committee is concerned about the devastating impact the drug epidemic is having on communities throughout the country, particularly in the Appalachian Region. Many of the areas that are hit hardest by this crisis, such as the Appalachian region, lack administrative resources to compete adequately for scarce Federal funds intended to assist these areas. To ensure communities are equipped with the necessary resources to coordinate law enforcement strategies adequately, ONDCP is directed to prioritize States with the highest overdose death rates per capita when deciding new designations. Further, ONDCP is directed to provide enhanced technical assistance to any applicants that have applied that did not receive a designation at any time during the past several award cycles.”

Fentanyl Trafficking and Interdiction: “The HIDTA program’s work is critical as the fentanyl epidemic continues to ravage communities throughout the country. Significantly, the vast majority of Customs and Border Patrol’s [CBP’s] fentanyl interdictions, and approximately half of HIDTA’s fentanyl interdictions, occur in the southwestern border region. Accordingly, the Committee recognizes the importance of HIDTA funding to support Federal, State, local, and Tribal law enforcement agencies operating in areas along the southwest border of the United States.”

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

Fentanyl-Related Substances: “ONDCP is encouraged to promote the efforts of community-led coalitions to raise awareness of the rise of fentanyl contamination of illegal drugs and to prevent drug overdose deaths caused by illicit fentanyl in the National Drug Control Strategy on an annual basis.”

Evolving and Emerging Drug Threats: “Funding is provided to implement evolving and emerging drug threat response plans, as authorized by section 709 of the Office of National Drug Control Policy Reauthorization Act of 1988, such as the use of xylazine, an adulterant of fentanyl.”

House Committee Report Language:

Rural Non-Profits in Drug-Free Communities Program: “The Committee supports the Drug-Free Communities program’s efforts to involve local communities in finding solutions and helping youth at risk for substance use. The Committee encourages the program to prioritize the efforts of regional non-profit organizations in rural areas utilizing holistic approaches to fight substance abuse, including education, treatment, and investigations.”

High Intensity Drug Trafficking Areas Program: “The Committee recommends \$299,600,000 for the HIDTA Program.”

ONDCP Congressional Justification Language:

Drug-Free Communities Support Program: “The FY 2025 request level for DFC is \$109,000,000 and 2 FTE. The request includes up to \$12,780,000 (or approximately up to 12 percent) for administrative costs associated with the DFC program.”

ONDCP collaborated with the CDC to transition the day-to-day management of the DFC grants from SAMHSA to CDC. Effectively managing the DFC Program requires a significant level of administrative support and program management oversight to ensure that recipients continue to be successful. This enhanced oversight with the CDC also ensures that sound grants management policies and procedures are followed. The level of support and guidance given by ONDCP and the agency managing the grants (CDC) is directly tied to the success of the coalitions. This funding goes towards ensuring that the coalitions have appropriate oversight, receive timely responses to their programmatic and fiscal management needs, and allows for stronger engagement with grant recipients.

DFC coalitions are found in small and large communities nationwide: In 2023, an estimated 77 million Americans (23 percent of the United States population) lived in communities served by DFC coalitions. It is clear that the dedication of our DFC coalitions has produced results, particularly around reducing youth substance use. In 2023, DFC coalitions reported a decrease in youth use of alcohol, tobacco, marijuana, and the misuse of prescription drugs. Preliminary data also indicates that hosting a youth coalition continues to be a promising practice associated with significantly higher levels of Youth sector involvement.

DFC Reach: DFC-funded community coalitions are required to bring together community representatives from 12 unique sectors and build collaboration to reduce and prevent youth substance use. This is a fundamental premise of effective community prevention, and the DFC Program. Given the number and broad geographic distribution of DFC coalitions, a large number of Americans live in communities served by grant recipients, potentially benefitting from the program. An estimated 77 million Americans (23 percent of the United States population) lived in communities served by DFC coalitions receiving funding in FY 2022. This included approximately 3.1 million middle school students ages 12 to 14 and 4.0 million high school students ages 15 to 18 (23 percent of all youth for each grade level).

Focus on Specific Subgroups of Youth: DFC coalitions have a broad reach and are working to engage and impact subgroups in their communities who may be underserved. Just over half (54 percent) of DFC coalitions reported working in frontier and/or rural communities, 28 percent work in urban/inner city communities, while 45 percent were working in suburban communities. ONDCP has focused on encouraging DFC coalitions to engage in practices that address advancing racial equity and supporting underserved community equities. In August 2023, DFC coalitions were asked to respond to the following question for each of several subgroups: Does your coalition work to tailor at least some information/prevention efforts to the needs of from any of the following racial, ethnic, sexual, or other minority group groups? Figure 1 summarizes the percentage of DFC coalitions responding yes to the given subgroup. Additionally, two-thirds (66 percent) of DFC coalitions reported that they tailor at least some efforts to LGBTQ+ youth. Finally, just over 5 percent (5 percent) of coalitions selected other, noting serving groups such as Arab, Middle Eastern, North African, immigrant and/or refugee youth/people, English language learners, and religious minorities (e.g., Muslim, Hutterite, Amish).”

High Intensity Drug Trafficking Areas: “The FY 2025 request level for HIDTA is \$290,200,000. Of the requested amount, the request includes up to \$4,000,000 for auditing services and associated activities. The request also includes \$2,000,000 for the Grants Management System...”

CARA Grants: “The FY 2025 request level for Section 103 of Public Law 114-198 is \$5,200,000. The Community Based Coalition Enhancement Grants to Address Local Drug Crises (CARA Local Drug Crises) Program was created by the Comprehensive Addiction and Recovery Act of 2016. Grants awarded through the CARA Local Drug Crises Program are intended as an enhancement to current or formerly funded DFC Support Program grant award recipients, as established community-based youth substance use prevention coalitions capable of effecting community-level change. Coalitions receiving CARA Local Drug Crises funds are expected to work with leaders in their communities to identify and address local youth opioid, methamphetamine, and/or prescription medication misuse and create sustainable community-level change.”