

FY2022 House Appropriations Committee-Approved Spending

On July 15, the [House Appropriations Committee approved its Labor-HHS budget bill](#) providing funding for health care programs of interest to National Council members. The House is expected to consider this, and other appropriations bills, the week of July 26. After passing the House, the Senate must create and approve FY2022 spending bills prior to the September 30 deadline. Below is a topline summary of key mental health and substance use programs.

Program	FY2021 Enacted	FY2022 Presidential Budget Request	FY2022 House Appropriations Committee	Change from FY21 to FY22
<i>Dollars in Millions</i>				
Community Mental Health Block Grant	\$758.5	\$1,583 <i>*Includes \$75 million for crisis care set-aside.</i>	\$1,583 <i>*Includes 10% crisis set-aside. *Creates NEW 10% set-aside for prevention and early intervention.</i>	+\$825.0
Substance Abuse Prevention and Treatment Block Grant	\$1,858	\$3,508 <i>*Includes NEW 10% recovery set-aside</i>	\$2,858 <i>*Includes NEW 10% recovery set-aside</i>	+\$1,000
State Targeted Opioid Response Grants	\$1,500	\$2,250	\$2,000	+\$500.0
CCBHC Expansion Grants	\$250.0	\$375	\$375	+\$125.0
Behavioral Health Crisis Coordinating Office	--	--	\$10.0 <i>*NEW funding*</i>	+\$10.0
National Suicide Prevention Lifeline	\$24.0	\$102	\$113.6	+\$89.6
Mental Health Crisis Response Partnership Pilot Program	--	--	\$100.0 <i>*NEW funding*</i>	+\$100.0
Project AWARE	\$107.0	\$155.5	\$155.5	+\$48.5
Mental Health First Aid	\$23.9	--	\$35.9	+\$12.0
Promoting Integration of Primary and Behavioral Health Care Grants (PIPBHC)	\$54.9	--	\$57.9	+\$3.0
PIPBHC Technical Assistance	\$2.0	--	\$2.0	<i>Level funding</i>
Pregnant & Postpartum Women	\$32.9	\$49.4	\$49.4	+\$16.5

SUD Treatment and Recovery (STAR) Loan Repayment	\$16.0	\$28.0	\$28.0	+\$12
National Institutes of Health	\$42,936	\$51,953	\$49,436	+\$6,500
CDC's Infections Diseases and Opioid Epidemic	\$13.0	--	\$69.5 *Includes expanded access to syringe service programs*	+\$56.5
Crisis Stabilization and Community Reentry Grants	--	--	\$10.0 *NEW funding*	+\$10.0

Additional Details on the FY2022 Spending Line Items:

Mental Health Block Grant Crisis Care Set-Aside —The Committee includes a 10 percent set-aside for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and territories, some or all of a set of core crisis care elements including local, regional or statewide call centers that have capacity to address distressed and suicidal callers and deploy mobile teams or direct persons to accessible crisis receiving centers or clinics with same day appointments, mobile crisis response teams and crisis receiving units.

Mental Health Block Grant Prevention and Early Intervention Set-Aside — To increase access to early intervention and prevention services, the Committee includes a new 10 percent set-aside within the MHBG total to support evidence-based programs that address early intervention and prevention of mental disorders among at-risk children, including young children and toddlers, and adolescents. The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and territories, activities targeted to children and youth such as, but not limited to, training school-based personnel to identify children and youth at risk of mental disorders; programs to promote positive social-emotional development in children from birth to age five; mental health consultation for child care programs; collaborating with primary care associations to field depression and anxiety screening tools in frontline primary care practices; or partnering with local non-profit entities in low-income and minority communities to implement trauma-informed early intervention and prevention initiatives. Statutory state plan and reporting requirements will apply to early intervention and prevention set-aside programming.

SAPT Block Grant Recovery Set-Aside —The Committee establishes a 10 percent set-aside for the provision of evidence-informed SUD non-clinical recovery supports and services. The Committee directs SAMHSA to ensure that this set-aside shall support programs that: (1) develop local recovery community support institutions including but not limited to recovery community centers, recovery homes, and recovery schools or programs to mobilize resources within and outside of the recovery community, to increase the prevalence and quality of long-term recovery from SUD; (2) provide peer-based recovery coaching, individual or group supports, to individuals and families led by those with lived experience with SUD, delivered in person or using technology; (3) provide ancillary community-based supports necessary to sustain recovery, including access to transportation, job training, and educational services; (4) provide

activities to reduce SUD recovery-related stigma and discrimination at the local level; (5) provide technical assistance to organizations principally governed by people in recovery from SUD through facilitating financing, business functions and cross-training on evidence informed practices within the recovery community. The Committee directs SAMHSA to prioritize programs for underserved populations, to promote health equity, and to support community-based strategies to increase recovery capital and support individuals to sustain long-term recovery, as identified at the local, regional and/or state level by the recovery community. Funds from the recovery set-aside will support operating costs for organizations that provide above services, prioritizing those with leadership, staffing and governance structures that include representation from those identified as in long-term recovery and impacted family members who reflect the community served.

Behavioral Health Crisis Coordinating Office —The Committee includes \$10 million for the Office of the Assistant Secretary for Mental and Substance Use to create and staff an office within the Center for Mental Health Services to coordinate work relating to behavioral health crisis care across HHS operating divisions, including CMS and HRSA, as well as with external stakeholders. The office will support technical assistance, data analysis and evaluation functions in order to develop a crisis care system encompassing nationwide standards with the objective of expanding the capacity of and access to local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, and rapid postcrisis follow up, provided by the National Suicide Prevention and Mental Health Crisis Response System, Community Mental Health Centers, Certified Community Behavioral Health Clinics and other community mental health and substance use disorder (SUD) providers. The Committee directs the Secretary to include a multi-year plan in the fiscal year 2023 Congressional Budget Justification outlining a nationwide crisis care system plan of action.

Mental Health Crisis Response Partnership Pilot Program —To make model mental health crisis response programs more widely available, the Committee includes \$100 million for a pilot program for communities to create, or enhance existing, mobile crisis response teams that divert the response for mental health crises from law enforcement to behavioral health teams. These teams may be composed of licensed counselors, clinical social workers, physicians, EMTs, crisis workers, and/or peers available to respond to people in crisis and provide immediate stabilization and referral to community-based mental health services and supports. The Committee encourages grantees to partner or co-respond with law enforcement to ensure community policing meets the needs of everyone in the community.

Mental Health Parity and Addiction Equity Act (MHPAEA) Compliance —The Committee has included resources for the Employee Benefits Security Administration (EBSA) to fully implement requirements that all group health plans perform comparative analyses of the design and application of nonquantitative treatment limitations (NQTs) to ensure those imposed on mental health and substance use disorder benefits are not more restrictive than limitations for medical and surgical benefits. These funds will enable EBSA to hire additional health investigators who will focus exclusively on MHPAEA NQTL compliance and contract with external consultants with expertise in NQTL comparative analyses to assist and train investigators. To the extent resources allow, the Committee also encourages EBSA to create templates and tools for collecting and scoring the comparative analyses and rendering decisions on compliance; enhance coordination, standardization and MHPAEA-related decision-making uniformity among regional offices; and conduct follow-up investigations into group health plans whose comparative analyses indicate likely noncompliance or areas in which further examination is needed to determine compliance.