



APPROPRIATIONS RECOMMENDATIONS

FOR FISCAL YEAR 2024

MHLG APPROPRIATIONS RECOMMENDATIONS FOR FISCAL YEAR 2024

About MHLG

The Mental Health Liaison Group (MHLG) is a coalition of national organizations in the behavioral health community that represent individuals with mental health and substance use conditions, family members, mental health and substance use providers, advocates and other stakeholders committed to strengthening Americans' access to mental health and substance use prevention, treatment and recovery care. As trusted leaders in the field, our 100+ member organizations are dedicated to elevating the national conversation around mental health and substance use conditions and expanding access to care.

For Fiscal Year 2024

Our nation continues to face a worsening mental health and substance use crisis, with far too many Americans facing a critical lack of access to lifesaving treatment and care. Growing demands on a strained workforce, financial barriers, lack of access and stigma related to treatment have contributed to this emergency. Recent data shows near-record levels of overdose and suicide deaths, with more than 160 million Americans also living in a federally designated Mental Health Provider Shortage Area.

The MHLG commends Congress for devoting substantial funds in recent years for mental health and substance use services. However, significant additional federal funding is critical to address the ongoing mental health and substance use crisis in our country. We welcome the opportunity to work with you to address – in a serious and profound way – the mental health and substance use challenges faced by the American people.

What follows are appropriations recommendations for mental health and substance use policies and programs, all of which are supported by the majority of the Mental Health Liaison Group's full voting members.

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

- National Alliance on Mental Illness (Hannah Wesolowski, hwesolowski@nami.org)
- National Council for Mental Wellbeing (Emily Diehl, EmilyD@thenationalcouncil.org)
- SMART Recovery (David Koss, koss1@comcast.net)

MHLG ENDORSING ORGANIZATIONS

2020 Mom

American Association of Child and Adolescent Psychiatry
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Psychiatric Pharmacists
American Foundation for Suicide Prevention
American Mental Health Counselors Association
American Nurses Association
American Occupational Therapy Association
American Psychiatric Association
American Psychological Association
American Therapeutic Recreation Association*
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare (AABH)
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Children's Hospital Association
Clinical Social Work Association
Collaborative Family Healthcare Association*
Crisis Text Line
Depression and Bipolar Support Alliance (DBSA)
Employees Assistance Professionals Association (EAPA)*
First Focus Campaign for Children
Global Alliance for Behavioral Health and Social Justice
Inseparable*
International OCD Foundation
Jewish Federations of North America
Maternal Mental Health Leadership Alliance
Meadows Mental Health Policy Institute*
Mental Health America
National Alliance on Mental Illness (NAMI)
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Pediatric Nurse Practitioners*
National Association of School Psychologists
National Association of Social Workers
National Association of State Mental Health Program Directors
National Board for Certified Counselors (NBCC)
National Council for Mental Wellbeing
National Eating Disorders Association
National League for Nursing
National Service Office for Nurse-Family Partnership and Child First*
Network of Jewish Human Service Agencies*
Postpartum Support International (PSI)
Residential Eating Disorders Consortium (REDC)
RI International
Sandy Hook Promise
School Social Work Association of America
SMART Recovery
The Jed Foundation
The Kennedy Forum
The National Alliance to Advance Adolescent Health*
The Trevor Project
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 **\$10.83 billion for SAMHSA for FY24** (+\$3.32 billion over FY23 enacted) to reflect the ongoing national mental health, substance use and suicide crisis. These programs are vital to the intervention, treatment and recovery supports necessary for Americans with mental health and substance use conditions. Below are specific programmatic requests:

(Dollars in millions)

Community Mental Health Services Block Grant (MHBG)

| FY 2023 Enacted | FY 2024 MHLG Request |
|--|------------------------------|
| \$1,007.571 | \$1,653.0 (+\$645.4 vs FY23) |
| <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. MHLG seeks an increase from the current five percent set aside to a 10 percent set aside (equivalent to \$165 million) for crisis services to support state implementation of the components of the Crisis Now model to bolster a comprehensive crisis system. The set-aside would aid development of a full 988 crisis continuum of care in states, including expanded availability of mobile crisis teams and crisis receiving and stabilization options. Additionally, MHLG seeks a new 5 percent set aside (equivalent to \$82.5 million) for prevention and early intervention, similar to the Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant set-aside. This would include growing school- and community-based initiatives to address mental health before a person is deemed SED/SMI, which is the current statutory language for using block grant funds.</p> | |

Behavioral Health Crisis Services and 988 Program

| Program | FY 2023 Enacted | FY 2024 MHLG Request |
|--|-----------------|----------------------------|
| 988 Program | \$501.618 | \$836.0 (+\$334.4 vs FY23) |
| <p>The 988 Suicide and Crisis Lifeline ("Lifeline") was established by Congress to effectively reach and serve all persons in a mental health or suicide crisis through a national network of crisis call centers. In the first six months of activity (July – December 2022), more than 2.1 million contacts were made to the 988 Lifeline, a 36.8 percent increase over the same period in 2021, including a 263 percent increase in chats answered and a 1445 percent increase in texts answered. The average speed to answer across all contacts also decreased, from 172 seconds in December 2021 to 44 seconds in December 2022.</p> <p>MHLG requests at least \$836 million for the 988 program in FY24. The Lifeline provides nationalized services, including a national call backup network, the chat and text network, the Spanish subnetwork and a pilot LGBTQI+ youth and young adult subnetwork. SAMHSA estimates 9 million contacts will be made to 988 in FY24, an increase of 50 percent over the anticipated 6 million contacts for FY23. MHLG urges Congress to adequately respond to this surge by supporting state efforts to build Lifeline call center capacity to meet this growing demand. SAMHSA has set a goal for states to answer 90 percent of all incoming contacts, including calls, chats, and texts in their region. In December 2021, SAMHSA estimated local call center funding needs to be \$560M. The Lifeline backup network operations require sufficient capacity to answer any contacts not answered by the local centers. Costs for the national Lifeline include operations, nationalized services, backup networks, technology and standards development.</p> <p>Within this request, MHLG requests an increase from \$10 million within the Lifeline program to \$20 million directed to the provision of text and chat services in Spanish. Additionally, MHLG requests an increase in this funding from \$29.7 million to \$35.1 million directed to the provision of LGBTQI+ specialized services for youth and young adults within the Lifeline program. Additionally, MHLG urges that a portion of these funds be used to fund widescale public awareness efforts, including targeted messaging for marginalized and high-risk populations.</p> | | |
| Behavioral Health Crisis & 988 Coordinating Office | \$7.0 | \$10.0 (+\$3.0 vs FY23) |
| <p>To connect all of these efforts, MHLG requests \$10 million for the Office of the Assistant Secretary for Mental Health and Substance Use to coordinate a crisis care system encompassing nationwide standards and data analysis to expand the capacity of and access to crisis call centers, mobile crisis care and emergency psychiatric services.</p> | | |
| Mental Health Crisis Response Grants | \$20.0 | \$100.0 (+\$80.0 vs FY23) |
| <p>Mobile crisis teams are critical to provide an in-person response to a person in crisis when more assistance is needed than can be provided by a 988 crisis call counselor. MHLG requests an increase to the Mental Health Crisis Response Partnership Pilot Program to help communities create mobile crisis response teams that divert people in mental health crisis from law enforcement and justice system involvement to behavioral health response teams.</p> | | |

Certified Community Behavioral Health Clinics (CCBHC) Expansion Grants

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|----------------------------|
| \$385.0 | \$553.0 (+\$168.0 vs FY23) |
| <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, including but not limited to 24/7 crisis services. CCBHCs are on the front lines ensuring millions of Americans continue 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. The FY24 increase of \$168 million will allow for additional grants to expiring grantees and new grantees and is estimated to serve approximately 350,000 individuals in FY24.</p> | |

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

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|------------------------------|
| \$2,008.079 | \$2,708.0 (+\$700.0 vs FY23) |
| <p>The SUPTRS block grant, formerly known as the Substance Abuse Prevention and Treatment (SAPT) 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 Block Grant funds represent the foundation of each state's alcohol and drug service delivery system. The funds may address all substances and are not "drug-specific" or limited to help people with only certain conditions with specific substances.</p> | |

State Opioid Response Grants (SOR)

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|------------------------------|
| \$1,575.0 | \$2,000.0 (+\$425.0 vs FY23) |
| <p>The State Opioid Response Grant (SOR) program supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders. MHLG requests additional increases in FY24 to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment needs across the country and reducing opioid overdose-related deaths.</p> | |

Additional FY 2024 SAMHSA Appropriations Requests

(Dollars in millions)

| Program | FY 2023 Enacted | FY 2024 MHLG Request |
|---|-----------------|---------------------------|
| Assertive Community Treatment for Individuals with Serious Mental Illness | \$9.0 | \$9.0 (level to FY23) |
| Center of Excellence for Eating Disorders | \$1.0 | \$1.0 (level to FY23) |
| Cost of Mental Illness: Study | N/A | \$8.0 (newly authorized) |
| Garrett Lee Smith Youth Suicide Prevention Campus Grants | \$8.5 | \$12.0 (+\$3.5 vs FY23) |
| Garrett Lee Smith Youth Suicide Prevention State Grants | \$43.8 | \$50.0 (+\$6.2 vs FY23) |
| Mental Health Awareness Training Grants | \$28.0 | \$64.0 (+\$36.0 vs FY23) |
| Minority Fellowship Program | \$19.5 | \$36.7 (+\$17.2 vs FY23) |
| National Child Traumatic Stress Initiative | \$93.9 | \$150.0 (+\$56.1 vs FY23) |
| Projects for Assistance in Transition from Homelessness (PATH) Program | \$66.6 | \$109.6 (+\$43.0 to FY23) |
| Peer Supported Mental Health Services | N/A | \$13.0 (newly authorized) |
| Practice Improvement and Training Programs | \$7.8 | \$15.8 (+\$8.0 vs FY23) |

| Program | FY 2023 Enacted | FY 2024 MHLG Request |
|---|-----------------|----------------------------|
| Primary and Behavioral Health Care Integration (PBHCI) Technical Assistance | \$1.99 | \$3.0 (+1.01 vs FY23) |
| Primary and Behavioral Health Care Integration (PBHCI) Grants | \$55.9 | \$102.9 (+\$47.0 vs FY23) |
| Project AWARE (Advancing Wellness and Resiliency in Education) State Grants | \$140.0 | \$244.0 (+\$104.0 vs FY23) |
| Protection and Advocacy for Individuals with Mental Illness (PAIMI) | \$40.0 | \$45.0 (+\$5.0 vs FY23) |

NATIONAL INSTITUTES OF HEALTH (NIH)

(Dollars in millions)

National Institute of Mental Health (NIMH)

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|------------------------------|
| \$2,342.0 | \$2,542.0 (+\$200.0 vs FY23) |
| <p>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. MHLG requests NIMH receive an increase of \$200 million in FY24 for continued research related to youth mental health, the mental health impacts of the COVID-19 pandemic and to accelerate research on precision psychiatry and enhance precision mental health care.</p> <p>In addition, MHLG requests that \$25 million in FY24 funding to NIH be directed for Firearm Injury and Mortality Prevention Research, up from \$12.5 million in FY23.</p> | |

PARITY ENFORCEMENT INITIATIVES

(Dollars in millions)

| Program | Agency | FY 2023 Enacted | FY 2024 MHLG Request |
|---|---|-----------------|--------------------------|
| <i>Employee Benefits Security Administration (EBSA):</i> MHPAEA Enforcement Initiatives | Department of Labor | -- | \$10.0 (+\$10.0 vs FY23) |
| <i>Centers for Medicare & Medicaid Services (CMS):</i> Health Insurance Enforcement and Consumer Protections Grant Program | Department of Health and Human Services | -- | \$10.0 (+\$10.0 vs FY23) |
| <p>Despite agency efforts to work with states to implement parity over recent years, there remain issues with parity compliance and transparency across health care coverage programs. The MHLG requests additional appropriations to ensure the effective implementation and monitoring of insurance parity within the Department of Labor and Department of Health and Human Services. These requests would fund continued enforcement of parity requirements in Medicaid and CHIP programs, the ACA Marketplace, and most health care coverage programs subject to the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. Specifically, MHLG requests \$10 million for CMS to distribute grants to state insurance departments to enforce parity and ensure compliance, as authorized in the Consolidated Appropriations Act of 2023. MHLG also requests an additional \$10 million for MHPAEA-focused funding for EBSA to enable it to perform more systematic and targeted audits that will examine health plans in the areas where non-compliance is most likely to occur.</p> | | | |

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

(Dollars in millions)

Behavioral Health Workforce Development Programs

| FY 2023 Enacted | FY 2024 MHLG Request |
|--|----------------------------|
| \$197.0 | \$387.0 (+\$190.0 vs FY23) |
| <p>The Behavioral Health Workforce Development Programs include activities that increase the behavioral health workforce. This investment would train 18,000 behavioral health professionals and peer providers – an urgent need with more than 160 million Americans living in a designated Mental Health Provider Shortage Area. MHLG requests \$387 million for the BHWDT programs for FY24 and specific funding for the following programs as outlined below (in millions):</p> <ul style="list-style-type: none"> Graduate Psychology Education (GPE) Program: \$30.0 (+\$5.0 vs FY23) Addiction Medicine Fellowship Program: \$30.0 (+\$5.0 vs FY23) Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program: \$50.0 (+\$10.0 vs FY23) | |

Children's Hospital Graduate Medical Education (GME) Program

| FY 2023 Enacted | FY 2024 MHLG Request |
|--|----------------------------|
| \$385.0 | \$738.0 (+\$353.0 vs FY23) |
| <p>The Children's Hospital GME (CHGME) program funds physician training at children's hospitals. While children's hospitals represent a very small portion of hospitals, they train about half of the pediatric physician workforce, including within critical mental health specialties such as child and adolescent psychiatry and development pediatrics. 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.</p> | |

Pediatric Mental Health Care Access (PMHCA) Program

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|-------------------------|
| \$13.0 | \$14.0 (+\$1.0 vs FY23) |
| <p>Pediatric primary care physicians (PCPs) play a critical role in screening and diagnosing children's mental health conditions; however, many PCPs feel they do not have sufficient training to fully meet their patients' mental health needs. The Pediatric Mental Health Care Access (PMHCA) Program provides pediatric PCPs with tele-consultation, training, technical assistance and care coordination in order to diagnose, treat or refer children with behavioral health conditions. PMHCA has significantly increased the number of children that are able to receive mental health services.</p> | |

Screening and Treatment for Maternal Depression & Related Behavioral Disorders (MDRBD)

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|--------------------------|
| \$10.0 | \$24.0 (+\$14.0 vs FY23) |
| <p>Maternal mental health conditions are the most common complication of pregnancy and a key driver of maternal mortality, with suicide and overdose being the leading cause of death for new mothers in the first year after pregnancy. The MDRBD Program supports state programs that help primary care providers to screen and treat pregnant and postpartum patients for mental health conditions. These programs include education/training for providers and staff; real-time psychiatric consultation; and resources/referrals. This funding would expand the MDRBD program from 7 to 25 state grants.</p> | |

Maternal Mental Health Hotline

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|-------------------------|
| \$7.0 | \$10.0 (+\$3.0 vs FY23) |
| <p>The Maternal Mental Health Hotline provides 24/7 call and text support to pregnant and postpartum individuals and their families. Tragically, suicide and overdose, driven by maternal mental health (MMH) conditions, are the leading cause of maternal mortality in the United States. The MMH hotline serves an immediate resource for moms and families in need to receive support and resources to address maternal mental health conditions.</p> | |

Preventing Burnout in the Health Workforce Program

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|--------------------------|
| N/A | \$45.0 (+\$45.0 vs FY23) |
| <p>The Preventing Burnout in the Health Workforce program would support evidence-informed strategies to prevent burnout in the health workforce and promote clinician wellbeing. The program (1) supports training for health profession students, residents, and health care professionals in evidence-informed strategies to reduce and prevent suicide, burnout, mental health conditions, and substance use disorders; (2) improves health care professionals' wellbeing and job satisfaction; and (3) supports employee education, peer support programming, and mental and behavioral health treatment.</p> | |

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

(Dollars in millions)

Comprehensive Suicide Prevention Program

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|--------------------------|
| \$30.0 | \$80.0 (+\$50.0 vs FY23) |
| The \$80 million 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. | |

Adverse Childhood Experiences

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|-------------------------|
| \$9.0 | \$15.0 (+\$6.0 vs FY23) |
| The funding request of \$15 million for the Adverse Childhood Experiences (ACEs) activities would enable CDC to expand innovative ACEs prevention activities to additional recipients or increase support to existing sites, including through improved awareness and analysis of ACEs-related information and to coordinate behavioral health efforts. | |

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

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|--------------------------|
| \$38.0 | \$90.0 (+\$52.0 vs FY23) |
| The What Works in Schools Program funding level of \$90 million would allow CDC to scale up the program from 28 to 75 education agencies nationwide, providing integrated delivery of mental health promotion and treatment interventions for students and families, focused on individuals who experience disproportionately adverse mental health outcomes. | |

Firearm Injury and Mortality Prevention Research

| FY 2023 Enacted | FY 2024 MHLG Request |
|--|--------------------------|
| \$12.5 | \$35.0 (+\$22.5 vs FY23) |
| The \$35 million for Firearm Injury and Mortality Prevention Research will support public health research into firearm morbidity and mortality prevention, including for self-directed violence, an area that currently lacks evidence-based research. | |

DEPARTMENT OF EDUCATION

(Dollars in millions)

| Program | FY 2023 Enacted | FY 2024 MHLG Request |
|---|-----------------|----------------------------|
| Mental Health Services Professional Demonstration Grants | \$111.0 | \$214.0 (+\$103.0 vs FY23) |
| School-Based Mental Health Services Grants | \$111.0 | \$214.0 (+\$103.0 vs FY23) |
| 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

(Dollars in millions)

| Program | Agency | FY 2023 Enacted | FY 2024 MHLG Request |
|--|-------------------------------------|-----------------|------------------------|
| Neurology Drug Program | Food and Drug Administration | \$2.0 | \$3.0 (+\$1.0 vs FY23) |
| The new Neurology Drug Program at FDCA 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. | | | |
| Food and Nutrition Service | Department of Agriculture | -- | \$1.0 (+\$1.0 vs FY23) |
| The Local School Wellness Policy (LWSP) requirement was established by the Child Nutrition and WIC Reauthorization Act of 2004. Each local educational agency participating in the National School Lunch Program and/or School Breakfast Program must develop a LSWP that addresses physical activity, nutrition, and childhood obesity. To ensure students receive mental health promotion and education, especially in schools that do not have mental health counselors, adding mental health promotion and education elements into existing LSWPs will support students in need. | | | |

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

DEPARTMENT OF JUSTICE

(Dollars in millions)

Crisis Stabilization and Community Reentry Grant Program

| FY 2023 Enacted | FY 2024 MHLG Request |
|--|------------------------|
| \$10.0 | \$10.0 (level to FY23) |
| 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

| FY 2023 Enacted | FY 2024 MHLG Request |
|--|-------------------------|
| \$45.0 | \$50.0 (+\$5.0 vs FY23) |
| 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 2023 Enacted | FY 2024 MHLG Request |
|--|------------------------------------|
| N/A | \$20.0 (<i>newly authorized</i>) |
| The Law Enforcement De-Escalation Training Act of 2022 requires a process to 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 2023 Enacted | FY 2024 MHLG Request |
|--|-------------------------|
| \$135.0 | \$135.0 (level to FY23) |
| The STOP School Violence Program seeks to improve school safety by providing grants to states, units of local government and tribal governments. With these grants, communities can provide training, develop technology solutions to address school violence, and build collaborative teams to implement solutions. | |

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

DEPARTMENT OF VETERANS AFFAIRS

(Dollars in millions)

Veterans Crisis Line

| FY 2023 Enacted | FY 2024 MHLG Request |
|--|---------------------------|
| \$255.9 | \$300.5 (+\$44.6 vs FY23) |
| <p>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. The VCL is accessible as an option via 988, online chat or text and is a core component of the VA suicide prevention strategy. This increase will support additional staffing in response to demand increases from the implementation of 988.</p> | |

Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|------------------------|
| \$55.6 | \$55.6 (level to FY23) |
| <p>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.</p> | |

Suicide Prevention Research

(Commander John Scott Hannon Veterans Mental Health Care Improvement Act)

| FY 2023 Enacted | FY 2024 MHLG Request |
|---|-------------------------|
| \$28.7 | \$34.3 (+\$5.6 vs FY23) |
| <p>The Commander John Scott Hannon Veterans Mental Health Care Improvement Act is named after a mental health advocate and retired Navy Seal who died by suicide. This increase in funding will support improved research into brain and mental health diagnostics to better serve the mental health needs of veterans.</p> | |