



# APPROPRIATIONS RECOMMENDATIONS

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FOR FISCAL YEAR 2025

# MHLG APPROPRIATIONS RECOMMENDATIONS FOR FISCAL YEAR 2025

## About MHLG

The Mental Health Liaison Group (MHLG) is a coalition of national organizations representing 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. Together, we work to advance federal policies that support prevention, early intervention, treatment and recovery services and supports.

## Requests for Fiscal Year 2025

Our nation continues to face a worsening mental health, substance use and suicide crisis, with far too many Americans facing a critical lack of access to lifesaving support, treatment and care. Growing demands on a strained workforce, financial barriers, lack of access and stigma related to treatment have contributed to this emergency. The country is facing record levels of suicide and overdose deaths, and more than 122 million Americans live in a federally designated Mental Health Provider Shortage Area.

The MHLG commends Congress for devoting substantial funds in recent years to mental health and substance use services and suicide prevention. 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, substance use and suicide crisis in our nation. 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:*

- American Psychiatric Association (Dana Doran, [ddoran@psych.org](mailto:ddoran@psych.org))
- National Alliance on Mental Illness (Hannah Wesolowski, [hwesolowski@nami.org](mailto:hwesolowski@nami.org))
- SMART Recovery (David Koss, [koss1@comcast.net](mailto:koss1@comcast.net))

## MHLG ENDORSING ORGANIZATIONS

*American Association for Marriage and Family Therapy*  
*American Association of Child and Adolescent Psychiatry*  
*American Association of Psychiatric Pharmacists*  
*American Counseling Association*  
*American Foundation for Suicide Prevention (AFSP)*  
*American Mental Health Counselors Association*  
*American Psychiatric Association*  
*American Psychological Association*  
*American Therapeutic Recreation Association\**  
*Anxiety and Depression Association of America (ADAA)*  
*Association for Ambulatory Behavioral Healthcare*  
*Centerstone\**  
*Children and Adults with Attention-Deficit/Hyperactivity Disorder*  
*Children's Hospital Association*  
*Clinical Social Work Association*  
*Crisis Residential Association*  
*Crisis Text Line*  
*Depression and Bipolar Support Alliance (DBSA)*  
*First Focus Campaign for Children*  
*Forum for Youth Investment\**  
*Global Alliance for Behavioral Health and Social Justice*  
*Huntington's Disease Society of America\**  
*Inseparable*  
*International OCD Foundation*  
*Legal Action Center*  
*Maternal Mental Health Leadership Alliance*  
*Meadows Mental Health Policy Institute*  
*Mental Health America (MHA)*  
*National Alliance on Mental Illness (NAMI)*  
*National Association for Rural Mental Health*  
*National Assoc. of County Behavioral Health and Developmental Disability Directors (NACBHDD)*  
*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 Council for Mental Wellbeing*  
*National Council on Problem Gambling*  
*National Federation of Families*  
*National League for Nursing*  
*National Register of Health Service Psychologists*  
*Network of Jewish Human Service Agencies\**  
*REDC Consortium*  
*Sandy Hook Promise*  
*School Social Work Association of America*  
*SMART Recovery*  
*The International Society for Psychiatric Mental Health Nurses*  
*The Jed Foundation*  
*The Kennedy Forum*  
*The National Alliance to Advance Adolescent Health\**  
*The Trevor Project*  
*Tourette Association of America*  
*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 **\$8.1 billion for SAMHSA for FY25** 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 2024 Enacted	FY 2025 MHLG Request
\$1,007.57	\$1,250.0 (+\$242.43 vs FY24)
<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 2025 MHBG request, MHLG seeks:</p> <ul style="list-style-type: none"> <li>• An <u>increase to the crisis services set aside from five percent to 10 percent</u> (equivalent to \$125 million) to support state implementation of a comprehensive 988 and crisis response continuum system.</li> <li>• A <u>new 10 percent set aside</u> (equivalent to \$125 million) for prevention and early intervention, similar to the SUPTRS Block Grant set aside. As currently written, the MHBG provides services to individuals with serious mental illness/social emotional disturbance (SMI/SED). This set aside would support school- and community-based initiatives to address mental health before a person is deemed SED/SMI.</li> </ul>	

### 988 Suicide & Crisis Lifeline

FY 2024 Enacted	FY 2025 MHLG Request
\$519.62	\$601.6 (+\$81.98 vs FY24)
<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 2025 to meet increasing demand for 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 2025 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> <li>• \$88.1 million directed to the provision of <b>LGBTQ+ specialized services for youth and young adults</b> within the Lifeline program. This amount includes a request for funding for counselor wellbeing (\$4 million).</li> <li>• \$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.</li> <li>• 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.</li> </ul>	

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

FY 2024 Enacted	FY 2025 MHLG Request
\$385.0	\$553.0 (+\$168.0 vs FY24)
<p>CCBHCs have dramatically improved access to a comprehensive range of mental health and substance use disorder (MH/SUD) services for vulnerable individuals. 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>	

## Mental Health Crisis Response Grants

FY 2024 Enacted	FY 2025 MHLG Request
\$20.0	\$100.0
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.	

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

FY 2024 Enacted	FY 2025 MHLG Request
\$140.0	\$190.0 (+\$50.0 vs FY24)
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.	

## National Strategy for Suicide Prevention (NSSP)

FY 2024 Enacted	FY 2025 MHLG Request
\$28.2	\$29.9 (+\$1.7 vs FY24)
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.	

## State Opioid Response Grants (SOR)

FY 2024 Enacted	FY 2025 MHLG Request
\$1,575.0	\$1,595.0 (+\$20.0 vs FY24)
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 2024 Enacted	FY 2025 MHLG Request
\$2,008.08	\$2,008.8 (level to FY24)
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 help people with only certain conditions with specific substances.	

## Additional FY 2025 SAMHSA Appropriations Requests

(Dollars in millions)

Program	FY 2024 Enacted	FY 2025 MHLG Request
Assertive Community Treatment for Individuals with Serious Mental Illness	\$9.0	\$9.0 (level to FY24)
Certified Community Behavioral Health Clinic (CCBHC) Data Infrastructure	N/A	\$2.5 (+\$2.5 vs FY24)
Comprehensive Opioid Recovery Centers	\$6.0	\$10.0 (+\$4.0 vs FY24)
Cost of Mental Illness: Study	N/A	\$8.0 (+\$8.0 vs FY24)

Program	FY 2024 Enacted	FY 2025 MHLG Request
Garrett Lee Smith Youth Suicide Prevention Campus Grants	\$8.5	\$12.0 (+\$3.5 vs FY24)
Garrett Lee Smith Youth Suicide Prevention State/Tribal Grants	\$43.8	\$50.0 (+\$6.2 vs FY24)
Mental Health Awareness Training Grants	\$28.0	\$64.0 (+\$36.0 vs FY24)
Minority Fellowship Program	\$11.1	\$25.0 (+\$13.9 vs FY24)
National Child Traumatic Stress Initiative	\$98.9	\$110.0 (+\$11.1 vs FY24)
Projects for Assistance in Transition from Homelessness (PATH) Program	\$66.6	\$66.6 (level to FY24)
Peer Supported Mental Health Services	N/A	\$13.0 (+\$13.0 vs FY24)
Practice Improvement and Training Programs	\$7.8	\$15.8 (+\$8.0 vs FY24)
Primary and Behavioral Health Integration (PBHCI) Technical Assistance	\$2.99	\$2.99 (level to FY24)
Primary and Behavioral Health Care Integration (PBHCI) Grants	\$55.9	\$102.9 (+\$47.0 vs FY24)
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$40.0	\$45.0 (+\$5.0 vs FY24)

## NATIONAL INSTITUTES OF HEALTH (NIH)

(Dollars in millions)

### National Institute of Mental Health (NIMH)

FY 2024 Enacted	FY 2025 MHLG Request
\$2,187.84	\$2,548.7 (+\$360.86 vs FY24)
<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.</p> <p>In addition, MHLG requests that <b>\$25 million in FY 2025 funding to NIH be directed for Firearm Injury and Mortality Prevention Research.</b></p>	

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

FY 2024 Enacted	FY 2025 MHLG Request
\$595.32	\$598.9 (+\$3.58 vs FY24)

### National Institute on Drug Abuse (NIDA)

FY 2024 Enacted	FY 2025 MHLG Request
\$1,662.7	\$1,668.34 (+\$5.64 vs FY24)

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

FY 2024 Enacted	FY 2025 MHLG Request
\$534.4	\$534.4 (level to FY24)

## HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

(Dollars in millions)

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

FY 2024 Enacted	FY 2025 MHLG Request
\$390.0	\$758.0 (+\$368.0 vs FY24)
<p>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.</p>	

### Graduate Psychology Education Program (GPE)

FY 2024 Enacted	FY 2025 MHLG Request
\$25.0	\$30.0 (+\$5.0 vs FY24)
<p>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.</p>	

### Maternal Mental Health Hotline

FY 2024 Enacted	FY 2025 MHLG Request
\$7.0	\$10.0 (+\$3.0 vs FY24)
<p>The Maternal Mental Health Hotline provides 24/7 call and text support to pregnant and postpartum individuals and their families. In the first 18 months of operation, the Maternal Mental Health hotline has served 30,000 women and families. The \$3 million increase in funding will support an increase in staffing for the hotline, expand public awareness, and work across government agencies to promote the hotline to high-risk populations.</p>	

### Pediatric Mental Health Care Access Program (PMHCA)

FY 2024 Enacted	FY 2025 MHLG Request
\$13.0	\$14.0 (+\$1.0 vs FY24)
<p>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.</p>	

### Pediatric Specialty Loan Repayment Program

FY 2024 Enacted	FY 2025 MHLG Request
\$10.0	\$30.0 (+\$20.0 vs FY24)
<p>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.</p>	

### Rural Residency Planning and Development Program (RRPD)

FY 2024 Enacted	FY 2025 MHLG Request
\$12.7	\$14.5 (+\$3.8 vs FY24)
<p>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.</p>	

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

FY 2024 Enacted	FY 2025 MHLG Request
\$10.0	\$24.0 (+\$14.0 vs FY24)
<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 up to 25 states to receive a grant to establish perinatal psychiatric consultation lines and train providers, up from the current 12 states.</p>	

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

FY 2024 Enacted	FY 2025 MHLG Request
\$40.0	\$50.0 (+\$10.0 vs FY24)
<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>	

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

FY 2024 Enacted	FY 2025 MHLG Request
N/A	\$45.0 (+\$45.0 vs FY24)
<p>This funding will support grant programs authorized in the <i>Dr. Lorna Breen Health Care Protection Act</i> 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.</p>	

## Youth Behavioral Health Training Program

FY 2024 Enacted	FY 2025 MHLG Request
N/A	\$10.0 (+\$10.0 vs FY24)
<p>This new program would invest \$10 million in youth peer support and career pathways for youth peers to address the youth mental health crisis.</p>	

## ADMINISTRATION FOR COMMUNITY LIVING (ACL)

(Dollars in millions)

### Suicide Prevention

FY 2024 Enacted	FY 2025 MHLG Request
N/A	\$1.0 (+\$1.0 vs FY24)
<p>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.</p>	

# CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

(Dollars in millions)

## Adverse Childhood Experiences (ACEs)

FY 2024 Enacted	FY 2025 MHLG Request
\$9.0	\$30.0 (+\$21.0 vs FY24)
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.	

## Comprehensive Suicide Prevention Program

FY 2024 Enacted	FY 2025 MHLG Request
\$30.0	\$68.0 (+\$38.0 vs FY24)
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.	

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

FY 2024 Enacted	FY 2025 MHLG Request
\$38.1	\$100.0 (+\$61.9 vs FY24)
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.	

## Firearm Injury and Mortality Prevention Research

FY 2024 Enacted	FY 2025 MHLG Request
\$12.5	\$35.0 (+\$22.5 vs FY24)
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.	

## Healthy Schools Program

FY 2024 Enacted	FY 2025 MHLG Request
\$19.4	\$38.4 (+\$19.0 vs FY24)
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 2024 Enacted	FY 2025 MHLG Request
\$1.9	\$2.5 (+\$.6 vs FY24)
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.	

## National Violent Death Reporting Systems (NVDRS)

FY 2024 Enacted	FY 2025 MHLG Request
\$24.5	\$34.5 (+\$10.0 vs FY24)
<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>	

## CENTERS FOR MEDICARE AND MEDICAID SERVICES

(Dollars in millions)

### Health Insurance Enforcement and Consumer Protection Grants

FY 2024 Enacted	FY 2025 MHLG Request
N/A	\$10.0 (+\$10.0 vs FY24)
<p>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.</p>	

## 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 2024 Enacted	FY 2025 MHLG Request
\$216.0	\$250.0 (+\$34.0 vs FY24)
<p>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.</p>	

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

## FOOD AND DRUG ADMINISTRATION

(Dollars in millions)

### Neurology Drug Program

FY 2024 Enacted	FY 2025 MHLG Request
\$2.0	\$5.0 (+\$3.0 vs FY24)
<p>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.</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 2024 Enacted	FY 2025 MHLG Request
\$10.0	\$10.0 (level to FY24)
<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 (JMHC), formerly MIOTCRA

FY 2024 Enacted	FY 2025 MHLG Request
\$40.0	\$50.0 (+\$10.0 vs FY24)
<p>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.</p>	

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

FY 2024 Enacted	FY 2025 MHLG Request
\$20.0	\$20.0 (level to FY24)
<p>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.</p>	

#### STOP School Violence Program

FY 2024 Enacted	FY 2025 MHLG Request
\$195.0	\$201.0 (+\$6.0 vs FY24)
<p>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.</p>	

#### National Institute of Justice: Firearm Injury and Mortality Prevention Research

FY 2024 Enacted	FY 2025 MHLG Request
N/A	\$1.0 (+\$1.0 vs FY24)
<p>The \$1 million for Firearm Injury and Mortality Prevention Research will support public health research into firearm morbidity and mortality prevention, including for self-directed violence.</p>	

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

### DEPARTMENT OF VETERANS AFFAIRS

(Dollars in millions)

#### Veterans Crisis Line

FY 2024 Enacted	FY 2025 MHLG Request
\$300.5	\$306.7 (+\$6.2 vs FY24)
<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. In 2023, the VCL received more than 1 million calls, texts and chats – an increase of the previous record by 15 percent.</p>	

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

FY 2024 Enacted	FY 2025 MHLG Request
\$55.6	\$55.6 (level to FY24)
<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>	