



# APPROPRIATIONS RECOMMENDATIONS

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FOR FISCAL YEAR 2026

# MHLG APPROPRIATIONS RECOMMENDATIONS FOR FISCAL YEAR 2026

## About MHLG

The Mental Health Liaison Group (MHLG) is a nonprofit coalition of national organizations representing people with mental health and substance use conditions, family members and caregivers, providers of mental health and substance use treatment and support, advocates, and other stakeholders committed to strengthening Americans' access to mental health and substance use care.

As trusted leaders in the field, our 100+ member organizations are dedicated to elevating the national conversation around mental health and substance use. Together, we work to advance federal policies that support prevention, early intervention, treatment, crisis response, and recovery services and supports.

## Requests for Fiscal Year 2026

MHLG appreciates the strong bipartisan approach to funding key programs to address the needs and to provide treatment, support, and care for individuals with mental health and substance use disorder conditions and their families. For FY 2026, we urge continued bipartisanship, and, therefore, we are concerned with the contemplated cuts in personnel and funding to the agencies tasked with addressing the mental health and substance use crises including the Substance Abuse and Mental Health Services Administration (SAMHSA) as highlighted in the [MHLG's April 7, 2025 public statement](#).

Federal support, guidance, and leadership in partnership with the States will keep families whole and provide hope for those experiencing a mental health condition or on the path to recovery. Agencies including the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institutes of Health (NIH), Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) are critical components of addressing these crises. As with any federal program, these agencies supplement, not supplant, state efforts.

The MHLG stands ready to be a resource on federal grants and services at SAMHSA and other federal agencies. The recent widespread and concerning reductions in staffing, expertise, and capacity, must not impede our country's progress to addressing our nation's behavioral health crisis. Swift changes to personnel and funding will adversely impact years of progress to help address the mental health needs of our country, including progress made to fight the opioid crisis, and now the rising rates of suicide and fentanyl overdoses. The Mental Health Liaison Group urges that the enacted funding levels for fiscal years 2024 and 2025 serve as the floor to help address the mental health and substance use needs challenges in America.

Far too many Americans lack access to lifesaving support, treatment and care. This is particularly of great concern for the individuals and families who live in rural America and the many other medically underserved communities. Growing demands on a strained workforce, financial barriers, lack of access, and stigma related to treatment have contributed to this emergency. America is facing record levels of suicide and overdose deaths. More than 122 million Americans live in a federally designated Mental Health Provider Shortage Area, meaning that these crises are exacerbated by geographic location and limited access to care.

Strong Federal and State partnerships are making a positive difference. For example, since its launch calls and text messages to 9-8-8 have exceeded 13 million – including from our Veterans. The Rural Communities Opioid Response Program Grants program has served 1,900 counties and 47 states to support rural areas impacted by the overdose crisis. The Comprehensive Suicide Prevention Program at the CDC has led to a 10 percent reduction in suicide and suicide attempts in populations disproportionately impacted by suicide including Veterans and rural communities. Federal investments support progress to improve our nation’s mental health. States could not realize many of these outcomes without Federal partnerships.

We welcome the opportunity to work with Congress and the Administration to address the mental health, substance use, and suicide crises our nation is battling. In this document, we present bipartisan appropriations recommendations for mental health and substance use policies and programs, all of which are supported and endorsed by the majority of the Mental Health Liaison Group’s full voting members. These programs give our nation hope to help turn the tide on these crises to keep families and neighborhoods whole. Given the gravity of the mental health and substance use crises, we urge our nation’s elected officials to continue forward momentum for bipartisan efforts in prevention, treatment and recovery for mental health and substance use disorders for their constituents.

Most importantly the MHLG urges Congress to fund and sustain our public health agencies, including SAMHSA, NIH, HRSA, and the CDC to help advance our shared goals. The American Public deserves continued access to key mental health and substance use disorder programs and research, which can only come through efficient and effective federal and state partnership.

*If you have questions on this document or MHLG’s requests, please contact the MHLG Budget & Appropriations Committee co-chairs:*

- Adrianna Lagorio, [adrianna.lagorio@centerroadsolutions.com](mailto:adrianna.lagorio@centerroadsolutions.com), National Council on Problem Gambling
- Natalie Tietjen, [natalie.tietjen@sandyhookpromise.org](mailto:natalie.tietjen@sandyhookpromise.org), Sandy Hook Promise
- David Koss, [koss1@comcast.net](mailto:koss1@comcast.net), SMART Recovery

## MHLG ENDORSING ORGANIZATIONS

American Association for Marriage and Family Therapy  
American Association for Psychoanalysis in Clinical Social Work  
American Association of Child and Adolescent Psychiatry  
American Association of Psychiatric Pharmacists  
American Counseling Association  
American Foundation for Suicide Prevention  
American Mental Health Counselors Association  
American Psychiatric Association  
American Psychological Association Services  
Anxiety and Depression Association of America  
Children and Adults with Attention-Deficit/Hyperactivity Disorder  
Children's Hospital Association  
Clinical Social Work Association  
Collaborative Family Healthcare Association  
Crisis Text Line  
Epilepsy Foundation of America  
Families USA  
Fountain House  
Inseparable  
International Certification & Reciprocity Consortium (IC&RC)  
International OCD Foundation  
International Society of Psychiatric-Mental Health Nurses  
Legal Action Center  
Maternal Mental Health Leadership Alliance  
Mental Health America  
National Alliance on Mental Illness  
National Association for Rural Mental Health (NARMH)  
National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)  
National Association of School Psychologists  
National Association of Social Workers  
National Association of State Mental Health Program Directors  
National Board for Certified Counselors  
National Council for Mental Wellbeing  
National Council on Problem Gambling  
National Eating Disorders Association  
National Federation of Families  
Postpartum Support International  
Psychotherapy Action Network (PsiAN)  
REDC Consortium  
Sandy Hook Promise  
School Social Work Association of America  
SMART Recovery  
The Jed Foundation  
The Trevor Project  
Trust for America's Health  
Western Youth Services



# SECTION I: LABOR, HEALTH AND HUMAN SERVICES, EDUCATION APPROPRIATIONS REQUESTS

## SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

*The Mental Health Liaison Group requests robust funding to reflect the ongoing national mental health, substance use and suicide crisis. Specific programmatic requests include:*

*(Dollars in millions)*

### Community Mental Health Services Block Grant (MHBG)

FY 2025 Enacted	FY 2026 MHLG Request
\$1,007.57	\$1,007.57 (level funding)
<p>The MHBG awards funding to states to supplement existing mental health services and/or to fund new activities. This funding helps states address ongoing needs amidst the country's mental health crisis. Within this FY 2026 MHBG request, MHLG seeks:</p> <ul style="list-style-type: none"> <li>An increase to the crisis services set aside from five percent to 10 percent (equivalent to \$125 million) to support state implementation of a comprehensive 988 and crisis response continuum system.</li> </ul>	

### Certified Community Behavioral Health Clinics (CCBHC) Expansion Grants

FY 2025 Enacted	FY 2026 MHLG Request
\$385.0	\$387.5 (+2.5 vs FY 25)
<p>CCBHCs have dramatically improved access to a comprehensive range of mental health and substance use disorder (MH/SUD) services for vulnerable individuals. Clinics have reported a decrease in emergency department usage of over 60% and per-member-per-month cost-savings. CCBHCs also play an important role in strengthening the workforce and boosting the economy. For example, CCBHCs have reported increased hiring, adding over 11,000 new positions within the past year. CCBHCs are on the front lines ensuring millions of Americans continue to receive medically necessary MH/SUD services. CCBHCs are a successful, integrated, and modern way of delivering 21st-century care to patients, including 24/7 crisis services.</p> <p>The additional \$2.5 million would support CCBHC Data Infrastructure and Repository Initiative.</p>	

### Mental Health Crisis Response Grants

FY 2025 Enacted	FY 2026 MHLG Request
\$20.0	\$20.0 (level to FY 25)
<p>The Mental Health Crisis Response Partnership Pilot Program helps communities create mobile crisis response teams that divert people in mental health crisis from law enforcement and justice system involvement to behavioral health services.</p>	

### Project AWARE (Advancing Wellness and Resiliency in Education)

FY 2025 Enacted	FY 2026 MHLG Request
\$140.0	\$140.0 (level to FY 25)
<p>Project AWARE grants support mental health promotion, awareness, prevention, intervention and resilience in school-aged youth. With the ongoing youth mental health crisis, this increased funding is estimated to reach an additional 135,000 school-aged youth.</p>	

## National Strategy for Suicide Prevention (NSSP)

FY 2025 Enacted	FY 2026 MHLG Request
\$28.2	\$28.2 (level to FY 25)
The National Strategy for Suicide Prevention increase would support a new Older Adult Suicide Prevention Grant Program of \$1.75 million that would fund an initiative to decrease the number of older adult suicides and suicide attempts. This funding will also support continuation and new Zero Suicide grants and NSSP continuation grants.	

## Primary and Behavioral Health Care Integration (PBHCI)

FY 2025 Enacted	FY 2026 MHLG Request
\$55.88 + \$2.991 technical assistance	\$55.88 + \$2.991 for technical assistance (level to FY 25)
The Primary and Behavioral Health Care Integration (PBHCI) Portfolio began in FY 2009 to address the intersection between primary care and treatment for mental health conditions and cooccurring SUD. The program supports grants to community mental health centers and states and seeks to improve health outcomes for people with mental health and cooccurring conditions by encouraging grantees to engage in necessary collaboration, expand infrastructure, and increase the availability of primary healthcare and wellness services.	

## State Opioid Response Grants (SOR)

FY 2025 Enacted	FY 2026 MHLG Request
\$1,575.0	\$1,575.0 (level to FY 25)
The State Opioid Response Grant (SOR) program supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, ensuring comprehensive, effective, universal prevention and recovery strategies are provided to individuals.	

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

FY 2025 Enacted	FY 2026 MHLG Request
\$2,008.08	\$2,008.8 (level to FY 25)
The SUPTRS block grant is a flexible program distributed by formula to all states and territories to plan, carry out and evaluate substance use disorder prevention, treatment, and recovery support services. SUPTRS funds represent the foundation of each state's alcohol and drug service delivery system. The funds may address all substances, not "drug-specific" or limited to helping people with only certain conditions with specific substances.	

## 988 Suicide & Crisis Lifeline

FY 2025 Enacted	FY 2026 MHLG Request
\$519.62	\$613.0 (+93.38 vs FY 25)*
<p><b>*For FY 2026, the MHLG requests \$613.0 for the 988 Suicide and Crisis Line, given the technological needs and demand, \$613 million would help achieve the needs of the system to best serve Americans.</b></p> <p>The 988 Suicide and Crisis Lifeline was established by Congress to effectively reach and serve all persons in a mental health, substance use or suicide crisis through a national network of crisis centers. Since it became available nationwide in July 2022, more than 8.6 million help seekers have been served (as of Jan. 31, 2024). MHLG requests at least \$601.6 million for 988 in FY 2026 to meet increasing demand for the Lifeline's life-saving support. Costs for the Lifeline include nationalized services, including a national call backup network, the chat and text network, the Spanish subnetwork, the LGBTQ+ youth and young adult subnetwork, technology and standards development. The Lifeline backup network operations require sufficient capacity to answer any contacts not answered by the local centers.</p> <p>Within this FY 2026 988 request, MHLG requests:</p> <ul style="list-style-type: none"> <li>\$10 million for the provision of <b>Spanish text and chat services</b>, ensuring that Spanish language services are available across all modalities (call, text and chat).</li> </ul>	

- \$57.95 million directed to the provision of **LGBTQ+ specialized services for youth and young adults** within the Lifeline program. SAMHSA/HHS data shows that about 9% of the ~15 million people who contacted the 988 Lifeline since its inception in 2022 have reached out to the LGBTQ+ specialized services subnetwork, demonstrating the need for this service.
- \$7 million for the **Behavioral Health Crisis Coordinating Office** to coordinate services across federal agencies to support the growth of the crisis continuum of care.
- A portion of these funds to be used to **fund widescale 988 public awareness efforts**, including targeted messaging for minoritized communities and high-risk populations.

## Additional FY 2026 SAMHSA Appropriations Requests

(Dollars in millions)

Comprehensive Opioid Recovery Centers	\$6.0	\$10.0 (+\$4.0 vs FY 25)
Garrett Lee Smith Youth Suicide Prevention Campus Grants	\$8.5	\$12.0 (+\$3.5 vs FY 25)
Garrett Lee Smith Youth Suicide Prevention State/Tribal Grants	\$43.8	\$43.8 (level to FY 25)
Mental Health Awareness Training Grants	\$28.0	\$28.0 (level to FY 25)
Minority Fellowship Program	\$19.516	\$25.0 (+\$5.48 vs FY 25)
Practice Improvement and Training Programs	\$7.8	\$15.8 (+\$8.0 vs FY 25)
Primary and Behavioral Health Integration (PBHCI) Technical Assistance	\$2.99	\$2.99 (level to FY 25)
Primary and Behavioral Health Care Integration (PBHCI) Grants	\$55.9	\$55.9 (level to FY 25)

## NATIONAL INSTITUTES OF HEALTH (NIH)

(Dollars in millions)

### National Institute of Mental Health (NIMH)

\$2,437.0	\$2,642.0 (+\$205.0 vs FY 25)
Scientific advances have led to astounding discoveries about the brain and treatment for mental health and substance use disorders. Continued investments in research will aid in developing better diagnostics and rapid, effective treatments for mental health and substance use conditions and facilitate early identification and intervention.	

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

\$595.32	\$595.32 (level to FY 25)

### National Institute on Drug Abuse (NIDA)

\$1,662.7	\$1,662.7 (level to FY 25)

### National Institute on Minority Health and Health Disparities (NIMHD)

\$534.4	\$534.4 (level to FY 25)

## HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

(Dollars in millions)

### Addiction Medicine Fellowship (AMF) Program

FY 2025 Enacted	FY 2026 MHLG Request
\$25.0	\$30.0 (+\$5 vs. FY 25)
Treating the more than 50 million people who need treatment for a substance use disorder (SUD) will require training that is too often lacking in our nation's current medical workforce. While there are shortfalls at all levels, one of the most serious is among addiction medicine fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME). As of March 2025, there were only 106 ACGME-accredited addiction medicine fellowship programs in the nation – less than the recommended goal of 125 fellowships by 2022 set by the President's Commission on Combating Drug Abuse and the Opioid Epidemic in 2017.	

### Behavioral Health Workforce Development

FY 2025 Enacted	FY 2026 MHLG Request
\$197.1	\$197.1 (level to FY 25)
HRSA's Behavioral Health Workforce Development Programs support the training of behavioral health students and providers and seek to place these providers in rural and underserved communities across the United States and its territories. The Behavioral Health Workforce Development Programs expand the number of behavioral health professionals and paraprofessionals, improve the quality of care by recruiting a diverse behavioral health workforce and training them to work collaboratively on interprofessional teams, and promote the integration of behavioral health into primary care settings to increase access to behavioral health services. In addition, through the Substance Use Disorder Treatment and Recovery Loan Repayment Program, HRSA funds loan repayment for medical, nursing, behavioral health clinicians and paraprofessionals in exchange for providing substance use disorder treatment services in high need areas.	

### Behavioral Health Workforce Education and Training

FY 2025 Enacted	FY 2026 MHLG Request
\$50.0	\$55.0 (+5.0 vs FY 25)
The goal of the Behavioral Health Workforce Education and Training for Paraprofessionals programs is to increase the supply, distribution, and quality of peer support specialists and other behavioral health-related paraprofessionals. Increased funding should be used to supporting the training and understanding of children, adolescents, and young adults at risk for behavioral health disorders.	

### Children's Hospital Graduate Medical Education Program (GME)

FY 2025 Enacted	FY 2026 MHLG Request
\$390.0	\$778.0 (+\$388.0 vs FY 25)
The Children's Hospital GME (CHGME) program supports the training of all pediatricians and 60 percent of pediatric specialists. CHGME plays a critical role in the training of child and adolescent psychiatrists and developmental pediatricians – both essential pediatric mental health professions with severe shortages. With a dire national shortage in pediatric specialties that are critical to combatting the children's mental health crisis, this funding would put pediatric medical education training at parity with adult physician GME.	

### Graduate Psychology Education Program (GPE)

FY 2025 Enacted	FY 2026 MHLG Request
\$25.0	\$30.0 (+\$5.0 vs FY 25)
The Graduate Psychology Education (GPE) Program is the nation's primary federal program dedicated to the interprofessional education and training of doctoral-level health service psychologists. GPE provides grants to accredited psychology doctoral, internship and postdoctoral training programs to expand access to mental and behavioral health services for vulnerable and underserved populations in rural and urban communities.	



## Maternal Mental Health Hotline

\$7.0	\$8.0 (+\$1.0 vs FY 25)
The Maternal Mental Health Hotline provides 24/7 call and text support to pregnant and postpartum women and their families. In the first 18 months of operation, the Maternal Mental Health hotline has served 30,000 women and families. The \$1 million increase in funding will , expand public awareness to high risk communities including veterans, service members, and rural moms.	

## Pediatric Mental Health Care Access Program (PMHCA)

\$13.0	\$31.0 (+\$18 vs FY 25)
This program supports telehealth consultation and technical assistance in pediatric primary care, enabling pediatricians to better manage children's mental health conditions. Pediatricians are seeing more children and youth with mental health conditions, but they often may not have the expertise and familiarity with certain medications and mental health conditions. Through the PMCHA program, pediatricians consult with child and adolescent psychiatrists to enhance their skills and provide better care for children with mental and behavioral health conditions.	

## Pediatric Specialty Loan Repayment Program

\$10.0	\$30.0 (+\$20.0 vs FY 25)
This program provides up to \$35,000 annually for a maximum of three years to pediatric subspecialties, including mental health providers, who agree to practice in an underserved area. This important program helps improve patient access to care and bolster the health care workforce in shortage areas.	

## Rural Residency Planning and Development Program (RRPD)

\$12.7	\$12.7 (level to FY 25)
The current health care workforce shortage has exacerbated the mental health and substance use crisis, with rural and underserved communities the hardest hit. The RRPD program improves access to health care by training physicians in rural areas, increasing the likelihood of them staying and practicing in rural communities.	

## Rural Communities Opioid Response Grants

\$145.0	\$145.0 (level to FY 25)
The Rural Communities Opioid Response Program (RCORP) seeks to reduce the factors that result in increased morbidity and mortality associated with substance use disorder (SUD), including opioid use disorder (OUD), in high need rural communities by establishing, expanding, and sustaining prevention, treatment, and recovery services at the county, state, and/or regional levels. More than 1,900 counties across 47 states and two territories have taken part in the RCORP initiative.	

## Supporting the Mental Health of the Health Professions Workforce Program

\$0*	\$35.0*
This funding will support the Health and Public Safety Workforce Resiliency Training Program and the Promoting Resilience and Mental Health among the Health Professional Workforce Program grant programs authorized in the Dr. Lorna Breen Health Care Provider Protection Act to encourage the development of more mental health services and to promote well-being in the health care workforce. Funding would support health care organizations (including hospitals, community health centers, and rural health clinics) to promote wellness, resilience, and mental health of the health care professional workforce, as well as health professions schools to provide evidence-informed training to reduce burnout, suicide, and mental health conditions among health care students and residents	
*\$120.0 authorized FY 21 through FY 2025.	

## Screening & Treatment for Maternal Mental Health & Substance Use Disorders (MMHSUD)

FY 2025 Enacted	FY 2026 MHLG Request
\$11.0	\$13.5 (+\$2.5 vs FY 25)
Maternal mental health conditions are the most common complication of pregnancy, affecting 1 in 5 women and 1 in 3 women of color each year. Suicide and overdose are the leading cause of maternal mortality in the U.S. The MMHSUD Program works to improve the mental health and well-being of women who are pregnant or postpartum by expanding health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal mental health and substance use disorders. This request will allow for 3 additional states to receive a grant to establish perinatal psychiatric consultation lines and train providers, up from the current 13 states.	

## Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR)

FY 2025 Enacted	FY 2026 MHLG Request
\$40.0	\$50.0 (+\$10.0 vs F Y25)
The STAR Program addresses the severe shortage of physicians and other health care professionals who treat individuals living with addiction. The program provides for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average.	

## ADMINISTRATION FOR COMMUNITY LIVING (ACL)

(Dollars in millions)

### Suicide Prevention

FY 2025 Enacted	FY 2026 MHLG Request
N/A	\$1.0 (+\$1.0 vs FY 25)
This new request is a joint effort with SAMHSA to address suicide in older adults. Along with \$1.75 million in the National Strategy for Suicide Prevention budget, this request would increase and improve screening, referral and interventions for older adults who are at high risk of suicide.	

## Centers for Disease Control and Prevention (CDC)

(Dollars in millions)

### Center for Injury Prevention: Adverse Childhood Experiences (ACEs)

FY 2025 Enacted	FY 2026 MHLG Request
\$9.0	\$32.5(+ \$23.5 vs FY 25)
This funding would support expansion of innovative ACEs prevention activities to additional recipients and increase support to existing sites, including through improved awareness and analysis of ACEs-related information. MHLG requests that \$2.5 million be dedicated for a CDC Behavioral Health Coordinating Unit to support efforts to develop a national strategy to address the linkages between adolescent mental health and ACEs, substance use and overdose, and suicide.	

### Center for Injury Prevention: Comprehensive Suicide Prevention Program

FY 2025 Enacted	FY 2026 MHLG Request
\$30.0	\$68.0 (+\$38.0 vs FY 25)
This request for the Comprehensive Suicide Prevention (CSP) program would enable the CDC to enhance data collection, support research, and reduce suicide among populations that have higher suicide risk, including Veterans, rural communities, and youth/young adults. This investment would expand the CSP to additional states and enhance emergency department data collection on suicide attempts and suicidal ideation.	

## Center for Injury Prevention: National Violent Death Reporting Systems (NVDRS)

FY 2025 Enacted	FY 2026 MHLG Request
\$24.5	\$34.5 (+\$10.0 vs FY 25)
NVDRS links information about violent deaths, including suicides, from death certificates, coroner/medical examiner reports, law enforcement reports, and toxicology reports into one anonymous database. This information helps researchers understand why these deaths occurred. NVDRS is an important tool in the effort to end suicide and allows providers, researchers, and decision-makers to detect trends in suicide and other forms of violent death.	

## Center for Injury Prevention

FY 2025 Enacted	FY 2026 MHLG Request
\$761	\$761 (level to FY 25)
The CDC's National Center for Injury Prevention and Control (ICP) is the nation's leader in preventing overdose and suicide, leveraging its specialized expertise, comprehensive data systems, and decades of research to drive effective prevention efforts. The Center manages national data systems that track injury and violence trends, providing critical insights for federal, state, and local agencies to implement life-saving programs. Through partnerships with hospitals, health departments, and tribal organizations, it funds and supports targeted interventions that address the root causes of injury and violence. Over 80% of the Injury Center's \$761 million in funding is invested in state, local, and non-profit partners. Since 2019, the CDC's Overdose Data to Action program has invested hundreds of millions in communities, ensuring real, focused leadership in preventing overdose deaths and saving lives.	

## Division of Adolescent and School Health: What Works in Schools Program

FY 2024 Enacted	FY 2026 MHLG Request
\$38.1	\$100.0 (+\$61.9 vs FY 25)
Increases to the What Works in Schools Program would allow CDC to scale up the program to 75 of the largest education agencies, 50 states and 7 territories, providing 25 percent of students with school-based programs that improve health education, increase access to health services, and institute strategies to improve school connectedness and parent engagement.	

## Division of Adolescent and School Health: Healthy Schools Program

FY 2025 Enacted	FY 2026 MHLG Request
\$19.4	\$38.4 (+\$19.0 vs FY 25)
The proposed increase will add 57 state, tribal and territorial education agencies to implement CDC's Leadership Exchange for Adolescent Health Promotion initiative. It will also support state education and public health agencies in the assessment, development, and implementation of action plans of school-based policies and practices to enhance youth behavioral health.	

## National Center on Birth Defects and Developmental Disabilities: Attention-Deficit/Hyperactivity Disorder (ADHD)

FY 2025 Enacted	FY 2026 MHLG Request
\$1.9	\$1.9 (level to FY 25)
ADHD is one of the most common mental health conditions in youth, with symptoms and impairments often persisting into adulthood. People with untreated ADHD have a shorter lifespan and are more susceptible to severe accidental injuries, driving accidents, substance use disorder, suicide, sexually transmitted diseases, obesity, diabetes II and coronary heart disease. The increased funding would support development of strategies to improve ADHD health outcomes.	

## Supporting the Impact Wellbeing Campaign to Help Healthcare Leaders Improve Their Workforce's Mental Health and Reduce Burnout

\$0*	\$10.0*
This funding will support a program established by the Dr. Lorna Breen Health Care Provider Protection Act to continue an innovative campaign to help healthcare leaders address the specific operational factors driving workforce burnout.	
*\$20.0 authorized FY 21 through FY 2025.	

## CENTERS FOR MEDICARE AND MEDICAID SERVICES

(Dollars in millions)

### Health Insurance Enforcement and Consumer Protection Grants

N/A	\$10.0 (+\$10.0 vs FY 25)
Issues with parity compliance and transparency within health care coverage programs are ongoing. MHLG requests \$10 million within CCIIO for the Health Insurance Enforcement and Consumer Protection Grant program, as authorized by the Consolidated Appropriations Act of 2023, to provide states with resources needed to fulfill their obligations under MHPAEA. The funding was supported by the FY24 Labor-HHS JES and Senate Report 118-84.	

## DEPARTMENT OF EDUCATION

(Dollars in millions)

### School Safety National Activities (incl. the Mental Health Services Professional Demonstration Grants and the School-Based Mental Health Services Grants)

\$216.0	\$250.0 (+\$34.0 vs FY 25)
The extent of the youth mental health crisis is staggering. Schools are the best place to provide mental health supports and resources because schools reduce many barriers to accessing mental health treatment and enable an efficient public health approach that allows for early and effective interventions. These grants would help address the critical shortage of school-based mental health professionals across the country, especially in high needs districts, and make mental and behavioral health supports accessible to all students.	

## SECTION II: AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION APPROPRIATIONS REQUESTS

## FOOD AND DRUG ADMINISTRATION

(Dollars in millions)

### Neurology Drug Program

\$2.0	\$5.0 (+\$3.0 vs FY 25)
The Neurology Drug Program at FDA will improve FDA's capacity and capability to further neuroscience guidance and accelerate innovation. Specifically, this funding will help foster the development of treatments and cures for brain diseases, mental health conditions, and brain injuries.	

## SECTION III: COMMERCE, JUSTICE, SCIENCE AND RELATED AGENCIES APPROPRIATIONS REQUESTS

### DEPARTMENT OF JUSTICE

*(Dollars in millions)*

#### **Crisis Stabilization and Community Reentry Grant Program**

\$10.0	\$10.0 (level to FY 25)
The Crisis Stabilization and Community Reentry Program provides grants to states to address the mental health needs of people returning to the community after incarceration, including implementing systems to provide options for medication treatment during this time of transition.	

#### **Justice Mental Health Collaboration Program (JMHCP), formerly MIOTCRA**

\$40.0	\$45.0 (+\$5.0 vs FY 25)
The Justice and Mental Health Collaboration Program (created under the Mentally Ill Offender Treatment and Crime Reduction Act of 2004) provides grants to support collaboration across community stakeholders, such as mental health, law enforcement, and corrections; create innovative solutions in areas like mental health courts; or improve police interactions with people with mental health conditions.	

#### **Law Enforcement De-Escalation Training Act Implementation**

\$20.0	\$20.0 (level to FY 25)
The Law Enforcement De-Escalation Training Act of 2022 requires a process to identify standards for de-escalation training for law enforcement. This funding request would enable the Department of Justice to engage stakeholders to develop scenario-based training curricula (or identify existing curricula) that includes topics such as alternatives to the use of force, de-escalation tactics, and safely responding to an individual in a mental, behavioral health, or suicidal crisis.	

#### **STOP School Violence Program**

\$195.0	\$201.0 (+\$6.0 vs FY 25)
The STOP School Violence Program makes annual grants available to states, school districts and tribal organizations to bring evidence-based safety programs and strategies to schools on topics including suicide, bullying, and violence prevention. This programming seeks to empower students and adults in schools to know how to reach out for help when concerned about violence toward themselves or others. This funding can also help support the hiring of school mental health professionals.	



## SECTION IV: MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS REQUESTS

### DEPARTMENT OF VETERANS AFFAIRS

(Dollars in millions)

#### Veterans Crisis Line

FY 2025 Enacted	FY 2026 MHLG Request
\$300.5	\$306.7 (+\$6.2 vs FY 25)
The Veterans Crisis Line (VCL) provides 24/7/365 suicide prevention and crisis intervention services for Veterans in crisis, and their families and friends, offering confidential support from VA crisis counselors. In 2023, the VCL received more than 1 million calls, texts and chats – an increase of the previous record by 15 percent.	

#### Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program

FY 2024 Enacted	FY 2026 MHLG Request
\$55.6	\$55.6 (level to FY 25)
The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and their families through outreach, suicide prevention services, and connection to VA and community resources. MHLG requests that funding for the SSG Fox Suicide Prevention Grant Program be maintained at \$55.6 million.	

#### CVSO Act Grant Program

FY 2025 Enacted	FY 2026 MHLG Request
\$0	\$10.0 (+\$10.0 vs. FY 25)
The CVSO program was first authorized in the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Public Law 118-210). It is a grant program which will fund tribal and county Veterans service officers throughout the country, who help Veterans, and their family members apply for and receive service-connected benefits.	

## SECTION V: DEPARTMENT OF DEFENSE APPROPRIATIONS REQUESTS

#### Peer Reviewed Medical Research Program (PRMRP)

FY 2025 Enacted	FY 2026 MHLG Request
\$190.0	\$390.0 (+\$200.0 vs FY 25)
MHLG supports the reinstatement of funding for the Peer Reviewed Medical Research Program that enhances the health, care, and well-being of military service members, Veterans, retirees, and their family members. This program provides vital resources for mental health issues that impact service members and their families at a higher rate than the civilian population, including topics like maternal mental health, eating disorders, and suicide prevention. MHLG supports the addition of <b>gambling addiction</b> as an eligible research topic in the program in FY 26 and <b>the re-inclusion of suicide prevention, eating disorders, and maternal mental health</b> . Gambling addiction is a behavioral health issue that impacts service members and Veterans at a higher rate than the civilian population; and can contribute to higher rates of suicide, substance use disorder, and homelessness. However, there are currently no federal resources allocated to the prevention and treatment of gambling addiction. Service members and Veterans are at higher risk of suicide, eating disorders and maternal mental health conditions than the general population.	