

National Council for Mental Wellbeing Fiscal Year (FY) 2025 Appropriations Requests

Department of Health and Human Services *(Dollars in millions)*

Certified Community Behavioral Health Clinics (CCBHC) Expansion Grants	
FY 2024 Enacted	FY 2025 Request
\$385	\$552.5 (+\$167.5 vs FY24)
<p>Since launching in 2017, CCBHCs have dramatically improved access to a comprehensive range of mental health and substance use disorder (SUD) services to vulnerable individuals, inclusive of 24/7 crisis services. CCBHCs are on the front lines of the nation's mental health and substance use disorder crises, improving access for millions of Americans to receive medically necessary mental health and SUD services. CCBHCs are a successful, integrated, and modern way of delivering 21st century mental health and substance use care to patients, including crisis services as part of the new 988 crisis system. Continued funding for FY2025 CCBHC-E grants at this level would allow for the grant program to grow its reach and enable grantees to continue their successful work in communities across the country. Funding at this requested level would support continuation of current CCBHC grants and award 161 new grantees, improving access to lifesaving services for Americans.</p>	
CCBHC Data Infrastructure and Repository Initiative	
FY 2024 Enacted	FY 2025 Request
--	\$2.5 (new)
<p>The rapidly growing CCBHC program requires accountable and transparent data infrastructure, similar to the Uniform Data System (UDS), to report a standardized core set of information, including deidentified data on patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs and revenues. With more than 500 CCBHCs operating in 46 states, it is vital to ensure a high level of accountability in concert with expanded access to intensive community-based services for persons with severe mental illness and substance use disorders.</p>	
Paperwork Reduction Initiative	
FY 2024 Enacted	FY 2024 Request
--	\$.5 (new)
<p>National Council recommends \$500,000 to the Assistant Secretary for Planning and Evaluation to conduct a study of the combined paperwork burden of Community Behavioral Health Organizations and Community Mental Health Centers as those facilities are defined in section 1913(b)(1) of the Public Health Service Act. The subsequent report to Congress should examine licensing, certification, service definitions, claims payment, billing codes, and financial auditing requirements of all relevant financing sources, establish an estimate of the combined cost of complying with varying paperwork mandates, and make administrative and statutory recommendations, which may include a uniform compliance methodology, to reduce the paperwork burden of community-based mental health and substance use providers.</p>	
Mental Health Awareness Training Grants	
FY 2024 Enacted	FY 2025 Request
\$27.963	\$64.0 (+\$36.037 vs FY24)
<p>Since FY 2014, SAMHSA has funded state and local educational agencies, through Mental Health Awareness Training Grants, to support the training of school personnel including classroom teachers, counselors, and principals with evidenced-based education programs that helps the public to identify, understand, and respond to the signs of mental health and substance use challenges. Today, with over 3 million Americans trained in Mental Health First Aid, the program's expanded eligibility includes, community colleges, veterans, and first responders, including over 500 law enforcement agencies. Continued funding for such programs ensures access across our country that is continued to be needed now more than ever.</p>	



Primary and Behavioral Health Care Integration (PBHCI) Grants	
FY 2024 Enacted	FY 2025 Request
\$55.877	\$102.877 (+\$47.0 vs FY24)
Primary and Behavioral Health Integration (PBHCI) Technical Assistance	
FY 2024 Enacted	FY 2025 Request
\$2.991	\$2.991 (level)
<p>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.</p>	

Mental Health Block Grant (MHBG)	
FY 2024 Enacted	FY 2025 Request
\$986.5	\$1,250.0 (+\$242.43 vs FY24)
<p>The MHBG program awards funding to states for critical mental health programs and helps to address the country's mental health crisis. Within MHBG, National Council requests:</p> <ul style="list-style-type: none"> • An increased 10 percent set aside for crisis services set aside (equivalent to \$125 million) to support states' comprehensive implementation of 988 and support a strong system of crisis response across a continuum. • A new 10 percent set aside (equivalent to \$125 million) for prevention and early intervention to support school- and community-based initiatives to address mental health early on. 	
Substance Use, Prevention, Treatment, and Recovery Services Grant (SUPTRS)	
FY 2024 Enacted	FY 2025 Request
\$2,008.08	\$2,008.8 (level)
<p>The SUPTRS block grant program is distributed by formula to all states and territories to plan, implement, and evaluate substance use disorder prevention, treatment, and recovery support services. This essential program plays a vital role in states' alcohol and drug service delivery systems, reaches targeted populations, and furthers access to primary prevention activities.</p>	

Department of Justice *(Dollars in millions)*

Crisis Stabilization and Community Reentry Grants	
FY 2024 Enacted	FY 2025 Request
\$10	\$10 (level)
<p>Since FY 2021, 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 and partnerships that facilitate warm hand-offs to community-based care upon reentry.</p>	