DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2025

Substance use And Mental Health Services Administration

Justification of Estimates for Appropriations Committees

Letter from the Assistant Secretary

I am pleased to present the FY 2025 President's Budget Request for the Substance use And Mental Health Services Administration (SAMHSA). The FY 2025 President's Budget includes a total of $8.1 billion. The budget reflects the Administration's commitment to addressing the spectrum of behavioral health conditions affecting millions of Americans and aims to improve the lives of people across the country. SAMHSA is committed to fulfilling our responsibility to support the numerous initiatives and goals of the Administration, Congress, and HHS that include the critical priorities of the Biden-Harris Administration's Unity Agenda, National Drug Control Strategy, the Bipartisan Safer Communities Act, and the American Rescue Plan Act. This budget also reflects SAMHSA's four guiding principles of equity, trauma-informed approaches, recovery, and a commitment to data and evidence-based practices as we address our five key priorities:

1. Preventing Substance Use and Overdose
2. Enhancing Access to Suicide Prevention and Mental Health Services
3. Promoting Resilience and Emotional Health for Children, Youth, and Families
4. Integrating Behavioral and Physical Health Care
5. Strengthening the Behavioral Health Workforce.

The FY 2025 budget request includes investments to:

• Prevent substance use and overdose by expanding programs providing resources to prevention professionals and prevention strategies in communities, supporting dedicated harm reduction grants and initiatives, and increasing access to opioid overdose reversal medications. This includes medications for the treatment of opioid use disorder (MOUD) through the State Opioid Response (SOR) program, other grant programs, and further implementation of the substantially revised regulations for Opioid Treatment Programs (OTPs) that occurred in 2024. In particular, detect and respond to emerging drug threats such as fentanyl adulterated or associated with xylazine.

• Increase access to suicide prevention and mental health services by serving anyone, any time, from anywhere across the nation through continued expansion of the 988 and Behavioral Health Crisis Services Programs. The budget supports strengthening the reach and response of 988 for all Americans and continues to invest in 988 dedicated services to LGBTQ Youth and Spanish Speakers.

•Expand investments in children's behavioral health services and support robust investments across the developmental continuum for children, youth, families, and communities in line with the three pillars of the National Mental Health Strategy.

• Maintain critical investments in programs that promote resilience and emotional health across the country such as Mental Health Awareness Training (MHAT), Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH), and Healthy Transitions. In addition, this budget supports historically underserved tribal communities through several programs including the Tribal Behavioral Health program.

• Advance the integration of behavioral health and physical care services through programs that support HIV and viral hepatitis testing for people with behavioral health conditions, and Primary and Behavioral Health Care Integration grants.

• Support expansion of the Certified Community Behavioral Health Centers and the Community Mental Health Centers to transform community behavioral health system; provide comprehensive, coordinated behavioral health care; and to improve the quality of behavioral health care service available across the nation.

In FY 2025, SAMHSA maintains a strong commitment to enhancing the accessibility of evidence-based behavioral health care services. SAMHSA continues to streamline its business operations while expanding access to mental health and substance use disorder services, including the provision of technical assistance and training to optimize service delivery and strengthen the workforce that engages and serves people, families, and communities affected by behavioral health conditions. I am confident this budget request supports our shared vision that people with, affected by, or at risk for mental health and substance use conditions receive timely and appropriate care, achieve wellbeing, and thrive. I thank you for supporting SAMHSA as it serves communities across the country.

Miriam E. Delphin-Rittmon, Ph.D.

Assistant Secretary for Mental Health and Substance Use

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION

Table of Contents

LETTER FROM THE ASSISTANT SECRETARY II
TABLE OF CONTENTS IV
ORGANIZATION CHART VII

I. PERFORMANCE BUDGET OVERVIEW 1

INTRODUCTION 2
MISSION 2
VISION 2
OVERVIEW OF THE BUDGET REQUEST 3
OVERVIEW OF PERFORMANCE 9
ALL-PURPOSE TABLE 10

II. **BUDGET EXHIBITS** 11

APPROPRIATIONS LANGUAGE GUIDELINES 12
LANGUAGE ANALYSIS 17
AMOUNTS AVAILABLE FOR OBLIGATION 24
SUMMARY OF CHANGES 25
BUDGET AUTHORITY BY ACTIVITY 26
AUTHORIZING LEGISLATION 27
APPROPRIATIONS HISTORY 30
APPROPRIATIONS NOT AUTHORIZED BY LAW 31

III. MENTAL HEALTH 32

SUMMARY OF THE REQUEST 33
PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE (PRNS) 35
Project AWARE *36*
Mental Health Awareness Training *41*
Healthy Transitions *44*
Children and Family Programs *47*
Consumer and Family Network Grants *49*
Project LAUNCH *51*
Mental Health System Transformation and Health Reform *55*
Primary and Behavioral Health Care Integration *58*
Suicide Prevention Programs *62*
Mental Health Crisis Response Partnership Program *76*
Homelessness Prevention Programs *78*
Minority AIDS *80*
Criminal and Juvenile Justice Programs *83*
Practice Improvement and Training *87*
Consumer and Consumer-Supporter TA Centers *89*
Disaster Response *91*
Seclusion and Restraint *95*

Assertive Community Treatment for Individuals with Serious Mental Illness 97
Tribal Behavioral Health Grants 100
MH Minority Fellowship Program 103
Infant and Early Childhood Mental Health 107
Interagency Task Force on Trauma-Informed Care 110
Women Behavioral Health Technical Assistance Center 112
NATIONAL CHILD TRAUMATIC STRESS NETWORK 114
ASSISTED OUTPATIENT TREATMENT FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS 118
CHILDREN'S MENTAL HEALTH SERVICES 121
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS 125
PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS (PAIMI) 130
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHC) 135
PRNS MECHANISM TABLE 139
GRANT AWARDS TABLE 142
COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT (MHBG) 143
COMMUNITY MENTAL HEALTH CENTERS (CMHC) 159

IV. SUBSTANCE USE PREVENTION SERVICES 164

SUMMARY OF THE REQUEST 165
PROGRAMS OF REGIONAL AND NATIONAL SIGNIFICANCE (PRNS) 166
Strategic Prevention Framework 167
Federal Drug-Free Workplace 172
Sober Truth on Preventing Underage Drinking Act (STOP Act) 175
Tribal Behavioral Health Grants 180
Minority AIDS Initiative 183
Minority Fellowship Program 186
Center for the Application of Prevention Technologies 188
Science and Service Program Coordination 191
PRNS MECHANISM TABLE 194
GRANT AWARDS TABLE 198

V. SUBSTANCE USE SERVICES 199

SUMMARY OF THE REQUEST 200
Programs of Regional and National Significance (PRNS) 202
Opioid Treatment Programs/Regulatory Activities 203
Screening, Brief Intervention, and Referral to Treatment 207
Targeted Capacity Expansion-General 211
Pregnant and Postpartum Women 217
Improving Access to Overdose Treatment 222
Building Communities of Recovery (BCOR) 225
Recovery Community Services Program 229
Children and Families 233
Treatment Systems for Homeless 237
Criminal Justice Activities 240
Minority AIDS Initiative 248
Minority Fellowship Program 251
Addiction Technology Transfer Centers 253
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths 256
Peer Support Technical Assistant Center 259
Treatment, Recovery, and Workforce Support 262
Emergency Department Alternatives to Opioids 265
Comprehensive Opioid Recovery Centers 268

First Responder Training – Comprehensive Addiction and Recovery Act *271*
Youth Prevention and Recovery Initiative *274*
Community Harm Reduction and Engagement Initiative *276*
Women's Behavioral Health Technical Assistance Center *280*
PRNS MECHANISM TABLE 282
GRANT AWARDS TABLE 290
STATE OPIOID RESPONSE GRANTS 291
SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY SERVICES BLOCK GRANT 299

VI. HEALTH SURVEILLANCE AND PROGRAM SUPPORT 312

SUMMARY OF THE REQUEST 313
HEALTH SURVEILLANCE 314
PERFORMANCE AND QUALITY INFORMATION SYSTEMS (PQIS) 319
DRUG ABUSE WARNING NETWORK (DAWN) 323
PUBLIC AWARENESS AND SUPPORT 325
PROGRAM SUPPORT 329
PRNS MECHANISM TABLE 330

VII. NONRECURRING EXPENSES FUND 331

VIII. SUPPLEMENTARY TABLES 333

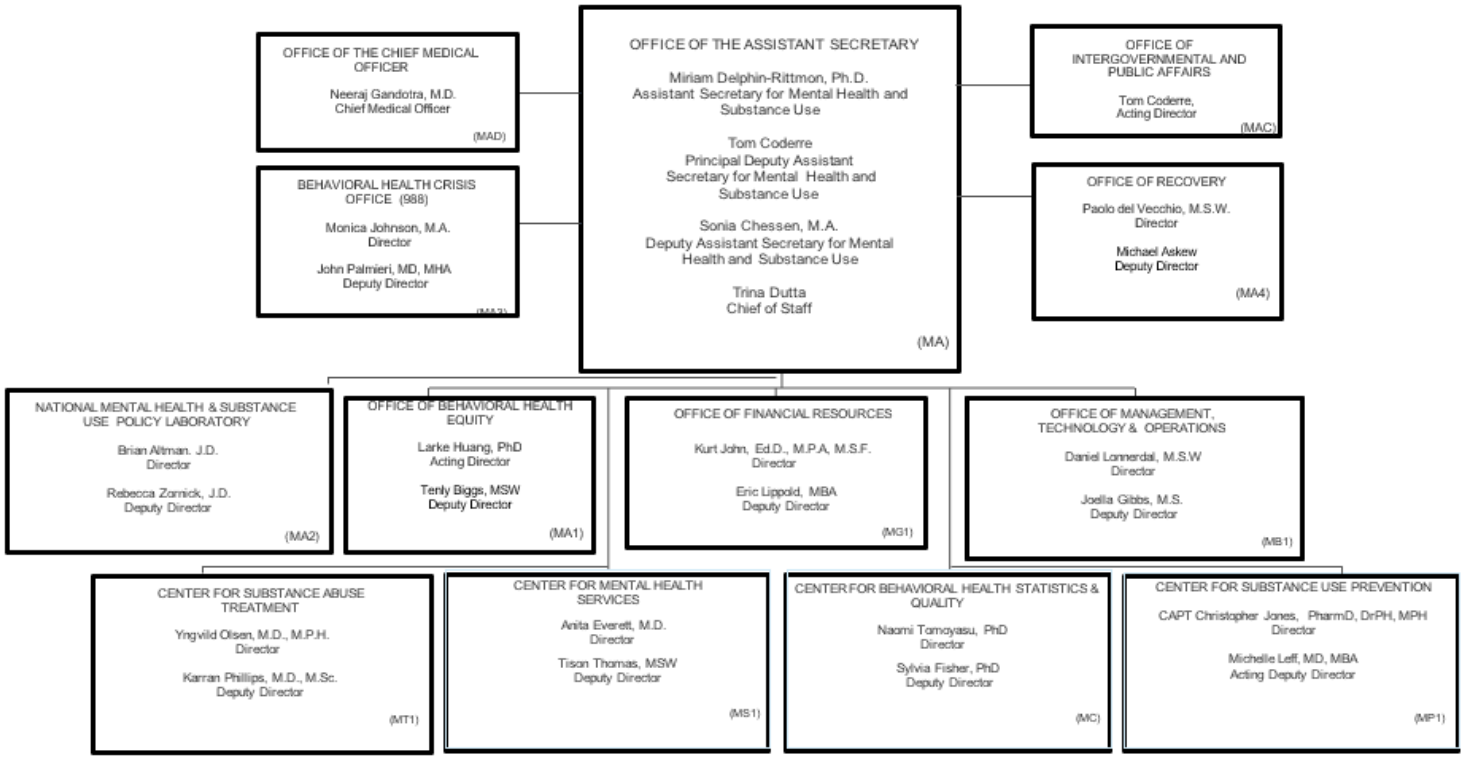
BUDGET AUTHORITY BY OBJECT CLASS 334
SALARIES AND EXPENSES 343
DETAILS OF FULL-TIME EQUIVALENT EMPLOYMENT 345
DETAIL OF POSITIONS 346
PHYSICIANS' COMPARABILITY ALLOWANCE WORKSHEET 347
RESOURCES FOR CYBER ACTIVITIES 348

IX. **DRUG CONTROL BUDGET** 349

X. PROPOSED LAW 375

Organization Chart

Organizational Structure:
Substance Abuse and Mental Health Services Administration (SAMHSA)



Updated: February 09, 2024

Performance Budget Overview

Table of Contents`

Introduction....2
Mission....2
Vision....2
Overview of the Budget Request....3
Overview of Performance....9
All-Purpose Table....10

Introduction

Prevention, treatment, and support to help people recover from mental and/or substance use disorders are essential strategies for the health and prosperity of individuals, families, communities, and the country. In these unprecedented times, individuals and families across the nation are experiencing the challenges of living with mental and substance use disorders. In 2022, SAMHSA's National Survey on Drug Use and Health (NSDUH) data estimated 16.5 percent (or 46.6 million people) used illicit drugs in the past year. In addition, nearly 20 percent, adolescents experience a major depressive episode. Further, among adults aged 18 and older 23.1 percent (or 59.3 million people) had any mental illness (AMI) and 6.0 percent (or 15.4 million people) had serious mental illness (SMI).

In his 2023 State of the Union Address, President Biden provided an update on the progress made in advancing efforts to tackle the mental health crisis and beat the opioid and overdose epidemic - two of the four pillars of his Unity Agenda. This Budget builds on the progress made and outlines ways to sustain and grow SAMHSA's efforts to strengthen system capacity, connect more Americans to care, and create a continuum of support that aims to transform our health and social services infrastructure to address mental health and substance use holistically and equitably.

Mission

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Vision

SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, achieve well-being, and thrive.

Overview of the Budget Request

The FY 2025 President's Budget is $8.1 billion, an increase of $612 million above the FY 2023 Final level. The Budget provides resources to advance mental health and substance use disorder prevention, treatment, and recovery support services to improve individual, community, and public health. The Budget also supports the HHS 2022-2026 Strategic Plan, the SAMHSA 2023-2026 Strategic Plan, the Biden-Harris Administration's inaugural National Drug Control Strategy, and President Biden's Unity Agenda to address the overdose and mental health crisis in the nation.

Overall, the FY 2025 President's Budget Request reflects SAMHSA's guiding principles of prioritizing equity, trauma-informed approaches, recovery and a commitment to data and evidence as well as supports SAMHSA's five key priorities:

1. Preventing Substance Use and Overdose
2. Enhancing Access to Suicide Prevention and Mental Health Services
3. Promoting Resilience and Emotional Health for Children, Youth, and Families
4. Integrating Behavioral and Physical Health Care
5. Strengthening the Behavioral Health Workforce

Preventing Substance Use and Overdose

SAMHSA prioritizes preventing substance use and overdoses and its budget supports the HHS Overdose Prevention Strategy (OPS), which outlines four pillars: Primary Prevention, Harm Reduction, Evidence-Based Treatment, and Recovery Support. The Strategy is built on the principles of maximizing health equity by using best available data and evidence to inform policy and actions, integrating substance use disorder (SUD) services into other types of health care and social services, and reducing stigma. It recognizes the full continuum of integrated care and services needed to help prevent substance use, expand quality treatment, and sustain recovery from SUD, all while emphasizing HHS' commitment to helping historically underserved populations.

To advance the four pillars of the OPS, SAMHSA's budget addresses primary prevention by maintaining funding for the Strategic Prevention Framework program (SPF) at the FY 2023 Final level. The funding continues support for supporting vital primary prevention work, including community prevention messaging and outreach, individual and small group prevention services, and collaboration with community-based entities to identify underserved communities.

The FY 2025 President's Budget includes expanded resources to support SAMHSA's effort to prevent substance use and overdose. It includes $10 million for a new Community Harm Reduction and Engagement Initiative program. The American Rescue Plan (ARP) Act provided SAMHSA the opportunity to launch a dedicated harm reduction grant program. Harm reduction approaches, such as distribution of naloxone and other opioid overdose reversal medications and fentanyl test strips (where permitted by State law) to those at high risk for overdose and their family members and first responders, are a key component in addressing the overdose crises. The FY 2025 President's Budget also includes $1.6 billion for the State Opioid Response (SOR) program, which is a $20 million increase from the FY 2023 Final level, including $5 million increase to the Tribal Opioid Response grants. The budget request addresses the overdose crisis

that is increasingly being driven by illicitly manufactured fentanyl by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of OUD, and for supporting prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent SUDs. This continuum is critical during an era of fentanyl and other toxic substances, such as xylazine, are complicating the public health and services landscape for OUD. The SOR program also supports care for stimulant misuse and use disorders, such as cocaine and methamphetamine, an important component given the increasing contamination of stimulants with fentanyl causing overdose and death to those who do not know their drug supply is adulterated.

The FY 2025 President's Budget maintains support for other opioid/overdose-related programs at the FY 2023 Final level, including MAT for Prescription Drug and Opioid Addiction, Grants to Prevent Prescription Drug/Opioid Overdose-Related Death, First Responder Training for Opioid Overdose Reversal Drugs, and Improving Access to Overdose Treatment. It also provides ongoing support for activities related to continued implementation of SAMHSA's substantially updated regulations for Opioid Treatment Programs (OTPs). The FY 2025 President's Budget also maintains funding for various programs, including the Building Communities of Recovery program, Recovery Community Services Program, and the Treatment, Recovery, and Workforce Support program. These funds will continue to provide career services and supports for individuals in recovery from substance use disorder through partnerships with local organizations. The budget will also support programs to enhance the nation's capacity for recovery support services, including funding for Emergency Department Alternatives to Opioids and Comprehensive Opioid Recovery Centers.

The FY 2025 President's Budget proposes level funding for criminal justice activities such as Drug Courts, Adult and Youth Diversion, and Reflection programs.

Enhancing Access to Suicide Prevention and Mental Health Services

Enhancing access to suicide prevention and mental health services is a key priority for SAMHSA. The most recent NSDUH data indicate that 59 million US adults report the presence of any mental illness and of those, 15 million are living with a serious mental illness. In 2022, the CDC estimates that more than 49,400 people in the United States died from suicide.[1] Minority groups were particularly impacted, with non-Hispanic American Indian or Alaska Native having the highest rate.[2] Data from the CDC National Violent Death Reporting System indicates that the proportion of suicide decedents who were LGBTQ+ increased from 2014 to 2019.[3] By improving access to life-saving services, individuals experiencing suicidal ideation and other behavioral health crises can achieve wellbeing and thrive.

The FY 2025 President's Budget requests $602 million for 988 and Behavioral Health Crisis

[1] Stone DM, Mack KA, Qualters J. *Notes from the Field:* Recent Changes in Suicide Rates, by Race and Ethnicity and Age Group — United States, 2021. MMWR Morb Mortal Wkly Rep 2023;72:160–162. DOI: http://dx.doi.org/10.15585/mmwr.mm7206a4

[2] ibid

[3] Ream GL. Trends in Deaths by Suicide 2014-2019 Among Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and Other Gender/Sexual Minority (LGBTQ+) Youth. J Adolesc Health. 2022 Nov;71(5):609-615. doi: 10.1016/j.jadohealth.2022.06.017. Epub 2022 Aug 11. PMID: 35963758.

Services, an increase of $100 million from the FY 2023 Final level. In FY 2025 SAMHSA anticipates that contact volume – including calls, texts, and chats – will continue to increase, with capacity needed to respond to an estimated 7.5 million annual contacts. The FY 2025 Budget provides additional support for the SAMHSA Behavioral Health Crisis Coordinating Center, local and national subnetwork and backup capacity, the communications/media campaign, and capacity, specialized services for LGBTQ+ youth. The FY 2025 Presidents Budget also includes of a total of $736 million in additional funding for mental health services, including the Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Centers, the Community Mental Health Services Block Grant, which maintains a 5 percent set aside for crisis services supports, and the Mental Health Crisis Response Partnership that supports the startup of mobile crisis teams.

With regards to suicide, the FY 2025 President's Budget for the National Strategy for Suicide Prevention (NSSP) 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 grant program, which will be implemented with support from the Administration for Community Living. This new program is expected to decrease the number of suicides and suicide attempts by older adults served by this grant. This funding will also support continuations and new Zero Suicide grants and NSSP continuation grants. It is expected that 98,000 individuals will be referred for services.

The Budget also maintains support at the FY 2023 Final Level for the Garett Lee Smith (GLS) Youth Suicide, GLS Suicide Prevention Resource Center, and GLS AI/AN Suicide Prevention Initiative. The FY 2025 funding also supports treatment and recovery, including Assertive Community Treatment for Individuals with SMI and Assisted Outpatient Treatment for Individuals with SMI. Recognizing the role trauma contributes to plays in impacting poor mental health and substance use, the FY 2025 President's Budget Request includes funding for the Interagency Task Force on Trauma-Informed Care and Disaster Response efforts.

Promoting Resilience and Emotional Health for Children, Youth, and Families

Even before the pandemic, the nation's youth were experiencing significant mental health and substance use challenges. Nearly 1 in 5 young people had a diagnosable mental health condition, and 1 in 10 had a serious emotional disturbance that negatively impacted their ability to function at home, in school, or in the community.[4,5,6,7] In 2021, there were 2.2 million adolescents aged 12 to 17 with a SUD[8], and death by suicide was the second leading cause of death for individuals ages

[4] velliBitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children - United States, 2013-2019. MMWR Suppl. Feb 25 2022;71(2):1-42.
[5] Williams NJ, Scott L, Aarons GA. Prevalence of Serious Emotional Disturbance Among U.S. Children: A Meta-Analysis. Psychiatr Serv. Jan 1 2018;69(1):32-40.
[6] Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children - United States, 2013-2019. MMWR Suppl. Feb 25 2022;71(2):1-42.
[7] Williams NJ, Scott L, Aarons GA. Prevalence of Serious Emotional Disturbance Among U.S. Children: A Meta-Analysis. Psychiatr Serv. Jan 1 2018;69(1):32-40.
[8] Center for Behavioral Health Statistics and Quality. https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf Accessed February 13, 2023.

10-34 in the United States.[9] Unfortunately, many young people do not receive the treatment supports they need.

SAMHSA's FY 2025 Budget continues to provide robust investments to address children, youth, and families, behavioral health in line with all three pillars of the National Mental Health Strategy. Significant investments are proposed to connect children, youth and families to care through various SAMHSA programs.

The FY 2025 President's Budget for Children's Mental Health Services is $180 million, an increase of $50 million from the FY 2023 Final level. This funding will support the continuations of Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis grants (CHR-P) under the 10 percent set-aside for this program. In addition, funding will support new and continuing Children's Mental Health Initiative (CMHI) and a technical assistance center. SAMHSA expects to serve 14,000 children and the train 80,000 in mental health activities and practices. The budget request includes $190 million funding for Project AWARE an increase of $50 million from the FY 2023 Final level. This funding will help to identify and refer approximately 150,000 school-aged youth to mental health and related services; and to train approximately 750,000 mental health and mental health-related professionals on evidence-based mental health practices.

The Budget includes funding to maintain programs that provide behavioral health support for children, youth and families across the full developmental and severity continuum including: the Infant and Early Childhood Mental Health program, the National Child Traumatic Stress Initiative, Mental Health Awareness Training grants, Project LAUNCH, Healthy Transitions, Tribal Behavioral Health Grants, and The Sober Truth on Preventing Underage Drinking Act (STOP Act), Grant Program Children and Families (YTREE Residential).

To expand support for maternal health, the FY 2025 President's Budget proposes $44 million for the Pregnant and Postpartum Women program, an increase of $5 million from FY 2023 Final level. The funds will increase access to comprehensive high-quality behavioral and maternal health services for pregnant and postpartum women, their minor children, and other family members (e.g., fathers of the children). The proposed increase for this program will support the Administration's priority to address the maternal health crisis. This funding will support both new grants and continuations.

The FY 2025 President's Budget also includes funding for a new Women's Behavioral Health Technical Assistance Center is $3.5 million, with CSUS and CMHS each contributing $1.75 million per year. 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, such as socioeconomic status, racial/ethnic minority status, and/or sexual orientation, and disabilities in a culturally competent manner.

[9]National Institute of Mental Health. Suicide. National Institute of Mental Health. Available at: https://www.nimh.nih.gov/health/statistics/suicide#part_2585. Accessed August 15, 2022.

Integrating Behavioral and Physical Health Care

A key to achieving SAMHSA's mission is advancing the integration of behavioral health and physical health care services. In the FY 2025 President's Budget, SAMHSA maintains the investment in its Primary and Behavioral Health Integration (PBHCI) program and the PBHCI Training and Technical Assistance. The Budget also includes $34 million for Screening, Brief Intervention and Referral to Treatment programming to expand, enhance, and integrate behavioral health in primary care settings, as well as hospitals, trauma centers, federally qualified health centers, and other relevant health care and community settings. SAMHSA also is maintaining investments in programs that support identification of and linkages to HIV and viral hepatitis treatment, aligning with the Administration's efforts to end the HIV epidemic and eliminate Hepatitis C.

Strengthening the Behavioral Health Workforce

The nation's workforce of mental health and SUD providers is critical to providing Americans with access to essential health care services. Prior to the pandemic, there was already a projected shortage of behavioral health care providers, with acute shortages predicted for psychiatrists and addiction counselors through 2030.

The FY 2025 President's Budget maintains resources for several SAMHSA behavioral health workforce programs. This includes SAMHSA's Minority Fellowship Program (MFP), which aims to reduce health disparities and improve behavioral health care outcomes for minority populations. Additionally, the Budget request maintains funding for: Federal Workplace Drug Testing Programs; the Practice Improvement and Training program, which builds upon the existing Historically Black Colleges and Universities Center of Excellence; Addiction Technology Transfer Centers; the Center for the Application of Prevention Technologies; the Peer Support Technical Assistance Center; and Science and Service Program Coordination.

Highlights

SAMHSA's FY 2025 Budget is central to President Biden's Unity Agenda. SAMHSA's proposed budget for FY 2025 is $8.1 billion, which is $612 million more than the FY 2023 Final. The increase in the budget will be used to expand behavioral health care services, youth-oriented services, community harm reduction initiatives, and substance use disorder treatment. Specifically increases in Project Aware ($50 million), Children's Mental Health Services ($50 million), and the Pregnant and Postpartum Women program ($5 million) will provide additional behavioral health support for children, women, and families. In addition, a proposed Women's Behavioral Health Technical Assistance Center ($3.5 million) will create a national system of clinical consultation and technical assistance for health providers spanning topics across the lifespan within the field of women's mental health and substance use. In addition, the budget provides increases to support suicide prevention and crisis care, including additional increases to support the 988 lifeline ($100 million) and the Mental Health Crisis Response Partnership Pilot project ($20 million), as well as a new program to prevent suicide in older adults ($1.75 million). The budget also includes increases for the Community Mental Health Services Block Grant ($35 million), the Certified Community Behavioral Health Clinics ($65 million), and State Opioid

Response program ($20 million). It also proposes a new Community Harm Reduction Initiative ($10 million), which is based on the FY 2022 pilot harm reduction project. Finally, the President's budget reproposes an investment in a new mandatory Community Mental Health Centers program ($413 million).

Through new programs and increased investments to: prevent substance use and overdose; enhance access to suicide prevention and mental health services; promote resilience and emotional health for children, youth, and families; integrate behavioral and physical health care; and strengthening the behavioral health workforce, SAMHSA will ensure people with, affected by, or at risk for mental health and substance use conditions receive care, achieve wellbeing, and thrive.

Overview of Performance

Consistent with the Government Performance and Results Modernization Act of 2010, the Substance use And Mental Health Services Administration (SAMHSA) continues to refine its use of performance and evaluation data to measure impact and mitigate risk. Data-driven performance reviews help SAMHSA leadership analyze outcome data and learn the extent to which strategies work or need improvement. As impact is measured and reported, SAMHSA seeks to identify the conditions that foster success, address barriers, enable collaboration across programs, and promote overall efficiency.

SAMHSA collects critical performance data on both output and outcome measures. Data on services programs include diagnoses, abstinence from substance use, mental health functioning, overall physical health, criminal justice involvement, stable housing, social connectedness, and employment. Additionally, SAMHSA collects data on the number of people served, the number trained, and the number of training events held.

SAMHSA collects data on key measures to monitor and manage discretionary grant performance, improve the quality of treatment, prevention, and mental health services. Data collected are in line with the Government Performance and Results Act (GPRA). SAMHSA grantees submit these data into the SAMHSA Performance Accountability and Reporting System (SPARS). Data collected and analyzed through SPARS allows SAMHSA to monitor the progress of discretionary grants, support data-informed decision-making for funding, and provide an understanding of the services delivered through the programs.

SAMHSA implements the requirements of 21st Century Cures Act through continuously monitoring key performance. Monitoring staff work with SAMHSA Centers and Program Officers to enhance the system to be more user friendly with greater data visualization strategies.

The SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) Office of Evaluation (OE) is responsible for providing centralized planning and management of program evaluation and performance management activity across SAMHSA. In this role, OE provides support to SAMHSA's programmatic centers by supporting evaluation proposals, performance management, and monitoring and quality improvement activities. OE provides oversight and management of agency quality improvement and performance management activities and advances agency goals and objectives relating to performance measurements and quality improvement.

Additionally, SAMHSA established an Evidence and Evaluation Board (SEEB) comprised of representative from all Centers and Offices. The purpose of the SEEB is to serve as the agency's principal evaluation and evidence forum for managing SAMHSA's evaluation portfolio, evaluation and evidence data, and as a strategic asset to support the agency in meeting its mission and agency priorities, including implementation of the Evidence Act.

Substance use And Mental Health Services Administration
All-Purpose Table
(Dollars in millions)

Activity	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	$	FTE	$	FTE	$	FTE	$	FTE
CMHS		141		190		190		+49
Programs of Regional and National Significance	1,044.033		1,044.033		1,217.533		+173.500	
National Child Traumatic Stress Network	93.887		93.887		93.887		--	
Assisted Outpatient Treatment for Individuals with SMI	21.420		21.420		21.420		--	
Children's Mental Health Services	130.000		130.000		180.000		+50.000	
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*13.000*		*13.000*		*13.000*		--	
Projects for Assistance in Transition from Homelessness	66.635		66.635		66.635		--	
Protection and Advocacy for Individuals with Mental Illness	40.000		40.000		40.000		--	
Community Mental Health Centers	--		--		412.500		+412.500	
Community Mental Health Services Block Grant	1,007.571		1,007.571		1,042.571		+35.000	
Budget Authority (non-add)	*986.532*		*986.532*		*1,021.532*		+35.000	
PHS Evaluation Funds (non-add)	*21.039*		*21.039*		*21.039*		--	
Certified Community Behavioral Health Clinics	385.000		385.000		450.000		+65.000	
Total, Mental Health	**2,788.546**		**2,788.546**		**3,524.546**		**+736.000**	
Budget Authority (non-add)	*2,755.507*		*2,755.507*		*3,079.007*		+323.500	
Prevention and Public Health Fund (non-add)	*12.000*		*12.000*		*12.000*		--	
PHS Evaluation Funds (non-add)	*21.039*		*21.039*		*21.039*		--	
Community Mental Health Centers	--		--		*412.500*		+412.500	
CSUPS		93		93		93	--	
Programs of Regional and National Significance	236.879		236.879		236.879		--	
Total, Substance Use Prevention Services	**236.879**		**236.879**		**236.879**		--	
Budget Authority (non-add)	*236.879*		*236.879*		*236.879*		--	
CSUS		109		175		175	--	+66
Programs of Regional and National Significance	574.219		574.219		590.969		+16.750	
State Opioid Response Grants	1,575.000		1,575.000		1,595.000		+20.000	
Set-Aside for Tribes (non-add)	*55.000*		*55.000*		*60.000*		+5.000	
Substance Use Prevention, Treatment, and Recovery Services Block Grant	2,008.079		2,008.079		2,008.079		--	
Budget Authority (non-add)	*1,928.879*		*1,928.879*		*1,928.879*		--	
PHS Evaluation Funds (non-add)	*79.200*		*79.200*		*79.200*		--	
Total, Substance Use Services	**4,157.298**		**4,157.298**		**4,194.048**		**+36.750**	
SAT Budget Authority (non-add)	*4,076.098*		*4,076.098*		*4,112.848*		+36.750	
SAT PHS Evaluation Funds (non-add)	*81.200*		*81.200*		*81.200*		--	
Health Surveillance and Program Support		379		407		407	--	+28
Health Surveillance and Program Support	135.123		135.123		135.123		--	
Program Support (non-add)	84.500		84.500		84.500		--	
Health Surveillance (non-add)	50.623		50.623		50.623		--	
Budget Authority (non-add)	*20.195*		*20.195*		*20.195*		--	
PHS Evaluation Funds (non-add)	*30.428*		*30.428*		*30.428*		--	
Subtotal, Health Surveillance and Program Support	**135.123**		**135.123**		**135.123**		--	
Congressional Earmarks	*160.777*		*160.777*		--		+160.777	
Data Request and Publications User Fees	1.500		1.500		1.500		--	
Public Awareness and Support	13.260		13.260		13.260		--	
Budget Authority (non-add)	*13.260*		*13.260*		*13.260*		--	
Performance and Quality Information Systems	10.200		*10.200*		10.200		--	
Budget Authority (non-add)	*10.200*		*10.200*		*10.200*			
Behavioral Health Workforce Data and Development	1.000		*1.000*		1.000			
PHS Evaluation Funds (non-add)	*1.000*		*1.000*		*1.000*		--	
Drug Abuse Warning Network	13.000		13.000		13.000		--	
Total, Health Surveillance and Program Support	**334.860**		**334.860**		**174.083**		**+160.777**	
HSPS Budget Authority (non-add)	*301.932*		*301.932*		*141.155*		*+160.777*	
HSPS PHS Evaluation Funds (non-add)	*31.428*		*31.428*		*31.428*		--	
Data Request and Publications User Fees(non-add)	*1.500*		*1.500*		*1.500*		--	
TOTAL, SAMHSA Program Level	**7,517.583**	**722**	**7,517.583**	**865**	**8,129.556**	**865**	**+611.973**	**+143**
Nonrecurring Expenses Fund (NEF)	**--**		**--**		21.95		**+21.95--**	
Less Funds from Other Sources:								
Community Mental Health Centers	--		--		*-412.500*		*+412.500*	
Prevention and Public Health Fund (non-add)	*-12.000*		*-12.000*		*-12.000*		--	
PHS Evaluation Funds	*-133.667*		*-133.667*		*-133.667*		--	
Data Request and Publications User Fees	*-1.500*		*-1.500*		*-1.500*		--	
TOTAL, SAMHSA Budget Authority	**7,370.416**		**7,370.416**		**7,569.889**		**+199.473**	**+143**

Budget Exhibits
Table of Contents

BUDGET EXHIBITS 11
APPROPRIATIONS LANGUAGE GUIDELINES 12
LANGUAGE ANALYSIS 17
AMOUNTS AVAILABLE FOR OBLIGATION 24
SUMMARY OF CHANGES 25
BUDGET AUTHORITY BY ACTIVITY 26
AUTHORIZING LEGISLATION 27
APPROPRIATIONS HISTORY 30
APPROPRIATIONS NOT AUTHORIZED BY LAW 31

Appropriations Language Guidelines

MENTAL HEALTH

For carrying out titles III, V, and XIX of the PHS Act with respect to mental health, and the Protection and Advocacy for Individuals with Mental Illness Act, and the SUPPORT for Patients and Communities Act, $3,079,007,000: Provided, That of the funds made available under this heading, $93,887,000 shall be for the National Child Traumatic Stress Initiative: Provided further, That notwithstanding section 520A(f)(2) of the PHS Act, no funds appropriated for carrying out section 520A shall be available for carrying out section 1971 of the PHS Act: Provided further, That in addition to amounts provided herein, $21,039,000 shall be available under section 241 of the PHS Act to supplement funds otherwise available for mental health activities and to carry out subpart I of part B of title XIX of the PHS Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of part B of title XIX: Provided further, That of the funds made available under this heading for subpart I of part B of title XIX of the PHS Act, not less than 10 percent shall be available to support evidence-based crisis systems: Provided further, That up 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: Provided further, That $450,000,000 shall be available until September 30, 2027 for grants to communities and community organizations who meet criteria for Certified Community Behavioral Health Clinics pursuant to section 223(a) of Public Law 113–93: Provided further, That none of the funds provided for section 1911 of the PHS Act shall be subject to section 241 of such Act: Provided further, That of the funds made available under this heading, $21,420,000 shall be to carry out section 224 of the Protecting Access to Medicare Act of 2014 (Public Law 113–93; 42 U.S.C. 290aa 22 note). Provided further, That notwithstanding sections 1911(b) and 1912 of the PHS Act, amounts made available under this heading for subpart I of part B of title XIX of such Act shall also be available to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children and adults: Provided further, That States shall expend at least 10 percent of the amount each receives for carrying out section 1911 of the PHS Act to support evidence-based programs that address early intervention and prevention of mental disorders for at-risk youth and adults: Provided further, That notwithstanding section 1912 of the PHS Act, the plan described in such section and section 1911(b) of the PHS Act shall also include the evidence-based programs described in the previous proviso pursuant to plan criteria established by the Secretary.

SUBSTANCE USE SERVICES

For carrying out titles III and V of the PHS Act with respect to substance use treatment and title XIX of such Act with respect to substance use treatment and prevention, section 1003 of the 21st Century Cures Act, and the SUPPORT for Patients and Communities Act, $4,112,848,000: Provided, That $1,595,000,000 shall be for carrying out section 1003 of the 21st Century Cures Act: Provided further, That of such amount $60,000,000 shall be made available to Indian Tribes or tribal organizations: Provided further, That of the amount not reserved by the previous proviso, the Secretary shall make allocations to States, territories, and the District of Columbia according to a formula using national survey results that the Secretary determines are the most objective and reliable measure of drug use and drug-related deaths: Provided further, That prevention and treatment activities funded through such grants may include education, treatment (including the provision of medication), behavioral health services for individuals in treatment programs, referral to treatment services, recovery support, and medical screening associated with such treatment: Provided further, That in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) $79,200,000 to supplement funds otherwise available for substance use treatment activities to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX; and (2) $2,000,000 to evaluate substance use treatment programs: Provided further, That for purposes of calculating the HIV set-aside under subpart II of part B of title XIX, the rate of cases of HIV shall be used instead of the rate of cases of AIDS: Provided further, That each State that receives funds appropriated under this heading in this Act for carrying out subpart II of part B of title XIX of the PHS Act shall expend not less than 10 percent of such funds for recovery support services: Provided further, That none of the funds provided for section 1921 of the PHS Act or State Opioid Response Grants shall be subject to section 241 of such Act.

SUBSTANCE *USE* PREVENTION *SERVICES*

For carrying out titles III and V of the PHS Act with respect to substance use prevention, $236,879,000.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

For program support and cross-cutting activities that supplement activities funded under the headings "Mental Health", "Substance Use Services", and "Substance Use Prevention Services" in carrying out titles III, V, and XIX of the PHS Act and the Protection and Advocacy for Individuals with Mental Illness Act in the Substance Use and Mental Health Services Administration, $141,155,000: Provided, That in addition to amounts provided herein, $31,428,000 shall be available under section 241 of the PHS Act to supplement funds available to carry out national surveys on drug abuse and mental health, to collect and analyze program data, and to conduct public awareness and technical assistance activities: Provided further, That, in addition, fees may be collected for the costs of publications, data, data tabulations, and data analysis completed under title V of the PHS Act and provided to a public or private entity upon

request, which shall be credited to this appropriation and shall remain available until expended for such purposes: Provided further, That amounts made available in this Act for carrying out section 501(o) of the PHS Act shall remain available through September 30, 2026: Provided further, That funds made available under this heading (other than amounts specified in the first proviso under this heading) may be used to supplement program support funding provided under the headings ''Mental Health'', ''Substance Abuse Treatment'', and ''Substance Abuse Prevention''.

General Provisions

SEC. 238. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) is amended –

(1) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration";

(2) by striking "Center for Substance Abuse Treatment" each place it appears and inserting "Center for Substance Use Services"; and

(3) by striking "Center for Substance Abuse Prevention" each place it appears and inserting "Center for Substance Use Prevention Services".

(b) Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended –

(1) in the title heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION";

(2) in section 501 –

(A) in the section heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION"; and

(B) in subsection (a), by striking "(hereafter referred to in this title as the Administration)" and inserting "(hereafter referred to in this title as SAMHSA or the Administration)";

(3) in section 507, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES";

(4) in section 513(a), in the subsection heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES"; and

(5) in section 515, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(c) Section 1932(b)(3) of the Public Health Service Act (42 U.S.C. 300x–32(b)(3)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(d) Section 1935(b)(2) of the Public Health Service Act (42 U.S.C. 300x–35(b)(2)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(e) The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(f) The Social Security Act is amended in sections 1861, 1866F, and 1945 (42 U.S.C. 1395x, 1395cc–6, 1396w–4) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(g) Section 105(a)(7)(C)(i)(III) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(C)(i)(III)) is amended by striking "Substance Abuse and Mental Health Services Administration" and inserting "Substance use And Mental Health Services Administration".

(h)

(1) Except as provided in paragraph (2), any reference in any law, regulation, map, document, paper, or other record of the United States to the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment of Such Administration, or the Center for Substance Abuse Prevention of such Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration, the Center for Substance Use Services of such Administration, or the Center for Substance Use Prevention Services of such Administration, respectively.
(2) Paragraph (1) shall not be construed to alter or affect section 6001(d) of the 21st Century Cures Act (42 U.S.C. 290aa note), providing that a reference to the Administrator of the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.

Language Analysis

Language Provision	Explanation
Provided further, That in addition to amounts provided herein, $21,039,000 shall be available under section 241 of the PHS Act to supplement funds otherwise available for mental health activities and to carry out subpart I of part B of title XIX of the PHS Act to fund section 1920(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1920(b) activities shall not exceed 5 percent of the amounts appropriated for subpart I of part B of title XIX:	Sets the amount of Public Health Service Evaluation Fund dollars allocated to supplement the budget authority for programs for mental health activities and programs authorized under titles XIX as well as under titles III and V.
Provided further, That of the funds made available under this heading for subpart I of part B of title XIX of the PHS Act, not less than 10 percent shall be available to support evidence-based crisis systems:	Increases the set-aside in the Community Mental Health Services Block Grant for crisis services to 10 percent.

Language Provision	Explanation
Provided further, That notwithstanding sections 1911(b) and 1912 of the PHS Act, amounts made available under this heading for subpart I of part B of title XIX of such Act shall also be available to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children and adults: Provided further, That States shall expend at least 10 percent of the amount each receives for carrying out section 1911 of the PHS Act to support evidence-based programs that address early intervention and prevention of mental disorders for at-risk youth and adults: Provided further, That notwithstanding section 1912 of the PHS Act, the plan described in such section and section 1911(b) of the PHS Act shall also include the evidence-based programs described in the previous proviso pursuant to plan criteria established by the Secretary.	Includes a 10-percent set-aside for evidence-based programs that address early intervention and prevention of mental disorders for at-risk youth and adults.
For carrying out titles III and V of the PHS Act with respect to substance use treatment and title XIX of such Act with respect to substance use treatment and prevention, section 1003 of the 21st Century Cures Act, and the SUPPORT for Patients and Communities Act,	Adds authorization of the State Opioid Response program.
Provided, That $1,595,000,000 shall be for carrying out section 1003 of the 21st Century Cures Act: Provided further, That of such amount $60,000,000 shall be made available to Indian Tribes or tribal organizations:	Adds authorization of the State Opioid Response program as amended by Section 1273 of the Consolidated Appropriations Act, 2023 and removes duplicative language. Set-aside $60 million for the Tribal Opioid Response program.

Language Provision	Explanation
Provided further, That of the amount not reserved by the previous provisos, the Secretary shall make allocations to States, territories, and the District of Columbia according to a formula using data that the Secretary determines to be the most objective and reliable measure of drug use and drug-related deaths Provided further, That prevention and treatment activities funded through such grants may include education, treatment (including the provision of medication), behavioral health services for individuals in treatment programs, referral to treatment services, recovery support, and medical screening associated with such treatment	Provides increased flexibility to use the most accurate data.
Provided further, That in addition to amounts provided herein, the following amounts shall be available under section 241 of the PHS Act: (1) $79,200,000 to supplement funds otherwise available for substance use treatment activities and to carry out subpart II of part B of title XIX of the PHS Act to fund section 1935(b) technical assistance, national data, data collection and evaluation activities, and further that the total available under this Act for section 1935(b) activities shall not exceed 5 percent of the amounts appropriated for subpart II of part B of title XIX; and (2) 2 ,000,000 to evaluate substance use treatment programs:	Sets the amount of Public Health Service Evaluation Fund dollars allocated to supplement the budget authority available for programs and activities authorized under title XIX, titles III and V, and substance abuse treatment activities.

Language Provision	Explanation
Provided further, That for purposes of calculating the HIV set-aside under subpart II of part B of title XIX, the rate of cases of HIV shall be used instead of the rate of cases of AIDS:	Uses HIV cases as opposed to AIDS cases to calculate the HIV set-aside in the Substance Use Prevention, Treatment, and Recovery Services Block Grant.
Provided further, That each State that receives funds appropriated under this heading in this Act for carrying out subpart II of part B of title XIX of the PHS Act shall expend not less than 10 percent of such funds for recovery support services:	Sets-aside 10 percent of the Substance Use Prevention, Treatment, and Recovery Services Block Grant for recovery support services.
For program support and cross-cutting activities that supplement activities funded under the headings "Mental Health", "Substance Use Services", and "Substance Use Prevention" in carrying out titles III, V, and XIX of the PHS Act and the Protection and Advocacy for Individuals with Mental Illness Act in the Substance Use and Mental Health Services Administration, $150,827,000:	Updates names of SAMHSA accounts.

Language Provision	Explanation
SEC. 245. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) is amended – *(1) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration";* *(2) by striking "Center for Substance Abuse Treatment" each place it appears and inserting "Center for Substance Use Services"; and* *(3) by striking "Center for Substance Abuse Prevention" each place it appears and inserting "Center for Substance Use Prevention Services".* *(b) Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended –* *(1) in the title heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION";* *(2) in section 501 –* *(A) in the section heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION"; and* *(B) in subsection (a), by striking "(hereafter referred to in this title as the Administration)" and inserting "(hereafter referred to in this title as SAMHSA or the Administration)";* *(3) in section 507, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES";*	Changes the name of the Substance Abuse and Mental Health Services Administration to the Substance use And Mental Health Services Administration. Changes the name of the Center for Substance Abuse Treatment to the Center for Substance Use Services. Changes the name of the Center for Substance Abuse Prevention to the Center for Substance Use Prevention Services.

Language Provision	Explanation
(4) in section 513(a), in the subsection heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES"; and *(5) in section 515, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".* *(c) Section 1932(b)(3) of the Public Health Service Act (42 U.S.C. 300x–32(b)(3)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".* *(d) Section 1935(b)(2) of the Public Health Service Act (42 U.S.C. 300x–35(b)(2)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".* *(e) The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".* *(f) The Social Security Act is amended in sections 1861, 1866F, and 1945 (42 U.S.C. 1395x, 1395cc–6, 1396w–4) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".* *(g) Section 105(a)(7)(C)(i)(III) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(C)(i)(III)) is amended by striking "Substance Abuse and Mental Health Services Administration" and inserting "Substance use And Mental Health Services Administration".*	

Language Provision	**Explanation**
(h) Except as provided in paragraph (2), any reference in any law, regulation, map, document, paper, or other record of the United States – *(1) to the Substance Abuse and Mental Health Services Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration;* *(2) to the Center for Substance Abuse Treatment of such Administration shall be treated as a reference to the Center for Substance Use Services of such Administration; and* *(3) to the Center for Substance Abuse Prevention of such Administration shall be treated as a reference to the Center for Substance Use Prevention Services of such Administration.* *(i) Paragraph (1) shall not be construed to alter or affect section 6001(d) of the 21st Century Cures Act (42 U.S.C. 290aa note), providing that a reference to the Administrator of the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.*	

Amounts Available for Obligation

(Whole dollars)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
General Fund Discretionary Appropriation:			
Appropriation	$7,370,416,000	$7,370,416,000	$7,569,889,000
Across-the-board reductions	---	---	---
Subtotal, Appropriation	7,370,416,000	7,370,416,000	7,569,889,000
Rescission	---	---	---
Subtotal, adjusted appropriation	7,370,416,000	7,370,416,000	7,569,889,000
Bipartisan Safer Communities Act Advanced Appropriation	162,500,000	162,500,000	162,500,000
Total, Discretionary Appropriation	**7,532,916,000**	**7,532,916,000**	**7,732,389,000**
Mandatory Appropriation:			
Transfer from the Prevention and Public Health Funds	12,000,000	12,000,000	12,000,000
Community Mental Health Centers (CMHC)	---	---	412,500,000
Subtotal, adjusted mandatory appropriation	12,000,000	12,000,000	424,500,000
Offsetting collections from:			
Federal Source	133,667,000	133,667,000	133,667,000
Data Request and Publications User Fees	1,500,000	1,500,000	1,500,000
Unobligated balance, start of year	---	---	---
Unobligated balance, end of year	---	---	---
Unobligated balance, lapsing	---	---	---
Total obligations	**$7,680,083,000**	**$7,680,083,000**	**$8,292,056,000**

Summary of Changes

(Dollars in millions)

	Dollars	FTEs
FY 2023 CR		
Total estimated budget authority	7,370.416	722
	7,370.416	722
FY 2025 President's Budget		
Total estimated budget authority	7,569.889	865
	7,569.889	865
Net Change	**199.473**	**143**

	FY 2023 Final		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	BA	**FTE**	**BA**	**FTE**	**BA**	**FTE**
Increases:						
A. Built-in:						
1. Annualization of 2023 commissioned corps pay increase	6.861	--	7.543	--	0.682	---
2. Annualization of 2023 civilian pay increase	117.502	--	145.255	--	27.753	---
Subtotal, Built-in Increases	**124.363**	**--**	**152.797**	**--**	28.434	**---**
B. Program:						
1. Mental Health	2,755.507	141	3,079.007	184	323.500	+43
2. Substance Use Prevention	---	93	---	83	---	-10
3.Substance Use Services	4,076.098	109	4,112.848	175	36.750	+66
4. Health Surveillance and Program Support	---	379	---	423	---	+44
Congressional Earmarks						
Subtotal, Program Increases	**6,831.605**	**865**	**7,191.855**	**865**	**360.250**	**+143**
Total Increases	**6,960.662**	**865**	**7,344.652**	**865**	**383.990**	**+143**
Decreases:						
A. Built-in:						
1. Absorption of built-in increases				---	-28.434	---
Subtotal, Built-in Decreases				**---**	**-28.434**	**---**
B. Program:						
4. Health Surveillance and Program Support						
Congressional Earmarks	160.777	---	---	---	-160.777	---
Subtotal, Program Decreases	**160.777**	**---**	**---**	**---**	**-160.777**	**---**
Total Decreases	**160.777**	**---**	**---**	**---**	**-189.211**	**---**
Net Change					**199.473**	**+143**

Budget Authority by Activity

(Dollars in millions)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Mental Health			
Programs of Regional and National Significance	$1,044,033	$1,044,033	$1,217,533
National Child Traumatic Stress Network	93,887	93,887	93,887
Assisted Outpatient Treatment for Individuals with SMI	21,420	21,420	21,420
Children's Mental Health Services	130,000	130,000	180,000
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*13,000*	*13,000*	*18,000*
Projects for Assistance in Transition from Homelessness	66,635	66,635	66,635
Protection and Advocacy for Individuals with Mental Illness	40,000	40,000	40,000
Community Mental Health Centers (CMHC)	--	--	412,500
Community Mental Health Services Block Grant	1,007,571	1,007,571	1,042,571
Budget Authority (non-add)	*986,532*	*986,532*	*1,021,532*
PHS Evaluation Funds (non-add)	*21,039*	*21,039*	*21,039*
Certified Community Behavioral Health Clinics	385,000	385,000	450,000
Total, Mental Health	**2,788,546**	**2,788,546**	**3,524,546**
Substance Use Prevention Services			
Programs of Regional and National Significance	236,879	236,879	236,879
Total, Substance Use Prevention Services	**236,879**	**236,879**	**236,879**
Substance Use Services			
Programs of Regional and National Significance	574,219	574,219	590,969
State Opioid Response Grants	1,575,000	1,575,000	1,595,000
Set-Aside for Tribes (non-add)	*55,000*	*55,000*	*55,000*
Substance Use Prevention, Treatment, and Recovery Services Block Grant	2,008,079	2,008,079	2,008,079
Budget Authority (non-add)	*1,928,879*	*1,928,879*	*1,928,879*
PHS Evaluation Funds (non-add)	*79,200*	*79,200*	*79,200*
Total, Substance Use Services	**4,157,298**	**4,157,298**	**4,194,048**
Health Surveillance and Program Support			
Health Surveillance and Program Support	135,123	135,123	135,123
Program Support (non-add)	84,500	84,500	84,500
Health Surveillance (non-add)	50,623	50,623	50,623
Budget Authority (non-add)	*20,195*	*20,195*	*20,195*
PHS Evaluation Funds (non-add)	*30,428*	*30,428*	*30,428*
Subtotal, Health Surveillance and Program Support	**135,123**	**135,123**	**135,123**
Congressional Earmarks	*160,777*	*160,777*	--
Data Request and Publications User Fees	1,500	1,500	1,500
Public Awareness and Support	13,260	13,260	13,260
Budget Authority (non-add)	*13,260*	*13,260*	*13,260*
Performance and Quality Information Systems	10,200	10,200	10,200
Budget Authority (non-add)	*10,200*	*10,200*	*10,200*
Behavioral Health Workforce Data and Development	1,000	1,000	1,000
PHS Evaluation Funds (non-add)	*1,000*	*1,000*	*1,000*
Drug Abuse Warning Network	13,000	13,000	13,000
Total, Health Surveillance and Program Support	**334,860**	**334,860**	**174,083**
HSPS Budget Authority (non-add)	*301,932*	*301,932*	*141,155*
HSPS PHS Evaluation Funds (non-add)	*31,428*	*31,428*	*31,428*
Data Request and Publications User Fees(non-add)	*1,500*	*1,500*	*1,500*
TOTAL, SAMHSA Program Level	**7,517,583**	**7,517,583**	**8,129,556**
Nonrecurring Expenses Fund (NEF)	**--**	**--**	**--**
Less Funds from Other Sources:			
Community Mental Health Centers (CMHC)	--	--	*-412,500*
Prevention and Public Health Fund (non-add)	*-12,000*	*-12,000*	*-12,000*
PHS Evaluation Funds	*-133,667*	*-133,667*	*-133,667*
Data Request and Publications User Fees	*-1,500*	*-1,500*	*-1,500*
TOTAL, SAMHSA Budget Authority	**$7,370,416**	**$7,370,416**	**$7,569,889**
FTEs	**722**	**865**	**865**

Substance use And Mental Health Services Administration
Authorizing Legislation
(Whole dollars)

Activity	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
1. Grants for the Benefit of Homeless Individuals PHS Act, Section 506	$ 41,304,000	$ 37,114,000	$ 41,304,000	$ 37,114,000
2. Residential Treatment Programs for Pregnant and Postpartum Women PHS Act, Section 508	$ -	$ 38,931,000	$ -	$ 43,931,000
3. Priority Substance Use Disorder Treatment Needs of Regional and National Significance PHS Act, Section 509	$ 521,517,000	$ 574,219,000	$ 521,517,000	$ 590,969,000
4. Substance Use Disorder Treatment and Early Intervention Services for Children, Adolescents, and Young Adults PHS Act, Section 514	$ 29,600,000	$ 30,197,000	$ 29,600,000	$ 30,197,000
5. Priority Substance Use Disorder Prevention Needs of Regional and National Significance PHS Act, Section 516	$ 218,219,000	$ 245,738,000	$ 218,219,000	$ 245,738,000
6. Sober Truth on Preventing Underage Drinking PHS Act, Section 519B	$ 15,000,000	$ 14,500,000	$ 14,500,000	$ 14,500,000
7. Priority Mental Health Needs of Regional and National Significance PHS Act, Section 520A	$ 599,036,000	$ 1,044,033,000	$ 599,036,000	$ 1,217,533,000
8. Suicide Prevention Technical Assistance Center PHS Act, Section 520C	$ 9,000,000	$ 11,000,000	$ 9,000,000	$ 11,000,000
9. Youth Suicide Early Intervention and Prevention Strategies PHS Act, Section 520E	$ 40,000,000	$ 43,806,000	$ 40,000,000	$ 43,806,000
10. Mental Health and Substance Use Disorder Services for Students in Higher Education PHS Act, Section 520E-2	$ 7,000,000	$ 8,488,000	$ 7,000,000	$ 8,488,000
11. 988 and Behavioral Health Crisis Services PHS Act, Section 520A	$ 101,621,000	$ 501,618,000	$ 101,621,000	$ 601,618,000

Authorizing Legislation (continued)

(Whole dollars)

Activity	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
12. Grants for Jail Diversion Programs PHS Act, Section 520G.....	$ 14,000,000	$ 11,269,000	$ 14,000,000	$ 11,269,000
13. Mental Health Awareness Training Grants PHS Act, Section 520J.....	$ 24,963,000	$ 27,963,000	$ 24,963,000	$ 27,963,000
14. Improving uptake and patient access to integrated care services PHS Act, Section 520K.....	$ 60,000,000	$ 57,868,000	$ 60,000,000	$ 57,868,000
15. Adult Suicide Prevention PHS Act, Section 520L.....	$ 30,000,000	$ 28,200,000	$ 30,000,000	$ 29,950,000
16. Assertive Community Treatment Grant Program PHS Act, Section 520M.....	$ 9,000,000	$ 9,000,000	$ 9,000,000	$ 9,000,000
17. Projects for Assistance in Transition From Homelessness PHS Act, Sections 521-535(a).....	$ 64,635,000	$ 66,635,000	$ 64,635,000	$ 66,635,000
18. First Responder Training PHS Act, Section 546.....	$ -	$ 56,000,000	$ -	$ 56,000,000
19. Building Communities of Recovery PHS Act, Section 547.....	$ -	$ 16,000,000	$ -	$ 16,000,000
20. Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances PHS Act, Sections 561-565(ff).....	$ 125,000,000	$ 130,000,000	$ 125,000,000	$ 180,000,000
21. Grants to Address the Problems of Persons Who Experience Violence Related Stress PHS Act, Section 582.....	$ -	$ 93,887,000	$ -	$ 93,887,000

Authorizing Legislation (continued)

(Whole dollars)

Activity	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
22. Community Mental Health Services Block Grants PHS Act, Section 1911-1920.....	$ 857,571,000	$ 1,007,571,000	$ 857,571,000	$ 1,042,571,000
23. Substance Abuse Prevention and Treatment Block Grants PHS Act, Section 1921-1935.....	$ 1,908,079,000	$ 2,008,079,000	$ 1,908,079,000	$ 2,008,079,000
24. Assisted Outpatient Treatment Grant Program for Individuals With SMI Section 224 of the Protecting Access to Medicare Act of 2014…	$ 22,000,000	$ 21,420,000	$ 22,000,000	$ 21,420,000
25. Protection and Advocacy for Individuals with Mental Illness* Section 117 of the Protection and Advocacy of Mentally Ill Individuals Act of 1986……	$ -	$ 40,000,000	$ -	$ 40,000,000
26. Heath Surveillance and Program Support PHS Act, Section 501, 505.....	$ 135,123,000	$ 135,123,000	$ 137,795,000	$ 135,123,000
27. Public Awareness and Support PHS Act, Section 501, 509, 516, 520A.....	$ 13,260,000	$ 13,260,000	$ 13,260,000	$ 13,260,000
28. Performance and Quality Information Systems PHS Act, Section 501, 509, 516, 520A.....	$ 10,200,000	$ 10,200,000	$ 10,200,000	$ 10,200,000
29. Drug Abuse Warning Network PHS Act, Section 505.....	$ 13,000,000	$ 13,000,000	$ 20,000,000	$ 13,000,000
30. Minority Fellowship Program PHS Act, Section 597	$ 25,000,000	$ 19,516,000	$ 25,000,000	$ 19,516,000
31. Trauma-Informed Services in Schools Section 7134 of P.L. 115-271	$ -	$ 12,000,000	$ -	$ 12,000,000
32. Infant and Early Childhood Mental Health Program PHS Act, Section 399Z–2	$ 50,000,000	$ 15,000,000	$ 50,000,000	$ 15,000,000
33. Mental health crisis response partnership pilot program PHS Act, 520F	$ 10,000,000	$ 20,000,000	$ 10,000,000	$ 40,000,000
34. Center of Excellence for Eating Disorders for education and training on eating disorders PHS Act, 520N	$ 1,000,000	$ -	$ 1,000,000	$ -

Appropriations History

(Whole dollars)

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2016				
General Fund Appropriation:				
Annual (P.L. 114-113)	$3,395,663,000	$3,642,710,000	$3,314,817,000	$3,634,269,000
Subtotal	$3,395,663,000	$3,642,710,000	$3,314,817,000	$3,634,269,000
FY 2017				
General Fund Appropriation:				
Supplemental (21st Century Cures Act)				$500,000,000
Annual (P.L. 115-31)	$3,488,783,000	$4,211,603,000	$3,739,577,000	$3,611,003,000
Subtotal	$3,488,783,000	$4,211,603,000	$3,739,577,000	$4,111,003,000
FY 2018				
General Fund Appropriation:				
Supplemental (21st Century Cures Act)				$500,000,000
Annual (P.L. 115-141)	$3,770,668,000	$4,193,936,000	$4,279,092,000	$4,513,327,000
Subtotal	$3,770,668,000	$4,193,936,000	$4,279,092,000	$5,013,327,000
FY 2019				
General Fund Appropriation:				
Annual (P.L. 115-245)	$3,425,887,000	$5,319,561,000	$5,592,827,000	$5,596,829,000
Subtotal	$3,425,887,000	$5,319,561,000	$5,592,827,000	$5,596,829,000
FY 2020				
General Fund Appropriation:				
Supplemental (CARES Act P.L. 116-136)	---	---	---	$425,000,000
Annual (P.L. 116-94)	$5,534,908,000	$5,870,996,000	$5,856,496,000	$5,736,829,000
Subtotal	$5,534,908,000	$5,870,996,000	$5,856,496,000	$5,736,829,000
FY 2021				
General Fund Appropriation:				
Supplemental (American Rescue Plan Act of 2021 P.L. 117-2)	---	---	---	$3,560,000,000
Supplemental:				
(Coronavirus Emergency Response and Relief Act P.L. 116-260)	---	---	---	$4,250,000,000
Annual (P.L. 116-260)	$5,597,651,000	$5,830,829,000	$5,853,840,000	$5,869,841,000
Subtotal	$5,597,651,000	$5,830,829,000	$5,853,840,000	$13,679,841,000
FY 2022				
General Fund Appropriation:				
Supplemental (Bipartisan Safer Communities Act P.L. 117-159)	---	---	---	$312,500,000
Annual (P.L. 117-103)	$9,586,844,000	$9,014,610,000	$8,957,412,000	$6,399,935,000
Subtotal	$9,586,844,000	$9,014,610,000	$8,957,412,000	$6,712,435,000
FY 2023				
General Fund Appropriation:				
Annual (P.L. 117-328)	$10,137,487,000	$9,024,713,000	$9,002,834,000	$7,370,416,000
Subtotal	$10,137,487,000	$9,024,713,000	$9,002,834,000	$7,370,416,000
FY 2024				
General Fund Appropriation:				
Annual (P.L. 118-15)	$10,274,808,000	$6,975,882,000	$7,333,639,000	$7,370,416,000
Subtotal	$10,274,808,000	$6,975,882,000	$7,333,639,000	$7,370,416,000
FY 2025				
General Fund Appropriation:				
Base	$7,569,889,000	---	---	---
Subtotal	$7,569,889,000	---	---	---

Appropriations Not Authorized by Law

(Whole dollars)

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2024
Protection and Advocacy for Individuals with Mental Illness Act				
P.L. 99-319, Sec. 117	2003	$ 19,500,000	$ 40,000,000	$ 40,000,000
TOTAL, SAMHSA Budget Authority		$ 19,500,000	$ 40,000,000	$ 40,000,000

Mental Health

Table of Contents

Mental Health....32
Summary of the Request....33
Programs of Regional and National Significance (PRNS)....35
Project AWARE....*36*
Mental Health Awareness Training....*41*
Healthy Transitions....*44*
Children and Family Programs....*47*
Consumer and Family Network Grants....*49*
Project LAUNCH....*51*
Mental Health System Transformation and Health Reform....*55*
Primary and Behavioral Health Care Integration....*58*
Suicide Prevention Programs....*62*
988 and Behavioral Health Crisis Services....*63*
National Strategy for Suicide Prevention....*66*
Garrett Lee Smith Youth Suicide Prevention – State/Tribal and Campus....*69*
Suicide Prevention Resource Center....*71*
American Indian/Alaska Native Suicide Prevention Initiative....*73*
Mental Health Crisis Response Partnership Program....*76*
Homelessness Prevention Programs....*78*
Minority AIDS....*80*
Criminal and Juvenile Justice Programs....*83*
Practice Improvement and Training....*87*
Consumer and Consumer-Supporter TA Centers....*89*
Disaster Response....*91*
Seclusion and Restraint....*95*
Assertive Community Treatment for Individuals with Serious Mental Illness....*97*
Tribal Behavioral Health Grants....*100*
Minority Fellowship Program....*103*
Infant and Early Childhood Mental Health....*107*
Interagency Task Force on Trauma-Informed Care....*110*
Women Behavioral Health Technical Assistance Center....*112*
National Child Traumatic Stress Network....114
Assisted Outpatient Treatment for Individuals with Serious Mental Illness....118
Children's Mental Health Services....121
Projects for Assistance in Transition from Homelessness....125
Protection and Advocacy for Individuals with Mental Illness (PAIMI)....130
Certified Community Behavioral Health Clinics (CCBHC)....135
PRNS Mechanism Table....*139*
Grant Awards Table....*142*
Community Mental Health Services Block Grant (MHBG)....143
Community Mental Health Centers (CMHC)....159

Mental Health
Summary of the Request
(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
CMHS				
Programs of Regional and National Significance	1,044.033	1,044.033	1,217.533	+173.500
National Child Traumatic Stress Network	93.887	93.887	93.887	--
Assisted Outpatient Treatment for Individuals with SMI	21.420	21.420	21.420	--
Children's Mental Health Services	130.000	130.000	180.000	+50.000
Set-Aside for Youth in Prodrome Phase of Psychosis (non-add)	*13.000*	*13.000*	*13.000*	--
Projects for Assistance in Transition from Homelessness	66.635	66.635	66.635	--
Protection and Advocacy for Individuals with Mental Illness	40.000	40.000	40.000	--
Community Mental Health Centers	--	--	412.500	+412.500
Community Mental Health Services Block Grant	1,007.571	1,007.571	1,042.571	+35.000
Budget Authority (non-add)	*986.532*	*986.532*	*1,021.532*	*+35.000*
Evidence-Based Crisis Systems (Non add)	--	--	--	--
PHS Evaluation Funds (non-add)	*21.039*	*21.039*	*21.039*	--
Certified Community Behavioral Health Clinics	385.000	385.000	450.000	+65.000
Total, Mental Health	**2,788.546**	**2,788.546**	**3,524.546**	**+736.000**
Budget Authority (non-add)	*2,755.507*	*2,755.507*	*3,079.007*	*+323.500*
Prevention and Public Health Fund (non-add)	*12.000*	*12.000*	*12.000*	--
PHS Evaluation Funds (non-add)	*21.039*	*21.039*	*21.039*	--
Community Mental Health Centers	--	--	*412.500*	*+412.500*
FTE	**141**	**190**	**190**	+49

The Mental Health FY 2025 President's Budget Request is $3.5 billion, an increase of $736 million from the FY 2023 Final level.

SAMHSA's Center for Mental Health Services (CMHS) manages over 40 formula and discretionary grant programs, with approximately 2,500 grant and technical assistance programs throughout the US. The programming, which covers individuals' lifespan, funds interventions across the full range of the public health model, from mental health promotion, case identification/screening, early intervention, treatment, and recovery support services. A portion of CMHS' programming, particularly the programming focused on mental health promotion and case identification, apply to children and adults experiencing Any Mental Illness (AMI). However, much of CMHS' programming is targeted towards supporting and treating adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED).

CMHS' grant and technical assistance programs are a critical response to our nation's mental health crisis. The programs increase access to quality services that include mental health promotion, early intervention, treatment, and recovery supports for individuals across the lifespan. CMHS grants support direct services, infrastructure development, capacity building, and technical assistance to enhance the behavioral health system for all Americans. SAMHSA programs meet people where they are through supporting services beyond office based behavioral health systems, such as in primary healthcare clinics, schools, child welfare, criminal and juvenile justice, and supported housing services.

In designing and maintaining these programs, CMHS collaborates with federal partners and often requires grantees to engage with related state or community providers to ensure alignment and impact. This cross-agency collaboration also contributes to SAMHSA's overall efforts to address the need for an integrated, comprehensive crisis response and intervention system, as charged by Congress. CMHS programs also advance the HHS Strategic Plan FY 2022-2026 objectives to bolster the health workforce, strengthen early childhood development, expand access to high-quality services and resources, support those who have experienced trauma or violence, and prioritize evidence-based practices.

In FY 2025, the President's budget provides increases for several programs to support key behavioral health priorities. This includes a $50 million increase for Project AWARE ($190) million), a $100 million increase for 988 Suicide and Crisis Lifeline ($602 million), a $1.75 million increase for a new program addressing suicide and older adults, an increase of $20 million for Crisis Response grants ($40 million), and $1.75 million for a new Women's Behavioral Health Technical Assistance Center (with additional funding from CSUS). It also includes a $50 million increase in the Children's Mental Health Services program ($180 million), a $35 million increase for the Community Mental Health Services Block Grant ($1.0 billion), a $65 million increase for the Certified Community Behavioral Health Clinics ($450 million) and $413 million for a new mandatory Community Mental Health Centers program.

Mental Health
Programs of Regional and National Significance (PRNS)
(Dollars in millions)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Capacity				
Programs of Regional and National Significance	1,044.033	1,044.033	1,217.533	173.500
Project AWARE	140.001	140.001	190.001	50.000
Project AWARE: State Grants(non-add)	*110.501*	*110.501*	*160.501*	*50.000*
Project AWARE: Civil Unrest(non-add)	*17.500*	*17.500*	*17.500*	--
Project AWARE -School-based Trauma-Informed Care (non-add)	*12.000*	*12.000*	*12.000*	--
Mental Health Awareness Training	27.963	27.963	27.963	--
Healthy Transitions	30.451	30.451	30.451	--
Children and Family Programs	7.229	7.229	7.229	--
Consumer and Family Network Grants	4.954	4.954	4.954	--
MH System Transformation and Health Reform	3.779	3.779	3.779	--
Project LAUNCH	25.605	25.605	25.605	--
Primary and Behavioral Health Care Integration	55.877	55.877	55.877	--
Suicide Prevention Programs				
988 and Behavioral Health Crisis Services…	501.618	501.618	601.618	100.000
National Strategy for Suicide Prevention	28.200	28.200	29.950	1.750
Suicide Prevention and Older Adults (non-add)	--	--	*1.750*	*1.750*
Zero Suicide (non-add)	26.200	26.200	26.200	--
Zero Suicide American Indian and Alaska Native (non-add)	*3.400*	*3.400*	*3.400*	--
All Other National Strategy for Suicide Prevention (non-add)	2.000	2.000	2.000	--
GLS - Youth Suicide Prevention - States	43.806	43.806	43.806	--
Budget Authority (non-add)	*31.806*	*31.806*	*31.806*	--
Prevention and Public Health Fund (non-add)	*12.000*	*12.000*	*12.000*	--
GLS - Youth Suicide Prevention - Campus	8.488	8.488	8.488	--
GLS - Suicide Prevention Resource Center	11.000	11.000	11.000	--
AI/AN Suicide Prevention Initiative	3.931	3.931	3.931	--
MH Crisis Response Partnership Pilot Program Grants	20.000	20.000	40.000	20.000
Homelessness Prevention Programs	33.696	33.696	33.696	--
Criminal and Juvenile Justice Programs	11.269	11.269	11.269	--
Assertive Community Treatment for Individuals with SMI	9.000	9.000	9.000	--
Minority AIDS	9.224	9.224	9.224	--
Seclusion & Restraint	1.147	1.147	1.147	--
Tribal Behavioral Health Grants	22.750	22.750	22.750	--
Infant and Early Childhood Mental Health	15.000	15.000	15.000	--
Women's Behavioral Health Technical Assistance Center	--	--	1.750	1.750
Interagency Task Force on Trauma-Informed Care	2.000	2.000	2.000	--
Subtotal, Capacity	**1,016.988**	**1,016.988**	**1,190.488**	**173.500**
Science and Service				
Primary and Behavioral Health Care Integration TTA	1.991	1.991	1.991	--
Practice Improvement and Training	7.828	7.828	7.828	--
Consumer and Consumer Support TA Centers	1.918	1.918	1.918	--
Disaster Response	1.953	1.953	1.953	--
Homelessness	2.296	2.296	2.296	--
MH Minority Fellowship Program	11.059	11.059	11.059	--
Subtotal, Science and Services	**27.045**	**27.045**	**27.045**	--
Subtotal, Programs of Regional and National Significance	**1,044.033**	**1,044.033**	**1,217.533**	**173.500**

Project AWARE

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Project AWARE.....	140.001	140.001	190.001	50.000
Project AWARE: State Grants(non-add)	110.501	110.501	160.501	50.000
Project AWARE: Civil Unrest(non-add)	17.500	17.500	17.500	--
Project AWARE -School-based Trauma-Informed Care (non-add)	12.000	12.000	12.000	--

Authorizing Legislation …. Sections 520A and 520J of the Public Health Service Act; Section 7134 (42 USC 280h-7) of the SUPPORT Act for Patients and Communities Act (P.L. 115-271)
FY 2025 Authorization..... $190,001,000
Allocation Method……Competitive Grants/Contracts
Eligible Entities..... ….State and Local Education Agencies, Local Governmental Entities, Community Organizations and Provider Organizations, Community Colleges, Networks, National Non-Profit Organizations, States and Tribes

Program Description

According to the CDC Web-based Injury Statistic Query and Reporting Systems Leading Causes of Death Reports,[10] suicide was the second leading cause of death among individuals between the ages of 10-14, and the third leading cause of death among individuals between the ages of 15-24 in 2021.[11] In 2021, 42% of high school students felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing their usual activities. Female students were more likely than male students to experience persistent feelings of sadness or hopelessness.[12] In 2021, 22% of high school students seriously considered attempting suicide during the past year. Female students were more likely than male students to seriously consider attempting suicide. LGBTQI+ students and students who had any same-sex partners were more likely than their peers to seriously consider attempting suicide. Multiracial students were more likely than Asian, Black, and White students to experience persistent feelings of sadness or hopelessness. LGBTQI+ students and students who had any same-sex partners were more likely than their peers to experience persistent feelings of sadness or hopelessness.[13]

Project AWARE (Advancing Wellness and Resiliency in Education) is made up of three components: Project AWARE; ReCAST (Resilience in Communities after Stress and Trauma); and Cooperative Agreements for School-Based Trauma-Informed Support Services and Mental

[10] Centers for Disease Control and Prevention. (2021). *Web-based Injury Statistics Query and Reporting System.* Retrieved from: https://wisqars.cdc.gov/lcd/?o=LCD&y1=2021&y2=2021&ct=10&cc=ALL&g=00&s=0&r=0&ry=0&e=0&ar=lcd1age&at=groups&ag=lcd1age&a1=0&a2=199.

[11] ibid

[12] Center for Disease Control and Prevention. (2023). *Youth Risk Behavior Survey: Data Summary and Trends Report.* Retrieved from: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf.

[13] Center for Disease Control and Prevention. (2023). *Youth Risk Behavior Survey: Data Summary and Trends Report.* Retrieved from: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf.

Health Care for Children and Youth (Trauma-Informed Services in Schools). All three programs are a part of a comprehensive mental health project that focuses on building infrastructure within schools and communities to provide trauma-informed, developmentally appropriate, and culturally competent services to children and youth, their families, and their communities.

Established in 2014, Project AWARE grantees develop collaborative partnerships that include the State Education Agency (SEA), Local Education Agency (LEA), Tribal Education Agency (TEA), the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. In FY 2022, eligibility for funding expanded beyond State Education Agencies and Tribal Education Agencies to include political subdivisions of States; health facilities, or programs operated by or in accordance with a contract or award with the Indian Health Service; or other public or private non-profit entities. Award recipients will leverage their partnerships 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. SAMHSA expects that this program will promote the healthy social and emotional development of school-aged youth and prevent youth violence in school settings.

ReCAST

Established in 2016, ReCAST grantees support efforts in high-crime, high-poverty communities that have experienced civil unrest, community violence, and collective trauma within the previous 24 months. In FY 2022, eligibility was expanded beyond local municipalities to include public or private non-profit community organizations. ReCAST grantees are guided by a community-based coalition of residents and community-based, non-profit organizations, in partnership with other entities (e.g., health and human service providers, schools, institutions of higher education, faith-based organizations, businesses, state and local government, law enforcement, and employment, housing, and transportation services agencies). ReCAST grantees work to create more equitable access to trauma-informed community behavioral health resources and strengthen the integration of behavioral health services and other community systems to address the social determinants of health. Through these community-based coalitions, ReCAST grantees build a foundation to promote well-being, resiliency, and change that promote community and youth engagement using community-based participatory approaches.

School-Based Trauma-Informed Support Services and Mental Health Care for Children and Youth (Trauma-Informed Services in Schools)

Established in FY 2022, Trauma-Informed Services in Schools grantees increase students' access to evidence-based, culturally relevant, and trauma-informed mental health care by developing innovative initiatives, activities, and programs to link local school systems with mental health systems and support, including those under the Indian Health Service. The COVID-19 pandemic increased the need for school and community-based trauma-informed services for children and youth, and their families. The collaborative efforts of this program will create and/or improve identification, referral, early intervention, and treatment, and support services for students that need specialized support. With this program, SAMHSA aims to further enhance and improve trauma-informed support and mental health services for children and youth.

Budget Request

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 LBGTQI 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.

Funding History Table

Fiscal Year	Amount
FY 2021	$105,117,728
FY 2022	$119,984,000
FY 2023 Final	$140,001,000
FY 2024 CR	$140,001,000
FY 2025 President's Budget	$190,001,000

.

Program Accomplishments

Project AWARE

In FY 2023, SAMHSA funded 62 Project AWARE grant continuations (35 continuation grants with base budget authority, four grants with American Rescue Plan Act funds, and 25 grants with Bipartisan Safer Community Act) and awarded a new cohort of 26 grants (with base budget authority). In FY 2023, Project AWARE grantees trained 309,953 individuals in mental health and related practices; screened 299,815 children and youth for mental health related concerns; and referred 92,205 children and youth for mental health services and treatment.

In FY 2024, SAMHSA anticipates funding 63 continuation grants. In FY 2024, it is estimated that the number of individuals trained in mental health-related practices will increase to 440,000; that the number of children and youth screened for mental health-related concerns will increase to 450,000; and that the number of children and youth referred to mental health and related services will increase to 120,000.

ReCAST

In FY 2023, SAMHSA funded 20 grant continuations (10 continuation grants with base budget authority and 10 with Bipartisan Safer Community Act) and awarded seven new grants. In FY 2023, the ReCAST grantees trained 14,441 individuals; reached 198,445 community members with mental health messaging addressing trauma-informed practices; and provided evidence-based mental health-related services to 15,922 individuals. In addition, because of ReCAST, 1,421 organizations have collaborated on shared resources and coordinated mental health services with ReCAST grantees to provide resilience and equity in communities that have recently faced civil unrest.

In FY 2024, SAMHSA anticipates funding 27 continuation grants (17 continuation grants with base budget authority and 10 grants with Bipartisan Safer Community Act). SAMHSA anticipates that ReCAST grantees will train 8,200 individuals; will reach 190,000 community members with mental health messaging addressing trauma-informed practices; and provide evidence-based mental health-related services to 9,900 individuals.

Trauma-Informed Services in Schools

In FY 2023, SAMHSA funded 15 continuation grants (seven grants with base budget authority and eight with Bipartisan Safer Community Act) and a new cohort of six grants with base budget authority. In FY 2023, Trauma Informed Services in Schools trained 4,752 individuals in prevention or mental health related practices; screened 34,678 students for mental health services; and referred 2,965 students for mental health or related services. For students who received services in FY 2023, 18 percent were 10 to 12 years old, 38 percent were 13 to 15 years old, and 21 percent were 16 to 17 years old.

In FY 2024, SAMHSA anticipates funding 21 (13 grants with base budget authority and eight with Bipartisan Safer Community Act advanced appropriations). SAMHSA anticipates that grantees will screen approximately 62,400 children and youth for services and will serve nearly 57,500 children and youth.

Outputs and Outcomes Table

Program: Project AWARE

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.2.21 Percentage of individuals receiving mental health services after referral. (Invalid measure type)	FY 2023: 71.0 Target: 74.5 (Target Not Met, but improved)	74.5	74.5	Maintain
3.2.39 Number of individuals who have received training in prevention or mental health promotion (Outcome)	FY 2023: 329,146 Target: 300,000 (Target Exceeded)	300,000	405,000	+105,000
3.2.51 Number of individuals referred to mental health or related interventions (Output)	FY 2023: 92,795.0 Target: 64,000 (Target Exceeded)	100,000	135,000	+35,000

Mental Health Awareness Training

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Mental Health Awareness Training.....	27.963	27.963	27.963	--

Authorizing Legislation……..Sections 520J of the Public Health Service Act
FY 2025 Authorization.....$27,963,000
Allocation Method…….Competitive Grants/Contracts
Eligible Entities…….States and Territories, Political Sub-divisions of States; Tribes or Tribal Organizations; and Non-Profit Entities

Program Description

Established in 2018, the purpose of the Mental Health Awareness Training (MHAT) program is to (1) train individuals (e.g., school, higher education, and post-secondary education personnel and emergency services personnel including fire department and law enforcement personnel, healthcare providers, faith leaders, veterans, armed services members and their families) to recognize the signs and symptoms of mental disorders and how to safely de-escalate crisis situations involving youth and/or adults with a mental illness and (2) provide education on resources available in the community for individuals with a mental illness and other relevant resources, including how to establish linkages with school and/or community-based mental health agencies.

The MHAT program uses several evidence-based activities and programs to ultimately increase the number of individuals prepared and trained on how to respond to individuals appropriately and safely with mental disorders, particularly youth and/or adults with serious mental illness (SMI) and/or serious emotional disturbance (SED). The MHAT program looks to support projects that present data-driven, quality improvement approaches to advance equity for all, and to identify racial, ethnic, sexual and gender minority populations at highest risk for experiencing behavioral health disparities as a part of the grant. These programs include but are not limited to: Mental Health First Aid and its associated specialty curriculums, Question, Persuade, Refer (QPR); Applied Suicide Intervention Skills Training (ASIST); Signs of Suicide (SOS); and Crisis Intervention Training (CIT). With the MHAT program, SAMHSA aims to increase the number of individuals prepared and trained on how to respond to individuals with mental disorders appropriately and safely. The MHAT program also aims to help build secure, safe, and healthy communities; reinforce partnership between law enforcement and communities; and increase public trust and enhance public safety.

Budget Request

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 325,000and the number of individuals trained to recognize the signs and symptoms of mental illness will be approximately 600,000.

Funding History Table

Fiscal Year	Amount
FY 2021	$23,963,000
FY 2022	$24,946,200
FY 2023 Final	$27,963,000
FY 2024 CR	$27,963,000
FY 2025 President's Budget	$27,963,000

Program Accomplishments

In FY 2023, SAMHSA funded 409 grant continuations (173 grants with base budget authority and 236 with Bipartisan Safer Community Act) and awarded a new cohort of 22 grants. Grantees trained 217,690ndividuals in mental health awareness, including 85,014 individuals in the mental health and related workforce, out of which 85 percent demonstrated an improvement in their knowledge and beliefs related to prevention and mental health treatment; and referred 181,813 youth and adults to mental health and related services and activities.

In FY 2024, SAMHSA anticipates funding 432 continuation grants (195 grants with base budget authority and 237 with Bipartisan Safer Community Act). In FY 2024, the MHAT grantees are expected to train 270,000 individuals in mental health awareness, 85 percent of which will demonstrate an improvement in their knowledge and beliefs related to prevention and mental health treatment; and refer 200,000,000 individuals to mental health and related services and activities.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.6.1 Number of individuals trained in prevention or mental health promotion (Output)	FY 2023: 217,690 Target: 270,000 (Target Not Met)	270,000	270,000	Maintain
3.6.2 Number of individuals referred to mental health or related interventions (Intermediate Outcome)	FY 2023: 181,813 Target: 179,000 (Target Exceeded)	200,000	200,000	Maintain

Healthy Transitions

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Healthy Transitions.....	30.451	30.451	30.451	--

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2025 Authorization..... $30,451,000
Allocation Method……Competitive Grants/Contracts
Eligible Entities.....States and Territories; Political Sub-divisions of States; Indian Tribes or Tribal Organizations; Health Facilities Operated in accordance with the Indian Health Service.

Program Description

The Healthy Transitions Program has evolved since its creation in 2002. The program began with the Partnership for Youth Transitions in 2002-2004, followed by the Healthy Transitions Initiative (2009-2014), and the Healthy Transitions: Now is the Time (NITT) from 2014-2019. The current program's iteration is called the Healthy Transitions Initiative (HTI) which began in 2018.

The purpose of this program is to improve and expand access to developmentally, culturally, and linguistically appropriate services and supports for transition-aged youth and young adults (ages 16-25) who either have, or are at risk for developing, serious mental health conditions. One of the risks affecting transition-aged youth is that it coincides with the age of onset for most mental and behavioral health challenges. Most mental health challenges emerge in the late teens to early 20's, with roughly 50 percent of mental health challenges beginning by the early 20s.[14] According to the 2022 National Survey on Drug Use and Health (NSDUH), 6.0% of adults aged 18 or older (or 15.4 million people) had serious mental illness (SMI) in the past year. The percentage of adults aged 18 or older with SMI was highest among young adults aged 18 to 25 (11.6% or 4 million people), followed by adults aged 26 to 49 (7.6% or 7.8 million people), then by adults aged 50 or older (3.0% or 3.5 million people). Furthermore, among the 15.4 million adults aged 18 or older in 2022 with SMI in the past year who did not receive treatment, 49.7% (or 2.5 million people) perceived an unmet need for mental health services in the past year.[15] Serious mental illness or diagnosable mental health challenges that substantially interfere with or limit major life activities, are more prevalent during the transition age to adulthood than at any other period.[16]

Since 2018, the Healthy Transitions program has provided states, territories, and tribes with resources to improve access to mental health treatment and related support services for youth and

[14] Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. Age of onset of mental disorders: a review of recent literature. Curr Opin Psychiatry. 2007 Jul;20(4):359-64. doi: 10.1097/YCO.0b013e32816ebc8c. PMID: 17551351; PMCID: PMC1925038.

[15] Substance Abuse and Mental Health Services Administration. (2023). *2022 National Survey on Drug Use and Health (NSDUH) Annual National Report.* Retrieved from: https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf

[16] Zajac, K., Sheidow, A. J., & Davis, M. (2013). *Transitional Youth with Mental Health Challenges in the Juvenile Justice System. Juvenile Justice Resource Series.* Retrieved from: https://nicic.gov/resources/nic-library/all-library-items/transition-age-youth-mental-health-challenges-juvenile.

young adults ages 16-25 with serious mental health conditions. Grantees use these funds to provide direct services and supports to address serious mental health conditions, co-occurring disorders, and risks for developing SMI among young people ages 16-25. This is accomplished by improving awareness, outreach and engagement strategies, screening and assessment, referrals to treatment, coordination of care, and evidence-based/informed treatment for youth and young adults. Grantees also develop formal partnerships with child and adult serving organizations to promote seamless and coordinated care, develop sustainable policies, and provide needed training both at the state and community levels to effectively engage and serve this unique population. Appropriate outreach and engagement processes are imperative to create access to effective behavioral health interventions and supports. With the Healthy Transitions program, SAMHSA aims to improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$29,451,000
FY 2022	$29,433,536
FY 2023 Final	$30,451,000
FY 2024 CR	$30,451,000
FY 2025 President's Budget	$30,451,000

Program Accomplishments

In FY 2023, SAMHSA awarded 16 grant continuations and a new cohort of 23 new grants. Thus far in FY 2023, Healthy Transitions grantees screened 2,997 young people for serious mental illness and referred 1,301 to needed mental health or related services and supports. Grantees also developed 46 formal partnerships or collaborations to create a coordinated network of support for youth and young adults and changed 37 policies to improve service delivery and reduce system access barriers.

In FY 2024, SAMHSA anticipates funding 26 grant continuations and a new cohort of eight grants. It is expected that 3,200 youth and young adults will be served by this program.

Outputs and Outcomes Table

Program: Healthy Transitions

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.2.34 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2023: 45 % Target: 58 % (Target Not Met)	58 %	58 %	Maintain
3.2.57 Number of clients served (Output)	FY 2023: 2,997 Target: 3,200 (Target Not Met)	3,200	3,200	Maintain

Children and Family Programs

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Children and Family Programs.....	7.229	7.229	7.229	--

Authorizing Legislation……Section 520A of the Public Health Service Act
FY 2025 Authorization..... $7,229,000
Allocation Method…….Competitive Grants/Contracts/ Interagency Agreements
Eligible Entities…… Federally recognized American Indian/Alaska Native tribes and tribal organizations.

Program Description

Initially funded in 1998, the Circles of Care program is a three-year infrastructure/planning grant that provides tribes and tribal organizations with the tools and resources to plan and design a family-driven, community-based, and culturally and linguistically competent system of care. A system of care is "a spectrum of effective community-based services and supports for children and youth, with or at risk for mental health or other challenges, and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order for them to function better at home, in school, and throughout life."[17]

AI/AN children face major difficulties from birth that stem from historical trauma, health inequities, socioeconomic barriers, and racism.[18] When compared with the general U.S. child population, AI/AN children have higher levels of obesity, obesity-related cardiovascular issues, mental health concerns, suicide, toxic stress, substance use disorder, injury and violence, and exposure to environmental hazards.[19] More specifically, AI/AN children and adolescents have the highest rates of lifetime major depressive episodes and the highest self-reported depression rates when compared to all children and adolescents.[20] They begin to use and abuse alcohol and other drugs at younger ages and at higher rates than other ethnic/racial groups.[21] With the Circles of Care program, SAMHSA aims to increase resilience and improve emotional health for American Indian/Alaska Native (AI/AN) children, youth, and families.

---

[17] Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy.* Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. Retrieved from: https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf.

[18] American Academy of Pediatrics. (2022). *Native American Child Health.* Retrieved from: https://www.aap.org/en/patient-care/native-american-child-health/.

[19] American Academy of Pediatrics. (2022). *Native American Child Health.* Retrieved from: https://www.aap.org/en/patient-care/native-american-child-health/.

[20] American Psychiatric Association. (2017). *Mental Health Disparities: American Indians and Alaska Natives.* Retrieved from: https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf.

[21] Mental Health America. (2023). *Native and Indigenous Communities and Mental Health.* Retrieved from: https://www.mhanational.org/issues/native-and-indigenous-communities-and-mental-health.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$7,229,000
FY 2022	$7,212,200
FY 2023 Final	$7,229,000
FY 2024 CR	$7,229,000
FY 2025 President's Budget	$7,229,000

Program Accomplishments

In FY 2023, SAMHSA awarded three continuation grants and a new cohort of nine grants for the Circles of Care program. In FY 2023 these grants have surpassed their target number of individuals contacted in through program outreach efforts reaching 44,8231 individuals and have developed 579 collaborative partnerships that share resources among organizations, trained 3,553 people in the mental health and related workforce, and cultivated 284 organizational changes made to support improvement of mental health-related practices/activities for AI/AN youth and families.

In FY 2024, SAMHSA anticipates supporting the same number of grants as FY 2023. It is estimated that in FY 2024, Circles of Care grantees will provide training to 2,500 mental health professionals, developed collaborative partnerships and shared resources with nearly 1,000 organizations, and contact 40,075 individuals through program outreach efforts.

Consumer and Family Network Grants

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Consumer and Family Network Grants.....	4.954	4.954	4.954	--

Authorizing Legislation……Section 520A of the Public Health Service Act
FY 2025 Authorization…… $4,954,000
Allocation Method..... Competitive Grants
Eligible Entities.....Domestic public or private non-profit organizations; States and Territories; Political Sub-divisions of States; AI/AN tribes and tribal organizations

Program Description

Across the health care arena, there is growing recognition and evidence that client-centered care positively influences an individual's health outcomes, improves quality and efficacy of care received, and provides feedback to drive service and systems improvements.[22] As with other health concerns, people with serious mental illness (SMI) and their family members should have meaningful involvement in all aspects of their health care and treatment, including behavioral health care.

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

The SCN program was first funded in 1997. SCN grants focus on the needs of adults (18 years and older) with SMI or serious emotional disturbance (SED) by strengthening the capabilities of statewide consumer-run organizations. These entities serve an important role in engaging consumers of mental health services, caregivers, policy makers, and providers in improving and transforming the mental health and related systems in their states. This network is a sustainable mechanism for integrating the consumer voice in state mental health and allied systems to: (1) expand service system capacity; (2) support policy and program development; and (3) enhance peer support. This program promotes skill development with an emphasis on leadership and business management, as well as on coalition/partnership-building and economic empowerment, as part of the recovery process for consumers.

Initiated in 1993, the SFN grant program provides education and training to increase family organizations' capacity for policy and service development. This is accomplished by: (1)

[22] Edgman-Levitan, S., Schoenbaum, S.C. Patient-centered care: achieving higher quality by designing care through the patient's eyes. *Israel Journal of Health Policy Research* 10, 21 (2021). https://doi.org/10.1186/s13584-021-00459-9.

strengthening organizational relationships and business management skills; (2) fostering leadership skills among families of children and adolescents with SED; and (3) identifying and addressing the technical assistance needs of children and adolescents with SED and their families. The SFN program focuses on families, parents, and the primary caregivers of children, youth, and young adults.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$4,970,508
FY 2022	$4,937,200
FY 2023 Final	$4,954,000
FY 2024 CR	$4,954,000
FY 2025 President's Budget	$4,954,000

Program Accomplishments

In FY 2023, SAMHSA awarded 43 continuations (26 SFN and 17 SCN) and one new SCN grantee. In FY 2023, SCN grantees trained 5,175 individuals in the mental health and related workforce and SFN grantees trained 22,882 individuals on mental health prevention and promotion. SFN and SCN grantees also together involved 4,603 consumers and family members in ongoing mental health- related planning and advocacy activities. SCN grantees have also had 53% consumer and family member representation on the work group/advisory group/and councils that they support.

In FY 2024, SAMHSA anticipates funding 20 continuations (13 SFN and seven SCN) and awarding 10 new SFN grants and 10 new SCN grants. In FY 2024, SAMHSA will maintain the target outputs for both SCN and SFN programs. It is expected that in FY 2024, SCN will train 5,000 individuals in the mental health and related workforce and SFN will train 25,000 individuals in prevention, mental health promotion, and mental health-related practices/activities.

Project LAUNCH

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Project LAUNCH.....	25.605	25.605	25.605	--

Authorizing Legislation…….……..Section 520A of the Public Health Act
FY 2025 Authorization..... $25,605,000
Allocation Method ..... …….Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities……..States and Territories; Political Sub-divisions of States; Indian Tribes or Tribal Organizations; Health Facilities or program operated in accordance with the Indian Health Service

Program Description

Established in 2008, Project LAUNCH (Linking Actions to Unmet Needs in Children's Health) promotes the wellness of young children, from birth to 8 years of age, by addressing the social, emotional, cognitive, physical, and behavioral aspects of their development. High quality early care and education benefits all children, especially those from disadvantaged backgrounds. Children of color experience unequal behavioral health treatment beginning at an early age, which contributes to inequalities in learning and development. However, based on state eligibility parameters, roughly 79 percent of eligible Black children, 92 percent of eligible Hispanic/Latino children, and 95 percent of eligible Asian children under 13 years old lack access to childcare subsidies.[23] This lack of access to early childcare and quality early education contributes inequalities in services that promote wellness, including inequities in access to behavioral health services that would support learning and development.

Project LAUNCH is designed to build the capacities of adult caregivers of young children to promote healthy social and emotional development; to prevent mental, emotional, and behavioral disorders; and to identify and address behavioral concerns before they develop into serious emotional disturbances (SED). This program also serves to address these inequities among children and families of color and to create programs and services to broaden access to high quality education and care. The grant awards provide local communities or tribes resources to disseminate effective and innovative early childhood mental health practices and services.

Symptoms of historical trauma, including poverty, substance abuse, and disproportionate representation in the child welfare system, are evident in many Native American communities. And while many of the traumatic events happened decades ago, the impact can be passed from one generation to another as American Indian/Alaska Native (AI/AN) children grow up in challenging circumstances in their homes and communities. In addition, parenting practices, which are shaped by parents' own upbringing, play an important role in child development. AI/AN children who face excessive stress without the buffer of supportive caregivers are at risk for having learning

[23] New America. (April 14, 2020). Equity in Early Childhood Education. *New America*. Retrieved from: https://www.newamerica.org/education-policy/collections/equity-ece/.

difficulties and long-term health problems.[24] The current approach to early education also segregates children by family income and race, enrolls only one percent of Hispanic/Latino and four percent of Black three- and four-year-old children in high-quality state pre-K settings, and disproportionately disenfranchises students of color, especially Black boys, through punitive discipline practices.[25, 26]

Established in FY 2017, Indigenous Project LAUNCH (I-LAUNCH) promotes the wellness of young children from birth to eight years within Tribes, territories, and Pacific Island jurisdictions. This program provides local communities or Tribes the opportunity to disseminate effective and innovative early childhood mental health practices and services, ultimately leading to better outcomes for young children and their families. Through Indigenous LAUNCH, children can thrive in safe, supportive environments and enter school ready to learn and succeed. With these Project LAUNCH programs, SAMHSA aims to promote resilience and emotional health for children, youth, and their families.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$23,508,709
FY 2022	$23,588,200
FY 2023 Final	$25,605,000
FY 2024 CR	$25,605,000
FY 2025 President's Budget	$25,605,000

Program Accomplishments

[24] Grunewald, R. (2017). The promise of early childhood development in Indian Country. *Federal Reserve Bank of Minneapolis.* Retrieved from: https://www.minneapolisfed.org/article/2017/the-promise-of-early-childhood-development-in-indian-country.

[25] New America. (April 14, 2020). Equity in Early Childhood Education. *New America*. Retrieved from: https://www.newamerica.org/education-policy/collections/equity-ece/.

[26] Malik, R. (2017). New Data Reveal 250 Preschoolers Are Suspended or Expelled Every Day. *Center for American Programs.* Retrieved from: https://www.americanprogress.org/article/new-data-reveal-250-preschoolers-suspended-expelled-every-day/.

In FY 2023, SAMHSA awarded 16 grant continuations, a new cohort of 16 new grants, and the CoE-IECMHC. In FY 2023, LAUNCH grantees trained 4,904 families and providers in mental health- or related practices; 20,616 children and caregivers were screened for mental health or related interventions; 7,332 children and caregivers were referred to mental health or related services; 7,848 children and caregivers received evidence-based mental health services; and 84 organizations collaborated, coordinated, and shared resources with other organizations.

I-LAUNCH grantees achieved the following outcomes in FY 2023: trained 5,448 families and providers in mental health-related practices/activities; screened 10,127 children and caregivers for mental health or related interventions; referred 1,431 children and caregivers to mental health or related services; and provided evidence-based or informed mental health services to 5,003 children and caregivers; and collaborated, coordinated or shared resources with 186 other organizations.

The CoE-IECMHC advances the implementation of high-quality infant and early childhood mental health consultation across the nation through the development of tools, resources, and mentorship to the infant and early childhood mental health field. In FY 2023, the CoE-IECMHC work resulted in 2,209 people in mental health and related workforce receiving training in mental health-related practices/activities and 40 programs/organizations/communities implementing evidence-based mental health-related practices/activities.

In FY 2024, SAMHSA anticipates funding 16 continuation grants and awarding a new cohort of 11 grants. In FY 2023, SAMHSA estimates that the number of individuals in the mental health and related workforce who are trained in mental health-related practices/activities will near 14,500; that the number of children screened for mental health or related interventions will near 22,000; that the number of children referred to mental health or related services will near 8,500; that the number of children receiving evidence-based mental health services will near 9,600, and that the number of organizations collaborating, coordinating, and/or sharing resources with other organizations will near 540.

Outputs and Outcomes Table

Program: Mental Health – Project LAUNCH

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.94 Number of persons served (Output)	FY 2023: 12,851 Target: 9,600 (Target Exceeded)	12,600	12,600	Maintain
2.3.95 Number of persons trained in mental illness prevention or mental health promotion (Outcome)	FY 2023: 12,561 Target: 10,500 (Target Not Met)	14,500	14,500	Maintain
2.4.00 Number of 0-8 year old children screened for mental health or related interventions (Outcome)	FY 2023: 30,743 Target: 22,000 (Target Exceeded)	29,000	29,000	Maintain
2.4.01 Number of 0-8 year old children referred to mental health or related interventions (Outcome)	FY 2023: 8,763 Target: 6,500 (Target Exceeded)	8,500	8,500	Maintain

Mental Health System Transformation and Health Reform

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025+/- FY 2024
Mental Health System Transformation and Health Reform.....	3.779	3.779	3.779	--

Authorizing Legislation……..Section 520A of the Public Health Service Act
FY 2025 Authorization..... $3,779,000
Allocation Method……Competitive Grants/Contracts
Eligible Entities…….States and Tribes

Program Description

Mental Health System Transformation and Health Reform funding supports the Transforming Lives through Supported Employment Program (SEP). There is a significant gap between the number of people with serious mental illness (SMI), such as schizophrenia, bipolar disorder, and major depression, who want to work (66 percent) and the number of these individuals who are employed (less than 20 percent). The benefits of steady competitive employment for individuals with SMI are substantial and include increased income, improved adherence with treatment for mental illness, enhanced self-esteem, reduced use of substances, and improved quality of life.[27]

In FY 2014, the Transforming Lives through Supported Employment (SEP) Grant program was initiated to help states foster the adoption and implementation of permanent transformative changes in how public mental health services are organized, managed, and delivered throughout the United States. This program aims to enhance state and community capacity to provide evidence-based supported employment programs for adults and youth with SMI or serious emotional disturbance (SED). In FY 2023, the program continued to support state and community efforts to refine, implement, and sustain evidence-based practices but altered its population of focus to include both adults with SMI or co-occurring disorders (COD).

A new funding announcement released in FY 2023 emphasized greater alignment with evidence-based practice and implementation science principles. The end goal of the program is to support individuals with serious mental illness to achieve competitive employment and build paths to self-sufficiency and recovery. With this program, SAMHSA aims to increase state and community capacity to implement and sustain SEP models and integrated supports to improve competitive employment outcomes. SEP grants are also supported through the Practice Improvement and Training budget line.

[27] IPS Supported Employment: The Evidence-based Practice for Employment. (n.d.). Retrieved August 4, 2015

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$3,779,000
FY 2022	$3,762,200
FY 2023 Final	$3,779,000
FY 2024 CR	$3,779,000
FY 2025 President's Budget	$3,779,000

Program Accomplishments

In FY 2023, SAMHSA awarded three SEP grant continuations and one new grant. In FY 2023, 49.2 percent of participants were competitively employed at six-month follow-up, compared to 19.4 percent at intake (baseline), representing a 154 percent positive change. Additionally, 75.9 percent reported having a stable place to live at follow-up compared to 48.1 percent at intake, and 80.6 percent were retained in the community compared to 66.9 percent at intake.

In FY 2024, SAMHSA anticipates funding one continuation grant and award three new grants to support state and community efforts to enhance evidence-based supported employment programs and mutually compatible and supportive evidence-based practices (e.g., supported education) for adults with SMI or co-occurring mental and substance use disorders. In FY 2024, SAMHSA will maintain the performance measures targets.

Outputs and Outcomes Table

Program: Mental Health System Transformation Grants and Health Reform

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.21 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2023: 60% Target: 70% (Target Not Met)	70%	70%	Maintain
1.2.22 Percentage of clients receiving services who had a permanent place to live in the community at 6 month follow-up. (Outcome)	FY 2023: 75.9% Target: 56% (Target Exceeded)	56%	56%	Maintain
1.2.23 Percentage of clients receiving services who are currently employed at 6 month follow-up. (Outcome)	FY 2023: 49.2% Target: 55% (Target Not Met)	55%	55%	Maintain
1.2.991 Number of clients served (Output)	FY 2023: 1,035 Target: 800 (Target Exceeded)	800	800	Maintain

Primary and Behavioral Health Care Integration

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Primary and Behavioral Health Care Integration.....	57.868	57.868	57.868	--
Primary and Behavioral Health Care Integration.....	55.877	55.877	55.877	--
Primary and Behavioral Health Care Integration TTA.....	1.991	1.991	1.991	--

Authorizing Legislation…….Section 520K of the Public Health Service Act
FY 2025 Authorization..... $57,868,000
Allocation Method……Competitive Grants/Cooperative Agreements
Eligible Entities…….States or State Agency

Program Description

The Primary and Behavioral Health Care Integration (PBHCI) grant program was established in FY 2009 to address the intersection between primary care and treatment for mental illness and co-occurring disorders. This program was replaced by the Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant program in FY 2017. Adults with serious mental illness (SMI) experience high rates of morbidity and mortality.[28] These rates are due, in large part, to elevated incidence and prevalence of cardiovascular disease, obesity, diabetes, hypertension, and dyslipidemia.[29] People with SMI and physical health problems have decreased quality of life and are at higher risk for premature death. In fact, mortality among people with SMI and substance use disorders are higher and are often exacerbated by fragmented and poor-quality physical health care.[30, 31] People with SUDs also are at an increased risk of a range of physical health problems. Beyond tragic and prevalent overdose risk, SUDs are associated with increased rates of smoking and related physical health problems; cardiovascular disease; infectious disease, including HIV and viral hepatitis; organ damage; and cancer.[32] As a result, there is need to improve whole-person health by increasing capacity and access to treatments for mental and substance use disorders and co-occurring physical health conditions in bi-directional primary and behavioral health care

[28] de Mooij LD, Kikkert M, Theunissen J, Beekman ATF, de Haan L, Duurkoop PWRA, Van HL, Dekker JJM. Dying Too Soon: Excess Mortality in Severe Mental Illness. Front Psychiatry. 2019 Dec 6;10:855. doi: 10.3389/fpsyt.2019.00855. PMID: 31920734; PMCID: PMC6918821.

[29] Forman-Hoffman, Muhuri, Novak, Pemberton, Ault, and Mannix (August 2014) CBHSQ Data Review: Psychological Distress and Mortality among Adults in the U.S. Household Population.

[30] Liu, N. H., Daumit, G. L., Dua, T., Aquila, R., Charlson, F., Cuijpers, P., Druss, B., Dudek, K., Freeman, M., Fujii, C., Gaebel, W., Hegerl, U., Levav, I., Munk Laursen, T., Ma, H., Maj, M., Elena Medina-Mora, M., Nordentoft, M., Prabhakaran, D., Pratt, K., … Saxena, S. (2017). Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas. World psychiatry: official journal of the World Psychiatric Association (WPA), 16(1), 30–40. https://doi.org/10.1002/wps.20384.

[31] Druss, B.G., & Goldman, H.H. (2018). Integrating health and mental health services: A past and future history. American Journal of Psychiatry, 175:1199-1204; doi:10.1176/appi.ajp.2018.18020169.

[32] Schulte, M. T., & Hser, Y. I. (2014). Substance Use and Associated Health Conditions throughout the Lifespan. Public health reviews, 35(2).

settings.

The purpose of PIPBHC is to (1) promote full integration and collaboration in clinical practice between behavioral healthcare and primary physical healthcare for identified special populations; (2) support the improvement of integrated care models for behavioral healthcare and primary/physical healthcare to improve the overall wellness and physical health status of: adults with a SMI; adults who have co-occurring mental illness and physical health conditions or chronic disease; children and adolescents with a serious emotional disturbance (SED) who have a co-occurring physical health conditions or chronic disease; individuals with a substance use disorder (SUD); or people with co-occurring mental health and substance use conditions (COD); and (3) promote the implementation and improvement of bidirectional integrated care services, including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders, and co-occurring physical health conditions and chronic diseases. In FY 2023, Congress directed 10 percent of PIPBHC grants to be awarded to states that proposed to partner with primary care practices and providers implementing the Collaborative Care Model (CoCM). In FY 2023, SAMHSA released a new funding announcement to incorporate this and other changes in the statute as well as improvements to the program. In FY 2024, SAMHSA is separating the PIPBHC program into two tracks, each with its own Notice of Funding Opportunity (NOFO). The first NOFO will support the traditional PIPBHC model and the second will specifically support the implementation of the CoCM in primary care settings.

In FY 2019, SAMHSA established The National Center of Excellence for Integrated Health Solutions (CoE-IHS). This 5-year grant program aims to advance the implementation of high quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders. The program complements the PIPBHC program by offering technical assistance and training for communities, individual practitioners, providers, and states on evidence-based strategies that address the integration of primary and behavioral health care for individuals with mental and substance use disorders and co-occurring physical health conditions and chronic diseases.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$54,368,001
FY 2022	$54,834,400
FY 2023 Final	$57,868,000
FY 2024 CR	$57,868,000
FY 2025 President's Budget	$57,868,000

Program Accomplishments

All active PIPBHC grants collect data on program recipients to demonstrate favorable outcomes on critical domains. These outcomes included: improvement in mental health functioning; reduction in substance use; reduction in homelessness, and reduction in criminal justice system involvement. In FY 2023, data indicates that 82.6 percent of assessed individuals reported no serious psychological distress at the six-month reassessment in comparison to 55.6 percent at baseline. Moreover, 60.8 percent reported functioning in everyday life and 65.6 percent reported being mentally healthy overall at their six-month reassessment. Together, these outcomes comprise measurement for an improvement in overall quality of life. The CoE-IHS trained 49,037 people across the country, further advancing an integration framework that defines and measures the uptake of integrated care in future years.

In FY 2023, SAMHSA awarded 12 PIPBHC grant continuations and 15 new PIPBHC grants as well as continuation of the CoE-IHS.

In FY 2024, SAMHSA will fund 21 PIPBHC grant continuations, award a new cohort of four PIPBHC grants, as well as a new grant to support the CoE-IHS.

Outputs and Outcomes Table

Program: Primary & Behavioral Health Care Integration (PBHCI)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.2.41 Increase the percentage of clients receiving services who report positive functioning at 6-month follow-up. (Outcome)	FY 2023: 60.8 % Target: 63 % (Target Not Met)	63 %	63 %	Maintain
3.2.54 Number of clients served(Output)	FY 2023: 25,059.0 Target: 24,000.0 (Target Exceeded)	40,000.0	40,000.0	Maintain

Suicide Prevention Programs
Summary of the Request
(Dollars in millions)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Suicide Prevention Programs				
988 and Behavioral Health Crisis Services	501.618	501.618	601.618	100.000
National Strategy for Suicide Prevention	**28.200**	**28.200**	**29.950**	**1.750**
Suicide Prevention and Older Adults (non-add)	--	--	*1.750*	*1.750*
Zero Suicide (non-add)	26.200	26.200	26.200	--
Zero Suicide American Indian and Alaska Native (non-add)	*3.400*	*3.400*	*3.400*	--
All Other National Strategy for Suicide Prevention (non-add)	2.000	2.000	2.000	--
GLS - Youth Suicide Prevention - States	43.806	43.806	43.806	--
Budget Authority (non-add)	*31.806*	*31.806*	*31.806*	--
Prevention and Public Health Fund (non-add)	*12.000*	*12.000*	*12.000*	--
GLS - Youth Suicide Prevention - Campus	8.488	8.488	8.488	--
GLS - Suicide Prevention Resource Center	11.000	11.000	11.000	--
AI/AN Suicide Prevention Initiative	3.931	3.931	3.931	--
MH Crisis Response Partnership Pilot Program Grants (New FY 22)	20.000	20.000	40.000	20.000
Behavioral Health Crisis Coordinating Office (New FY 22)	--	--	--	--
Subtotal, Suicide Prevention Programs	**617.043**	**617.043**	**738.793**	**121.750**

Program Description

Suicide is one of the leading causes of death in the United States with CDC provisional data reporting that the number of deaths by suicide increased 2.6% from 2021 to 2022 but decreased among American Indians/Alaska Natives people and youth.[33] Approximately 47,646 Americans died by suicide in 2021.[34] The 2022 National Survey on Drug Use and Health reported that approximately 1.6 million Americans ages 18 and older attempted suicide over the previous 12 months, 13.2 million seriously considered suicide, and 3.8 million made a plan.[35] Among youth ages 12-17 in 2021, 892,000 attempted suicide, 3.3 million seriously considered suicide, and 1.5 million made a suicide plan.[36]

Research has shown that implementing comprehensive public health approaches that make suicide prevention a priority within health and community systems can reduce the rates of death by suicide as well as suicide attempts. Accordingly, SAMHSA supports a comprehensive portfolio of suicide prevention programs including the 988 and Behavioral Health Crisis Services (which subsumed the Suicide Lifeline); the National Strategy for Suicide Prevention and Zero Suicide grant programs; and interventions that focus on youth suicide prevention such as the Garrett Lee Smith and the AI/AN programs.

---

[33] Suicide Data and Statistics | Suicide | CDC

[34] Curtin, S.C., Garnett, M.F., and Ahmad, F.B. *Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021*. Vital Statistics Rapid Release; no 24. September 2022. DOI: https://dx.doi. org/10.15620/cdc:120830.

[35] Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health.

[36] ibid

988 and Behavioral Health Crisis Services

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
988 and Behavioral Health Crisis Services…..	**501.618**	**501.618**	**601.618**	**100.000**

Authorizing Legislation…….....Section 520A and 520E-3 of the Public Health Service Act
FY 2025 Authorization…….....…….....……...$0
Allocation Method…….....…….Competitive Grants/Contracts
Eligible Entities……..……States, Tribes, Community Organizations

Program Description

Individuals need rapid access to suicide prevention and crisis intervention services to prevent death and injury as the result of suicide attempts. Implementation of the 988 Suicide & Crisis Lifeline has been and continues to be a once-in-a-lifetime opportunity to strengthen and transform America's behavioral health crisis care system to one that saves lives by serving anyone, at any time, from anywhere across the nation. Planning for the 988 program was accelerated on July 16, 2020, when the Federal Communications Commission issued a final order designating 988 as the new, three-digit number for suicide prevention and mental health crises. On October 17, 2020, the National Suicide Hotline Designation Act of 2020 (Public Law 116-172) was signed into law, incorporating 988 into statute as the new number for individuals in crisis. On July 16, 2022, the U.S. transitioned from the previous 10-digit hotline to the 988 Suicide & Crisis Lifeline.

In FY 2022, SAMHSA established and began implementation of a national 988 strategy, with critical performance targets to ensure 988 meets national demands. The key performance indicators and target outcomes include, but are not limited to, monthly and as-needed reports on the total number of call, chats, and texts contacts received; monthly and as-needed reports on the total number of call, chats, and texts contacts answered—with a 90% or greater target for local centers and a 95% or greater target for the full network; and monthly and as-needed reports on the speed to answer call, chats, and texts—with a 95% answered in 20 seconds full target for the full network. In addition, SAMHSA monitors abandonment rate and rollover contacts from the local to backup centers and provide action plans for improvement of responses as required.

The new 988 hotline builds directly on the original Lifeline that was established in 2005. The 988 system operates 24 hours per day, 7 days per week and contains four primary elements:

- A network of independently operated crisis centers offering local response through call, chat, and/or text.
- A subset of centers supporting the national subnetworks, including national backup, Spanish language services, services for LGBTQI+ youth and young adults, and videophone services for people who are deaf or hard of hearing.
- A single Lifeline administrator; and
- The Federal 988 & Behavioral Health Crisis Coordinating Office.

SAMHSA anticipates continued growth in the contact volume and in needed system capacity. In

FY 2025, contacts —including calls, texts, and chats—are expected to increase to approximately 7.5 million a year. This will be driven by historic growth, increased awareness, and diversion from 911. Volume will also depend greatly on the degree to which national marketing campaigns amplify the availability of this vital resource and promote help seeking behaviors. The budget increases investment in the 988 program to ensure there is sufficient funding to support 988 crisis center response and necessary service linkages to minimize repeated crisis events and/or law enforcement response to crisis encounters.

Funding History Table

Fiscal Year	**Amount**
FY 2021	$0
FY 2022	$0
FY 2023 Final	$501,618,000
FY 2024 CR	$501,618,000
FY 2025 President's Budget	$601.618,000

Budget Request

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.

Program Accomplishments

In September 2022, the Lifeline piloted a "Press 3" option to link LGBTQI+ youth and young adults to specialized care through an organization focused on their needs. That pilot was expanded into a subnetwork of seven crisis call centers providing response to LGBTQI+ youth and young adults. In July 2023, the Lifeline network activated services in Spanish through text and chat. In September 2023, the Lifeline activated videophone services for people who are Deaf or hard of hearing.

SAMHSA has a bold vision for the future of crisis care in our nation. It is built on a belief that everyone experiencing crisis should have: Someone to talk to. Someone to respond. A safe place for help. The U.S. transition to 988 on July 16, 2022, was a key first step in realizing this vision. Data for the months following the transition to 988 continue to show an increase in overall calls, texts, and chats from the year prior – all while answer rates are significantly improving. Specifically,

- Since launching in July 2022, the 988 Suicide & Crisis Lifeline has answered approximately 8 million contacts through calls, chats, and texts.
- In November 2023 vs. June 2022, the 988 Lifeline answered about 164,000 more contacts and improved how quickly contacts were answered.
- Since moving to the three-digit number and increased investment, the lifeline answered 43 percent more calls and the average speed to answer decreased from 2 minutes and 46 seconds to 49 seconds.

This means more people are getting connected to care (and connected sooner) than ever before.

National Strategy for Suicide Prevention

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
National Strategy for Suicide Prevention.....	**28.200**	**28.200**	**29.950**	**1.750**
Suicide Prevention and Older Adults (non-add).....	--	--	1.750	1.750
Zero Suicide (non-add).....	26.200	26.200	26.200	--
Zero Suicide American Indian and Alaska Native (non-add)..	3.400	3.400	3.400	--
All Other National Strategy for Suicide Prevention (non-add).....	2.000	2.000	2.000	--

Authorizing Legislation……Section 520L of the Public Health Service Act
FY 2025 Authorization..... $29,950,000
Allocation Method……..Competitive Grants, Community–based primary care or behavioral health entity, Federally Recognized, American Indian/Alaska Native tribe or tribal organizations, State mental health or public health agency

Program Description

In January 2021, the Office of the Surgeon General issued a Call to Action to implement the National Strategy for Suicide Prevention (National Strategy). Established in FY 2014, the National Strategy for Suicide Prevention (NSSP) grant program supports the Call to Action's broad-based public health approach to suicide prevention by enhancing collaboration with key community stakeholders (e.g., county health departments, workplace settings, senior-serving organizations, community firearm stakeholders),[37] raising awareness of the available resources for suicide prevention and implementing lethal means safety. While the NSSP addresses all age groups and populations with specific needs, the goals, and objectives of the NSSP grants focus on preventing suicide and suicide attempts among adults who comprised more than 40,000 of the more than 47,000 suicides in the United States in 2021.[38]

Established in FY 2017, the Zero Suicide program funds a comprehensive, multi-setting approach to suicide prevention in health systems, including tribal health systems. The purpose of this program is to implement suicide prevention and intervention programs by systematically applying evidence-based approaches to screening and risk assessment, developing care protocols, collaborating for safety planning, providing evidence-based treatments, maintaining continuity of care during high-risk periods, and improving care and outcomes for individuals who are at risk for suicide being seen in health care systems.

The proposed Suicide Prevention and Older Adults program intends to address the rising rates of suicide among older adults. The baby boomer generation has had high rates of suicide throughout

[37] Community firearm stakeholders include firearm safety instructors, members of law enforcement, firearm retailers, and gun owners.

[38] Curtin SC, Garnett MF, Ahmad FB. Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021. Vital Statistics Rapid Release; no 24. September 2022. DOI: https://dx.doi. org/10.15620/cdc:120830.

the generational lifecycle[39] and is entering the stage of life that has historically had the highest rate of suicide.[40] Older adults are especially vulnerable to suicide: while older adults comprise just 12 percent of the population, they account for nearly 18 percent of all suicides. They are also more likely to use more lethal methods of suicide. Very limited suicide prevention work has been directed toward older adults who have the highest rates of suicide.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$23,200,000
FY 2022	$23,183,200
FY 2023 Final	$28,200,000
FY 2024 CR	$28,200,000
FY 2025 President's Budget	$29,950,000

Program Accomplishments

In FY 2023, SAMHSA awarded 25 Zero Suicide grant continuations and awarded a new cohort of five NSSP grants and 25 Zero Suicide grants. In 2023, the NSSP program has contacted 194,787 people through program outreach efforts and screened 18,355 people for mental health interventions with a focus on suicide risk. The Zero Suicide grant program screened 1,898,526 people for mental health interventions with a focus on suicide risk and referred 144,582 individuals for mental health services with 71 percent receiving services after referral in FY 2023. There will

[39] Phillips. J.A. A changing epidemiology of suicide? The influence of birth cohorts on suicide rates in the United States Social Science Medicine 2014 August

[40] Ismael Conjero, Emilie Olie, Philippe Courtet &Raffella Calati (2018) Suicide in older adults : current perspectives, Clinical Interventions in Aging ,13,691-699

also be a national, cross-site program evaluation funded for the Zero Suicide grant program in FY 2023.

In FY 2024, SAMHSA anticipates funding 50 Zero Suicide and five NSSP grant continuations and anticipates slight increases in contact and outreach targets from FY 2023 for both programs. The Zero Suicide program evaluation will continue in FY 2024.

Garrett Lee Smith Youth Suicide Prevention – State/Tribal and Campus

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
GLS - Youth Suicide Prevention - States	43.806	43.806	43.806	--
Budget Authority (non-add)	31.806	31.806	31.806	--
Prevention and Public Health Fund (non-add)	12.000	12.000	12.000	--
GLS - Youth Suicide Prevention - Campus	8.488	8.488	8.488	--

Authorizing Legislation……Sections 520E and 520E-2 of the Public Health Service Act
FY 2025 Authorization…….$52,294,000
Allocation Method…….Grants/Contracts
Eligible Entities……..Private\ and public non-profit institution of higher education, including Tribal colleges and universities; States and territories; public organizations of private non-profit organization designated by a State; or a federal recognized Indian tribe, tribal organization, or an Urban Indian organization.

Program Description

In the fall of 2003, Garrett Lee Smith, son of Sen. Gordon and Sharon Smith, died by suicide in his apartment in Utah where he attended college. He was one day shy of 22 years old. In his memory, the Garrett Lee Smith Memorial Act was signed into law.

The Garrett Lee Smith (GLS) Memorial Act authorizes SAMHSA to manage two significant youth suicide prevention grant programs and one resource center. Since its inception in 2005, the GLS State/Tribal Youth Suicide Prevention and Early Intervention Grant Program has awarded 256 grants to 50 states and the District of Columbia, 67 unique tribes/tribal organizations, and two territories. These grants develop and implement comprehensive youth suicide prevention and early intervention strategies including public-private collaboration among youth-serving institutions.

Since 2005, the GLS Campus Suicide Prevention grant program has implemented a comprehensive public health approach to suicide prevention across an array of institutions of higher education include state university systems, private colleges, community colleges, and historically black colleges and universities. The goals of this grant are to engage the entire college community to enhance protective factors, identify risks, and promote an array of suicide prevention initiatives. This comprehensive approach identifies students at risk, increases help-seeking behaviors, provides substance use disorder and mental health services, and promotes social connectedness.

In FY 2022, SAMHSA awarded a task order contract to support the design, implementation, and dissemination of the findings of a national impact evaluation of the GLS State/Tribal Youth Prevention and Early Intervention program. The evaluation aims to assess the impact of GLS State/Tribal Youth program at reducing suicide attempts and mortality due to suicide and to provide training and technical assistance to grantees related to evaluation, data collection and surveillance.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$42,915,000
FY 2022	$45,260,200
FY 2023 Final	$52,294,000
FY 2024 CR	$52,294,000
FY 2025 President's Budget	$52,294,000

Program Accomplishments

In FY 2023, SAMHSA awarded 56 GLS State/Tribal grants continuations (51 continuation grants with base budget authority, five grants with American Rescue Plan Act funds) and awarded 12 new state/tribal grants as well as 55 GLS Campus grant continuations (46 continuation grants with base budget authority, nine grans American Rescue Plan Act funds) and awarded 34 new GLS campus grants. The GLS state/tribal evaluation will also receive continued support in FY 2023. In FY 2023, GLS State/Tribal grants screened 78,444 youth for suicide risk and referred 28,440 youth for suicide prevention or related services.

In FY 2024, SAMHSA anticipates funding 33 GLS State/Tribal grant continuations, 56 GLS Campus grant continuations and awarding a new cohort of 23 GLS State and Tribal grants and 21 GLS Campus grants. It is expected that in FY 2024, the GLS State/Tribal program will screen 53,300 youth for suicide risk and refer 13,000 to services, of which 72 percent will receive services after referral. SAMHSA will continue support for evaluation activities in FY 2024.

Suicide Prevention Resource Center

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
GLS - Suicide Prevention Resource Center.....	11.000	11.000	11.000	--

Authorizing Legislation…….Section 520C of the Public Health Service Act
FY 2025 Authorization..... $11,000,000
Allocation Method……...Competitive Grants/Contracts
Eligible Entities.....Domestic Public and Private Nonprofit Entities

Program Description

SAMHSA supports the Suicide Prevention Resource Center (SPRC), first funded in 2002. The SPRC's purpose is 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 (including programs, interventions, and policies that advance the NSSP), with the overall goal of reducing suicides and suicidal behaviors in the nation. This work includes support for the National Action Alliance for Suicide Prevention which is a public-private partnership and working to advance high-impact objectives of the NSSP.

The SPRC has played an important role in transforming suicide prevention and treatment across the lifespan, particularly for those at high risk for suicide. Efforts to advance suicide prevention include:

- Developing and promoting the adoption of evidence-based resources, tools, and online trainings to support strategic, comprehensive, best practice suicide prevention programs around the country.
- Building the capacity of suicide prevention programs nationwide by providing consultation, training, and resources to states, AI/AN communities, colleges and universities, health systems, and organizations serving groups at higher risk for suicide.
- Improving care for those at risk for suicide, including promoting the Zero Suicide model for safer suicide care in health and behavioral health care systems; and
- Providing leadership and operational support, which brings together more than 250 national partners from the public and private sectors to advance implementation of the goals and objectives of the National Strategy.

In addition, the SPRC collaborates closely with national and regional technical assistance (TA) centers that focus on issues related to suicide prevention, such as mental health, injury prevention, substance use prevention and treatment, and violence prevention. SPRC's collaborations include contacts with the coordinating offices of SAMHSA's Mental Health Technology Transfer Centers (TTCs), Prevention TTCs, and Addiction TTCs; Service Member, Veterans, and their Families TA Center; Center for Integrated Health Solutions; and Health Resources and Services Administration (HRSA)'s National Center for Fatality Review and Prevention.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$9,000,000
FY 2022	$8,983,200
FY 2023 Final	$11,000,000
FY 2024 CR	$11,000,000
FY 2025 President's Budget	$11,000,000

Program Accomplishments

In FY 2023, SAMHSA awarded one SPRC grant continuation, which provided free online courses to prepare the clinical workforce to address suicide risk in effective ways. In FY 2023, 6,970 individuals had received training through the SPRC and an additional 13,337 participated in an education or awareness activity. SPRC is currently developing courses on safety planning for youth and lethal means intervention for crisis workers.

In FY 2024, SAMHSA anticipates supporting this grant continuation and maintaining the performance targets.

American Indian/Alaska Native Suicide Prevention Initiative

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
AI/AN Suicide Prevention Initiative.....	3.931	3.931	3.931	--

Authorizing Legislation…….Section 520A of the Public Health Service Act
FY 2025 Authorization.....$3,931,000
Allocation Method…….Grants/Contracts
Eligible Entities.....Domestic Public and Private Non-Profit Entities

Program Description

Established in FY 2013, the Tribal Training and Technical Assistance Center (Tribal TTA Center) is an innovative training and technical assistance project that helps tribal communities facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce violence, bullying, substance misuse, and suicide among American Indian/Alaska Native (AI/AN) youth. These plans mobilize tribal communities' existing social and educational resources to meet their goals.

Additionally, in FY 2018, SAMHSA awarded a Mental Health Transfer Technology Center (MHTTC) grant for Tribal Affairs to develop a collaborative network to support resource development and dissemination, training and technical assistance, and workforce development to the field and SAMHSA grant recipients; at this same time, SAMHSA's Centers for Substance Use Prevention and Substance Use Treatment also funded their own TTCs for Tribal Affairs. In FY 2023, SAMHSA merged the three Tribal Affairs TTCs into one Center to coordinate and manage SAMHSA's national efforts to ensure that high-quality, effective mental health disorder treatment and recovery support services, and evidence-based practices are available for all individuals with mental disorders including those with serious mental illness.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$2,931,000
FY 2022	$2,931,000
FY 2023 Final	$3,931,000
FY 2024 CR	$3,931,000
FY 2025 President's Budget	$3,931,000

Program Accomplishments

In FY 2023, SAMHSA funded the Tribal TTA Center contract and the continuation of the MHTTC Tribal Affairs Center. A total of 7,614 participants received specialized TTA and support in suicide prevention, substance abuse prevention, and mental health promotion.

In FY 2023 and FY 2024, SAMHSA anticipates providing training or technical assistance to 35,000 people and providing Continuation funding for the Tribal TTA Center and MHTTC Tribal Affairs Center.

Output and Outcomes Table

Program: Suicide Prevention

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.59 Number of individuals trained in youth suicide prevention (Outcome)	FY 2023: 126,113 Target: 210,000 (Target Not Met)	220,000	220,000	Maintain
2.3.60 Number of youth screened (Output)	FY 2023: 87,343 Target: 105,000 (Target Not Met)	110,000	110,000	Maintain
2.3.61 Number of contacts answered by the Suicide & Crisis Lifeline (Output)	FY 2021: 2,396,885 Target: 2,186,000 (Target Exceeded)	6,000,000	7,500,000	+1,500,000
2.3.62 Number of individuals trained in suicide prevention (Invalid measure type)	FY 2023: 57,184 Target: 75,000.0 (Target Not Met)	75,000	75,140	+140
3.1.01 Number of individuals screened for mental health or related interventions (Intermediate Outcome)	FY 2023: 1,966,880 Target: 1,500,000.0 (Target Exceeded)	1,500,000	1,500,000	Maintain
3.1.02 Number of individuals referred to mental health or related services (Intermediate Outcome)	FY 2023: 156,984 Target: 136,000 (Target Exceeded)	136,000	136,000	Maintain
3.2.37 Number of youth referred to mental health or related services (Output)	FY 2023: 29,302 Target: 96,000 (Target Not Met)	96,000	96,000	Maintain

Mental Health Crisis Response Partnership Program

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
MH Crisis Response Partnership Pilot Program Grants (New FY 22)	20.000	20.000	40.000	20.000

Authorizing Legislation……Section 520F of the Public Health Service Act
FY 2025 Authorization……..... $40,000,000
Allocation Method..... Competitive Cooperative Agreements
Eligible Entities.....States, Territories, Local Governments, Tribes, and CBOs

Program Description

In FY 2022, SAMHSA established the Cooperative Agreements for Innovative Community Crisis Response Partnerships (ICCRP) program. In the FY 2023 Omnibus, Congress authorized this program under Section 520F "Mental Health Crisis Response Partnership Program." The purpose of this program is to create or enhance existing mobile crisis response teams to divert adults, children, and youth experiencing mental health crises from law enforcement in high-need communities. The program uses SAMHSA's National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit as a guide for best practices in the delivery of mobile crisis services. Mobile crisis team services (including co-responder teams) will offer community-based intervention to individuals in need wherever they are, including at home, work, or anywhere else in the community where the person is experiencing a crisis. These grants will enable communities across the country to leverage the implementation of the 988 system and improve mobile crisis response systems through partnerships with law enforcement, emergency medical services, 911 Public Safety Answering Points and 988 call centers.

Historically, mental health crisis services in the United States have been inconsistent and inadequate, resulting in the overuse of law enforcement, jails, hospital emergency rooms, and psychiatric hospital beds. In some communities, law enforcement agencies are the mental health crisis responders by default and over the past years, law enforcement agencies have reported increases in police contacts with individuals experiencing mental health challenges.[41] This can result in drawing valuable police resources away from public safety priorities, increasing stigma and trauma for those experiencing a crisis, and may even result in tragic outcomes if law enforcement does not have the specialized training required to successfully de-escalate behavioral health crises. However, strong partnerships between crisis care systems and law enforcement (and other first responders) are essential for public safety, including suicide prevention.

Mental Health Crisis Response Partnership Program recipients employ a wide array of required activities to help achieve 24/7 coverage of mobile crisis response services, dispatch times standards, increased professional response capacity, incorporation of telehealth when appropriate, improved service access in rural and remote areas, community-based stabilization with coordinated referrals to mental health services and supports, and minimization of law enforcement

[41] https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

involvement and involuntary transport whenever possible. Additionally, recipients ensure that crisis response and follow-up services are delivered in a culturally responsive and developmentally appropriate manner, and that partnerships and training opportunities are established with first responders, law enforcement, 988 call centers, public safety answering points (911 call centers), and other relevant stakeholders.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$---
FY 2022	$10,000,000
FY 2023 Final	$20,000,000
FY 2024 CR	$20,000,000
FY 2025 President's Budget	$40,000,000

Program Accomplishments

In FY 2023, SAMHSA awarded 12 grant continuations and 13 new grants. In FY 2023, grantees had screened 11,274 individuals and referred 6,651 individuals for mental health or related services. Additionally, 1,458 individuals were trained in evidence-based suicide risk assessment.

In FY 2024, SAMHSA anticipates funding 25 grant continuations. In FY 2024, it is estimated that approximately 7,000 individuals will be screened and over 4,000 individuals will be referred for mental health and related services. Also, there will be over 1,900 individuals trained in evidence-based suicide risk assessment in FY 2024.

Homelessness Prevention Programs

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Homelessness	**35.992**	**35.992**	**35.992**	**--**
Homelessness Prevention Programs	33.696	33.696	33.696	--
Homelessness	2.296	2.296	2.296	--

Authorizing Legislation……..Sections 520A of the Public Health Service Act
FY 2025 Authorization..... $35,992,000
Allocation Method……Competitive Grants/Contracts
Eligible Entities……States, Domestic Public and Community Organizations, Private Nonprofit Entities, and Community-based Public or Nonprofit Entities

Program Description

In FY 2018, SAMHSA initiated the Treatment for Individuals Experiencing Homelessness (TIEH) program to support the development and/or expansion of local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring disorder who are experiencing homelessness. The goal of the TIEH program is the development and/or expansion of an infrastructure that integrates behavioral health treatment, peer support, recovery support services, and linkages to sustainable permanent housing.

Homelessness continues to be a significant challenge for communities across the nation. Between 2020 and 2022, the overall number of people experiencing homelessness increased by less than one percent (1,996 people). This increase reflects a three percent increase in people experiencing unsheltered homelessness, which was offset by a two percent decline in people staying in sheltered locations. However, between 2021 and 2022, sheltered homelessness increased by seven percent, or 22,504 people.[42] Many factors contribute to homelessness, such as lack of affordable housing, foreclosures, rising housing costs, job loss, underemployment, domestic violence, mental illness, and addiction. According to HUD, 582,462 individuals experienced homelessness on any given night in 2022 in the United States.[43] In addition, the number of individuals experiencing chronic homelessness was 138,361.[44] The number of veterans experiencing homelessness was 33,129. Over 122,000 individuals experiencing homelessness have a SMI and over 95,000 struggle with chronic substance use.

In FY 2023, SAMHSA released a new funding announcement which expands the population of focus to include individuals at imminent risk of homelessness, allows for greater flexibility in the definition of homelessness, and strengthens collaboration with homeless services organizations

[42] Exchange, H. U. D. (2022). The 2022 Annual Homeless Assessment Report (AHAR) to Congress. Available at https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf Exchange, H. U. D. (2021). The 2020 Annual Homeless Assessment Report (AHAR) to Congress.

[43] The U.S. Department of Housing and Urban Development, 2022 CoC Homeless Populations and Subpopulations Reports. Available at https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2022.pdf

[44] ibid

and HUD Continuum of Care Program.[45]

Budget Request

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

Funding History Table

Fiscal Year	Amount
FY 2021	$32,992,000
FY 2022	$32,958,400
FY 2023 Final	$35,992,000
FY 2024 CR	$35,992,000
FY 2025 President's Budget	$35,992,000

Program Accomplishments

In FY 2023, SAMHSA awarded 24 TIEH grant continuations, awarded 31 new TIEH grants, one HHRC grant, and one SOAR contract. In FY 2023, SAMHSA released a new funding announcement which expands the population of focus to include individuals at imminent risk of homelessness, allows for greater flexibility in the definition of homelessness, and strengthens collaboration with homeless services organizations and HUD Continuum of Care Program.

In FY 2024, SAMHSA anticipates funding 36 TIEH grant continuations, award a new cohort of 16 TIEH grants, one HHRC grant, one SOAR contract, and technical assistance activities. This will expand access to 7,000 individuals with SMI, SED, SUD, or co-occurring disorders, who are experiencing homelessness or at imminent risk of homelessness.

[45] https://www.hudexchange.info/programs/coc/

Minority AIDS

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Minority AIDS	9.224	9.224	9.224	--

Authorizing Legislation……Section 520A of the Public Health Service Act
FY 2025 Authorization..... $ 9,224,000
Allocation Method……..Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.....Community and faith-based organizations, Tribes, Urban organizations, Hospitals, Public and private universities, and colleges

Program Description

Initiated in FY 2017, the Minority AIDS Initiative – Service Integration (MAI-SI) grant program provides resources to help reduce the co-occurring epidemics of HIV, hepatitis, and mental health disorders through accessible, evidence-based, culturally appropriate mental and co-occurring disorder treatment that is integrated with HIV primary care and prevention services. SAMHSA expects that this program will help reduce the incidence of HIV and improve overall health outcomes for those at-risk individuals with a mental health disorder or co-occurring disorder (COD). The population of focus is individuals, ages 18 and over, of racial and ethnic minorities (e.g., black/African American, Hispanic/Latino, American Indian, Alaska Native, Native Hawaiian, and Asian and Pacific Islander populations) with a mental health disorder or COD with or at risk for HIV and/or hepatitis. These at-risk populations are disproportionately impacted by HIV and hepatitis.[46] Grantees provide evidence-based mental, and substance use disorder (SUD) treatment and practices that are trauma-informed and recovery-oriented.

Budget Request

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.

[46] https://www.hiv.gov/hiv-basics/overview/data-and-trends/impact-on-racial-and-ethnic- minorities

Funding History Table

Fiscal Year	Amount
FY 2021	$9,224,000
FY 2022	$9,207,200
FY 2023 Final	$9,224,000
FY 2024 CR	$9,224,000
FY 2025 President's Budget	$9,224,000

Program Accomplishments

In FY 2023, SAMHSA awarded 19 grant continuations focused on individuals with mental disorders and/or co-occurring disorders with or at risk for HIV. Additionally, SAMHSA began collecting data on the number of organizations collaborating, coordinating, and sharing resources with other organizations as a result of the grant and the number of individuals screened for mental health or related interventions. In FY 2023, 78.7 percent of individuals receiving services were not experiencing serious psychological distress at six-month follow-up, compared to 62.0 percent at intake (baseline), and 79.5 percent of individuals were retained in the community at six-month follow-up, compared to 67.0 percent at intake.

In FY 2024, SAMHSA anticipates funding 19 grant continuations and maintaining the FY 2023 targets.

Outputs and Outcomes Table

Program: Minority AIDS Initiative Service Integration

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.5.02 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2023: 54.9% Target: 66% (Target Not Met)	66%	66%	Maintain
3.5.45 Number of clients served (Output)	FY 2023: 1,470 Target: 2,000 (Target Not Met)	2,000	2,000	Maintain

Criminal and Juvenile Justice Programs

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Criminal and Juvenile Justice Programs.....	11.269	11.269	11.269	--

Authorizing Legislation .....……Sections 520G of the Public Health Service Act.
FY 2025 Authorization $11,269,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities.....States and Territories; Political Sub-Divisions of States; Indian Tribes or Tribal Organizations; Health Facilities or Programs Operated in Accordance with a contract or award with the Indian Health Service.

Program Description

SAMHSA's Behavioral Health Partnerships for Early Diversion grants began in FY 2013. The purpose of this program is to establish or expand programs that divert adults and/or youth with a mental illness or a co-occurring disorder (COD) from the criminal or juvenile justice system to community-based mental health and substance use disorder (SUD) services and other supports prior to arrest and booking.

Data indicate that a significant number of individuals who come in contact with law enforcement and the criminal justice system have a mental or substance use disorder. The U.S. Department of Justice, Office of Justice Programs, reported that 1 in 7 state and federal prisoners (14 percent) and 1 in 4 jail inmates (26 percent) reported experiences that met the threshold for serious psychological distress.[47] Approximately 383,000 individuals with serious mental illness (SMI) are incarcerated at any given time[48] and more than 90 percent of arrests for people with SMI are for non-violent offenses[49] such as trespassing or disorderly conduct.

Additionally, high rates of incarceration disproportionately impact communities of color, especially among African American, Hispanic/Latino and LGBTQI+ populations. Black Americans are incarcerated in state prisons nationally at nearly five times the rate of whites and Latino people are 1.3 times as likely to be incarcerated than non-Latino whites.[50] According to data from the National Survey on Drug Use and Health, in 2019, gay, lesbian, and bisexual individuals were 2.25 times as likely as straight individuals to be arrested within the last 12 months. This, like the imprisonment rates of LGBTQI+ people, is largely the result of disparate arrests of lesbian and bisexual women who were arrested at 4 times the rate of straight women. Gay and

[47] Bronson, J. and Berzofsky, M. (2017). Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12. Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12 (ojp.gov)
[48] Center, T. A. (2016). Serious mental illness (SMI) prevalence in jails and prisons. Arlington, VA: Treatment Advocacy Center. https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695
[49] Compton, M. T., Zern, A., Pope, L. G., Gesser, N., Stagoff-Belfort, A., Tan de Bibiana, J., ... & Smith, T. E. (2022). Misdemeanor Charges Among Individuals With Serious Mental Illnesses: A Statewide Analysis of More Than Two Million Arrests. *Psychiatric Services*, appi-ps.
[50] https://www.sentencingproject.org/reports/the-color-of-justice-racial-and-ethnic-disparity-in-state-prisons-thesentencing-project

bisexual men were arrested at 1.35 times the rate of straight men, according to the survey.[51]

Sixty-five to seventy percent of children in the juvenile justice system have a diagnosable mental health condition, and children in the juvenile justice system have substantially higher rates of behavioral health conditions than children in the general population. At least seventy-five percent of youth in the juvenile justice system experienced traumatic victimization, and ninety-three percent reported exposure to adverse childhood experiences including child abuse, family and community violence, and serious illness. Unfortunately, children are often involved in the juvenile justice system because of a lack of community-based treatment options and are detained or placed in juvenile facilities for minor, nonviolent offenses.[52] Moreover, "when a student is suspended or expelled his or her likelihood of being involved in the juvenile justice system the subsequent year increases significantly." African American students are disproportionately affected by what has been referred to as a "school to prison pipeline."[53] There is a clear and largely unmet need for effective behavioral health services and supports that are accessible before, during, and after incarceration as needed for this high-risk population.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$6,269,000
FY 2022	$6,252,200
FY 2023 Final	$11,269,000
FY 2024 CR	$11,269,000
FY 2025 President's Budget	$11,269,000

Program Accomplishments

In FY 2023, SAMHSA awarded 6 grant continuations, 22 new grants, and conducted technical assistance activities that will expand access to people with mental illness across local criminal justice and court systems. In FY 2023, 6.3 percent of individuals served by this program reported

[51] https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health
[52] Mental Health America (2022). Position Statement 51: Children With Emotional Disorders In The Juvenile Justice System, 2015. https://www.mhanational.org/issues/position-statement-51-children-emotional-disorders-juvenilejustice-system
[53] Justice Center: The Council of State Governments, Public Policy Research Institute (2020). Breaking Schools' Rules: A Statewide Study of How School Discipline Relates to Students' Success and Juvenile Justice Involvement, 2011.

that they were hospitalized for mental health care in the past 30 days, compared with 27.8 percent at baseline. Similar improvements were seen in clients reporting one or more nights homeless in the previous 30 days, from 12.7 percent at 6 months compared to 22.8 percent at baseline. Additionally, after 6 months of receiving grant services, 1.3 percent of individuals served by this program reported spending time in a correctional facility compared with 5.1 percent at baseline, 79.5 percent reported being retained in the community compared with 55.1 percent at baseline, and 39.7 percent reported improved functioning in everyday life compared with 34.6 percent at baseline.

In 2024, SAMHSA anticipates funding 27 grant continuations to establish or expand programs that divert adults and/or youth with mental illness or a co-occurring disorder from the criminal or juvenile justice systems and conduct technical assistance activities to expand access to people with mental illness across local and criminal justice systems.

Outputs and Outcomes Table

Program: Law Enforcement and Behavioral Health Partnerships for Early Diversion

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.5.06 Percentage of clients receiving services who report positive functioning at 6 month follow-up (Outcome)	FY 2023: 39.7 Target: 40.0 (Target Not Met but Improved)	40.0	40.0	Maintain
3.5.09 Number of individuals screened for mental health or related interventions. (Output)	FY 2023: 4,056 Target: 3,500.0 (Target Exceeded)	3,500.0	3,500	Maintain
3.5.40 Number of clients served (Output)	FY 2023: 2,290.0 Target: 1,800.0 (Target Exceeded)	1,800.0	1,800.0	Maintain

Practice Improvement and Training

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Practice Improvement and Training.....	7.828	7.828	7.828	--

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2025 Authorization .....$ 7,828,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities……States and Territories; Political sub-divisions of States, Indian Tribes or Tribal Organizations; health facilities or programs operated in accordance with the Indian Health Services; 105 Nationally Recognized Historically Black Colleges and Universities; public or private non-profit organizations.

Program Description

The Practice Improvement and Training (PIT) programs address the need for disseminating key information, such as evidence-based mental health practices, to the mental health delivery system. Four programs are funded with PIT: Historically Black Colleges and Universities Center of Excellence (HBCU-COE); Transforming Lives through Supported Employment Program (SEP); the Clinical Support Services Technical Assistance Center and the Center of Excellence for Eating Disorders.

The purpose of the HBCU-COE program is to network the 105 HBCUs throughout the United States and promote behavioral health workforce development by expanding knowledge of best practices, developing leadership, and encouraging community partnerships that enhance the participation of African Americans in substance use disorder treatment and mental health professions. The comprehensive focus of the HBCU-COE program simultaneously expands service capacity on campuses and in other treatment venues.

Established in FY 2014, the purpose of SEP is to support state and community efforts to refine, implement, and sustain evidence-based practices but altered its population of focus to include both adults with serious mental illness (SMI) or co-occurring disorders (COD). Please refer to Mental Health System Transformation and Mental Health Reform for more information on this program.

The purpose of the Center of Excellence for Eating Disorders (NCEED) is to establish one National Center of Excellence to develop and disseminate training and technical assistance for healthcare practitioners on issues related to addressing eating disorders. It is expected that this program will facilitate the identification of model programs, develop and update materials related to eating disorders, and ensure that high-quality training is provided to health professionals.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$7,828,000
FY 2022	$7,811,200
FY 2023 Final	$7,828,000
FY 2024 CR	$7,828,000
FY 2025 President's Budget	$7,828,000

Program Accomplishments

In FY 2023, SAMHSA funded the HBCU grant program, four SEP grant continuations, five new SEP grants, and one NCEED grant. In FY 2023, 49.2 percent of participants were competitively employed at six-month follow-up, compared to 19.4 percent at intake (baseline), representing a 154 percent positive change. Additionally, 75.9 percent reported having a stable place to live at follow-up compared to 48.1 percent at intake, and 80.6 percent were retained in the community compared to 66.9 percent at intake.

In FY 2024, SAMHSA anticipates providing continuation funding for five SEP grants, a new SEP cohort of three grants, continue funding the HBCU grant program to support workforce development, and fund one NCEED contract.

Consumer and Consumer-Supporter TA Centers

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Consumer and Consumer-Supporter TA Centers….....	1.918	1.918	1.918	--

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2025 Authorization..... $1,918,000
Allocation Method .....Competitive Grants
Eligible Entities.....States, political subdivisions of states, health facilities or programs operated in accordance with the Indian Health Service, or other domestic public or private non-profit entities

Program Description

First funded in 1992, the Consumer and Consumer-Supporter Technical Assistance (TA) Centers provide technical assistance to facilitate quality improvement of the mental health system by the specific promotion of consumer-directed approaches for adults with serious mental illness (SMI). This program also improves collaboration among consumers, families, providers, and administrators and helps to transform community mental health services into a more consumer and family driven model.

Consumer-centered services and supports, such as peer specialists, are key to improving the quality and outcomes of health and behavioral healthcare services for people with mental disorders including SMI. Such approaches maximize consumer self-determination, promote long-term recovery, and assist individuals with SMI to increase their community involvement through work, school, and social connectedness.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$1,901,492
FY 2022	$1,901,200
FY 2023 Final	$1,918,000
FY 2024 CR	$1,918,000
FY 2025 President's Budget	$1,918,000

Program Accomplishments

In FY 2023, SAMHSA funded five grant continuations. In FY 2023 these grants provided training to 31,051 individuals and reached 315,051 people with mental health awareness activities. These trainings covered a range of topics, including peer support, peer-run crisis services, employment and education supports, mental health first aid, and improving care for people with mental illness and intellectual or developmental disabilities. SAMHSA expects to serve a similar number of people in FY 2023.

In FY 2024, SAMHSA anticipates funding five grant continuations and provide technical assistance to facilitate the quality improvement of the mental health system by promoting consumer-directed approaches for adults with SMI. SAMHSA will continue to maintain its performance measure targets.

Disaster Response

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Disaster Response.....	1.953	1.953	1.953	--

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2025 Authorization..... $1,953,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities.....States, political sub-divisions of states, health facilities or programs operated in accordance with the Indian Health Service, or other domestic public or private non-profit entities

Program Description

Natural and human-caused disasters and emergent events such as the COVID-19 pandemic, wildfires, mass shootings, hurricanes and tropical storms, floods, and tornadoes strike without warning and leave individuals, families, and whole communities struggling to rebuild. SAMHSA's Disaster Behavioral Health Program aims to ensure that the nation is prepared to address the behavioral health needs that follow these events by funding three major programs: the Disaster Distress Helpline (DDH), the Crisis Counseling Assistance and Training Program (CCP), and the Disaster Technical Assistance Center (DTAC). These programs provide disaster behavioral health expertise and emerging public health initiatives to develop and disseminate innovative consultation and technologies to communities, federal partners, and other stakeholders.

SAMHSA's DDH is the nation's first permanent hotline dedicated to providing immediate disaster crisis counseling. SAMHSA launched the Oil Spill Distress Helpline in 2010 following the Deepwater Horizon Explosion/BP Oil Spill. The number then transitioned to the national Disaster Distress Helpline in February 2012. The DDH is a toll-free, multilingual crisis systems service available 24/7 via telephone (1-800-985-5990) and Short Message Service (SMS) (text 'TalkWithUs' to 66746) to residents in the United States and its territories who are experiencing emotional distress resulting from disasters.

SAMHSA operates the CCP through an interagency agreement with the Federal Emergency Management Agency (FEMA). The CCP was established in 1974 under the Stafford Act. Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5183 authorizes FEMA to fund mental health assistance and training activities in areas that have been declared a major disaster by the President. This program assists individuals and communities to recover from presidentially declared disasters through the provision of community-based behavioral health outreach and psycho-educational services.

The DTAC is funded by SAMHSA and FEMA and was founded in 2002. This program is designed to provide additional technical assistance, strategic planning, consultation, and logistical support to communities and response personnel in advance of, during, and in response to disasters. In addition, SAMHSA's Disaster App (available on Apple and Android platforms) provides evidence-informed and evidence-based resources in the Disaster Kit, along with additional partner

resources and information on local mental health and substance use treatment facilities.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$1,953,000
FY 2022	$1,936,200
FY 2023 Final	$1,953,000
FY 2024 CR	$1,953,000
FY 2025 President's Budget	$1,953,000

Program Accomplishments

In FY 2023, the SAMHSA DDH responded to 37,622 calls and answered 2,996 text sessions. Overall DDH volume increased by 25% in FY 2023 compared to FY 2022, and increased by 200% compared to FY 2019, prior to the onset of the COVID pandemic. The DDH also received 1,403 calls to its Videophone option for Deaf/Hard of Hearing American Sign Language users in FY 2023, a 9% increase in volume compared to FY 2022. The majority of DDH callers and texters are experiencing acute, temporary stress related to a disaster. DDH crisis counselors utilize stabilization, psychological first aid, and other brief supportive counseling techniques regardless of presenting concern. Disasters that resulted in an increase in call volume in FY 2023 include the following: Hurricane Ian and Fiona recovery which continued into October 2022 (50% higher volume compared to weeks prior); the Monterey Park shooting and severe storms and flooding, both in California in late January 2023 (18% and 35% increases, respectively); tornadoes in Mississippi and surrounding states at the end of March and early April 2023 (40% increase); Typhoon Mawar in Guam (landfall 5/30/23, 300% increase in calls from Guam); June 2023 tornado outbreaks in Texas and Florida (20% increase in volume); July 2023 major flooding in Vermont and New York (23% increase in volume); August 8th, 2023, outbreak of wildfires in Maui, Hawaii (almost 2000% increase in calls from Hawaii compared to week prior); and Hurricane Idalia in Florida at the end of August 2023 (40% increase in volume). In addition, membership to the DDH Online Peer Support Communities program grew by 55% in FY 2023 (2,985 total members across its 1) Survivors of Mass Violence, and 2) Survivors and Responders of COVID peer support communities, compared to 1,930 total members in FY 2022), all of whom received 12,704 supportive interactions from 25 trained DDH Peer Supporters and via 200 Crisis Support Over Messenger chats with DDH crisis counselors from the DDH Online Peer Support crisis center.

During FY 2023, the FEMA funded Crisis Counseling Assistance and Training Program (commonly referred to as CCP, supported by FEMA Interagency Agreement with SAMHSA CMHS) Online Data Collection and Evaluation System (ODCES) showed the following contacts and encounters funded by 38 CCP grants:

- 825,966 in-person brief educational supportive contacts
- 23,461 telephone, 17,162 hotline, and 42,437 e-mail contacts
- 171,007 individual and family crisis counseling encounters (lasting 15 to 60 minutes or more) serving 195,971 individuals
- 153,884 group encounters (public education and group counseling) serving 228,338 individuals
- 8,851 public education sessions serving 202,141 individuals

Individual and family crisis counseling encounters were most often conducted with adults ages 40 to 64 (86,874), followed by older adults (65+) (71,687), adults ages 18-39 (30,674), children (2,670), adolescents (1,936) and pre-school (2,130). Individual and family encounters occurred most often with female (109,765) disaster survivors, compared to males (85,413) and transgender (793). Excluding the Puerto Rico programs, 2,217 individual crisis counseling encounters occurred in Spanish. The three most common risk factors reported by counseling participants were past trauma (142,464), other financial loss (140,178), and preexisting physical disability (114,001). The three most common disaster reactions reported by individual crisis counseling recipients and their numbers are: anxious/fearful (131,370); preoccupied with death/destruction (131,209); and extreme change in activity level (125,048).

In FY 2024, SAMHSA anticipates continued funding for DDH and DTAC to support a nationally available disaster distress crisis counseling telephone line and the Disaster Technical Assistance Center and will continue to maintain its performance measures targets.

Output and Outcomes Table

Program: Mental Health - Science and Service Activities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.4.14 Number of calls answered by the Disaster Distress Hotline (Output)	FY 2023: 37,622 Target: 38,000 (Target Not Met but Improved)	38,000	38,000	Maintain
1.4.15 Number of text messages answered by the Disaster Distress Hotline (Output)	FY 2023: 2,996 Target: 17,000 (Target Not Met)	17,000	17,000	Maintain

Seclusion and Restraint

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Seclusion and Restraint	1.147	1.147	1.147	--

Authorizing Legislation ..... Section 520A of the Public Health Service Act
FY 2025Authorization..... $1,147,000
Allocation Method ..... Grants/Cooperative Agreements
Eligible Entities.....Domestic Public and Private Non-Profit Entities

Program Description

Because of the inappropriate use of seclusion and restraint practices, people die, countless others are injured, and many people are traumatized by coercive practices. Schoolchildren, with and without disabilities, have been restrained and secluded in the United States since at least the 1950s.[54] Children with emotional and behavioral issues are more frequently subjected to restraints in schools than students with other disabilities, often leading to serious physical injuries and emotional trauma for both students and staff. Even if children suffer no physical harm as the result of the use of seclusion and restraints, studies have shown they remain severely traumatized and may even experience post-traumatic stress disorder.[55] As a result of their experiences, children who have been restrained have reported nightmares, anxiety, and mistrust of adults in authority.[56]

In 2018, SAMHSA funded a regionally based technical assistance effort focused on providing supports and services for individuals living with mental disorders and/or serious mental illness (SMI), including the dissemination of trauma-informed practices across multiple service settings and promoting alternatives to restraint, seclusion, and other coercive practices. The purpose of the Mental Health Technology Transfer Center (MHTTC) Network is to disseminate and implement evidence-based practices for treating mental disorders into the field. In FY 2023, the MHTTC Network included 10 Regional Centers, and a Network Coordinating Office.

[54] Joseph B. Ryan & Reece L. Peterson, Physical Restraint in School, 29 J. COUNS. FOR CHILD. BEHAV. DISORDERS 154, 158 (2004).

[55] CCBD, supra note 14; see also NDRN, supra note 3 (compiling research on harmful effects of seclusion and restraint).

[56] David M. Day, Review of the Literature on Restraints and Seclusion with Children and Youth: Toward the Development of a Perspective in Practice (2000).

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$1,147,000
FY 2022	$1,130,198
FY 2023 Final	$1,147,000
FY 2024 CR	$1,147,000
FY 2025 President's Budget	$1,147,000

Program Accomplishments

In FY 2023, SAMHSA funded 11 MHTTC continuation grants and will maintain the FY 2023 performance measure targets.

In FY 2024, one National Center for Mental Health Dissemination, Implementation and Sustainment Cooperative Agreement (MHDIS) recipient will be tasked with developing opportunities for communication and collaboration across CMHS training and technical assistance centers. The MHDIS will also develop resources that aid CMHS grantees in dissemination, implementation and evaluation of training and TA, and will oversee five bi-regional sub-grantees. These Mental Health Technical Assistance Centers (MTACs) will provide localized targeted and intensive TA to grantees and the field that builds upon the work of CMHS' national TA centers and COEs.

Assertive Community Treatment for Individuals with Serious Mental Illness

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Assertive Community Treatment for Individuals with SMI.....	9.000	9.000	9.000	--

Authorizing Legislation ..... Section 520M of the Public Health Service Act
FY 2025 Authorization $9,000,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities……States, Political Sub-divisions of states; community-based behavioral health non-profit organizations; Indian tribes or tribal organizations, mental health systems; health care facilities

Program Description

Initiated in FY 2018, the Assertive Community Treatment (ACT) for Individuals with serious mental illness (SMI) program establishes or expands and maintains ACT programs for transition-aged youth and adults with a SMI or serious emotional disturbance (SED). Grantees are expected to implement an ACT program to fidelity and provide ACT services to the population of focus. With this program, SAMHSA aims to improve behavioral health outcomes for individuals by reducing rates of hospitalization, mortality, substance use, homelessness, and involvement with the criminal justice system.

ACT is an evidence-based practice considered to be one of the most effective approaches to delivering services to individuals with the most severe impairments associated with SMI.[57] Individuals with severe functional impairments tend to need services from multiple providers (e.g., physicians, socials workers) and multiple systems (e.g., social services, housing services, health care). ACT was developed to deliver comprehensive effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. In FY 2023, SAMHSA released a new funding opportunity to further implement ACT programs to fidelity and provide ACT services to the population of focus.

ACT is a services-delivery model, not a case management program. The ACT team model is composed of 10-12 multi-disciplinary behavioral health care staff who work together to deliver a mix of individualized, recovery-oriented services to individuals living with SMI to help them successfully reintegrate into the community. Team members themselves provide the comprehensive array of services directly rather than through referrals. Caseloads are approximately one staff for every 10 individuals served. Services are provided 24 hours a day, 7 days a week, as long as needed and wherever they are needed. Based on the ACT model, a multi-disciplinary team is available around the clock to deliver a wide range of services in a person's home or other community settings.

ACT is considered one of the most effective evidence-based programs designed to support

[57] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3589962/

community living for individuals with the most severe functional impairments associated with SMI. As a result, the ACT model is implemented widely across the United States. The ACT program is focused on innovation and pairs grantees with a technical assistance center. This strategy supports grantees, captures lessons learned from grantee innovations, gives support to ACT providers outside the grant program, and supports state planning related to ACT and the continuum of care for people with serious mental illness. The ACT Evidence-Based Practices toolkit is available in SAMHSA's Evidenced-Based Resource Center.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$9,000,000
FY 2022	$8,983,200
FY 2023 Final	$9,000,000
FY 2024 CR	$9,000,000
FY 2025 President Budget	$9,000,000

Program Accomplishments

In FY 2023 SAMHSA awarded five grant continuations and a new cohort of seven grants. In FY 2023, the percentage of individuals who experienced homelessness in the last 30 days decreased from 22.2 percent at baseline to 11.1 percent at the 6- month reassessment; further, 25.0 percent of individuals served by the program reported that they had a stable place to live at baseline, compared to 35.7 percent at the 6-month reassessment. At baseline, 7.0 percent of the individuals served reported time spent in a correctional facility in the past 30 days, compared to 2.3 percent at 6-month reassessment. Additionally, there was an increase in retention in the community from 37.8 percent to 71.1 percent of clients at reassessment.

In FY 2024 SAMHSA anticipates funding 12 continuation grants. SAMHSA will continue to maintain its performance measure targets from FY 2023.

Outputs and Outcomes Table

Program: Assertive Community Treatment Grants

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.4.13 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2023: 42.9 Target: 50.0 (Target Not Met)	50.0	50.0	Maintain
3.4.36 Number of clients served (Output)	FY 2023: 647.0 Target: 500.0 (Target Exceeded)	500.0	500.0	Maintain

Tribal Behavioral Health Grants

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Tribal Behavioral Health Grants.....	22.750	22.750	22.750	--

Authorizing Legislation……..... Section 520A (290bb-22) and 516 (290bb-22) of the Public Health Service Act, as amended.
FY 2025 Authorization..... $22,750,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities..... Tribes

Program Description

Starting in FY 2014, the Tribal Behavioral Health grant program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance use, trauma, and suicide and by promoting the mental health of American Indian/Alaska Native (AI/AN) young people. The purpose of this program is 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, by building a healthy network of systems, services, and partnerships that impact youth.

In 2021, AI/AN high school students reported higher rates of suicidal behaviors than the general population of U.S. high school students. 27% of AI/AN high school student seriously considered attempting suicide (5% greater than all high school students). 22% of these students made a suicide plan (4% greater than al high school students). 16% of AI/AN high school students actually attempted suicide (6% higher than all high school students).[58] American Indian or Alaska Native (27.6%) are also more likely to have a substance use disorder (SUD) in the past year compared with Black or African American (17.2%), White (17.0%), Hispanic or Latino (15.7%), or Asian people (8.0%).[59] Finally, in 2021, the percentage of people who needed substance use treatment in the past year was higher among American Indian or Alaska Native or Multiracial people.

In addition, SAMHSA's Tribal Training and Technical Assistance Center[60] provides training and education to AI/AN grantees and organizations serving AI/AN populations to support their ability to achieve their goals.

Budget Request

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

[58]. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf
[59]Center for Behavioral Health Statistics and Quality. (2022). 2021 National Survey on Drug Use and Health: Methodological summary and definitions. https://www.samhsa.gov/data/report/2021-methodological-summary-and- definitions
[60] (http://www.samhsa.gov/tribal-ttac)

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$20,881,047
FY 2022	$20,733,200
FY 2023 Final	$22,750,000
FY 2024 CR	$22,750,000
FY 2025 President's Budget	$22,750,000

Program Accomplishments

In FY 2023, SAMHSA funded 105 grant continuations and 48 new grants out of the Center for Mental Health Services and continuing support for technical assistance activities to expand youth suicide prevention and early intervention strategies for the tribal nations. In FY 2023, SAMHSA reached 861,476 youth through the TBH program.

In FY 2024, SAMHSA anticipates supporting 127 grant continuations and awarding a new cohort of 44 grants and continued support for tribal technical assistance. In FY 2024, SAMHSA will continue the same performance measures and it is expected that 500,000 youth with mental health or substance use disorders will be contacted through program outreach efforts targets.

Outcomes and Outputs Table

Program: Tribal Behavioral Health

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.4.12 Percentage of youth age 10 - 24 who received mental health or related services after screening, referral or attempt (Output)	FY 2023: 34% Target: 33% (Target Exceeded)	33%	33%	Maintain
2.4.17 Number of youth with mental health or substance use disorders who are contacted through program outreach efforts (Output)	FY 2023: 861,476 Target: 470,790 (Target Exceeded)	470,790	470,790	Maintain
2.4.18 Number of individuals who received mental health or related services after screening, referral or suicide attempt (Outcome)	FY 2023: 5,883 Target: 5,883 (Baseline)	5,883	5,883	Maintain

MH Minority Fellowship Program

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
MH Minority Fellowship Program.....	11.059	11.059	11.059	--

Authorizing Legislation .....Section 597 of the PHS Act
FY 2025 Authorization $11,059,000
Allocation Method ..... Grants/Contracts
Eligible Entities..... Organizations that represent individuals obtaining post-baccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals, including in the fields of psychiatry, nursing, ... social work, psychology, marriage and family therapy, mental health counseling, and substance
use disorder and addiction counseling

Program Description

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

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$10,059,000
FY 2022	$10,042,200
FY 2023 Final	$11,059,000
FY 2024 CR	$11,059,000
FY 2025 President's Budget	$11,059,000

Program Accomplishments

In FY 2022, SAMHSA supported eight grant continuations, and the MFP technical assistance contract. In FY 2022, the MFP grant supported 428 fellows (see the table below for details). In addition, the MFP program provided over 135 trainings and workshops for the fellows and other interested participants.

In FY 2023, SAMHSA awarded one grant continuation and supplement seven based year cohort and technical assistance contract. In FY 2022, the MFP grantees reported the following program accomplishments:

- The American Association for Marriage and Family Therapy had 57 master's fellows representing their largest cohort since expanding to include master's education in 2014, which is a 40% increase.
- The American Nurses Association used the Infusionsoft software to send weekly email blasts to prospective applicants, Historically Black Colleges, and Universities (HBCUs), tribal colleges, Hispanic Serving Institutions, and other major universities with a psychiatric nursing program.
- The American Psychiatric Association fellows participated in the Presidential Taskforce on Social Determinants of Mental Health. Fellows joined a group discussion and provided their input and feedback based on their understanding of the social determinants of mental health based on their pre-clinical and clinical curriculum and training.
- The American Psychological Association launched a leadership development program containing 10-modules with content, discussion, and implementation sections. Topics included mapping out your career, cultural competencies, professionalism, ethics, and others.
- The Council on Social Work Education launched several new initiatives: 1) Monthly Monday group mentoring sessions where MFP alum were invited to come and share their experiences, 2) Lunch and Learns on the last Wednesday of each month to discuss specific topics, and 3) Office hours twice a month on Fridays for fellows to ask questions.
- The National Board of Certified Counselors hosted a virtual career fair, The Counseling

Foundations: Your Path to Career Success virtual career fair, which aimed to connect employers, recent graduates from master's and doctoral counseling programs, and seasoned counseling professionals nationwide in a virtual setting to explore current and future staffing opportunities.

In FY 2024, SAMHSA anticipates awarding a new cohort of seven grants and continued support technical assistance contract

Outcomes and Outputs Table

Total Doctoral and Master's Fellows	**FY 2023 Total (428)**		**FY 2024 Total (406)**	
Grantee Organization	Masters Fellows	Doctoral Fellows	Masters Fellows	Doctoral Fellows
National Board of Certified Counselors	70	20	83	24
Council on Social Work Education	45	28	40	25
Interdisciplinary Minority Fellowship Program	18	37	14	33
Amer. Psychological Association	13	24	4	27
Amer. Psychiatric Association	0	51	0	31
American Nurses Association	16	24	32	20
Amer. Association for Marriage and Family Therapy	57	25	48	25
TOTAL:	219	209	221	185

Infant and Early Childhood Mental Health

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Infant and Early Childhood Mental Health.....	15.000	15.000	15.000	--

Authorization Legislation ..... Section 399Z-2 of the Public Health Service Act
FY 2025 Authorization..... $15,000,000
Eligible Entities.....Human Services Agencies or Non-profit Institutions

Program Description

Infant and Early Childhood Mental Health Funding supports two programs: The Infant and Early Childhood Mental Health (IECMH) grant program and the Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE-IECMHC)

Established in FY 2018, the IECMH programs are focused on improving the outcomes for children, from birth to 12 years of age, who are at risk for, show early signs of, or have been diagnosed with a mental illness, including a serious emotional disturbance. The purpose is to improve outcomes using a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare, preschool, home visiting, early intervention, and their home.

In FY 2019, the CoE-IECMCH was established to provide technical assistance to communities, states, territories, tribal communities, and IECMH grantees, as well as professional development to individual mental health consultants to increase access to high quality mental health consultation throughout the country.

The IECMH program and the CoE-IECMHC have: (1) helped to increase access to a range of evidence-based and culturally appropriate infant and early childhood mental health services; (2) equipped caregivers to facilitate children's mental health and social and emotional development, and (3) strengthened positive caregiving relationships, via multigenerational therapy approach and services. These IECMHC programs aid in addressing the national shortage of mental health professionals with infant and early childhood expertise.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$8,096,291
FY 2022	$9,983,200
FY 2023 Final	$15,000,000
FY 2024 CR	$15,000,000
FY 2025 President's Budget	$15,000,000

Program Accomplishments

In FY 2023, SAMHSA awarded nine grant continuations, 18 new grants, and provided supplement to support COE-IECMHC technical assistance. To date in, FY 2023, grantees trained 7,546 people in the mental health and related workforce in mental health-related practices/activities; screened 11,977 children for mental health or related interventions; and referred 4,129 children for mental health services.

In FY 2024, SAMHSA anticipates funding 27 grant continuations and award TTA contract in Center of Excellence for Infant and Early Childhood.

Outputs and Outcomes Table

Program: Infant and Early Childhood Mental Health Grant Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.4.16 Number of children screened for mental health or related interventions (Output)	FY 2023: 11,977.0 Target: 14,000.0 (Target Not Met, but Improved)	14,000	14,000	Maintain
3.4.17 Number of children referred to mental health or related interventions (Output)	FY 2023: 4,129.0 Target: 5,000.0 (Target Not Met, but Improved)	5,000	5,000	Maintain
3.4.18 Number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the program. (Output)	FY 2023: 5,337 Target: 7,000.0 (Target Not Met)	7,000	7,000	Maintain

Interagency Task Force on Trauma-Informed Care

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Interagency Task Force on Trauma-Informed Care (New FY 22).....	2.000	2.000	2.000	--

Authorizing Legislation ..... Section 7132 of the Support Act
FY 2025 Authorization $2,000,000
Allocation Method .....Contract
Eligible Entities.....Domestic Public or Private Non-Profit Entities

Program Description

Trauma-informed approaches are essential to ensure that children, youth, and their families receive the necessary behavioral health treatment and support services for substance use/misuse and mental health challenges to enhance their resilience, facilitate their recovery, and improve their well-being. Trauma-informed approaches are more critical than ever now as we recognize the impact that COVID-19 and the resulting effects, i.e., social isolation, increased rates of anxiety and depression, have had on children, youth, and their families, the youth behavioral health crisis, and the recognition that trauma-informed care can provide settings that recognize and respond to the possible sequelae of trauma, prevent traumatization, and promote the healing process. Providing trauma-informed care is not limited to behavioral health interventions and can help increase the effectiveness of other kinds of interventions such as disaster recovery services, housing, and primary health care.

The creation of an Interagency Task Force on Trauma-Informed Care (Task Force) was mandated in the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).[61]

The SUPPORT Act mandated SAMHSA lead an interagency task force comprised of twenty agencies in the development of a National Strategy for Trauma-informed Care and submit an operating plan outlining its implementation. In FY 2022, SAMHSA developed a four pillared National Strategy for Trauma-informed Care and submitted an operating plan to Congress detailing a phased approach to implementation centered on for children/families who have experienced trauma and federal agencies' coordinated response, as well as publishing best practices of trauma-informed care.

The National Strategy is grounded in equity with four main pillars: best practices, research, data, and federal coordination. Supported by robust stakeholder engagement, the Task Force is concluding the implementation of Phase One, which has focused on planning and laying the ground. In completing Phase One, the Task Force has focused on building a core component and outcomes taxonomy of trauma-informed care, and environmental scans under the research, data, and federal coordination pillars. Phase Two is focused on delivering value to stakeholders (in years 2 and 3), such as developing a federal portal to house best practices and deliver value to stakeholders; and Phase Three is focused on sustainability (Years 4 and 5).

[61] (P.L. 115-271)

Through consultation with stakeholders and robust environmental scans, SAMHSA anticipates the Task Force's efforts will result in building a user-centered website that will curate and catalogue over 1,200 different resources that will provide needed information to equip community providers and members with trauma-informed evidenced based approaches and help to mitigate risks of responding to and further traumatization of the most vulnerable children and families. The website will also be a mechanism to connect and share resources between state and community providers who are implementing trauma-informed care policy across service delivery systems. Based on SAMHSA's experience with the National Child Traumatic Stress Network (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 of over 2 million children and their families receive within the first three years. The Task Force will continue their work on building a core component and outcome taxonomy that will create a shared understanding of the measurement tools to aid in the evaluation of trauma-informed care, develop a research agenda based on the completed research review, create shared understanding of how to measure trauma-informed care, and enhance federal coordination through common definitions and language.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$---
FY 2022	$1,000,000
FY 2023 Final	$2,000,000
FY 2024 CR	$2,000,000
FY 2025 President's Budget	$2,000,000

Women Behavioral Health Technical Assistance Center

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Women's Behavioral Health Technical Assistance Center.....	--	--	1.750	1.750

Authorizing Legislation ..... Section 2707 of the American Rescue Plan
FY 2025 Authorizing $1,700,000
Allocation Method ..... Grant
Eligible Entities.....State, Local, Tribal, and Territorial government, Tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations

Program Description

The Women's Behavioral Health Technical Assistance (TA) Center program is a joint effort between the Center for Mental Health Services (CMHS) and the Center for Substance Use Services (CSUS). It is a five-year program to create a national system of clinical consultation and technical assistance (TA) for health providers of various disciplines spanning topics across the lifespan within the field of women's (including female adolescents) mental health and substance use (e.g., equity, intimate partner violence, medical co-morbidities, maternal and perinatal, suicide and crisis, and trauma). The TA center aims to improve the use of data and evidence by focusing on its applications to patient care and implementation in various health settings. This TA Center would be outcome- and measurement-focused building on SAMHSA's experience with similar clinical consultation type models, including the Provider Clinical Support System (PCSS), and the SMI Advisor TA center. The center improves the customer experience compared to other TA initiatives because it provides interdisciplinary, on-demand, flexible, and individually tailored technical assistance on topics often not covered in their traditional educational courses.

This program is expected to positively impact the mental and substance use-related health of thousands of women across the nation by better equipping multidisciplinary providers to individually address and treat women's behavioral health disorders with the most up-to-date evidence-based interventions, rather than refer them out to limited specialists. The program will have a national reach and will assist providers in rural areas and other areas with traditionally low access. This is a resource that could potentially change the national landscape of women's behavioral health treatment.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$---
FY 2022	$---
FY 2023 Final	$---
FY 2024 CR	$---
FY 2025 President's Budget	$1,750,000

National Child Traumatic Stress Network

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
National Child Traumatic Stress Network.....	93.887	93.887	93.887	--

Authorizing Legislation .....Section 582 of the Public Health Service Act
FY 2025 Authorization.....
$93,887,000 Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities States, Local Governments, Tribes, Institutions of Higher Education, and Community Organizations

Program Description

Experiences of chronic and/or severe stress during early childhood, often also conceptualized as early life stress, childhood adversity, child maltreatment, or childhood trauma, have persistent and pervasive consequences for development.[62] Children affected by the COVID-19 pandemic have suffered traumatic stress from serious illness, hospitalization, or the loss of a family member or loved one during the pandemic, as well as fear and isolation resulting from the pandemic and the measures taken to combat it.[63] According to the Adolescent Behaviors and Experiences Survey (ABES) 2021 data, approximately 37% high school students experienced poor mental health (most of the time or always) during the COVID-19 pandemic and 31.1% experienced poor mental health during the preceding 30 days.[64] Without a focused strategy to change the altered life trajectory that the COVID-19 pandemic has created for many children, a generation of young people will enter adulthood with worse mental health and a greater burden of chronic disease and impaired physical health as they age through adulthood.[65] "Evidence-based treatments are available to address trauma- related symptoms, but their impact is hindered because access is limited and unequal.[66] In the U.S., adverse experiences and mental disorders disproportionately affect socioeconomically disadvantaged groups that face treatment access barriers."[67] While the effects of trauma and exposure to violence are found in all child and adolescent populations and service sectors, it is particularly prominent among youth with mental illness and/or drug/alcohol addiction involved in the child welfare, and juvenile justice systems. [68]

Since its establishment in 2000, SAMHSA funded the National Child Traumatic Stress Initiative

---

[62] Smith KE, Pollak SD. (2020) Early life stress and development: potential mechanisms for adverse outcomes. *Journal of Neurodevelopmental Disorders.* 2020 Dec 16;12(1):34. doi: 10.1186/s11689-020-09337-y. PMID: 33327939; PMCID: PMC7745388.

[63] National Academies of Sciences, Engineering, and Medicine. (2023). Addressing the Long-Term Effects of the COVID-19 Pandemic on Children and Families. *The National Academies Press.* Retrieved from: https://nap.nationalacademies.org/catalog/26809/addressing-the-long-term-effects-of-the-covid-19-pandemic-on-children-and-families

[64] Jones SE, Ethier KA, Hertz M, et al. (2022). Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic – Adolescent Behaviors and Experiences Survey. *Centers for Disease Controland Prevention.* Retrieved from: https://www.cdc.gov/mmwr/volumes/71/su/su7103a3.htm#suggestedcitation

[65] National Academies of Sciences, Engineering, and Medicine. (2023). Addressing the Long-Term Effects of the COVID-19 Pandemic on Children and Families. *The National Academies Press.* Retrieved from: https://nap.nationalacademies.org/catalog/26809/addressing-the-long-term-effects-of-the-covid-19-pandemic-on-children-and-families

[66] Mersky, J. P., Topitzes, J., Langlieb, J., & Dodge, K. A. (2021). Increasing mental health treatment access and equity through trauma-responsive care. *American Journal of Orthopsychiatry*, 91(6), 703–713. https://doi.org/10.1037/ort0000572.

[67] ibid

[68] ibid

(NCTSI) to increase access to effective trauma- and grief-focused treatment and services systems for children, adolescents, and their families, who experience traumatic events. The NCTSI grew into a national collaborative network of grantees and affiliates (formerly funded grantees) known as the National Child Traumatic Stress Network (NCTSN). The NCTSN has expanded from 17 to 184 centers and over 200 affiliate centers and individuals located nationwide in universities, hospitals, and a range of diverse community-based organizations with thousands of national and local partners. A component of this work has been the development of resources and delivery of training and consultation to support the development of trauma-informed child-serving systems. The NCTSI grantees work together within and across diverse settings, including a wide variety of governmental and non-governmental organizations, and continue to be a principal source of child trauma information and training for the nation.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$71,671,000
FY 2022	$81,887,000
FY 2023 Final	$93,887,000
FY 2024 CR	$93,887,000
FY 2025 President's Budget	$93,887,000

Program Accomplishments

In FY 2023, SAMHSA awarded 163 grant continuations (141 grants with base budget authority, two grants with American Rescue Plan Act, and 21 with Bipartisan Safer Community Act) and awarded a new cohort of 30 grants. In FY 2023 NCTSN grantee sites have provided trauma-informed training to over 317,638 people. Since its inception, the NCTSN has provided training on best practices and other aspects of child trauma to over 2 million participants throughout the country. The NCTSN Learning Center currently has over 496,000 registered users accessing this evidence-based child trauma resource. Data collected in FY 2023 demonstrates that current NCTSN grantees have provided screening to 123,953 individuals and evidence-based treatment to 40,393 children, adolescents, and family members. In addition, thousands more youth and families have benefited indirectly from the training and consultation provided by NCTSN grantees to

organizations that deliver evidence-based trauma interventions to various communities throughout the country.

In FY 2024, SAMHSA anticipates funding 198 grant continuations (171 grants continuation with base budget authority, six grants with American Rescue Plan Act, and 21 with Bipartisan Safer Community Act).

Outputs and Outcomes Table

Program: National Child Traumatic Stress Initiative (NCTSI)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.2.02a Percentage of children receiving trauma informed services who report positive functioning at 6 month follow-up (Outcome)	FY 2023: 44.9 % Target: 70 % (Target Not Met)	70 %	70 %	Maintain
3.2.23 Unduplicated count of the number of children and adolescents receiving trauma-informed services (Outcome)	FY 2023: 11,824.0 Target: 12,000.0 (Target Not Met, but Improved)	13,000	13,000	Maintain
3.2.39 Number of child-serving professionals trained in providing trauma-informed services (Outcome)	FY 2023: 317,638.0 Target: 500,000 (Target Not Met)	500,000	500,000	Maintain

Assisted Outpatient Treatment for Individuals with Serious Mental Illness

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Assisted Outpatient Treatment for Individuals with SMI.....	21.420	21.420	21.420	--

Authorizing Legislation ..... Section 224 of the Protecting Access to Medicare Act of 2014
FY 2025 Authorization $21,420,000
Allocation Method ..... Competitive Grants/Contracts
Eligible Entities.....States and communities

Program Description

SAMHSA initiated the Assisted Outpatient Treatment (AOT) program in FY 2016. AOT is the practice of delivering outpatient treatment under a civil court order to adults with serious mental illness (SMI) who meet specific state civil commitment AOT criteria, such as a prior history of non-adherence to treatment, repeated hospitalizations, or arrest. AOT involves petitioning local courts through a civil process to order individuals to enter and remain in treatment within the community for a specified period of time. This program is intended reduce the incidence and duration of psychiatric hospitalization, homelessness, individual incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a SMI. The AOT program is designed to work with families and courts to allow individuals with SMI to obtain treatment while continuing to live in the community and their homes.

In 2020, there were an estimated 14.2 million adults aged 18 or older in the United States with SMI, such as schizophrenia, bipolar disorder and major depression.[69] Approximately 4.2 million individuals remain untreated for serious mental illness, costing $28 billion in hospitalization costs per year.[70]

To increase access to evidence-based mental health services for individuals with SMI, Congress passed the Protecting Access to Medicare Act of 2014 (PAMA), which authorized a four-year Assisted Outpatient Treatment (AOT) program for individuals with SMI. This authorization was extended in the 21st Century Cures Act.

Budget Request

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.

---

[69] https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Mental%20illnesses%20are%20common%20in,mild%20to%20moderate%20to%20severe./Updated January 2022.
[70] Treatment Advocacy Center. (2017, May). Serious Mental Illness and Treatment Prevalence. Retrieved from Treatment Advocacy Center: https://www.treatmentadvocacycenter.org/

Funding History Table

Fiscal Year	Amount
FY 2021	$20,937,000
FY 2022	$21,420,000
FY 2023 Final	$21,420,000
FY 2024 CR	$21,420,000
FY 2025 President's Budget	$21,420,000

Program Accomplishments

In FY 2023, SAMHSA awarded 22 grant continuations**.** In FY 2023 AOT grantees had the following services outcomes:

1. Cost savings and public health outcomes including hospitalization, and use of services
   a. 11.2 percent of AOT program participants reported spending at least one day in the hospital for mental health care in the past 30 days at their 6-month reassessment compared to 65.0 percent at intake.
   b. 7.0 percent of AOT program participants reported spending at least one day in the emergency department for a psychiatric or emotional problem in the past 30 days at their most 6-month reassessment compared to 21.7 percent at intake.

2. Rates of Incarceration
   a. 4.9 percent of AOT program participants reported spending one or more nights in a correctional facility in the past 30 days at their 6-month reassessment compared to 9.0 percent at intake.

3. Patient and family satisfaction with program participation
   a. 95.1 percent of AOT program participants responded Yes to the statement "I liked the services I received here" at their 6-month reassessment.

In FY 2024, SAMHSA will support six grant continuations and award a new cohort of 15 grants to improve the health and social outcomes for individuals with SMI and continuation of the technical assistance center. SAMHSA will continue to maintain the performance measures targets as in FY 2023.

Outputs and Outcomes Table

Program: Assisted Outpatient Treatment for Individuals with SMI

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.4.06 Percentage of clients receiving services who report positive functioning at 6 month follow-up. (Outcome)	FY 2023: 65.7 Target: 70.0 (Target Not Met)	70.0	70.0	Maintain
3.4.31 Number of clients served (Output)	FY 2023: 1,386.0 Target: 1,100.0 (Target Exceeded)	1,100.0	1,100.0	Maintain

Children's Mental Health Services

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Children's Mental Health Services.....	130.000	130.000	180.000	+50.000

Authorizing Legislation .....…..Sections 561 of the Public Health Service Act
FY 2025 Authorization $180,000,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities……States and territories, governmental units within political sub-divisions of states, and federally recognized American Indian/Alaska Native tribes and tribal organizations

Program Description

It is estimated that 49.5 percent of adolescents in the United States have any mental illness, of which 22.2 percent had a severe impairment. Unfortunately, only 41 percent of those in need of mental health services receive treatment.[71] Created in 1992, SAMHSA's Children's Mental Health Initiative (CMHI) addresses this gap by supporting "systems of care" (SOC) for children and youth with serious emotional disturbances (SED) and their families to increase their access to evidence-based treatment and supports. This program was originally authorized in 1992 by the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act (Pub. L. 102-321)1, and most recently reauthorized in December 2022 as part of the 2023 Consolidated Appropriations Act (P.L., 117-328); CMHI is currently authorized through FY 2026. CMHI provides grants to assist states, local governments, tribes, and territories in their efforts to deliver services and supports to meet the needs of children and youth with SED.

CMHI funding supports two grant programs: Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with SED (CMHI); and Clinical High Risk for Psychosis (CHR-P) grants. CMHI supports the implementation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI). With this program, SAMHSA aims to provide mental health services to children and youth, from birth through age 21, at risk for or with SED and their families. SAMHSA intends to prepare children and youth at risk for or with SED for successful transition to adulthood and assumption of adult roles and responsibilities.

In FY 2018, SAMHSA implemented the CHR-P to address what is often referred to as the prodrome phase, in which a disease process has begun but is not yet diagnosable or inevitable. The population of focus for CHR-P are youth and young adults (not more than 25 years of age) who are identified to be at clinical high risk for developing a first episode of psychosis. Award recipients are expected to use evidence-based intervention to: (1) improve symptomatic and behavioral functioning; (2) enable youth and young adults to resume age-appropriate social,

[71] National Institute of Mental Health. (2023). Mental Illness. *National Institute of Mental Health.* Retrieved from: https://www.nimh.nih.gov/health/statistics/mental-illness

academic, and/or vocational activities; (3) delay or prevent the onset of psychosis; and (4) minimize the duration of untreated psychosis for those who develop psychotic symptoms.

SAMHSA also funds the National Training & Technical Assistance Center for Children, Youth, & Family Mental Health (NTTAC) to provide resources that increase access to, effectiveness of, and dissemination of evidence-based mental health services for young people (birth to age 21) and their families, including young people experiencing serious mental illness (SMI) or SED. NTTAC supports CMHI grantees and provides an array of trainings, technical assistance, and resources to providers, organizations, and agencies from across the system of care. With these programs, SAMHSA aims to prevent the onset of psychosis or lessen the severity of psychotic disorders among youth and youth adults.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$125,000,000
FY 2022	$125,000,000
FY 2023 Final	$130,000,000
FY 2024 CR	$130,000,000
FY 2025 President's Budget	$180,000,000

Program Accomplishments

In FY 2023, SAMHSA awarded 44 CMHI continuation grants and awarded a new cohort of 33 grants, and a technical assistance center. In FY 2023, grantees have trained 25,609 individuals in the mental health and related workforce in specific mental health- related practices/activities, completed 242 policy changes to improve service delivery and reduce system access barriers pertaining for youth, contacted 127,011 youth through program outreach and 9,102 youth received evidence based mental health services as a result of the grant. In FY 2023, SAMHSA also awarded 19 CHR-P grants funded from a 10 percent set-aside of the base CMHI program and awarded a new cohort of two grants. In FY 2023, CHR-P screened 7,086 individuals for early psychosis symptoms, provided outreach to 11,341 individuals, and made 4,594 referrals to other mental health or related services. In FY 2023, NTTAC provided trainings to 10,563 individuals in the mental health and related work force in specific mental-health related practices/ activities. In addition, NTTAC exposed 280,788 individuals to mental-health awareness messages.

In FY 2024, SAMHSA anticipates funding 50 CMHI continuation grants, funding one continuation award for the NTTAC, and awarding a new cohort of 23 grants. In FY 2024, SAMHSA also anticipates supporting 21 CHR-P continuation grants and awarding a new cohort of 13 grants.

Output and Outcomes Table

Program: Children's Mental Health Services

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.2.16 Number of children with or at risk of SMI/SED that are receiving services from the Children's Mental Health Initiative (Output)	FY 2023: 9,102 Target: 9,000 (Target Exceeded)	9,100	12,558	+2,658
3.2.25 Percentage of children receiving services who report positive social support at 6 month follow-up (Outcome)	FY 2023: 75.3 % Target: 85.0 % (Target Not Met)	85.0 %	85.0 %	Maintain
3.2.26 Percentage of children receiving Systems of Care mental health services who report positive functioning at 6 month follow-up (Outcome)	FY 2023: 42.6% Target: 60 % (Target Not Met)	60.0 %	60.0 %	Maintain
3.2.27 Number of people in the mental health and related workforce trained in specific mental health-related practices/activities as a result of the program (Output)	FY 2023: 40,429 Target: 52,000 (Target Not Met, but Improved)	52,000	71,760	+19,760

Projects for Assistance in Transition from Homelessness

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Projects for Assistance in Transition from Homelessness.....	66.635	66.635	66.635	--

Authorizing Legislation .....Section 535(a) of the Public Health Service Act
FY 2025 Authorization .....Reauthorized at current level of $66,635,000
Allocation Method ..... Formula Grants
Eligible Entities..... .States and Territories

Program Description

The Projects for Assistance in Transition from Homelessness (PATH) program was originally authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 and has been reauthorized most recently by the Consolidated Appropriations Act, 2023. The PATH program supports 56 grants to the 50 states, the District of Columbia, Puerto Rico, Guam, American Samoa, the United States Virgin Islands, and the Northern Mariana Islands, as well as centralized activities such as technical assistance and evaluation.

On a single night in 2022, roughly 582,500 people were experiencing homelessness in the United States. Six in ten (60%) were staying in sheltered locations—emergency shelters, safe havens, or transitional housing programs—and four in ten (40%) were in unsheltered locations such as on the street, in abandoned buildings, or in other places not suitable for human habitation. Nearly one-third (30%) of all individuals experiencing homelessness in 2022 had chronic patterns of homelessness.[72] Data also suggest that at least 20 percent of individuals experiencing homelessness have a serious mental illness (SMI).[73] Mental illness affects individuals' abilities to maintain stable relationships, perform daily living activities, and maintain stable employment. Symptoms of mental disorders also often cause individuals to become estranged from family members and caregivers, leaving them without a support system. As a result, individuals with a mental illness are more likely to experience homelessness than those without mental illness and experience homelessness longer than the rest of the homeless population.

PATH funds community-based outreach, mental illness and substance use disorder treatment services, case management, assistance with accessing housing, and other supportive services for individuals with SMI or a co-occurring disorder (COD) who are experiencing homelessness in all fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. PATH outreach workers are specialized in engaging those who are most vulnerable in their communities

[72] The U.S. Department of Housing and Urban Development, Office of Community Planning and Development. The 2022 Annual Homeless Assessment Report (AHAR) to Congress, Part 1. Available at: https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf

[73] The U.S. Department of Housing and Urban Development, 2020 CoC Homeless Populations and Subpopulations Reports Available at https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2020.pdf

and who are least likely to seek out services on their own. The primary goal of the PATH program is to link and connect homeless individuals into the mainstream treatment and service systems and supportive services that they need to access and stable housing, build social connections, and access treatment and services to support their recovery.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$64,635,000
FY 2022	$64,635,000
FY 2023 Final	$66,635,000
FY 2024 CR	$66,635,000
FY 2025 President's Budget	$66,635,000

Program Accomplishments

In FY 2023, SAMHSA funded all fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. PATH providers offered essential services in over 400 communities to support outreach workers and mental health specialists who engaged with over 100,000 individuals living with SMI or living with both SMI and drug/alcohol addiction and were homeless or at imminent risk of becoming homeless.

Outputs and Outcomes Table
Program: Projects for Assistance in Transition from Homelessness

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.4.15a Percentage of enrolled homeless persons in the Projects for Assistance in Transition from Homelessness (PATH) program who receive community mental health services (Intermediate Outcome)	FY 2022: 35 % Target: 64 % (Target Not Met)	64 %	64 %	Maintain
3.4.16 Number of homeless persons contacted (Outcome)	FY 2021: 103,933 Target: 125,000 (Target Not Met)	105,000	105,000	Maintain
3.4.17 Percentage of contacted homeless persons with serious mental illness who become enrolled in services (Outcome)	FY 2020: 57 % Target: 57 % (Target Met)	57 %	57 %	Maintain
3.4.20 Number of Projects for Assistance in Transition from Homelessness (PATH) providers trained on SSI/SSDI Outreach, Access, Recovery (SOAR) to ensure eligible homeless clients are receiving benefits (Output)	FY 2021: 2,122 Target: 2,214 (Target Not Met)	2,122	2,122	Maintain

State Table
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SAMHSA
FY 2025 MANDATORY STATE/FORMULA GRANTS

CFDA NUMBER/PROGRAM NAME: 93.150/PATH

State or Territory	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Alabama	$629,605	$629,605	$659,492	$29,887
Alaska	$300,000	$300,000	$300,000	---
Arizona	$1,385,704	$1,385,704	$1,451,632	$65,928
Arkansas	$312,145	$312,145	$379,815	$67,670
California	$9,050,968	$9,050,968	$8,470,651	-$580,317
Colorado	$1,046,625	$1,046,625	$1,129,194	$82,569
Connecticut	$820,947	$820,947	$707,069	-$113,878
Delaware	$300,000	$300,000	$300,000	---
District of Columbia	$300,000	$300,000	$300,000	---
Florida	$4,451,319	$4,451,319	$4,482,006	$30,687
Georgia	$1,715,084	$1,715,084	$1,803,729	$88,645
Hawaii	$300,000	$300,000	$300,000	---
Idaho	$300,000	$300,000	$300,000	---
Illinois	$2,778,206	$2,778,206	$2,532,043	-$246,163
Indiana	$1,038,803	$1,038,803	$1,097,991	$59,188
Iowa	$343,588	$343,588	$458,056	$114,468
Kansas	$387,576	$387,576	$482,888	$95,312
Kentucky	$481,559	$481,559	$601,287	$119,728
Louisiana	$752,830	$752,830	$757,558	$4,728
Maine	$300,000	$300,000	$300,000	---
Maryland	$1,305,852	$1,305,852	$1,202,358	-$103,494
Massachusetts	$1,600,938	$1,600,938	$1,458,831	-$142,107
Michigan	$1,776,247	$1,776,247	$1,683,300	-$92,947
Minnesota	$832,874	$832,874	$932,502	$99,628
Mississippi	$300,000	$300,000	$311,638	$11,638
Missouri	$917,902	$917,902	$972,038	$54,136
Montana	$300,000	$300,000	$300,000	---
Nebraska	$300,000	$300,000	$325,555	$25,555
Nevada	$632,561	$632,561	$664,113	$31,552
New Hampshire	$300,000	$300,000	$300,000	---

State or Territory	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
New Jersey	$2,195,860	$2,195,860	$1,979,872	-$215,988
New Mexico	$300,000	$300,000	$358,871	$58,871
New York	$4,337,114	$4,337,114	$4,016,037	-$321,077
North Carolina	$1,416,846	$1,416,846	$1,583,376	$166,530
North Dakota	$300,000	$300,000	$300,000	---
Ohio	$2,040,111	$2,040,111	$2,046,329	$6,218
Oklahoma	$465,054	$465,054	$581,680	$116,626
Oregon	$648,041	$648,041	$775,460	$127,419
Pennsylvania	$2,430,781	$2,430,781	$2,260,024	-$170,757
Rhode Island	$300,000	$300,000	$300,000	---
South Carolina	$698,580	$698,580	$790,666	$92,086
South Dakota	$300,000	$300,000	$300,000	---
Tennessee	$934,324	$934,324	$1,040,609	$106,285
Texas	$5,130,398	$5,130,398	$5,547,307	$416,909
Utah	$607,440	$607,440	$667,773	$60,333
Vermont	$300,000	$300,000	$300,000	---
Virginia	$1,511,949	$1,511,949	$1,484,161	-$27,788
Washington	$1,365,043	$1,365,043	$1,460,454	$95,411
West Virginia	$300,000	$300,000	$300,000	$0
Wisconsin	$859,233	$859,233	$898,841	$39,608
Wyoming	$300,000	$300,000	$300,000	---
Puerto Rico		$915,171		
Guam	$50,000	$50,000	$50,000	---
Virgin Islands	$50,000	$50,000	$50,000	---
American Samoa	$50,000	$50,000	$50,000	---
Northern Mariana Islands	$50,000	$50,000	$50,000	---
Total Allotments	**$63,117,278**	**$63,117,278**	**$63,141,531**	**$24,253**
Total Administrative Costs	**$3,517,722**	**$3,517,722**	**$3,493,469**	**-$24,253**
Total Appropriation Amount	**$66,635,000**	**$66,635,000**	**$66,635,000**	**---**

Protection and Advocacy for Individuals with Mental Illness (PAIMI)

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Protection and Advocacy for Individuals with Mental Illness (PAIMI)…	40.000	40.000	40.000	--

Authorizing Legislation .....The PAIMI Act, 42 U.S.C. 10801 et seq.
FY 2025 Authorization $40,000,000
Allocation Method ..... Formula Grants
Eligible Entities..... States and Territories

Program Description

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program ensures that the most vulnerable individuals with serious mental illness (SMI) and significant emotional impairment, especially those residing in public and private residential care and treatment facilities, are free from abuse, including inappropriate restraint and seclusion, neglect, and rights violations while receiving appropriate mental disorder treatment and discharge planning services.

The Protection and Advocacy for Individuals with Mental Illness Act of 1986, as amended by the Children's Health Act of 2000, extended the protections of the Developmental Disabilities (DD) Assistance Act of 1975 to individuals with significant mental illness (adults) and significant emotional impairments (children/youth) at risk for abuse, neglect, and rights violations while residing in public or private care treatment facilities; or living in a community setting, including their own homes. The PAIMI Act authorized the same governor-designated state protection and advocacy (P&A) systems established under the DD Assistance Act of 1975 to receive PAIMI Program formula grant awards from SAMHSA.

PAIMI supports legal-based advocacy services that are provided by the 57 governor-designated P&A systems, which include states, territories, and the District of Columbia. Each system is mandated to: (1) ensure that the rights of individuals with mental illness who are at risk of abuse, neglect, and rights violations while residing in public or private care or treatment facilities or living in a community setting are protected; (2) protect and advocate for the rights of these individuals through activities that ensure the enforcement of the Constitution and federal and state statutes; and (3) investigate incidents of abuse and/or neglect of individuals with mental illness. The priority for services is individuals who are an in-patient or residents of public or private care and treatment facilities for individuals with mental illness.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$36,146,000
FY 2022	$38,000,000
FY 2023 Final	$40,000,000
FY 2024 CR	$40,000,000
FY 2025 President's Budget	$40,000,000

Program Accomplishments

In FY 2023, SAMHSA anticipates supporting 57 annual grants to states, District of Columbia, and territories. It is expected that, when available in July 2024, PAIMI grantees will serve 8,600 individuals. .In FY 2024, SAMHSA and maintaining the same performance targets as FY 2023.

Outputs and Outcomes Table

Program: Protection & Advocacy

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.4.12 Number of people served by the PAIMI program (Outcome)	FY 2022: 8,636 Target: 9,821 (Target Not Met)	8,600	8,600	Maintain
3.4.19 Number attending public education/constituency training and public awareness activities (Output)	FY 2022: 299,536 Target: 120,000 (Target Exceeded)	150,000	150,000	Maintain
3.4.21 Percentage of complaints of alleged abuse, neglect, and rights violations substantiated and not withdrawn by the client that resulted in positive change through the restoration of client rights, expansion or maintenance of personal decision-making, elimination of other barriers to personal decision-making, as a result of Protection and Advocacy for Individuals with Mental Illness (PAIMI) involvement (Outcome)	FY 2022: 95 % Target: 92 % (Target Exceeded)	92 %	92 %	Maintain

State Table
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SAMHSA
FY 2025 MANDATORY STATE/FORMULA GRANTS

CFDA NUMBER: 93.138/PROGRAM NAME: PAIMI

State or Territory	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Alabama	$500,629	$500,629	$512,887	$12,258
Alaska	$473,700	$473,700	$473,700	-
Arizona	$728,342	$728,342	$690,777	-$37,565
Arkansas	$473,700	$473,700	$473,700	-
California	$3,258,367	$3,258,367	$3,204,036	-$54,331
Colorado	$502,394	$502,394	$483,167	-$19,227
Connecticut	$473,700	$473,700	$473,700	-
Delaware	$473,700	$473,700	$473,700	-
District of Columbia	$473,700	$473,700	$473,700	-
Florida	$2,009,341	$2,009,341	$1,981,481	-$27,860
Georgia	$1,027,926	$1,027,926	$1,041,776	$13,850
Hawaii	$473,700	$473,700	$473,700	-
Idaho	$473,700	$473,700	$473,700	-
Illinois	$1,095,797	$1,095,797	$1,097,453	$1,656
Indiana	$647,370	$647,370	$642,069	-$5,301
Iowa	$473,700	$473,700	$473,700	-
Kansas	$473,700	$473,700	$473,700	-
Kentucky	$473,700	$473,700	$473,700	-
Louisiana	$473,700	$473,700	$473,700	-
Maine	$473,700	$473,700	$473,700	-
Maryland	$512,647	$512,647	$528,189	$15,542
Massachusetts	$543,574	$543,574	$550,181	$6,607
Michigan	$942,630	$942,630	$953,908	$11,278
Minnesota	$495,993	$495,993	$494,528	-$1,465
Mississippi	$473,700	$473,700	$473,700	-
Missouri	$590,911	$590,911	$583,152	-$7,759
Montana	$473,700	$473,700	$473,700	-
Nebraska	$473,700	$473,700	$473,700	-
Nevada	$473,700	$473,700	$473,700	-
New Hampshire	$473,700	$473,700	$473,700	-
New Jersey	$720,483	$720,483	$759,597	$39,114
New Mexico	$473,700	$473,700	$473,700	-
New York	$1,559,151	$1,559,151	$1,631,086	$71,935
North Carolina	$1,033,101	$1,033,101	$1,007,259	-$25,842
North Dakota	$473,700	$473,700	$473,700	-

State or Territory	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Ohio	$1,101,859	$1,101,859	$1,110,093	$8,234
Oklahoma	$473,700	$473,700	$473,700	-
Oregon	$473,700	$473,700	$473,700	-
Pennsylvania	$1,123,397	$1,123,397	$1,158,149	$34,752
Rhode Island	$473,700	$473,700	$473,700	-
South Carolina	$521,389	$521,389	$519,041	-$2,348
South Dakota	$473,700	$473,700	$473,700	-
Tennessee	$665,972	$665,972	$662,765	-$3,207
Texas	$2,728,154	$2,728,154	$2,721,769	-$6,385
Utah	$473,700	$473,700	$473,700	-
Vermont	$473,700	$473,700	$473,700	-
Virginia	$753,430	$753,430	$750,364	-$3,066
Washington	$649,831	$649,831	$645,675	-$4,156
West Virginia	$473,700	$473,700	$473,700	-
Wisconsin	$539,658	$539,658	$538,928	-$730
Wyoming	$473,700	$473,700	$473,700	-
Puerto Rico	$552,218	$552,218	$547,563	-$4,655
American Samoa	$253,800	$253,800	$253,800	-
Guam	$253,800	$253,800	$253,800	-
American Indian Consortium	$253,800	$253,800	$253,800	-
Northern Mariana Islands	$253,800	$253,800	$253,800	-
Virgin Islands	$253,800	$253,800	$253,800	-
Total Allotments	**$38,863,464**	**$38,863,464**	**$38,874,793**	**$11,329**
Total Administrative Costs	**$1,136,536**	**$1,136,536**	**$1,125,207**	**-$11,329**
Total Appropriation	**$40,000,000**	**$40,000,000**	**$40,000,000**	**-**

Certified Community Behavioral Health Clinics (CCBHC)

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Certified Community Behavioral Health Clinics.....	385.000	385.000	450.000	65.000

Authorizing Legislation .....Section 520A of the Public Health Service Act
FY 2025 Authorization $450,000,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities.....Certified Community Behavioral Health Clinics, Community-Based Behavioral Health Clinics

Program Description

In 2022, among adults aged 18 or older, 23.1 percent (or 5.3 million people) had a mental illness and 6.0 percent (or 15.4 million people) had a serious mental illness (SMI) in the past year. 48.7 million people aged 12 or older (or 17.3 percent) had an SUD in 2022.[74] While effective treatment and supportive services exist, many individuals with behavioral health conditions do not receive the help they need.[75] When they do try to access services, they often face significant delays and/or have limited access to services.[76] Too often, services are incomplete and uncoordinated. People who receive services, such as medication or psychotherapy, often do not get other supports they need, such as crisis management, supported employment, supportive housing, and care for co-occurring physical health problems. [77, 78, 79]

Congress created a new approach to addressing these issues by creating the Certified Community Behavioral Health Clinics (CCBHC) model as a part of the Protecting Access to Medicare Act of 2014 (PAMA). The purpose of this program is to transform community behavioral health systems and provide comprehensive, coordinated behavioral health care by (a) enhancing and improving CCBHCs that meet the CCBHC Certification Criteria[80]; (b) providing a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery supports based on a

[74] Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP2307-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf

[75] Ibid

[76] https://www.gao.gov/assets/gao-22-104597.pdf

[77] https://www.samhsa.gov/data/sites/default/files/reports/rpt39371/Alabama.pdf

[78] Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

[79] https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-

[80] https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria-2022.pdf

needs assessment with fidelity to the CCBHC Certification Criteria; and (c) supporting recovery from mental illness and/or substance use disorders by providing access to high-quality mental health and substance use services, regardless of an individual's ability to pay.

CCBHC's ensure access to coordinated care so that individuals receive timely diagnosis, treatment, and recovery support services. As required in PAMA, HHS established criteria for clinics to be certified as CCBHCs in 2015. These criteria cover six areas that CCBHCs must address to be certified: (1) staffing; (2) availability and accessibility of services; (3) care coordination; (4) scope of services; (5) quality and other reporting; and (6) organizational authority. Crisis services are also required with the CCBHC model.

CCBHCs serve all individuals across the lifespan in need of behavioral health services in the geographic catchment area served by the CCBHC. This includes individuals with SMI; SUD, including opioid use disorders; children and youth with SED; individuals with COD; and people experiencing a mental health or substance use related crisis. SAMHSA expects that applicants will include a focus on groups facing health disparities, as identified in the community needs assessment in the population of focus.

In FY 2016, SAMHSA assisted 24 states through planning grants to be eligible for a CCBHC demonstration, and in FY 2017, CMS selected eight states to participate in a two-year CCBHC demonstration program. This demonstration program has been extended by Congress until 2026 and was expanded to include two additional states under the CARES Act in 2020. CCBHC demonstration clinics are reimbursed for the care and services provided to Medicaid beneficiaries through a cost-based prospective payment system.

In 2018, SAMHSA established the (CCBHC-E) grant program. The CCBHC-E program assists clinics to implement the CCBHC model and enhance their programs using grant funding in addition to the existing funding sources at these clinics. These include community-based mental, and substance use disorder services; treatment of co-occurring disorders; primary care screening and monitoring; and use of evidence-based practices chosen to meet community need. SAMHSA's CCBHC-E program is separate from the Medicaid Demonstration program, though some clinics participate in both programs. Grant funding for the CCBHC-E program is provided directly to the certified clinics.

In FY 2022, SAMHSA also revamped the CCBHC-E funding announcement requirements and built two tracks into the CCBHC-E grant program. One track is for clinics that are interested in newly becoming CCBHCs [the CCBHC Planning, Development, and Implementation (CCBHC-PDI) Grants], and the other track is for clinics that are already established CCBHCs seeking to expand, improve, and advance their services [the CCBHC Improvement and Advancement (CCBHC-IA) Grants].

SAMHSA updated the CCBHC Criteria in FY 2023. To develop the updated CCBHC Criteria, SAMHSA gathered input from the public, key stakeholders, and federal partners. The updated criteria modernize and strengthen the criteria without significantly adding to state or clinic burden. SAMHSA updated and revised the criteria to 1) respond to developments in the field, 2) update criteria that are no longer current, and 3) address areas of improvement suggested by CCBHCs, states, and other stakeholders.

SAMHSA expects that CCBHC-E grants will improve behavioral health care for individuals across the lifespan by supporting providers to operate in accordance with the Federal CCBHC criteria and:

1. Increase access to and availability of high-quality services that are responsive to the needs of the community;

2. Support recovery from mental health and substance use disorder challenges via comprehensive community-based mental and substance use disorder treatment and supports;

3. Use evidence-based practices that address the needs of the individuals the CCBHC serves;

4. Continually work to measure and improve the quality of services; and

5. Meaningfully involve consumers and family members in their own care and the broader governance of the CCBHC.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$249,249,440
FY 2022	$315,000,000
FY 2023 Final	$385,000,000
FY 2024 CR	$385,000,000
FY 2025 President's Budget	$450,000,000

Program Accomplishments

In FY 2023, SAMHSA awarded 298 grant continuations (234 continuation grants with base budget authority, 64 grans American Rescue Plan Act funds) and awarded 128 new grants in addition to a training and technical assistance center, and a CCBHC expansion grant evaluation contract. In FY 2023, the CCBHC-E grant program served 963,938 people. In FY 2023, 79.5 percent of assessed individuals served by CCBHC-E grantees reported no psychological distress at the six-month reassessment in comparison to 68.4 percent at baseline. Over the same period, CCBHC-E clients had a 53.6 percent reduction in hospitalizations and a 54.8 percent reduction in Emergency Department visits in the previous 30 days. CCBHC- E grantees have increased the availability of critical services, improved staffing and training, reduced wait times, enhanced the integration of physical and behavioral health care, expanded addiction treatment capacity including Medication Assisted Treatment (MAT) for opioid use disorder.

In FY 2024, SAMHSA anticipates funding 362 continuation grants.

Outputs and Outcomes Table
Program: Certified Behavioral Health Clinic Expansion Grants

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.4.10 Percentage of clients receiving services who report positive functioning at 6 months follow-up. (Outcome)	FY 2023: 49.6 Target: 56.0 (Target Not Met)	56.0	56.0	Maintain
3.5.10 Number of individuals served by the program (Output)	FY 2023: 963,938.0 Target: 311,000.0 (Target Exceeded)	700,000.0	819,000.0	+119,000
3.5.31 Percentage of clients who report no serious psychological distress at 6 months (Output)	FY 2023: 79.5 Target: 79.5 (Baseline)	79.5	79.5	Maintain

PRNS Mechanism Table
Mental Health
Summary
(Dollars in millions)

Mental Health PRNS

Program Activity	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
Programs of Regional & National Significance						
Grants/Cooperative Agreements						
Continuations	645	311.731	817	807.713	841	873.112
New/Competing	435	628.082	178	126.981	170	225.183
Supplements*	12	20.440	---	2.276	---	0.000
Subtotal	1,080	960.253	995	936.970	1,011	1,098.295
Contracts						
Continuations	3	59.457	3	98.321	5	118.452
New/Competing	1	24.323	1	8.742	1	0.786
Subtotal	4	83.780	4	107.063	6	119.238
Total, Mental Health PRNS	**1,084**	**1,044.033**	**999**	**1,044.033**	**1,017**	**1,217.533**

** Bipartisan Safer Communities Act Funding. Excluding Supplements number count to avoid duplication.*

PRNS Mechanism Table
Mental Health
Program, Project, and Activity
(Dollars in millions)

Children's Mental Health Services

Program Activity	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
Children's Mental Health Services						
Grants/Cooperative Agreements						
Continuations	65	69.752	74	$79.887	97	104.172
New/Competing	35	50.606	36	$39.565	40	66.023
Supplements*	---	0.450	---	$0.000	---	0.000
Subtotal	100	120.808	110	$119.452	137	170.195
Contracts						
Continuations	---	7.339	0.00	$7.548	0.00	9.805
New/Competing	---	1.853	---	$3.000	---	0.000
Subtotal	---	9.192	0.00	$10.548	0.00	9.805
Total, Children's Mental Health Services	**100**	**130.000**	**110**	**$130.000**	**137**	**180.000**

** Excluding Supplements number count to avoid duplication. Funding was for for additional resources to Hawaii in response to Maui wildfires..*

PRNS Mechanism Table
Mental Health
Program, Project, and Activity
(Dollars in millions)

Certified Community Behavioral Health Clinics

Program Activity	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
Certified Community Behavioral Health Clinics						
Grants/Cooperative Agreements						
Continuations	235	233.396	363	362.059	363	362.413
New/Competing	128	127.713	---	0.000	63	62.324
Subtotal	363	361.109	363	362.059	426	424.736
Contracts						
Continuations	---	20.961	1	22.941	1	25.264
New/Competing	1	2.130	---	0.000	---	0.000
Supplements*	---	0.800	---	0.000	---	0.000
Subtotal	1	23.891	1	22.941	1	25.264
Total, Certified Community Behavioral Health Clinics	**364**	**385.000**	**364**	**385.000**	**427**	**450.000**

***** *Funding was for additional resources to Hawaii in response to Maui wildfires.*

Grant Awards Table
Mental Health
(Whole dollars)

Mental Health PRNS

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	1080	995	1011
Average Awards	$889,123	$942,090	$1,086,848
Range of Awards	$20,000 - $10,000,000	$20,000 - $10,000,000	$20,000 - $10,000,000

Children's Mental Health Services

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	100	110	137
Average Awards	$1,208,079	$1,085,498	$1,242,302
Range of Awards	$330,000 - $2,000,000	$330,000 - $2,000,000	$330,000 - $2,000,001

Certified Community Behavioral Health Clinics

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	363	363	426
Average Awards	$994,792	$997,407	$997,033
Range of Awards	$1,000,000-$2,000,000	$1,000,000-$2,000,000	$1,000,000-$2,000,001

Community Mental Health Services Block Grant (MHBG)

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Community Mental Health Services Block Grant	**1,007.571**	**1,007.571**	**1,042.571**	**35.000**
Budget Authority (non-add)	*986.532*	*986.532*	*1,021.532*	*35.000*
PHS Evaluation Funds (non-add)	*21.039*	*21.039*	*21.039*	*--*

Authorizing Legislation ..... Section 1911 of the PHS Act
FY 2025 Authorization $1,042,571,000
Allocation Method ..... Formula Grant
Eligible Entities ..... States, Territories, Freely Associated States, and District of Columbia

Program Description

According to the 2022 National Survey on Drug Use and Health (NSDUH),[81] 6.0 percent of adults aged 18 and older had a serious mental illness (SMI) in 2022 (an estimated 15.4 million adults) and only 66.7 percent adults with SMI received services in 2021 (an estimated 10.2 million adults).

Since 1992, the Community Mental Health Services Block Grant (MHBG) has distributed funds to 59 eligible states and territories and freely associated states through a formula based upon specified economic and demographic factors.[82] The MHBG distributes funds that can be used for a variety of behavioral health services and for planning, administration, and educational activities. By statute, these services and activities must support community-based mental health services for children with SED and adults with SMI. MHBG services include: outpatient treatment for persons with SMI, such as schizophrenia and bipolar disorders; supported employment and supported housing; rehabilitation services; crisis stabilization and case management; peer specialist and consumer-directed services; wraparound services for children and families; jail diversion programs; and services for at-risk populations (e.g., individuals, who experience homelessness, those in rural and frontier areas, military families, and veterans).

The MHBG continues to represent a significant "safety net" source of funding for mental health services for some of the most at-risk populations across the country. Together, SAMHSA's block grants support the provision of services and related support activities to more than eight million individuals with mental and substance use conditions in any given year. The MHBG's flexibility

[81] Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance use And Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf.

[82] Territories include Guam, Puerto Rico, the Northern Mariana Islands, U.S. Virgin Islands and American Samoa. Freely Associated States, which have signed Compacts of Free Association with the United States, include the Republic of Palau, Federated States of Micronesia and Republic of the Marshall Islands.See http://www.doi.gov//oia/islands/index.cfm. Further information about the Block Grant program can be found on SAMHSA's Web site at http://www.samhsa.gov/grants/block-grants

and stability have made it a vital support for public mental health systems. States rely on the MHBG for delivery of services and for an array of non-clinical coordination and support services that are not supported by Medicaid or other third-party insurance to strengthen their service.

The MHBG statute provides for a five percent administrative set-aside that allows SAMHSA to assist the states and territories in the development of their mental health systems through the support of technical assistance, data collection, and evaluation activities. States also use block grant funds, with other funding sources, to support training for staff and implementation of evidence-based practices and other promising practices for the treatment of mental disorders, improved business practices, use of health information technology, and integration of physical and behavioral health services.

SAMHSA's MHBG and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) applications align with changes in federal/state environments and statutes. SAMHSA offers states the opportunity to complete a combined application for mental health and substance abuse services, submit a biennial plan, and provide information regarding their efforts to respond to various changes in federal and state law.[83,84]

There are many individuals, both adolescent and adult, with co-occurring mental illness and drug/alcohol addiction. In recognition of this, SAMHSA strongly encourages coordination between MHBG programs and those supported by the SUPTRS BG as well as other SAMHSA-funded efforts such as the systems of care for children and adolescents supported through the Children's Mental Health Initiative.

Crisis Services Set-Aside

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

A fully developed crisis response system is responsive any time and any place. SAMHSA expects that states build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. SAMHSA recognizes that the development of fully accessible and responsive crises services involves complex problem solving with multiple entities and systems including a partnership between mental health and law enforcement. The 988 Suicide & Crisis Lifeline plays a critical role in such fully developed crisis systems. SAMHSA also recognizes that strategic crisis services implementation can result in better care and cost savings through the reduction in avoidable emergency department visits, psychiatric admissions, police engagement, arrests, incarcerations, and 911 calls. SAMHSA views the 988 Suicide & Crisis

[83] State Plan for Comprehensive Community Mental Health Services for Certain Individuals (Sec. 1912 of Title XIX, Part B, Subpart I of the Public Health Service (PHS) Act (42 USC § 300x-2).

[84] State Plan (Sec. 1932 (b) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 USC § 300x- 32(b)).

Lifeline as a catalyst for this crisis service development and transformation.

Now that the National Suicide Prevention Lifeline has transitioned to the 988 Suicide and Crisis Lifeline, SAMHSA has emphasized to states the importance of 988 implementation, and that the MHBG crisis set aside can be used to support local Lifeline call centers who provide regional or statewide coverage and coordinate in real time. SAMHSA continues to partner with states on the crisis set-aside through the provision of technical assistance on the use of funds, requests for information on specific allocations of funding across the crisis continuum of care, and recommended changes to the data reporting system. The Budget increases the crisis set-aside to 10 percent.

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

States are required to set aside ten percent of their MHBG funds to support "evidence-based programs that address the needs of individuals with early SMI, including psychotic disorders".[85] This totaled $81.5 million in FY 2022. SAMHSA is collaborating with the NIMH and states to implement this provision.

The majority of individuals with SMI experience their first symptoms during adolescence or early adulthood, and there are often long delays between the initial onset of symptoms and receiving treatment. The consequences of delayed treatment can include loss of family and social supports, reduced educational achievement, incarceration, disruption of employment, substance use, increased hospitalizations, and reduced prospects for long-term recovery.

Through this funding, 50 states, DC and Puerto Rico implemented fully operating first-episode treatment programs and SAMHSA continues to monitor and ensure that the set-aside program is solely used to address first-episode psychosis.

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.

[85] http://www.samhsa.gov/sites/default/files/mhbg-5-percent-set-aside-guidance.pdf

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$755,571,000
FY 2022	$857,571,000
FY 2023 Final	$1,007,571,000
FY 2024 CR	$1,007,571,000
FY 2025 President's Budget	$1,042,571,000

Program Accomplishments

Most block grant recipients are currently reporting on National Outcome Measures (NOMS) for public mental health services within their state. State-level outcome data for mental health are currently reported by State Mental Health Authorities. According to the 2022 NOMS Report, the MHBG served 8,180,236 clients through the State Mental Health Systems. The table below provides FY 2022 demographics on the clients served.

Mental Health Block Grant Demographics	
Adults	5,983,234
Children	2,197,002
Female	53.7%
Male	45.6%
Age	
0-12	14.2%
13-17	12.7%
18-20	5.0%
20-24	6.0%
25-44	33.1%
45-64	22.8%
65-74	4.3%
75+	1.7%

The following outcomes for all people served by the publicly funded mental health system during 2022 show that:
For the 59 states and territories that reported data in the Employment Domain, 27.2 percent of the mental health consumers were in competitive employment;

For the 58 states and territories that reported data in the Housing Domain, 85.8 percent of the mental health consumers were living in private residences;

For the 59 states and territories that reported data in the Access/Capacity Domain, state mental health agencies provided mental health services for approximately 24.37 people per 1,000 population;

For the 43 states and territories that reported data in the Retention Domain, only 7.8 percent of the patients returned to a state psychiatric hospital within 30 days of state hospital discharge and

For the 51 states and territories that reported data in the Perception of Care Domain, 77.7 percent of adult mental health consumers improved functioning as a direct result of the mental health services they received.

The table below identifies activities that states have implemented with the 10 percent set-aside for First Episode Psychosis (FEP)/Early Serious Mental Illness (ESMI).

State	FY 2023 10% Set Aside Allotment	Program Description
Alabama	$1,405,119	State uses the EASA and OnTrack USA. Services are delivered through a Coordinated Specialty Care Team that is reflective of the demographic mix of the community.
Alaska	$236,083	Use the OnTrAK model. The staffing structure highlights the realities of the Mat-Su Borough in size, scope, and incidence rate leading to the development of a task-based team approach focused on outcome.
American Samoa	$18,003	AS has adopted the Assertive Community Treatment (ACT) model for community mental health services for use with individuals with FEP.
Arizona	$2,420,760	State has CSC model at 3 sites with planned expansion.
Arkansas	$853,221	State ESMI/FEP program is contractually assigned to the Community Mental Health Centers. Evidenced-based treatment models are utilized for each client newly diagnosed with psychosis.
California	$12,370,027	State allocates MHBG funds to 57 local county subrecipients who administer their own Mental Health Plans that are unique to their geographic and population circumstances each year and utilize models, such as Portland Identification and Early Referral (PIER).
Colorado	$1,894,011	Providers have implemented CSC models with high fidelity.
Connecticut	$978,610	State implemented four programs based on two distinct CSC models (Potential and STEP).
Delaware	$207,525	A statewide program, Community Outreach, Referral and Early Intervention (CORE)) has been implemented.
District of Columbia	$237,982	The District's early intervention program (EIP), the Youth Blossom program at Community Connections, is utilizing CSC model offers early treatment to young adults (age 16-25) experiencing their first psychotic break.
Florida	$6,548,174	The State of Florida currently has 7 Coordinated Specialty Care teams. Six of the seven utilize the NAVIGATE model and one utilizes the OnTrack model.
Georgia	$2,944,305	State has now implemented ten (10) Coordinated Specialty Care teams around the state. All programs are based on the LIGHT- ETP model.
Guam	$64,005	State has begun providing services in the I Fine'na program, which is based on OnTrackNY, and offers Early Serious Mental Illness (ESMI) services through the OASIS Empowerment Center.

Hawaii	$477,660	State has implemented a program with three sites in Honolulu based on the OnTRACK model.
Idaho	$531,105	Four CSC programs have been implemented Idaho is implementing the STAR (Strength Through Active Recovery) program to provide FEP treatment based on the On-Track CSC treatment model.
Indiana	$2,997,067	State offers three programs based on the Prevention and Recovery Care (PARC) model and makes use of a "hub and spoke" design.
Iowa	$1,917,394	State has three functioning CSC programs based on the NAVIGATE model.
Kansas	$773,941	There are three teams in Kansas. The eligibility age was raised from 15 to 25-years-old to 15 to 36-years-old to increase access to women.
Kentucky	$700,572	Eight EASA CSC program sites are available throughout the state, with one in the installation phase. State is also using the MHBG to support data infrastructure to track outcomes.
Louisiana	$1,258,208	Six sites have been implemented. These programs are using the Navigate CSC model.
Maine	$382,538	State has implemented one program, Maine Medical Center/Portland Identification and Early Referral Program, based on the PIER Model in Portland. The state has also contracted with the PIER program to train staff at one other provider to provide FEP services.
Marshall Islands	$29,532	Use the set aside funding to develop first episode outreach practices and protocols for individuals experiencing FEP.
Maryland	$1,255,878	The state has implemented four CSC programs, two in Baltimore, one in Gaithersburg and one in Catonsville.
Massachusetts	$2,041,956	Seven Community Clinics with comprehensive specialized FEP services are in operation, and 3 outpatient hospital sites.
Michigan	$2,796,893	The State has implemented six CSC programs using the NAVIGATE CSC model.
Federated States of Micronesia	$38,869	Funds are being used to train staff on the OnTrack CSC model in four locations. The state also has developed outreach and screening processes in schools and in the community in Majuro, Ebeye and Outer Islands.
Minnesota	$1,555,152	State has implemented three CSC programs using the Navigate model.
Mississippi	$878,993	State is fully implementing the NAVIGATE CSC programs to provide training and technical assistance to five CSC teams.

Missouri	$1,642,217	State has established ten sites spread throughout the state that provide Assertive Community Treatment for Transitional Age Youth (ACT-TAY) for individuals experiencing an early SMI.
Montana	$350,987	The state has implemented the NAVIGATE model in one site.
Northern Mariana Islands	$19,697	The Community Guidance Center implemented a psychoeducation group geared toward family education, which will help families and the community better identify FEP symptoms in their family or community leading to earlier treatment of the client.
Nebraska	$448,906	The state has implemented OnTrackUSA in two of the six behavioral health service regions of the state.
Nevada	$1,113,378	The state has implemented three CSC programs: in the Reno area and Las Vegas area using the Recovery After Initial Schizophrenic Episode (RAISE) TEAM approach and a third CSC program in Carson City that follows the NAVIGATE model.
New Hampshire	$324,777	State currently has one FEP program at the Greater Nashua Mental Health Center (GNMHC), utilizing the NAVIGATE model.
New Jersey	$2,659,541	State has implemented three CSC teams that provide CSC service in all 21 NJ counties.
New Mexico	$591,415	State is expanding access to the NAVIGATE model for specialty coordinated care for individuals with FEP through the already implemented University of New Mexico EARLY program.
New York	$5,453,918	State is spending set-aside funds to expand its existing OnTrackNY program to two new sites, for 22 CSC sites statewide.
North Carolina	$2,872,609	North Carolina supports four CSC for FEP programs.
North Dakota	$171,655	State implemented CSC services in Fargo, which serves six counties in the state.
Ohio	$3,019,256	State has expanded to 17 teams serving 37 counties.
Oklahoma	$1,085,193	State indicates they have expanded to 14 CSC and ESMI programs.
Oregon	$1,527,760	Oregon is integrating Coordinated Specialty Care teams in all counties using a standard model of care supported by the EASA Center for Excellence at Oregon Health & Science University and Portland State University.

Palau	$8,179	Supports one CSC team.
Pennsylvania	$3,238,835	State has 14 Coordinated Specialty Care Programs for First Episode Psychosis, serving 20 counties.
Puerto Rico	$1,211,954	Puerto Rico has implemented two Coordinated Specialty Care Programs using the OnTrack model.
Rhode Island	$338,106	Rhode Island will continue to use the entire set-aside amount to serve individual ages 16-25 experience a first episode of psychosis in the two CSC community health care centers.
South Carolina	$1,482,932	State is funding four programs for individuals with an early SMI, one of which uses the NAVIGATE model.
South Dakota	$211,838	State has implemented two CSC programs in Sioux Falls and Rapid City. They have been trained by OnTrackNY.
Tennessee	$2,034,401	State uses the MHBG funds to provide OnTrackTN in five sites across the state.
Texas	$7,919,259	State offers 24 CSC programs in rural and urban. These sites serve both indigent and Medicaid-eligible populations.
Utah	$1,084,863	State has 5 programs in total, all funded by MHBG. Four are FEP programs that follow the RAISE model, and one is an ESMI program for Hispanic/Latino youth (14-25).
Vermont	$167,236	State continues to partner with Vermont Corporative for Practice Improvement and Innovation to facilitate the initiative including targeted, research, implementation, workforce development, outreach, and education.
Virgin Islands	$40,377	State reports site using the CSC model
Virginia	$2,453,857	Eight (8) Virginia community services boards (CSBs) operate CSC programs.
Washington	$2,342,351	State operates nine sites using the New Journeys model based on the NAVIGATE model.
West Virginia	$515,627	State has seven provider sites utilizing the FIRST CSC model ESMI services to fidelity.
Wisconsin	$1,481,149	State is continuing to fund the CSC model PROPS program operated by JMHC in Madison, which serves three rural counties north of Madison. In addition, the state is funding a CSC program in Milwaukee.
Wyoming	$126,941	The state has two providers providing CSC FEP programs: Southwest Counseling Service Yellowstone Behavioral Health Center.

Outputs and Outcomes Table

Program: Mental Health Block Grant

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.11 Number of evidence based practices (EBPs) implemented (Output)	FY 2022: 5.3 per State Target: 5.0 per State (Target Exceeded)	5.0 per State	5.0 per State	Maintain
2.3.14 Number of people served by the public mental health system (Output)	FY 2022: 8,180,236 Target: 8,013,396 (Target Exceeded)	8,200,000	8,500,000	+300,000
2.3.15 Rate of consumers (adults) reporting positively about outcomes (Outcome)	FY 2022: 77.7 % Target: 77.1 % (Target Exceeded)	75 %	75 %	Maintain
2.3.16 Rate of family members (children/adolescents) reporting positively about outcomes (Outcome)	FY 2022: 70.7 % Target: 72.2 % (Target Not Met)	72.2 %	72.2 %	Maintain
2.3.19A: Supported Housing Supported Housing: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2022: 3.1 % Target: 3.1 % (Target Met)	3.1 %	3.1 %	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.19B Supported Employment: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2022: 1.7 % Target: 1.9 % (Target Not Met)	1.9 %	1.9 %	Maintain
2.3.19C Assertive Community Treatment: Percentage of the population accessing selected evidence-based programs among people served by state mental health authorities (Output)	FY 2022: 1.9 % Target: 1.9 % (Target Met)	1.9 %	1.9 %	Maintain
2.3.19D Family Psychoeducation: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities (Outcome)	FY 2022: 2.4 % Target: 2.6 % (Target Not Met)	2.6 %	2.6 %	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.19E Dual Diagnosis Treatment: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2022: 8.7 % Target: 10.1 % (Target Not Met)	10.1 %	10.1 %	Maintain
2.3.19F Illness Self-Management: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2022: 17.9 % Target: 18.7 % (Target Not Met)	18.7 %	18.7 %	Maintain
2.3.19G Medication Management: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2022: 28.6 Target: 30.5% (Target Not Met)	30.5%	30.5%	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.19H Treatment Foster Care: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2022: 1.6 % Target: 1.7 % (Target Not Met)	1.7 %	1.7 %	Maintain
2.3.19I Multi-Systemic Therapy: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2022: 3.2 % Target: 4.14 % (Target Not Met)	4.1 %	4.1 %	Maintain
2.3.19J Functional Family Therapy: Percent of the population accessing selected evidence-based programs among people served by state mental health authorities. (Outcome)	FY 2022: 9.0 % Target: 5.8 % (Target Exceed)	5.8 %	5.8 %	Maintain
2.3.81 Percentage of service population receiving any evidence based practice (Outcome)	FY 2022: 11.8 % Target: 10.1 % (Target Exceed)	10.1 %	10.1 %	Maintain

State Table
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SAMHSA
FY 2025 MANDATORY STATE/FORMULA GRANTS

CFDA NUMBER/PROGRAM NAME: 93.958/MENTAL HEALTH BLOCK GRANT

` State or Territory	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Alabama	$14,051,192	$14,051,192	$14,761,168	$709,976
Alaska	$2,360,826	$2,360,826	$2,304,969	-$55,857
Arizona	$24,207,604	$24,207,604	$23,861,392	-$346,212
Arkansas	$8,532,210	$8,532,210	$9,529,139	$996,929
California	$123,700,265	$123,700,265	$124,294,339	$594,074
Colorado	$18,940,105	$18,940,105	$17,590,792	-$1,349,313
Connecticut	$9,786,104	$9,786,104	$10,532,544	$746,440
Delaware	$2,075,248	$2,075,248	$2,628,109	$552,861
District Of Columbia	$2,379,819	$2,379,819	$1,812,259	-$567,560
Florida	$65,481,738	$65,481,738	$74,116,065	$8,634,327
Georgia	$29,443,052	$29,443,052	$31,139,684	$1,696,632
Hawaii	$4,776,600	$4,776,600	$5,185,653	$409,053
Idaho	$5,311,053	$5,311,053	$5,862,568	$551,515
Illinois	$29,970,671	$29,970,671	$31,331,497	$1,360,826
Indiana	$19,173,943	$19,173,943	$19,048,512	-$125,431
Iowa	$7,739,414	$7,739,414	$8,002,295	$262,881
Kansas	$7,005,715	$7,005,715	$7,269,588	$263,873
Kentucky	$12,582,078	$12,582,078	$12,910,319	$328,241
Louisiana	$12,558,779	$12,558,779	$12,772,564	$213,785
Maine	$3,825,384	$3,825,384	$4,313,126	$487,742
Maryland	$16,215,620	$16,215,620	$18,335,132	$2,119,512
Massachusetts	$20,419,558	$20,419,558	$20,023,585	-$395,973
Michigan	$27,968,934	$27,968,934	$28,010,222	$41,288
Minnesota	$15,551,519	$15,551,519	$15,347,064	-$204,455
Mississippi	$8,789,930	$8,789,930	$8,864,854	$74,924
Missouri	$16,422,171	$16,422,171	$16,705,963	$283,792
Montana	$3,509,870	$3,509,870	$3,448,544	-$61,326
Nebraska	$4,489,055	$4,489,055	$4,560,616	$71,561
Nevada	$11,133,777	$11,133,777	$10,320,643	-$813,134
New Hampshire	$3,247,773	$3,247,773	$4,017,297	$769,524
New Jersey	$26,595,406	$26,595,406	$28,942,299	$2,346,893
New Mexico	$5,914,148	$5,914,148	$6,124,588	$210,440
New York	$54,539,184	$54,539,184	$57,070,176	$2,530,992
North Carolina	$28,726,086	$28,726,086	$29,424,104	$698,018
North Dakota	$1,716,550	$1,716,550	$1,783,834	$67,284

State or Territory	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Ohio	$30,192,557	$30,192,557	$31,094,794	$902,237
Oklahoma	$10,851,934	$10,851,934	$11,343,924	$491,990
Oregon	$15,277,597	$15,277,597	$15,700,977	$423,380
Pennsylvania	$32,388,348	$32,388,348	$34,695,701	$2,307,353
Rhode Island	$3,381,064	$3,381,064	$3,277,721	-$103,343
South Carolina	$14,829,315	$14,829,315	$15,200,180	$370,865
South Dakota	$2,118,382	$2,118,382	$2,190,109	$71,727
Tennessee	$20,344,012	$20,344,012	$19,408,450	-$935,562
Texas	$79,192,589	$79,192,589	$84,696,098	$5,503,509
Utah	$10,848,626	$10,848,626	$9,711,040	-$1,137,586
Vermont	$1,672,361	$1,672,361	$1,803,550	$131,189
Virginia	$24,538,570	$24,538,570	$24,367,494	-$171,076
Washington	$23,423,510	$23,423,510	$24,647,440	$1,223,930
West Virginia	$5,156,267	$5,156,267	$5,230,496	$74,229
Wisconsin	$14,811,489	$14,811,489	$15,463,057	$651,568
Wyoming	$1,269,406	$1,269,406	$1,277,486	$8,080
State Subtotal	**$939,437,408**	**$939,437,408**	**$972,354,020**	**$32,916,612**
American Samoa	$180,030	$180,030	$183,227	$3,197
Guam	$640,046	$640,046	$681,760	$41,714
Northern Marianas	$196,969	$196,969	$207,549	$10,580
Puerto Rico	$12,119,541	$12,119,541	$12,492,929	$373,388
Palau	$81,794	$81,794	$87,475	$5,681
Marshall Islands	$295,318	$295,318	$322,183	$26,865
Micronesia	$388,687	$388,687	$407,271	$18,584
Virgin Islands	$403,768	$403,768	$425,028	$21,260
Territory Subtotal	**$14,306,153**	**$14,306,153**	**$14,807,422**	**$501,269**
Total State-Territory	**$953,743,561**	**$953,743,561**	**$987,161,442**	**$33,417,881**
Total Administrative	**$53,827,439**	**$53,827,439**	**$55,409,558**	**$1,582,119**
Total Appropriation	**$1,007,571,000**	**$1,007,571,000**	**$1,042,571,000**	**$35,000,000**

Community Mental Health Centers (CMHC)

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Community Mental Health Centers	$---	$---	$412.500	$412.500

Authorizing Legislation …….Section 330 of the Public Health Service Act
FY 2025 Authorization $412,500,000
Allocation Method..... Grants
Eligible Entities……Community Mental Health Centers, State and Local Government-Operated
……Community Mental Health Centers

Program Description

SAMHSA proposes new mandatory funding for Community Mental Health Centers (CMHCs) to expand and improve the quality of services available to people with mental illness. The funding is provided through 50 states and 6 territories by utilizing the Mental Health Block Grant formula. CMHCs have informally existed in communities across America for decades but lack standards or consistency in the services available. This program is intended to offer an opportunity to increase the quality of mental health services in communities across the United States. The purpose of this program is to enable CMHCs to support the delivery of clinical services and effectively address the needs of individuals with serious emotional disturbance (SED), serious mental illness (SMI), and individuals with SMI or SED and substance use disorders, referred to as co-occurring disorder (COD). SAMHSA recognizes the needs of individuals with behavioral health conditions, including those in minority populations and living in economically disadvantaged communities, have not been met during the pandemic, and that CMHC staff and other caregivers have been impacted.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$---
FY 2022	$---
FY 2023 Final	$---
FY 2024 CR	$---
FY 2025 President's Budget	$412,500,000

Program Accomplishments

In FY 2021, SAMHSA awarded 230 CMHC grants for two years with COVID 19 Relief supplemental funding.

In FY 2023, CMHC grantees trained 81,579 individuals in mental health and mental health-related practices and 181,966 clients were served. Half (50.0 percent) of clients reported positive functioning (for example, able to handle daily life) at 6-month reassessment compared to only 39.3 percent at baseline.

State Table

DEPARTMENT OF HEALTH AND HUMAN SERVICES

SAMHSA

FY 2025 MANDATORY STATE/FORMULA GRANTS

CFDA NUMBER/PROGRAM NAME: 93.958/COMMUNITY MENTAL HEALTH BLOCK GRANT

State or Territory	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Alabama			$5,994,660	$5,994,660
Alaska			$936,072	$936,072
Arizona			$9,690,354	$9,690,354
Arkansas			$3,869,880	$3,869,880
California			$50,477,195	$50,477,195
Colorado			$7,143,800	$7,143,800
Connecticut			$4,277,373	$4,277,373
Delaware			$1,067,302	$1,067,302
District Of Columbia			$735,977	$735,977
Florida			$30,099,287	$30,099,287
Georgia			$12,646,142	$12,646,142
Hawaii			$2,105,946	$2,105,946
Idaho			$2,380,848	$2,380,848
Illinois			$12,724,039	$12,724,039
Indiana			$7,735,795	$7,735,795
Iowa			$3,249,813	$3,249,813
Kansas			$2,952,254	$2,952,254
Kentucky			$5,243,012	$5,243,012
Louisiana			$5,187,068	$5,187,068
Maine			$1,751,604	$1,751,604
Maryland			$7,446,084	$7,446,084
Massachusetts			$8,131,781	$8,131,781
Michigan			$11,375,236	$11,375,236
Minnesota			$6,232,599	$6,232,599
Mississippi			$3,600,107	$3,600,107
Missouri			$6,784,462	$6,784,462
Montana			$1,400,489	$1,400,489
Nebraska			$1,852,113	$1,852,113
Nevada			$4,191,318	$4,191,318
New Hampshire			$1,631,465	$1,631,465
New Jersey			$11,753,762	$11,753,762
New Mexico			$2,487,257	$2,487,257
New York			$23,176,779	$23,176,779
North Carolina			$11,949,428	$11,949,428
North Dakota			$724,433	$724,433

State or Territory	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Ohio			$12,627,912	$12,627,912
Oklahoma			$4,606,883	$4,606,883
Oregon			$6,376,327	$6,376,327
Pennsylvania			$14,090,277	$14,090,277
Rhode Island	-	-	$1,331,116	$1,331,116
South Carolina	-	-	$6,172,948	$6,172,948
South Dakota	-	-	$889,425	$889,425
Tennessee	-	-	$7,881,969	$7,881,969
Texas	-	-	$34,395,947	$34,395,947
Utah	-	-	$3,943,752	$3,943,752
Vermont	-	-	$732,440	$732,440
Virginia	-	-	$9,895,887	$9,895,887
Washington	-	-	$10,009,576	$10,009,576
West Virginia	-	-	$2,124,158	$2,124,158
Wisconsin	-	-	$6,279,705	$6,279,705
Wyoming	-	-	$518,800	$518,800
State Subtotal	**-**	**-**	**$394,882,855**	**$394,882,855**
American Samoa	-	-	$74,230	$74,230
Guam	-	-	$276,199	$276,199
Northern Marianas	-	-	$84,084	$84,084
Puerto Rico	-	-	$5,061,219	$5,061,219
Palau	-	-	$50,000	$50,000
Marshall Islands	-	-	$130,525	$130,525
Micronesia	-	-	$164,996	$164,996
Virgin Islands	-	-	$172,190	$172,190
Territory Subtotal	**-**	**-**	**$6,013,444**	**$6,013,444**
Total State-Territory	**-**	**-**	**$400,896,299**	**$400,896,299**
Total Administrative	**-**	**-**	**$11,603,701**	**$11,603,701**
Total Appropriation	**-**	**-**	**$412,500,000**	**$412,500,000**

Substance Use Prevention Services

Table of Contents

Substance Use Prevention Services 164
Summary of the Request 165
Programs of Regional and National Significance (PRNS) 166
Strategic Prevention Framework *167*
Federal Drug-Free Workplace *172*
Sober Truth on Preventing Underage Drinking Act (STOP Act) *175*
Tribal Behavioral Health Grants *180*
Minority AIDS Initiative *183*
Minority Fellowship Program *186*
Center for the Application of Prevention Technologies *188*
Science and Service Program Coordination *191*
PRNS Mechanism Table 194
Grant Awards Table 198

Substance Use Prevention Services
Summary of the Request
(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Total, Substance Use Prevention Services.....	236.879	236.879	236.879	--
FTE	93	93	93	--

SAMHSA's substance use prevention programs reach across the lifespan and across the substance use continuum, with the goal of reaching people wherever they are to prevent substance use in the first place and to reduce the harmful impacts of substance use and misuse on their lives, on their families, and in their communities. The Center for Substance Use Prevention Services (CSUPS) leads SAMHSA's substance use prevention programs and practices, providing resources, data-driven leadership, and technical assistance to States, Tribes, and communities to deliver a range of evidence-based, community public health programming, especially focusing on high-risk, underserved populations.

Overall, the CSUPS programs: (1) protect and strengthen equitable access to high quality and affordable healthcare; (2) expand equitable access to comprehensive, community-based, innovative, and culturally competent prevention programs and healthcare services while addressing social determinants of health and key risk and protective factors for substance use; (3) enhance youth-focused promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death; (4) strengthen social well-being, equity and economic resilience; and (5) increase safeguards to empower individuals, families and communities to prevent and respond to neglect, abuse, and violence, while supporting those who have experienced trauma or violence.

The CSUPS programs largely reach young people early in life with primary prevention programs, practices, and services. Primary prevention has the greatest return on investment in reducing the lifelong negative impacts of alcohol and substance misuse on individuals, families, and communities. Over 85 percent of the resources are dedicated to youth-focused primary prevention services, which aim to lay the foundation for lifelong healthy decisions for the approximately 75 million young people under 18 in the U.S.[86] In addition, these prevention programs make an important contribution to responding to the evolving opioid and overdose crises. The spike in overdose deaths the country is experiencing, driven by highly potent and toxic substances like illicitly made fentanyl and resurgent methamphetamine, demonstrates the critical need to focus on reaching vulnerable populations with intensive prevention programs that prevent substance use in the first place, help people reduce harmful substance use, and serve as a gateway to other behavioral health services.

[86] *U.S. Census Bureau quickfacts: United States*. (n.d.). Retrieved February 15, 2023, from https://www.census.gov/quickfacts/fact/table/US/PST045222

Substance Use Prevention Services
Programs of Regional and National Significance (PRNS)

(Dollars in millions)

Programs of Regional & National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Capacity:				
Strategic Prevention Framework	135.484	135.484	135.484	--
Non-SPF Rx (non-add)	*125.484*	*125.484*	*125.484*	--
Budget Authority (non-add)	*125.484*	*125.484*	*125.484*	--
Prevention Capacity Expansion Grant (PCEG) (New) (non-Add)	---	---	---	--
Strategic Prevention Framework Rx (non-add)	10.000	10.000	10.000	--
Budget Authority (non-add)	*10.000*	*10.000*	*10.000*	--
Federal Drug-Free Workplace	5.139	5.139	5.139	--
Sober Truth on Preventing Underage Drinking Act (STOP Act)	14.500	14.500	14.500	--
Community-based Coalition Enhancement Grants (non-add)	*11.000*	*11.000*	*11.000*	--
National Adult-Oriented Media Public Service Campaign (non-add)	*2.500*	*2.500*	*2.500*	--
ICC on the Prevention of Underaged Drinking (non-add)	*1.000*	*1.000*	*1.000*	--
Tribal Behavioral Health Grants	23.665	23.665	23.665	--
Minority AIDS	43.205	43.205	43.205	--
Subtotal, Capacity	**221,993**	**221,993**	**221,993**	**--**
Science and Service:				
Minority Fellowship Program	1.321	1.321	1.321	--
Center for the Application of Prevention Technologies	9.493	9.493	9.493	--
Science and Service Program Coordination	4.072	4.072	4.072	--
Subtotal, Science and Service	**14.886**	**14.886**	**14.886**	**--**
Total, PRNS	**236.879**	**236.879**	**236.879**	**--**

Strategic Prevention Framework

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Strategic Prevention Framework	135.484	135.484	135.484	--
Non-SPF Rx (non-add)	*125.484*	*125.484*	*125.484*	--
Budget Authority (non-add)	*125.484*	*125.484*	*125.484*	--
Prevention Capacity Expansion Grant (PCEG) (New) (non-Add)	--	--	--	--
Strategic Prevention Framework Rx (non-add)	10.000	10.000	10.000	--
Budget Authority (non-add)	*10.000*	*10.000*	*10.000*	--

Authorizing Legislation.....Section 516 of the PHS Act
FY 2025 Authorization $218,219,000
Allocation Method.....Competitive Grants/Cooperative Agreements/Contracts
Eligible Entities.....States, Tribes, and Communities

Program Description

The Strategic Prevention Framework (SPF) is a five-step data-driven community engagement model grounded in public health principles and focused on providing evidence-based prevention services to high-risk underserved communities. Under the SPF, SAMHSA funds the Strategic Prevention Framework Partnership for Success Program (SPF-PFS) and the Strategic Prevention Framework for Prescription Drugs (SPF Rx) grants. The SPF-PFS was developed to prevent the onset and reduce the progression of substance misuse and related problems while strengthening prevention capacity and infrastructure at the community and state level. The SPF Rx is intended to provide resources to help prevent and address prescription drug misuse within a state or locality.

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

SPF-PFS is designed to help state, community, and tribal organizations reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of substance misuse prevention and mental health promotion services. The program extends established cross-agency and community-level partnerships by connecting substance misuse prevention programming to departments of social services and their community service providers. This includes working with populations disproportionately impacted by the consequences of substance misuse (e.g., children entering the foster care system and transition age youth) and individuals who support persons with substance misuse issues (e.g., women, families, parents, caregivers, and young adults). Beginning in 2019, both states and communities were eligible for SPF-PFS funds. SPF-PFS helps states, tribes, and communities address locally identified prevention priorities through a data-driven process. Common priorities include underage drinking, as well as marijuana and other drug misuse among youth and young adults aged 12 to 20. For 2023, separate notice of funding opportunities (NOFOs) were published for SPF-PFS Communities, Local Governments, Universities, Colleges, and Tribes/Tribal Organizations and another NOFO specific to States.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)

While illicit opioids, contributed to the spike in the opioid overdose crisis, prescription drugs continue to play a significant role, with prescription opioids contributing to over 16,000 overdose deaths in 2021.[87] In addition to amplifying opioid overdose rates, opioid prescriptions can lead to dependence and opioid use disorder (OUD). An estimated 14.2 million individuals aged 12 or older in 2022 misused one or more prescription psychotherapeutic drugs in the past year including prescription pain relievers (8.5 million), tranquilizers or sedatives (4.8 million), and stimulants (4.3 million).[88] In addition, 48.7 million people aged 12 or older in 2022 had a substance use disorder (SUD) in the past year.[89] Among those aged 12 and older, 0.6 percent (or 1.8 million people) had a prescription stimulant use disorder, and 0.8 percent (or 2.4 million people) had a prescription tranquilizer use disorder or sedative use disorder in the past year.[90]

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

Budget Request

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 awardsand 27 continuing SPF-Rx grants.

Funding History

[87] National Institute on Drug Abuse (2023, June 30). *Overdose death rates*. https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates

[88] Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/

[89] Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/

[90] Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health* (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/

Fiscal Year	Amount
FY 2021	$119,484,000
FY 2022	$127,484,000
FY 2023 Final	$135,484,000
FY 2024 CR	$135,484,000
FY 2025 President's Budget	$135,484,000

Program Accomplishments

SPF-PFS

In FY 2023, 75 new and 218 continuing PFS grants were awarded. SAMHSA is committed to addressing substance use and misuse prevention with its state prevention partners through population health strategies and with its community and tribal organization partners through community health and evidenced-based prevention strategies. For FY 2023, PFS implemented two separate notices of funding opportunity (NOFOs), one focused on states, and one specific to communities to better address the specific needs and strengths of states and communities.

In FY 2024, SAMHSA plans to award 48 new grants and 181 continuing grant awards. These grants will continue to support the development and delivery of (1) state and (2) community substance use and misuse prevention and mental health promotion services to address the key risk and protective factors for substance use and misuse. CSUPS intends to maintain FY 2023 outcome targets for the SPF-PFS program in FY 2024.

PFS grantees had 193,017,363 contacts through community-based, universal strategies such as media and social norming campaigns, prescription drug boxes / drug take back events, and through evidence-based programs such as Communities that Care. Individuals may have been reached by more than one intervention and therefore may be counted multiple times. Grantees served 7,328,345 individuals through programs such as Life skills Training, Guiding Good Choices, and Too Good for Drugs. These figures are based on grantee reported data from activities generated in accordance with funding requirements for PFS. SAMHSA has begun an evaluation of this program and anticipates preliminary findings in FY 2025.

SPF-Rx

In FY 2023, the SPF Rx program awarded 27 continuing grants. In FY 2024, , the number of continuing SPF Rx continuing grants will remain at 27. An ongoing evaluation of the FY 2021 cohort found that use of prescription drug monitoring programs (PDMP) by prescribers appears to be increasing over time. The number of prescribers (or their delegates) using PDMPs increased by 12 percent from 2019 through 2021. This increase was associated with an almost 30 percent

increase in the number of PDMP queries by prescribers or their delegates over this time period. Both 2021 SPF Rx cohort grantee states and other states demonstrated significant decreases in opioid prescribing rates from 2015 through 2022. These decreases likely stem from support, in part, offered by SAMHSA and other agencies to address prescription drug misuse throughout the past decade.

In FY 2023, SAMHSA established new measures to better align with grant activities. The FY 2023 results will be used as baseline and SAMHSA will continue to monitor trends in FY 2024 and FY 2025. Starting in FY 2023, SAMHSA is collecting two new outcomes measures for SPF-Rx: the number of individuals reached through population-based prevention efforts; and the number of individuals served through direct prevention efforts. SAMHSA anticipates in FY 2024 and FY 2025, the number of individuals reached through population-based prevention efforts will be 13,129,915 and the number of individuals served through direct prevention efforts will be 503,903.

Outputs and Outcomes Table

Program: Partnerships for Success

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.83 Number of individuals (non-unique) reached through population-based prevention efforts (Outcome)	FY 2023: 193,017,363 Target: 193,017,363 (Baseline)	193,017,363	193,017,363	Maintain
2.3.84 Number of individuals (non-unique) served through direct prevention efforts (Outcome)measure	FY 2023: 7,328,345 Target: 7,328,345 (Baseline)	7,328,345	7,328,345	Maintain

Program: SPF Rx

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.3.13 Number of individuals reached through population-based prevention efforts (Outcome)	FY 2023: 13,129,915 Target: 13,129,915 (Baseline)	13,129,915	13,129,915	Maintain
3.3.14 Number of individuals served through direct prevention efforts (Outcome)	FY 2023: 503,903 Target: 503,903 (Baseline)	503,903	503,903	Maintain

Federal Drug-Free Workplace

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Federal Drug-Free Workplace	5.139	5.139	5.139	--

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2025 Authorization $218,219,000
Allocation Method.....Inter-Agency Agreements/Contracts
Eligible Entities.....Federal Agencies, Regulated Entities
…… (e.g., Department of Transportation, Nuclear Regulatory Commission),
……HHS- Certified Laboratories

Program Descriptions

The Federal Drug-Free Workplace Programs (DFWP) ensure 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 ensure the laboratories that perform this regulated drug testing are inspected and certified by HHS. The DFWP helps prevent individuals from using illegal drugs and demonstrates that illegal drug use will not be tolerated in the federal workplace through policies and procedures including drug testing, which allows for the drug testing of all executive branch agency employees. Additionally, the DFWP helps reduce health insurance costs, improves attendance and employee productivity, provides a safer workplace with reduced accidents, and provides employee assistance programs (EAP) services to employees with substance use disorders.

In October 2023, the Final Mandatory Guidelines for both urine and oral fluid were issued as a Federal Register Notice with implementation dates of February 1, 2024 and October 10, 2023 respectively.

The Workplace Helpline supports the DFWP. The Helpline is a toll-free telephone service that answers questions from federal agencies, the public and private sectors about drug testing in the workplace.

Budget Request

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.

Funding History

Fiscal Year	Amount
FY 2021	$4,894,000
FY 2022	$4,894,000
FY 2023 Final	$5,139,000
FY 2024 CR	$5,139,000
FY 2025 President's Budget	$5,139,000

Program Accomplishments

In FY 2023, plans for DFWP included (1) certification of new laboratories across the nation to conduct federal and federally regulated drug tests; (2) analysis of and guidance on new emerging issues (e.g., opioids/synthetic opiates; polysubstance use; young adults; high-risk workplaces); (3) analysis of and guidance on Employee Assistance Programs (EAPs); and (4) support the public and private drug testing industry through Helpline inquiry responses providing research and consultation on approaches to prevent the use and misuse of those substances in a workplace setting and include a revised and updated Workplace Toolkit.

In FY 2024, DFWP plans to continue to support the implementation and maintenance of 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 21 HHS-certified laboratories.

Outputs and Outcomes Table

Program: Federal Drug-Free Workplace

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
6.0 Number of HHS Certified Labs (Output)	FY 2023: 21.0 certified labs Target: 20.0 certified labs (Target Exceeded)	23.0 certified labs	23.0 certified labs	Maintain

Sober Truth on Preventing Underage Drinking Act (STOP Act)

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Sober Truth on Preventing Underage Drinking (STOP Act)…..	14.500	14.500	14.500	--
Community-based Coalition Enhancement Grants (non-add)	*11.000*	*11.000*	*11.000*	--
National Adult-Oriented Media Public Service Campaign (non-add)	*2.500*	*2.500*	*2.500*	--
ICC on the Prevention of Underaged Drinking (non-add)	*1.000*	*1.000*	*1.000*	--

Authorizing Legislation.....Section 519B of the PHS Act
FY 2025 Authorization $14,500,000
Allocation Method.....Competitive Grants/Contracts
Eligible Entities.....Current and former Drug Free Communities grantees

Program Description

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 was the nation's first comprehensive legislation on underage drinking and was reauthorized in 2022 as part of Consolidated Appropriations Act, 2023 (Public Law No. 117-328). The Act states, "a coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort and addresses particulars of the federal portion of that effort, as well as federal support for state activities."

In keeping with the STOP Act's language calling for a multi-faceted, coordinated approach, the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD) developed a Comprehensive Plan in 2022, with updates in 2023. The plan included consensus recommendations from the federal agency members, as well as for all interested parties identified in the STOP Act, and established the following overarching goals and objectives:

1. Strengthen a national commitment to address the problem of underage drinking;
2. Reduce demand for, the availability of, and access to alcohol by persons under the age of 21; and
3. Use research, evaluation, and scientific surveillance to improve the effectiveness of policies, programs, and practices designed to prevent and reduce underage drinking.

The STOP Act requires the HHS Secretary, in collaboration with other federal officials enumerated in the Act, to "formally establish and enhance the efforts of the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD) that began operating in 2004." In 2006, SAMHSA assumed leadership as the HHS Secretary's designee.

The STOP Act calls for data and information on individual state performance and the enforcement of drinking laws, steps to reduce alcohol's availability to youth under the age of 21, research on underage drinking, and resources for local community efforts. The STOP Act also calls for four annual reports to Congress, which are developed under contract ($1 million/year): a report on the prevention and reduction of underage drinking, a report on state performance and best practices for the prevention and reduction of underage drinking, and a report series on state underage drinking prevention and enforcement activities. A report on the evaluation of the adult oriented

national media campaign to prevent underage drinking that includes the production, broadcasting, and effectiveness of the campaign – also known as "Talk They Hear You."

The national media campaign to prevent underage drinking, "Talk They Hear You." (TTHY) responds to directives set forth in Section 2(d) of the STOP Act ($2.5 million/year), to produce and oversee 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. The ICCPUD will continue to guide the development process of the national media campaign, and subsequent evaluation, which is included as Chapter 5 of the Report to Congress annually.

The community-based coalition enhancement grant program provides up to $60,000 per year over four years to current or former grantees under the Drug-Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities.

Budget Request

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.

Funding History

Fiscal Year	Amount
FY 2021	$10,000,000
FY 2022	$12,000,000
FY 2023 Final	$14,500,000
FY 2024 CR	$14,500,000
FY 2025 President's Budget	$14,500,000

Program Accomplishments

In FY 2023, SAMHSA awarded 50 new and 148 continuation grants for continued support to communities to implement interventions that identify, address, and reduce underage drinking among the underage population within their jurisdictions. In FY 2023, STOP Act grantees reached 12,352,947 people through community-based, universal strategies such as media and social norming campaigns, Communities Mobilizing for Change on Alcohol, and Parents Who Host Lose the Most. They served an additional 1,151,9177 through individual-based prevention strategies such as Life Skills Training. These figures are based on grantee reported data from activities reported by STOP Act recipients. SAMHSA has begun an evaluation of this program and anticipates preliminary findings in FY 2025.

Through the leadership of the Interagency Coordinating Committee for the Prevention of Underage Drinking (ICCPUD) the adult national media campaign (Talk. They Hear You." reached 102,761,100 households delivering 2,319,924,778 impressions, with an additional 42,165 individuals reached through public awareness engagements and 150 Alcohol Policy Academy participants.

In meeting the requirements of the STOP Act, SAMHSA, under the leadership of ICCPUD, will continue to garner support for program efficacy over the next year and will implement evaluation plans for the upcoming 2023–2024 campaign evaluation cycle. These plans include (1) an evaluation of the usability, reach, and effectiveness of the TTHY mobile app and Screen4Success self-screening, a referral management system; (2) the initial development of a complementary youth campaign that includes message testing and audience segmentation analysis; and (3) beginning of a multi-year evaluation of the student assistance and school health and wellness-focused training with formative, outcome, and long-term impact evaluation methodologies that can be adopted by schools and districts. The formative measures will assess how well the campaign is being implemented, and the outcome and impact measures will look to examine impact on the target audiences, the students. Armed with data from this and future efforts, SAMHSA will persist in its work to estimate overall campaign impact as well as to ensure that the TTHY campaign evolves in ways that resonate with its primary target audiences and meets the needs of the U.S. population at large.

The FY 2023 and FY 2024 targets were updated due to better reflect grantees abilities given identified challenges with data collection, access to target populations, and the ongoing impact of

COVID. These targets will align with SAMHSA's efforts to address identified challenges and the ongoing impact of COVID on program activities.

In FY 2024, given level funding, the program plans to award 70 new and 104 continuing grants.

Outputs and Outcomes Table
Program: Sober Truth on Preventing Underage Drinking (STOP Act)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.3.03 Percentage of individuals reporting past 30-day alcohol use (Outcome)	FY 2023: 19.1% Target: 19.1% (Baseline)	19.1%	19.1%	Maintain
3.3.04 Percentage of individuals reporting perception of risk from alcohol use (Outcome)	FY 2023: 62.4% Target: 62.4% (Baseline)	62.4%	62.4%	Maintain
3.3.05 Number of individuals reached through population-based prevention efforts (Outcome)	FY 2023: 12,352,947 Target: 12,352,947 (Baseline)	12,352,947	12,352,947	Maintain
3.3.06 Number of individuals served through direct prevention efforts (Outcome)	FY 2023: 1,151,948 Target: 1,151,948 (Baseline)	1,151,948	1,151,948	Maintain

Tribal Behavioral Health Grants

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Tribal Behavioral Health Grants	23.665	23.665	23.665	--

Authorizing Legislation.....Section 516 of the PHS Act
FY 2025 Authorization $218,219,000
Allocation Method.....Grants/Contracts
Eligible Entities.....Tribes

Program Description

Suicide is a leading cause of death among American Indian/Alaska Native (AI/AN) youth and young adults ages ten to 14 years.[91] For American Indian/Alaska Native Youth aged 10-19, the unadjusted suicide rate is more than twice the rate for the nation as a whole.[92] Further, AI/AN high school student report higher rates of suicidal behaviors than the general population of U.S. high school students.[93] These behaviors include serious thoughts of suicide, suicide plans, suicide attempts, and medical attention for a suicide attempt.

Consistent with the goals of the Tribal Behavioral Health Agenda, the Tribal Behavioral Health Grant (TBHG)/Native Connections (NC) program prioritizes a syndemic approach to address the overlapping psychosocial issues that place underserved populations at higher risk for substance use, mental health disorders, and suicide. These programs embody "culture is prevention" to address the unique needs that exist within AI/AN communities. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance use, trauma, and suicide and by promoting the mental health of AI/AN young people.

These five-year grants help tribes or tribal organizations develop and implement a plan that addresses suicide and substance misuse, thereby promoting mental health among Tribal youth. Grant recipients implement a variety of prevention strategies focused on suicide and substance use, reducing the impact of trauma and promoting mental health. Grant recipients also focus on improving responses to young people who are identified as being at risk for suicide, including following attempted suicide.

In addition, SAMHSA's Tribal Training and Technical Assistance Center, funded through Science to Service (below), provides training and education to AI/AN grantees and organizations serving AI/AN populations to support their ability to achieve their goals.

[91] Centers for Disease Control and Prevention. Fatal injury data, 2018-2021. Web-based Injury Statistics Query and Reporting System. Available at www.cdc.gov/injury/wisqars/fatal.html. Accessed December 4, 2023.
[92] ibid
[93] Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Available at http://www.cdc.gov/healthyyouth/yrbs/index.htm. Accessed December 4, 2023.

Budget Request

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.

Funding History

Fiscal Year	Amount
FY 2021	$20,000,000
FY 2022	$20,750,000
FY 2023 Final	$23,665,000
FY 2024 CR	$23,665,000
FY 2025 President's Budget	$23,665,000

Program Accomplishments

In FY 2023, SAMHSA funded 106 continuation grants and a new cohort of 48 grants and technical assistance activities to expand youth suicide prevention and early intervention strategies for the Tribal nations. In FY 2023, Tribal Behavioral Health grantees contacted 861,476 youth with mental health or substance use disorders, exceeding the FY 2023 target. Additionally, 26,121 individuals were screened for mental health or related interventions and 5,883 received services after screening. Over 13,500 people received evidence-based services as a result of the grant and 151 policy changes were made in that fiscal year. FY 2025 targets will be maintained.

In FY 2024, SAMHSA given level funding, the program plans to award 44 new and 127 continuing grants. In FY 2024, 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.

Outputs and Outcomes Table

Program: Tribal Behavioral Health

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.4.12 Percentage of youth age 10 - 24 who received mental health or related services after screening, referral or attempt (Output)	FY 2023: 34% Target: 33% (Target Exceeded)	33%	33%	Maintain
2.4.17 Number of youth with mental health or substance use disorders who are contacted through program outreach efforts (Output)	FY 2023: 861,476 Target: 470,790 (Target Exceeded)	470,790	470,790	Maintain
2.4.18 Number of individuals who received mental health or related services after screening, referral or suicide attempt (Outcome)	FY 2023: 5,883 Target: 5,883 (Baseline)	5,883	5,883	Maintain

Minority AIDS Initiative

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Minority AIDS	43.205	43.205	43.205	--

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2025 Authorization $218,219,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible EntitiesLocal Government Entities, Community-based Organization, Minority Serving Institutions, and Institutions of Higher Education

Program Description

The Minority AIDS Initiative (MAI), established in 1998, provides funding designed to strengthen organizational capacity to expand HIV-related services within minority communities. The purpose of the MAI is to provide services to those at highest risk for HIV and substance use disorders. CSUPS oversees two MAI programs: Prevention Navigator and HIV Capacity Building Initiative (HIV CBI). The programs use a navigation approach (community health workers, neighborhood navigators, and peer support specialists) to expedite services for these populations. The programs provide training and education around the risks of substance misuse, education on HIV/AIDS, and needed linkages to service provision for individuals at high risk for HIV. The HIV CBI program was established in 2017 to support an array of activities to assist grant recipients in building a solid foundation for delivering and sustaining quality and accessible state-of-the-science substance misuse and HIV prevention services.

The MAI serves racial and ethnic minorities ages 13-24 at highest risk for HIV and substance use disorders. HIV CBI aims to engage community-level domestic public and private non-profit entities, Tribes and Tribal organizations to prevent and reduce the onset of substance use disorders and transmission of HIV/AIDS among at-risk populations ages 13-24, including racial/ethnic minority youth and young adults, hereafter referred to as the "population of focus". Applicants may elect to serve youth aged 13-17, young adults aged 18-24, or elect to serve both youth and young adults. SAMHSA is particularly interested in eliciting the interest of college and university clinics/wellness centers and community-based providers who can provide comprehensive substance use and HIV prevention strategies to reduce the impact of substance use, HIV, and viral hepatitis in high-risk communities.

Budget Request

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.

Funding History

Fiscal Year	Amount
FY 2021	$41,205,000
FY 2022	$41,205,000
FY 2023 Final	$43,205,000
FY 2024 CR	$43,205,000
FY 2025 President's Budget	$43,205,000

Program Accomplishments

In FY 2023, the MAI/Prevention Navigator program awarded 147 continuing and 42 new grants. In FY 2023, 20,218 individuals received HIV tests and 7,062 individuals received viral hepatitis tests through this grant program. Grantees provided 11,783 individual services, including risk reduction counseling, HIV education, and substance use education. Grantees provided 7,428 group services. 10,328 individuals were exposed to substance use prevention services and 18,392 referrals to support services were made. Although grantees did not meet targets for numbers tested or HIV or in reducing the number of participants reporting binge drinking, grantees were able to provide more services than in FY 2022: 5,291 more individual services, 2,776 more group services, and 7,902 more referrals to treatment. Additionally, 4,373 more individuals were exposed to prevention messaging in FY 2023 than in FY 2022. SAMHSA has begun an evaluation of this program and anticipates preliminary findings in FY 2025.

In FY 2024, given level-funding, the program will award 176 continuing grants. Beginning in FY 2024, all new grants will be awarded as part of an agency-wide braided program. In FY 2025, the grant recipients will serve approximately 11,000 individuals and provide over 18,000 referrals to support services.

Outputs and Outcomes Table

Program: Minority AIDS Initiative

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.56 Number of program participants exposed to substance abuse prevention education services (Output)	FY 2023: 10,328 Target: 8,345 (Target Exceeded)	8,345	8,345	Maintain
2.3.85a Number of persons tested for HIV through the Minority AIDS Initiative prevention activities (Output)	FY 2023: 20,218 Target: 31,514 (Target Exceeded)	31,514	31,514	Maintain
2.3.90 Percentage of program participants who reported reduced binge drinking at follow-up. (Outcome)	FY 2023: 59.84% Target: 64% (Target Not Met)	64%	64%	Maintain

Minority Fellowship Program

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Minority Fellowship Program	1.321	1.321	1.321	--

Authorizing Legislation.....Section 597 of the PHS Act
FY 2025 Authorization $25,000,000
Allocation Method.....Grants/Contracts
Eligible Entities.....Organizations that represent individuals obtaining post baccalaureate training (including for master's and doctoral degrees) for mental and substance use disorder treatment professionals in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use disorder and addiction counseling.

Program Description

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

Budget Request

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.

Funding History

Fiscal Year	Amount
FY 2021	$321,000
FY 2022	$321,000
FY 2023 Final	$1,321,000
FY 2024 CR	$1,321,000
FY 2025 President's Budget	$1,321,000

Program Accomplishments

In FY 2023, SAMHSA funded 9 grant continuations. These grants will continue to fund approximately 428 fellows.

In FY 2024, SAMHSA plans to support approximately 7 new grants. The number of fellows supported will remain unchanged at 428.

Center for the Application of Prevention Technologies

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Center for the Application of Prevention Technologies	9.493	9.493	9.493	--

Authorizing Legislation.....Section 516 of the PHS Act
FY 2025 Authorization $218,219,000
Allocation Method..... Contracts
Eligible Entities.....Domestic and Public Entities

Program Description

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

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

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$7,493,000
FY 2022	$7,493,000
FY 2023 Final	$9,493,000
FY 2024 CR	$9,493,000
FY 2025 President's Budget	$9,493,000

Program Accomplishments

In FY 2024, SAMHSA anticipates issuing a new Notice of Funding Opportunity to fund the iteration of the PTTCs including one National Coordinating Organization (NCO) grant, ten regional centers, 11 PTTCs as well as continue funding for two Centers of Excellence (COEs). In FY 2025, SAMHA intends to continue funding the PTTC Network through one NCO grant and ten regional centers, in addition to continued funding of two COEs. SAMHSA anticipates grantees will provide trainings to approximately 39,774 participants.

During FY 2023, the PTTC Network completed 978 training and technical events, in which 43,408 prevention participants attended – exceeding FY 2023 targets. The PTTC Network has six state-of-the-art working groups which are as follows: Cannabis Risk, Data Informed Decisions, Community Coalitions & Collaborators, Building Health Equity & Social Justice, Workforce Development, and Implementation Science. The Network also implemented the Prevention Fellowship Program, comprising 16 individuals across the regional centers and the national special populations centers. In collaboration with the Opioid Response Network (ORN), they created a strategic plan to support the professionalization and workforce of prevention. SAMHSA will maintain targets in FY 2024 and FY 2025 as new grants will be awarded. Targets may be adjusted reflecting FY 2024 actuals.

Outputs and Outcomes Table

Program: Center for the Application of Prevention Technologies

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.4.14 Number of people trained (Output)	FY 2023: 43,408 Target: 39,774 (Target exceeded)	39,774	39,774	Maintain

Science and Service Program Coordination

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY2025 President's Budget	FY 2025 +/- FY 2023
Science and Service Program Coordination….....	4.072	4.072	4.072	--

Authorizing Legislation.....Section 516 of the PHS Act
FY 2025 Authorization $218,219,000
Allocation Method..... Contracts
Eligible Entities.....Domestic and Public Entities

Program Description

The Substance Use Disorder Prevention Engagement Initiatives (SUDPEI) contributes to SAMHSA's efforts to collaborate across the agency to promote wider adoption and application of effective SUD prevention strategies across the continuum of care, with an emphasis on integrating prevention services into other systems through efforts such as partner engagement. The SUDPEI promotes the adoption of evidence-based policies, programs, and practices by developing materials, resources, and other engagement tools to strengthen community-based prevention efforts to address substance use and misuse. The initiative supports the Interagency Coordinating Committee on the Prevention on Underage Drinking (ICCPUD) through operation and maintenance of the ICCPUD web portal, StopAlcoholAbuse.gov. As part of its work to support SAMHSA and the ICCPUD, the SUDPEI develops communications resources for prevention professionals and community coalitions that call out important trends from the National Survey on Drug Use and Health and promote evidence-based strategies to prevent substance use and misuse and related issues. Another key SUDPEI activity, Communities Talk to Prevent Substance Use Disorders, is designed to raise awareness of SUD prevention issues as well as mobilize and support community action.

Communities Talk to Prevent Substance Use Disorders

Historically, every two years, the SUDPEI has distributed Communities Talk planning stipends to community-based organizations (CBOs), institutions of higher education (IHEs), and statewide or state-based organizations to plan activities that raise awareness and educate youth, families, and communities about the potentially harmful consequences of underage and problem drinking and other substance misuse among individuals 12 to 25 years old. Community events and activities have been conducted in every state and territory.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$4,153,000
FY 2022	$4,072,000
FY 2023 Final	$4,072,000
FY 2024 CR	$4,072,000
FY 2025 President's Budget	$4,072,000

Program Accomplishments

Beginning in FY 2023, 500 *Communities Talk* planning stipends will be distributed every year to CBOs and IHEs to conduct community-based prevention activities, with the focus broadening to address the potentially harmful consequences of underage and problem drinking and substance use and misuse. To support community-based planning, a new web-based planning app is now available. Using an OMB-approved survey, data regarding community activities will be captured in FY 2023. In addition, success stories are also developed and shared via https://www.stopalcoholabuse.gov/communitiestalk/.

In FY 2024, CSUPS will continue to elevate community success stories via its podcast series, webinars, and prominent placement of stories on the Communities Talk website. Additionally, CSUPS will expand its use of mini campaigns, which promote and amplify substance use data, research, and prevention resources related to alcohol and substance misuse by youth and youth adults. Other focus areas for communications activities will include technical assistance in bridging prevention service delivery between substance misuse and mental health promotion as well as operationalizing diversity, equity, and inclusion in prevention service delivery.

In FY 2023, The Tribal Technical Assistance Center (TTAC) conducted 94 training and technical assistance (TTA) events in FY 2023, training 2,583 individuals. This number will be used as baseline for this measure and will be monitored for trends in FY 2024 and FY 2025. These TTA events included 19 broad and 21 focused trainings, including 8 Gathering of Native Americans (GONA) events. They conducted an additional six opioid focused GONAs, and 11 TTA events on 988.

Outputs and Outcomes Table

Program: Prevention - Science and Service Activities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.101 Number of individuals trained (Outcome)	FY 2023: 2,583 Target: 2,583 (Baseline)	2,583	2,583	Maintain

PRNS Mechanism Table
Center for Substance Abuse Prevention
Summary
(Dollars in millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Grants						
Continuations	658	140.937	617	154.543	565	145.964
New/Competing	217	66.160	169	46.632	163	55.918
Subtotal	875	207.096	785	201.176	729	201.882
Contracts						
Continuations	11	26.527	13	35.055	14	29.677
New	13	3.256	---	0.648	---	5.320
Subtotal	24	29.783	13	35.703	14	34.997
Total, Substance Use Prevention PRNS	**899**	**236.879**	**798**	**236.879**	**743**	**236.879**

PRNS Mechanism Table
Center for Substance Abuse Prevention
Program, Project, and Activity
(Dollars in millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Capacity:						
Strategic Prevention Framework						
Grants						
Continuations	245	83.369	208	93.350	171	92.812
New/Competing	75	42.579	48	28.137	51	29.224
Subtotal	320	125.947	256	121.488	222	122.036
Contracts						
Continuations	2	8.317	2	13.996	3	13.448
New	1	1.220	---	--	---	--
Subtotal	3	9.537	2	13.996	3	13.448
Total, Strategic Prevention Framework	**323**	**135.484**	**258**	**135.484**	**225**	**135.484**
Federal Drug-Free Workplace						
Contracts						
Continuations	2	5.043	4	4.838	4	0.314
New	1	0.096	---	0.301	---	4.825
Subtotal	3	5.139	4	5.139	4	5.139
Total, Federal Drug-Free Workplace	**3**	**5.139**	**4**	**5.139**	**4**	**5.139**
Minority AIDS						
Grants						
Continuations	147	30.499	176	39.593	94	23.212
New/Competing	42	10.457	---	--	66	16.389
Subtotal	189	40.956	176	39.593	160	39.601
Contracts						
Continuations	---	2.339	---	3.720	---	3.604
New	---	-0.090	---	-0.108	---	--
Subtotal	---	2.249	---	3.612	---	3.604
Total, Minority AIDS	**189**	**43.205**	**176**	**43.205**	**160**	**43.205**
Sober Truth on Preventing Underage Drinking Act						
Grants						
Continuations	148	7.385	104	5.718	177	9.587
New/Competing	50	3.004	70	4.202	6	0.377
Subtotal	198	10.390	174	9.920	183	9.965
Contracts						
Continuations	2	4.110	2	4.580	2	4.535
New	---	--	---	--	---	--
Subtotal	2	4.110	2	4.580	2	4.535
Total, Sober Truth on Preventing Underage Drinking Act	**200**	**14.500**	**176**	**14.500**	**185**	**14.500**

PRNS Mechanism Table
Center for Substance Abuse Prevention
Program, Project, and Activity
(Dollars in millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Tribal Behavioral Health Grants						
Grants						
Continuations	106	11.942	127	15.036	117	19.146
New/Competing	48	9.127	28	5.257	23	1.251
Subtotal	154	21.070	155	20.292	140	20.397
Contracts						
Continuations	1	2.595	1	3.373	1	3.268
New/Competing	---	--	---	--	---	--
Subtotal	1	2.595	1	3.373	1	3.268
Total, Tribal Behavioral Health Grants	**155**	**23.665**	**156**	**23.665**	**141**	**23.665**
Subtotal, Capacity	**869**	**221.993**	**770**	**221.993**	**714**	**221.993**

PRNS Mechanism Table
Center for Substance Abuse Prevention
Program, Project, and Activity
(Dollars in millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
Science and Service	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Center for the Application of Prevention Technologies						
Grants						
Continuations	11	6.492	2	0.847	---	--
New/Competing	2	0.842	16	7.829	18	8.6757
Subtotal	13	7.334	18	8.676	18	8.676
Contracts						
Continuations	---	0.514	---	0.817	---	0.792
New/Competing	9	1.645	---	--	---	0.026
Subtotal	9	2.159	---	0.817	---	0.817
Total, Center for the Application of Prevention Technol	**22**	**9.493**	**18**	**9.493**	**18**	**9.4930**
SAP Minority Fellowship Program						
Grants						
Continuations	1	1.249	---	--	7	1.207
New/Competing	---	--	7	1.207	---	--
Supplements*	---	--	---	--	---	--
Subtotal	1	1.249	7	1.207	7	1.207
Contracts						
Continuations	---	0.072	---	0.114	---	0.110
New/Competing	---	--	---	--	---	0.004
Subtotal	---	0.072	---	0.114	---	0.114
Total, SAP Minority Fellowship Program	**1**	**1.321**	**7**	**1.321**	**7**	**1.321**
Science & Service Program Coordination						
Grants						
Continuations	---	--	---	--	---	--
New/Competing	1	0.150	---	--	---	--
Subtotal	1	0.150	---	--	---	--
Contracts						
Continuations	4	3.537	4	3.6166	4	3.6057
New	2	0.385	---	0.4554	---	0.4663
Subtotal	6	3.922	4	4.0720	4	4.0720
Total, Science & Service Program Coordination	**7**	**4.072**	**4**	**4.0720**	**4**	**4.0720**
Subtotal, Science and Service	**30**	**14.886**	**29**	**14.8860**	**29**	**14.8860**
Total, Substance Use Prevention	**899**	**$236.879**	**798**	**$236.879**	**743**	**$236.879**

Grant Awards Table
Center for Substance Abuse Prevention
(Whole dollars)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	875	785	729
Average Award	$236,560	$256,183	$277,059
Range of Awards	$50,000 - $2,300,000	$50,000 - $2,300,000	$50,000 - $2,300,000

Substance Use Services

Table of Contents

Substance Use Services....199
Summary of the Request....200
Programs of Regional and National Significance (PRNS)....202
Opioid Treatment Programs/Regulatory Activities....203
Screening, Brief Intervention, and Referral to Treatment....207
Targeted Capacity Expansion-General....211
Pregnant and Postpartum Women....217
Improving Access to Overdose Treatment....222
Building Communities of Recovery (BCOR)....225
Recovery Community Services Program....229
Children and Families....233
Treatment Systems for Homeless....237
Criminal Justice Activities....240
Minority AIDS Initiative....248
Minority Fellowship Program....251
Addiction Technology Transfer Centers....253
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths....256
Peer Support Techincal Assistant Center....259
Treatment, Recovery, and Workforce Support....262
Emergency Department Alternatives to Opioids....265
Comprehensive Opioid Recovery Centers....268
First Responder Training – Comprehensive Addiction and Recovery Act....271
Youth Prevention and Recovery Initiative....274
Community Harm Reduction and Engagement Initiative....276
Women's Behavioral Health Technical Assistance Center....280
PRNS Mechanism Table....282
Grant Awards Table....*290*
State Opioid Response Grants....291
Substance Abuse Prevention and Treatment Block Grant....299

Substance Use Services
Summary of the Request
(*Dollars in millions*)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Programs of Regional and National Significance	574.219	574.219	590.969	16.750
PHS Evaluation Funds (non-add)	*2.000*	*2.000*	*2.000*	--
State Opioid Response Grants	1,575.000	1,575.000	1,595.000	20.000
Set-Aside for Tribes (non-add)	*55.000*	*55.000*	*60.000*	*5.000*
Substance Use Prevention, Treatment, and Recovery Services Block Grant	2,008.079	2,008.079	2,008.079	--
Budget Authority (non-add)	*1,928.879*	*1,928.879*	*1,928.879*	--
PHS Evaluation Funds (non-add)	*79.200*	*79.200*	*79.200*	--
Total, Substance Use Services	**4,157.298**	**4,157.298**	**4,194.048**	**36.750**
FTE	109	175	175	*+66*

The FY 2025 President's Budget level is $4.2 billion, $37 million above the FY 2023 Final. SAMHSA's Center for Substance Use Services (CSUS) manages over 35 formula and discretionary grant programs with over 1,200 grantee entities throughout the nation. The Center's programs fund interventions across the continuum of substance use care from prevention to public health harm reduction, treatment, and recovery services, with the broad goals of saving and improving lives and recognizing the often-long-term nature of substance use disorders (SUD). The Budget proposes providing funds for access to quality evidence-based care and treatment services for SUD and addressing the overdose crisis for individuals, families, and communities — especially as it relates to opioid, stimulant, and polysubstance use disorders. CSUS's focus areas, as outlined in this Budget, align with Office of National Drug Control Policy's (ONDCP) National Drug Control Strategy and the Biden-Harris Administration drug policy priorities through support for the continued access to evidence-based and public health focused harm reduction, prevention, treatment, inclusive of medications for opioid and other SUDs, recovery support services, and the addiction treatment workforce.

The Budget for CSUS focuses on continuing investments not only in individuals and families impacted by substance use across the lifespan but also across diverse communities that are at especially high risk for overdose. This includes pregnant and postpartum women and their families, individuals with SUD who encounter the criminal justice system or experience housing instability, and individuals specifically seeking treatment and recovery support services for addiction to opioids, stimulants, alcohol, and, increasingly, polysubstances. SAMHSA's SUD budget requests funds for direct services, infrastructure development, system capacity building, and training and technical assistance efforts for service integration, quality improvement, and workforce development. Multiple touchpoints exist for people with SUD and their families. CSUS's programs involve multiple systems beyond the specialty behavioral health system, such as primary health care, school, child welfare, criminal and juvenile justice, and housing systems.

Programs central to CSUS's direct services and system capacity building, and, the State Opioid Response (SOR), Tribal Opioid Response (TOR) grants, and the Substance Use Prevention, Treatment, and Recovery Services Block Grants (SUPTRS BG) encompass the majority of the Center's current FY 2025 Budget Request. The $3.6 billion in proposed funds between these grant programs provide a foundation for states, tribes, tribal nations, and territories to create a safety net of SUD care across public health, treatment, trauma informed care, and recovery support services.

In addition, in FY 2025, the President's budget provides increased support for several programs to support key behavioral health priorities. This includes a $5 million increase for the Pregnant and Postpartum Women's program ($43.9 million), $10 million for a new Community Harm Reduction and Engagement Initiative, and $1.75 million for a new Women's Behavioral Health Technical Assistance Center (co-funded with CMHS).

CSUS programs support direct funding to behavioral health workforce and community organizations to expand and enhance treatment and recovery support services in different settings and for a range of priority populations. Of particular focus are pregnant and postpartum women. The wide breadth of CSUS programs allows grant recipients to focus on meeting their community's unique needs. Workforce shortages are one of the greater challenges facing many behavioral health providers today. CSUS grants provide significant training and technical assistance opportunities to connect health professional students and practitioners with the behavioral health and addiction medicine/addiction psychiatry field and to strengthen the knowledge base and skills of the existing, broader healthcare professional field in the care of people with SUDs. Funding also supports innovative delivery of pharmacologic therapies for opioid use disorder under CSUS's regulatory framework.

CSUS's programs prevent overdose and support recovery; promote children and youth behavioral health; integrate primary and SUD health care; support the behavioral health workforce; and use performance measures, data, and evaluation to guide decision-making. CSUS's strategies aim to improve access and reduce barriers to quality care and reduce the stigma of SUD, which often prevents individuals from receiving needed services to promote recovery.

CSUS's programs support the framework of a coordinated, integrated continuous care model of SUD services. To achieve this, the programs work to: 1) drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental and SUD treatment and recovery services for individuals and families; 2) bolster the health workforce to ensure delivery of quality services and care; 3) enhance the promotion of healthy behaviors to reduce occurrence and disparities in preventable injury, illness, and death; and 4) improve the design, delivery, and outcomes of HHS programs by prioritizing science, evidence, and inclusion. Overall, the CSUS Budget Request supports the HHS Overdose Prevention and the National Drug Control Strategy.

Substance Use Services
Programs of Regional and National Significance (PRNS)

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Capacity				
Opioid Treatment Programs/Regulatory Activities	10.724	10.724	10.724	--
Screening, Brief Intervention and Referral to Treatment	33.840	33.840	33.840	--
Budget Authority (non-add)	*31.840*	*31.840*	*31.840*	--
PHS Evaluation Funds (non-add)	*2.000*	*2.000*	*2.000*	--
Targeted Capacity Expansion-General	122.416	122.416	122.416	--
Other Targeted Capacity Expansion	*11.416*	*11.416*	*11.416*	--
MAT for Prescription Drug and Opioid Addiction (non-add)	*111.000*	*111.000*	*111.000*	--
MAT for Prescription Drug and Opioid Addiction (Tribes)(non-add)	*14.500*	*14.500*	*14.500*	--
Low-Threshold Housing First Pilot Project (non-add, new)	--	--	--	--
First Generation Students (via HBCU, non-add)	--	--	--	--
Advancing Recovery-Centric Systems (ARCS): Capacity Building Pilot 1, non-add)	--	--	--	--
Pregnant & Postpartum Women	38.931	38.931	43.931	5.000
Improving Access to Overdose Treatment	1.500	1.500	1.500	--
Building Communities of Recovery	16.000	16.000	16.000	--
Program to Expand Recovery Supports on College Campuses	--	--	--	--
Recovery Community Services Program	4.434	4.434	4.434	--
Children and Families	30.197	30.197	30.197	--
Treatment Systems for Homeless	37.114	37.114	37.114	--
Criminal Justice Activities	94.000	94.000	94.000	--
Other Criminal Justice Activities (non-add)	*20.000*	*20.000*	*20.000*	--
Drug Court Activities (non-add)	*74.000*	*74.000*	*74.000*	--
Adult and Youth Diversion and Deflection – Criminal Justice	--	--	--	--
Minority AIDS	66.881	66.881	66.881	--
Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths	16.000	16.000	16.000	--
Peer Support TA Center	2.000	2.000	2.000	--
Treatment, Recovery, and Workforce Support	12.000	12.000	12.000	--
Emergency Department Alternatives to Opioids	8.000	8.000	8.000	--
Grants to Develop Curricula for DATA Act Waivers	--	--	--	--
Opioid Response Grants	--	--	--	--
Comprehensive Opioid Recovery Centers	6.000	6.000	6.000	--
First Responder Training (CARA)	56.000	56.000	56.000	--
First Responder Training (non-add)	25.000	25.000	25.000	--
Rural Set-Aside (non-add)	31.000	31.000	31.000	--
Community Harm Reduction and Engagement Initiative (new)	--	--	10.000	10.000
Youth Prevention and Recovery Initiative	2.000	2.000	2.000	--
Women's Behavioral Health Technical Assistance Center	--	--	1.750	1.750
Subtotal, Capacity	**558.037**	**558.037**	**574.787**	**16.750**
Science and Service				
SAT Minority Fellowship Program	7.136	7.136	7.136	--
Addiction Technology Transfer Centers	9.046	9.046	9.046	--
Subtotal, Science and Services	**16.182**	**16.182**	**16.182**	--
Subtotal, Programs of Regional and National Significance	**574.219**	**574.219**	**590.969**	**16.750**

Opioid Treatment Programs/Regulatory Activities

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Opioid Treatment Programs/Regulatory Activities	10.724	10.724	10.724	--

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2025 Authorization $521,517,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities States, political subdivisions of States, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public and nonprofit private entities

Program Description

SAMHSA seeks to close the gap between the number of people needing treatment for Opioid Use Disorder (OUD) and the capacity to treat them with Food and Drug Administration (FDA)-approved Medications for Opioid Use Disorder (MOUD) (buprenorphine, methadone, and naltrexone products). These medications are often used in combination with additional evidence-based treatment and recovery support services. SAMHSA expands access to MOUD through regulating and supporting Opioid Treatment Programs (OTPs); provider support for those who provide MOUD with buprenorphine and naltrexone in office-based settings; and education and training of healthcare students and practitioners on the treatment of OUD, including with MOUD, through universities and professional organizations. These activities apply to multiple other CSUS programs and form a cornerstone of efforts related to the HHS Overdose Prevention Strategy.

MOUD and Opioid Treatment Program Expansion

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

A key population of focus are individuals with OUD who are involved in the criminal justice system. To ensure access to MOUD for this high-risk population, CSUS has partnered with the

federal Bureau of Prisons (BOP), state Departments of Corrections (DOC), the Department of Justice (DOJ), the Drug Enforcement Administration (DEA), and other stakeholders to establish OTP services throughout federal and state correctional systems. For example, SAMHSA has been meeting regularly with all of the State Opioid Treatment Authorities to assist them in integrating MOUD into their state prisons, provided technical assistance directly to states, and supporting efforts of the DOJ's Bureau of Justice Assistance (BJA) to integrate MOUD in county jails across the country.

CSUS' certification and accreditation oversight activities of OTPs will continue in FY 2025. During FY 2025, it will be increasing its onsite visits to OTPs, to accommodate the increased number of OTPs in the nation and to enhance its oversight of the work of the accreditation bodies. It will continue to work with SOTAs and the OTP community on implementation of substantially revised OTP regulations, helping the BOP with service implementation, arranging training and providing technical support as the sites continue implementation of MOUD, and working with at least five states to improve the capacity of their criminal justice systems to provide the full complement of MOUD and training resources to support this expansion.

Substance Use Disorder, including Opioid Use Disorder, Education and Training of Providers

The Consolidated Appropriations Act, 2023 (PL 117-238) removed the requirement that practitioners hold a waiver that certifies their qualification to prescribe buprenorphine in an office-based setting, as established in the Drug Addiction Treatment Act of 2000 (DATA 2000). It also expanded the requirement for SUD training for all providers qualified to prescribe any controlled medications designated by the DEA as schedule II-V substances. Together, these expand the universe of providers available to treat OUD and other SUDs and the number of practitioners requiring training and other practice support.

Healthcare providers play a pivotal role in educating their patients and colleagues about substance use and SUD; screening, diagnosing, and treating patients; and modeling positive attitudes to reduce the stigma attached to SUD and its treatment. Early career physicians have identified lack of preparedness to treat SUD as a barrier to prescribing MOUD,[94] and further research shows that lack of appropriate education fosters an unwillingness to prescribe MOUD.[95] Comprehensive and uniform training on SUDs and treatment and recovery modalities can overcome these deficits.

SAMHSA promotes provider education through its grants and contracted programs, including the Provider's Clinical Support System-University (PCSS-U) and Provider's Clinical Support System-Medications for Opioid Use Disorder (PCSS-MOUD) programs. PCSS-U promotes SUD education in professional healthcare schools and aims to engage students in treating SUD upon graduation. PCSS-MOUD expands the number of licensed providers completing training for prescribing MOUD and provides mentoring and other supports for practitioners treating OUD and

[94] DeFlavio JR, Rolin SA, Nordstrom BR, Kazal LA, Jr. Analysis of barriers to adoption of buprenorphine maintenance therapy by family physicians. Rural & Remote Health. 201515:3019.
[95] Mackey K, Veazie S, Anderson J, Bourne D, and Peterson K. Evidence Brief: Barriers and Facilitators to Use of Medications for Opioid Use Disorder. Washington, DC: Evidence Synthesis Program, Health Services Research and Development Service, Office of Research and Development, Department of Veterans Affairs. 2019

other SUDs.

There remains a significant need to increase the number of healthcare providers prepared to provide treatment for OUD and other SUDs. SAMHSA will continue to provide up-to-date and evidence-based information to support the training of health professionals and to address the complex issues of SUD.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$8,724,000
FY 2022	$8,724,000
FY 2023 Final	$10,724,000
FY 2024 CR	$10,724,000
FY 2025 President's Budget	$10,724,000

Program Accomplishments

In FY 2023, SAMHSA funded a Provider's Clinical Support System – Medications for Alcohol Use Disorder (PCSS-MAUD) program. This program provides training, guidance, and mentoring on the use of Medications for Alcohol Use Disorder (MAUD). With this program, SAMHSA aims to expand access to treatment of Alcohol Use Disorder (AUD) by increasing the number of healthcare professionals that provide MAUD in their setting, provide training, coaching, consultation, and other support services for a wide range of treatment providers, improve healthcare and AUD treatment outcomes, and decrease alcohol-related morbidity and mortality through use of MAUD.

<u>MOUD in Opioid Treatment Programs</u>

In 2023, SAMHSA certified 178 new OTPs. As of December 2023, there are 2,116 active OTPs across 49 states and two territories; collectively, these OTPs also operate 128 affiliated medication units and 39 mobile units. In FY 2024, SAMHSA continued to build off work started in FY 2023 to assist states and local jails in implementing MOUD in their criminal justice settings, including a Policy Academy in FY 2024 to assist additional states beyond the five that participated in a similar event in FY 2023. SAMHSA also worked extensively with the OTP community, SOTAs, and others on the initial implementation of the substantially revised regulations establishing standards of care provided in OTPs released in January 2024.

MOUD in Other Health Care Settings

In FY 2023, following passage of Sections 1262 and 1263 of the Consolidated Appropriations Act, 2023 (also commonly known as the Mainstreaming Addiction Treatment Act, or MAT Act, and Medication Access and Training Expansion Act, or MATE Act, respectively), SAMHSA developed educational materials and other resources that explained these Acts to providers, patients and pharmacies, and assisted these stakeholders in navigating the elimination of the waiver previously required to prescribe buprenorphine. It also developed recommendations for SUD training and gathered experts in healthcare education to expand these recommendations into curriculum that could be utilized by healthcare training programs. SAMHSA continues supporting healthcare practitioners in accessing SUD training in FY 2024 and FY 2025.

- MOUD Education and Training of Providers

In FY 2023, drawing from the lessons learned from its 86 PCSS-U grantees and the professional organizations named in Section 1263 of the Consolidated Appropriations Act, 2023, SAMHSA developed recommendations for core SUD curricula to facilitate the integration of the content into graduate healthcare programs. SAMHSA will continue to promote use of this content in FY 2024 and FY 2025, disseminating it through professional organizations and education accreditation bodies. SAMHSA will continue to gather publicly available training content and resources to make these more accessible to providers.

In FY 2023, SAMHSA funded three new and 18 continuation PCSS-U grants, one new PCSS-MAUD cooperative agreement, one new PCSS-MOUD cooperative agreement and one contract. The PCSS systems offer live webinars, roundtable discussions, self-paced webinars, and in-person trainings. During FY 2023, it provided training for over 55,000 participants and provided support for more than 20 other universities to incorporate SUD content into their education programs. The PCSS-MOUD program provides mentoring services, enlisting the assistance of over 210 mentors to provide support to over 1250 practitioners. It maintains a curriculum library that can be utilized by providers and education programs and develops toolkits and guidelines to support providers in their practices.

In FY 2024, SAMHSA anticipates funding 17 new and one continuation PCSS-U grants, two PCSS continuation cooperative agreements (MOUD and MAUD), one contract to support certification and accreditation processes, and a new contract to support OTP and states' continued implementation of the substantially revised 42 CFR Part 8.

Screening, Brief Intervention, and Referral to Treatment

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Screening, Brief Intervention, and Referral to Treatment	33.840	33.840	33.840	--
Budget Authority (non-add)	*31.840*	*31.840*	*31.840*	--
PHS Evaluation Funds (non-add)	*2.000*	*2.000*	*2.000*	--

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2025 Authorization $521,517,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities….States, political subdivisions of States, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public and nonprofit private entities

Program Description

In 2022, according to the National Survey on Drug Use and Health (NSDUH), 48.7 million people aged 12 or older (17.3 percent) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder, 27.2 million who had a drug use disorder, and 6.1 million people who had an opioid use disorder. Among the 137.4 million current alcohol users aged 12 or older in 2022, 61.2 million people (44.5 percent) were past month binge drinkers. Among past month binge drinkers, 16.1 million people were past month heavy drinkers.[96] The National Institute on Drug Abuse estimates that the misuse of illicit drugs, tobacco, and alcohol costs society $740 billion each year.[97] Unfortunately, among the 39.7 million adults (ages 18 or older) who had an SUD in the past year, 36.8 million people did not seek treatment.[98]

The Screening, Brief Intervention and Referral to Treatment (SBIRT) program is intended to help primary care and community settings integrate a public health approach to identifying and intervening early with individuals engaged in risky substance use. The SBIRT Program identifies individuals who misuse substances or are at high risk for a SUD and intervenes with education, brief interventions, or referral to SUD treatment if clinically indicated. The program's goals are to reduce the rate of substance misuse, intervene early to prevent progression to more severe illness, and increase the number of individuals who receive treatment for their SUD. Studies have long shown that this approach is effective in helping reduce harmful alcohol consumption.

The SBIRT program is designed to expand or enhance the continuum of care for people who use substances, reduce alcohol and other drug (AOD) consumption and its negative health impact, increase abstinence, reduce costly health care utilization, and promote sustainability and the

[96] https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases#annual-national-report
[97] https://nida.nih.gov/research-topics/trends-statistics
[98] Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2022National Survey on Drug Use and Health* https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases#annual-national-report

integration of behavioral health and primary care services through policy changes that increase treatment access. These grants support clinically appropriate services for persons at risk for SUD, as well as those diagnosed with SUD across different settings, including primary care, as well as hospitals, trauma centers, federally qualified health centers, and other relevant health care and community settings.

All SBIRT grant recipients may use funds to screen not only for substance use and SUD, but also co-occurring mental illness. Funds can support evidence-based, person-centered interventions, such as reinforcement of less risky alcohol use; motivational interviewing; brief interventions; and referral to treatment for individuals exhibiting symptoms of substance use disorder. The population of focus is adults and adolescents seeking medical attention and intervention in primary care and other health care and community settings.

The SBIRT program, like the majority of CSUS's discretionary grant programs, gathers grantee data on key elements that help SAMHSA create a national picture of substance misuse and identify reach and impact associated with SAMHSA grants.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$30,000,000
FY 2022	$31,840,000
FY 2023 Final	$33,840,000
FY 2024 CR	$33,840,000
FY 2025 President's Budget	$33,840,000

Program Accomplishments

In FY 2023 the SBIRT program served 148,018 clients. Significant steps have been taken to increase clients' abstinence, no criminal justice involvement, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 140.7 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 2.2 percent. In addition, the percentage of clients who reported housing stability increased by 11.7 percent. [99]

[99] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024,

In FY 2023, SAMHSA funded seven new and 26 continuation SBIRT grants.

In FY 2024, SAMHSA anticipates funding 10 new and 20 continuation SBIRT grants.

from http://spars.samhsa.gov. Based on 148,018 client intakes assessments, and 750 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

Outputs and Outcomes Table

Program: Screening, Brief Intervention and Referral to Treatment

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.40 The number of clients served (Output)	FY 2023: 148,018 Target: 144,917 (Target Exceeded)	146,366	146,366	Maintain
1.2.41 Percentage of clients receiving services who had no past month substance use (Outcome)	FY 2023: 52 % Target: 46.7 % (Target Exceeded)	47.7 %	47.7 %	Maintain

Targeted Capacity Expansion-General

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Targeted Capacity Expansion-General	122.416	122.416	122.416	--
Other Targeted Capacity Expansion	*11.416*	*11.416*	*11.416*	--
MAT for Prescription Drug and Opioid Addiction (non-add)	*111.000*	*111.000*	*111.000*	--
MAT for Prescription Drug and Opioid Addiction (Tribes)(non-add)	*14.500*	*14.500*	*14.500*	--

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2025 Authorization $521,517,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities…….. States, political subdivisions of States, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public and nonprofit private entities

Program Description

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

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

Among people aged 12 or older in 2022, 3.2 percent (8.9 million people) misused opioids in the past year.[100] According to the Centers for Disease Control and Prevention (CDC), provisional data indicate there were 106,363 drug overdose deaths in the United States during the 12-month period ending in August 2023. Of the drug overdose deaths, 80,609 involved opioids.[101] This underscores the risks of potent illicit synthetic opioids and need to continue to engage people in a continuum of public health-focused harm reduction, treatment, and recovery services.[102]

The MAT-PDOA program addresses individuals with opioid use disorder (OUD) and their unique treatment needs by expanding/enhancing the local treatment system capacity to provide accessible, effective, comprehensive, coordinated, integrated, and evidence-based MOUD and recovery

[100] Highlights for the 2022 National Survey on Drug Use and Health (samhsa.gov)
[101] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
[102] ibid

support services. MOUD refers to the three classes of Food and Drug Administration-approved pharmacotherapies (buprenorphine products, methadone, and naltrexone products) for treating OUD. Medications are often combined with evidence-based psychosocial interventions tailored to an individual's needs. This approach is a safe and effective strategy for decreasing the frequency and quantity of opioid use, reducing the risk of overdose and death, and supporting remission and recovery from OUD and other substance use disorders (SUD). Recovery support services include linking patients and families to social, legal, housing, and other supports to improve retention in care and increase the probability of positive outcomes.

Targeted Capacity Expansion – Special Projects

The 2022 National Survey on Drug Use and Health (NSDUH) results indicate that over 48.7 million people 12 or older used illicit drugs in the past year; 8.9 million people misused opioids (heroin or prescription pain relivers). Marijuana was the most used illicit drug with 22 percent of people using it in the past year.[103,104] Of the 21. 5 million adults aged 18 or older with co-occurring any mental illness (AMI) and SUD in the past year, 8.8 million people did not receive any type of treatment; of the 12.7 million with co-occurring AMI and an SUD, most received only mental health treatment.[105]

The TCE-SP program develops and implements focused strategies for the provision of SUD treatment services to underserved populations and addresses unmet needs identified by the community. The purpose of the program is to implement focused strategies for the provision of public health-focused harm reduction, treatment, and recovery support services to support under-resourced populations or community-identified unmet needs regarding SUD and co-occurring disorders (COD). Diversity, equity, access, and inclusion are integrated in the provision of services and activities throughout the project for example, when conducting eligibility assessments, outreach, and engagement or developing policies.

TCE-SP funding also supports the Historically Black Colleges and Universities Center for Excellence in Behavioral Health (HBCU-CFE) through an approved limited justification. This five-year discretionary grant program, established in 2017, is jointly administered by the Center for Mental Health Services (CMHS) and the Center for Substance Use Services (CSUS). The purpose of this program is to recruit college-level students for careers in the behavioral health field addressing mental health conditions and SUDs, provide training that can lead to careers in behavioral health, and/or prepare students to obtain advanced degrees in behavioral health. This program is aligned with Executive Order 14041,[106] which is the White House Initiative on Addressing Educational Equity, Excellence, and Economic Opportunity Through Historically Black Colleges and Universities.

[103] https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-main-highlights.pdf
[104] ibid
[105] ibid
[106] https://www.federalregister.gov/documents/2021/09/09/2021-19579/white-house-initiative-on-advancing-educational-equity-excellence-and-economic-opportunity-through

Budget Request

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.

Funding Table

Fiscal Year	Amount
FY 2021	$100,192,000
FY 2022	$112,192,000
FY 2023 Final	$122,416,000
FY 2024 CR	$122,416,000
FY 2025 President's Budget	$122,416,000

Program Accomplishments

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

In FY 2023, the MAT-PDOA program served 14,733 clients. Significant steps have been taken to increase clients' abstinence, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 63.1 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 4.1 percent. Those clients who reported being socially connected increased by 4.8 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 18.7 percent.[107]

In FY 2023, SAMHSA awarded 21 new grants and funded 154 continuation MAT-PDOA grants. SAMHSA set a target of 12,586 clients served for FY 2023.

In FY 2024, SAMHSA anticipates funding 176 continuation MAT-PDOA grants and SAMHSA plans to serve approximately 13,844 clients.

[107] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 14,733 client intakes assessments, and 3,642 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

Targeted Capacity Expansion – Special Projects

In FY 2023 the TCE-Special Projects program served 1,557 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 72.0 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 2.9 percent. In addition, the percentage of clients who were employed or attending school increased by 28.6 percent. Those clients who reported being socially connected increased by 2.6 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 8.6 percent.[108]

In FY 2023, SAMHSA funded three new and 25 continuation TCE-SP grants along with the new HBCU-CFE grant, using 50 percent braided funding with CMHS. In FY 2023, the program achieved positive client outcomes, improved mental health outcomes, reduced drug use, and reduced risky behavior outcomes. Strategies utilized by the program included the following: 1) screening and assessing clients for the presence of SUD and/or COD and using the information obtained to develop appropriate harm reduction, treatment and/or recovery approaches; 2) providing evidence-based and population-appropriate harm reduction, treatment, and/or recovery approaches to meet the unique needs of diverse populations; 3) providing recovery support services designed to improve access and retention in services; 4) developing and implementing strategies that are inclusive and used to recruit and engage diverse people in care, ensuring those with the greatest need are being served by the program; and 5) collaborating with trained community partners that can serve diverse populations to provide comprehensive services. SAMHSA served 100 graduate-level students across the entire program.

In FY 2024, SAMHSA anticipates funding two new and 25 continuation TCE-SP grants along with the continuation of a HBCU-CFE grant, using 50 percent braided funding from CMHS. SAMHSA plans to continue serving 100 graduate-level students.

[108] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 1,557 client intakes assessments, and 591 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023

Outcomes and Outputs Table

Program: Medication-Assisted Treatment for Prescription Drug and Opioid Addiction

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.3.01 Number of admissions for Medication Assisted Treatment (Output)	FY 2023: 14,733 Target: 12,586 (Target Exceeded)	13,844	13,844	Maintain
1.3.03 Percentage of clients who had no past month substance use at 6-month follow-up (Outcome)	FY 2023: 68.4 % Target: 62% (Target Exceeded)	67%	67%	Maintain

Program: Treatment-Targeted Capacity Expansion: Other

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.25 Percentage of adults receiving services who had no past month substance use (Outcome)	FY 2023: 74.1 % Target: 63 % (Target Exceeded)	64 %	64 %	Maintain
1.2.26 Number of clients served (Output)	FY 2023: 1,557 Target: 2,844 (Target Not Met)	2,872	2,872	Maintain
1.2.27 Percentage of adults receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2023: 55.7 % Target: 60.1 % (Target Not Met)	61.1 %	61.1 %	Maintain
1.2.28 Percentage of adults receiving services who had a permanent place to live in the community (Outcome)	FY 2023: 43.5 % Target: 54.3 % (Target Not Met)	55.3 %	55.3 %	Maintain

Pregnant and Postpartum Women

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Pregnant and Postpartum Women	38.931	38.931	43.931	5.000

Authorizing Legislation…….Section 508 of the Public Health Service Act
FY 2025 Authorization $29,931,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... Domestic Public and Private Non-Profit Entities that satisfy minimum qualifications as enumerated in 42 U.S.C. 290bb–1(e)

Program Description

The Pregnant and Postpartum Women (PPW) program uses a family-centered approach to provide comprehensive residential SUD treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and other family members (e.g., fathers of the children). Section 501 of the Comprehensive Addiction and Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. CARA requires that 25 percent of all PPW funds support these ambulatory services. The PPW program provides services not covered under most public and private insurance and includes the Pregnant and Postpartum Women – Residential Treatment (PPW-R) program and Pregnant and Postpartum Women – Pilot (PPW-PLT) programs.

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

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

Pregnant and Postpartum Women – Pilot (PPW-PLT)

PPW-PLT program enhances the flexibility for states in the use of funds to support family-based services for pregnant and postpartum women with primary SUD, emphasizing the treatment of opioid use disorders; helping state substance use agencies address the continuum of care, including services provided to pregnant and postpartum women in outpatient--based settings; and promoting

a coordinated, effective and efficient state system managed by state substance use agencies by encouraging new approaches and models of service delivery.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$32,766,850
FY 2022	$34,931,000
FY 2023 Final	$38,931,000
FY 2024 CR	$38,931,000
FY 2025 President's Budget	$43,931,000

Program Accomplishments

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

The PPW-R has demonstrated benefits in the following areas: increasing access to medications for SUD, mental disorders, and primary health conditions; integrating peer recovery approaches to engage and retain women in care; incorporating home visiting as part of the continuum of care and as a key strategy to extending services to support recovery; and providing opportunities to increase access to care for diverse populations of women, particularly for those living in rural and remote locations.

In FY 2023, the PPW-R program served 1,396 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 114.7 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 7.0 percent. Those clients who reported being socially connected increased by 5.0 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 15.7 percent.[109]

[109] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 1,396 client intakes assessments, and 345 client six-month follow-up

In FY 2023, SAMHSA funded 24 new and 30 continuation PPW residential treatment grants to provide an array of services and supports to pregnant women and their families. During FY 2023, the PPW Residential program had a target of serving 1,929 women, and 1,396 women have been served, with over 50% of grantees new in FY 2022.

Of the women served in 2023:

- 31.0 percent used marijuana
- 34.3 percent used methamphetamine
- 18.3 percent used any alcohol
- 17.4 percent used opioids
- 5.8 percent used benzodiazepines

In FY 2024, SAMHSA plans to fund one new and 51 continuation PPW residential treatment grants to provide an array of services and supports to pregnant women and their families. During FY 2024, the PPW Residential program has a target of serving 2,122 women.

Pregnant and Postpartum Women – Pilot (PPW-PLT)

In FY 2023 the PPW-PLT program served 897 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 50.3 percent between intake to 6-month follow-up. Those clients who reported being socially connected increased by 1.6 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 6.7 percent.[110]

In FY 2023, SAMHSA funded six new and four PPW-PLT continuation grants that, as established and fully functional grantees were able to exceed the target number of individuals served. SAMHSA's CSUS Children and Families Team hosted quarterly learning communities where staff, grantees, and guest subject matter experts shared learning from successful and less effective project implementation and data collection experiences to deepen the collective knowledge and share best practices to overcome barriers.

In FY 2024, SAMHSA anticipates funding four new PPW-PLT grants and six PPW-PLT continuation grants.

reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

[110] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 897 client intakes assessments, and 274 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023

Outputs and Outcomes Table

Program: Pregnant and Postpartum Women Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.84 Number of admissions of women who are currently pregnant or have a child to substance use disorder treatment programs (Output)	FY 2023: 1,396 Target: 1,929 (Target Not Met but Improved)	2,122	2,165	+43
1.2.85 Percentage of PPW clients reporting no drug use in the past month at six month follow-up (Outcome)	FY 2023: 87.1 % Target: 87 % (Target Exceeded)	92 %	94 %	+2 percentage point(s)
1.2.86 Percentage of PPW-PLT clients who reported substance misuse at intake, percent who report reduction in substance misuse at six month follow-up (Outcome)	FY 2023: 88.5 % Target: 79.6 % (Target Exceeded)	84.6 %	86.6 %	+2 percentage point(s)
1.2.87 Percentage of PPW clients who reported child/children not living with client at intake, percent who report child/children is living with client at six month follow-	FY 2022: 56.4 % Target: 50 % (Target Exceeded)	Discontinued	Discontinued	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
up (Outcome)[1]				
1.2.88 Number of PPW-PLT women who are currently pregnant or have a child who receive SUD and related treatment services (Outcome)	FY 2023: 897.0 Target: 576.0 (Target Exceeded)	634.0	640.0	+6

[1]Due to the launch of a new client-level instrument in FY2023, measure 1.2.87 is no longer available for reporting.

Improving Access to Overdose Treatment

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Improving Access to Overdose Treatment	1.500	1.500	1.500	--

Authorizing Legislation .....Section 544 of the Public Health Service Act
FY 2025 Authorization $5,000,000
Allocation Method… ..... Grants/Contracts
Eligible Entities.... States, Territories, localities, Indian Tribes, and Tribal organizations (as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act)

Program Description

The Improving Access to Overdose Treatment (ODTA) program supports awards to States, localities, Indian Tribes, Tribal organizations, and Urban Indian organizations (as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act). The recipients collaborate with other prescribers at the community level to implement trainings on policies, procedures, and models of care for prescribing, co-prescribing, and expanding access to naloxone and other opioid overdose reversal medications to the specified population of focus (i.e., rural or urban). The ODTA program is a key component of the public health response to the overdose epidemic that rapidly accelerates workforce capacity and strengthens prevention systems. A combination of community-based public health prevention and harm reduction strategies are utilized across the prevention continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities and can serve as an important engagement point to treatment for people with substance use disorders.

According to the Centers for Disease Control and Prevention (CDC), provisional data indicate there were 106,363 drug overdose deaths in the United States during the 12-month period ending in August 2023. Of the drug overdose deaths, 80,609 involved opioids.[111]

Eligibility is limited to FQHCs (as defined in section 1861(aa) of the Social Security Act); OTPs as defined under part 8 of title 42, Code of Federal Regulations; and practitioners dispensing opioid medications pursuant to section 303(g) of the Controlled Substances Act (including secondary and higher education settings).

Budget Request

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

[111] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

policies, procedures, and models of care for prescribing co-prescribing, and expanding access to naloxone and other opioid overdose reversal medications.

Funding History Table

Fiscal Year	Amount
FY 2021	$1,000,000
FY 2022	$1,000,000
FY 2023 Final	$1,500,000
FY 2024 CR	$1,500,000
FY 2025 President's Budget	$1,500,000

Program Accomplishments

In FY 2023, SAMHSA funded seven new grants under the ODTA program. This program is focusing its efforts on Train of Trainer Models (ToT) to expand its scope to secondary and higher educational settings to reach future prescribers and train them in policies, procedures, and models of care for prescribing co-prescribing, and expanding access to naloxone and other opioid overdose reversal medications. This approach focuses on demographic populations in rural and urban areas with the highest incidence of opioid overdose rates and SUD to address the increasing overdose deaths in the U.S. The training curriculums focus on reducing stigma using a culturally informed approach and scale up ToT models in person, virtually or hybrid settings to reach health care providers and pharmacists who will also train future providers in their regions.

In FY 2023, 4,194 medical professionals, including pharmacists, physicians, physician assistants, and nurse practitioners were trained on prescribing drugs or devices approved or cleared under the Federal Food Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, exceeding the FY 2023 target. An additional 1,013 individuals were trained on administering naloxone or other opioid overdose reversal medications. This number will be used as the baseline for this measure. Grantees also purchased 1,341 naloxone kits and prescribed drugs for emergency treatment of known or suspected opioid overdose 1,588 times and prescribed buprenorphine 7,906 times.

In FY 2024, SAMHSA anticipates funding seven grant continuations providing training to 3,000 individuals on prescribing opioid overdose reversal medications or devices for emergency treatment of known or suspected opioid overdose and intends to increase targets for professionals trained in prescribing opioid overdose reversal drugs in FY 2024 and 2025 to better reflect FY 2023 actuals and will maintain baseline for numbers trained in administering naloxone or other opioid overdose reversal medications to assess trends. Targets may be adjusted with FY 2024 actuals.

Outputs and Outcomes Table

Program: Improving Access to Overdose Treatment (ODTA)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
5.2.1 Number of individuals trained on prescribing FDA-approved opioid overdose-reversing medication (Output)	FY 2023: 4,194 Target: 2,141.0 (Target Exceeded)	3,000	3,000	+29%
5.2.2 Number of individuals trained in how to administer FDA-approved opioid overdose-reversing medication (Outcome)	FY 2023: 1,013 Target: Set Baseline (Baseline Established)	1,013	1,013	Maintain

Building Communities of Recovery (BCOR)

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Building Communities of Recovery	16.000	16.000	16.000	--

Authorizing Legislation .....Section 547 of the Public Health Service Act
FY 2025 Authorization $50,000,000
Allocation Method ..... Grants/Contracts
Eligible Entities..... …… Independent nonprofit recovery community organizations, wholly or principally governed by people in recovery from substance use disorders who reflect the community served, that mobilize resources within and outside of the recovery community.

Program Description

Through shared understanding, respect, and mutual empowerment, peer services play a vital role in assisting individuals in achieving recovery from SUDs and co-occurring disorders (COD). Recovery Community Organizations (RCOs) and Recovery Community Centers (RCCs) are central to the delivery of those services. In FY 2017, SAMHSA launched the Building Communities of Recovery (BCOR) grant program. The purpose of this program is to mobilize and connect a broad base of community-based resources to increase the prevalence and quality of long-term recovery supports for persons with SUD and/or COD. These grants are intended to support the development, enhancement, expansion, and delivery of recovery support services (RSS) as well as the promotion of and education about recovery. It is expected that these grant activities will be administered and implemented by individuals with lived experience who are in recovery from SUD and COD and reflect the needs and population of the community being served.

Budget Request

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.

[112] https://www.whitehouse.gov/wp-content/uploads/2022/04/2022Performance-Reporting-System.pdf

Funding History Table

Fiscal Year	Amount
FY 2021	$12,000,000
FY 2022	$13,000,000
FY 2023 Final	$16,000,000
FY 2024 CR	$16,000,000
FY 2025 President's Budget	$16,000,000

Program Accomplishments

In FY 2023, SAMHSA funded 19 new and 41 continuation BCOR grants to develop, expand, and enhance recovery support services. The BCOR program served 3,746 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 27.6 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 1.6 percent. In addition, the percentage of clients who were employed or attending school increased by 32.3 percent. Those clients who reported being socially connected increased by 0.6 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 16.9 percent.[113]

In FY 2023, BCOR grantees conducted ongoing outreach to build relationships and expand their Recovery Oriented Systems of Care (ROSC) to offer increased number of referrals and engagement for clients. Grantees prioritized many sectors and populations including under-resourced communities and groups that experience high rates of overdose including but not limited to Black, Latino, LGBTQIA+, Rural and Veteran populations.

A requirement of the BCOR grant was for grantees to prioritize lived experience, first and foremost, allowing recovery coaches to draw upon their insights, challenges, and lessons learned when working with members. In addition, most BCOR grant recipients have established a goal to further the development the peer recovery support workforce. As a result, hundreds of peers have been trained and certified to strengthen the workforce and meet the needs of this growing population.

BCOR grantees also assist families and loved ones of individuals with SUD and COD by providing

[113] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 3,746 client intakes assessments, and 984 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

family coaching and connections to social services including, but not limited to, clothing assistance, nutritional awareness, as well as job placement. They hold family recovery meetings and groups to give families and loved ones dedicated time and space to discuss challenges in supporting loved ones with SUD and COD. BCOR grantees have established long-term relationships within the community and disseminate resources not only to individuals with SUD but to their support systems and communities as well.

In FY 2024, SAMHSA anticipates funding 19 new grants and 31 continuation BCOR grants and anticipates grant recipients will serve about 3,566 clients.

Outputs and Outcomes Table

Program: Building Communities for Recovery

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.80 Number of clients receiving recovery services (Output)	FY 2023: 3,746 Target: 2,972 (Target Exceeded)	3,566	3,566	Maintain
1.2.81 Percentage of clients who achieved stable housing as a result of this program (Outcome)	FY 2023: 43.9 % Target: 36.4 % (Target Exceeded)	41.4 %	41.4 %	Maintain
1.2.82 Percentage of clients who enrolled in school or achieved employment as a result of this program (Outcome)	FY 2023: 62.6 % Target: 66.6 % (Target Not Met)	71.6 %	71.6 %	Maintain

Recovery Community Services Program

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Recovery Community Services Program	4.434	4.434	4.434	--

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2025 Authorization $521,517,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.... States, political subdivisions of States, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public and nonprofit private entities

Program Description

In 2022, 48.7 million people aged 12 or older (or 17.3 percent) had a substance use disorder (SUD) in the past year, including 29.5 million who had an alcohol use disorder, 27.2 million who had a drug use disorder, and 8.0 million people who had both an alcohol and a drug disorder.[114] As public education increases, there is broader acknowledgement of SUDs as treatable conditions that can be successfully managed over the course of a lifetime with the appropriate resources. More people in recovery are now willing to be open about their own recovery and to share their experience to help others attempting to achieve recovery. Using their lived experience, individuals in recovery can provide support and hope to those newly seeking recovery. The Recovery Community Services Program (RCSP) has two components: a core RCPS program and a separate RCSP-Statewide Network Program.

Recovery Community Services Program (RCSP)

The core Recovery Community Services Program (RCSP) is designed to assist recovery communities with strengthening their infrastructure and providing direct peer recovery support services (PRSS) to individuals with a SUD or co-occurring substance use and mental disorder (COD), including those in recovery from these disorders. The program's foundation is the value of lived experience of peers to assist others in achieving and maintaining recovery. These services, in conjunction with clinical treatment services, are an integral component of the recovery process for many people. SAMHSA initiated the RCSP to help strengthen recovery communities by providing equitable service delivery and access to PRSS training to individuals seeking long-term recovery support services.

RCSP – Statewide Network (RCSP-SN) program

The RCSP – Statewide Network (RCSP-SN) program was established to strengthen recovery organizations, their statewide network of recovery stakeholders, and specialty and general

[114] https://www.samhsa.gov/data/release/2022-national-survey-drug-use-and-health-nsduh-releases#annual-national-report

healthcare systems as key partners in the delivery of state and local recovery support services (RSS) through collaboration, systems improvement, public health messaging, and training conducted for (or with) key recovery groups. RCSP-SN grant recipients collaborate with health care providers who deliver SUD and/or COD treatment to emphasize the relevance and appropriateness of PRSS as fundamental features of the Recovery Oriented Systems of Care (ROSC) environment. This is achieved through enhanced participation in state and local government health and recovery-related activities and in other, multilevel planning, policy, and program development councils.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$2,512,107
FY 2022	$2,434,000
FY 2023 Final	$4,434,000
FY 2024 CR	$4,434,000
FY 2025 President's Budget	$4,434,000

Program Accomplishments

In FY 2023, SAMHSA funded four new grants and eight RCSP continuation grants and three new RCSP-SN grants. The RCSP program served 794 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 42.4 percent between intake to 6-month follow-up. Those clients who reported being socially connected increased by 6.5 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 42.3 percent.[115]

In FY 2023, grant recipients continued to expand recovery support service delivery to include recovery support groups, resource referrals and linkages to care, supportive employment and

[115] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 794 client intakes assessments, and 209 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023

housing, transportation assistance and sponsoring community wide recovery events. Grantees are also enhancing service delivery by hiring recovery coaches from diverse backgrounds such as coaches who identify as gender nonconforming, Native American, bilingual, and/or reflect the populations of focus. RCSP grant funds have also supported overdose and naloxone trainings to staff, peers, and community members. In efforts to bolster the recovery workforce, several RCSP recipients have offered training, such as peer recovery coaching, certified peer counselor, and certified peer recovery specialist classes.

RCSP-SN recipients have created networks and partnerships with recovery organizations, community-based organizations, and payers to provide trainings to improve access in communities of greatest need. Approaches and activities include conducting needs assessments, partnering with technical assistance providers, and providing recovery-oriented Training and Technical Assistance (TTA) to infectious disease and harm reduction organizations. Grantees report ongoing challenges that have impacted their RCSP programs which include rising opioid-related overdose deaths, and shortages of residential treatment services. Despite these barriers, grantees continue to increase their network of partners and successfully enroll individuals into their recovery support services.

In FY 2024, SAMHSA plans to fund 11 continuation RCSP grants and three continuation RCSP-SN grants. SAMHSA started supporting the RCSP-SN program again in FY 2023. SAMHSA anticipates that RCSP will serve 794 clients and the RCSP-SN program will serve 339 clients.

Outputs and Outcomes Table

Program: Recovery Community Services Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.4.26 Number of clients served (Output)	FY 2023: 794 Target: 794 (Baseline)	794	794	Maintain
3.4.27 Number of clients receiving recovery services (Output)	FY 2023: 339 Target: 339 (Baseline)	339	339	Maintain

Children and Families

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Children and Families	30.197	30.197	30.197	--

Authorizing Legislation .....Section 514 of the Public Health Service Act
FY 2025 Authorization $29,605,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.....Public and private nonprofit entities, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), and health facilities or programs operated by or in accordance with a contract or grant with the Indian Health Service

Program Description

SAMHSA's Children and Families programs in the substance use disorder (SUD) treatment area support youth-friendly treatment initiatives to further the use of and access to evidence-based family-focused models for youth with alcohol use disorder and other SUDs. In addition, programs support training across participating states and collaboration between local community-based providers and their state, tribal, or territorial infrastructure. The services provided include evidence-based assessment, treatment, prevention, recovery supports, public health-focused harm reduction interventions, and medication for opioid use disorder appropriate for adolescents and young adults. This Children and Families program area supports the Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (YFTREE) grant and the National Center on Substance Abuse and Child Welfare (NCSACW) contract.

Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (YFTREE)

The YFTREE program enhances and expands comprehensive outpatient-based treatment, early intervention, and recovery support services for adolescents (ages 12-18) and transitional-aged youth (ages 16-25) with SUD and those with COD and their families/primary caregivers. The services include screening, assessment, treatment, and wraparound services in ambulatory settings.

YFTREE programs have strengthened their partnership, collaboration, and presence at local middle and high schools, hospital emergency rooms, community events, and the Sheriff's Department, hosting educational workshops on the dangers of fentanyl and promoting the use of naloxone. YFTREE staff are distributing naloxone and informing students, families, and the community of the risks of drug use, the signs and physical effects, as well as the mental and emotional impact. State legalization of cannabis use continues to present challenges among the YFTREE population. Results of the 2022 National Survey on Drug Use and Health show the percentage of marijuana vaping in the past month among current marijuana users was highest among adolescents aged 12 to 17 (54.9 percent). Additionally, the results noted 1.8 million adolescents aged 12 to 17 in 2022 had an SUD in the past year.

SAMHSA continues to elevate outreach activities in settings where youth seek services coupled with the implementation of evidence-based practices, integration of MOUD for youth, appropriate intervention with COD, contingency management, and public health-focused harm reduction intervention to counter barriers to engagement and retention of adolescents, youth adults, and families in treatment. This has included adolescent substance use disorder treatment convenings with grantees, young people with lived experience, and national subject matter experts to further focus on strategies for improving and strengthening youth and young adult SUD treatment systems.

National Center on Substance Abuse and Child Welfare (NCSACW)

SAMHSA and the Administration for Children and Families (ACF) collaborate to support the NCSACW contract. NCSACW provides training and technical assistance to improve collaborative practices among agencies and organizations that serve families affected by SUD and are involved with child welfare services.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$29,605,000
FY 2022	$29,605,000
FY 2023 Final	$30,197,000
FY 2024 CR	$30,197,000
FY 2025 President's Budget	$30,197,000

Program Accomplishments

In FY 2023, SAMHSA funded 35 new and 19 continuation YFTREE grants. In FY 2023, the Children and Families program had a target to serve 1,740 youth. The YTREE program served 2,731 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 64.9 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 4.7 percent. In addition, the percentage of clients who were employed or attending school increased by 2.6 percent. Those clients who reported being socially connected increased by 8.5 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported

housing stability increased by 0.7 percent.[116]

In FY 2024, SAMHSA will fund 53 continuation YFTREE grants and will serve approximately 1,740 clients

[116] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 2,731 client intakes assessments, and 829 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023

Outputs and Outcomes Table

Program: Enhancement and Expansion of Treatment and Recovery for Adolescents, Transitional Aged Youth, and their Families

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.00.2 Percentage of clients receiving services who had no past substance use (Outcome)	FY 2023: 79.6 % Target: 63 % (Target Exceeded)	64 %	64 %	Maintain
2.00.3 Number of clients served (Output)	FY 2023: 2,731 Target: 1,723 (Target Exceeded)	1,740	1,740	Maintain
2.00.4 Percentage of clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2023: 85.6 % Target: 80 % (Target Exceeded)	81 %	81 %	Maintain
2.00.5 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2023: 74.9 % Target: 65 % (Target Exceeded)	66 %	66 %	Maintain

Treatment Systems for Homeless

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY2 024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Treatment Systems for Homeless.....	37.114	37.114	37.114	--

Authorizing Legislation .....Section 506 of the Public Health Service Act
FY 2025 Authorization $41,304,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entities..... Community-based public and private nonprofit entities

Program Description

On a single night in January 2023, 653,104 people were experiencing homelessness in the United States. Of these, 154,313 were experiencing chronic homelessness, 137,076 had severe mental illness, 108,035 were affected by chronic substance use, and 35,574 were veterans.[117] Many factors contribute to the problem of homelessness, including lack of affordable housing, foreclosures, rising housing costs, job loss, underemployment, mental illness, and alcohol and other drug misuse and use disorders. The U.S. Interagency Council on Homelessness, in which HHS participates, has set aggressive goals to prevent and end homelessness, including reducing homelessness by 25 percent by January 2025. The strategic plan is built around three foundational pillars—equity, data, and collaboration—and three solution pillars—housing and supports, homelessness response, and prevention.

SAMHSA's Treatment Systems for Homeless portfolio, that includes programs from across the agency, supports services for those with substance use disorders, mental illness, or co-occurring mental and substance use disorders who are experiencing homelessness, including youth, veterans, and families. The services and support offered through SAMHSA's Treatment Systems for Homeless programs are crucial to achieving U.S. Interagency Council on Homelessness's goals.

The Grants for the Benefit of Homeless Individuals (GBHI) program managed in CSUS supports the development and/or expansion of local implementation of a community infrastructure that integrates treatment and recovery support services for SUDs or CODs, permanent housing, and other critical services for individuals (including youth) and families experiencing homelessness.

Budget Request

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.

[117] U.S. Department of Housing and Urban Development (HUD) 2023 Continuum of Care (CoC) Homeless Assistance Programs Homeless Populations and Subpopulations Report – Retrieve from https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2023.pdf

Funding History Table

Fiscal Year	Amount
FY 2021	$36,386,000
FY 2022	$36,386,000
FY 2023 Final	$37,114,000
FY 2024 CR	$37,114,000
FY 2025 President's Budget	$37,114,000

Program Accomplishments

In FY 2023, the GBHI program served 3,748 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 23.6 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 1.8 percent. In addition, the percentage of clients who were employed or attending school increased by 52.1 percent. Those clients who reported being socially connected increased by 4.6 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 219.8 percent.[118]

In FY 2023, SAMHSA funded 31 new grants and 51 continuation GBHI grants. During this year, the program achieved positive client outcomes, improved mental health outcomes, and reduced drug use outcomes. Strategies utilized by the program included the following: (1) Engaging and connecting the population of focus to behavioral health treatment, public health-focused harm reduction services, case management, and recovery support services; (2) Assisting with identifying sustainable permanent housing by collaborating with homeless services organizations and housing providers, including public housing agencies; and (3) Providing case management that includes care coordination/service delivery planning and other strategies that support stability across services and housing transitions. Challenges, though, continue as service providers are experiencing difficulty with hiring qualified staff and the lack of stable housing options in communities. For enrolled clients, the program utilizes a combination of in-person and virtual service provision to maintain contact with clients and provide services.

In FY 2024, SAMHSA anticipates funding 14 new grants and 61 continuation GBHI grants. The program anticipates serving 4,083 clients during this period.

[118] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 3,748 client intakes assessments, and 1,233 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

Outputs and Outcomes Table

Program: Treatment System for Homelessness (GBHI)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
3.4.23 The number of clients served (Output)	FY 2023: 3,748 Target: 4,043 (Target Not Met)	4,083	4,083	Maintain
3.4.24 Percentage of homeless clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2023: 40.8 % Target: 36.9 % (Target Exceeded)	37.9 %	37.9 %	Maintain
3.4.25 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2023: 29.1% Target: 41.9 % (Target Not Met)	42.9 %	42.9 %	Maintain

Criminal Justice Activities

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Criminal Justice Activities	94.000	94.000	94.000	--
Other Criminal Justice Activities (non-add)	*20.000*	*20.000*	*20.000*	--
Drug Court Activities (non-add)	*74.000*	*74.000*	*74.000*	--

Authorizing Legislation ..... Section 509 of the Public Health Service
FY 2025 Authorization $521,517,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities. …States, political subdivisions of States, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public and nonprofit private entities

Program Description

The criminal justice system is a major source of referrals to substance use disorder treatment, with probation or parole referrals representing the largest proportion of criminal justice system referrals to treatment.[119] Most probation or parole referrals to treatment are men between the ages of 18 and 44. The most commonly used substances reported by these individuals are alcohol, marijuana, and methamphetamine.[120]

SAMHSA's Criminal Justice Activities portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with alcohol and other drug use disorders and/or COD. This program supports the Adult Treatment Drug Court (ATDC), Family Treatment Drug Court (FTDC), Tribal Wellness Court and the Adult Reentry (AR Program).

Drug Court Programs

Estimates of substance use disorders among prison and jail populations range from 53 to 68 percent, in stark contrast to approximately 14.5 percent among people 12 years and older in the general public[121]. Similar trends exist among those with co-occurring mental and substance use disorders – 33 to 60percent of those in prison and jail have co-occurring disorders compared to 14

[119] Substance use And Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2005-2015. National Admissions to Substance Abuse Treatment Services. BHSIS Series S-91, HHS Publication No. (SMA) 17-5037. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2017.
[120] SAMHSA. (2022). Criminal and Juvenile Justice. Retrieved from https://www.samhsa.gov/criminal-juvenile-justice
[121] https://store.samhsa.gov/product/guidelines-successful-transition-people-mental-or-substance-use-disorders-jail-and-prison

to 25 percent of those not incarcerated.[122] Individuals with an opioid use disorder are at significantly increased risk for recurrence, overdose, and death upon leaving incarceration compared with their community-dwelling peers and the general population.[123]

Drug courts are designed to combine the sanctioning power of courts with effective treatment services for a range of populations with circumstances that have put them in contact with the criminal justice system. This could be circumstances related to alcohol and/or other drug use and/or mental illness. Drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and substance use disorder treatment communities to intervene and break the cycle of substance use disorder and crime.

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

The Family Treatment Drug Court (FTDC) program expands SUD treatment services in existing family treatment drug courts, which use the family treatment drug court model in order to provide alcohol and drug treatment as well as recovery support services, case management, and service coordination, to parents with a SUD and/or COD, who have had a dependency petition filed against them or are at risk of such filing.

SAMHSA's drug court grant recipients are encouraged to use part of their annual award to support the provision of MOUD and are required to ensure that drug courts funded by SAMHSA not deny the use of FDA-approved medications for OUD by drug court clients. SAMHSA requires the use of evidence-based practices from federal resource access points. SAMHSA also has regular communications with All RISE (formerly the National Association of Drug Court Professionals) to obtain and incorporate the latest findings and field expertise.

Adult Reentry Program

Over 10,000 individuals are released from America's state and federal prisons every week and arrive on the doorsteps of our nation's communities. More than 650,000 individuals are released from prison every year, and studies show that approximately two-thirds will likely be rearrested within three years of release.[124] People returning to their communities from incarceration often face a variety of challenges. Often, when individuals are released, they face several critical barriers to successful reentry that they will need to overcome. Some have substance use issues, others have

[122] https://store.samhsa.gov/product/guidelines-successful-transition-people-mental-or-substance-use-disorders-jail-and-prison

[123] James, D. J., & Glaze, L. E. (2006). Highlights mental health problems of prison and jail inmates. Retrieved from https://bjs.ojp.gov/library/publications/mental-health-problems-prison-and-jail-inmates

[124] Prisons and Prisoners Re-Entry (n.d.). Retrieved September 6, 2022, from USDOJ: E Interact website: USDOJ: FBCI: Prisoners and Prisoner Re-Entry (justice.gov)

no place to live, and a criminal record makes it difficult for many to find a job.[125] The communities to which they are returning are often impoverished and disenfranchised neighborhoods with few social supports and persistently high crime rates with limited resources to adequately support their returning residents. For many individuals, it is only a matter of time before they return to prison. According to the Bureau of Justice Statistics, 68 percent of state prisoners are rearrested within three years of their release.[126] Studies show that only about 10 percent of individuals involved with the criminal justice system who are in need of substance use disorder treatment receive it as part of their justice system supervision. Approximately one-half of the institutional treatment provided is educational programming.[127] SAMHSA's Adult Reentry Program (AR Program) grants provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. Other supported services include wraparound and recovery support services, such as recovery housing and peer recovery support, designed to improve access to and retention in care, drug test monitoring for illicit substances, educational support, relapse prevention, and HIV and viral hepatitis B and C testing and/or referral, conducted in accordance with state and local requirements. SAMHSA's AR Program grant recipients are encouraged to use part of their annual award to provide MOUD treatment with FDA-approved medications.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$65,570,000
FY 2022	$89,000,000
FY 2023 Final	$94,000,000
FY 2024 CR	$94,000,000
FY 2025 President's Budget	$94,000,000

[125] Blair Ames, "NIJ-Funded Research Examines What Works for Successful Reentry," NIJ Journal 281, November 2019, https://nij.ojp.gov/topics/articles/nij-funded-research-examines-what-works-successful-reentry
[126] Mariel Alper, Matthew R. Durose, and Joshua Markman, 2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014), Special Report, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, May 2018, NCJ 250975, https://bjs.ojp.gov/content/pub/pdf/18upr9yfup0514.pdf
[127] Taxman FS, Perdoni ML, Harrison LD. (2007). Drug treatment services for adult offenders: The state of the state. Journal of Substance Abuse Treatment 32(3), 239-254.

Program Accomplishments

The Criminal Justice Activities portfolio has seen significant improvements across a variety of outcome measures, including alcohol/drug use, criminal justice involvement, employment/school attendance, and housing stability.

Drug Court Program

In FY 2023, SAMHSA funded 93 new and 97 continuation Drug Court grants. The ATDC and FTDC programs collectively served 7,059 clients.

In FY 2023, the ATDC program served 6,222 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 30.7 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 7.4 percent. In addition, the percentage of clients who were employed or attending school increased by 52.7 percent. Those clients who reported being socially connected increased by 8.1 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 30.8 percent.[128]

In FY 2023 the FTDC program served 837 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 49.4 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 7.2 percent. In addition, the percentage of clients who were employed or attending school increased by 35.6 percent. Those clients who reported being socially connected increased by 5.1 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 27.7 percent.[129]

Adult Reentry Program

In FY 2023, SAMHSA funded 34 new and 12 continuation AR Program grants. The AR program served 2,270 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 113.4 percent between intake to 6-month follow-up. Between intake

[128] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 6,222 client intakes assessments, and 1,936 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

[129]Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 837 client intakes assessments, and 302 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 13.5 percent. In addition, the percentage of clients who were employed or attending school increased by 223.5 percent. Those clients who reported being socially connected increased by 5.1 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 113.7 percent.[130]

In FY 2024, SAMHSA anticipates funding 57 new and 117 continuation Drug Court grants and one contract, and four new and 44 continuation AR Program grants. The programs are expected to serve about 7,787 clients.

[130] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 2,270 client intakes assessments, and 746 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

Outputs and Outcomes Table

Program: Criminal Justice – Drug Courts

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.72 Percentage of adult clients receiving services who were currently employed or engaged in productive activities (Outcome)	FY 2023: 64.5 % Target: 62.4 % (Target Exceeded)	67.4 %	67.4 %	Maintain
1.2.73 Percentage of adult clients receiving services who had a permanent place to live in the community (Outcome)	FY 2023: 45.9 % Target: 49 % (Target Not Met)	54 %	54 %	Maintain
1.2.76 Percentage of adult clients receiving services who had no past month substance use (Outcome)	FY 2023: 89.1 % Target: 84.9 % (Target Exceeded)	86.9 %	86.9 %	Maintain
1.2.79 Number of adult clients served (Output)	FY 2023: 7,056 Target: 6,489 (Target Exceeded)	7,787	7,787	Maintain
1.2.80 Percent of clients who report criminal justice	FY 2023: 86.6 Target:	86.6	86.6	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
involvement at baseline who report no criminal justice involvement at six-month follow-up. (Output)	86.6 (Baseline)			

Program: Criminal Justice – Adult Reentry Program

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.80 Number of clients served (Outcome)	FY 2023: 2,270 Target: 2,130 (Target Exceeded)	2,151	2,151	Maintain
1.2.81 Percentage of clients who had no past month substance use (Outcome)	FY 2023: 84.9 % Target: 80.2 % (Target Exceeded)	81.2 %	81.2 %	Maintain
1.2.84 Percentage of clients receiving services who had no involvement with the criminal justice system (Outcome)	FY 2023: 94.2 % Target: 97.1 % (Target Not Met)	98.1 %	98.1 %	Maintain

Minority AIDS Initiative

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Minority AIDS	66.881	66.881	66.881	--

Authorizing Legislation……Section 509 of the Public Health Service Act
FY 2024 Authorization $521,517,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities.... States, political subdivisions of States, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public and nonprofit private entities

Program Description

The purpose of the Minority AIDS Initiative – High Risk Populations Program (MAI-HRP) is to increase engagement in care for racial and ethnic medically underserved individuals with SUDs and/or COD who are at risk for or living with HIV. There is a strong link between SUD, HIV and viral hepatitis, particularly Hepatitis C (HCV). About one in ten new HIV infections in the United States are related to injection drug use,[131] but drinking alcohol and ingesting, smoking, or inhaling drugs are also associated with increased risk for HIV.[132] Injection drug use is the most common method of transmission for HCV in the United States,[133] and there have been increases in new cases of HCV in the United States since 2013.[134] For that reason, the MAI-HRP grant program takes a syndemic approach to SUD, HIV, and viral hepatitis by providing SUD treatment to medically underserved racial and ethnic individuals at risk for or living with HIV and viral hepatitis. To do so, the program incorporates the goals, objectives, and strategies highlighted in the National HIV/AIDS Strategy (NHAS) for the United States (2022 - 2025),[135] and is in alignment with SAMHSA's commitments in the NHAS Federal Implementation Plan (FIP).[136] It also incorporates goals and objectives laid out in the Viral Hepatitis National Strategic Plan[137] and incorporates the pillars of the Ending the HIV Epidemic in the U.S. (EHE) Initiative.[138]

Budget Request

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.

---

[131] https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html
[132] https://www.cdc.gov/hiv/basics/hiv-transmission/substance-use.html
[133] https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm
[134] https://www.cdc.gov/hepatitis/policy/npr/2023/nationalprogressreport-hepc-reduceinfections.htm
[135] https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/
[136] https://files.hiv.gov/s3fs-public/2022-09/NHAS_Federal_Implementation_Plan.pdf
[137] https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf
[138] https://www.cdc.gov/endhiv/index.html

Funding History Table

Fiscal Year	Amount
FY 2021	$65,570,000
FY 2022	$65,570,000
FY 2023 Final	$66,881,000
FY 2024 CR	$66,881,000
FY 2025 President's Budget	$66,881,000

Program Accomplishments

Emerging from the COVID-19 pandemic, grant recipients have continued to serve the public by implementing evidence-based practices (EBP) while offering increased flexibilities, including the use of telehealth and the ability to receive home-based HIV and hepatitis C self-test kits. Grant recipients provide comprehensive whole-person care through creative social media marketing, strong partnerships, continuous community outreach and updated internal processes to engage clients.

In FY 2023, SAMHSA funded 44 new and 85 continuation MAI-HRP grants. The MAI -HR program served 10,354 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 80.2 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 1.7 percent. In addition, the percentage of clients who were employed or attending school increased by 30.8 percent. Those clients who reported being socially connected increased by 8.8 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 4.4 percent.[139]

In FY 2024, SAMHSA anticipates funding 19 new and 105 continuation MAI-HRP grants. SAMHSA anticipates that the MAI-HRP grants will serve 10,185 clients in FY 2024.

[139] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 10,354 client intakes assessments, and 3,166 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023

Outputs and Outcomes Table

Program: Treatment: Minority AIDS Initiative- Targeted Capacity Expansion-HIV

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.1.11 Percentage of adults receiving services who had no past month substance use at 6-month follow-up (Outcome)	FY 2023: 64.3 % Target: 51.1 % (Target Exceeded)	52.1 %	52.1 %	Maintain
2.1.12 Number of clients served (Output)	FY 2023: 10,354 Target: 10,084 (Target Exceeded)	10,185	10,185	Maintain
2.1.13 Percentage of adults receiving services who were currently employed or engaged in productive activities at 6-month follow-up (Outcome)	FY 2023: 59.8 % Target: 56.4 % (Target Exceeded)	57.4 %	57.4 %	Maintain
2.1.14 Percentage of adults receiving services who had a permanent place to live in the community at 6-month follow-up (Outcome)	FY 2023: 52.2 % Target: 56.6 % (Target Not Met)	57.6 %	57.6 %	Maintain

Minority Fellowship Program

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
SAT Minority Fellowship Program	7.136	7.136	7.136	--

Authorizing Legislation .....Section 597 of the Public Health Service Act
FY 2025 Authorization $25,000,000
Allocation Method ..... Grants/Contracts
Eligible Entities..... Organizations that represent individuals obtaining post-baccalaureate training (including for master's and doctoral degrees) for mental and SUD treatment professionals, including in the fields of psychiatry, addiction medicine, nursing, social work, psychology, marriage and family therapy, mental health counseling, and SUD and addiction counseling

Program Description

The MFP program aims to increase the knowledge of mental and/or substance use disorder behavioral health professionals on issues related to prevention, treatment, and recovery support and harm reduction for individuals from racial and ethnic minority populations who have a mental or substance use disorder. Additionally, the program aims to increase the number of culturally competent mental and substance use disorders professionals who teach, administer services, conduct research, and provide direct mental and/or substance use disorder services to racial and ethnic minority populations. Lastly, the program aims to improve the quality of mental and substance use disorder prevention and treatment services delivered to racial and ethnic minority populations.

The program provides stipends to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance use disorder treatment services for minority populations that are underserved. Since its start in 1973, the program has helped to enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, marriage and family therapy, mental health counseling, psychology, substance use/addiction counseling, marriage and family therapists and professional counselors. This program is jointly administered by the CSUS, CSUP, and CMHS.

The jointly funded MFP program supports fellowships for hundreds of students as well as supports additional training through webinars on culturally appropriate services to thousands of students.

Budget Request

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

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$5,789,000
FY 2022	$5,789,000
FY 2023 Final	$7,136,000
FY 2024 CR	$7,136,000
FY 2025 President's Budget	$7,136,000

Program Accomplishments

In FY 2023, SAMHSA supported eight braided MFP grant continuations, one CSAT grant continuation and one contract. In addition, 1,200 health professionals in the field of mental health and/or SUD and related workforce were trained in specific mental health and/or substance use-related practices/activities. SAMHSA completed 130 events, and 2,620 participants were targeted.

In FY 2024, SAMHSA will award eight new MFP grants and fund one contract. The program will continue to train behavioral health professionals on issues related to prevention, treatment, and recovery support for individuals who are from racial and ethnic minority populations and have a mental or co-occurring mental and substance use disorder (COD), and to improve the quality of care provided to individuals.

Addiction Technology Transfer Centers

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Addiction Technology Transfer Centers	9.046	9.046	9.046	--

Authorizing Legislation .....Section 509 of the Public Health Service Act
FY 2025 Authorization $521,517,000
Allocation Method .....Competitive Grants/Contracts/Cooperative Agreements
Eligible Entities..... States, political subdivisions of States, political subdivisions of states, Indian Tribes or Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public or nonprofit private entities

Program Description

The estimated cost of substance use in the United States – including illegal drugs, alcohol, and tobacco – is more than $740 billion a year and growing.[140] Substance misuse in the U.S. costs society in increased healthcare expenses, crime, and lost productivity. In recent years, the nation's attention has been on the increased misuse and lethal consequences of opioids. According to the Centers for Disease Control and Prevention (CDC), provisional data indicate there were 106,363 drug overdose deaths in the United States during the 12-month period ending in August 2023. Of the drug overdose deaths, 80,609 involved opioids.[141] Illicitly manufactured fentanyl continues to drive the majority of deaths, with an emerging threat of fentanyl mixed with xylazine[142]. Mortality rates due to cocaine and psychostimulants such as methamphetamine are also on the rise. The misuse of opioids and opioid use disorder, including prescription pain relievers, heroin, and synthetic opioids such as fentanyl, is a serious national crisis that affects public health as well as social and economic welfare, and that was exacerbated by the COVID-19 pandemic. The country continues to deal with the repercussions of the pandemic's effect on substance use disorders (SUD) and will do so for years to come.

SUDs are among the leading causes of disability in the United States. In 2022, among people aged 12 or older, about 17 percent had a SUD.[143] Despite high prevalence rates, many people who require behavioral health services do not receive quality care, due in part to behavioral health workforce shortages as well as deficiencies in knowledge, skills, and capacity across the behavioral health workforce to meet the unmet needs of diverse and underserved populations.

In response to the aforementioned national crises, the purpose of the Technology Transfer Centers (TTCs) is to develop and strengthen the specialized behavioral healthcare and broad primary healthcare workforce who provides the continuum of prevention, public health harm reduction, treatment, and recovery support services for SUD and mental illness. The program's mission is to

[140] https://nida.nih.gov/research-topics/trends-statistics
[141] https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm
[142] https://www.cdc.gov/drugoverdose/deaths/other-drugs/xylazine/faq.html
[143] https://www.samhsa.gov/data/sites/default/files/reports/rpt42730/2022-nsduh-infographic-report.pdf

help practitioners and organizations incorporate effective evidence-based practices across the continuum of behavioral health. The TTCs are comprised of multiple networks, which include the Addiction Technology Transfer Centers (ATTC) network.

In 1993, SAMHSA established the ATTC network, which has undergone several maturations to evolve over time. The current iteration of the ATTC network includes ten regional ATTCs and a ATTC National Coordinating Office. Together, the ATTC network serves the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands. The target audience of the ATTC network includes medical and behavioral health professionals, recovery specialists, addiction counselors, criminal justice professionals, administrators, and educators.

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

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$9,046,000
FY 2022	$9,046,000
FY 2023 Final	$9,046,000
FY 2024 CR	$9,046,000
FY 2025 President's Budget	$9,046,000

Program Accomplishments

The ATTCs have been improving and updating their programs to offer novel training and technical assistance options that include multiple learning components in new delivery formats focused on changing practices. With lessons from the COVID-19 pandemic, the network has developed a robust virtual platform that has proven successful in supporting healthcare professionals with

telehealth strategies and many adaptations of evidence-based interventions for virtual settings. Using this platform and other training modalities, the ATTC network will continue to respond to the differential impact of the evolving overdose crisis by addressing the needs of providers and continuing to develop resources to help to address the needs of all communities.

In FY 2023, ATTCs conducted 1,266 total events, which were attended by 41,826 total participants. Participant satisfaction rates were consistently high, with over 87.6 percent of participants reporting that they were satisfied with the overall quality of training or technical assistance events; over 88 percent of participants reporting that they expected benefits to themselves, clients, professional development, practice, or community from the events they attended; and 77.5 percent of participants reporting that they expect the events will improve their ability to work effectively.

In FY 2023, SAMHSA funded a nine-month extension for the National American Indian and Alaska Native ATTC and 12-month continuation for the National Hispanic and Latino ATTC, as a part of the ATTC network evolution that reconfigured the population-focused ATTCs into Centers of Excellence. Additionally, in FY 2023, SAMHSA funded a 12-month extension for 11 ATTC cooperative agreements (ten regional ATTCs and one ATTC National Coordinating Office) to continue to disseminate evidence-based promising practices that are effective in combating substance misuse, including the opioid crisis.

In FY 2024, SAMHSA anticipates awarding 11 new ATTC cooperative agreements for 10 regional ATTCs and one ATTC National Coordinating Office. In FY 2024, ATTCs will conduct an estimated 1,200 events, with an estimated 40,000 total participants.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	16.000	16.000	16.000	--

Authorizing Legislation ..... Section 516 of the PHS Act
FY 2025 Authorization.....$218,219,000
Allocation Method .....Competitive Grants, Contracts
Eligible Entities.. States, political subdivisions of States, Indian Tribes or Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public and nonprofit private entities

Program Description

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

The Grants to Prevent Prescription Drug and Opioid Overdose-Related Deaths program is a key component of the public health response to the overdose epidemic. It uses a combination of community-based public health prevention and harm reduction strategies across the substance use prevention continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities and offer an engagement opportunity and linkage to care for people with a SUD. This program promotes integration of substance use disorder prevention information, activities into primary health care systems, and emerging drug issues.

Budget Request

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

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$14,000,000
FY 2022	$14,000,000
FY 2023 Final	$16,000,000
FY 2024 CR	$16,000,000
FY 2025 President's Budget	$16,000,000

Program Accomplishments

In FY 2023, SAMHSA funded three new and 15 continuation grants. Grantees exceeded targets by distributing 90,072 opioid overdose reversal medication kits and by training 32,555 professional first responders, lay persons and other community organization staff, medical professionals, and other individuals through 4,933 trainings. 93.3 percent of trainees reported feeling confident administering naloxone or other opioid overdose reversing medications and 89.6 percent perceived they had learned new information.

In FY 2024, SAMHSA anticipates funding 18 continuation grants. The program has set a FY 2024 target to distribute 50,000 naloxone or other opioid overdose reversal medication kits and to train 15,000 people.

SAMHSA adjusted its targets for FY 2023 and FY 2024 as a "correction to former targets" to better reflect real life circumstances within the communities in which grantees conduct business. These targets align with SAMHSA's efforts to reduce opioid overdose by saturating communities with high rates of opioid overdose with opioid overdose reversal medications, trained first responders and concerned public citizens, who have been trained to administer naloxone to those experiencing an overdose, and support the increased emphasis to refer these individuals into buprenorphine and other and modalities of treatment and recovery supports, wherever appropriate.

Outputs and Outcomes Table

Program: PDO/Naloxone

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
5.0 Number of FDA-approved opioid overdose-reversing medication kits distributed. (Output)	FY 2023: 90,072 Target: 36,719 (Target Exceeded)	50,000.0	50,000.0	Maintain
5.1 Number of individuals trained in how to administer FDA-approved opioid overdose-reversing medication (Output)	FY 2023: 27,266 Target: 8,207 (Target Exceeded)	15,000.0	15,000.0	Maintain

Peer Support Technical Assistant Center

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Peer Support TA Center	2.000	2.000	2.000	--

Authorizing Legislation ..... Sec. 7152 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act
FY 2025 Authorization $0
Allocation Method ..... Competitive Grants
Eligible Entities..... Recovery Community Organizations (RCOs) (as defined in section 547 of the Public Health Service Act) and peer support networks

Program Description

The Peer Recovery Center of Excellence (PRCOE) provides peer recovery support services through training and technical assistance for recovery community organizations (RCO) as well as peer support networks and other settings in which people with substance use disorders seek services. The Center reinforces recovery as a guiding principle in SAMHSA's policies, programs, and services. In FY 2024, the PRCOE program evolved to support efforts to strengthen the peer workforce while expanding its scope to include peer and other recovery support services across focused, professional, and educational settings. Focus areas include 1) expanding and strengthening the peer workforce, 2) advancing peer and recovery support in focused settings, and 3) advancing recovery in professional and educational settings. Each focus area includes a set of objectives that guide training and technical assistance efforts. Examples of these include peer financing and certification, recovery housing, strengthening the peer workforce in clinical treatment settings, expanding the role of recovery support in criminal justice and educational settings, and advancing recovery-ready workplace efforts.

RSS – CoE aligns with one of the ONDCP drug policy priorities, "Expanding access to recovery support services," as well as the four dimensions of 2022 National Drug Control Strategy of building a "recovery-ready nation" of "home, health, purpose, and community," which aims to expand RSS and PRSS capacity and foster the adoption of more consistent standards for the peer workforce, Recovery Counseling Centers (RCC), RCOs, and similar peer-led organizations.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$1,000,000
FY 2022	$1,000,000
FY 2023 Final	$2,000,000
FY 2024 CR	$2,000,000
FY 2025 President's Budget	$2,000,000

Program Accomplishments

In FY 2023, SAMHSA funded one grant. Over the course of FY 2023, the PRCOE conducted trainings, provided 1-on-1 technical assistance, and developed products that align with each of the outlined focus areas (Diversity, Equity, and Inclusion (DEI), Evidence-Based Practices, RCO Capacity Building, Peer Workforce Development, and Peer Services Integration). This included 78 total trainings/webinars that trained a total of 4,511 participants. Specific examples include a training on harm reduction and peer support (92 peers/non-clinical professionals trained), Supervisors of PRSS—Supporting Staff Navigating Work-Related Loss (mix of 48 non-clinical and clinical professionals trained), and PRSS—Exploring and Defining Lived Experience (68 non-clinical professionals trained). The PRCOE also added a new focus area (DEI) and added an additional advisory group member to lead related efforts. The PRCOE exceeded targets for numbers trained. In FY 2024, the target was increased based on FY 2023 actuals and will be maintained in FY 2025.

In FY 2024, the program anticipates funding one new grant and training 2,500 people.

Outputs and Outcomes Table

Program: Peer Support Technical Assistance Center

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.1.0 Number of people train for the support of the recovery community organizations and peer support networks (Output)	FY 2023: 4,511 Target: 2,100 (Target Exceeded))	2,500	2,500	Maintain

Treatment, Recovery, and Workforce Support

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Treatment, Recovery, and Workforce Support	12.000	12.000	12.000	--

Authorizing Legislation ..... Section 7183 of the SUPPORT Act
FY 2025 Authorization $521,517,000
Allocation Method ..... Competitive Grants
Eligible Entities.... Entities that offer treatment or recovery services for individuals with SUD and partners with one or more local or State stakeholders

Program Description

The purpose of the Treatment, Recovery, Workforce Support (TRWS) program is to support individuals in SUD and/or COD treatment and recovery to live independently and participate in the workforce. In 2022, 21.2 million or 71 percent of adults who perceived ever having a substance use problem considered themselves to be in recovery or to have recovered. Additionally, 40.8 million or 65.8 percent of adults who perceived ever having a mental health issue considered themselves to be in recovery or to have recovered. Among people aged 12 or older, 48.7 million or about 17 percent had an SUD in the past year.[144]

One of the pillars of recovery is gainful employment. The TRWS program aims to help participants gain viable employment while supporting their recovery journey. This program requires grant recipients to coordinate among state workforce development boards, local workforce development boards, state agencies responsible for a workforce investment activity, Indian Tribes, Tribal organizations, and state agencies responsible for carrying out SUD or COD prevention and treatment programs.[145] Grantees in the TRWS program ascertain the economic and workforce impacts associated with high rates of SUD and COD and coordinate with and align statewide employment and training activities to assist in matching individuals with SUD and COD with employers.

Budget Request

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.

[144] https://www.samhsa.gov/data/sites/default/files/reports/rpt42730/2022-nsduh-infographic-report.pdf

Funding History Table

Fiscal Year	Amount
FY 2021	$10,000,000
FY 2022	$10,000,000
FY 2023 Final	$12,000,000
FY 2024 CR	$12,000,000
FY 2025 President's Budget	$12,000,000

Program Accomplishments

In FY 2023, SAMHSA funded four new and 20 continuation TRWS grants. The TRWS program served 2,012 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 13.8 percent between intake and 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 1.7 percent. In addition, the percentage of clients who were employed or attending school increased by 244.8 percent. Those clients who reported being socially connected decreased by 0.7 percent from intake to 6-month follow-up. However, the percentage of clients who reported housing stability increased by 59.0 percent.[146]

Successes in the TRWS program include pre-employment sessions that entail resume building, mock-interviewing, review of employment options, risks and benefits of employment opportunities, and guidelines for follow-up interviews. Moreover, the TRWS program has resulted in increased collaborations with recovery-friendly organizations. Grant recipients have continued to utilize telemedicine and virtual mediums to engage clients, provide entrepreneurial training and support programs, and work to improve linkages between one-stop delivery systems and employers in their state. One grant recipient offers in demand occupational training credentials with a focus in the sectors of customer service, hospitality, and culinary. Workforce staff have also met with local stakeholders and other local training institutions that can offer access to other employment resources and opportunities.

In FY 2024, SAMHSA anticipates funding 24 continuation TRWS grants. In FY 2024, TRWS program expects to serve 836 clients, with 233 clients having stable housing outcomes at the six-month follow-up.

Outputs and Outcomes Table

[146] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 2,012 client intakes assessments, and 444 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

Program: Treatment, Recovery, and Workforce Support

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.21.1 Number of people participating in the workforce (Output)	FY 2023: 2,012 Target: 828 (Target Exceeded)	836	836	Maintain
1.21.2 Number of clients who report having stable housing at six-month follow-up (Outcome)	FY 2023: 132 Target: 231 (Target Not Met)	233	233	Maintain

Emergency Department Alternatives to Opioids

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Emergency Department Alternatives to Opioids	8.000	8.000	8.000	--

Authorizing Legislation ...Section 7091 of the SUPPORT Act, as amended by section 1221 of the Consolidated Appropriations Act, 2023
FY 2025 Authorization $10,000,000
Allocation Method .....Competitive Grants
Eligible Entities.....Hospitals and Emergency Departments

Program Description

The Emergency Department-Alternatives to Opioids (EDAO) grant program, authorized under Section 7091 of the SUPPORT Act for Patients and Communities, began as a demonstration project in FY 2021, and was revised to an ongoing grant program in 2023. This program supports training, development and implementation of alternatives to opioids for pain management in hospitals and ED settings to reduce the likelihood of future opioid misuse. The EDAO program provides funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. These funds are used to target common painful conditions, train providers and other hospital personnel to recognize the presence of an opioid use disorder, initiate treatment as appropriate, and provide alternatives to opioids for patients with painful conditions.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$6,000,000
FY 2022	$6,000,000
FY 2023 Final	$8,000,000
FY 2024 CR	$8,000,000
FY 2025 President's Budget	$8,000,000

Program Accomplishments

In FY 2023, SAMHSA funded 15 new and two continuation grants. The 12 grantees that were funded from 2021-2024 were demonstration grants, as noted above. They all implemented alternatives to opioids in the EDs, trained providers in identifying and managing OUD. Several built relationships with local OTP providers to link patients to ongoing treatment

In FY 2024, SAMHSA anticipates funding 15 continuation grants and one new grant.

ED practitioners supported by this program are employing a growing range of non-opioid analgesic pain relievers and non-pharmacological interventions since program inception, such as use of virtual reality, physical therapy and Transcutaneous Electrical Nerve Stimulation (TENS units). As demonstration projects with varying activities, data collected by these grantees varied. However, as an example of the reach of the program, one grantee provided training to 160 providers practitioners and treated 35,226 during FY 2023. Similarly, another grantee trained 119 practitioners and treated 38,225 patients with non-opioid therapies. The EDAO program was revised from a demonstration grant to an ongoing, funded program with the Consolidated Appropriations Act of 2023. With that change, data collection will be standardized among grantees.

Outputs and Outcomes Table

Program: Emergency Department Alternative to Opioids

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.60.1 Number of providers trained on non-opioids therapies.[1] (Output)	FY 2023: TBD Target: 2,493 (Target Status: TBD)	2,520	2,520	Maintain
1.60.2 Number of patients who received non-opioid therapies. [2] (Output)	FY 2023: TBD Target: 114,698 (Target Status: TBD)	115,850	115,850	Maintain

[1] FY 2023 data for this measure is delayed due to tool change.
[2] ibid

Comprehensive Opioid Recovery Centers

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Comprehensive Opioid Recovery Centers	6.000	6.000	6.000	--

Authorizing Legislation .....…Section 552 of the Public Health Service Act
FY 2025 Authorization $0
Allocation Method .....Competitive Grants
Eligible Entities .....Single Entities and Integrated Delivery Networks that Offer Treatment and Other Services to Individuals with SUD

Program Description

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

CORC grantees have been utilizing funding to expand access to comprehensive services in a variety of ways, including improving the system of comprehensive MOUD care at the county level; improving access to overdose reversal medications and providing follow-up with clients who have experienced overdose reversals; removing barriers to accessing MOUD in residential treatment; engaging special populations, such as homeless persons, tribal members, LGBTQI+, people in correctional settings and those on probation; and increasing access to services for those in underserved areas. Grantees have also ensured access to recovery-based services, including recovery housing and support.

Budget Request

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

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$5,000,000
FY 2022	$5,000,000
FY 2023 Final	$6,000,000
FY 2024 CR	$6,000,000
FY 2025 President's Budget	$6,000,000

Program Accomplishments

In FY 2023 the CORC program funded two new and five continuation grants and served 353 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 66.7 percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 2.2 percent. In addition, the percentage of clients who were employed or attending school increased by 70.6 percent. Those clients who reported being socially connected increased by 7.0 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 71.4 percent.[147]

In addition to directly providing services and supports grantees are also required to conduct outreach activities. Grantees have provided outreach on the effectiveness of MOUD and strategies for overdose reversals to a variety of stakeholders, including criminal justice staff, college campuses, state health department representatives, Tribes, first responders, public transportation employees, and veterans' services organizations.

In FY 2024, SAMHSA anticipates funding one new and five continuation grants, and is targeting to serve a baseline of 264 clients. Grantees will continue to raise awareness of MOUD services and overdose reversal medications in FY 2024 and FY 2025.

[147] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 353 client intakes assessments, and 96 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.

Outputs and Outcomes Table

Program: Comprehensive Opioid Recovery Centers

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.1 Percentage of adults receiving services who had no past month substance use at 6-month follow-up (Output)	FY 2023: 89.5 % Target: 90.2 % (Target Not Met)	91.2 %	91.2 %	Maintain
1.3.1 Percentage of clients who enrolled in school or achieved employment as a result of this program (Outcome)	FY 2023: 61.5% Target: 65.9 % (Target Not Met but Improved)	66.9 %	66.9 %	Maintain
1.4.1 Number of adults receiving recovery housing and community based and peer recovery support services at 6-month follow-up (Output)	FY 2023: 296 Target: 25 (Target Exceeded)	26	26	Maintain
1.6.1 Percentage of clients diagnosed with an OUD and received MOUD (Output)	FY 2023: 58.5 Target: 58.5 (Baseline)	58.5	58.5	Maintain

First Responder Training – Comprehensive Addiction and Recovery Act

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
First Responder Training (CARA)	56.000	56.000	56.000	--
First Responder Training (non-add)	*25.000*	*25.000*	*25.000*	--
Rural Set-Aside (non-add)	*31.000*	*31.000*	*31.000*	--

Authorizing Legislation ..... Section 546 of the PHS Act
FY 2025 Authorization $0
Allocation Method…….....Competitive Grants
Eligible Entities..States, local government entities, and Indian Tribes and Tribal organizations (as defined in section 4 of the Indian Self-Determination and Education Assistance Act)

Program Description

SAMHSA's First Responder Training – Comprehensive Addiction and Recovery Act (FR-CARA) program is an important part of the US government's response to the opioid crisis. The program provides resources to first responders and members of other key community sectors at the state, tribal, and other government levels to train, carry, and administer Federal Food, Drug, and Cosmetic Act approved drugs and devices for emergency reversal of known or suspected opioid overdose. It uses a combination of community-based public health prevention and harm reduction strategies across the continuum to mitigate the impact of the overdose epidemic within communities. These community-based public health prevention efforts serve the high-risk population outside of substance use treatment facilities, and provide a linkage and engagement point to treatment for individuals with a substance use disorder. The program serves populations disproportionately impacted (relative to national averages) by opioid use as evidenced by high rates of opioid and other drug-related overdose.

Rural Emergency Medical Services Training Grant

The Rural Emergency Medical Services Training Grant (EMS Training) program is a program to recruit and train EMS personnel in rural areas with a particular focus on addressing mental and substance use disorders. This program also provides activities to develop new ways to educate emergency health care providers using technology-enhanced educational methods. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$46,000,000
FY 2022	$46,000,000
FY 2023 Final	$56,000,000
FY 2024 CR	$56,000,000
FY 2025 President's Budget	$56,000,000

Program Accomplishments

In FY 2023, the program funded 64 new and 47 continuation grants that expand organizational and workforce capacity to enhance linkage to care for people at risk for opioid overdose and implement innovative prevention activities. Grantees exceeded FY 2023 targets by distributing 101,210 opioid overdose reversal medication kits. They also exceeded FY 2023 targets by training 76,641 professional first responders, lay persons and other community organization staff, medical professionals, and other individuals through 16,644 trainings. 89 percent of trainees reported feeling confident administering naloxone or other opioid overdose reversing medications and 94.4 percent perceived they had learned new information. These increases are likely due to significant efforts by CSAP/SAMHSA to improve grantee data reporting as well as focused efforts by SAMHSA to work with states and communities to expand access to naloxone and other opioid overdose reversal medications.

In FY 2024, the program anticipates funding 61 new and 66 continuation grants with a target of 130,000 opioid overdose reversal medication kits distributed and 25,000 first responders trained. SAMHSA will adjust the FY 2025 targets for number of medication kits distributed to 100,000 based on FY 2023 actuals and will maintain the number of first responders trained. SAMHSA has begun an evaluation of this program and anticipates preliminary findings in FY 2025.

Output and Outcome Table

Program: First Responder Training-CARA

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
5.0.1 Number of FDA-approved opioid overdose-Reversing medication kits distributed (Output)	FY 2023: 101,210 Target: 58,025 (Target Exceeded)	130,000	100,000	30,000
5.1.1 Number of individuals trained in how to administer FDA-approved opioid overdose-Reversing medication. (Output)	FY 2023: 76,641 Target: 10,690 (Target Exceeded)	25,000	25,000	Maintain

Youth Prevention and Recovery Initiative

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Youth Prevention and Recovery Initiative.....	2.000	2.000	2.000	--

Authorizing Legislation .....Section 514 of the Public Health Service Act
FY 2025 Authorization $29,605,000
Allocation Method ..... Competitive Grants
Eligible Entities..... Public and private nonprofit entities, including Indian Tribes or Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Edu cation Assistance Act), and health facilities or programs operated by or in accordance with a contract or grant with the Indian Health Service

Program Description

The ongoing opioid overdose crisis continues to affect adolescents and young adults adversely. Medications for Opioid Use Disorder (MOUD) are a safe and effective treatment that has the potential to reduce opioid use and associated harms. However, access to MOUD for adolescents and young adults remains low. To provide MOUD to adolescents and young adults who may need it, healthcare providers must be able to prescribe these medications. They must also have access to the latest resources and training to prescribe MOUD safely and effectively.

In FY 2023, a new initiative, Preventing Youth Overdose: Treatment, Recovery, Education Awareness and Training (PYO-TREAT), was launched for healthcare providers and other entities. The purpose of PYO-TREAT is to increase access to MOUD for adolescents and young adults, train healthcare providers on the safe prescribing of MOUD, educate parents, families, and school personnel on OUD and MOUD, and raise awareness about the increasing exposure of young people to illicitly manufactured fentanyl. Results released from the 2022 National Survey on Drug Use and Health shows the prevalence of opioid use increases with age from adolescents, 12 to 17 years of age (1.6 percent or 406,000 people) to young adults, 18 to 25 years of age (3.2 percent or 1.1 million people).[148] The program aims for healthcare providers and other entities to create SUD treatment and prevention programs that include the appropriate use of MOUD for adolescents and young adults

SAMHSA intends to continue advancing the goal of increasing integrated behavioral health access to children, youth, and families by allocating funding for fiscal year (FY) 2025 to support the Youth Prevention and Recovery Initiative for Adolescents and Young Adults Program.

[148] https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-nnr.pdf

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	---
FY 2022	---
FY 2023 Final	$2,000,000
FY 2024 CR	$2,000,000
FY 2025 President's Budget	$2,000,000

Program Accomplishment

In FY 2023, SAMHSA funded four new PYO-TREAT grants. Data from this initial cohort of grantees, that will serve as a baseline for future years, will be available in the spring of 2024.

In FY 2024, SAMHSA anticipates funding four continuations of the PYO-TREAT grants.

Community Harm Reduction and Engagement Initiative

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Community Harm Reduction and Engagement Initiative(new).....	--	--	10.000	10.000

Authorizing Legislation……Section 509 of the Public Health Service Act
FY 2025 Authorization $521,517,000
Allocation Method .....Competitive Grants/Contracts
Eligible Entity ……States, political subdivisions of States, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), health facilities, programs operated by or in accordance with a contract or grant with the Indian Health Service, and other public and nonprofit private entities

Program Description

Harm reduction is a proactive and evidence-based public health approach to reduce the negative individual and public health impacts of alcohol and other substance use and substance use disorders (SUD). With millions of Americans meeting diagnostic criteria for a SUD and not receiving treatment, harm reduction approaches engage individuals in lifesaving care that meets people where they are. The Community Harm Reduction and Engagement Initiative will address gaps in care by supporting broad-based community harm reduction activities and linkages to services.

Specifically, harm reduction services can:

- Connect individuals to overdose education, counseling, and referral to treatment for infectious diseases and substance use disorders.
- Distribute opioid overdose reversal medications (e.g., naloxone) to individuals at risk of overdose, or to those who might respond to an overdose.
- Lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections.
- Reduce infectious disease transmission among people who use drugs, including those who inject drugs by equipping them with accurate information and facilitating referral to resources.
- Reduce overdose deaths, promote linkages to care, facilitate co-location of services as part of a comprehensive, integrated approach.
- Reduce stigma associated with substance use and co-occurring disorders.
- Promote a philosophy of hope and healing by utilizing those with lived experience of recovery in the management of harm reduction services, and connecting those who have expressed interest to treatment, peer support workers and other recovery support services.
- Support any positive change.

This program is based on the pilot Harm Reduction grant program launched by SAMHSA in FY 2022. In FY 2023, through SAMHSA's pilot Harm Reduction grant program, 177,789 service encounters were made, with 8,505 linkages to services, including to treatment, recovery, and peer services. Grantees distributed 1,056 medication lock boxes and 16,622 sharp/medication disposal

boxes as well as distributing 105,056 safer sex kits. Grantees conducted 30,378 trainings on naloxone and other opioid overdose reversal medications with 66,333 individuals receiving training. They provided other overdose prevention services to 16,062 individuals.

SAMHSA's Community Harm Reduction and Engagement Initiative program builds upon the following three components:

1) Support for smaller community-based harm reduction service organizations focused on high-risk populations such as those experiencing homelessness;
2) Expansion grants to existing programs such as SAMHSA's dedicated harm reduction program, Targeted Capacity Expansion-Special Projects program, and Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) program, with the inclusion of low-threshold buprenorphine initiation for opioid use disorder and linkages to harm-reduction oriented SUD treatment services; and
3) Technical assistance to support communities and organizations seeking to establish or improve existing harm reduction services.

In addition to the above, this new harm reduction program will facilitate the distribution of naloxone and other opioid overdose reversal medications to help prevent overdose deaths, increase testing for HIV and viral hepatitis and improve access to infectious disease care, and provide peer support services. Data for FY 2023 measures of numbers of linkages to support, numbers of substance test kits distributed, and number of syringes distributed, as allowable under the American Rescue Plan authorizing language for the pilot Harm Reduction Program, are used to establish baseline for this program.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	---
FY 2022	---
FY 2023 Final	---
FY 2024 CR	---
FY 2025 President's Budget	$10,000,000

Outputs and Outcomes Table

Program: Community Harm Reduction and Engagement Initiative

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2025 Target	FY 2025 Target +/-FY 2023 Target
6.1.1 Number of Linkages to support services (Output)	FY 2023: 8,505 Target: 8,505 (Baseline)	8,505	8,505	Maintain
6.1.2 Number of Substance Test Kits Distributed (Output)	FY 2023: 116,521 Target: 116,521 (Baseline)	116,521	116,521	Maintain
6.1.3 Number of Syringes Distributed (Output)	FY 2023: 4,798,960 Target: 4,798,960 (Baseline)	4,798,960	4,798,960	Maintain

Women's Behavioral Health Technical Assistance Center

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Women's Behavioral Health Technical Assistance Center	--	--	1.750	1.750

Authorizing Legislation…….....Section 2707 of the American Rescue Plan
FY 2025 Authorization $1,750,000
Allocation Method ..... Grant
Eligible Entity ……..…State, Local, Tribal, and Territorial government, Tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations

Program Description

The Women's Behavioral Health Technical Assistance (TA) Center program is a joint effort between the Center for Mental Health Services (CMHS) and the Center for Substance Use Services (CSUS). It is a five-year program to create a national system of clinical consultation and technical assistance (TA) for health providers of various disciplines spanning topics across the lifespan within the field of women's (including female adolescents) mental health and substance use (e.g., equity, intimate partner violence, medical co-morbidities, maternal and perinatal, suicide and crisis, and trauma). The TA center aims to improve the use of data and evidence by focusing on its applications to patient care and implementation in various health settings. This TA Center would be outcome- and measurement-focused building on SAMHSA's experience with similar clinical consultation type models, including the Provider Clinical Support System (PCSS), and the SMI Advisor TA center. The center improves the customer experience compared to other TA initiatives because it provides interdisciplinary, on-demand, flexible and individually tailored technical assistance on topics often not covered in their traditional educational courses.

This program is expected to positively impact the mental and substance use-related health of thousands of women across the nation by better equipping multidisciplinary providers to individually address and treat women's behavioral health disorders with the most up to date evidence-based interventions, rather than refer them out to limited specialists. The program will have a national reach and will assist providers in rural areas and other areas with traditionally low access. This is a resource that could potentially change the national landscape of women's behavioral health treatment.

Budget Request

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 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.

Funding History Table

Fiscal Year	Amount
FY 2021	---
FY 2022	---
FY 2023 Final	---
FY 2024 CR	---
FY 2025 President's Budget	$1,750,000

PRNS Mechanism Table
Center for Substance Use Services
Summary

(Dollars in millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
Programs of Regional & National Significance	**No.**	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Grants						
Continuations	661	310.566	845	430.171	953	497.325
New/Competing	429	208.596	230	102.285	150	51.184
Supplements	19	18.423	---	0.042	---	--
Subtotal	1,109	537.586	1,075	532.498	1,103	548.509
Contracts						
Continuations	3	33.54	4	41.938	4	41.416
New	3	3.09	---	0.217	---	1.044
Supplements	---	---	---	---	---	---
Subtotal	6	36,633	4	41,721	4	42,460
Total, Substance Use Services PRNS	**1,115**	**574.219**	**1,079**	**574.219**	**1,107**	**590.969**

Supplements encompass additional resources and interventions provided by state agencies to enhance existing programs.

PRNS Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

Programs of Regional & National Significance	FY 2023 Final No.	FY 2023 Final Amount	FY 2024 CR No.	FY 2024 CR Amount	FY 2025 President's Budget No.	FY 2025 President's Budget Amount
Capacity:						
Opioid Treatment Programs/Regulatory Activities						
Grants						
Continuations	18	4.662	3	3.244	21	8.534
New/Competing	5	4.209	17	5.400	---	--
Supplements*	---	--	---	--	---	--
Subtotal	23	8.871	20	8.644	21	8.534
Contracts						
Continuations	1	0.959	2	1.933	2	1.918
New/Competing	1	0.894	---	0.147	---	0.272
Subtotal	2	1.853	2	2.080	2	2.190
Total, Opioid Treatment Programs/Regulatory Activities	**25**	**10.724**	**22**	**10.724**	**23**	**10.724**
Screening, Brief Intervention and Referral to Treatment						
Grants						
Continuations	26	24.777	20	21.591	30	31.585
New/Competing	7	6.898	10	9.950	---	--
Supplements*	---	--	---	--	---	--
Subtotal	33	31.675	30	31.541	30	31.585
Contracts						
Continuations	--	2.064	--	2.274	--	2.146
New/Competing	--	0.101	---	0.026	---	0.110
Subtotal	---	2.165	---	2.299	---	2.255
Total, Screening, Brief Intervention and Referral to Treatment	**33**	**33.840**	**30**	**33.840**	**30**	**33.840**
Targeted Capacity Expansion						
Grants						
Continuations	179	96.115	202	113.011	183	105.746
New/Competing	25	19.612	2	0.750	22	8.250
Supplements*	---	--	---	0.042	---	--
Subtotal	204	115.726	204	113.803	205	113.996
Contracts						
Continuations	---	6.626	---	8.551	---	8.189
New/Competing		0.063	---	0.062	---	0.232
Supplements*	---	--	---	--	---	--
Subtotal		6.690	---	8.613	---	8.420
Total, Targeted Capacity Expansion	**205**	**122.416**	**204**	**122.416**	**205**	**122.416**

PRNS Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

Programs of Regional & National Significance	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Pregnant and Postpartum Women						
Grants						
Continuations	34	18.981	57	32.233	58	34.143
New/Competing	30	17.789	5	4.125	12	7.050
Supplements*	---	--	---	--	---	--
Subtotal	64	36.770	62	36.358	70	41.193
Contracts						
Continuations	---	2.107	---	2.672	---	2.885
New/Competing	---	0.054	---	0.099	---	0.147
Supplements*	---	--	---	--	---	--
Subtotal	---	2.161	---	2.573	---	2.738
Total, Pregnant and Postpartum Women	**64**	**38.931**	**62**	**38.931**	**70**	**43.931**
Recovery Community Services Program						
Grants						
Continuations	8	2.399	14	4.033	9	2.534
New/Competing	7	1.795	---	--	5	1.500
Supplements **	---	--	---	--	---	--
Subtotal	15	4.194	14	4.033	14	4.034
Contracts						
Continuations	--	0.240	--	0.304	---	0.291
New/Competing	---	--	---	0.097	---	0.109
Subtotal	---	0.240	---	0.401	---	0.400
Total, Recovery Community Services Program	**15**	**4.434**	**14**	**4.434**	**14**	**4.434**
Children and Families						
Grants						
Continuations	19	9.794	53	28.470	53	28.473
New/Competing	35	18.873	---	--	---	--
Supplements *	---	--	---	--	---	--
Subtotal	54	28.667	53	28.470	53	28.473
Contracts						
Continuations	--	1.635	--	2.072	---	1.983
New/Competing	--	0.104	---	0.345	---	0.259
Subtotal	---	1.530	---	1.727	---	1.724
Total, Children and Families	**54**	**30.197**	**53**	**30.197**	**53**	**30.197**

PRNS Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

Programs of Regional & National Significance	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
	No.	Amount	No.	Amount	No.	Amount
Treatment Systems for Homeless						
Grants						
Continuations	51	19.166	61	27.279	62	28.892
New/Competing	31	15.305	14	7.000	11	5.500
Supplements *	---	0.499	---	--	---	--
Subtotal	82	34.969	75	34.279	73	34.392
Contracts						
Continuations	--	2.009	--	2.547	---	2.437
New/Competing	--	0.136	---	0.288	---	0.285
Subtotal	---	2.145	---	2.835	---	2.722
Total, Treatment Systems for Homeless	**82**	**37.114**	**75**	**37.114**	**73**	**37.114**
Minority AIDS						
Grants						
Continuations	85	41.208	105	52.310	124	62.293
New/Competing	44	21.953	19	10.000	---	--
Supplements *	---	--	---	--	---	--
Subtotal	129	63.161	124	62.310	124	62.293
Contracts						
Continuations	--	3.620	--	4.590	---	4.392
New/Competing	--	0.100	---	0.019	---	0.196
Subtotal	---	3.720	---	4.571	---	4.588
Total, Minority AIDS	**129**	**66.881**	**124**	**66.881**	**124**	**66.881**
Criminal Justice Activities						
Grants						
Continuations	109	30.301	161	60.654	208	83.506
New/Competing	127	55.656	61	25.300	6	2.550
Supplements *	---	--	---	--	---	--
Subtotal	236	85.957	222	85.954	214	86.056
Contracts						
Continuations	2	7.423	1	8.024	1	7.792
New/Competing	--	0.620	---	0.022	---	0.152
Subtotal	2	8.043	1	8.046	1	7.944
Total, Criminal Justice Activities	**238**	**94.000**	**223**	**94.000**	**215**	**94.000**
Improving Access to Overdose Treatment						
Grants						
Continuations	---	--	7	1.400	7	1.400
New/Competing	7	1.400	---	--	---	--
Supplements *	---	--	---	--	---	--
Subtotal	7	1.400	7	1.400	7	1.400
Contracts						
Continuations	--	0.081	--	0.103	---	0.099
New/Competing	--	0.019	---	0.003	---	0.001
Subtotal	---	0.100	---	0.100	---	0.100
Total, Improving Access to Overdose Treatment	**7**	**1.500**	**7**	**1.500**	**7**	**1.500**

PRNS Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

Programs of Regional & National Significance	FY 2023 Final No.	FY 2023 Final Amount	FY 2024 CR No.	FY 2024 CR Amount	FY 2025 President's Budget No.	FY 2025 President's Budget Amount
Building Communities of Recovery						
Grants						
Continuations	41	9.399	31	9.143	37	10.888
New/Competing	19	5.454	19	5.759	13	4.061
Supplements *	---	--	---	--	---	--
Subtotal	60	14.853	50	14.902	50	14.949
Contracts						
Continuations	--	0.866	--	1.098	---	1.051
New/Competing	--	0.281	---	--	---	--
Subtotal	---	1.147	---	1.098	---	1.051
Total, Building Communities of Recovery	**60**	**16.000**	**50**	**16.000**	**50**	**16.000**
Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths						
Grants						
Continuations	15	12.742	18	15.292	18	15.292
New/Competing	3	2.550	---	--	---	--
Supplements *	---	--	---	--	---	--
Subtotal	18	15.292	18	15.292	18	15.292
Contracts						
Continuations	---	0.866	---	1.098	---	1.051
New/Competing	---	0.158	---	0.390	---	0.343
Subtotal	---	0.708	---	0.708	---	0.708
Total, Grants to Prevent Prescription Drug/Opioid Overdoes-Related Deaths	**18**	**16.000**	**18**	**16.000**	**18**	**16.000**
First Responder Training (CARA)						
Grants						
Continuations	47	25.212	66	36.305	65	36.750
New/Competing	64	23.870	61	15.852	60	15.573
Supplements *	---	2.977	---	--	---	--
Subtotal	111	52.059	127	52.157	125	52.323
Contracts						
Continuations	---	3.031	---	3.843	---	3.677
New/Competing	---	0.910	---	--	---	--
Subtotal	---	3.941	---	3.843	---	3.677
Total, First Responder Training (CARA)	**111**	**56.000**	**127**	**56.000**	**125**	**56.000**

PRNS Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

Programs of Regional & National Significance	FY 2023 Final No.	FY 2023 Final Amount	FY 2024 CR No.	FY 2024 CR Amount	FY 2025 President's Budget No.	FY 2025 President's Budget Amount
Peer Support TA Center						
Grants						
Continuations	1	0.950	---	--	1	1.900
New/Competing	---	--	1	1.900	---	--
Supplements						
*	---	0.942	---	--		
Subtotal	1	1.892	1	1.900	1	1.900
Contracts						
Continuations	---	0.108	---	0.137	---	0.131
New/Competing	---	--	---	0.037	---	0.031
Subtotal	---	0.108	---	0.100	---	0.100
Total, Peer Support TA Centers	**1**	**2.000**	**1**	**2.000**	**1**	**2.000**
Treatment, Recovery, and Workforce Support						
Grants						
Continuations	20	9.797	24	11.860	16	7.887
New/Competing	4	1.981	--	--	7	3.500
Subtotal	24	11.778	24	11.860	23	11.387
Contracts						
Continuations	---	0.359	---	0.533	---	0.496
New/Competing	---	-0.137	---	0.393	---	0.117
Subtotal	---	0.222	---	0.140	---	0.613
Total, Treatment, Recovery, and Workforce Support	**24**	**12.000**	**24**	**12.000**	**23**	**12.000**
Emergency Department Alternatives to Opioids						
Grants						
Continuations	2	0.219	15	7.297	16	7.802
New/Competing	15	7.376	1	0.500	---	--
Subtotal	17	7.595	16	7.797	16	7.802
Contracts						
Continuations	---	0.239	---	0.355	---	0.331
New/Competing	---	0.166	---	0.152	---	0.133
Subtotal	---	0.405	---	0.203	---	0.198
Total, Emergency Department Alternatives to Opioids	**17**	**8.000**	**16**	**8.000**	**16**	**8.000**

PRNS Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

Programs of Regional & National Significance	FY 2023 Final No.	FY 2023 Final Amount	FY 2024 CR No.	FY 2024 CR Amount	FY 2025 President's Budget No.	FY 2025 President's Budget Amount
Comprehensive Opioid Recovery Centers						
Grants						
Continuations	5	4.249	5	4.250	4	3.400
New/Competing	2	1.700	1	0.850	2	1.700
Subtotal	7	5.949	6	5.100	6	5.100
Contracts						
Continuations	---	0.325	---	0.412	---	0.394
New/Competing	---	0.274	---	0.488	---	0.506
Subtotal	---	0.051	---	0.900	---	0.900
Total, Comprehensive Opioid Recovery Centers	**7**	**6.000**	**6**	**6.000**	**6**	**6.000**
Women's Behavioral Health Technical Assistance Center						
Grants						
Continuations	---	--	---	--	---	--
New/Competing	---	--	---	--	3	1.750
Subtotal	---	--	---	--	3	1.750
Contracts						
Continuations	---	--	---	--	---	---
New/Competing	---	--	---	--	---	---
Subtotal	---	--	---	--	---	---
Total, Women's Behavioral Health Technical Assistance Center	**---**	**--**	**---**	**--**	**3**	**1.750**
Community Harm Reduction and Engagement Initiative						
Grants						
Continuations	---	--	---	--	19	9.500
New/Competing	---	--	---	--	19	9.500
Subtotal	---	--	---	--	19	9.500
Contracts						
Continuations	---	--	---	--	---	0.657
New/Competing	---	--	---	--	---	-0.157
Subtotal	---	--	---	--	---	0.500
Total, Community Harm Reduction and Engagement Initiative	**---**	**--**	**---**	**--**	**19**	**10.000**
Youth Prevention and Recovery Initiative						
Grants						
Continuations	---	--	4	1.800	4	1.800
New/Competing	4	1.800	---	--	9	--
Subtotal	4	1.800	4	1.800	13	1.800
Contracts						
Continuations	---	0.108	---	0.108	---	0.131
New/Competing	---	0.092	---	0.092	---	0.069
Subtotal	---	0.200	---	0.200	---	0.200
Total, Youth Prevention and Recovery Initiative	**4**	**2.000**	**4**	**2.000**	**13**	**2.000**
Total, Capacity	**1,093**	**558.037**	**1,059**	**558.037**	**1,087**	**574.787**

PRNS Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

Science and Service	FY 2023 Final No.	FY 2023 Final Amount	FY 2024 CR No.	FY 2024 CR Amount	FY 2025 President's Budget No.	FY 2025 President's Budget Amount
Addiction Technology Transfer Centers						
Grants						
Continuations	---	--	0	--	11	8.425
New/Competing	1	0.375	11	8.425	---	--
Supplements *	11	8.181	---	--	---	--
Subtotal	12	8.556	11	8.425	11	8.425
Contracts						
Continuations	---	0.490	---	0.621	---	0.594
New/Competing	---	0.000	---	--	---	0.027
Subtotal	---	0.490	---	0.621	---	0.621
Total, Addiction Technology Transfer Centers	**12**	**9.046**	**11**	**9.046**	**11**	**9.046**
SAT Minority Fellowship Program						
Grants						
Continuations		0.596	-	--	8	6.577
New/Competing	---	--	8	6.473	---	--
Supplements *	8	5.825	---	--	---	--
Subtotal	9	6.421	8	6.473	8	6.577
Contracts						
Continuations	---	0.386	1	0.663	1	0.657
New/Competing	1	0.329	---	--	---	0.098
Subtotal	1	0.715	1	0.663	1	0.559
Total, Minority Fellowship Program (MF)	**10**	**7.136**	**9**	**7.136**	**9**	**7.136**
Subtotal, Science and Service:	**22**	**16.182**	**20**	**16.182**	**20**	**16.182**
Total, Substance Use Services PRNS	**1,115**	**$574.219**	**1,079**	**$574.219**	**1,107**	**$590.969**

Grant Awards Table
Center for Substance Use Services

(Whole dollars)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	1,109	1,075	1,103
Average Award	$484,698	$495,298	$497,246
Range of Awards	$300,000-$995,000	$300,000-$995,000	$300,000-$995,000

State Opioid Response Grants

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
State Opioid Response Grants	1,575.000	1,575.000	1,595.000	20.000
Set-Aside for Tribes (non-add)	*55.000*	*55.000*	*60.000*	*5.000*

Authorizing Legislation..... Consolidated Appropriations Act, 2023, Division H, Title II
FY 2025 Authorization $1,750,000,000
Allocation Method ..... Formula Grants
Eligible Entities..... Limited to Single State Agencies (SSAs), the District of Columbia, and U.S. Territories, Tribes and Tribal organizations are eligible to apply to set-aside funds described below

Program Description

The State Opioid Response Grants (SOR) program was established by Congress in 2018 to address the public health crisis caused by escalating opioid misuse, opioid use disorder, and opioid-related overdose across the nation. Since that time, the country has experienced an evolution of this crisis, one that is increasingly involving illicitly manufactured fentanyl rather than heroin or prescription opioids, and exposure to multiple substances. According to the Centers for Disease Control and Prevention (CDC), provisional data indicate there were 106,363 drug overdose deaths in the United States during the 12-month period ending in August 2023. Of the drug overdose deaths, 80,609 involved opioids.[149] Illicitly manufactured fentanyl continues to drive the majority of deaths, but mortality rates due to cocaine and psychostimulants such as methamphetamine have also increased. Overdose deaths involving stimulants increased by 6 percent from 2022 to 2023. These deaths are likely linked to co-use or mixing, by illicit producers, of cocaine or methamphetamine with fentanyl or heroin.[150] As in other areas, the COVID-19 years saw an exacerbation of health disparities in overdoses.

Xylazine has been detected in nearly every state in the country and the Biden-Harris Administration has designated it an emerging threat to the United States. This is due to xylazine's growing role in overdose deaths nationwide, and since the designation, data from the CDC have continued to show an increase in xylazine-related overdose deaths. In a new report released in June 2023, the monthly percentage of illegally manufactured fentanyl-involved deaths with xylazine detected increased 276 percent (from 2.9 percent to 10.9 percent) between January 2019 and June 2022.[151]

---

[149] Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2023. Accessed December 15, 2023. Available at https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[150] Ahmad, F.B., Rossen, L.M., Sutton, P. (2021). Provisional drug overdose death counts. National Center for Health Statistics.

[151] Kariisa M, O'Donnell J, Kumar S, Mattson CL, Goldberger BA. Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022. MMWR Morbidity Mortality Weekly Rep 2023; 72:721–727. Available at: https://www.cdc.gov/mmwr/volumes/72/wr/mm7226a4.htm?s_cid=mm7226a4_w

Congressional appropriations and authorizing language have led to the development of three components to the grant program; the core State Opioid Response (SOR) grant program; the Tribal Opioid Response (TOR) grant program; and the Rural Opioid Technical Assistance-Regional Centers (ROTA-R) Cooperative Agreement program.

State Opioid Response (SOR) Grant Program

The SOR program provides resources to states, the District of Columbia, and territories to continue to enhance the development of comprehensive strategies focused upon preventing, intervening, and promoting recovery from issues related to opioid use/misuse, opioid use disorder, overdose, and stimulant use and use disorder. The program aims to address the overdose crisis by increasing access to the three FDA-approved medications for the treatment of opioid use disorder (MOUD), reducing unmet treatment need, and reducing overdose deaths through the provision of prevention, public health harm reduction interventions, treatment, and recovery activities for opioid use disorder (OUD) and other concurrent substance use disorders. The SOR program also supports the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine. SAMHSA has also approved fentanyl and xylazine test strips as an allowable expense in this program.

The SOR program requires grantees to use evidence-based treatments, practices, and interventions for OUD and stimulant use disorders. The program requires that MOUD is available to those diagnosed with OUD. MOUD includes methadone, buprenorphine products, including single-entity buprenorphine products such as long-acting injectable buprenorphine formulations, buprenorphine/naloxone tablets or films, and injectable extended-release naltrexone. The program supplements activities pertaining to opioids currently undertaken by the state agency that also manages the Substance Use Prevention, Treatment, and Recovery Services Block Grant, and supports a comprehensive response to the overdose epidemic. The program identifies gaps and resources while building upon existing substance use primary prevention, public health harm reduction interventions including opioid overdose reversal medications and fentanyl test strip purchase and distribution, treatment activities, as well as community-based recovery support services. A primary strategy to reduce overdose deaths in the SOR program, which will continue in FY 2025, is education on, and purchase and distribution of, naloxone and other opioid overdose reversal medications, proven medications that reverse opioid-related overdoses to save lives.

In addition to the service grant program, SAMHSA supports a robust technical assistance and training effort to enhance education across the country to address the overdose crisis. This effort is available not only to SOR and Tribal Opioid Response grantees but to all their sub-recipients and affiliated entities, as well as the general public. A key component of this technical assistance is local teams of multi-disciplinary experts, including clinicians, preventionists, and recovery specialists, in every state. These teams, and the associated technical expertise and educational resources they bring, provide training and educational support not only to individual practitioners but also to individuals and families, healthcare practices, and law enforcement, criminal justice groups, and other community-based organizations. Providing these resources ensures that local response to the opioid and overdose crisis is tailored to local needs.

Tribal Opioid Response (TOR) Grants Program

The Tribal Opioid Response Grants (TOR) program is funded through the same appropriation as the SOR program and seeks to address the public health crisis of escalating opioid misuse, opioid use disorder, and overdose specifically in Tribal communities. The purpose of the TOR program is to assist in addressing the overdose crisis in Tribal communities by increasing access to MOUD, and supporting the continuum of prevention, public health harm reduction interventions, treatment, and recovery support services for OUD and co-occurring substance use disorders. The TOR program also supports the full continuum of prevention, public health harm reduction, treatment and recovery support services for stimulant misuse and use disorders, including for cocaine and methamphetamine. According to the Centers for Disease Control and Prevention (CDC), American Indians and Alaska Natives (AI/AN) had the highest drug overdose death rates in both 2020 and 2021.[152]

AI/AN communities experience high rates of physical, emotional, and historical trauma and significant socioeconomic disparities, all of which may contribute to higher rates of drug misuse in Tribal communities.[153] The TOR program addresses the gaps in prevention, public health harm reduction, treatment, and recovery identified by Tribes and supports strategies to purchase and disseminate naloxone and other opioid overdose reversal medications and provide training on their use to first responders and other Tribal members.

Rural Opioid Technical Assistance- Regional Centers (ROTA-R) Cooperative Agreements

The purpose of the Rural Opioid Technical Assistance- Regional Centers (ROTA-R) program is to develop and disseminate training and technical assistance on addressing opioid and other stimulant issues affecting rural communities specifically. Grant recipients are expected to facilitate the identification of model programs, develop and update materials related to the prevention, public health harm reduction, treatment, and recovery activities for OUD and/or stimulant use disorder; and ensure that high-quality training is provided.

In 2022, according to a CDC National Center for Health Statistics Data Brief, the rate of deaths involving psychostimulants was 31 percent higher in rural counties (9.4 percent) than in urban counties (7.2 percent), and the rate of deaths involving natural and semisynthetic opioids was nearly 13 percent higher in rural counties (4.5 percent) than in urban counties (4.0 percent).[154]

The literature recognizes the need to develop creative and nuanced solutions that work with impacted communities.[155] The need for an innovative overdose response is particularly clear in rural areas, which face unique social, economic, and infrastructural challenges.[156] Some solutions

[152] https://www.cdc.gov/nchs/data/databriefs/db457.pdf

[153] https://www.cdc.gov/injury/tribal/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Finjury%2Ffundedprograms%2Ftribal.html

[154] https://www.cdc.gov/nchs/products/databriefs/db403.htm

[155] Nabila El-Bassel, Rebecca D Jackson, Jeffrey Samet, and Sharon L Walsh, "Introduction to the Special Issue on the HEALing Communities Study." Drug and Alcohol Dependence, (December 1, 2020): 1, https://doi.org/10.1016/j.drugalcdep.2020.108327

[156] Shannon Monnat and Khary Rigg, "The Opioid Crisis in Rural and Small Town America," *University of New Hampshire Carsey School of Public Policy*, (2018): 3, doi:10.34051/p/2020.332

offered by the evidence base include providing public overdose education, improving access to naloxone[157] and reducing OUD-related stigma.[158]

Budget Request

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.[159]

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$1,525,000,000
FY 2022	$1,525,000,000
FY 2023 Final	$1,575,000,000
FY 2024 CR	$1,575,000,000
FY 2025 President's Budget	$1,595,000,000

Program Accomplishments

State Opioid Response (SOR) Grant Program

[157] Joan Stephenson, "Commission Outlines New Strategies to Combat Opioid Crisis," JAMA Health Forum 3, no. 2 (2022): e220382, doi:10.1001/jamahealthforum.2022.0382
[158] Bernard Showers, Danielle Dicken, Jennifer S. Smith, and Aaron Hemlepp, "Medication for Opioid Use Disorder in Rural America: A Review of the Literature," *Journal of Rural Mental Health* 45, no. 3 (2021): 184, doi:10.1037/rmh0000187
[159] https://www.cdc.gov/nchs/data/databriefs/db457.pdf

In FY 2023 the State Opioid Response program served 110,650 clients. Significant steps have been taken to increase clients' abstinence, employment and educational opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who reported that they did not use alcohol or illegal drugs within the past 30 days increased by 29.7. percent between intake to 6-month follow-up. Between intake and six-month follow-up, the percentage of clients who reported no arrests within the past 30 days increased by 1.8. percent. In addition, the percentage of clients who were employed or attending school increased by 39.5 percent. Those clients who reported being socially connected increased by 1.6 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported housing stability increased by 13.7 percent.[160]

In FY 2023, SAMHSA provided continuation grant awards to 58 states and territories including the District of Columbia via a formula. This included a 15 percent set-aside for states with the highest mortality rate related to drug overdose deaths. Since the SOR program began, states report that approximately 1,270,250 patients have received treatment services, including 650,820 who have received MOUD. Of that number, 251,321 received methadone, 364,686 received buprenorphine, and 34,813 received naltrexone.[161] Through the SOR program, 121,937 patients received treatment services for stimulant use disorder [162] and 1,465,433 patients received recovery support services.[163] As of December 15, 2023, grantees reported in the SAMHSA Performance Accountability and Reporting System (SPARs), that they distributed 10,032,987 naloxone kits.[164] Grantees also reported using naloxone to reverse approximately 551,062 overdoses.[165]

Tribal Opioid Response (TOR) Grant Program

In FY 2023, the TOR program served 3,408 clients through 89 continuation grants. Significant steps have been taken to increase client outcomes, including employment and educational

[160] Source: SAMHSA's Performance Accountability and Reporting System (SPARS). Retrieved January 16, 2024, from http://spars.samhsa.gov. Based on 110,650 client intakes assessments, and 18,598 client six-month follow-up reassessments. Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, selection bias, and the launch of a new client-level instrument in January 2023.
[161] Data is from the FY 2018 SOR cohort, including no-cost extensions, Performance Progress Reports (September 30, 2018 to September 29, 2021); the FY 2020 SOR cohort, including no-cost extension mid-year Performance Progress Reports (September 30, 2020, to March 30, 2023); and the FY 2022 SOR cohort mid-year Performance Progress Reports (September 30, 2022 to March 30, 2023); This is the most current data available.
[162] Data is from the FY 2020 SOR cohort, including no-cost extension mid-year Performance Progress Reports (September 30, 2020, to March 30, 2023); and the FY 2022 SOR cohort mid-year Performance Progress Reports (September 30, 2022, to March 30, 2023);This is the most current data available.
[163] Data is from the FY 2018 SOR cohort, including no-cost extensions, Performance Progress Reports (September 30, 2018 to September 29, 2021); the FY 2020 SOR cohort, including no-cost extension mid-year Performance Progress Reports (September 30, 2020, to March 30, 2023); and the FY 2022 SOR cohort mid-year Performance Progress Reports (September 30, 2022 to March 30, 2023); This is the most current data available.
[164] Data reported is based on GPRA data generated in SPARs on January 18, 2024, for the number of naloxone kits distributed.
[165] Data is from the FY 2018 SOR cohort, including no-cost extensions, Performance Progress Reports (September 30, 2018-September 29, 2021); the FY 2020 SOR cohort Performance Progress Reports (September 30, 2020, to September 29, 2022); and includes GPRA data generated in SPARS on December 15, 2023, for FY 2023 Q1, Q2, Q3, and Q4; This is the most current data available.

opportunities, social connectedness, and housing stability. In FY 2023, the percentage of clients who were employed or attending school increased by 26.1 percent. In addition, the percentage of clients who reported housing stability increased by 5.5 percent. Those clients who reported being socially connected increased by 5 percent from intake to 6-month follow-up. Similarly, the percentage of clients who reported no arrests within the past 30 days increased by 3.8 percent.[166]

Since the TOR program began in September 2018, Tribes and Tribal organizations have provided TOR-funded treatment and recovery support services to 11,426 clients. Tribes also purchased and distributed 49,676 naloxone kits and 37,159 fentanyl testing strips and trained 26,764 community members on the use of lifesaving naloxone during this time. Tribes and Tribal organizations funded through TOR have also educated over 78,000 individuals on the consequences of opioid misuse and overdose through prevention activities during this time.

Rural Opioid Technical Assistance Regional Centers (ROTA-R) Cooperative Agreements

In FY 2023, SAMHSA funded continuation awards for 10 ROTA Regional Centers. Throughout FY 2023, the ROTA Regional grantees implemented 228 events serving close to 11,000 providers and community members, disseminating training and technical assistance for rural communities addressing opioid and stimulant issues affecting their communities. They also engaged with communities and stakeholders in the States within their regions to discuss the most appropriate approaches to reach their rural communities.

[166] Source: SAMHSA' Performance Accountability and Reporting System (SPARS). Retrieved January 30, 2023, from http://spars.samhsa.gov. Based on 2,468 client intakes assessments, and 420 client six-month follow-reassessments. Based on 2,468client intakes assessments, and 421 client six-month follow-up reassessments.
Limitations: There are several limitations to the program evaluation including (but not limited to) incomplete data, self-report, and selection bias.

Outputs and Outcomes Table

Program: State Opioid Response Grants

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.70 Number of admissions for OUD treatment (Output)	FY 2023: 110,650 Target: 133,875 (Target Not Met)	140,569	141,975	+1,406
1.2.71 number of clients receiving recovery services (Output)	FY 2023: 41,119 Target: 51,639.0 (Target Not Met)	54,221	54,763	+542
1.2.73 Illicit drug use at 6 months follow-up (Output)	FY 2023: 78.2 % Target: 73.3 % (Target Exceeded)	75.3 %	76.3 %	+1 percentage point(s)
1.2.74 Number of people educated on the consequences of opioid and/or stimulant misuse through prevention activities (Output)	FY 2023: 26,323,104 Frequency/Count Target: 26,323,104 Frequency/Count (Baseline)	26,323,104 Frequency/Count	26,586,335 Frequency/Count	+263,231 Frequency/Count

SOR Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
	No.	**Amount**	**No.**	**Amount**	**No.**	**Amount**
State Opioid Response Grant						
Grants						
Continuations	166	1,558.701	---	--	70	1,570.600
New/Competing	---	--	70	1,551.000	---	--
Supplements*	102	7.853	---	--	---	--
Subtotal	268	1,566.554	70	1,551.000	70	1,570.600
Contracts						
Continuations	---	4.200	---	6.030	---	6.030
New/Competing	---	4.246	---	17.970	---	18.370
Supplements*	---	--	---	--	---	--
Subtotal	---	8.446	---	24.000	---	24.400
Total, State Opioid Response Grant	**268**	**1,575.000**	**70**	**1,575.000**	**70**	**1,595.000**

**Excluding Supplements number count to avoid duplication. FY 2023 Consolidated Appropriations Act provides additional resources and interventions provided by state agencies to enhance existing programs.*

Substance Use Prevention, Treatment, and Recovery Services Block Grant

(Dollars in millions)

Programs of Regional and National Significance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Substance Use Prevention, Treatment, and Recovery Services Block Grant	2,008.079	2,008.079	2,008.079	--
Budget Authority (non-add)	*1,928.879*	*1,928.879*	*1,928.879*	--
PHS Evaluation Funds (non-add)	*79.200*	*79.200*	*79.200*	--

Authorizing Legislation Sections 1921-1935 of Title XIX, Part B, Subpart II of the Public Health Service Act, as amended
FY 2025 Authorization $1,908,079,000
Allocation Method ..... Formula Grants
Eligible Entities....States, Territories, Freely Associated States, District of Columbia, and the Red Lake Band of Chippewa Indians

Program Description

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program is a formula grant which funds 60 eligible states, territories, and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians (referred to collectively as states). SUPTRS BG grantees plan, implement, and evaluate substance use disorder (SUD) prevention, treatment, harm reduction, and recovery support services based on the specific needs of their state systems and populations. Ninety-five percent of SUPTRS BG funding is distributed to states through a formula that allocates funds based on specified economic and demographic factors and provisions that limit fluctuations in allotments as the total SUPTRS BG appropriation changes from year to year.

As reauthorized in the Consolidated Appropriations Act, 2023 (P.L. 117-328), the goal of the SUPTRS BG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, public health, and recovery support services necessary to improve individual outcomes and reduce the impact of substance use on America's communities.

Priority Services and Populations

The SUPTRS BG program's authorizing statute and regulations afford states flexibility to identify and deliver substance use-related services to meet their state-specific needs while also ensuring attention to critical prevention-focused public health issues. However, certain service areas and populations are statutorily required to be addressed with SUPTRS BG funds. The following services and populations of focus must be addressed using program funds:

1. Primary prevention program services;
2. SUD treatment services for substance using pregnant women and women with dependent children;
3. SUD treatment services for persons who inject drugs;

4. Early intervention services for HIV/AIDS for individuals in SUD treatment services in designated states; and
5. Tuberculosis (TB) services involving TB screening, counseling, and referral for medical evaluation and treatment for individuals in SUD treatment services.

States must also comply with the Synar Amendment to receive their full SUPTRS BG funding. The Synar Amendment requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the federal legal age of sale.

Maintenance of Effort (MOE)

The SUPTRS BG statute includes two maintenance of effort (MOE) requirements for states. First, a state must maintain its state expenditures for certain SUD prevention, treatment, and recovery support activities at a level that is no less than the state's average expenditures for the previous two state fiscal years. Additionally, the statute requires states to maintain no less than an amount equal to the FY 1994 level of expenditures for SUD treatment services for pregnant women and women with dependent children. The statute and regulation provide states with the flexibility to expend a combination of SUPTRS BG and state SUD treatment funds focused on women to satisfy the MOE for women's SUD treatment services.

Funding Set-Asides

In addition to the two maintenance of effort requirements, the authorizing legislation and implementing regulations for the SUPTRS BG includes two specific funding set-asides, a 20 percent set-aside for primary prevention program services and a five percent set-aside for early intervention services for HIV/AIDS for designated states with specific case rates of AIDS. The FY 2025 Budget Request includes a proposed 10 percent set-aside within the SUPTRS BG for substance use recovery support services to significantly expand the upstream and downstream continuum of care.

Primary Prevention Set-Aside

The 20 percent primary prevention program set-aside requires SUPTRS BG grantees to spend at least 20 percent of their SUPTRS BG funds to develop and implement a comprehensive substance use/ misuse primary prevention program, which includes a broad array of prevention strategies directed at individuals not identified to need SUD treatment. The primary prevention program set-aside is one of SAMHSA's main vehicles aimed at preventing substance use/misuse and allows states to develop prevention infrastructure and capacity. A thriving prevention infrastructure will achieve and maintain long-term outcomes by ensuring that states have the necessary infrastructure in place to conduct needs assessments, develop strategic plans, provide culturally appropriate services, capture data to make data driven decisions on how prevention resources should be allocated throughout communities in their state, and evaluate process and outcome data. Some states rely solely on the 20 percent set-aside to fund their primary prevention systems while others use the funds to target gaps and enhance existing program efforts. SAMHSA regularly works with states to improve their accountability systems for prevention and to establish necessary reporting capabilities. FY 2023 data will be available on December 31, 2024. FY 2025 targets may be

adjusted based on FY 2023 actuals.

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 set-aside in the SUPTRS BG.

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

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.

Budget Request

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.

Funding History Table

Fiscal Year	Amount
FY 2021	$1,858,079,000
FY 2022	$1,908,079,000
FY 2023 Final	$2,008,079,000

FY 2024 CR	$2,008,079,000
FY 2025 President's Budget	$2,008,079,000

Program Accomplishments

States and their sub-recipients learned a tremendous amount from the COVID-19 experience and continue to address the evolution of the overdose crisis. This includes the need for, and ability to provide support for recovery housing and funding of other recovery support services. Both service areas have been integral to strengthening the substance use disorder treatment services that have been provided to clients at all levels of care at a time when the need for the full continuum is at an all-time high. There has been extensive adoption of telehealth modalities to provide continuous accessibility of services to clients and communities. Grantees have also been encouraged to use SUPTRS BG funds to strengthen the crisis continuum of care, and to expand mobile substance use disorder services, including mobile medication services to reach persons with opioid use disorders. Plans for FY 2025 are to continue strengthening service accessibility and quality, while expanding services to under-served populations, including the expansion of recovery support services.

Importantly, SUPTRS BG funds are also directed towards the collection of performance and outcome data to determine the ongoing effectiveness of supported activities and provide states and the federal government the grounding to plan the implementation of new evidence-based services. At this critical moment in the country's substance use crisis, it is imperative that our response truly evolve from an acute, short-term one to a broader and longer-term community recovery response. Substance use disorder is a chronic illness, and recovery often is a life-long process where the healthcare system, external community, and social determinants of health play vital roles in helping people, their families, and communities find and sustain well-being. Modernizing the data component for the SUPTRS BG will be a significant focus for FY 2025.

Performance and Evaluation

The SUPTRS BG enables the development of comprehensive statewide systems of care that provide a broad continuum of SUD services and recovery supports encompassing prevention, treatment, harm reduction, and recovery support services for individuals in need. By statute, SAMHSA collects performance metric data from the states to monitor performance outcomes across the program. The data is used to measure and monitor state program goals and client outcomes. The data is used by the states for future strategic planning to enhance the state's SUD systems of care. In addition, the data is used by SAMHSA in policymaking and recommendations for innovative programs to address gaps in the SUD systems of care.

In FY 2024-2025, as part of SAMHSA's ongoing data modernization strategy, SAMHSA is developing a common performance, evaluation, and quality dataset, and clarifying reporting instructions for states. This new dataset and clearer instructions will increase SAMHSA's ability to assess and monitor SAMHSA's BG programs.

SUPTRS BG SUD Treatment Outcomes

States reported 1,678,575 SUD treatment admissions for state fiscal year (SFY) 2022, the last year for which complete data are available, suggesting ongoing critical support of SUD treatment by public funding, including BG funds.[167] The outcome data from the Behavioral Health Services Information System/Treatment Episode Data Set (TEDS), administered by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) provides more detailed information for SFY 2022.

In SFY 2022, states expended Block Grant funds as follows[168]:

- $141,205,758 for SUD Treatment for Pregnant Women and Women with Dependent Children
- $1,220,442,272 for All Other SUD Treatment and Prevention Services
- $364,068,458 for SUD Primary Prevention Program Services
- $299,148 for Tuberculosis Services
- $12,127,486 for HIV/AIDS Early Intervention Services
- $80,197,533 for SSA Administration

In total, all states and jurisdiction admitted 2,520,918 clients in SFY 2022, specifically[169]:

- 215,042 persons admitted to withdrawal management services;
- 362,193 persons admitted to residential treatment levels of care;
- 1,575,108 persons admitted to ambulatory/outpatient services; and
- 368,575 persons received outpatient treatment that included medication for opioid use disorder

Note: *the 2,520,918 number does not represent unduplicated individuals as persons may have been admitted more than once, or received more than one particular service.*

[167] Web Block Grant Application System (WebBGAS) 2023 SABG Report, Table 10 -Treatment Utilization Matrix, WebBGAS Report #78 SUPTRS BG Treatment Utilization Matrix - Admissions & Persons Served, , 2023 Report Year for the SFY 22 period of 7/1/21 through 6/30/22.
[168] Source: WebBGAS 2023 Report, Table 2a - State Agency Expenditure Report, WebBGAS Report #48 - SABG State Agency Reported Expenditures by Target Activity within Source of Funds, 2023 Report Year for the SFY 2022 period of 7/1/21 through 6/30/22.
[169] Source: WebBGAS 2023 SABG Report, Table 10 - Treatment Utilization Matrix, WebBGAS Report #20 – SUPTRS BG Treatment Utilization Matrix - Summary of Admissions by Level of Care, 2023 Report Year for the SFY 2022 period of 7/1/21 through 6/30/22.

SFY 2022 SUPTRS BG Demographics[170,171]	
Total Unduplicated Persons Served (Adults and Children)	**1,523,265**
Female	40.5%
Male	59.5%
Race	
White	62.12%
Blacks or African Americans	16.48%
American Indian/Alaska Natives	4.08%
Asians	.70%
Native Hawaiian/Other Pacific Islanders	.44%
Unknown	13.43%
Multi-Racial	2.69%
Ethnicity	
Not Hispanic or Latino	85.8%
Hispanic or Latino	14.2%
A	
17 and Under	3.89%
18 – 24	9.15%
25 – 44	56.65%
45 – 64	27.43%
65 and Over	2.89%

Synar Program Outcomes

The Synar Program was established to monitor and enforce the federal prohibition on the sale or distribution of tobacco products to individuals under the age of 18, recently updated to 21, by conducting unannounced and random inspections of retailers selling such products. While the national weighted retailer violation rate declined steadily from 40.1 percent in the program's baseline year in FY 1997 through FY 2011, the rate increased from an all-time low of 8.5 percent in FY 2011 to 9.6 percent in FY 2018. In FY 2019 and FY 2020, the national weighted retailer isolation rate was 7.6 and 8.4, respectively.[172] These figures represent the latest data as there are currently no withhold amounts under subsection (b) for the three-year period immediately following the date of enactment of the Consolidated Appropriations Act, 2020. For FY 2021, FY 2022, and FY 2023, no penalties were assessed per legislation (PL 116-94) for retail violations.

[170] Source: WebBGAS 2023 Report, Tables 11A, 11B, and 11C - Unduplicated Count of Persons Served for Alcohol and Other Drug Use, WebBGAS Report #69 SUPTRS BG Unduplicated Count of Persons Served by Age Group with Gender & Race Breakout, and WebBGAS Report #72, SUPTRS BG Unduplicated Count of Persons Served by Age Group with Gender and Ethnicity Breakout, 2023 Report Year, for the SFY 2022 period of 7/1/21 through 6/30/22.

[171] Source: 2023 SABG Report - Tables 11A, 11B, and 11C – Unduplicated Count of Persons Served for Alcohol and Other Drug Use, WebBGAS Report #72 SUPTRS BG Unduplicated Count of Persons Served by Age Group with Gender and Ethnicity Breakout, 2023 Report Year for the SFY 22 period of 7/1/21 through 6/30/22.

[172] https://www.samhsa.gov/sites/default/files/synar_program_rvr_table_1997-2018_dec_11_2018.pdf.

The national average for retail violation data during this period cannot be readily ascertained due to variations in reporting and states having to make the needed protocol adjustments for compliance. We anticipate most up to date data projections and national trends in June 2025.

Tobacco 21 legislation was included in a larger fiscal year 2020 appropriations package (P.L. 116-94) that was enacted in December 2019. Tobacco 21 legislation, signed into law in 2019, does not require that states pass laws to raise their sales age to 21, but, in line with Synar requirements, requires states to demonstrate that their retailers are complying with the federal law not to sell tobacco products to individuals under the age of 21. Synar inspections are conducted on a federal fiscal year timeline. The next federal fiscal year that would subject states to penalty would be October 1, 2023-September 30, 2024. FY 2022 is the latest data that are available. FY 2023 data will become available December 31, 2024.

There are a few known factors impacting Synar retailer violation rates (RVR). Public Law (PL) 116-94 which increased the legal age for the purchase of tobacco products from age 18 to age 21. State restrictions resulting from the COVID-19 Pandemic played a significant role in current retail violation rates (RVR). As a result of the new legislation states were granted a three (3) year grace period where no penalties would be enforced. During this period states were directed to develop implementation strategies and plans to address any noted challenges). The initial grace period covered the period between December 2019 and December 2022. In 2023, the grace period was extended through December 2024. During the grace period, no Synar Amendments penalties to the Substance Use Treatment and Recovery Services Block Grant are enforced.

Technical Assistance

In addition to the states and jurisdictions' plans and reports, authorizing legislation provides SAMHSA with resources to support technical assistance to the SUPTRS BG grantees and their sub-recipients to ensure that they can effectively provide prevention, substance use disorder treatment, harm reduction, and recovery support services. SAMHSA's Knowledge Application Program (KAP) (https://www.samhsa.gov/kap) produces the Technical Assistance Publication Series that provide practical guidance and information on the delivery of SUD treatment services and related public health services to individuals and families. The KAP also produces the Treatment Improvement Protocol Series, a growing library of best practice guidelines, which are produced by a consensus-development process based on the experience and knowledge of clinical, research, and administrative experts. SAMHSA has also re-developed a two-pronged quality assurance and individualized, state-specific technical assistance program to provide additional support to states in their implementation of the SUPTRS BG program.

Output and Outcomes Table

Program: Treatment Activities

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
1.2.43 Number of admissions to substance use treatment programs receiving public funding (Output)	FY 2023: 1,678,575 Target: 1,448,024 (Target Exceeded)	1,476,984	1,476,984	Maintain
1.2.48 Percentage of clients reporting no drug use in the past month at discharge (Outcome)	FY 2023: 54.3 % Target: 52.4 % (Target Exceeded)	54.4 %	54.4 %	Maintain
1.2.49 Percentage of clients reporting no alcohol use in the past month at discharge (Outcome)	FY 2023: 78.5 % Target: 78.6 % (Target Not Met but Improved)	80.6 %	80.6 %	Maintain
1.2.50 Percentage of clients reporting being employed/in school at discharge (Outcome)	FY 2023: 34.7 % Target: 36.4 % (Target Not Met but Improved)	38.4 %	38.4 %	Maintain
1.2.85 Percentage of clients receiving services who had a permanent place to live in the community (Outcome)	FY 2023: 89.3 % Target: 92.9 % (Target Not Met but Improved)	94.9 %	94.9 %	Maintain

Program: Prevention Set-Aside

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2.3.65 Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of alcohol (age 12-17) (Outcome)	FY 2022: 62.5 % Target: 73.9 % (Target Not Met)	73.9 %	73.9 %	Maintain
2.3.67 Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of any illicit drugs other than marijuana (age 12-17) (Outcome)	FY 2022: 69.6 % Target: 63 % (Target Exceeded)	63 %	63 %	Maintain
2.3.68 Percent of states showing a decrease in state level estimates of percent of survey respondents who report 30 day use of any illicit drugs other than marijuana (age 18+) (Outcome)	FY 2022: 39.3 % Target: 48 % (Target Not Met)	48 %	48 %	Maintain

SUBG Mechanism Table
Center for Substance Use Services
Program, Project, and Activity
(Dollars in millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget	
	No.	**Amount**	**No.**	**Amount**	**No.**	**Amount**
Substance Use Prevention, Treatment, and Recovery Block Grant						
Continuations	---	---	---	---	---	---
New/Competing	60	1,928.879	60	1,928.879	---	1,928.879
Supplements*	---	---	---	--	---	---
Subtotal	60	1,928.879	60	1,928.879	---	1,928.879
Contracts						
Continuations	---	---	---	--	---	---
New/Competing	---	79.200	---	79.200	---	79.200
Supplements*	---	---	---	--	---	---
Subtotal	---	79.200	---	79.200	---	79.200
Total, SUBG	**60**	**2,008.079**	**60**	**2,008.079**	**---**	**2,008.079**

State Table
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SAMHSA
FY 2025 MANDATORY STATE/FORMULA GRANTS
CFDA NUMBER/PROGRAM NAME: 93.959/SUBG

State	FY2023 Final	FY2024 CR	FY2025 President's Budget	FY 2025 +/- FY 2024
Alabama	$24,686,455	$24,686,455	$24,688,661	$2,206
Alaska	$7,365,856	$7,365,856	$7,366,514	$658
Arizona	$47,835,777	$47,835,777	$47,840,051	$4,274
Arkansas	$14,433,529	$14,433,529	$14,434,819	$1,290
California	$260,569,705	$260,569,705	$260,592,984	$23,279
Colorado	$36,229,697	$36,229,697	$36,232,934	$3,237
Connecticut	$20,463,616	$20,463,616	$20,465,444	$1,828
Delaware	$7,530,296	$7,530,296	$7,530,969	$673
District Of Columbia	$7,530,296	$7,530,296	$7,530,969	$673
Florida	$116,814,207	$116,814,207	$116,824,644	$10,437
Georgia	$58,534,875	$58,534,875	$58,540,105	$5,230
Hawaii	$8,789,845	$8,789,845	$8,790,630	$785
Idaho	$9,195,796	$9,195,796	$9,575,126	$379,330
Illinois	$69,282,302	$69,282,302	$69,288,492	$6,190
Indiana	$36,957,352	$36,957,352	$36,960,654	$3,302
Iowa	$14,119,045	$14,119,045	$14,120,307	$1,262
Kansas	$12,976,950	$12,976,950	$12,978,109	$1,159
Kentucky	$21,294,912	$21,294,912	$21,296,815	$1,903
Louisiana	$25,631,884	$25,631,884	$25,634,174	$2,290
Maine	$7,530,296	$7,530,296	$7,530,969	$673
Maryland	$34,904,467	$34,904,467	$34,907,586	$3,119
Massachusetts	$44,048,382	$44,048,382	$44,052,318	$3,936
Michigan	$57,408,915	$57,408,915	$57,414,044	$5,129
Minnesota	$26,746,812	$26,746,812	$26,749,202	$2,390
Red Lake Indians	$659,211	$659,211	$659,270	$59
Mississippi	$14,137,505	$14,137,505	$14,138,768	$1,263
Missouri	$29,032,034	$29,032,034	$29,034,628	$2,594
Montana	$7,530,296	$7,530,296	$7,530,969	$673
Nebraska	$8,476,196	$8,476,196	$8,476,953	$757
Nevada	$20,537,145	$20,537,145	$20,538,980	$1,835
New Hampshire	$7,530,296	$7,530,296	$7,530,969	$673
New Jersey	$52,033,413	$52,033,413	$52,038,062	$4,649
New Mexico	$10,381,561	$10,381,561	$10,382,489	$928
New York	$114,535,516	$114,535,516	$114,545,750	$10,234
North Carolina	$52,356,446	$52,356,446	$52,361,124	$4,678
North Dakota	$7,530,296	$7,530,296	$7,530,969	$673

State	FY2023 Final	FY2024 CR	FY2025 President's Budget	FY 2025 +/- FY 2024
Ohio	$66,097,021	$66,097,021	$66,102,927	$5,906
Oklahoma	$19,133,801	$19,133,801	$19,135,511	$1,710
Oregon	$26,191,379	$26,191,379	$26,193,719	$2,340
Pennsylvania	$60,529,987	$60,529,987	$60,535,395	$5,408
Rhode Island	$7,782,301	$7,782,301	$7,782,996	$695
South Carolina	$26,137,986	$26,137,986	$26,140,321	$2,335
South Dakota	$7,530,296	$7,530,296	$7,530,969	$673
Tennessee	$35,879,258	$35,879,258	$35,882,464	$3,206
Texas	$163,031,546	$163,031,546	$163,046,113	$14,567
Utah	$25,514,492	$25,514,492	$25,516,772	$2,280
Vermont	$7,530,296	$7,530,296	$7,530,969	$673
Virginia	$47,578,842	$47,578,842	$47,583,093	$4,251
Washington	$41,988,215	$41,988,215	$41,991,967	$3,752
West Virginia	$8,636,687	$8,636,687	$8,637,459	$772
Wisconsin	$27,855,973	$27,855,973	$27,858,462	$2,489
Wyoming	$5,250,164	$5,250,164	$5,250,633	$469
State Subtotal	$1,872,289,426	$1,872,289,426	$1,872,835,221	$545,795
American Samoa	$358,798	$358,798	$352,911	-$5,887
Guam	$1,275,605	$1,275,605	$1,313,126	$37,521
Northern Marianas	$392,556	$392,556	$399,756	$7,200
Puerto Rico	$24,154,125	$24,154,125	$24,062,425	-$91,700
Palau	$163,016	$163,016	$168,484	$5,468
Marshall Islands	$588,566	$588,566	$620,552	$31,986
Micronesia	$774,650	$774,650	$784,438	$9,788
Virgin Islands	$804,706	$804,706	$818,640	$13,934
Territory Subtotal	$28,512,022	$28,512,022	$28,520,332	$8,310
State-Territory Total	$1,900,801,448	$1,900,801,448	$1,901,355,553	$554,105
Administrative	$107,277,552	$107,277,552	$106,723,447	-$554,105
Appropriation	$2,008,079,000	$2,008,079,000	$2,008,079,000	---

Health Surveillance and Program Support

Table of Contents

Summary of the Request....313
Health Surveillance....314
Performance and Quality Information Systems (PQIS)....319
Drug Abuse Warning Network (DAWN)....323
Public Awareness and Support....325
Program Support....329

Health Surveillance and Program Support
Summary of the Request
(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Health Surveillance and Program Support	135.123	135.123	135.123	--
Program Support	84.500	84.500	84.500	--
Health Surveillance (non-add)	50.623	50.623	50.623	--
Budget Authority (non-add)	*20.195*	*20.195*	*20.195*	--
PHS Evaluation Funds (non-add)	*30.428*	*30.428*	*30.428*	--
Subtotal, Health Surveillance and Program Support	**135.123**	**135.123**	**135.123**	**--**
Congressional Earmarks	*160.777*	*160.777*	--	*-160.777*
Data Request and Publications User Fees	1.500	1.500	1.500	--
Public Awareness and Support	13.260	13.260	13.260	--
Budget Authority (non-add)	*13.260*	*13.260*	*13.260*	--
Performance and Quality Information Systems	10.200	10.200	10.200	--
Budget Authority (non-add)	*10.200*	*10.200*	*10.200*	--
Behavioral Health Workforce Data and Development	1.000	1.000	1.000	--
Communities of Strength – Building the Community Workforce (New)	--	--	--	--
PHS Evaluation Funds (non-add)	*1.000*	*1.000*	*1.000*	--
Drug Abuse Warning Network	13.000	13.000	13.000	--
Total, Health Surveillance and Program Support	**334.860**	**334.860**	**174.083**	**-160.777**
HSPS Budget Authority (non-add)	*301.932*	*301.932*	*141.155*	*-160.777*
HSPS PHS Evaluation Funds (non-add)	*31.428*	*31.428*	*31.428*	--
Data Request and Publications User Fees(non-add)	*1.500*	*1.500*	*1.500*	--
FTE	379	407	407	--

Overview

The Health Surveillance and Program Support (HSPS) FY 2025 Budget Request is $174.1 million, equal to FY 2023 Final level.

SAMHSA maintains multiple U.S. behavioral health data collection systems and surveys, supports public awareness, and funds a range of business operations and processes within HSPS.

Health Surveillance

(Dollars in millions)

Programs Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Health Surveillance	50.623	50.623	50.623	--
Budget Authority (non-add)	*20.195*	*20.195*	*20.195*	--
PHS Evaluation Funds (non-add)	*30.428*	*30.428*	*30.428*	--

Authorizing Legislation…….Sections 501 and 505 of the Public Health Service Act
FY 2025 Authorization ..... Permanent
Allocation Method ..... Federal/Intramural, Contracts, Grants, Other
Eligible Entities.....Not Applicable

The Health Surveillance provided resources for SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ). CBHSQ is the lead Federal government agency for behavioral health data collection, evaluation, and research. CBHSQ promotes basic and applied research in behavioral health data systems and statistical methodology, designs and carries out special data collection and analytic projects to examine issues for SAMHSA and other federal agencies, and participates with other federal agencies in developing national health statistics policy. CBHSQ's focus is to leverage data and evidence to strengthen SAMHSA data collection activities to inform policies, programs, and funding to prevent overdose; enhance access to suicide prevention and crisis care; promote resilience and emotional health for children, youth, and families; integrate behavioral and physical healthcare; and strengthen the behavioral health workforce.

Health Surveillance supports the following activities: (1) Population Data Collection, Analysis, and Dissemination; (2) Treatment Services Data Collection, Analysis, and Dissemination; (3) Behavioral Health Data Dissemination; (4) Performance Measurement/Systems and; (5) Drug Abuse Warning Network (DAWN). Collectively, all Health Surveillance programs serve to advance SAMHSA's vision to ensure that people with, affected by, or at risk for, mental health and substance use conditions received care, thrive, and achieve well-being.

Center for Behavioral Health Statistics and Quality
Health Surveillance Resources by Activity/Program

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Health Surveillance				
Population Data Collection, Analysis, and Dissemination	8.469	8.469	8.469	--
National Survey on Drug Use and Health (NSDUH)	*8.469*	*8.469*	*8.469*	--
Treatment Services Data Collection, Analysis, and Dissemination	13.283	13.283	13.283	--
Behavioral Health Services Information System (BHSIS)	*13.283*	*13.283*	*13.283*	--
Behavioral Health Data Dissemination	4.331	4.331	4.331	--
SAMHDA/Data Webpage	*3.049*	*3.049*	*3.049*	--
Quality Logistics Support	*1.281*	*1.281*	*1.281*	--
Performance Measurement/Systems	1.067	1.067	1.067	--
WebBGAS	*1.067*	*1.067*	*1.067*	--
Drug Abuse Warning Network	---	---	---	--
PHS Evaluation (non add)	---	---	---	--
Support	23.473	23.473	23.473	--
Operations	*23.473*	*23.473*	*23.473*	--
Total Health Surveillance	**50.623**	**50.623**	**50.623**	--

Program Description and Accomplishments

CBHSQ performs activities that: (1) coordinate and implement SAMHSA's integrated data strategy, including annual data collection; (2) provide statistical and analytical support for SAMHSA's activities; (3) develop and manage a core set of performance metrics to evaluate high priority activities supported by SAMHSA; and (4) coordinate with the Assistant Secretary, the Assistant Secretary for Planning and Evaluation, SAMHSA's National Mental Health and Substance Use Policy Lab, SAMHSA's Chief Medical Officer, the Office of Behavioral Health Equity, the Office of Recovery, as well as the program Centers as appropriate, to improve the quality of data collection services and evaluations of SAMHSA activities.

CBHSQ activities cross over multiple programs throughout SAMHSA.

Population Data Collection, Analysis, and Dissemination

CBHSQ leads SAMHSA's annual requirement to collect prevalence data on substance use and mental health via the National Survey of Drug Use and Health (NSDUH). NSDUH is an annual collection of behavioral health data on persons aged 12 or older of the U.S. civilian, non-institutionalized population. It is used as the nation's primary source of statistical information on the use of illicit drugs, alcohol, tobacco, certain mental health issues, co-occurring disorders, treatment for mental and substance use disorders, and recovery. NSDUH data provide estimates at the national, state, and sub-state level and among demographic, socioeconomic, or geographic subgroups, as well as trend estimates over time. The public can readily access state-level NSDUH

data via SAMHSA's interactive online tools[173], specifically designed for customized analyses of substance use and mental health indicators, without needing to download any data. In addition, SAMHSA disseminates data-based products in the form of annual reports, data visualizations, slide decks, data tables and other types of reports.

To ensure NSDUH is collecting the highest quality data to address emerging and critical data needs related to mental health and substance use behaviors, SAMHSA has made critical improvements to the questionnaire:

- In 2022, a number of changes were made including updating and renaming the Nicotine module (formerly Tobacco module) and the Alcohol and Drug Treatment module (formerly the Drug Treatment module). The Marijuana module was also updated through an extensive literature review, subject matter expert (SME) input, and three rounds of cognitive testing. This revised module includes updated terminology, updated modes of administration for marijuana, and items on Cannabidiol (CBD) use.

- In 2023, the most notable being the addition/revision of sexual orientation and gender identity (SOGI) questions for both youth and adults. The 2023 NSDUH includes a question assessing sex assigned at birth and a question assessing gender identity. All respondents, not just adults as in previous years, were asked about their sexual attraction and sexual identity. Response options for sexual identity were revised to be more inclusive. Terminology was updated throughout the survey to use gender-neutral language.

- In 2024, selected module introductions were revised to update and simplify language, a question asking about past year use of overdose reversal medicine was added, and the general anxiety disorder scale (GAD-7) was added to the mental health module for adults.

In a united effort to support broader use of restricted-use NSDUH data, researchers apply for, and obtain access to, restricted-use NSDUH data using a process that has been streamlined and expanded to facilitate easier and broader access to the data. SAMHSA promotes data use by aiding researchers in navigating resources, accessing relevant substance use and mental health indicators, and completing important public health investigations, while also protecting privacy and minimizing disclosure risk. Findings from the research analytic activities have been helpful in influencing program implementation of evidence-based interventions and strategies.

In FY 2023, the SAMHSA Data webpage (Data webpage) and Substance Abuse and Mental Health Data Archive (SAMHDA) received over 2.03 million page views overall, with about 69% of the traffic comprised of new visitors to the website. There were almost 340,000 total files downloaded from SAMHSA and SAMHDA in FY 2023. NSDUH webpages within SAMHSA and SAMHDA received around 890,000 page views and close to 170,000 downloads in FY 2023. In FY 2024, CBHSQ plans to continue to modernize and streamline the Data webpage by merging the Data webpage and SAMHDA into one seamless site. These updates will allow easier access to a wider audience and promote increased use and access to behavioral health data.

[173] https://pdas.samhsa.gov/saes/state

Treatment Services Data Collection, Analysis, and Dissemination

SAMHSA collects data on mental health and substance use disorder treatment services through the Behavioral Health Services Informational System (BHSIS). Data collected through BHSIS provides information to the public on treatment services through the Behavioral Health Treatment Services Locator, which is part of the National Treatment Referral Service.

BHSIS includes multiple data collection programs and information resources. The data collections comprise:

1) The National Substance Use and Mental Health Services Survey (N-SUMHSS), which provides information on all public and private specialty mental health and substance use disorder treatment facilities in the United States;
2) The Treatment Episode Data Set (TEDS), which provides demographic, clinical, and substance use characteristics on publicly funded admissions and discharges from substance use disorder treatment facilities;
3) The Mental Health Treatment Episode Data Set (MH-TEDS) and the Mental Health Client Level Data (MH-CLD), which provide demographic characteristics and outcomes of individuals served by state mental health agencies (SMHAs) for mental health treatment; and
4) The Uniform Reporting System (URS), which provides a set of standardized data tables submitted annually by states and territories as part of their Mental Health Block Grant annual implementation reports.

In FY 2023, the Behavioral Health Treatment Locator, renamed as FindTreatment.gov, was redesigned to improve access and usability. As a result, in Feb 2023, traffic to the site increased by 700%. In FY 2024, a Spanish version of FindTreatment.gov will be scheduled for release.

Behavioral Health Data Dissemination

The SAMHDA, a data archive, makes public-use data files available in a variety of formats that anyone can download and analyze and explore. Through SAMHDA, CBHSQ provides access to a data visualization tool and to public- and restricted-use state and substate data through a web-based analytic tool. This site currently resides at https://datafiles.samhsa.gov/. The Data webpage, which currently resides at https://www.samhsa.gov/data/, makes reports, survey information, and supporting documentation available for multiple public audiences.

Budget Request

The FY 2025 Budget Request for SAMHSA's Health Surveillance programs is $50.6 million, equal to FY 2023 Final level. With the funding for FY 2025, CBHSQ will explore the feasibility of modernizing FindTreatment.gov, SAMHSA's treatment locator, to feature appointment capability to reduce barriers for individuals and families to access treatment. CBHSQ will implement a Spanish version of the Locator. Within BHSIS, CBHSQ is planning to disseminate and analyze an N-SUMHSS supplement to provide information regarding use of Electronic Health Records among facilities. Additional funding would also allow the TEDS to provide increased technical support to the States to overcome the challenges and difficulties of data reporting. For FY 2025, CBHSQ is planning to implement an N-SUMHSS supplement for facilities offering

crisis intervention services for 988.

Funding History Table

Fiscal Year	Amount
FY 2021	$47,154,285
FY 2022	$48,623,000
FY 2023 Final	$50,623,000
FY 2024 CR	$50,623,000
FY 2025 President's Budget	$50,623,000

Performance and Quality Information Systems (PQIS)

(Dollars in millions)

Programs Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Performance and Quality Information Systems	10.200	10.200	10.200	--

Authorizing Legislation ..... Sections 501, 509, 516, and 520A of the PHS Act
FY 2025 Authorization ..... Indefinite
Allocation Method ..... Contracts
Eligible Entities ..... Not Applicable

Overview

SAMHSA's maintains Performance Measurement and Performance Systems, Evidenced-Based Programs and Practices and CBHSQ's Operations with PQIS funds.

Resources by Activity/Program

(Dollars in millions)

Program Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Performance and Quality Information Systems				
Performance Measurement and Performance Systems.....	*7.021*	*6.011*	*7.635*	*.614*
SAMHSA Performance Accountability Reports System (SPARS)...	*7.021*	*6.011*	*7.635*	*.614*
Evidence-Based Programs/Practices.....	1.783	1.839	1.882	.099
Evidence Based Resource Center.....	*1.783*	*1.839*	*1.882*	*.099*
Behavioral Health Data Dissemination.....	---	---	---	---
Support.....	1.396	2.350	.683	-.713
Operations.....	*1.396*	*2.350*	*.683*	*-.713*
Total Performance and Quality Information Systems	**10.200**	**10.200**	**10.200**	**---**

Performance Measurement and Performance Systems

SAMHSA Performance Accountability and Reporting System (SPARS)

Through SPARS, SAMHSA collects data on key output and outcome measures to monitor and manage discretionary grant performance and improve the quality of behavioral health services across the continuum. Data collected and analyzed through SPARS allow SAMHSA to monitor the progress of discretionary grants, support data-informed decision-making for funding, and provide an understanding of the services delivered through the programs. The Office of Evaluation Center Evaluation Advisors (CEAs) work with SAMHSA's Centers and Offices to routinely enhance SPARS to be more user friendly with greater data visualization capacity. These enhancements improve data visualization options for examination of demographic data on both adult and youth participants for a single year or for multiple years of funding.

In FY 2022, SPARS was updated to include new versions of more than 40 of SAMHSA's Government Performance Results Act (GPRA) tools for discretionary grant programs and implemented in FY 2023. These updated tools required CBHSQ to make significant changes to the SPARS system and required updates to GPRA documentation and resources including recorded videos and live, interactive training sessions. SPARS infrastructure and security were upgraded to ensure operational stability and protection.

Evidenced-Based Programs and Practices

Evidence-Based Practice Resource Center (EBPRC)

Section 7002 of the 21st Century Cures Act directs SAMHSA to promote access to reliable and valid information on evidence-based programs and practices and share information on the strength of evidence associated with such programs and practices related to mental illness and drug/alcohol addiction. To fulfill this charge, SAMHSA has developed the Evidence-Based Practices Resource

Center (EBPRC). The EBPRC, which is managed by the National Mental Health and Substance Use Policy Laboratory (NMHSUPL), provides states, local communities, clinicians, policymakers, and others in the field with the information and tools that they need to incorporate evidence-based practices in their communities or clinical settings. As part of this effort, SAMHSA develops and disseminates resources, such as new or updated guidebooks, advisories, Treatment Improvement Protocols, guidance documents, clinical practice policies, toolkits, systematic reviews, data reports, and other actionable materials that incorporate the latest evidence on mental health and substance use. The EBPRC enables SAMHSA to collaborate with experts in the field and to rapidly translate science into action. In particular, SAMHSA disseminates the EBPs listed in the EBPRC through various avenues including through regional and locally based training and technical assistance efforts to ensure that communities and practitioners are equipped to bring about the improvements in mental health, substance use prevention and treatment, and recovery that our Nation requires.

Support

Operations

The CBHSQ's OE is responsible for providing centralized planning and management of program evaluation and performance management activity across SAMHSA. In this role, OE provides support to CMHS, CSUS, CSUPS, the Office of Tribal Affairs and Policy (OTAP), the Office of Behavioral Health Equity, the Office of Recovery, the 988 and Behavioral Health Crisis Coordinating Office, and the Office of Intergovernmental and Public Affairs grantees and project officers. This support includes evaluation proposals, performance management and monitoring and quality improvement activities. OE's Evaluation Policy and Procedures (P & P) document formalizes the systematic approach to planning, managing, and overseeing programmatic and policy evaluation activities within SAMHSA.

In FY 2022, the OE led the effort to create the SAMHSA Evidence and Evaluation Board (SEEB). The SEEB is a strategic asset that supports SAMHSA in meeting its mission and agency priorities, especially implementation of the Evidence Act (Foundations for Evidence-Based Policy Making Act of 2018). It is the agency's principal forum for managing SAMHSA's evaluation portfolio and evaluation and evidence data. Within this consensus-driven setting, SAMHSA's Centers and Offices share data-driven insights and best practices and learn from each other and experts across HHS to support evidence-based decision making. The SEEB has served as the forum for SAMHSA to administer and share results of an agency Capacity Assessment, create an evaluation repository, and begin to develop an agency wide Evaluation Plan and Learning Agenda, all in FY 2023.
In FY 2023, the OE was responsible for the management for several multiyear program evaluations funded by each of the three SAMHSA Centers. Additionally, in partnership with CMHS, the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC), other agencies in DHHS, and the Veterans Administration, OE staff has expanded efforts to enhance the use of measurement-based care (MBC) in community settings providing behavioral health services. This work has included publication of an issue brief and a convening of subject matter experts in the field of MBC.

Budget Request

The FY 2025 Budget Request is $10.2 million, equal to FY 2023 Final level. In FY 2025, SAMHSA plans to use funding to continue to operate and maintain the SPARS system. The Office of Evaluation within CBHSQ will continue to develop minor enhancements to collect GPRA data from the more than 7,500 discretionary grants in FY 2023 funded by SAMHSA. This funding would also support SAMHSA's ability to enhance the current SPARS system to continuously support SAMHSA's evolving data and reporting needs and better align with SAMHSA Evidence Act.

Funding History Table

Fiscal Year	Amount
FY 2021	$9,969,596
FY 2022	$10,000,000
FY 2023 Final	$10,200,000
FY 2024 CR	$10,200,000
FY 2025 President's Budget	$10,200,000

Drug Abuse Warning Network (DAWN)

(Dollars in millions)

Programs Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Drug Abuse Warning Network	13.000	13.000	13.000	--

Authorizing Legislation……... Section 505 of the Public Health Service Act
FY 2025 Authorization $0
Allocation Method ..... Contracts
Eligible Entities.....Not Applicable

Program Description and Accomplishments

DAWN provides necessary information, such as patient demographic details and substances used, to respond effectively to the overdose and addiction crises in the United States. DAWN data is used to better inform public health, clinicians, policymakers, and other stakeholders when responding to emerging substance use trends. By using data abstracted directly from emergency department (ED) records, DAWN captures detailed information about the substances involved in ED visits and serves as an early warning system for the emergence of new and novel psychoactive substances. It monitors the geographic, temporal, and demographic characteristics of drug-related ED visits. DAWN captures both ED visits that are directly caused by drugs, such as overdoses, and those in which drugs are a contributing factor but not the direct cause of the ED visit, such as a motor vehicle crash involving a driver who had combined medications with alcohol. These criteria encompass all types of drug-related events, from substance use and misuse to substance-related suicide attempts.

As of January 9, 2024, the DAWN surveillance system has reviewed more than 7,143,062 ED records from 54 participating hospitals (27 urban, 11 suburban, and 16 rural) and abstracted over 562,736 DAWN cases (7.9 percent of total ED records reviewed). Preliminary analysis demonstrates that the most common substances associated with DAWN cases are alcohol (257,724 cases, 45.8 percent), illicit substances (191,316 cases, 34.0 percent) and Central Nervous System (CNS) agents (104,281 cases, 18.5 percent); among illicit drugs, stimulants were the most associated with DAWN cases, with the majority involving methamphetamine.

Budget Request

The FY 2025 Budget Request is $13.0 million, equal to the FY 2023 Final level. In FY 2025, SAMHSA plans to continue to operate and maintain DAWN.

Funding History Table

Fiscal Year	Amount
FY 2021	$10,000,000
FY 2022	$10,000,000
FY 2023 Final	$13,000,000
FY 2024 CR	$13,000,000
FY 2025 President's Budget	$13,000,000

Public Awareness and Support

(Dollars in millions)

Programs Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Public Awareness and Support	13.260	13.260	13.260	--

Authorizing Legislation…. Sections 501, 509, 516, and 520A of the Public Health Service Act
FY 2025 Authorization……. Indefinite
Allocation Method…… Contracts
Eligible Entities.....Not Applicable

Program Description and Accomplishments

An essential part of SAMHSA's mission is to increase public awareness of available services, education, and resources that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. SAMHSA's Office of Communications (OC) staff ensure that the vital information, publications, and training materials produced through SAMHSA's centers and offices are available to the healthcare workforce, people in treatment and recovery, people in crisis or in areas affected by disasters, SAMHSA grantees, and the public. Several channels are used to communicate this information, including online, print, radio, and television media; social media platforms; the SAMHSA.gov website; the SAMHSA Store, the subscription-based e-blast system; and inquiries received through the National Helpline. In addition, the OC staff manage interactions with media organizations and the public and assist in the development and execution of materials, products, and campaigns.

The OC media team evaluate and act upon media inquiries; develop rollout plans; issue press releases, news bulletins, and media advisories; and provide in-house media support to SAMHSA centers and offices. The team build relationships with representatives of the media; identify and seek corrections to inaccuracies about SAMHSA in media products, when necessary; work to add SAMHSA's life-saving resources to journalistic and entertainment products; support broad HHS and administration communications priorities; and collaborate with departmental operating divisions. The media team also collaborate with SAMHSA staff when a disaster occurs to quickly disseminate press releases and social media featuring SAMHSA's Disaster Distress Helpline and links to relevant SAMHSA resources.

The OC digital team manage SAMHSA's social media presence on Facebook, Twitter, LinkedIn, Instagram, and YouTube. Social media messaging is incorporated in all communications plans and is employed daily to communicate messages about SAMHSA news and resources. The staff monitor social media conversations, create content, participate in Twitter chats and Facebook Live sessions, and post blogs on SAMHSA.gov. The digital team also manage the SAMHSA.gov website, which provides enterprise-wide content and related public-facing websites, and support Section 508 activities.

The following contract services are managed within the OC and provide various levels of support to enable the sharing of vital information to the public:

Health Education and Campaign Communications: Enables OC to develop and disseminate a variety of national informational campaigns, public service announcements (PSAs), and other materials for a broad range of platforms. Topics, audiences, and formats range but includes all phases of campaign management from research to development and delivery and to monitoring and measuring outcomes. Provides messages and materials to support targeted public education efforts such as social media, advertising, digital media, and collateral materials. Provides writing, editing, design, and layout support for communication products. Also develops partner relationships to deliver the campaign messages thus extending the reach.

Materials Development and Editorial Services: Provides communication support services for media outreach, publications, digital products, speechwriting, graphics, copyediting, and meeting/event logistics.

Web Management and Support: Supports SAMHSA's website, listserv and subscriber database system, and mobile applications. For its online publication library (i.e., SAMHSA Store), the OC has entered into an interagency agreement with the U.S. Government Publishing Office (GPO) to manage a customer-oriented fulfillment and distribution center, including a warehouse to store SAMHSA publications.

Contact Center: Supports the National Helpline (1-800-662-HELP) and the 1-877-SAMHSA-7 information line. The National Helpline provides free, confidential treatment referral and information services in English and Spanish for individuals and families facing mental illness and/or substance use disorders via phone or text (HELP4U). It is operational 365 days-a-year, 24/7. The 1-877-SAMHSA-7 line is the single point of entry for SAMHSA's information services and is operated Monday through Friday, 8:00 am to 8:00 pm (except for federal holidays).

Budget Request

The FY 2025 Budget Request is $13.3 million, equal to the FY 2023 Final level. The Budget will be used to manage media relationships, maintain its web and social media presence, manage critical helplines, deliver publications and resources, produce, and deliver PSAs, and conduct national campaigns.

Funding History Table

Fiscal Year	Amount
FY 2021	$12,961,000
FY 2022	$13,000,000
FY 2023 Final	$13,260,000
FY 2024 CR	$13,260,000
FY 2025 President's Budget	$13,260,000

Outputs and Outcomes Table

Program: Public Awareness and Support

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
4.4.12 The number of individuals referred for behavioral health treatment resources. (Output)	FY 2023: 794,488 Target: 1,054,200 (Target Not Met)	802,430	810,450	+8,020
4.4.13 The total number of interactions through phone inquiries, e-blasts, dissemination of SAMHSA publications, and total website hits (Output)	FY 2023: 64,937,499 Target: 61,224,900 (Target Exceeded)	65,586,870	66,242,740	+655,870

Program Support

(Dollars in millions)

Programs Name	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Program Support	84.500	84.500	84.500	--

Authorizing Legislation .....Section 501 of the Public Health Service Act
FY 2025 Authorization $0
Allocation Method ..... Direct Federal/Intramural, Contracts, Grants, Other
Eligible Entities.....Not Applicable

Program Description and Accomplishments

The Program Support budget supports SAMHSA staff who plan, direct, and administer SAMHSA's programs, as well as business operations and processes, information technology, and overhead expenses, such as rent and utilities. In addition, this budget supports the Unified Financial Management System (UFMS), which covers administrative activities such as human resources, information technology, financial integrity, and the centralized services provided by HHS and the Program Support Center. SAMHSA's FTE increase in FY 2023 and FY 2024 supports programmatic growth described throughout the budget and supplemental appropriations. SAMHSA also applies an estimated internal administrative charge for overhead expenses to all programs, projects, and activities.

Budget Request

The FY 2025 Budget Request is $84.5 million, equal to the FY 2023 Final level. SAMHSA will continue to support staff to administer and manage SAMHSA's diverse array of programs. At this funding level, SAMHSA will also ensure the agency can efficiently and effectively respond to the evolving behavioral health crisis, as well as provide the significant resources, technical assistance, and leadership within the mental health and behavioral health public health sphere. This level of funding will also continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges.

Funding History Table

Fiscal Year	Amount
FY 2021	$78,762,000
FY 2022	$81,500,000
FY 2023 Final	$84,500,000
FY 2024 CR	$84,500,000
FY 2025 President's Budget	$84,500,000

PRNS Mechanism Table
Program, Project, and Activity
(Dollars in millions)

Program Activity	FY 2023 Final No.	FY 2023 Final Amount	FY 2024 CR No.	FY 2024 CR Amount	FY 2025 President's Budget No.	FY 2025 President's Budget Amount
Health Surveillance						
Contracts						
Continuations	---	49.342	---	47.951	---	50.623
New/Competing	1	1.281	---	2.672	---	--
Subtotal	1	50.623	---	50.623	---	50.623
Total, Health Surveillance	**1**	**50.623**	**---**	**50.623**	**---**	**50.623**
Program Support						
Grants						
Continuations	---	--	---	--	---	--
New/Competing	---	--	---	--	---	--
Subtotal	---	--	---	--	---	--
Contracts						
Continuations	---	84.50	---	84.50	---	84.50
New	---	--	---	--	---	0.00
Subtotal	---	84.50	---	84.50	---	84.50
Total, Program Support	**---**	**84.50**	**---**	**84.50**	**---**	**84.50**
Performance and Quality Information Systems						
Contracts						
Continuations	2	10.200	2	10.200	2	10.200
New/Competing	---	--	---	--	---	--
Subtotal	2	10.200	2	10.200	2	10.200
Total, Performance and Quality Information Systems	**2**	**10.200**	**2**	**10.200**	**2**	**10.200**
Drug Abuse Warning Network						
Contracts						
Continuations	1	13.000	1	13.000	1	13.000
New/Competing	---	--	---	--	---	--
Subtotal	1	13.000	1	13.000	1	13.000
Total, Drug Abuse Warning Network	**1**	**13.000**	**1**	**13.000**	**1**	**13.000**
Behavioral Health Workforce Data and Development						
Grants						
Continuations	1	0.982	1	0.970	1	0.972
New/Competing	---	--	---	--	---	--
Subtotal	1	0.982	1	0.970	1	0.972
Contracts						
Continuations	---	0.018	---	0.030	---	0.028
New/Competing	---	--	---	--	---	--
Subtotal	---	0.018	--	0.030	---	0.028
Total, Behavioral Health Workforce Data and Development	**1**	**1.000**	**0.00**	**1.000**	**1**	**1.000**
Total, HSPS	**5**	**159.323**	**4**	**159.323**	**4**	**159.323**

Nonrecurring Expenses Fund
Budget Summary
(Dollars in millions)

	FY 2023[2]	FY 2024[3]	FY 2025[4]
Notification[1]	--	--	$21.95

Authorizing Legislation:
Authorization…….Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method……..Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions. NEF resources will allow SAMHSA to make critical capital investments in information technology that modernize SAMHSA's systems and improve the effectiveness of agency operations and the utilization of data across the agency.

Budget Allocation FY 2025

In FY 2025 SAMHSA will utilize NEF funding for two projects:

- WebBGAS: This project will develop a new data dashboard system which provides critical data about SAMHSA's block grant programs to the public in a transparent way. This new system will:
    - Enhance users' data analysis and visualization capabilities of block grant program data through the creation of new tools such as measurement dashboards on SAMHSA's samhsa.gov website which will allow for improved external data sharing on program performance.
    - Integrate with other SAMHSA data sources such as SAMHSA's Performance Accountability and Reporting System (SPARS), WebBGAS, Treatment Episode Data Set (TEDS), Uniform Reporting System (URS), and data from external sources such as Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) to help further knowledge sharing and understanding of the cross-cutting impact of SAMHSA's block grant programs.
    - Increase use of block grant data for policymaking and research by providing public use files and other research resources.
    - Support a customer solution for SAMHSA and comply with Federal Integrated Business Framework (FIBF).

- Disparity Impact Statement (DIS) Equity-Centered Integrated Data Enterprise (DECIDE): This project will build an integrated data management system to support the analysis of SAMHSA's DIS data and ultimately the performance of the grant investments in advancing equity for racial and ethnic populations. The DECIDE system would have a user-friendly interface and customizable data visualizations, such as charts, graphs, tables, and dashboards, making it easier for users to assess performance and glean insights from the data. The integrated system will facilitate cross-functional collaboration, enabling teams to share data, findings, and insights which will help drive better QI decisions and outcomes.

Budget Allocation FY 2022 and Prior

- FY 2019
  - CBHSQ Data Web Site: This project will update and improve timely access to the behavioral health data maintained on this web site.
  - NSDUH Contract: The project associated with this NEF request is for the purchase of new field interviewer (FI) data collection equipment to be deployed on the 2020 NSDUH. Given the size and scope of NSDUH the fleet of FI data collection equipment typically needs refreshed every 5 years. The most recent refresh was deployed on the 2015 NSDUH.
- FY 2017
  - Project Evolve: This project is an ongoing effort to improve and consolidate stand alone web sites to SAMHSA.gov.
  - NSDUH IT Upgrade: Migrate system from FIPS low environment to FIPS high environment.
- FY 2016
  - Grants and Information Management Tool: This project funded the creation of the SAMHSA Performance Accountability and Reporting System (SPARS) which replaced Services Accountability Improvement System (SAIS), the Transformation Accountability System (TRAC), and the Prevention Management Reporting and Training System (PMRTS).
  - BASCIC: This project customized and configured SAMHSA's Behavioral Health Analytic, Scientific and Clinical Information Component. This system was an advanced information explorer and web service that allowed individuals, providers and organizations to seek and receive contextual behavioral health information.
  - Extranet Portal: This project provided web support, IT security, and data web page support.

[1] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.
[2] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[3] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[4] HHS has not yet notified for FY 2025.

Supplementary Tables

Table of Contents

Budget Authority by Object Class 334
Salaries and Expenses 343
Details of Full-Time Equivalent Employment 345
Detail of Positions 346
Physicians' Comparability Allowance Worksheet 347
Resources for Cyber Activities 348

Budget Authority by Object Class
Summary Direct Budget Authority
(Dollars in millions)

Object Class - Direct Budget Authority[1,2,3]	FY 2023 Final	FY 2024 CR	FY 2025 President's budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1).....	$61.653	$86.836	$107.352	+$45.315
Other than full-time permanent (11.3).....	1.509	2.150	2.658	+1.130
Other personnel compensation (11.5).....	2.819	3.942	4.873	+2.044
Military personnel (11.7).....	5.636	8.055	8.431	+3.188
Special personnel services payments (11.8)	0.017	0.024	0.030	+0.013
Subtotal personnel compensation:	**71.634**	**101.007**	**123.345**	**+51.689**
Civilian benefits (12.1).....	23.086	32.478	40.152	+16.963
Military benefits (12.2).....	0.411	0.844	2.282	+2.285
Subtotal Pay Costs:	**95.131**	**134.329**	**165.779**	**+70.938**
Travel and transportation of persons (21.0).....	0.995	0.986	1.006	+0.011
Transportation of things (22.0).....	0.001	0.000	0.000	-0.001
Rental payments to GSA (23.1).....	5.380	7.078	7.220	+1.839
Rental payments to Others (23.2).....	--	--	--	--
Communication, utilities, and misc. charges (23.3).....	0.025	0.131	0.134	+0.109
Printing and reproduction (24.0).....	0.675	0.343	0.350	-0.325
Other Contractual Services:				
Advisory and assistance services (25.1).....	53.793	53.360	52.535	-1.258
Other services (25.2).....	91.727	73.843	70.815	-23.498
Purchase of Goods & Svcs. from Govt. Accts (25.3).....	24.712	25.123	21.797	-0.616
Operation and maintenance of facilities (25.4).....	0.216	0.298	0.304	+0.088
Research and Development Contracts (25.5).....	--	--	--	--
Operation and maintenance of equipment (25.7).....	0.974	1.197	1.220	+0.246
Subtotal Other Contractual Services:	**171.422**	**153.821**	**146.672**	**-25.038**
Supplies and materials (26.0).....	0.070	0.118	0.121	+0.051
Equipment (31.0).....	0.138	0.133	0.136	0.002
Grants, subsidies, and contributions (41.0).....	7,096.509	7,073.402	7,248.780	+152.272
Insurance claims and indemnities (42.0).....	0.071	0.074	0.075	+0.004
Interest and dividends (43.0).....	--	--	--	--
Refunds (44.0).....	--	--	--	--
Subtotal Non-Pay Costs	**7,275.286**	**7,236.087**	**7,404.493**	**+126.979**
Total Direct Obligations	**$7,370.416**	**$7,370.416**	**$7,569.889**	**+$199.473**

[1] Does not include PHS Evaluation Funds.

[2] Does not include Prevention and Public Health Funds.

[3] Does not include Mandatory funds

Budget Authority by Object Class
Mental Health
(Dollars in millions)

Object Class - Direct Budget Authority[1,2,3]	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$15.329	$17.574	$21.726	+$6.397
Other than full-time permanent (11.3)	0.353	0.405	0.500	+0.147
Other personnel compensation (11.5)	0.806	0.924	1.142	+0.336
Military personnel (11.7)	1.444	1.721	1.801	+0.357
Special personnel services payments (11.8)	0.004	0.004	0.005	+0.002
Subtotal personnel compensation:	**17.936**	**20.628**	**25.175**	**+7.239**
Civilian benefits (12.1)	5.861	6.719	8.306	+2.446
Military benefits (12.2)	0.157	0.187	1.801	+1.644
Subtotal Pay Costs:	**23.953**	**27.534**	**35.283**	**+11.329**
Travel and transportation of persons (21.0)	0.148	0.154	0.158	+0.009
Transportation of things (22.0)	--	--	--	--
Rental payments to GSA (23.1)	0.056	1.921	1.960	+1.903
Rental payments to Others (23.2)	--	--	--	--
Communication, utilities, and misc. charges (23.3)	0.022	0.023	0.023	+0.001
Printing and reproduction (24.0)	0.001	0.002	0.002	+0.001
Other Contractual Services:				--
Advisory and assistance services (25.1)	33.064	31.053	33.281	+0.217
Other services (25.2)	61.023	49.689	49.369	-11.654
Purchase of Goods & Svcs. from Govt. Accts (25.3)	12.893	11.004	11.224	-1.668
Operation and maintenance of facilities (25.4)	0.005	0.011	0.011	+0.007
Research and Development Contracts (25.5)	--	--	--	--
Operation and maintenance of equipment (25.7)	0.483	0.612	0.624	+0.140
Subtotal Other Contractual Services:	**107.467**	**92.368**	**94.509**	**-12.958**
Supplies and materials (26.0)	0.009	0.005	0.006	-0.003
Equipment (31.0)	0.063	0.078	0.079	+0.016
Grants, subsidies, and contributions (41.0)	2,623.787	2,633.421	2,946.987	+323.200
Interest and dividends (43.0)	--	--	--	--
Subtotal Non-Pay Costs	**2,731.554**	**2,727.973**	**3,043.724**	**+312.170**
Total Direct Obligations	**$2,755.507**	**$2,755.507**	**$3,079.007**	**+$323.500**

[1] Does not include PHS Evaluation Funds.

[2] Does not include ACA or PPHF

[3] Does not include Mandatory funds of $412.5M

Budget Authority by Object Class
Substance Use Prevention Services
(Dollars in millions)

Object Class - Direct Budget Authority[1]	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$6.705	$8.850	$10.941	+$4.237
Other than full-time permanent (11.3)	0.059	0.078	0.096	+0.037
Other personnel compensation (11.5)	0.268	0.354	0.438	+0.169
Military personnel (11.7)	1.426	1.957	2.049	+0.622
Special personnel services payments (11.8)	--	--	--	--
Subtotal personnel compensation:	**8.458**	**11.239**	**13.523**	**+5.065**
Civilian benefits (12.1)	2.475	3.267	4.039	+1.564
Military benefits (12.2)	--	0.256	--	--
Subtotal Pay Costs:	**10.933**	**14.761**	**17.562**	**+6.629**
Travel and transportation of persons (21.0)	--	--	--	--
Transportation of things (22.0)	--	--	--	--
Rental payments to GSA (23.1)	0.000	1.140	1.163	+1.163
Rental payments to Others (23.2)	--	--	--	--
Communication, utilities, and misc. charges (23.3)	--	--	--	--
Printing and reproduction (24.0)	0.002	0.001	0.001	-0.001
Other Contractual Services:				--
Advisory and assistance services (25.1)	5.922	6.146	4.269	-1.653
Other services (25.2)	11.807	10.021	9.143	-2.664
Purchase of Goods & Svcs. from Govt. Accts (25.3)	1.373	1.097	0.291	-1.082
Operation and maintenance of facilities (25.4)	0.018	0.085	0.087	+0.069
Research and Development Contracts (25.5)	--	--	--	--
Operation and maintenance of equipment (25.7)	--	--	--	--
Subtotal Other Contractual Services:	**19.120**	**17.350**	**13.790**	**-5.330**
Supplies and materials (26.0)	--	0.000	0.000	+0.000
Equipment (31.0)	0.001	0.001	0.001	+0.000
Grants, subsidies, and contributions (41.0)	206.823	203.626	204.362	-2.461
Interest and dividends (43.0)	--	--	--	--
Subtotal Non-Pay Costs	**225.946**	**222.118**	**219.317**	**-6.629**
Total Direct Obligations	**$236.879**	**$236.879**	**$236.879**	**--**

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Substance Use Services
(Dollars in millions)

Object Class - Direct Budget Authority[1]	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	$11.904	$18.421	$22.773	+$10.869
Other than full-time permanent (11.3)	0.152	0.235	0.290	+0.139
Other personnel compensation (11.5)	0.627	0.970	1.199	+0.572
Military personnel (11.7)	0.662	1.065	1.115	+0.453
Special personnel services payments (11.8)	--	--	--	--
Subtotal personnel compensation:	**13.345**	**20.691**	**25.377**	**+12.032**
Civilian benefits (12.1)	4.458	6.899	8.529	+4.071
Military benefits (12.2)	0.045	0.073	0.091	+0.045
Subtotal Pay Costs:	**17.848**	**27.662**	**33.997**	**+16.148**
Travel and transportation of persons (21.0)	0.175	0.182	0.186	+0.011
Transportation of things (22.0)	--	--	--	--
Rental payments to GSA (23.1)	--	2.877	2.934	+2.934
Rental payments to Others (23.2)	--	--	--	--
Communication, utilities, and misc. charges (23.3)	--	0.108	0.111	+0.111
Printing and reproduction (24.0)	0.102	0.340	0.346	+0.244
Other Contractual Services:				--
Advisory and assistance services (25.1)	13.805	12.798	13.054	-0.752
Other services (25.2)	15.057	11.303	10.337	-4.720
Purchase of Goods & Svcs. from Govt. Accts (25.3)	5.142	9.495	9.685	+4.543
Operation and maintenance of facilities (25.4)	--	--	--	--
Research and Development Contracts (25.5)	--	--	--	--
Operation and maintenance of equipment (25.7)	0.064	0.422	0.430	+0.367
Subtotal Other Contractual Services:	**34.069**	**34.018**	**33.507**	**-0.562**
Supplies and materials (26.0)	0.000	0.010	0.010	+0.010
Equipment (31.0)	0.001	-0.005	-0.005	-0.006
Grants, subsidies, and contributions (41.0)	4,023.903	4,010.907	4,041.763	+17.860
Interest and dividends (43.0)	--	--	--	--
Subtotal Non-Pay Costs	**4,058.250**	**4,048.436**	**4,078.851**	**+20.602**
Total Direct Obligations	**$4,076.098**	**$4,076.098**	**$4,112.848**	**+$36.750**

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Health Surveillance and Program Support
(Dollars in millions)

Object Class - Direct Budget Authority[1]	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1).....	$27.715	$41.990	$51.911	+$24.196
Other than full-time permanent (11.3).....	0.946	1.433	1.771	+0.826
Other personnel compensation (11.5).....	1.119	1.695	2.095	+0.977
Military personnel (11.7).....	2.103	3.312	3.467	+1.364
Special personnel services payments (11.8)	0.013	0.020	0.025	+0.012
Subtotal personnel compensation:	**31.895**	**48.450**	**59.269**	**+27.374**
Civilian benefits (12.1).....	10.292	15.594	19.278	+8.986
Military benefits (12.2).....	0.208	0.328	0.390	+0.182
Subtotal Pay Costs:	**42.396**	**64.372**	**78.938**	**+36.542**
Travel and transportation of persons (21.0).....	0.672	0.650	0.663	-0.009
Transportation of things (22.0).....	0.001	0.000	0.000	-0.001
Rental payments to GSA (23.1).....	5.324	1.140	1.163	-4.161
Rental payments to Others (23.2).....	--	--	--	--
Communication, utilities, and misc. charges (23.3).....	0.003	--	--	-0.003
Printing and reproduction (24.0).....	0.570	0.001	0.001	-0.569
Other Contractual Services:				--
Advisory and assistance services (25.1).....	1.001	3.364	1.931	+0.930
Other services (25.2).....	3.840	2.830	1.582	-2.257
Purchase of Goods & Svcs. from Govt. Accts (25.3).....	5.303	3.526	0.597	-4.707
Operation and maintenance of facilities (25.4).....	0.193	0.202	0.206	+0.012
Research and Development Contracts (25.5).....	--	--	--	--
Operation and maintenance of equipment (25.7).....	0.427	0.163	0.166	-0.261
Subtotal Other Contractual Services:	**10.765**	**10.085**	**4.482**	**-6.283**
Supplies and materials (26.0).....	0.061	0.103	0.105	+0.044
Equipment (31.0).....	0.073	0.060	0.061	-0.012
Grants, subsidies, and contributions (41.0).....	241.996	225.448	55.667	-186.328
Insurance claims and indemnities (42.0).....	0.071	0.074	0.075	+0.004
Interest and dividends (43.0).....	--	--	--	---
Subtotal Non-Pay Costs	**259.536**	**237.560**	**62.217**	**-197,319**
Total Direct Obligations	**$301.932**	**$301.932**	**$141.155**	**-$160.777**

[1] Does not include PHS Evaluation Funds.

Budget Authority by Object Class
Summary PHS Evaluation Funds
(Dollars in millions)

Object Class - PHS Evaluation Funds	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel Compensation:				
Full Time Permanent (11.1).....	$6.915	$1.434	$1.773	-$5.142
Other than Full-Time Permanent (11.3).....	0.030	--	--	-0.030
Other Personnel Compensation (11.5).....	0.217	0.052	0.065	-0.153
Military Personnel Compensation (11.7).....	0.516	0.509	0.533	+0.017
Special personnel services payments (11.8)	--	--	--	--
Subtotal Personnel Compensation:	**7.678**	**1.996**	**2.371**	**-5.307**
Civilian Personnel Benefits (12.1).....	2.508	0.496	0.613	-1.895
Military Personnel Benefits (12.2).....	0.052	0.055	0.068	+0.017
Subtotal Pay Costs:	**10.238**	**2.547**	**3.052**	**-7.186**
Travel (21.0).....	0.000	0.000	0.000	+0.000
Transportation of things (22.0).....	--	--	--	--
Rental payments to GSA (23.1).....	--	--	--	--
Communications, Utilities and Misc. Charges (23.3).....	0.098	0.098	0.100	+0.002
Printing and Reproduction (24.0).....	0.000	0.201	0.205	+0.205
Other Contractual Services:				--
Advisory and assistance services (25.1).....	--	--	--	--
Other services (25.2).....	120.717	129.048	128.501	+7.784
Purchase of Goods & Svcs. from Govt. Accts (25.3).....	1.265	0.853	0.870	-0.395
Operation and maintenance of equipment (25.7).....	0.099	0.101	0.103	+0.004
Subtotal Other Contractual Services:.....	**122.081**	**130.003**	**129.474**	**+7.393**
Supplies and Materials (26.0).....	0.000	0.000	0.000	+0.000
Equipment (31.0).....	--	--	--	--
Grants, Subsidies, and Contributions (41.0).....	1.250	0.820	0.835	-0.415
Subtotal Non-Pay Costs	**123,429**	**131,121**	**130,615**	**+7.186**
Total PHS Evaluation Funds	**$133.667**	**$133.667**	**$133.667**	**-**

Budget Authority by Object Class
Mental Health
(Dollars in millions)

Object Class - PHS Evaluation	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1).....	+$1.302	+$1.434	+$1.773	+0.471
Other than full-time permanent (11.3).....	--	--	--	--
Other personnel compensation (11.5).....	0.047	0.052	0.065	+0.017
Military personnel (11.7).....	0.445	0.509	0.533	+0.088
Special personnel services payments (11.8)	--	--	--	--
Subtotal personnel compensation:	**1.794**	**1.996**	**2.371**	**+0.576**
Civilian benefits (12.1).....	0.450	0.496	0.613	+0.163
Military benefits (12.2).....	0.048	0.055	0.068	+0.020
Subtotal Pay Costs:	**2.293**	**2.547**	**3.052**	**+0.760**
Travel and transportation of persons (21.0).....	0.000	0.000	0.000	+0.000
Transportation of things (22.0).....	--	--	--	--
Rental payments to GSA (23.1).....	--	--	--	--
Communication, utilities, and misc. charges (23.3).....	--	--	--	--
Printing and reproduction (24.0).....	0.000	0.000	0.000	+0.000
Other Contractual Services:			--	--
Advisory and assistance services (25.1).....	--	--	--	--
Other services (25.2).....	17.670	17.851	17.333	-0.338
Purchase of Goods & Svcs. from Govt. Accts (25.3).....	0.076	0.047	0.048	-0.028
Operation and maintenance of equipment (25.7).....	--	--	--	--
Subtotal Other Contractual Services:	**17.746**	**17.898**	**17.380**	**-0.366**
Supplies and materials (26.0).....	0.000	0.000	0.000	+0.000
Equipment (31.0).....	--	--	--	--
Grants, subsidies, and contributions (41.0).....	1.000	0.594	0.606	-0.394
Subtotal Non-Pay Costs	**18.746**	**18.492**	**17.987**	**-0.760**
Total PHS Evaluation Funds	**$21.039**	**$21.039**	**$21.039**	**--**

Budget Authority by Object Class
Substance Use Services
(Dollars in millions)

Object Class - PHS Evaluation	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1).....	$1.398	--	--	-$1.398
Other than full-time permanent (11.3).....	--	--	--	--
Other personnel compensation (11.5).....	0.053	--	--	-0.053
Military personnel (11.7).....	--	--	--	--
Special personnel services payments (11.8)	--	--	--	--
Subtotal personnel compensation:	**1.450**	**--**	**--**	**-1.450**
Civilian benefits (12.1).....	0.506	--	--	-0.506
Military benefits (12.2).....	--	--	--	--
Subtotal Pay Costs:	**1.956**	**--**	**--**	**-1.956**
Travel and transportation of persons (21.0).....	--	--	--	--
Transportation of things (22.0).....	--	--	--	--
Rental payments to GSA (23.1).....	--	--	--	--
Communication, utilities, and misc. charges (23.3).....	--	--	--	--
Printing and reproduction (24.0).....	--	0.201	0.205	+0.205
Other Contractual Services:	--	--	--	--
Advisory and assistance services (25.1).....	--	--	--	--
Other services (25.2).....	78.811	80.587	80.575	+1.764
Purchase of Goods & Svcs. from Govt. Accts (25.3).....	0.085	0.086	0.088	+0.003
Operation and maintenance of equipment (25.7).....	0.099	0.101	0.103	+0.004
Subtotal Other Contractual Services:	**78.994**	**80.774**	**80.766**	**+1.771**
Supplies and materials (26.0).....	--	--	--	--
Equipment (31.0).....	--	--	--	--
Grants, subsidies, and contributions (41.0).....	0.250	0.225	0.229	-0.021
Subtotal Non-Pay Costs	**79.244**	**81.200**	**81.200**	**+1.956**
Total PHS Evaluation Funds	**$81.200**	**$81.200**	**$81.200**	**-**

Budget Authority by Object Class
Health Surveillance and Program Support
(Dollars in millions)

Object Class - PHS Evaluation	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1).....	$4.216	--	--	-$4.216
Other than full-time permanent (11.3).....	0.030	--	--	-0.030
Other personnel compensation (11.5).....	0.117	--	--	-0.117
Military personnel (11.7).....	0.071	--	--	-0.071
Special personnel services payments (11.8)	--	--	--	--
Subtotal personnel compensation:	**4.434**	**--**	**--**	**-4.434**
Civilian benefits (12.1).....	1.552	--	--	-1.552
Military benefits (12.2).....	0.004	--	--	-0.004
Subtotal Pay Costs:	**5.990**	**--**	**--**	**-5.990**
Travel and transportation of persons (21.0).....	--	--	--	--
Transportation of things (22.0).....	--	--	--	--
Rental payments to GSA (23.1).....	--	--	--	--
Communication, utilities, and misc. charges (23.3).....	0.098	0.098	0.100	+0.002
Printing and reproduction (24.0).....	--	--	--	--
Other Contractual Services:				--
Advisory and assistance services (25.1).....	--	--	--	--
Other services (25.2).....	24.236	30.610	30.594	+6.358
Purchase of Goods & Svcs. from Govt. Accts (25.3).....	1.104	0.720	0.734	-0.370
Operation and maintenance of equipment (25.7).....	--	--	--	--
Subtotal Other Contractual Services:	**25.341**	**31.330**	**31.328**	**+5.988**
Supplies and materials (26.0).....	--	--	--	--
Equipment (31.0).....	--	--	--	--
Grants, subsidies, and contributions (41.0).....	--	--	--	--
Subtotal Non-Pay Costs	**25.438**	**31.428**	**31.428**	**+5.990**
Total Reimbursable Obligations	**$31.428**	**$31.428**	**$31.428**	**-**

Salaries and Expenses

(Dollars in millions)

Object Class - Direct Budget Authority[1,2,3]	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	+$61.653	+$86.836	+$107.352	+$45.699
Other than full-time permanent (11.3)	1.509	2.150	2.658	+1.149
Other personnel compensation (11.5)	2.819	3.942	4.873	+2.054
Military personnel (11.7)	5.636	8.055	8.431	+2.796
Special personnel services payments (11.8)	0.017	0.024	0.030	+0.013
Subtotal personnel compensation	**71.634**	**101.007**	**123.345**	**+51.711**
Civilian benefits (12.1)	23.086	32.478	40.152	+17.066
Military benefits (12.2)	0.411	0.844	2.282	+1.872
Subtotal Pay Costs:	**95.131**	**134.329**	**165.779**	**+70.649**
Travel (21.0)	0.995	0.986	1.006	+0.011
Transportation of things (22.0)	0.001	0.000	0.000	-0.001
Rental payments to Others (23.2)	--	--	--	--
Communication, utilities, and misc. charges (23.3)	0.025	0.131	0.134	+0.109
Printing and reproduction (24.0)	0.675	0.343	0.350	-0.325
Other Contractual Services:				--
Advisory and assistance services (25.1)	53.793	53.360	52.535	-1.258
Other services (25.2)	91.727	73.843	70.815	-20.912
Purchase of Goods & Svcs. from Govt. Accts (25.3)	24.712	25.123	21.797	-2.914
Operation and maintenance of facilities (25.4)	0.216	0.298	0.304	+0.088
Research and Development Contracts (25.5)	--	--	--	--
Operation and maintenance of equipment (25.7)	0.974	1.197	1.220	+0.246
Subtotal Other Contractual Services:	**171.422**	**153.821**	**146.672**	**-24.750**
Supplies and materials (26.0)	0.070	0.118	0.121	+0.051
Subtotal Non-Pay Costs	173.188	155.400	148.282	-24.906
Total Salary and Expenses	**268.319**	**289.729**	**314.062**	**+45.743**
Rental Payments to GSA (23.1)	5.380	7.078	7.220	+1.839
Grand Total, Salaries & Expenses and Rent	**$273.699**	**$296.807**	**$321.281**	**+$47.582**
Direct FTE……	**706**	**849**	**849**	**143**

[1] Does not include PHS Evaluation Funds.

[2] Does not include Prevention and Public Health Funds.

[3] Does not include Mandatory Funds.

Salaries and Expenses
PHS Salaries and Expenses Table
(Dollars in millions)

Object Class - PHS Evaluation	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1).....	$6.915	$1.434	$1.773	-$5.142
Other than full-time permanent (11.3).....	30	---	---	-0.030
Other personnel compensation (11.5).....	217	52	65	-0.153
Military personnel (11.7).....	516	509	533	+0.017
Special personnel services payments (11.8)	---	---	---	--
Subtotal personnel compensation	**7,678**	**1,996**	**2,371**	**-5.307**
Civilian benefits (12.1).....	2,508	496	613	-1.895
Military benefits (12.2).....	52	55	68	+0.017
Subtotal Pay Costs:	**10,238**	**2,547**	**3,052**	**-7.186**
Travel (21.0).....				+0.000
Transportation of things (22.0).....	---	---	---	--
Rental payments to Others (23.2).....	---	---	---	--
Communication, utilities, and misc. charges (23.3).....	98	98	100	+0.002
Printing and reproduction (24.0).....		201	205	+0.205
Other Contractual Services:				--
Advisory and assistance services (25.1).....	---	---	---	--
Other services (25.2).....	120,717	129,048	128,501	+7.784
Purch. Goods & Svcs. Govt. Accts (25.3).....	1,265	853	870	-0.395
Operation and maintenance of facilities (25.4).....	99	101	103	+0.004
Research and Development Contracts (25.5).....	---	---	---	--
Operation and maintenance of equipment (25.7).....		101	103	+0.103
Subtotal Other Contractual Services:	**122,081**	**130,103**	**129,577**	**+7.496**
Supplies and materials (26.0).....				+0.000
Subtotal Non-Pay Costs	**122,179**	**130,403**	**129,882**	**+7.704**
Total Salary and Expenses	**132,417**	**132,949**	**132,935**	**+0.518**
Rental Payments to GSA (23.1).....	---	---	---	---
Grand Total, Salaries & Expenses and Rent	**$132.417**	**$132.949**	**$132.935**	**+$0.518**
Reimbursable FTE……..	**16**	**16**	**16**	---

Substance use And Mental Health Services Administration
Details of Full-Time Equivalent Employment

	FY 2023 Actual Civilian	FY 2023 Actual Military	FY 2023 Actual Total	FY 2024 Est. Civilian	FY 2024 Est. Military	FY 2024 Est. Total	FY 2025 Est. Civilian	FY 2025 Est. Military	FY 2025 Est. Total
Mental Health Services									
Direct:	116	8	124	166	8	174	166	8	174
Reimbursable:	13	3	16	13	3	16	13	3	16
Total:	129	11	140	179	11	190	179	11	190
Substance Use Prevention									
Direct:	84	9	93	84	9	93	84	9	93
Reimbursable:	--	--	--	--	--	--	--	--	--
Total:	83	9	93	84	9	93	84	9	93
Substance Use Services									
Direct:	103	6	109	170	5	175	170	5	175
Reimbursable:	--	--	--	--	--	--	--	--	--
Total:	104	6	109	170	5	175	170	5	175
Health Surveillance and Program Support									
Direct:	368	12	380	388	19	407	388	19	407
Reimbursable:	--	--	--	--	--	--	--	--	--
Total:	368	12	380	388	19	407	388	19	407
SAMHSA FTE Total.....	**684**	**38**	**722**	**821**	**44**	**865**	**821**	**44**	**865**

Substance use And Mental Health Services Administration
Detail of Positions

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Executive Level IV	1	1	1
Subtotal	1	1	1
Total – Exec. Level Salaries	**$208,054**	**$218,873**	**$223,250**
SES	6	7	7
Subtotal	6	7	7
Total, SES salaries	**$1,548,497**	**$1,900,523**	**$1,938,533**
GM/GS-15/EE	84	100	100
GM/GS-14	165	175	175
GM/GS-13	240	265	265
GS-12	83	75	75
GS-11	61	60	60
GS-10	*2*	5	5
GS-09	16	35	35
GS-08	13	20	20
GS-07	9	25	25
GS-06	0	10	10
GS-05	2	2	2
GS-04	1	--	--
GS-03	--	--	--
GS-02	--	--	--
GS-01	--	--	--
Subtotal	676	772	772
Total, GS salaries	**$117,501,752**	**$121,839,206**	**$145,254,523**
CC-08/09	--	--	--
CC-07	--	--	--
CC-06	16	18	18
CC-05	11	13	13
CC-04	8	7	7
CC-03	5	6	6
CC-02	--	--	--
CC-01	--	--	--
Subtotal	40	44	44
Total, CC salaries	**$6,861,086**	**$7,217,863**	**$7,542,666**
Total Positions	**723**	**824**	**824**
Average EX level	ES	ES	ES
Average EX salary	$208,054	$208,054	$208,054
Average SES level	SES	SES	SES
Average SES salary	$258,083	$271,503	$276,933
Average GS grade	13.5	13.4	13.4
Average GS salary	$173,819	$157,823	$188,154
Average CC level	5	5	5
Average CC salaries	$171,527	$164,042	$171,424

Physicians' Comparability Allowance Worksheet

1) Department and component:

HHS/Substance Abuse and Mental Health Services Administration

2) Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

(*Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)*
We have to offer PCAs because our salaries are not competitive with the private sector.

3-4) Please complete the table below with details of the PCA agreement for the following years:

	PY 2023 (Final)	**CY* 2024 (CR)**	**BY 2025 (President's Budget)**
3a) Number of Physicians Receiving PCAs	1	1	1
3b) Number of Physicians with One-Year PCA Agreements	0	0	0
3c) Number of Physicians with Multi-Year PCA Agreements	1	1	1
4a) Average Annual PCA Physician Pay (without PCA payment)	172,075	181,216	181,216
4b) Average Annual PCA Payment	16,000	16,000	16,000

*FY2024 data will be approved during the FY 2025 Budget cycle.

5) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

(*Please include any staffing data to support your explanation, such as number and duration of unfilled positions and number of accessions and separations per fiscal year.)*

We have to offer PCAs because our salaries are not competitive with the private sector (e.g., we might offer 75% of a physician's salary on the outside). In addition, physicians of interest to SAMHSA often have income from consulting as well. The PCA is the only way to raise the government income to make the offer acceptable.

6) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

Resources for Cyber Activities

(Dollars in millions)

Cyber Category	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Cyber Human Capital	0.047	0.297	0.547	+0.500
Planning Roles and Responsibilities	0.829	1.029	1.229	+0.400
Sector Risk Assessment, Management, and Operations	--	0.010	0.011	+0.011
Sector Coordination	--	0.010	0.011	+0.011
Other NIST CSF Capabilities:				
Detect	0.996	1.026	1.056	+0.060
Identity	0.047	0.077	0.107	+0.060
Protect	0.851	0.881	0.911	+0.060
Recover	0.039	0.069	0.099	+0.060
Respond	0.073	0.103	0.123	+0.050
Total Cyber Request	**2.881**	**3.501**	**4.093**	**1.212**
Technology Ecosystems (non-add)	--	--	--	--
Zero Trust Implementation (non-add)	--	*0.500*	*0.500*	*0.500*

Drug Control Budget
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance use And Mental Health Services Administration
(Dollars in millions)

Drug Resources by Decision Unit and Function	FY2023 Final	FY 2024 CR	FY2025 President's Budget	FY 2025 +/- FY 2024 CR
Programs of Regional and National Significance (PRNS)[1]				
Prevention[2]	236.88	236.88	236.88	--
Harm Reduction	72.00	72.00	82.00	10.00
Treatment[3]	465.79	465.79	472.54	6.75
Recovery	34.43	34.43	34.43	--
Total, PRNS	**809.10**	**809.10**	**825.85**	**16.75**
State Opioid Response Grants				
State Opioid Response Grants	1,559.25	1,559.25	1,579.05	19.80
Harm Reduction		15.75	15.95	0.20
Total, SOR	**1,575.00**	**1,575.00**	**1,595.00**	**20.00**
Substance Abuse Prevention and Treatment Block Grant (SABG)[4]				
Prevention	381.54	381.54	381.54	--
Harm Reduction	20.08	20.08	20.08	--
Treatment	1,405.66	1,405.66	1,405.66	--
Recovery	200.81	200.81	200.81	--
Total, SABG	**2,008.08**	**2,008.08**	**2,008.08**	**--**
Health Surveillance and Program Support (HSPS)[5]				
Prevention	21.73	21.73	20.12	-1.62
Harm Reduction	3.26	3.26	3.02	-0.24
Treatment	78.24	78.24	72.42	-5.82
Recovery	5.43	5.43	5.03	-0.40
Total, HSPS	**108.66**	**108.66**	**100.58**	**-8.08**
Total Funding	**4,500.84**	**4,500.84**	**4,529.51**	**28.67**
Drug Resources Personnel Summary				
Total Full Time Equivalents (FTEs)[6]	402	404	376	-26
Drug Resources as a Percent of Budget				
Total Agency Budget (in billions)	7,517.58	7,517.58	8,129.56	611.97
Drug Resources Percentage	59.9%	59.9%	55.7%	-4.2%

1/The State Opioid Response Grant is split 99% to the Treatment function and 1% to the Harm Reduction function.
2/The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.
"3/ The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:
- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward Harm Reduction and 5% toward Recovery, consistent with the drug control methodology"
4/Only Direct FTEs included in total.

Drug Budget Split between Prevention, Treatment, Harm Reduction, and Recovery
FY 2023-2025
(Dollars in millions)

Prevention: **Substance Use Prevention Services**	**FY2023 Final**	**FY2024 CR**	**FY2025 President's Budget**	**FY 2025 +/- FY 2024 CR**
Programs of Regional and National Significance (PRNS)				
Strategic Prevention Framework	135.484	135.484	135.484	--
Strategic Prevention Framework Rx (non-add)	*10.000*	*10.000*	*10.000*	--
Budget Authority (non-add)	*10.000*	*10.000*	*10.000*	--
Federal Drug-Free Workplace	5.139	5.139	5.139	--
Sober Truth on Preventing Underage Drinking	14.500	14.500	14.500	--
Tribal Behavioral Health Grants	23.665	23.665	23.665	--
Minority AIDS	43.205	43.205	43.205	--
SAP Minority Fellowship Program	1.321	1.321	1.321	--
Center for the Application of Prevention Technologies	9.493	9.493	9.493	--
Science and Service Program Coordination	4.072	4.072	4.072	--
Improving Access to Overdose Treatment	--	--	--	--
Total, Substance Use Prevention Services PRNS	**236.879**	**236.879**	**236.879**	**--**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[1]	381.535	381.535	381.535	--
PHS Evaluation Funds (non-add)	*15.048*	*15.048*	*15.048*	--
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	**381.535**	**381.535**	**381.535**	**--**
Health Surveillance and Program Support[2]				
Health Surveillance and Program Support	16.324	16.324	14.821	-1.503
Health Surveillance	6.116	6.116	5.553	-0.563
Budget Authority (non-add)	*2.440*	*2.440*	*2.215*	*-0.225*
PHS Evaluation Funds (non-add)	*3.676*	*3.676*	*3.338*	*-0.338*
Program Support	10.208	10.208	9.269	-0.940
Public Awareness and Support	1.326	1.326	1.326	--
Performance and Quality Information Systems	1.232	1.232	1.119	-0.113
Behavioral Health Workforce Data and Development	0.100	0.100	0.100	--
PHS Evaluation Funds (non-add)	*0.100*	*0.100*	*0.100*	--
Drug Abuse Warning Network	2.600	2.600	2.600	--
Data Request/Publication User Fees	0.150	0.150	0.150	--
Total, Health Surveillance and Program Support	**21.732**	**21.732**	**20.116**	**-1.616**
Total, Substance Use Prevention Services	**640.146**	**640.146**	**638.53**	**-1.616**

1/ The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.

2/ The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:

- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology

Drug Budget Split between Prevention, Treatment, Harm Reduction, and Recovery
FY 2023-2025

(Dollars in millions)

Harm Reduction	FY2023 Final	FY2024 CR	FY2025 President's Budget	FY 2025 +/- FY 2024 CR
Community Based Funding for Local Substance use Disorder Services...	--	--	--	--
Community Harm Reduction and Engagement Initiative[1]….....	--	--	10.000	10.000
Screening, Brief Intervention and Referral to Treatment	33.840	33.840	33.840	--
Budget Authority (non-add).....	*31.840*	*31.840*	*31.840*	--
PHS Evaluation Funds (non-add).....	*2.000*	*2.000*	*2.000*	--
First Responder Training (CARA)…..	56.000	56.000	56.000	--
First Responder Training (CARA)	--	--	--	--
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	16.000	16.000	16.000	--
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	--	--	--	--
Total, Harm Reduction PRNS	**72.000**	**72.000**	**82.000**	**10.000**
State Opioid Response Grants[2]	**15.750**	**15.750**	**15.950**	**0.200**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[3]	20.081	20.081	20.081	--
PHS Evaluation Funds (non-add).....	*0.792*	*0.792*	*0.792*	--
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	**20.081**	**20.081**	**20.081**	**--**
Health Surveillance and Program Support[4]				
Health Surveillance and Program Support	2.449	2.449	2.223	-0.225
Health Surveillance.....	0.917	0.917	0.833	-0.084
Budget Authority (non-add).....	*0.366*	*0.366*	*0.332*	-0.034
PHS Evaluation Funds (non-add).....	*0.551*	*0.551*	*0.501*	-0.051
Program Support.....	1.531	1.531	1.390	-0.141
Public Awareness and Support.....	0.199	0.199	0.199	--
Performance and Quality Information Systems.....	0.185	0.185	0.168	-0.017
Behavioral Health Workforce Data and Development.....	0.015	0.015	0.015	--
Communities of Strength – Building the Community Workforce (New)	--	--	--	--
PHS Evaluation Funds (non-add).....	*0.015*	*0.015*	*0.015*	--
Drug Abuse Warning Network.....	0.390	0.390	0.390	--
Data Request/Publication User Fees.....	0.023	0.023	0.023	--
Total, Health Surveillance and Program Support	**3.260**	**3.260**	**3.017**	**-0.242**
Total, Harm Reduction	**111.091**	**111.091**	**121.048**	**9.958**

1/New program proposed in SAMHSA's FY 2025 Performance Budget.

2/ The State Opioid Response Grant is split 99% to the Treatment function and 1% to the Harm Reduction function.

3/ The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.

4/ The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:

- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology.

Drug Budget Split between Prevention, Treatment, Harm Reduction, and Recovery
FY 2023-2025
(Dollars in millions)

Treatment: Substance Use Services	FY2023 Final	FY2024 CR	FY2025 President's Budget	FY 2025 +/- FY 2024 CR
Programs of Regional and National Significance (PRNS)				
Opioid Treatment Programs/Regulatory Activities	10.724	10.724	10.724	--
Target Capacity Expansion	122.416	122.416	122.416	--
Other Targeted Capacity Expansion	*11.416*	*11.416*	*11.416*	--
MAT for Prescription Drug and Opioid Addiction (non-add)	*111.000*	*111.000*	*111.000*	--
MAT for Prescription Drug and Opioid Addiction (Tribes)(non-add)	*14.500*	*14.500*	*14.500*	--
Pregnant & Postpartum Women	38.931	38.931	43.931	5.000
Improving Access to Overdose Treatment	1.500	1.500	1.500	--
Children and Family Programs	30.197	30.197	30.197	--
Treatment Systems for Homeless	37.114	37.114	37.114	--
Minority AIDS	66.881	66.881	66.881	--
Minority Fellowship Program	7.136	7.136	7.136	--
Criminal Justice Activities	94.000	94.000	94.000	--
Addiction Technology Transfer Centers	9.046	9.046	9.046	--
Emergency Department Alternatives to Opioids	8.000	8.000	8.000	--
Comprehensive Opioid Recovery Centers	6.000	6.000	6.000	--
Women's Behavioral Health Technical Assistance Center	--	--	1.750	1.750
Total, Substance Use Services PRNS	**465.785**	**465.785**	**472.535**	**6.750**
State Opioid Response Grants[1]	**1,559.250**	**1,559.250**	**1,579.050**	**19.800**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[2]	1,405.655	1,405.655	1,405.655	--
PHS Evaluation Funds (non-add)	55.440	55.440	55.440	--
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	**1,405.655**	**1,405.655**	**1,405.655**	**--**
Health Surveillance and Program Support[3]				--
Health Surveillance and Program Support	58.766	58.766	53.357	-5.409
Health Surveillance	22.016	22.016	19.990	-2.027
Budget Authority (non-add)	*8.783*	*8.783*	*7.974*	-0.808
PHS Evaluation Funds (non-add)	*13.233*	*13.233*	*12.015*	-1.218
Program Support	36.750	36.750	33.367	-3.383
Public Awareness and Support	4.774	4.774	4.774	--
Performance and Quality Information Systems	4.436	4.436	4.028	-0.408
Behavioral Health Workforce Data and Development	0.360	0.360	0.360	--
Communities of Strength – Building the Community Workforce (New)	--	--	--	--
PHS Evaluation Funds (non-add)	*0.360*	*0.360*	*0.360*	--
Drug Abuse Warning Network	9.360	9.360	9.360	--
Data Request/Publication User Fees	0.540	0.540	0.540	--
Total, Health Surveillance and Program Support	**78.236**	**78.236**	**72.418**	**-5.818**
Total, Substance Use Services	**3,508.926**	**3,508.926**	**3,529.658**	**20.732**

1/ The State Opioid Response Grant is split 99% to the Treatment function and 1% to the Harm Reduction function.
2/ The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.
3/ The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:
- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology

Drug Budget Split between Prevention, Harm Reduction, Treatment, and Recovery
FY 2023-2025
(Dollars in millions)

Recovery	FY2023 Final	FY2024 CR	FY2025 President's Budget	FY 2025 +/- FY 2024 CR
Programs of Regional and National Significance (PRNS)				
Recovery Community Services Program	$4.434	$4.434	$4.434	--
Building Communities of Recovery	16.000	16.000	16.000	--
Peer Support TA Center	2.000	2.000	2.000	--
Treatment, Recovery, and Workforce Support	12.000	12.000	12.000	--
Recovery Support Services- Center of Excellence (COE)	--	.000	--	--
Total, Recovery PRNS	**34.434**	**34.434**	**34.434**	**--**
Substance Use Prevention, Treatment, and Recovery Services Block Grant[1]	200.808	200.808	200.808	--
PHS Evaluation Funds (non-add)	*7.920*	*7.920*	*7.920*	--
Total, Substance Use Prevention, Treatment, and Recovery Services Block Grant	**200.808**	**200.808**	**200.808**	**--**
Health Surveillance and Program Support[2]				--
Health Surveillance and Program Support	$4.081	$4.081	$3.705	-0.376
Health Surveillance	1.529	1.529	1.388	-0.141
Budget Authority (non-add)	*.610*	*.610*	*.554*	-0.056
PHS Evaluation Funds (non-add)	*.919*	*.919*	*.834*	-0.085
Program Support	2.552	2.552	2.317	-0.235
Public Awareness and Support	.332	.332	.332	--
Performance and Quality Information Systems	.308	.308	.280	-0.028
Behavioral Health Workforce Data and Development	.025	.025	.025	--
Communities of Strength – Building the Community Workforce (New)	--	--	*.000*	--
PHS Evaluation Funds (non-add)	*.025*	*.025*	*.025*	--
Drug Abuse Warning Network	.650	.650	.650	--
Data Request/Publication User Fees	.038	.038	.038	--
Total, Health Surveillance and Program Support	**5.433**	**5.433**	**5.029**	**-0.404**
Total, Recovery	**240.675**	**240.675**	**240.271**	**-0.404**

1/ The Substance Use Prevention, Treatment, and Recovery Services Block Grant is split 19% to the Prevention function, 70% to the Treatment function, 1% to the Harm Reduction function, and 10% to the Recovery function.

2/ The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Drug Control as follows:

- The Drug Abuse Warning Network is allocated fully to Drug Control. Program Support, Health Surveillance and PQIS are proportionally assessed under drug control by determining the proportion of SAMHSA's total budget that covers Mental Health services (the Center for Mental Health Services) and the proportion covering Drug Control-related services (the Center for Substance Use Services and the Center for Substance Use Prevention).
- Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication User Fees are assessed at 50% of total appropriated funds are directed toward drug control activities.
- The drug control total for HSPS after these calculations is allocated between Prevention (20%) and Treatment (80%). Within the total for Treatment, HSPS is assessed at 3% toward harm reduction and 5% toward recovery, consistent with the drug control methodology.

METHODOLOGY

SAMHSA distributes drug control funding into four functions: Prevention, Harm Reduction, Treatment, and Recovery.

Prevention includes all the Substance Use Prevention Services appropriation (i.e., 100 percent of PRNS programs), 19 percent of the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) funds which is specifically appropriated for prevention activities from the Substance Use Prevention Services appropriation, and 20 percent is of the Health Surveillance and Program Support (HSPS) funding.

Harm Reduction includes 100 percent of the Community
Harm Reduction and Engagement Initiative; 100 percent of First Responders- Comprehensive Addiction and Recovery Act (FR-CARA) Training; 100 percent of Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths; 100 percent of Screening, Brief Intervention, and Referral to Treatment; 1 percent of SOR grants; 1 percent of the SUPTRS BG funds; and a proportionate share of HSPS funding.

Treatment includes 100 percent of the Substance Use Services PRNS, 99 percent of SOR grants, 70 percent of the SUPTRS BG funds, and a proportionate share of HSPS funding.

Recovery includes 100 percent of the Recovery Community Services Program; 100 percent Building Communities of Recovery; 100 percent of Treatment, Recovery and Workforce Support; 100 percent of Recovery Support Services- Center of Excellence (COE); 10 percent of the SUPTRS BG funds (i.e., 10 percent is a proposed set-aside for recovery support services in SUPTRS BG for FY 2023); and a proportionate share of HSPS funding. HSPS is proportionately attributed to the Prevention, Harm Reduction, Treatment, and Recovery.

First, the HSPS base for the Drug Control budget is calculated using the following three rules: (1) 100% of the Drug Abuse Warning Network funding; (2) 50 percent of the Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request and Publication user fees funding; and (3) The combined Program Support, Health Surveillance, and PQIS funding multiplied by SAMHSA's total Substance Use budgets divided by SAMHSA's total Substance Use budgets plus SAMHSA's Mental Health budget. Second, the calculated HSPS base is allocated to the four drug control areas base on the proportionately: 20 percent Prevention, 3percent Harm Reduction, 72 percent Treatment and 5 percent Recovery.

EQUITY

The Office of Behavioral Health Equity (OBHE) coordinates SAMHSA's efforts to reduce mental and/or substance use disorders across a spectrum of under resourced populations by advancing equity. The SAMHSA Office of Behavioral Health Equity (OBHE) was established in accordance with Section 10334(b) of the Patient Protection and Affordable Care Act of 2010. OBHE advances behavioral health equity by reducing disparities in racial, ethnic, LGBTQIA+, and other under-resourced communities across the country by improving access to quality services and supports

that enables all to thrive, participate, and contribute to healthier communities. OBHE is organized around five key public-facing strategic domains on policy, data, quality practice and workforce development, communication, and technical assistance.

OBHE also has one internal facing strategy area focused on infrastructure. For the next three years, OBHE's efforts are focused on the promotion of behavioral health equity for a targeted population: under resourced racial and ethnic minority, LGBTQIA+, Mixed race, and poor rural white residents.

OBHE currently funds a new contract that includes funding for The National Network to Eliminate Disparities in Behavioral Health (NNED) and NNEDLearn. OBHE Flagship Initiatives include the Disparity Impact Statement (DIS), Elevate Community Based Organizations (CBOs), The NNED, and multiple population-specific Centers of Excellence: the LGBT, Asian American Native Hawaiian and Pacific Islander, the Hispanic/Latino, the African American Centers of Excellence. Additionally, OBHE conducts a monthly SAMHSA-wide Equity Cross-Cutting workgroup that addresses topics embedding equity in SAMHSA grants and operations, identifying funding streams to support equity efforts in States and communities, addressing equity in the development of the behavioral health workforce and relevant career pathways, Diversity Equity and Inclusion (DEI) that also includes SAMHSA's key Offices and Centers. OBHE also works closely with the Agency for Healthcare Research and Quality's (AHRQ) to co-produce racial/ethnic/LGBTQ data snapshots. OBHE also serves on President Biden's Equity driven Executive Order (EO) workgroups (EO 13985, 13995, 14021, and others) and other trans-HHS workgroups such as NIH's Social Determinates of Health as well as serve on National Academies of Science, Engineering, and Medicine Forum on Mental Health and Substance Use Disorders, the Disparities Council and the Equitable Data Work Group.

Disparity Impact Statement 2.0 Initiative

SAMHSA's Disparity Impact Statement 2.0 Initiative ensure the agency's grants address health disparities among populations underserved by the behavioral health system using a data-informed quality improvement approach to reach all Americans in need of behavioral health services- no matter their race, ethnicity, social-economic status, or sexual orientation. This Initiative will involve analyzing how the current DIS is implemented across the agency, the capacity of SAMHSA to expand the DIS across a greater segment of its investments and programs, and the necessary changes needed to update the current DIS components and framework. This Initiative will also provide guidance to SAMHSA to facilitate the development of clear guidance for grantees on the purpose and expectations for targeting and addressing behavioral health disparities in their communities, provide clear instruction on how to submit an appropriate DIS to SAMHSA, and determine the most effective method to report, monitor and evaluate DIS impact to ensure effectiveness. The DIS will also identify racial, ethnic, LGBTQIA+, mixed-race, and poor rural white residents' behavioral health gaps that could be filled by SAMHSA's future Notice of Funding Opportunities (NOFO).

<u>Elevate CBOs Initiative</u>

Elevate CBOs is an overarching policy-driven initiative at SAMHSA's Office of Behavioral Health

Equity to build capacity, increase the visibility, and highlight the unique role of CBOs serving under-resourced communities in behavioral health. Community-based organizations (CBOs) play an important role when serving their respective communities. CBOs work at the local level as trusted, familiar entities to provide behavioral health services in their respective communities. OBHE provides capacity -building trainings and technical assistance on such topics as funding, workforce development, partnerships with State leadership, using and managing data, and providing culturally-driven, quality critical services to the community.

The National Network to Eliminate Disparities in Behavioral Health (NNED)

NNED is a virtual network of community-based organizations across the U.S. focused on the mental health and substance use issues of diverse racial, ethnic, cultural, and sexual minority communities. Using data informed approaches, the NNED supports information sharing, training, and technical assistance towards the goal of promoting behavioral health equity. It is currently funded by SAMHSA and managed by SAMHSA's Office of Behavioral Health Equity (OBHE). NNED opportunities include NNEDLearn, Partner Central, NNEDshare, and a CBO Locator. This is an annual intensive training for NNED members from community-based organizations to develop their skills in evidence-supported and culturally appropriate practices for mental illness and substance use. Partner Central is a private space for NNED members to search for community-based organizations in the network to build partnerships to achieve a shared goal. NNED share is a collaborative online space for NNED members and the public to share resources and intervention efforts to improve the delivery of behavioral health care interventions in diverse populations. Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence The Center of Excellence on Asian American, Native Hawaiian, and Pacific Islander (AANHPICoE) Behavioral Health Center of Excellence will promote culturally and linguistically appropriate behavioral health information and practices; establish a steering committee to identify emerging issues; and provide training, technical assistance, and consultation to practitioners, educators, and community organizations. Training topics include addressing mental health impacts caused by unconscious bias and hate against AANHPI communities. The AANHPI-CoE will also develop accessible, public-facing infographics and other materials that address behavioral health, including those that provide data disaggregated by race and ethnicity, as well as best practices for improving engagement and retention of AANHPI behavioral health professionals.

African American Behavioral Health Center of Excellence

Responding to the urgent need for greater equity and effectiveness in behavioral health services for African Americans, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) has established a new National Center, the African American Behavioral Health Center of Excellence (AABH-COE). From its administrative and academic home in the National Center for Primary Care at Morehouse School of Medicine (MSM) in Atlanta, the new Center of Excellence will develop and disseminate training, technical assistance (TA), and resources to help healthcare practitioners eliminate behavioral health disparities within this large and diverse population. The new Center of Excellence will take a highly collaborative public health approach toward cultural and practical transformation of: behavioral health systems; intervention, treatment, and recovery support practices; the professional and non-professional workforce; and the systems of education, training, and TA that prepare the

field for its work.

The Center of Excellence on LGBTQI+ Behavioral Health Equity

The Center of Excellence on LGBTQI+ Behavioral Health Equity provides behavioral health practitioners with vital information on supporting the population of people identifying as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities, and expressions. Through training, coaching, and technical assistance we are implementing change strategies within mental health and substance use disorder treatment systems to address disparities affecting LGBTQI+ people across all stages of life. This Center for Excellence is led by SAMHSA's OBHE, the National SOGIE Center at Innovations Institute, University of Connecticut School of Social Work and is a partnership with Affirmative Research, Judge Baker Children's Center, Harvard Medical School, and The Institute for Innovation and Implementation, University of Maryland School of Social Work. The work of this Center relies on: • an expert pool that includes individuals with lived experience • leaders from provider organizations that are implementing best practices to address behavioral health disparities among the LBGTQ+ community • and researchers and clinical experts skilled in translating research into practice in mental health and substance use practice settings.

BUDGET REQUEST

The FY 2025 President's Budget Request is $4.5 billion, an increase of $28.6 million from the FY 2024 CR level.

The budget directs resources to activities that have demonstrated improved health outcomes and that increase service capacity. SAMHSA has five major drug-related portfolios, and attendant decision units: Substance Use Prevention Services, Substance Use Services, Health Surveillance and Program Support, Harm Reduction, and Recovery.

Each decision unit is discussed below:

Prevention

Substance Use Prevention Services

Programs of Regional and National Significance

Strategic Prevention Framework
FY 2025 President's Budget Request: $135.5 million, equal to the FY 2024 CR level.

SAMHSA's Strategic Prevention Framework (SPF) grant programs support activities to help grantees build a solid foundation for delivering and sustaining effective Substance Use Prevention Services and reducing substance abuse problems. The Strategic Prevention Framework – Partnerships for Success (SPF-PFS) program addresses underage drinking among youth and young age 12 to 20 and allows states to prioritize state-identified top data driven substance abuse target areas.

Strategic Prevention Framework for Prescription Drugs

SAMHSA implemented the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) to raise awareness about the dangers of sharing medications and to work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA's program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success.

Federal Drug-Free Workplace
FY 2025 President's Budget Request: $5.1 million, equal to the FY 2024 CR level.

SAMHSA's activities related to the Federal Drug-Free Workplace support two principal activities mandated by Executive Order (E.O.) 12564 and Public Law (P.L.) 100-71. This includes: 1) oversight of the Federal Drug-Free Workplace, aimed at the elimination of illicit drug use within Executive Branch agencies and the federally regulated industries; and 2) oversight of the National Laboratory Certification Program (NLCP), which certifies laboratories to conduct forensic drug testing for federal agencies, federally regulated industries; the private sector also uses the HHS-Certified Laboratories. SAMHSA will continue to implement the new mandatory guidelines for oral fluid and hair in the federally regulated drug testing program and continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace programs to operationalize the newly authorized specimen and new drug testing program for oral fluid, a first in over 30 years.

The budget request will allow SAMHSA to continue oversight of the Executive Branch Agencies' Federal Drug-Free Workplace Programs and all legislative requirements remain in place at the FY 2025 target level. This includes review of Federal Drug-Free Workplace plans from those federal agencies that perform federal employee testing, random testing of those designated testing positions of national security, public health, and public safety, and testing for illegal drug use and the misuse of prescription drugs. SAMHSA will continue its oversight role for the inspection and

certification of the HHS-certified laboratories.

Sober Truth on Preventing Underage Drinking
FY 2025 President's Budget Request: $14.5 million, equal to the FY 2024 CR level.

The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 (Public Law 109 - 422) was the nation's first comprehensive legislation on underage drinking. One of the primary components of the STOP Act is the community-based coalition enhancement grant program, which provides up to $50,000 per year over four years to current or former grantees under the Drug Free Communities Act of 1997 to prevent and reduce alcohol use among youth under the age of 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. The STOP Act was reauthorized in the 21st Century Cures Act. In FY 2025, SAMHSA will continue to support the 2022–2023 campaign evaluation cycle, which includes an evaluation of the usability, reach, and effectiveness of the TTHY mobile app and Screen4Success self-screening, a referral management system; the initial development of a complementary youth campaign that includes message testing and audience segmentation analysis; and the beginning of a multi-year evaluation of the student assistance- and school health and wellness-focused training with formative, outcome, and long-term impact evaluation methodologies that can be adopted by schools and districts. At the FY 2025 Target level, all legislative requirements remain in place.

Tribal Behavioral Health Grants
FY 2025 President's Budget Request: $23.7 million, equal to the FY 2024 CR level.

SAMHSA's Tribal Behavioral Health Grants (TBHG) program addresses the high incidence of substance abuse and suicide among AI/AN populations. Starting in FY 2014, this program supports tribal entities with the highest rates of suicide by providing effective and promising strategies that address substance abuse, trauma, and suicide and by promoting the mental health of AI/AN young people. In FY 2016, SAMHSA expanded activities through the braided TBHG/Native Connections program across SAMHSA's Center for Substance Use and Prevention Services (CSUPS) and the Center of Mental Health Services (CMHS) to allow tribes the flexibility to implement community-based strategies to address trauma, prevent substance misuse, and promote mental health and resiliency among youth in tribal communities. At the FY 2025 Target level, SAMHSA's CSUPS and CMHS will continue to support this braided program to promote mental health and prevent substance use activities for high-risk AI/AN youth and their families.

Centers for the Application of Prevention Technologies
FY 2025 President's Budget Request: $9.5 million, equal to the FY 2024 CR level.

In 2019, Center for the Application of Prevention Technologies (CAPT) changed how it delivered services and began providing science-based training and technical assistance through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective Substance Use Prevention Services interventions and provide training and technical assistance services to the Substance Use Prevention Services field. The PTTC does this by developing and disseminating tools and strategies needed to improve the quality of Substance Use

Prevention Services efforts; providing intensive technical assistance and learning resources to prevention professionals to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and developing tools and resources to engage the next generation of prevention professionals. The FY 2025 budget request will allow SAMHSA to continue to provide direct technical assistance to states, communities, Tribe, or territories, to strengthen grantee programs. This funding will support the HHS priority of advancing the goal of ending the opioid crisis and the ONDCP Drug Policy Priority of supporting evidence-based prevention efforts to reduce youth substance use.

Science and Service Program Coordination
FY 2025 President's Budget Request: $4.1 million, equal to the FY 2024 CR level.

The Science and Service Program Coordination program funds the provision of technical assistance and training to states, tribes, communities, and grantees around Substance Use Prevention Services. Specifically, the program supports the Tribal Training and Technical Assistance Center and the Underage Drinking Prevention Education Initiatives (UADPEI). The FY 2025 budget request will continue to support SAMHSA's Substance Use Prevention Services efforts and include a focus on preventing underage drinking and providing technical assistance and training to American Indians/Alaska Native communities.

Other PRNS Prevention Programs $44.5 million, equal to the FY 2024 CR level.

The FY 2025 budget request includes resources for Minority AIDS and Minority Fellowship Programs. The funding will support activities that build a strong foundation for delivering and sustaining high-quality and accessible substance misuse and HIV prevention service among at-risk populations, including racial/ethnic minority youth and young adults, ages 13 to 24. The funding will also help to enhance services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, marriage and family therapy, mental health counseling, psychology; and substance use/addiction counseling.

Treatment

Substance Use Services

Substance Use Prevention and Treatment Block Grant:
FY 2025 President's Budget Request: $2.0 billion, equal to the FY 2024 CR level.

The goal of the SUBG program is to ensure that individuals, their families, and communities have access to the range of substance use-related prevention, treatment, harm reduction, and recovery support services necessary to improve individual outcomes and reduce the impact of substance misuse on America's communities. SUBG grantees plan, implement, and evaluate substance use disorder (SUD) prevention, treatment, and recovery support services based on the specific needs of their state systems and populations.

The SUBG program enables the development of comprehensive statewide systems of care that provide a broad continuum of SUD services and supports encompassing prevention, treatment, and recovery support services for all individuals who need them. Funding will aid in having a positive effect on the health and quality of life of individuals with SUD as demonstrated by positive client outcomes in the treatment domains of the National Outcomes Measures (NOMs); improve state prevention and treatment systems' infrastructure and capacity resulting in an increase in services, development and implementation of evidence-based practices, development and collection of specific outcome measures, and development and maintenance of state data management systems; aid states in leveraging requirements, resources, and federal guidance to sustain and improve state systems further emphasizing the importance of the SUBG in the development of the same; and contribute to the development and maintenance of successful state collaborations with other agencies and stakeholders concerned with preventing and treating SUD.

It is imperative that our addiction crisis response evolves from an acute short-term individual-focused treatment response to a broader community recovery response. Addiction is a chronic illness, and recovery often is a life-long process where external community and social determinants of health play a vital role in its sustainability.

In FY 2025, SAMHSA plans to continue serving as a source of safety-net funding, including providing assistance to states in addressing and evaluating activities to prevent, reduce harm, treat, and provide recovery support services for individuals, families, and communities that are adversely impacted by substance use disorders (SUDs) and related conditions.

State Opioid Response
FY 2025 President's Budget Request: $1.6 billion, an increase of $20 million with the FY 2024 CR l level.

The Substance use And Mental Health Services Administration established the State Opioid Response Grants (SOR) program in FY 2018. This program aims to address the opioid crisis by increasing access to treatment that includes the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose related

deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding is awarded through grants to states and territories via formula. The program includes a $60 million set-aside for tribes. Given the varying nature of substance misuse across the United States, the budget continues to allow the use of State Opioid Response grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. The budget request will continue to enhance states' ability to address stimulants, as well as other issues related to the overdose epidemic that was compounded by COVID-19. A primary strategy to reduce overdose deaths in the SOR program, that will also continue in FY 2025, is education on, and purchase and distribution of naloxone and other opioid overdose reversal medications, proven medications that reverse opioid-related overdoses to save lives. SAMHSA will assist states in the identification of underserved communities and agencies and continue in FY 2025 to work with states on implementation and further refinement of naloxone and other opioid overdose reversal medication distribution and saturation.

Programs of Regional and National Significance

Opioid Treatment Programs/Regulatory Activities
FY 2025 President's Budget Request: $10.7 million, equal to the FY 2024 CR level.

As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that use methadone, buprenorphine, or buprenorphine/naloxone to treat patients with opioid use disorder. SAMHSA carries out this responsibility by enforcing regulations established by an accreditation-based system. This is accomplished in coordination with the Drug Enforcement Administration, states, territories, and the District of Columbia. SAMHSA also funds the Opioid Treatment Programs Medical Education and Supporting Services project aimed at preparing Opioid Treatment Programs to achieve accreditation and providing technical assistance and clinical training to enhance program clinical activities. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs. SAMHSA will continue in FY 2025 to work with the OTP community, states, and other stakeholders on the implementation of the substantially updated regulations released in January 2024 that establish standards of care provided by OTPs.

Targeted Capacity Expansion
FY 2025 President's Budget Request: $122.4 million, equal to the FY 2024 CR level.

The Targeted Capacity Expansion (TCE) program provides rapid, strategic, comprehensive, and integrated community-based responses to gaps in and capacity for SUD treatment and recovery support services. Examples of such needs include limited or no access to medication-assisted treatment (MAT) for opioid use disorders; lack of resources needed to adopt and implement health information technologies (HIT) in SUD treatment settings; and short supply of trained and qualified peer recovery coaches to assist individuals in the recovery process.

Treatment Systems for Homeless
FY 2025 President's Budget Request: $ 37.1 million, equal to the FY 2024 CR level.

In FY 2023, SAMHSA funded 31 new grants and 51 continuation GBHI grants. During this year, the program achieved positive client outcomes for National Outcome Measures (NOMs), improved mental health outcomes, and reduced drug use outcomes. Strategies utilized by the program included the following: (1) Engaging and connecting the population of focus to behavioral health treatment, public health-focused harm reduction services, case management, and recovery support services; (2) Assisting with identifying sustainable permanent housing by collaborating with homeless services organizations and housing providers, including public housing agencies; and (3) Providing case management that includes care coordination/service delivery planning and other strategies that support stability across services and housing transitions. Challenges, though, continue as potential clients live in congregate settings (e.g., shelters) that periodically may be closed to external organizations. For enrolled clients, the program utilizes a combination of in-person and virtual service provision to maintain contact with clients and provide services.

Pregnant and Postpartum Women
FY 2025 President's Budget Request: $43.9 million, $5 million increase from the FY 2024 CR level.

The Pregnant and Postpartum Women supports grants for residential treatment and the Pregnant and Postpartum Women Pilot, authorized in the Comprehensive Addiction and Recovery Act (CARA), helps state substance use agencies address the continuum of care, including services provided to women in nonresidential-based settings and promote a coordinated, effective, and efficient state system managed by state substance use agencies by encouraging new approaches and models of service delivery. The PPW program provides services not covered under most public and private insurance. SAMHSA plans to award two new and ten continuation PPW-pilot grants, as well as ten new and 48 continuation PPW-residential treatment grants to provide an array of services and supports to pregnant women and their families.

Criminal Justice Activities
FY 2025 President's Budget Request: $94 million, equal to the FY 2024 CR level.

SAMHSA's Criminal Justice portfolio includes several grant programs that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with substance use disorders and/or co-occurring substance use and mental disorders. This includes Treatment Drug Courts and the Offender Re-Entry Programs.

The criminal justice system is a major source of referrals to substance use disorder treatment, with probation or parole referrals representing the largest proportion of criminal justice system referrals to treatment.101 Most probation or parole referrals to treatment are men between the ages of 18 and 44. The most commonly used substances reported by these individuals are alcohol, marijuana, and methamphetamine.

Drug Court Activities

SAMHSA's Adult Drug Court programs support a variety of services including direct treatment services for diverse populations, wraparound, and recovery support services such as recovery housing and peer recovery support services designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements. The program seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations served.

Ex-Offender Re-Entry Program

In addition to the drug court portfolio, SAMHSA supports Offender Reentry Program (ORP) grants, as well as other criminal justice activities, such as evaluation and behavioral health contracts. These grants will provide screening, assessment, comprehensive treatment, and recovery support services for diverse populations reentering the community from incarceration. Other supported services include wraparound and recovery support services such as recovery housing and peer recovery support designed to improve access and retention, drug testing for illicit substances, educational support, relapse prevention and long-term management, and HIV and viral hepatitis B and C testing conducted in accordance with state and local requirements. SAMHSA's ORP grants are encouraged to use part of their annual award to provide medication-assisted treatment with FDA-approved medications.

Emergency Department Alternatives to Opioids
FY 2025 President's Budget Request: $8.0 million, equal to the FY 2024 CR level.

The program is authorized by section 7091 of the SUPPORT for Patients and Communities Act (P.L. 115-271) to provide funding to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescribing of opioids in emergency departments. In addition, the program seeks to target common painful conditions, train providers and other hospital personnel, and provide alternatives to opioids for patients with painful conditions.

Improving Access to Overdose Treatment
FY 2025 President's Budget Request: $1.5 million, equal to the FY 2024 CR level.

As part of SAMHSA's response to the increase in the number of opioid-related overdose deaths, the Opioid Overdose Prevention Toolkit was developed to help reduce the number of opioid-related overdose deaths and adverse events. SAMHSA's Improving Access to Overdose Treatment (ODTx) grant program utilizes this toolkit and other resources to help grantees train and support health care providers and pharmacists on the prescribing of FDA approved drugs or devices for the emergency treatment of known or suspected opioid overdose. In addition, the ODTx program addresses the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (including prescription opioids as well as illicit drugs such as heroin). The FY 2025 funding request will continue increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through

the provision of prevention, treatment, and recovery activities for opioid use disorder.

Other PRNS Treatment Programs
FY 2025 President's Budget Request: $153.1 million, equal to the FY 2024 CR level.

The budget request includes resources for several Treatment Capacity programs including: Screening, Brief Intervention and Referral to Treatment; Children and Families; Addiction Technology Transfer Centers; Comprehensive Opioid Recovery Centers; Minority AIDS; and Minority Fellowship Program. The budget request in FY 2025 will continue enhance overall drug treatment quality by incentivizing treatment and service providers to achieve specific performance targets. Examples of grant awards could include supplements for treatment and service providers who are able to connect higher proportions of detoxified patients with continuing recovery-oriented treatment; or for outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer periods.

Harm Reduction

Community Harm Reduction and Engagement Initiative
FY 2025 President's Budget Request: $10 million

Harm reduction is a proactive and evidence-based public health approach to reduce the negative individual and public health impacts of alcohol and other substance use/use disorder. With millions of Americans meeting diagnostic criteria for a substance use disorder and not receiving treatment, harm reduction approaches engage individuals in lifesaving care that meets people where they are. SAMHSA is proposing the Community Harm Reduction and Engagement Initiative ($10 million) to establish this new harm reduction program, which also supports overdose prevention.

SAMHSA's Center for Substance Use Services 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, 2) Community Harm Reduction and Engagement Expansion Grants, 3) Harm Reduction Technical Assistance (TA) Center. SAMHSA will support a TA center to provide TA to States, Tribes, and communities interested in establishing or strengthening their harm reduction services.

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.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths
FY 2025 President's Budget Request: $16 million, equal to the FY 2024 CR level.

Opioid overdose is a significant contributor to accidental deaths among those who use, misuse, or abuse illicit and prescription opioids (including synthetics), such as fentanyl. SAMHSA's Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths program seeks to help states identify communities of high need, and provide education, training, and resources necessary to tailor the overdose kits to meet their specific needs. Grantees can use the funds to purchase naloxone, equip first responders with naloxone and other opioid overdose reversal medications , support education on these strategies, provide materials to assemble and disseminate overdose kits.

The FY 2025 funding request will continue to help states purchase overdose reversing drugs, equip first responders in high-risk communities, support education on the use of naloxone and other opioid overdose reversal medication, provide the necessary materials to assemble overdose kits, and cover expenses incurred from dissemination efforts.

First Responder Training
FY 2025 President's Budget Request: $56 million, equal to the FY 2024 CR level.

First Responder Training supports efforts to help first responders and members of other key community sectors to administer a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees train and provide resources to first responders and members of other key community sectors at the state, tribal, and local governmental levels on carrying and administering a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose. Grantees also establish processes, protocols, and mechanisms for referral to appropriate treatment and recovery communities. Training, technical assistance, and evaluation activities are also being supported to assist grantees, determine best practices, and assess program outcomes. The FR-CARA program provides funding to state, Tribal and local governments to train and equip first responders to administer naloxone. The FY 2025 budget request will continue to fund new and continuation grants.

Recovery

Programs of Regional and National Significance

Recovery Community Services Program
FY 2025 President's Budget Request: $4.4 million, equal to the FY 2024 CR level.

As public education increases, there is broader acknowledgement of substance use disorder as a treatable condition that can be successfully managed over the course of a lifetime with the appropriate resources. The Recovery Community Services Program (RCSP) was designed to assist recovery communities to strengthen their infrastructure and provide peer recovery support services to those in or seeking recovery from substance use disorders across the nation. The FY 2025 budget request at $4.4 million will allow SAMHSA to continue the efforts of building substance use disorder recovery networks throughout the nation and the collaboration among peer-run organizations. This investment will allow all 50 states, DC, and Puerto Rico to have an opportunity to build on their recovery infrastructure through Recovery Community Organizations (RCOs). RCOs, local non-profit organizations governed by people with lived experience, are the bedrock of local recovery communities. Additionally, this investment will further ONDCP's priority of increasing the number of peer-led recovery community organizations by 25 percent by 2025.

Building Communities of Recovery
FY 2025 President's Budget Request: $16 million, equal to the FY 2024 CR level.

The purpose of this program is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery support from drug/alcohol misuse. Programs are designed to be overseen by individuals in recovery from SUDs who reflect the community served. These grants are intended to support the development, enhancement, expansion, and delivery of Recovery Support Services (RSS) as well as promotion of, and education about recovery. Programs are designed to be overseen by people in recovery from substance use disorders who reflect the community served. Grants support linkages between recovery networks and a variety of other organizations, systems, and communities, including primary care, other recovery networks, child welfare system, criminal justice system, housing services and employment systems. The FY 2025 Budget request supports ONDCP's priority to expand recovery service by increasing the number of peer-led recovery community organizations and certified recovery residences by 25% in 2025.

Peer Support Technical Assistance Center
FY 2025 President's Budget Request: $2 million, equal to the FY 2024 CR level.

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

of such services provided by recovery community organizations and peer support networks. The FY 2025 budget request will provide resources for the existing grantee to maintain this program.

Treatment, Recovery, and Workforce Support
FY 2025 President's Budget Request: $12 million, equal to the FY 2024 CR level.

The program is authorized by section 7081 of the SUPPORT for Patients and Communities Act, is to support the implementation of evidence-based programs for care and treatment of individuals after a drug overdose, as appropriate, which may include utilizing recovery coaches, establishing policies and procedures that address the provision overdose reversal medication and FDA-approved medications to treat substance use disorders, and establishing integrated models of care for individuals who have experienced a non-fatal drug overdose. SAMHSA is directed, in consultation with the Secretary of Labor, to award competitive grants to entities to carry out evidence- based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. The FY 2025 budget request at $12 million will fund up to 51 new grants and will serve an additional 3,485 clients and support the administration's recovery-ready workplace efforts and ONDCP's drug policy priority of advancing recovery-ready workplaces and expanding the addiction workforce. This program's continuation will provide necessary career services for those in recovery from SUD through partnerships with local employers, community stakeholders local and state workforce development boards, local and state governments, and Indian Tribes or tribal organizations.

Health Surveillance and Program Support

The FY2025 budget request represents the Substance Abuse portion of the Health Surveillance and Program Support appropriation and supports staffing and activities to administer SAMHSA programs as described below.

Health Surveillance and Program Support
FY 2025 President's Budget Request: $75.94 million, equal to the FY 2024 CR level.

The Health Surveillance and Program Support (HSPS), SAMHSA is maintaining multiple U.S. behavioral health data collection systems and surveys, supports public awareness, and funds a range of business operations and processes within HSPS.

Program Support

The FY 2025 Budget Request is $47.49 million, level with FY 2024 CR level. SAMHSA will continue to support staff to administer and manage SAMHSA's diverse array of programs. At this funding level, SAMHSA will also ensure the agency can efficiently and effectively respond to the evolving and growing opioid crisis, as well as provide the significant resources, technical assistance, and leadership within the mental health and behavioral health public health sphere. This level of funding will also continue to cover overhead costs associated with 5600 Fishers Lane, including rent, the Federal Acquisition Service loan repayment program, and security charges activities.

Health Surveillance

The budget request at $28.5 million will fund the modernization of the Behavioral Health Treatment Locator to feature appointment capability to reduce barriers for individuals and families to access treatment. CBHSQ is also planning to implement a Spanish version of the Locator, which has been selected by the HHS Secretary's Health Disparities Council Policy Lab as a special project. Also, within BHSIS, CBHSQ is planning to implement a National Substance Use and Mental Health Services Survey (N-SUMHSS) supplement to gather additional information on racial and ethnic minority-based treatment facilities. Additional funding would also allow the Treatment Episode Data Set (TEDS) to provide increased technical support to the States to overcome the challenges and difficulties of data reporting.

Public Awareness and Support
FY 2025 President's Budget Request: $6.6 million, equal to the FY 2024 CR level.

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. To support the mission, SAMHSA's Office of Communications (OC) staff ensure that the vital information, publications, and training materials produced through SAMHSA's centers and offices are available to the healthcare workforce, people in treatment and recovery, people in crisis or in areas affected by disasters, SAMHSA grantees, and the public. Several channels are used to communicate this information, including online, print,

radio, and television media; social media platforms; the SAMHSA.gov website; the SAMHSA Store, the subscription-based e-blast system; and inquiries received through the National Helpline. In addition, the OC staff manage SAMHSA events to interact with stakeholders, media organizations, and the public and assist in the development and execution of materials, products, and campaigns.

The OC media team evaluate and act upon media inquiries; develop rollout plans; issue press releases, news bulletins, and media advisories; and provide in-house media support to SAMHSA centers and offices. The team build relationships with representatives of the media; identify and seek corrections to inaccuracies about SAMHSA in media products, when necessary; work to add SAMHSA's life-saving resources to journalistic and entertainment products; support broad HHS and administration communications priorities; and collaborate with departmental operating divisions. The media team also collaborate with SAMHSA staff when a disaster occurs to quickly disseminate press releases and social media featuring SAMHSA's Disaster Distress Helpline and links to relevant SAMHSA resources.

The OC digital team manage SAMHSA's social media presence on Facebook, Twitter, LinkedIn, Instagram, and YouTube. Social media messaging is incorporated in all communications plans and is employed daily to communicate messages about SAMHSA news and resources. The staff monitor social media conversations, create content, participate in Twitter chats and Facebook Live sessions, and post blogs on SAMHSA.gov. The digital team also manage the SAMHSA.gov website, which provides enterprise-wide content and related public-facing websites, and support Section 508 activities.

The following contract services are managed within the OC and provide various levels of support to enable the sharing of vital information to the public. Examples of this work include content development and amplification of critical resources like the 988 Suicide and Crisis Lifeline, Disaster Distress Helpline, and findtreatment.gov; materials development and dissemination for national observances like Mental Health Awareness and Recovery Month, Prevention Week, and others; support for messaging around the Administration's behavioral health strategies and program funding; building and maintaining the new findsupport.gov resource and continuous revitalizing SAMHSA.gov webpages; and developing educational campaigns and resources to support people in recovery from mental health conditions and substance use disorder.

Public Awareness and Support Activities: Enables the agency to develop and disseminate a variety of national informational campaigns, public service announcements (PSAs), and other materials for a broad range of platforms. Topics, audiences, and formats range but all phases from creative concepts to storyboards as well as focus group testing are included. As an example, the OC has issued, with the assistance of this contract, information, graphics and resources for National Mental Health Awareness and National Recovery Month as well as the continued promotion of the 988 Suicide and Crisis Lifeline.

Materials Development and Editorial Services: Provides communication support services for media outreach, publications, digital products, speechwriting, graphics, copyediting, and meeting/event logistics. As an example, through this contract OC is supporting the Office of Recovery in developing reports and outreach materials for their programs and events.

Web Management and Support: Supports SAMHSA's website, list serve and subscriber database system, and mobile applications. For its online publication library (aka SAMHSA Store), the OC has entered into an interagency agreement with the U.S. Government Publishing Office (GPO) to manage a customer-oriented fulfillment and distribution center, including a warehouse to store SAMHSA publications. This contract also keeps the website current in terms of U.S. web standards, improved search engines, new dashboards, and a modernized homepage.

Contact Center: Supports the National Helpline (1-800-662-HELP) and the 1-877-SAMHSA-7 information line. The National Helpline provides free, confidential treatment referral and information services in English and Spanish for individuals and families facing mental illness and/or substance use disorders via phone or text (HELP4U). It is operational 365 days-a-year, 24/7. The 1-877-SAMHSA-7 line is the single point of entry for SAMHSA's information services and is operated Monday through Friday, 8:00 am to 8:00 pm (except for federal holidays).

Performance and Quality Information Systems
FY 2025 President's Budget Request: $5.7 million, equal to the FY 2024 CR level.

Performance and Quality Information Systems provides funding to support SAMHSA's Performance Accountability and Reporting System (SPARs) related activities, as well as provide support for the National Registry of Evidence-based Programs and Practices. SPARS provides a common data and reporting system for all SAMHSA discretionary grantees and allows programmatic technical assistance (TA) on use of the data to enhance grantee performance monitoring and improve quality of service delivery. This request represents the total funding available for these activities first split into Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Drug Control portion is then split 20 percent/80 percent into the two functions, prevention, and treatment, respectively.

Drug Abuse Warning Network (DAWN)
FY 2025 President's Budget Request: $10.4 million, equal to the FY 2024 CR level.

Authorized by the 21st Century Cures Act, DAWN provides necessary information such as patient demographic details and substances used to respond effectively to the opioid and addiction crises in the United States and to better inform public health, clinicians, policymakers, and other stakeholders to respond to emerging substance use trends. DAWN is allocated fully to substance abuse. The FY 2025 budget request at $10.4 million will maintain all activities associated with DAWN. SAMHSA would also begin expanding the natural language processing and machine learning for data abstraction. CBHSQ is also planning to begin gender data abstraction.

Data Request and Publication User Fees
FY 2025 President's Budget Request: $1.9 million, equal to the FY 2024 CR level.
SAMHSA will collect and retain fees for extraordinary data and publications requests. This represents the total funding estimated for these activities first divided evenly between Mental Health and Substance Abuse. The Drug Control portion is then split 20 percent/80 percent into

the two functions, prevention, and treatment, respectively.

Proposed Law

Renames Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, and Center for Substance Abuse Prevention.

SEC.__. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration";

(2) by striking "Center for Substance Abuse Treatment" each place it appears and inserting "Center for Substance Use Services"; and

(3) by striking "Center for Substance Abuse Prevention" each place it appears and inserting
"Center for Substance Use Prevention Services".

(b) Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) in the title heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH
SERVICES ADMINISTRATION";

(2) in section 501—

(A) in the section heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION"; and

(B) in subsection (a), by striking "(hereafter referred to in this title as the 'Administration')" and inserting "(hereafter referred to in this title as 'SAMHSA' or the 'Administration')";

(3) in section 507, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES";

(4) in section 513(a), in the subsection heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES"; and

(5) in section 515, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(c) Section 1932(b)(3) of the Public Health Service Act (42 U.S.C. 300x-32(b)(3)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(d) Section 1935(b)(2) of the Public Health Service Act (42 U.S.C. 300x-35(b)(2)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(e) The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(f) The Social Security Act is amended in sections 1861, 1866F, and 1945 (42 U.S.C. 1395x, 1395cc-6, 1396w-4) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(g) Section 105(a)(7)(C)(i)(III) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(C)(i)(III)) is amended by striking "Substance Abuse and Mental Health Services Administration" and inserting "Substance use And Mental Health Services Administration".

(h)(1) Except as provided in paragraph (2), any reference in any law, regulation, map, document, paper, or other record of the United States—

(A) to the Substance Abuse and Mental Health Services Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration;

(B) to the Center for Substance Abuse Treatment of such Administration shall be treated as a reference to the Center for Substance Use Services of such Administration; and

(C) to the Center for Substance Abuse Prevention of such Administration shall be treated as a reference to the Center for Substance Use Prevention Services of such Administration.

(2) Paragraph (1) shall not be construed to alter or affect section 6001(d) of the 21st Century Cures Act (42 U.S.C. 290aa note), providing that a reference to the Administrator of the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.

Minority Fellowship Program Proposal

The Minority Fellowship Program (MFP) currently aims to reduce health disparities and improve behavioral health care outcomes for racial and ethnic populations. SAMHSA is seeking to improve the MFP in three ways. SAMHSA is proposing to require that graduating professionals who have received a fellowship from one of the MFP grantees serve in low-income, underserved communities including racial, ethnic, sexual and gender minority populations for a minimum of 2 years. Additionally, SAMHSA proposes that professionals in the addiction medicine field be an eligible profession under the Minority Fellowship Program. Lastly, the agency proposes inclusion of sexual and gender minority populations as populations served by this program. All of the proposed changes have a positive impact on equity for individuals from racial, ethnic, sexual and gender minority populations and socioeconomically diverse backgrounds.

Certified Community Behavioral Health Clinic Proposal

Certified Community Behavioral Health Clinics (CCBHCs) provide comprehensive, coordinated treatment and recovery support services to anyone who requests care for mental health or substance use, regardless of their ability to pay. This includes crisis services that are available 24 hours a day, 7 days a week. This proposal supports CCBHCs by proposing 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.

Office of Recovery Authorization

SAMHSA established the Office of Recovery in response to requests from the mental health and substance use stakeholder community to enhance existing programs and improve recovery outcomes. Since its launch in September 2021, the Office has initiated programmatic, policy, public awareness campaigns, and data-related activities to strengthen recovery support across the nation. The Office of Recovery was established under the broad authorities described in subsections (c)(2) and (d)(5) of section 501 of the Public Health Services Act (42 U.S.C. 290aa) and is not specifically authorized in statute. SAMHSA is proposing specific statutory authorization for the Office of Recovery. Specific statutory authorization at this time would bring additional focus and attention of the Office and its activities. It would also expand opportunities to provide guidance and direction to improve the Office of Recovery consistent with existing Centers, Offices, and programs that are authorized by statute. Specific statutory authorization would establish the Office to coordinate recovery-focused efforts across SAMHSA and the Federal government to improve efficiencies and avoid duplication of effort.