

Behavioral Health: Reported Funding for COVID-19 and 988 Suicide & Crisis Lifeline, 2020-2025

GAO-26-107915

Q&A Report to Congressional Requesters

February 25, 2026

Why This Matters

Behavioral health conditions, which include mental health conditions, suicide, and substance use disorders, affect millions of people in the United States, and these numbers continue to grow. In 2024, an estimated 87 million adults and 5 million adolescents in the United States had a behavioral health condition, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS).¹

In fiscal years 2020 and 2021, SAMHSA received \$8.5 billion in supplemental appropriations to address behavioral health needs related to the COVID-19 pandemic. Additionally, from fiscal year 2021 through July 2025, SAMHSA used \$1.6 billion in funding to create and support the 988 Suicide & Crisis Lifeline Program (988 Lifeline), according to SAMHSA officials.² The 988 Lifeline provides free and confidential emotional support to people in suicidal or emotional distress via call, text, and chat. The additional COVID-19 supplemental funding in fiscal year 2021 more than doubled SAMHSA's total appropriations from the preceding year.

In light of these large increases in SAMHSA's funding, you asked us to examine the use of COVID-19 supplemental and 988 Lifeline funding and adjustments SAMHSA made to accommodate this influx of funding. This report provides information on the funding SAMHSA received and distributed related to COVID-19 and the 988 Lifeline.

Key Takeaways

- SAMHSA awarded approximately \$8.3 billion of the \$8.5 billion in COVID-19 supplemental funding in grants to recipients, including Tribes and tribal organizations, states, territories, and non-governmental organizations, for projects beginning in fiscal years 2020 through 2025. SAMHSA used about \$195 million internally for administrative costs and other purposes. Supported activities included community mental health services and programs to address substance use and mental health issues during the COVID-19 pandemic. As of July 2025, recipients had spent about \$6.9 billion of this \$8.3 billion. About \$1.4 billion remained unspent.
- To support the 988 Lifeline, as of July 2025, SAMHSA awarded a total of about \$1.2 billion for six cooperative agreements that began in fiscal years 2021 through 2023 to implement, expand, and support the 988 Lifeline. As of July 2025, recipients had spent about \$906.3 million of this \$1.2 billion. About \$298.9 million remained unspent. SAMHSA used about \$400 million for additional grants, internally for staffing and program management, and other activities to support the 988 Lifeline.

- SAMHSA hired additional staff to manage increased administration and monitoring responsibilities connected with the COVID-19 supplemental funding and established a new office to support the 988 Lifeline.

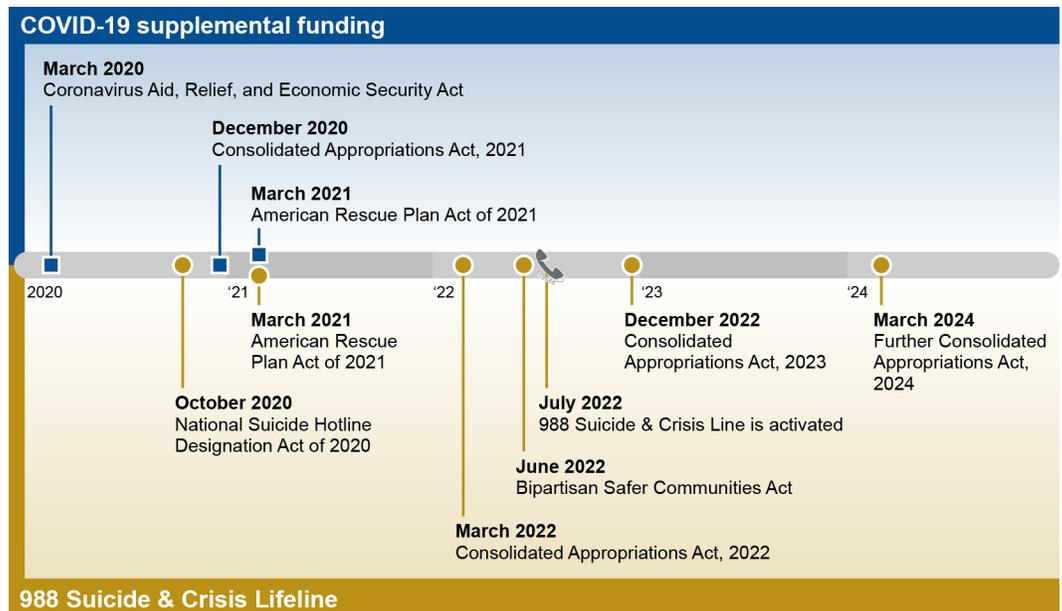
What was the purpose of the COVID-19 supplemental and 988 Lifeline funding?

To address behavioral health concerns that were exacerbated by the COVID-19 pandemic, which included an increase in drug overdoses and a prevalence of mental health conditions, Congress appropriated supplemental funding to SAMHSA.

In addition, SAMHSA launched the 988 Lifeline in July 2022, as an easy-to-remember national dialing code for behavioral health services (replacing the National Suicide Prevention Lifeline). The 988 Lifeline is available 24 hours a day, 7 days a week, and is staffed by trained crisis counselors via call, text, or chat, who can help people experiencing a behavioral health crisis and connect them to additional crisis response services. The 988 Lifeline is run by a nationwide network of crisis contact centers operated by state and local entities that provide crisis counseling and referral services.

Funding for these efforts came from several key laws enacted between 2020 and 2024.³ (See fig. 1.) For the COVID-19 supplemental funding, the laws included requirements that SAMHSA use the supplemental funds to support specific grant programs, as well as more general requirements for SAMHSA to use the funds to support certain types of grants or efforts, including those related to the COVID-19 pandemic. For the 988 Lifeline, the National Suicide Hotline Designation Act of 2020 established 988 as the universal telephone number for the hotline system operating through the National Suicide Prevention Lifeline, and subsequent laws funded this effort.

Figure 1: Timeline of Key Laws for Substance Abuse and Mental Health Services Administration’s (SAMHSA) COVID-19 Supplemental Funding and the 988 Suicide & Crisis Lifeline, 2020-2024

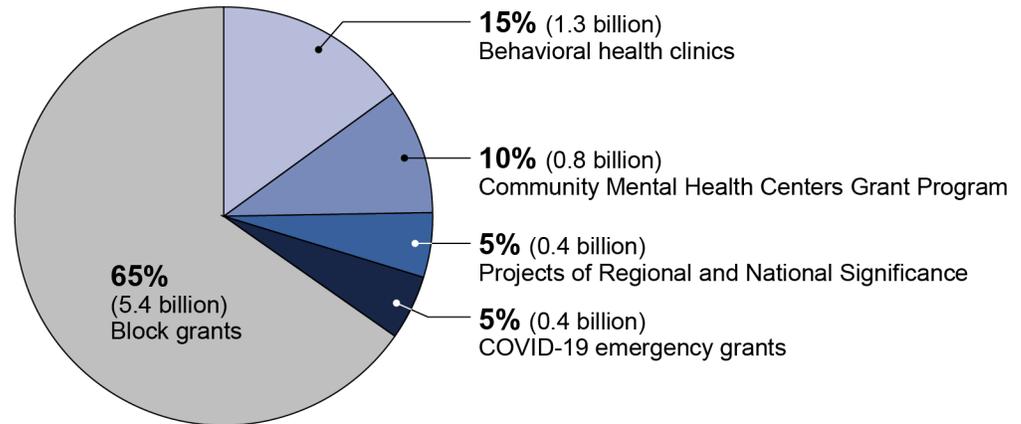


Source: GAO analysis of legislation and SAMHSA documentation. | GAO-26-107915

How did SAMHSA distribute the COVID-19 supplemental funding?

Of the appropriated \$8.5 billion it received in COVID-19 supplemental funding, SAMHSA awarded approximately \$8.3 billion in grants to recipients that included Tribes and tribal organizations, states, territories, and non-governmental organizations. (See fig. 2) SAMHSA used the remaining \$195 million internally for administrative costs and other purposes.⁴ (See app. I for a detailed list of awards.)

Figure 2: SAMHSA's Distribution of \$8.3 billion in COVID-19 Supplemental Funding Awards



Total = \$8.3 billion

Source: GAO analysis of Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-26-107915

These supplemental awards included:

- **Block grants.** SAMHSA added supplemental funding to two existing block grant programs—\$2.3 billion to the Community Mental Health Services Block Grant (MHBG) and \$3.1 billion to the Substance Use Prevention, Treatment and Recovery Services Block Grant (SUBG).⁵ These amounts were in addition to previous fiscal year 2021 awards for these programs, of \$717.9 million for MHBG and \$1.8 billion for SUBG, according to SAMHSA officials. The MHBG supports the provision of comprehensive community mental health services for both adults with serious mental illness and children with serious emotional disturbances. The SUBG provides states, territories, and one Tribe with funding to plan, implement, and evaluate activities that prevent and treat substance use disorders. According to SAMHSA, the flexibility of the block grants allows recipients to tailor services to local needs.
- **Behavioral health clinics.** SAMHSA awarded \$1.3 billion from COVID-19 supplemental funding to add to funding for Certified Community Behavioral Health Clinics. These clinics treat mental health and substance use disorders regardless of the patient's health insurance status and ability to pay for care. Recipients could use this funding to expand access to care at such clinics; support the cost of care for uninsured or underinsured individuals; enhance telehealth; or address workforce needs.
- **Community Mental Health Centers Grant Program.** SAMHSA awarded \$823.0 million to community mental health centers to support and restore the delivery of clinical services impacted by the COVID-19 pandemic. These centers provide clinical services to people with serious emotional disturbances, serious mental illness, and individuals with these conditions who also have substance use disorders.

- **Projects of Regional and National Significance.** SAMHSA awarded about \$416.1 million in COVID-19 supplemental funding to add to funding for 24 efforts designated as Projects of Regional and National Significance. Such programs are either authorized in statute or created by SAMHSA to address substance use disorder treatment, prevention, and mental health needs by targeting specific populations or areas of concern, such as children, suicide, or opioid abuse. Specific efforts funded with COVID-19 supplemental funding included a community-based program to provide access to mental health and substance use support for pregnant and postpartum individuals; grants to support the 988 Lifeline; and grants to support overdose prevention programs.
- **COVID-19 emergency grants.** SAMSHA awarded about \$401 million in COVID-19 supplemental funding for two new emergency grant programs to address substance use and mental health issues during the COVID-19 pandemic. Services supported with these funds included targeted interventions to reduce suicide; services that addressed the needs of individuals with serious mental illness or substance use disorders; and crisis intervention services for children and adults impacted by the pandemic.

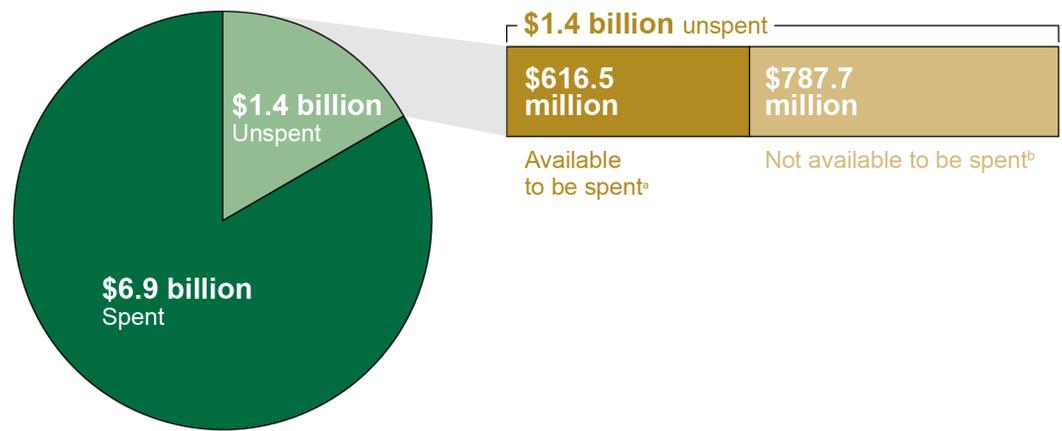
SAMHSA distributed the COVID-19 supplemental funding based on relevant appropriations language and SAMHSA's understanding that the funds needed to be released as quickly as possible to respond to the COVID-19 pandemic, according to SAMHSA officials. Specifically, when the appropriations language named specific programs that SAMHSA was to fund, SAMHSA distributed the funding to those programs. However, when legislative language did not name specific programs, SAMHSA officials stated that they made decisions on how to allocate the funding based on policy and need.

In some situations, SAMHSA determined that no existing programs were available to satisfy the appropriations language, and therefore SAMHSA created a new grant program. For example, SAMHSA officials stated that the agency created the Community Mental Health Centers program in response to language in an appropriation for SAMHSA to provide funds directly to facilities for community mental health services. In total, SAMHSA used \$1.4 billion (16 percent of all COVID-19 supplemental funding) to create seven new grant programs. See app. I for more information.

How much COVID-19 supplemental funding has been spent?

As of July 2025, awardees had spent about \$6.9 billion of the \$8.3 billion awarded from COVID-19 supplemental funding, according to SAMHSA data. About \$1.4 billion (about 17 percent) remained unspent. About \$616.5 million of that unspent funding was still available for awardees to spend because the awards were within their allowable project periods, including extensions. In contrast, SAMHSA data shows that about \$787.7 million of the unspent funds—about 9 percent of the total awarded supplemental funding—were no longer available for awardees to spend because the planned project period ended or the awards were terminated.⁶ According to SAMHSA officials, some funding remained unspent due to factors that included workforce shortages and difficulties standing up programs during the COVID-19 pandemic. SAMHSA grants management and project officer staff are to work with grant recipients to closely monitor grant activities, including plans to spend funds within the project period. SAMHSA officials stated that as of January 2026, grantees had sufficient time to implement these plans and to spend remaining funds within their project periods. (See fig. 3 and app. II for additional details on the amounts awarded and spent.)

Figure 3: Spent and Unspent Awarded SAMHSA COVID-19 Supplemental Funding, as of July 2025



Total = \$8.3 billion

Source: GAO analysis of Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-26-107915

^aAvailable to be spent refers to funding amounts for awards that were within their allowable project periods, including any extensions, as of July 2025.

^bNot available to be spent includes \$388.9 million in unspent funds for awards for which the planned project periods have ended, and \$398.8 million in unspent funds for awards that have been terminated, as of July 2025. Terminated awards are awards that ended in whole or in part at any time prior to the planned end of a project period.

What changes did SAMHSA make to manage the COVID-19 supplemental funding?

SAMHSA officials said they hired additional staff both to backfill existing positions that had been vacant, and to fill newly created positions. The new positions—some of them temporary—assisted SAMHSA in managing the increase in the number of awards the agency was administering because of the COVID-19 supplemental funding, according to the officials. The agency’s overall number of full-time equivalent staff—not limited to staff who managed COVID-19 supplemental funding—increased from 452 in September 2020, to 816 in September 2024, for an increase of 364 full-time equivalent staff (81 percent), according to SAMHSA officials.

SAMHSA officials also told us that they took various actions to help hire staff quickly. For example, for some positions, the agency used direct hire authority, which allows federal agencies to fill positions for which the U.S. Office of Personnel Management has determined there is a critical hiring need or severe shortage of candidates without regard to certain rating, ranking, and veterans’ preference requirements. In addition, SAMHSA officials stated they hired recruitment and operations specialists to focus solely on SAMHSA positions, rather than relying on services provided by HHS. SAMHSA also established its own security branch to conduct background checks and other tasks necessary for new hires. Officials stated that this change reduced security-related processing time from 7 weeks to 2 weeks, on average.

In addition, SAMHSA officials also stated that existing staff took on increased workloads. For example, grant management and project officer staff experienced increased workloads due to activities associated with each award, such as preparing and posting the notice of awards, evaluating grant applications, consulting and providing technical assistance to grantees during the project period, and monitoring award activities.

SAMHSA officials stated that the agency provided additional training and support to certain staff responsible for grant-related work. The training included classes on how to conduct grant monitoring calls and site visits, and forums for staff to

share best practices and address questions about topics related to grants management, such as procedures for reviewing and approving grant proposals.

How did SAMHSA distribute the 988 Lifeline funding?

According to SAMHSA officials, of the \$1.6 billion SAMHSA awarded in fiscal years 2021 through July 2025 to create and support the 988 Lifeline, SAMHSA awarded a total of about \$1.2 billion for six cooperative agreements to a network administrator, Tribes and tribal organizations, states, territories, and 988 Lifeline contact centers to implement, expand, and support the 988 Lifeline. The agency uses cooperative agreements, a type of federal assistance similar to grants, when the federal government expects to have substantial involvement in a program along with the award recipient. Project periods for these awards extend from September 2021 through September 2026. (See table 1.)

Table 1: SAMHSA Cooperative Agreements for 988 Lifeline for Projects that Began in Fiscal Years 2021 through 2023, as of July 24, 2025

Award name	Award purpose	Recipients	Project period, including any extensions	Amount awarded (dollars in millions)
FY21 Cooperative Agreement for the National Suicide Prevention Lifeline and Disaster Distress Helpline	Award to a single entity to manage, enhance, and strengthen the Lifeline that routes individuals in the U.S. to a network of certified crisis centers. This includes supporting the integration of 988 into the Lifeline center crisis network as required by the National Suicide Hotline Designation Act.	988 Lifeline Administrator	Sept. 30, 2021-Sept 29, 2026 ^a	\$635.7
FY22 Cooperative Agreements for States and Territories to Build Local 988 Capacity	Recruit, hire, and train workforce to staff 988 Lifeline centers and engage with other Lifeline crisis centers to unify 988 response across states and territories.	States and territories	Apr. 30, 2022 – Apr. 29, 2025	\$151.0
FY22 Support for 988 Tribal Response Cooperative Agreements	Provide resources to improve response to 988 contacts originating from tribal communities or by American Indians/Alaskan Natives.	Federally recognized Indian Tribes, tribal organizations, and Urban Indian Organizations	Dec. 31, 2022-Dec. 30, 2025	\$17.1

FY23 Cooperative Agreements for States and Territories to Improve Local 988 Capacity	Enhance hiring and training of the 988 workforce, implement technology and security measures, and improve support for high-risk and underserved populations.	States and territories	Sept. 30, 2023-Sept. 29, 2026 ^a	\$354.7
FY23 Support for 988 Tribal Response Cooperative Agreements	Ensure access to culturally competent 988 crisis centers for calls originating in tribal communities or activated by American Indians/Alaskan Natives. Facilitate collaboration between tribal communities, law enforcement, and other first responders.	Federally recognized Indian Tribes, tribal organizations, and Urban Indian Organizations	Sept. 30, 2023-Sept. 29, 2026 ^a	\$36.7
FY23 Cooperative Agreements for 988 Suicide and Crisis Lifeline Crisis Center Follow-Up Programs	Expand efforts among Lifeline crisis centers to support individuals post-contact by, for example, ensuring follow-up of suicidal persons, providing coordination of crisis services, and reducing unnecessary police engagement.	988 Lifeline contact centers with 24/7 services	Sept. 30, 2023-Sept. 29, 2026 ^a	\$10.0
Total				\$1,205.2

Source: GAO analysis of SAMHSA documentation. | GAO-26-107915

^aAccording to the Substance Abuse and Mental Health Services Administration (SAMHSA), these awards were not in the last year of their project periods as of July 24, 2025, and therefore recipients could not yet request extensions. Based on the availability of funds and the recipient's potential request, the final date to spend funds could be up to 12 months from the end of the project period, as applicable.

According to SAMHSA, the agency used the remaining \$399.9 million in 988 Lifeline funding for the 988 and Behavioral Health Crisis Coordinating Office (i.e., staffing and program management); evaluation efforts; contracts; interagency agreements; and other grants, including \$278.9 million for the Lifeline network administrator.

According to SAMHSA officials, SAMHSA made decisions to distribute the 988 Lifeline funding in a manner that would ensure a strong and secure infrastructure and complement local investments made by Tribes, states, territories, and local crisis centers, while retaining flexibility at the local level. SAMHSA officials indicated that state funding streams are eventually expected to increase and sustain the 988 Lifeline effort.

How much of the 988 Lifeline funding has been spent?

Of the \$1.2 billion awarded for the 988 Lifeline, about \$906.3 million has been spent and \$298.9 million remained unspent, as of July 2025. Of the unspent amount, about \$22 million was no longer available to be spent (about 2 percent of awarded funding) because one of the cooperative agreements was no longer active. As of July 2025, five of the six cooperative agreements were still active, either within their original project periods or an optional extension period. (See app. III for details on the amounts of this funding that have been awarded and spent.)

What changes did SAMHSA make to manage the 988 Lifeline?

SAMHSA established a new office, refined the role of the network administrator, and established a structure for ongoing working relationships with the network administrator, states, and others.

To manage the 988 Lifeline, in April 2022, SAMHSA established the 988 and Behavioral Health Crisis Coordinating Office within the agency, as directed by the Consolidated Appropriations Act, 2023. This office is intended to provide leadership around behavioral health crisis services across the nation, which includes managing the 988 Lifeline grant program and supporting standards setting, technical assistance, and ongoing performance evaluation. According to SAMHSA officials, the new office included 18 staff to manage the 988 Lifeline, as of September 2025.

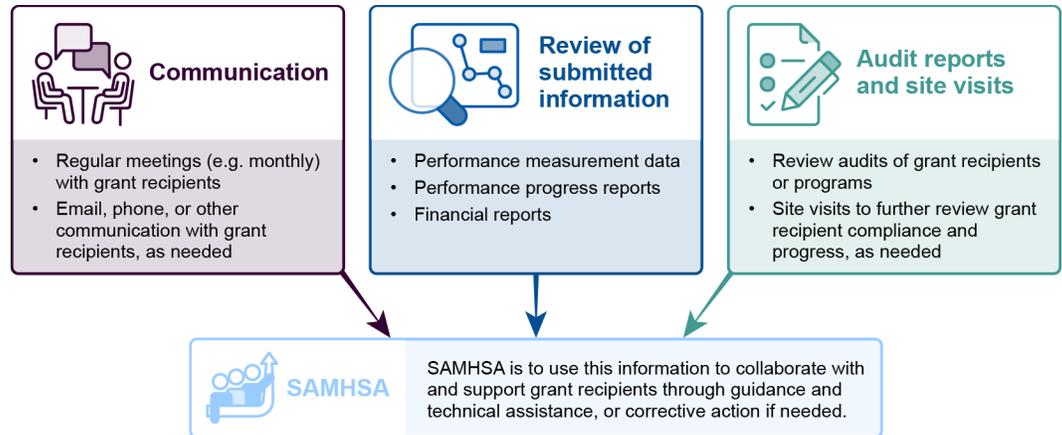
SAMHSA noted that the agency expanded the role of the network administrator compared to its role under the previous National Suicide Prevention Lifeline. For the 988 Lifeline, the network administrator's responsibilities expanded to include building, maintaining, and expanding the 988 Lifeline's technology infrastructure; providing clinical training to crisis center counselors; and monitoring the program's effectiveness.

Finally, SAMHSA established a structure for ongoing working relationships between SAMHSA, the network administrator, states, and others. SAMHSA officials stated that the agency has an active role in working directly with Tribes, states, and territories as well as the network administrator to design and implement 988 services. The agency also established a new training and technical assistance center focused on crisis response systems.

How has SAMHSA monitored the use of the COVID-19 supplemental and 988 Lifeline funding?

To monitor the use of the COVID-19 supplemental and 988 Lifeline funding, SAMHSA officials said they followed the same grant program monitoring process used for all SAMHSA grants, including 988 cooperative agreements.⁷ SAMHSA guidelines state that grants management and project officer staff are to monitor grant recipients on an ongoing basis to ensure they are complying with administrative, statutory, and regulatory requirements and making adequate progress on pre-established goals and performance targets. (See fig. 4 for SAMHSA's monitoring process.) According to SAMHSA documents, this monitoring protects federal interests by ensuring timely action by SAMHSA to support recipients so that the maximum benefit is achieved with award funds.

Figure 4: SAMHSA Process for Monitoring Grant Award Recipients



Source: GAO analysis of Substance Abuse and Mental Health Services Administration (SAMHSA) information (text); bsd studio/stock.adobe.com (illustrations). | GAO-26-107915

A key component of SAMHSA’s monitoring process is collecting and reviewing information that grant recipients are required to submit to SAMHSA, according to SAMHSA documentation.

Performance measurement data. SAMHSA requires grant recipients for each of its grants to collect and report performance measurement data that, according to SAMHSA documentation, the agency developed to help HHS meet requirements of the Government Performance and Results Act of 1993 (GPRA) and the GPRA Modernization Act of 2010.⁸ Award recipients are to use data collection tools developed by SAMHSA to collect and report data, and the specific data and timeframes for collection and reporting vary by grant program.

SAMHSA’s GPRA data include National Outcome Measures the agency developed to help create a national picture of outcomes related to substance misuse and mental health services associated with their grants. These measures cover 10 domains, developed in collaboration with states:

- Abstinence from drugs or alcohol, or decreased symptoms of mental illness with improved functioning
- Employment/education
- Crime and criminal justice
- Stability in housing
- Access to services and capacity
- Retention in treatment/readmission rate to hospitals
- Social connectedness
- Perception of care
- Cost-effectiveness
- Use of evidence-based practices

For certain SAMHSA grant programs—such as the Community Mental Health Centers Grant program and the Garrett Lee Smith Campus Suicide Prevention Grant program—the agency also collects GPRA data to track Infrastructure Development, Prevention, and Mental Health Promotion Indicators. These indicators are used to measure infrastructure, such as policy development, workforce development, and financing, as well as prevention and mental health promotion, such as awareness, training, and screening. For example, the

Community Mental Health Centers Grant program requires award recipients to report each quarter the number of individuals in the mental health and related workforce that were trained in mental health-related practices and activities that are consistent with the goals of the grant, and the number of individuals contacted through program outreach efforts.

SAMHSA may also require other performance data collection and reporting from award recipients depending on the grant program. For example, SAMHSA requires states and the 988 Lifeline network administrator to collect and report 988 call, chat, and text data.

Performance progress reports. All SAMHSA grant award recipients are to submit reports to SAMHSA on a regular basis, ranging from quarterly to annually, on their progress achieving specific goals, objectives, and targets.

Both of SAMHSA's block grants—the Community Mental Health Services Block Grant and the Substance Use Prevention, Treatment, and Recovery Services Block Grant—require grant recipients to submit annual reports to SAMHSA that include the following:

- A brief review of the extent to which the grant recipient implemented its plans, progress toward meeting priorities and goals (including whether specific targets were met), areas needing improvement, and proposed changes.
- Expenditure information for authorized activities and services, including those funded with COVID-19 supplemental funding.
- Population and services report on the number of individuals served and the services they received. The Substance Use Prevention, Treatment, and Recovery Services Block Grant report includes information specifically related to block grant and COVID-19 supplemental funding.
- Completed performance indicators and accomplishments data tables. The purpose of the performance indicator tables is to show progress made over time as measured by SAMHSA's National Outcome Measures.

Recipients of non-block grant awards, including cooperative agreements, are also to submit progress reports, which are to include (1) progress achieved, along with supporting data; (2) barriers encountered; and (3) efforts to overcome these barriers. Reports must also include the status of specific targets set as part of their applications, such as the number of clients served.

Financial reports. All award recipients are to submit to SAMHSA an annual federal financial report that includes cumulative funding totals, such as the total amount spent by the grantee during the reporting period. SAMHSA grants management staff are to review grant recipient financial reports to ensure that the expenditure of funds meets administrative, statutory, and regulatory requirements.

SAMHSA officials stated that SAMHSA's primary way of publicly reporting the results of its grants is through its annual congressional budget justification. Additionally, SAMHSA also posts some grant-related data on its website. For example, SAMHSA presents data on the performance of the 988 Lifeline national network in a dashboard that includes data from all 988 Lifeline network centers and a link to state-based monthly reports. The dashboard includes data such as the number of contacts by type (calls, texts, chats) and answer times.⁹

Agency Comments

We provided a draft of this report to HHS for review and comment. HHS provided technical comments, which we incorporated as appropriate.

How GAO Did This Study

To examine how SAMHSA distributed, managed, and monitored the use of COVID-19 supplemental and 988 Lifeline funding, and the status of those funds, we obtained and reviewed relevant documents from SAMHSA, such as evaluation plans and progress reports. We obtained spending data from SAMHSA, as of July 2025 (the most recent period for which data were available at the time of our review), for both the COVID-19 supplemental and 988 Lifeline funding by award. We analyzed those data to calculate the amount and percent spent by program. To determine the reliability of these data, we reviewed relevant documentation, communicated with knowledgeable agency officials, and reviewed the data for reasonableness by checking for obvious errors. Based on these steps, we determined that these data were sufficiently reliable for the purpose of our review.

We also conducted an interview with and obtained written responses from SAMHSA officials to obtain information about how SAMHSA managed the COVID-19 supplemental and 988 Lifeline funding, including how SAMHSA made decisions to distribute funding and to make any changes to its staffing and organizational structure. We did not evaluate SAMHSA's management decisions, but we include the agency's rationale, as applicable.

We conducted this performance audit from October 2024 to February 2026 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

List of Addressees

The Honorable Brett Guthrie
Chairman
Committee on Energy and Commerce
House of Representatives

The Honorable H. Morgan Griffith
Chairman
Subcommittee on Health
Committee on Energy and Commerce
House of Representatives

The Honorable John Joyce, M.D.
Chairman
Subcommittee on Oversight and Investigations
Committee on Energy and Commerce
House of Representatives

The Honorable Earl L. "Buddy" Carter
House of Representatives

The Honorable Gary Palmer
House of Representatives

We are sending copies of this report to the appropriate congressional committees, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

GAO Contact Information

For more information, contact: Alyssa M. Hundrup, Director, Health Care, HundrupA@gao.gov.

Public Affairs: Sarah Kaczmarek, Managing Director, Media@gao.gov.

Congressional Relations: Dave Powner, Acting Managing Director, CongRel@gao.gov.

Staff Acknowledgments: Will Simerl (Assistant Director), Andrea E. Richardson (Analyst-in-Charge), Jennie Apter, Elizabeth Flow-Delwiche, Barbara Hansen, David Jones, and Monica Perez-Nelson made key contributions to this report.

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Appendix I: Existing and New Programs Funded by SAMHSA Using COVID-19 Supplemental Funds

This appendix shows the amount of COVID-19 supplemental funding awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) for projects that began in fiscal years 2020 through 2025 for each grant award that received such funding. Table 2 shows programs that existed at the time SAMHSA made the awards. Table 3 shows new grant programs created using the COVID-19 supplemental funding.

Table 2: Existing SAMHSA Grant Programs Funded by COVID-19 Supplemental Funding for Projects that Began in Fiscal Years 2020 through 2024

Grant award/program name	Amount awarded
988 National Suicide Prevention Lifeline Expansion	\$75,000,000
Certified Community Behavioral Health Clinic – Improvement and Advancement Grants ^a	\$141,631,881
Certified Community Behavioral Health Clinic – Planning, Development, and Implementation Grants	\$131,097,500
Certified Community Behavioral Health Clinic Expansion Grants ^a	\$983,566,752
Community Mental Health Services Block Grant ^a	\$2,299,585,317
Cooperative Agreement for the National Suicide Prevention Lifeline and Disaster Distress Helpline	\$32,000,000
Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program	\$14,572,347
Cooperative Agreements for Tribal Behavioral Health	\$10,824,987
Family Counseling and Support for LGBTQI+ Youth and Their Families	\$5,095,983
Garrett Lee Smith Campus Suicide Prevention Grant Program ^a	\$4,867,486
National Child Traumatic Stress Initiative – Category II, Treatment and Service Adaptation (TSA) Centers ^a	\$9,000,000
National Child Traumatic Stress Initiative – Category III, Community Treatment and Service (CTS) Centers ^a	\$10,384,068
National Peer-Run Training and TA Center for Addiction Recovery Peer Support	\$1,272,240
Networking, Certifying, and Training Suicide Prevention Lifelines and Disaster Distress Helpline	\$7,021,172
Project AWARE (Advancing Wellness and Resiliency in Education) ^a	\$28,755,119

Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants ^a	\$49,746,413
Rural Opioid Technical Assistance Regional Centers	\$6,495,067
Substance Use Prevention, Treatment, and Recovery Services Block Grant ^a	\$3,124,128,729
Suicide Prevention Lifeline Crisis Center Follow-Up Expansion Grant Program	\$2,978,828
Total	\$6,938,023,889

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-26-107915

^aConsists of multiple separate grant award funding opportunities.

Table 3: New SAMHSA Grant Programs Funded by COVID-19 Supplemental Funding, for Projects that Began in Fiscal Years 2020 through 2025

Grant award/program name	Amount awarded
Community Mental Health Centers (CMHC) Grant Program	\$823,032,334
Community-Based Maternal Behavioral Health Services Program	\$9,999,924
Cooperative Agreements for States and Territories to Build Local 988 Capacity	\$104,330,349
COVID-19 Emergency Response for Suicide Prevention Grants ^a	\$56,383,359
Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 ^a	\$344,562,672
Harm Reduction Grant Program	\$29,249,950
Refugee and Migrant Behavioral Health Technical Assistance Center	\$14,468,682
Total	\$1,382,027,270

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-26-107915

^aConsists of multiple separate grant award funding opportunities.

Appendix II: COVID-19 Supplemental Spending Data

This appendix shows the amount of COVID-19 supplemental funding awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) for each grant award that received such funding. These grant awards were for projects that began in fiscal years 2020 through 2025.

Table 4 shows information on spent and unspent funds for grant awards that are still active, that is, recipients may still be in the process of spending the funds, as of July 28, 2025. Table 5 shows information on spent and unspent funds for awards that are no longer active, that is, the project period and any available extensions have ended. According to SAMHSA officials, after the period to spend funds has ended and the appropriation account associated with that award is closed, unspent funds are to be returned to the U.S. Treasury.

Table 4: SAMHSA Awards and Recipient Spending for COVID-19 Supplemental Funding, Active Awards as of July 28, 2025^a

Award name	Award amount	Spent amount	Unspent funds as a percent of award amount	Final date to spend funds ^b
Certified Community Behavioral Health Clinic – Improvement and Advancement Grants	\$124,631,891	\$78,620,120	36.9%	Sept. 29, 2026
Certified Community Behavioral Health Clinic – Improvement and Advancement Grants	\$16,999,990	\$6,173,435	63.7%	April 29, 2028

Certified Community Behavioral Health Clinic – Planning, Development, and Implementation Grants	\$131,097,500	\$76,957,260	41.3%	Sept. 29, 2026
Community Mental Health Services Block Grant	\$827,335,173	\$576,765,985	30.3%	Sept. 30, 2025
Community-Based Maternal Behavioral Health Services Program	\$9,999,924	\$647,540	93.5%	Dec. 30, 2029
Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program	\$14,572,347	\$7,036,150	51.7%	Aug. 30, 2027
Family Counseling and Support for LGBTQI+ Youth and Their Families	\$5,095,983	\$1,847,901	63.7%	Feb. 27, 2027
GLS Campus Suicide Prevention Grant Program	\$306,000	\$223,456	27.0%	Sept. 29, 2025
GLS Campus Suicide Prevention Grant Program	\$2,381,485	\$149,286	93.7%	Sept. 29, 2027
National Child Traumatic Stress Initiative – Category II, Treatment and Service Adaptation (TSA) Centers	\$5,400,000	\$5,017,917	7.1%	Sept. 29, 2026
National Child Traumatic Stress Initiative – Category II, Treatment and Service Adaptation (TSA) Centers	\$3,600,000	\$803,722	77.7%	Sept. 29, 2026
National Child Traumatic Stress Initiative – Category III, Community Treatment and Service (CTS) Centers	\$4,384,068	\$3,493,262	20.3%	Sept. 29, 2026
National Child Traumatic Stress Initiative – Category III, Community Treatment and Service (CTS) Centers	\$6,000,000	\$3,127,734	47.9%	Sept. 29, 2026
Project AWARE (Advancing Wellness and Resiliency in Education)	\$22,289,835	\$12,697,746	43.0%	Sept. 29, 2026
Project AWARE (Advancing Wellness and Resiliency in Education)	\$6,465,284	\$638,845	90.1%	Sept. 29, 2028
Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants	\$36,525,012	\$28,506,437	22.0%	Sept. 29, 2025

Refugee and Migrant Behavioral Health Technical Assistance Center	\$14,468,682	\$2,833,161	80.4%	Sept. 29, 2028
Rural Opioid Technical Assistance Regional Centers	\$6,495,067	\$1,555,709	76.0%	Sept. 29, 2025
Substance Use Prevention, Treatment, and Recovery Services Block Grant	\$867,605,991	\$682,091,921	21.4%	Sept. 30, 2025
Total	\$2,105,654,232	\$1,489,187,586		

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-26-107915

^aActive awards refer to those for which awardees still have time to spend funds within their allowable project periods, including any extensions, as of July 28, 2025.

^bAccording to SAMHSA, these awards were not in the last year and thus, cannot request extensions at this time. Potentially, based on the availability of funds and the recipient's request, the final date to spend funds for each award could be up to 12 months from the date noted in this table, as applicable.

Table 5: SAMHSA Awards and Recipient Spending for COVID-19 Supplemental Funding, Inactive Awards as of July 28, 2025^a

Award name	Award amount	Spent amount	Unspent funds as a percent of award amount	Final date to spend funds (including any extensions)
988 National Suicide Prevention Lifeline Expansion	\$75,000,000	\$75,000,000	0.0%	Sept. 29, 2023
Certified Community Behavioral Health Clinic Expansion Grants	\$249,657,910	\$223,890,675	10.3%	Apr. 30, 2023
Certified Community Behavioral Health Clinic Expansion Grants	\$468,086,282	\$395,698,975	15.5%	Feb. 14, 2024
Certified Community Behavioral Health Clinic Expansion Grants	\$118,964,455	\$100,675,939	15.4%	Aug. 30, 2024
Certified Community Behavioral Health Clinic Expansion Grants	\$146,858,105	\$127,851,948	12.9%	Aug. 30, 2024
Community Mental Health Centers (CMHC) Grant Program	\$823,032,334	\$696,068,215	15.4%	Sept. 30, 2024
Community Mental Health Services Block Grant	\$1,472,250,144	\$1,235,303,960	16.1%	Mar. 24, 2025
Cooperative Agreement for the National Suicide Prevention Lifeline and Disaster Distress Helpline	\$32,000,000	\$32,000,000	0.0%	Sept. 29, 2024
Cooperative Agreements for States and Territories to Build Local 988 Capacity	\$104,330,349	\$91,279,708	12.5%	Apr. 29, 2025
Cooperative Agreements for Tribal Behavioral Health	\$10,824,987	\$7,626,930	29.5%	Apr. 29, 2022
COVID-19 Emergency Response for Suicide Prevention Grants	\$38,995,221	\$36,298,432	6.9%	Nov. 30, 2022

COVID-19 Emergency Response for Suicide Prevention Grants	\$17,388,138	\$15,551,522	10.6%	Dec. 14, 2023
Emergency Grants to Address Mental and Substance Use Disorders During COVID-19	\$108,998,070	\$98,420,159	9.7%	May 31, 2023
Emergency Grants to Address Mental and Substance Use Disorders During COVID-19	\$235,564,602	\$193,122,191	18.0%	May 31, 2023
GLS Campus Suicide Prevention Grant Program	\$2,180,001	\$2,013,364	7.6%	Mar. 29, 2025
Harm Reduction Grant Program	\$29,249,950	\$26,399,302	9.7%	May 29, 2025
National Peer-Run Training and TA Center for Addiction Recovery Peer Support	\$1,272,240	\$1,272,240	0.0%	Sept. 30, 2024
Networking, Certifying, and Training Suicide Prevention Lifelines and Disaster Distress Helpline	\$7,021,172	\$7,021,172	0.0%	Mar. 30, 2022
Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grants	\$13,221,401	\$12,690,193	4.0%	Sept. 29, 2024
Substance Use Prevention, Treatment, and Recovery Services Block Grant	\$2,256,522,738	\$2,045,551,483	9.3%	Mar. 24, 2025
Suicide Prevention Lifeline Crisis Center Follow-Up Expansion Grant Program	\$2,978,828	\$2,975,850	0.1%	May 30, 2023
Total	\$6,214,396,927	\$5,426,712,257		

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-26-107915

^aInactive awards refer to awards that are no longer active, that is, the opportunity to spend the funds for these awards has ended as of July 28, 2025.

Appendix III: 988 Lifeline Spending Data

This appendix and table 6 show the amount of 988 Lifeline funding awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) for projects that began in fiscal years 2021 to 2023 for the cooperative agreements that comprise this program, as well as the amount of funds spent and percent of funds remaining unspent as of July 24, 2025.

Table 6: SAMHSA Awards and Recipient Spending for 988 Lifeline, as of July 24, 2025

Award name	Award amount	Spent amount	Unspent funds as a percent of award amount	Final date to spend funds, including extensions
FY22 Cooperative Agreements for States and Territories to Build Local 988 Capacity	\$150,984,666	\$128,971,722	14.6%	Apr. 29, 2025

FY22 Support for 988 Tribal Response Cooperative Agreements	\$17,125,402	\$11,205,567	34.6%	Dec. 30, 2025
FY23 Cooperative Agreements for States and Territories to Improve Local 988 Capacity	\$354,701,200	\$194,433,378	45.2%	Sept. 29, 2026 ^a
FY23 Support for 988 Tribal Response Cooperative Agreements	\$36,740,515	\$20,379,394	44.5%	Sept. 29, 2026 ^a
FY23 Cooperative Agreements for 988 Suicide and Crisis Lifeline Crisis Center Follow-Up Programs	\$9,972,965	\$6,382,118	36.0%	Sept. 29, 2026 ^a
FY21 Cooperative Agreement for the National Suicide Prevention Lifeline and Disaster Distress Helpline	\$635,651,855	\$544,939,890	14.3%	Sept. 29, 2026 ^a
Total	\$1,205,176,603	\$906,312,069	24.8%	

Source: Substance Abuse and Mental Health Services Administration (SAMHSA) data. | GAO-26-107915

^aAccording to SAMHSA, these awards were not in the last year and cannot request an extension at this time. Potentially, based on the availability of funds and the recipient's request, the final date to spend funds could be up to 12 months from the date entered, as applicable.

Endnotes

¹On March 27, 2025, HHS announced that it would be restructuring the department, including by consolidating SAMHSA into a new Administration for a Healthy America. See Department of Health and Human Services, Office of the Assistant Secretary for Public Affairs, *HHS Announces Transformation to Make America Healthy Again* (March 27, 2025). In May, several states filed a lawsuit challenging the March 27 announcement; litigation is ongoing. See *New York v. Kennedy*, No. 25-cv-00196 (D.R.I. May 5, 2025). As of February 2026, the transition to a new structure had not occurred and accordingly, we refer to the agency as SAMHSA throughout this report.

²This included \$211.3 million from the COVID-19 supplemental funding.

³For the purposes of this report, "COVID-19 supplemental funding" refers to funds appropriated to SAMHSA in the CARES Act, Pub. L. No. 116-136, div. B, tit. VIII, 134 Stat. 281, 556 (2020); Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, div. M, tit. III, 134 Stat. 1182, 1913 (2020); American Rescue Plan Act of 2021, Pub. L. No. 117-2, tit. II, subtit. H, 135 Stat. 4, 45-48, and funds which were, according to SAMHSA, received from an Inter Departmental Delegation of Authority. Unless otherwise stated, references to the Consolidated Appropriations Act, 2021 in this report refer to Division M of that act (Coronavirus Response and Relief Supplemental Appropriations Act, 2021). Additionally, for the purposes of this report, "988 Lifeline funding" refers to funds SAMHSA used to support the 988 Lifeline from the American Rescue Plan Act of 2021, Pub. L. No. 117-2, 135 Stat. 4; Bipartisan Safer Communities Act, Pub. L. No. 117-159, 136 Stat. 1313 (2022); Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 9; Consolidated Appropriations Act, 2023, Pub. L. No. 117-328, 136 Stat. 4459 (2022); and Further Consolidated Appropriations Act, 2024, Pub. L. No. 118-47, 138 Stat. 460 (2024).

⁴According to SAMHSA officials, the remaining approximately \$195 million of the funding included contracts, administrative costs, interagency agreements, relinquished grants, and funds that were not awarded or obligated, as of July 28, 2025.

⁵The Consolidated Appropriations Act, 2021 appropriated \$1.65 billion in COVID-19 supplemental funding for the Community Mental Health Services Block grant but specified that SAMHSA was to provide no less than half of this funding to community mental health centers. To meet this requirement, SAMHSA created the Community Mental Health Centers Grant Program and awarded \$823.0 million to grant recipients.

⁶Funds that are no longer able to be spent include (1) funds remaining after grant project time periods, including extensions, have ended, and (2) funds remaining from grants that were terminated. According to SAMHSA officials, terminated grants are grants that are ended, in whole or in part, at any time prior to the planned end of the project periods. For all awards, after the period to spend funds has ended and the appropriation account associated with that award is closed, unspent funds are returned to the U.S. Treasury.

⁷SAMHSA offered grant recipients certain flexibilities because of the COVID-19 public health emergency, such as flexibilities related to data reporting, according to SAMHSA officials.

⁸As described by SAMHSA documentation, GPRA requires agencies to engage in performance management tasks such as developing strategic plans, setting goals, measuring results, and

reporting progress. Across its grant programs, SAMHSA requires grant recipients to collect and submit performance data so that HHS can meet these requirements.

⁹SAMHSA also plans and manages program evaluations. According to SAMHSA officials, SAMHSA's Center for Behavioral Health Statistics and Quality's Office of Evaluation coordinates and oversees evaluations of SAMHSA grant programs. Officials said the frequency and design of these evaluations vary by program, and are based on statutory requirements, program maturity, and strategic priorities. For example, SAMHSA has contracted with an external entity to evaluate the 988 Lifeline program to assess its implementation and expansion, outcomes, and impact.