



U.S. Department of **JUSTICE**

This is archived content from the U.S. Department of Justice website. The information here may be outdated and links may no longer function.

**Joint Report of the Department of Justice, Department of Health and
Human Services, and Office of Management and Budget, Pursuant to
Section 11(b) of Executive Order 14074:**

**Federal Funding for Mental Health and Social
Support Services for Individuals and Communities
Affected by Law Enforcement Use of Force**



Joint Report on Federal Funding for Mental Health and Social Support Services for Individuals and Communities Affected by Law Enforcement Use of Force

Pursuant to Section 11(b) of Executive Order 14074 (“Executive Order”) on Advancing Effective, Accountable Policing and Criminal Justice Practices to Enhance Public Trust and Public Safety, this report provides information on resources available for mental health and social supports for individuals and communities impacted by law enforcement use of force, and specifically programs administered by the Department of Health and Human Services (HHS) and the Department of Justice (DOJ). This effort builds off the findings of the review by HHS, pursuant to Section 11(a) of the Executive Order, to identify areas for proposed investment to enhance federal support for individuals and communities impacted by use of force events.

Findings of HHS Review of Use of Force Incidents

On May 23, 2023, pursuant to Section 11(a) of the Executive Order, HHS released a review of the physical, mental, and public health impacts of law enforcement use of force and certain other police activities.¹ Among its findings, this review found associations between direct and vicarious police use of force and certain other police activities with negative mental health outcomes, including symptoms of post-traumatic stress disorder, depression, anxiety, hypervigilance, suicidal ideation, and suicide attempts. The review further found associations between direct and vicarious exposure to law enforcement and police activities and poor physical health outcomes including diabetes, high blood pressure, and preterm birth rates, when controlling for neighborhood socioeconomic characteristics.

Additionally, the review found that some communities demonstrated higher risks for lethal police use of force, including those of lower-income, high-poverty rates, and disproportionate racial and ethnic minority populations. Correspondingly, community members, representatives, and advocacy groups report that direct and indirect use of force and certain other police activities have fostered fear and distrust of law enforcement officers. HHS specifically found that exposure to information on the lethal use of force against Black individuals is also associated with poor mental health among Black Americans. In total, these findings shed light on the complex intersectionality of groups impacted by law enforcement and their need for greater mental health and social resources.

The HHS report affirmed the need for mental health services to help those most likely to be impacted by law enforcement use of force. In accordance with Section 11(b) of the Executive Order, this report identifies resources widely available to address these health and well-being impacts.

Summary of Federal Resources

In collaboration with HHS and DOJ, the Office of Management and Budget (OMB) identified \$2.8 billion in 2024 enacted funds supporting programs that address the impact of law enforcement use of force, including activities funded by HHS that support mental health care and activities in DOJ that

¹ U.S. Department of Health and Human Services, *A Report on a Review of the Community Impacts of Use of Force and Certain Other Police Activities on Physical, Mental, and Public Health*, May 2023, <https://aspe.hhs.gov/sites/default/files/documents/334b1e0be81c91f80e97bb28ae64933d/executive-order-enhance-public-trust-safety.pdf>.

seek to improve policing practices and better respond to individuals in crisis and with mental illness (see Appendix).

Department of Health and Human Services

Programs within the Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Service (IHS), Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention support mental health prevention efforts totaling \$2.7 billion in 2024 enacted funds. These resources support the activities such as: mental health and trauma support services for children; behavioral health care for individuals in underserved communities; and suicide prevention and violence prevention activities.

Some of the largest programs included within these agencies include SAMHSA's Mental Health Block Grant (MHBG) Program, with \$1 billion for the 2024 enacted level, SAMHSA's 988 and Behavioral Health Crisis Services Program, with \$520 million for the 2024 enacted level, and SAMHSA's Certified Community Behavioral Health Clinics (CCBHC) program, with \$385 million for the 2024 enacted level. The funds supported by SAMHSA's MHBG can be used for a variety of behavioral health services and for planning, administration, and educational activities. SAMHSA's 988 and Behavioral Health Crisis Services Program is a National Lifeline with rapid access to suicide prevention and crisis intervention services to prevent death and injury as the result of suicide attempts. The CCBHC program is intended to increase access to comprehensive, coordinated behavioral health care in communities across the United States. The 2025 Budget includes \$3.5 billion for these activities, which is a 29 percent increase over the 2024 enacted level.

Department of Justice

The Department and OMB identified a number of grant programs within the Office of Justice Programs (OJP) and Office of Community Oriented Policing Services (COPS) that do not provide direct services to individuals, but support efforts to reform police responses, respond to individuals in crisis, and prevent use of force incidents altogether. These programs primarily support training and collaboration between law enforcement and service providers.

Specifically, OJP's Justice and Mental Health Collaboration Program supports innovative cross-system collaboration between criminal justice and mental health partners to improve interactions with and outcomes for individuals with mental health or co-occurring mental health and substance use disorders who come in contact with the justice system. COPS's Collaborative Reform and Community Policing Development programs focus on law enforcement training and technical assistance on a broad range of issues including use of force, crisis intervention, and de-escalation.

In addition to these programs, OJP's Office for Victims of Crime (OVC) administers two major formula grant programs, VOCA Victim Compensation and VOCA Victim Assistance, to support the needs of crime victims nationwide. These programs are funded through the Crime Victims Fund, which is supported by fines, penalty assessments, and bond forfeitures collected from federal criminal cases. These formula programs may provide support services and compensation to victims in instances

where a law enforcement use of force event rises to the level of criminality; however, each state has its own statutes and policies that guide eligibility requirements.

The Community Relations Service (CRS) also provides specific services to meet the needs of communities, including those impacted by law enforcement use of force. CRS services include mediation and consultation services and programs to strengthen police and community partnerships.

OJP and COPS were appropriated a total of \$114.5 million in 2024 enacted funds for programs that support efforts to reform police responses, respond to individuals in crisis, and prevent use of force incidents altogether. The 2025 President's Budget includes a \$28 million increase in overall funding for those identified programs.

Conclusion

The Administration has maintained efforts to seek enhanced funding for individuals impacted by police use of force incidents, primarily for direct services but also for indirect programs, to proactively reduce the number and severity of incidents altogether. There is a need to expand the availability of mental health services, and the additional funding requested in the 2025 Budget will make mental health services more accessible to individuals impacted by use of force. OMB will continue to monitor appropriations for these activities moving forward.

Federal Resources Available for Mental Health and Social Supports for Individuals and Communities Impacted By Law Enforcement Use of Force
(\$ in millions)

<u>Program</u>	<u>Brief Description</u>	<u>Direct Services (Y/N)</u>	<u>Targeted to Victims of Police Violence (Y/N)</u>	<u>FY 2024 Enacted</u>	<u>FY 2025 Budget</u>	<u>Delta from Enacted</u>	
<u>Department of Health and Human Services (HHS)</u>							
<u>Indian Health Service (IHS)</u>							
<u>IHS Preventing Alcohol Related Death (PARD) through Social Detoxification</u>	<u>The PARD initiative is a cooperative agreement to increase access to community-based prevention strategies that provide social detoxification evaluation, stabilization, and fostering patient readiness for and entry into treatment for alcohol use and other substance use. The goal of the PARD initiative is to ensure that comprehensive, culturally-appropriate personal and public health services are available and accessible to the American Indian/Alaska Native population. The PARD initiative is designed to provide communities the ability to reduce alcohol related mortality and encourage clients to seek additional alcohol and/or substance use disorder treatment after discharge from a detoxification program.</u>	<u>Yes</u>	<u>No</u>	<u>3</u>	<u>3</u>	<u>=</u>	<u>=</u>
<u>Mental Health</u>	<u>The Mental Health funding line provides general, broad based funding to support mental health services for American Indians/Alaska Natives at IHS, Tribal, and Urban Indian Organization facilities. Services include community-oriented clinical and preventive services, outpatient services, crisis triage, prevention programming, and outreach services.</u>	<u>Yes</u>	<u>No</u>	<u>130</u>	<u>139</u>	<u>9</u>	<u>7%</u>
<u>Total, IHS</u>				<u>133</u>	<u>142</u>	<u>9</u>	<u>7%</u>

<u>Health Resources and Services Administration (HRSA)</u>							
<u>Pediatric Mental Health Care Access Program</u>	<u>The Pediatric Mental Health Care Access Program promotes behavioral health integration into pediatric primary care and other settings including schools and emergency departments using telehealth. State or regional networks of pediatric mental health teams provide teleconsultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat and refer children with behavioral health conditions.</u>	<u>Yes</u>	<u>No</u>	<u>13</u>	<u>13</u>	<u>0</u>	<u>0%</u>
<u>Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program</u>	<u>The Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program expands health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum people for maternal mental health and substance use disorders. This is accomplished by establishing, improving, and/or maintaining statewide or regional programs to provide real-time psychiatric consultation, care coordination support services, and culturally and linguistically appropriate training to maternity care providers and clinical practices.</u>	<u>Yes</u>	<u>No</u>	<u>11</u>	<u>16</u>	<u>5</u>	<u>45%</u>
<u>National Maternal Mental Health Hotline</u>	<u>The National Maternal Mental Health Hotline (1-833-TLC-MAMA or 1-833-852-6262) provides 24/7, free, confidential emotional support, resources, and referrals to pregnant and postpartum mothers facing mental health challenges and their loved ones. Professional counselors provide support in English and Spanish via voice and text. Interpreter services are available in 60 additional languages and a relay service is available for people who are deaf or hard-of-hearing.</u>	<u>Yes</u>	<u>No</u>	<u>7</u>	<u>7</u>	<u>0</u>	<u>0%</u>
<u>Total, HRSA</u>				<u>31</u>	<u>36</u>	<u>5</u>	<u>16%</u>

<u>Centers for Disease Control and Prevention (CDC)</u>							
<u>Essentials for Childhood (EfC): Preventing Adverse Childhood Experiences through Data to Action (PACE:D2A)</u>	<u>Essentials for Childhood (EfC): Preventing Adversity through Data to Action, a cooperative agreement designed to support states in the prevention of adverse childhood experiences (ACEs) and promotion of positive childhood experiences (PCEs).</u>	<u>No</u>	<u>No</u>	<u>5</u>	<u>30</u>	<u>25</u>	<u>500%</u>
<u>Comprehensive Suicide Prevention Program</u>	<u>CDC funds recipients to implement and evaluate a comprehensive public health approach to suicide prevention, with a special focus on populations that are disproportionately affected by suicide (such as veterans, rural communities, tribal populations, LGBTQ populations, and youth). In FY23, CDC added an additional 7 recipients for a current total of 24 recipients.</u>	<u>No</u>	<u>No</u>	<u>30</u>	<u>68</u>	<u>38</u>	<u>127%</u>

<u>Program</u>	<u>Brief Description</u>	<u>Direct Services (Y/N)</u>	<u>Targeted to Victims of Police Violence (Y/N)</u>	<u>FY 2024 Enacted</u>	<u>FY 2025 Budget</u>	<u>Delta from Enacted</u>	<u>Program</u>
<u>Preventing Violence Affecting Young Lives (PREVAYL)</u>	<u>CDC provides funding to address multiple forms of violence impacting adolescents and young adults in communities with high rates of violence. PREVAYL funding recipients are addressing: youth violence, teen dating violence, other adverse childhood experiences (ACEs), and conditions that put communities at greater risk for violence. Recipients are also addressing risk factors such as social determinants of health, including concentrated poverty, limited educational or employment opportunities, and racial inequity, to prevent violence.</u>	<u>No</u>	<u>No</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>0%</u>
<u>National Centers of Excellence in Youth Violence Prevention (Youth Violence Prevention Centers or YVPCs)</u>	<u>CDC’s National Centers of Excellence in Youth Violence Prevention (known as YVPCs or Youth Violence Prevention Centers) are academic-community collaborations that advance the science and practice of youth violence prevention. Through local partnerships, the YVPCs develop, implement, and rigorously evaluate innovative strategies to prevent violence and create safer, healthier family and community environments for youth.</u>	<u>No</u>	<u>No</u>	<u>6</u>	<u>6</u>	<u>0</u>	<u>0%</u>
<u>Total, CDC</u>				<u>43</u>	<u>106</u>	<u>63</u>	<u>147%</u>

<u>Substance Abuse and Mental Health Services Administration (SAMHSA)</u>							
<u>Mental Health Block Grant (MHBG)</u>	<u>The MHBG funds can be used for a variety of behavioral health services and for planning, administration, and educational activities. These services and activities must support community-based mental health services for children with serious emotional disturbance and adults with serious mental illness.</u>	<u>Yes</u>	<u>No</u>	<u>1,008</u>	<u>1,043</u>	<u>35</u>	<u>3%</u>
<u>Community Mental Health Centers (CMHC)</u>	<u>The purpose of this program was to enable community mental health centers to support and restore the delivery of clinical services that were impacted by the COVID-19 pandemic and effectively address the needs of individuals with serious emotional disturbance (SED), serious mental illness (SMI), and individuals with SMI or SED and substance use disorders, referred to as co-occurring disorder (COD).</u>	<u>Yes</u>	<u>No</u>	<u>0</u>	<u>413</u>	<u>413</u>	<u>--</u>
<u>Project Advancing, Wellness, and Resiliency, in Education (AWARE)</u>	<u>Project AWARE grantees develop collaborative partnerships that include the State Education Agency, Local Education Agency, Tribal Education Agency, the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth.</u>	<u>Yes</u>	<u>No</u>	<u>111</u>	<u>161</u>	<u>50</u>	<u>45%</u>
<u>ReCAST</u>	<u>ReCAST supports communities that have faced civil unrest, community violence and/or collective trauma within the past 24 months. Grant recipients promote resilience, trauma-informed approaches, and equity and assist high-risk youth and families through the implementation of evidence-based violence prevention, and community youth engagement programs.</u>	<u>Yes</u>	<u>No</u>	<u>17.5</u>	<u>17.5</u>	<u>0</u>	<u>0%</u>
<u>Trauma-Informed Services in Schools (TISS)</u>	<u>TISS aims to increase student access to evidence-based and culturally-relevant trauma support services and mental health care by developing innovative initiatives, activities, and programs to link local school systems with local trauma-informed support and mental health systems.</u>	<u>Yes</u>	<u>No</u>	<u>12</u>	<u>12</u>	<u>0</u>	<u>0%</u>
<u>Healthy Transitions</u>	<u>The purpose of this program is to improve and expand access to developmentally, culturally, and linguistically appropriate services and supports for transition-aged youth and young adults (ages 16-25) who either have, or are at risk for developing, serious mental health conditions.</u>	<u>Yes</u>	<u>No</u>	<u>28</u>	<u>30</u>	<u>2</u>	<u>7%</u>
<u>988 and Behavioral Health (BH) Crisis Services</u>	<u>National Lifeline with rapid access to suicide prevention and crisis intervention services to prevent death and injury as the result of suicide attempts.</u>	<u>Yes</u>	<u>No</u>	<u>520</u>	<u>602</u>	<u>82</u>	<u>16%</u>
<u>Garrett Lee Smith (GLS)</u>	<u>These grants develop and implement comprehensive youth suicide prevention and early intervention strategies including public-private collaboration among youth-serving institutions.</u>	<u>No</u>	<u>No</u>	<u>44</u>	<u>44</u>	<u>0</u>	<u>0%</u>
<u>Homelessness and Homelessness Prevention Programs</u>	<u>This program supports the development and/or expansion of local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals, youth, and families with a serious mental illness, serious emotional disturbance, or cooccurring disorder who are experiencing homelessness.</u>	<u>Yes</u>	<u>No</u>	<u>34</u>	<u>34</u>	<u>0</u>	<u>0%</u>
<u>Criminal and Juvenile Justice</u>	<u>The purpose of this program is to establish or expand programs that divert adults and/or youth with a mental illness or a co-occurring disorder (COD) from the criminal or juvenile justice system to community-based mental health and substance use disorder services (SUD) and other supports prior to arrest and booking.</u>	<u>Yes</u>	<u>No</u>	<u>11</u>	<u>11</u>	<u>0</u>	<u>0%</u>
<u>Tribal Behavioral Health Grants</u>	<u>The purpose of this program is to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24, by building a healthy network of systems, services, and partnerships that impact youth.</u>	<u>No</u>	<u>No</u>	<u>23</u>	<u>23</u>	<u>0</u>	<u>0%</u>

Certified Community Behavioral Health Clinics (CCBHC)	The purpose of this program is to transform community behavioral health systems and provide comprehensive, coordinated behavioral health care by providing access to high quality mental health and substance use services, regardless of an individual's ability to pay.	<u>Yes</u>	<u>No</u>	<u>385</u>	<u>450</u>	<u>65</u>	<u>17%</u>
Assertive Community and Treatment (ACT)	The ACT for Individuals with serious mental illness (SMI) program establishes or expands and maintains ACT programs for transition-aged youth and adults with a SMI or serious emotional disturbance.	<u>Yes</u>	<u>No</u>	<u>9</u>	<u>9</u>	<u>0</u>	<u>0%</u>
<u>Program</u>	<u>Brief Description</u>	<u>Direct Services (Y/N)</u>	<u>Targeted to Victims of Police Violence (Y/N)</u>	<u>FY 2024 Enacted</u>	<u>FY 2025 Budget</u>	<u>Delta from Enacted</u>	<u>Program</u>
National Strategy for Suicide Prevention (NSSP)	The NSSP grant program is intended to address the Call to Action’s broad-based public health approach to suicide prevention by enhancing collaboration with key community stakeholders (e.g., county health departments, workplace settings, criminal justice settings, senior-serving organizations, community firearm stakeholders36), raising awareness of the available resources for suicide prevention, and implementing lethal means safety.	<u>No</u>	<u>No</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>0%</u>
National Child Traumatic Stress Network (NCTSN)	The purpose of the NCTSN is to increase access to effective trauma- and grief-focused treatment and services systems for children, adolescents, and their families, who experience traumatic events.	<u>Yes</u>	<u>No</u>	<u>99</u>	<u>94</u>	<u>-5</u>	<u>-5%</u>
Assisted Outpatient Treatment	This program is intended reduce the incidence and duration of psychiatric hospitalization, homelessness, individual incarcerations, and interactions with the criminal justice system while improving the health and social outcomes of individuals with a serious mental illness.	<u>Yes</u>	<u>No</u>	<u>21</u>	<u>21</u>	<u>0</u>	<u>0%</u>
Children Mental Health Initiative (CMHI)	CMHI provides grants to assist states, local governments, tribes, and territories in their efforts to deliver services and supports to meet the needs of children and youth with serious emotional disturbance.	<u>Yes</u>	<u>No</u>	<u>130</u>	<u>180</u>	<u>50</u>	<u>38%</u>
Projects for Assistance in Transition from Homelessness (PATH)	PATH funds community-based outreach, mental illness and substance use disorder treatment services, case management, assistance with accessing housing, and other supportive services for individuals with SMI or a co-occurring disorder (COD) who are, or at imminent risk of, experiencing homelessness in all fifty states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.	<u>Yes</u>	<u>No</u>	<u>67</u>	<u>67</u>	<u>0</u>	<u>0%</u>
Total, SAMHSA				<u>2,521.50</u>	<u>3,213.5</u>	<u>692</u>	<u>28%</u>
Grand Total, HHS				<u>2,728.50</u>	<u>3,497.50</u>	<u>769</u>	<u>29%</u>

Program	Brief Description	Direct Services (Y/N)	Targeted to Victims of Police Violence (Y/N)	FY 2024 Enacted	FY 2025 Budget	Delta from Enacted	Program
Department of Justice (DOJ)							
Office of Justice Programs (OJP)							
National Law Enforcement Knowledge Lab	This supports constitutional policing by identifying and disseminating fair and effective policing practices and technical assistance in four key areas: mental health and crisis response; stops and detentions; search and seizures; and arrests. In April 2022, the Department of Justice (DOJ), Office of Justice Programs (OJP) announced the creation of the National Law Enforcement Knowledge Lab, a free training, technical assistance and resource hub for law enforcement, designed to promote constitutional policing, improve public safety and build trust in communities across the country. OJP’s Bureau of Justice Assistance (BJA) administers the program and used base resources to support the Knowledge Lab. The FY 2025 President’s Budget, built on the FY 2023 Enacted level, did not request dedicated funding for the Knowledge Lab.	No	No	No direct funding	0	5	n/a
Body-Worn Camera Partnership	This is a guide which offers recommendations for how body-worn camera footage recorded during law enforcement-community interactions can assist in assessing the effectiveness and use of de-escalation techniques.	No	No	32	35	3	9%
Justice and Mental Health Collaboration Program (JMHCP)	This program was launched in 2006 and supports innovative cross-system collaboration between criminal justice and mental health partners to improve interactions with and outcomes for individuals with mental health or co-occurring mental health and substance use disorders who come in contact with the justice system.	No	No	40	45	5	11%
Training Program to Improve Police-Based Responses to People with Mental Illness	This initiative focuses on implementing a transdisciplinary crisis intervention training to educate, train, and prepare state and local law enforcement officers and correctional entities so that they are equipped to appropriately interact with and respond to individuals who have mental illness, intellectual disabilities, or developmental disabilities by better understanding behavioral health conditions, developing empathy, navigating community resources, and de-escalation skills.	No	No	10	10	0	0%
Office of Community Oriented Policing Services							
Community Policing Development	Supports training and technical assistance efforts for law enforcement in a number of critical and evolving issues, including crisis intervention and response, law enforcement agency accreditation, and community policing innovation for promoting safe communities.	No	No	25	45	20	44%
Collaborative Reform	Assists local law enforcement agencies in identifying problems and developing solutions to some of the most critical issues facing law enforcement today, such as use of force, fair and impartial policing, and improved accountability	No	No	7.5	7.5	0	0%
Total, DOJ				114.5	142.5	28	24%
Grand Total, HHS and DOJ Combined				2,813.5	3,611	797	28%