



APPROPRIATIONS RECOMMENDATIONS

FOR FISCAL YEAR 2027

MHLG | MENTAL HEALTH
LIAISON GROUP

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About MHLG

The Mental Health Liaison Group (MHLG) is a nonprofit coalition of national organizations representing people with mental health and substance use challenges, 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 2027

MHLG appreciates the strong bipartisan approach to funding key programs to address the needs and provide treatment, support, and care for individuals with mental health and substance use disorder conditions and their families.

Enactment of robust, full year appropriations for the Departments of Labor, Health and Human Services, Education and Related Agencies for Fiscal Year 2026 reflects the strong bipartisan, bicameral commitment from Congress to the longstanding and successful structure, organization and priorities of the Federal programs aimed at alleviating the suffering of individuals, families, and communities affected by the nation's mental health and substance use crises. MHLG also applauds the bipartisan funding of Programs of Regional and National Significance.

We congratulate Congress for the passage of FY 2026 Appropriations legislation, which reflects the House and Senate's role in setting priorities and funding levels for Federal departments and agencies. We encourage continued attention to this area through oversight, authorization, and appropriations processes. For FY 2027 we urge Congress to continue to support the structure, priorities, and adequate funding levels of these critical programs.

Federal support, in partnership with the States, will help keep families whole and provide hope for those experiencing a mental health condition or on the path to recovery. Federal agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institutes of Health (NIH), the 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 grants and services at SAMHSA and other federal agencies. It is vital that the recent, troubling reductions in staffing, expertise, and capacity must not impede our country's ability to address the nation's behavioral health crisis.

Many Americans lack access to lifesaving support, treatment, and care. This is particularly of great concern for individuals and families who live in rural America and many other medically underserved communities. Growing demands on a strained workforce, financial barriers, lack of access, and stigma related to treatment only contribute to this emergency. America is facing record levels of suicide and overdose deaths. More than 120 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.

Fortunately, strong Federal and State partnerships are making a difference in this crisis. For example, the 988 Suicide and Crisis Lifeline has received nearly 22 million calls and texts - including those directed to specialized lines serving Veteran and LGBTQ+ populations - since its inception. The Comprehensive Suicide Prevention Program at the CDC has led to a significant 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 currently 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 can turn the tide on these crises and help individuals get and stay well. We urge Congress to build on the momentum of recent years with bipartisan efforts in prevention, treatment and recovery for mental health and substance use disorders.

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

- Zach Keita, zkeita@afsp.org, American Foundation for Suicide Prevention
- Joanna Rosen, jrosen@nami.org, National Alliance on Mental Illness
- David Koss, koss1@comcast.net, SMART Recovery

MHLG ENDORSING ORGANIZATIONS

American Art Therapy Association
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 Foundation for Suicide Prevention
American Nurses 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
Crisis Text Line
Depression and Bipolar Support Alliance
Easterseals, Inc.*
Employee Assistance Professionals Association*
Epilepsy Foundation of America
Fountain House*
IC&RC
Inseparable
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 (NAMI)
National Association for Rural Mental Health (NARMH)
National Association for Social Workers
National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
National Association of Pediatric Nurse Practitioners*
National Association of School Psychologists
National Association of State Mental Health Program Directors
National Council for Mental Wellbeing
National Council on Problem Gambling
National Eating Disorders Association
National Register of Health Service Psychologists
Network of Jewish Human Service Agencies*
Psychotherapy Action Network
REDC Consortium
Sandy Hook Promise
School Social Workers Association of America*
SMART Recovery
The American Counseling Association
The Jed Foundation
The National Federation of Families
The Trevor Project
Treatment Advocacy Center (TAC)*
Trust for America's Health

*Denotes Affiliate membership

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. In FY26, Congress appropriated \$7.44 billion for SAMHSA. Maintaining the Agency's critical programs at current levels requires at least a 2.7% increase to account for inflation. MHLG requests \$7.64 billion for SAMHSA in FY27.

Specific programmatic requests include:

(Dollars in millions)

Community Mental Health Services Block Grant (MHBG)

FY 2026 Enacted	FY 2027 MHLG Request
\$1,012.0	\$1,053.5 (+4% vs FY26)
<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. States rely on the MHBG to deliver mental health services to community members most in need, including those who need crisis response, and these funds are designated for individuals with serious mental illness and children with serious emotional disturbance.</p> <ul style="list-style-type: none"> An increase of the crisis services set aside from five percent to 10 percent to support state implementation of a comprehensive 988 and crisis response continuum system. 	

Certified Community Behavioral Health Clinics (CCBHC) Expansion Grants

FY 2026 Enacted	FY 2027 MHLG Request
\$385.5	\$385.5 (level to FY 26)
<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 more costly emergency department usage and per-member-per-month cost-savings. CCBHCs also play an important role in strengthening the workforce and boosting the economy. CCBHCs are on the front lines ensuring millions of Americans continue to receive high-quality MH/SUD services and are a successful, integrated, and modern way of delivering 21st-century care to patients, including 24/7 crisis services and there are more than 500 CCBHCs operating in 46 states.</p>	

Mental Health Crisis Response Grants

FY 2026 Enacted	FY 2027 MHLG Request
\$20.0	\$20.0 (level to FY 26)
<p>SAMHSA Mental Health Crisis Response Grants promote best practices in mental health crisis response to facilitate a key pillar of the crisis continuum of care model. The crisis continuum consists of someone to talk to, someone to respond, and a safe place for help. Individuals experiencing a mental health emergency often require a response appropriate to that emergency. Mental Health Crisis Response Grants help provide high-need communities with dedicated crisis-related transportation options that reduce reliance on law enforcement. The grants elevate evidence-based best practices in mobile crisis response and provide key resources for communities to build their mobile crisis response capacity.</p>	

Project AWARE (Advancing Wellness and Resiliency in Education)

FY 2026 Enacted	FY 2027 MHLG Request
\$140.0	\$140.0 (level to FY 26)

Project AWARE grants support mental health promotion, awareness, prevention, intervention and resilience in school-aged youth. With the ongoing youth mental health crisis, this funding will help support children's access to mental health and suicide prevention tools across the country. In particular, portions of Project AWARE feature preference for schools that include suicide prevention plans.

National Child Traumatic Stress Initiative (NCTSI)

FY 2026 Enacted	FY 2027 MHLG Request
\$100.88	\$100.88 (level to FY 26)
<p>The National Child Traumatic Stress Initiative (NCTSI) supports the National Child Traumatic Stress Network (NCTSN), the nation's singular coordinated federal response to childhood trauma. Administered by SAMHSA and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS), the Network was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. It includes over 200 funded centers across 48 states, the District of Columbia, Puerto Rico, and Guam.</p>	

Primary and Behavioral Health Care Integration (PBHCI)

FY 2026 Enacted	FY 2027 MHLG Request
\$55.9 + \$3.9 technical assistance	\$55.9 + \$3.9 for technical assistance (level to FY 26)
<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>	

State Opioid Response Grants (SOR)

FY 2026 Enacted	FY 2027 MHLG Request
\$1,595.0	\$1,750.0 (+ 9.7% to FY26)
<p>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. Since its first year (2018), SOR programs have helped nearly 1.3 million individuals receive treatment services and nearly 1.5 million receive recovery support services. Increased funds will enable SAMHSA to award more grants and expand the impact of this vital program.</p>	

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

FY 2026 Enacted	FY 2027 MHLG Request
\$2,013.0	\$2,210.0 (+ 9.7%)
<p>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.</p>	

988 Suicide & Crisis Lifeline

FY 2026 Enacted	FY 2027 MHLG Request
\$534.6 million	\$561.6 (+ 5% vs FY27)*
<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, the 988 Lifeline has received over 19 million contacts. MHLG requests \$561.6 million for 988 in FY 2026 to meet increasing demand for the Lifeline's life-saving support. With an expected increase in outreach volume of 16% for the next year, it is critical to increase funds to ensure the 988</p>	

Lifeline can continue to meet demand.

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.

Within this FY 2026 988 request, MHLG requests:

- \$10 million for the provision of **Spanish text and chat services**, ensuring that Spanish language services are available across all modalities (call, text and chat).
- \$62.04 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 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.
- A portion of these funds to be used 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)

Program	FY 2026 Enacted	FY 2027 MHLG Request
Center of Excellence for Eating Disorders	\$2.0	\$3.0 (+50% vs FY26)
Family Support Technical Assistance Center	\$.80	\$.80 (level to FY 26)
Garrett Lee Smith Youth Suicide Prevention Campus Grants	\$10.5	\$12.5 (+19% vs FY 26)
Garrett Lee Smith Youth Suicide Prevention State/Tribal Grants	\$45.8	\$45.8 (level to FY 26)
Mental Health Awareness Training Grants	\$27.9	\$27.9 (level to FY 26)
Minority Fellowship Program	\$19.52	\$25.0 (+\$28% vs FY 26)
Primary and Behavioral Health Integration (PBHCI) Technical Assistance	\$3.99	\$3.99 (level to FY 26)
Primary and Behavioral Health Care Integration (PBHCI) Grants	\$55.87	\$55.87 (level to FY 26)
Consumer and Consumer Support Technical Assistance Centers	\$1.918	\$2.0 (+4%)

NATIONAL INSTITUTES OF HEALTH (NIH)

(Dollars in millions)

National Institute of Mental Health (NIMH)

FY 2026 Enacted	FY 2027 MHLG Request
\$2,189.8	\$2,380.0 (+8.7% vs FY 26)

The National Institute of Mental Health (NIMH) supports critical research aimed at transforming our understanding and treatment of mental illness. Suicide research is a designated priority research area, and NIMH has aligned its work with core federal strategies. Suicide remains a serious public health threat in the United States. Recent data from the Centers for Disease Control and Prevention (CDC) show that over 49,000 lives were lost to suicide in the United States in 2023, the most recent year for which finalized data is available.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

(Dollars in millions)

Addiction Medicine Fellowship (AMF) Program

FY 2026 Enacted	FY 2027 MHLG Request
\$25.0	\$30.0 (+20% vs. FY 26)
<p>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. Addiction medicine and addiction psychiatry fellowships are critical to ensuring that adults and adolescents have access to SUD treatment. These fellowships provide advanced training opportunities to a wide range of specialists, including those in family medicine, internal medicine, psychiatry, pediatrics, and emergency medicine. In February 2022, the Stanford-Lancet Commission on the North American Opioid Crisis recommended expanding the number of such fellowships, noting that it was critical to meeting the enormous need for addiction treatment. There are too few physicians with the requisite knowledge and training to prevent, diagnose, and treat addiction. The AMF program trains over half of all addiction medicine specialists and addiction psychiatry specialists in the United States. During the academic years (AY) 2020-2023, the AMF program resulted in a 158% increase in addiction medicine specialists and an 11% increase in addiction psychiatry specialists compared to AY 2018-2020. Nearly 60% of fellows who graduated due to the AMF program went on to work in a medically underserved community.</p>	

Behavioral Health Workforce Education and Training (BWHET)

FY 2026 Enacted	FY 2027 MHLG Request
\$114.0	\$115.0 (+.9% vs FY 26)
<p>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.</p>	

Children's Hospital Graduate Medical Education Program (GME)

FY 2026 Enacted	FY 2027 MHLG Request
\$395.0	\$1.02B (+153.7% VS fy26)
<p>The Children's Hospital GME (CHGME) program is the only dedicated source of federal funding to train pediatricians and pediatric subspecialists in children's hospitals, playing a critical role in the training of child and adolescent psychiatrists and developmental pediatricians. With a dire national shortage in pediatric specialties that are critical to combatting the children's mental health crisis, this funding would put CHGME at parity with adult physician GME.</p> <p>Continued investment in CHGME allows the hospitals to have national reach and system-wide impact. For example, CHGME hospitals serve children and teens from 99.6% of all counties in the U.S. and territories. Forty-five percent of the communities where these children live are rural. Without further action to strengthen CHGME funding, pediatric physician shortages will persist and worsen – limiting timely access to care for children nationwide.</p>	

Graduate Psychology Education Program (GPE)

FY 2026 Enacted	FY 2027 MHLG Request
\$25.0	\$30.0 (+\$20% vs FY 26)
<p>The Graduate Psychology Education (GPE) Program is the nation's primary federal program supporting the interprofessional education and training of doctoral-level health service psychologists. The program prepares doctoral students, interns, and postdoctoral residents to deliver integrated, interdisciplinary behavioral health services, with a significant focus on trauma-informed care and substance use disorder prevention and treatment in community-based primary care settings.</p> <p>GPE simultaneously trains the next generation of psychologists while expanding access to mental and behavioral health services in underserved rural and urban communities.</p> <p>HRSA estimates more than 122 million people live in designated mental health professional shortage areas, with every U.S. state, territory, and DC having at least one shortage area, and over 73% of mental health needs unmet. Meeting the nation's demand for care would require an additional 6,200 mental health practitioners. These shortages are especially acute in rural and underserved areas—areas in which GPE programs intentionally place trainees. Investments in GPE would directly strengthen the mental and behavioral health workforce and improve access to care for these underserved areas.</p>	

Maternal Mental Health Hotline

FY 2026 Enacted	FY 2027 MHLG Request
\$8.0	\$10.0 (+25% vs FY 26)
<p>The Maternal Mental Health Hotline provides 24/7 call and text support in English and Spanish to pregnant and postpartum women and their families. Since its establishment in 2022, the Maternal Mental Health hotline has served over 90,000 women and families with an average response time of 30 seconds. The \$1 million increase in funding will , expand public awareness to high risk communities including veterans, service members, and rural moms.</p> <p>Maternal mental health conditions – including depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, and substance use disorder – are the most common complications of pregnancy, affecting 1 in 5 women, and 1 in 3 women of color each year. Tragically, maternal mental health conditions are also a key driver of maternal mortality, and suicide and overdose are the leading cause of death for new mothers in the first year following pregnancy. Maternal Mortality Review Committees have determined that 80% of pregnancy-related deaths (and 100% of deaths by suicide and overdose) are preventable. Increased funding will allow HRSA to build capacity for the Hotline, expand physical advertising and public awareness, and continue working across government agencies to promote the Hotline to high-risk populations including veterans, service members, military spouses and mothers living in rural communities or Tribal lands.</p>	

Pediatric Mental Health Care Access Program (PMHCA)

FY 2026 Enacted	FY 2027 MHLG Request
\$13.0	\$31.0 (+138% vs FY 26)
<p>This program addresses the youth mental health crisis by supporting 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 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, including to diagnose, treat and refer children with mental health conditions.</p> <p>In FY26, the Pediatric Mental Health Care Access Program faced a steep fiscal cliff as supplemental funding ran out, and HRSA will now provide fewer than half of the grants from past years. Appropriating the authorized amount of \$31 million will help rebuild stronger programs in more states.</p>	

Pediatric Specialty Loan Repayment Program

FY 2026 Enacted	FY 2027 MHLG Request
\$10.0	\$30.0 (200% vs FY 26)
<p>The Pediatric Specialty Loan Repayment Program (PSLRP) provides loan repayment for eligible residents or fellow who provide pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent behavioral health care. This important program helps improve patient access to care and bolster the health care workforce in shortage areas.</p>	

Rural Communities Opioid Response Grants

FY 2026 Enacted	FY 2027 MHLG Request
\$145.0	\$145.0 (level to FY26)
<p>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.</p>	

Supporting the Mental Health of the Health Professions Workforce Program through the Dr. Lorna Breen Health Care Provider Protection Act

FY 2026 Enacted	FY 2027 MHLG Request

N/A	\$35.0
<p>The Health and Public Safety Workforce Resiliency Training Program and Promoting Resilience and Mental Health among the Health Professional Workforce Program grant programs, reauthorized in FY26 in the Dr. Lorna Breen Health Care Provider Protection Act, encourage the development of more mental health services and 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, who are at increased risk for poor mental health and suicide.</p> <p>This funding enables healthcare organizations to establish, improve, or expand evidence-informed programs and practices to promote mental health and wellbeing among the health workforce, or for health professions schools and training programs to improve the mental health among residents, students, and nurses they educate, has been provided to 24 states. These programs reduced burnout and contributed to overall mental health and wellbeing of healthcare workers and/or health professions students, residents, paraprofessionals, trainees, and public safety officers, such as firefighters, law enforcement officers, and ambulance crew members.</p> <p>*\$140 authorized FY26 through FY30</p>	

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

FY 2026 Enacted	FY 2027 MHLG Request
\$12.0	\$14.5 (+20.8% vs FY 26)
<p>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 Tribal entities to receive funds, as Tribal mothers are disproportionately impacted by maternal mental health conditions.</p>	

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

FY 2026 Enacted	FY 2027 MHLG Request
\$40.0	\$50.0 (+25% vs F Y26)
<p>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.</p>	

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH (OASH)

Office on Women’s Health – Eating Disorders Research

FY 2026 Enacted	FY 2027 MHLG Request
\$1.0	\$1.0 (level to FY 26)
<p>In light of the recent rise of eating disorders and other mental illnesses since 2020, the increased prevalence in youth and women is particularly troubling. Young women ages 15-19, followed by females 10-14 and 20-24-years of age experience the highest incidence rates – specifically, among those 10–14 and 20–24-year-olds, incidence rates for 2023 were approximately 30% higher compared to pre-pandemic expectations, with particularly pronounced increases observed for anorexia nervosa. Funding for</p> <p>To address gaps in research and devise new interventions for girls and women with eating disorders, ensuring consistent support for grant funding within the Office on Women’s Health is critical.</p>	

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

(Dollars in millions)

Center for Injury Prevention

FY 2026 Enacted	FY 2027 MHLG Request
\$761.0	\$799.05 (+5% vs FY26)
<p>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.</p>	

Center for Injury Prevention: Adverse Childhood Experiences (ACEs)

FY 2026 Enacted	FY 2027 MHLG Request
\$9.0	\$32.5(+261% vs FY 26)
<p>CDC takes a comprehensive approach to preventing ACEs and their negative impacts by building the evidence base through supporting innovative research and evaluation, promoting data innovation, and identifying strategies and building capacity to prevent ACEs across the country.</p> <p>This funding would enable CDC to expand innovative ACEs surveillance and prevention activities to every state in the United States. The funding would also address the large demand for this novel and important work and provide critical investments in primary prevention of the more than 40 negative behavioral health outcomes associated with ACEs.</p>	

Center for Injury Prevention: Comprehensive Suicide Prevention Program

FY 2026 Enacted	FY 2027 MHLG Request
\$30.0	\$38.0 (+26% vs FY 25)
<p>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. This investment would expand the CSP to additional states and enhance emergency department data collection on suicide attempts and suicidal ideation. Currently, the CSP supports 24 suicide prevention initiatives nationwide, as well as the real-time collection of data from emergency departments on suicide attempts and suicidal ideation. A key goal has been a 10% reduction in suicide and suicide attempts among certain populations with disproportionate rates of suicide, and the program has been successful in achieving a 6.5% reduction in suicide rates between 2019 and 2021 among Veterans and service members served by CSP recipients.</p> <p>This funding would enable the CDC to enhance data collection, support research, and reduce suicide among populations that have higher suicide risk, including Veterans, rural communities, middle-aged and older adults, and youth.</p>	

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

FY 2026 Enacted	FY 2027 MHLG Request
\$24.5	\$34.5 (+41% vs FY 26)
<p>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.</p>	

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

FY 2026 Enacted	FY 2027 MHLG Request
\$38.1	\$40 (+5% vs FY 25)
<p>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.</p>	

This funding would allow CDC to expand the work of the Division of Adolescent and School Health (DASH) in promoting the health and well-being of adolescents through schools and addressing long-standing negative trends in youth mental health. The What Works in Schools Program reaches approximately 2 million—or around 8%—of the roughly 26 million middle and high school students across the nation. Increased funding would allow DASH to maintain this work and prepare more children and adolescents to become healthy adults. Specifically, increased funding for DASH's What Works in Schools programs to \$100 million would enable direct funding to up to 75 of the largest local education agencies, 50 states, and 7 territories.

This funding also supports the Youth Risk Behavior Surveillance System (YRBSS), the largest public health surveillance system in the United States, and the Youth Risk Behavior Survey, the largest youth health survey in the United States. These activities provide important information about the health of youth across the country—helping to inform targeted interventions that address emerging needs among children and adolescents. Since the program's inception in 1991, more than five million students have engaged in over 2,300 surveys included in the YRBSS.

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

FY 2026 Enacted	FY 2027 MHLG Request
\$1.9	\$1.9 (level to FY 26)
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, and coronary heart disease. This funding is critical to develop strategies to improve ADHD health outcomes.	

National Center for Chronic Disease Prevention and Health Promotion's Epilepsy Program

FY 2026 Enacted	FY 2027 MHLG Request
\$11.5	\$11.5 (level to FY26)
This program, like all chronic disease programs at the CDC, has been under serious threat these last couple of years. This is the only public health program specifically related to epilepsy with a national scope and community programs, this program supports training in seizure recognition and seizure first aid for school personnel and law enforcement officers; training for primary care and behavioral health providers to improve health outcomes for people with epilepsy, particularly in rural and underserved communities; and mini-grants to community organizations to increase awareness and connect people with epilepsy to services. Services are offered in a variety of languages to help meet people where they are. It also helps fund a helpline that people can call for all epilepsy related concerns, including referrals for mental health needs, which a significant portion of the epilepsy community rely on.	

National Institute for Occupational Safety and Health (TAS 75-0953)

FY 2026 Enacted	FY 2027 MHLG Request
N/A	\$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.	

CENTERS FOR MEDICARE AND MEDICAID SERVICES

(Dollars in millions)

Health Insurance Enforcement and Consumer Protection Grants

FY 2026 Enacted	FY 2027 MHLG Request
N/A	\$10.0 (+\$10.0 vs FY 26)
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)

FY 2026 Enacted	FY 2027 MHLG Request
\$164.0	\$250.0 (+52% vs FY 26)
<p>The extent of the youth mental health crisis is staggering, but it is critical to meet students where they are to address their needs. Schools are often the ideal place to provide mental health supports and resources because they can reduce many barriers to accessing mental health treatment, enabling 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.</p>	

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

FOOD AND DRUG ADMINISTRATION

(Dollars in millions)

Neurology Drug Program

FY 2026 Enacted	FY 2027 MHLG Request
\$5.0	\$7.0 (+40% vs FY 26)
<p>The Neurology Drug Program at FDA will further FDA's capacity and capability to support neuroscience efforts across all areas of the FDA, including hiring of additional staff to develop policies and guidance that keep pace with scientific discoveries across all areas of brain and central nervous system health and support the delivery of safe and effective treatments, including therapeutics and devices.</p>	

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

DEPARTMENT OF JUSTICE

(Dollars in millions)

Crisis Stabilization and Community Reentry Grant Program

FY 2026 Enacted	FY 2027 MHLG Request
\$10.0	\$10.0 (level to FY 26)
<p>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.</p>	

Justice Mental Health Collaboration Program (JMHCPC), formerly MIOTCRA

FY 2026 Enacted	FY 2026 MHLG Request
\$35.0	\$45.0 (+28% 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

FY 2026 Enacted	FY 2027 MHLG Request
\$15.0	\$20.0 (+33% vs FY26)
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

FY 2026 Enacted	FY 2027 MHLG Request
\$82.0 (+\$40.0 from BSCA*)	\$86.0 (+4.8% vs FY 26)
The STOP School Violence Program at the Bureau of Justice Assistance 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.	
*FY26 was the last year of supplemental funding from the Bipartisan Safer Communities Act.	

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

DEPARTMENT OF VETERANS AFFAIRS

(Dollars in millions)

Veterans Crisis Line

FY 2026 Enacted	FY 2027 MHLG Request
\$312. 817	\$312.817 (level to FY26)
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.	

CVSO Act Grant Program

FY 2026 Enacted	FY 2027 MHLG Request
\$0	\$10.0 (+\$10.0 vs. FY 26)
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.	

VA Epilepsy Centers of Excellence

FY 2026 Enacted	FY 2027 MHLG Request
\$29.0	\$29.0 (level to FY26)
<p>Recognizing the need, Congress passed a law in 2008 directing the Secretary of Veterans Affairs (VA) to establish Epilepsy Centers of Excellence within the VA. There are now 4 regions with 19 VA hospitals that provide specialty care and state-of-the-art diagnostic and therapeutic services to our nation’s veterans with epilepsy and seizure disorders. With continued investment, the VA ECoEs could continue improving the Tele-EEG program, providing remote monitoring and reaching more veterans, particularly those in rural and underserved communities. These centers have also been a critical part of treating veterans who have experienced a Traumatic Brain Injury, as 1 in 50 veterans with a TBI go on to develop epilepsy. Veterans are a population with extreme mental health issues, and the care they receive at these centers can be the difference between life and death.</p>	

SECTION V: DEPARTMENT OF DEFENSE APPROPRIATIONS REQUESTS

Peer Reviewed Medical Research Program (PRMRP)

FY 2026 Enacted	FY 2027 MHLG Request
\$370.0	\$370.0 (level vs FY 26)
<p>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 re-inclusion of suicide prevention, eating disorders, maternal mental health, and gambling addiction. 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.</p>	