

President's FY 2026 Budget: HHS Highlights





TABLE OF CONTENTS

2	HHS FY 2026 Discretionary Funding Requests
2	HHS Restructuring
4	New Administration for a Healthy America
5	Centers for Medicare & Medicaid Services
6	National Institutes of Health
7	US Food and Drug Administration
7	Centers for Disease Control and Prevention
8	General Departmental Management
8	New Assistant Secretary for Enforcement
9	New Assistant Secretary for a Healthy Future
9	New Office of Strategy
9	New Assistant Secretary for Consumer Product Safety
9	Conclusion and Next Steps
10	Appendix: List of Administration for a Healthy America (AHA) Programs



President's FY 2026 Budget: HHS Highlights

Background

Every year, the administration releases the president's budget, which requests funding from Congress for the upcoming fiscal year (FY). The president's budget has traditionally been an opportunity for the administration to lay out its priorities and state publicly what programs and activities it wants to invest in, and which it wants to cut. When the same party controls Congress and the White House (as is the case this Congress), congressional appropriators often use the information and proposed spending levels in the president's budget to help guide the annual appropriations process. The president's budget is a nonbinding document, however, and funding levels reflected in appropriations bills do not always align with funding levels in the president's budget request.

On May 30, 2025, the US Department of Health and Human Services (HHS) released additional information related to the FY 2026 president's budget: the [FY 2026 Budget in Brief](#) and select [agency/division congressional justifications \(CJs\)](#).

As of June 5, 2025, not all agency CJs have been released, so more information will be forthcoming.

Available CJs

- [General Departmental Management](#)
- [Office of Inspector General](#)
- [Centers for Medicare & Medicaid Services](#)
- [Food and Drug Administration](#)
- [Indian Health Service](#)
- [Centers for Disease Control and Prevention](#)

Pending CJs

- Administration for a Healthy America
- Administration for Children, Families, and Communities
- National Institutes of Health

These documents follow the administration's "[skinny](#)" budget released on May 2, 2025, which included highlights of the FY 2026 discretionary funding request. The new documents shed additional light on the administration's policy priorities and provide more details about HHS's reorganization effort, including proposed budget levels for all HHS agencies and offices.

In total, HHS requests \$95 billion in discretionary funding for FY 2026, a \$32 billion (25%) cut from FY 2025 levels.



HHS FY 2026 Discretionary Funding Requests

Dollars in Thousands

Discretionary Program (Budget Authority)	2025	2026	2026 +/- 2025
Administration for a Healthy America (AHA)*	\$20,202	\$14,058	-\$6,144
US Food and Drug Administration (FDA)	\$3,576	\$3,167	-\$409
Indian Health Service	\$6,988	\$7,909	+\$921
Centers for Disease Control and Prevention (CDC)	\$4,666	\$4,116	-\$550
National Institutes of Health (NIH)	\$44,470	\$27,506	-\$16,963
Centers for Medicare & Medicaid Services (CMS)	\$4,137	\$3,464	-\$673
Administration for Children, Families, and Communities (ACFC)	\$36,516	\$29,331	-\$7,185
General Departmental Management (GDM)	\$283	\$320	\$37
Office of Strategy	\$513	\$240	-\$274
Assistant Secretary for Enforcement (ASE)	\$247	\$231	-\$16
Office of Inspector General	\$94	\$87	-\$7
Assistant Secretary for a Healthy Future (ASHF)	\$4,718	\$3,672	-\$1,046
Assistant Secretary for Consumer Product Safety (ASCPS)	\$151	\$135	-\$16
Health Care Fraud and Abuse Control Program (HCFAC)	\$941	\$941	-
Total Discretionary Budget Authority	\$127,483	\$95,418	-\$32,064

**While no funding was appropriated to the AHA in FY 2025, the FY 2025 figure represents funding levels for all the programs that will be transferred to the AHA.*

Read on for funding and policy highlights of the new budget documents.

HHS Restructuring

Traditionally, the president's budget reflects the administration's vision for how programs should be structured and funded. Therefore the FY 2026 budget assumes that the HHS restructuring, [initially announced](#) on March 27, 2025, will go forward as planned.

Within the new HHS budget documents, specific funding requests for HHS operating and staff divisions align with HHS's desired structure. Agencies that would no longer exist under the reorganization, such as the Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), do not have specific budget requests. Instead, budget requests for programs currently housed in these agencies are included for the agencies that would be responsible for implementing the programs after the restructuring.

Here are some highlights of the HHS restructuring that can be gleaned from the new budget documents:



President's FY 2026 Budget: HHS Highlights

Agency Office	Restructuring Information
CDC	The budget reflects the reorganization of some CDC functions to focus the “agency on its core mission and improve services to the American people.” The budget assumes the transfer of the National Center for Injury Prevention and Control, National Institute for Occupational Safety and Health, National Center for Environmental Health, National Center on Birth Defects and Developmental Disabilities, and the Ending the HIV Epidemic Initiative to the AHA, and the National Center for Health Statistics to the Office of Strategy.
NIH	The budget details how NIH plans to consolidate its current institutes into an eight-institute structure. HHS also announces that in FY 2026, “the budget will continue the policy to cap indirect cost rates at 15 percent, ensuring that the United States taxpayer is funding only necessary project costs, not extraneous salaries or flashy new buildings at wealthy universities.”
CMS	CMS will be responsible for managing the 340B drug pricing program, formerly in HRSA.
ACFC	The budget assumes that the Administration for Community Living will be integrated into the Administration for Children and Families to create the new ACFC.
AHA	The new administration will combine the work of the Office of the Assistant Secretary for Health (OASH), HRSA, SAMSHA, the National Institute of Environmental Health Sciences of NIH, and several centers and programs formerly in the CDC. AHA will consist of the following components: Primary Care; Maternal and Child Health; Mental and Behavioral Health; Environmental Health; HIV/AIDS; Health Workforce; and AHA Policy, Research, and Oversight, which includes the Surgeon General.
GDM	HHS will establish the Chief Technology Officer (CTO), to include the Office of the Chief Information Officer (OCIO), previously under the Assistant Secretary for Administration, and the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT (ASTP/ONC). CTO, through OCIO and ASTP, will lead and coordinate cybersecurity and health information technology efforts.
Assistant Secretary for Enforcement	This office will combine the Office for Civil Rights (OCR), Departmental Appeals Board, Office of Medicare Hearings and Appeals, and Office for Human Research Protections (OHRP), previously under OASH.
Assistant Secretary for Strategy	This new office will include the Assistant Secretary for Planning and Evaluation, the Agency for Healthcare Research and Quality, the National Center for Health Statistics from the CDC, and the Office of Research Integrity formerly in OASH.
Assistant Secretary for a Healthy Future	This new office will include Administration for Strategic Preparedness and Response and the Advanced Research Project Agency for Health (commonly known as ARPA-H).



Agency Office	Restructuring Information
ASCPS	This new office will be responsible for overseeing all the responsibilities currently being performed by the Consumer Product Safety Commission (CPSC).

New Administration for a Healthy America

The budget includes \$19 billion in total funding, including \$14 billion in discretionary funding, for the new AHA.

The budget includes an exhaustive list of current programs that would be shifted to AHA. Please see the Appendix for the full list. The budget also presents the AHA's work as falling into these broad categories:

- The Make America Health Again Initiative
- Advancing Health and Well-Being and Ensuring Access to High-Quality Healthcare Services
- Improving Mental Health and Combating Substance Abuse
- Protecting Against Environmental Health Risks and Strengthening the Health Workforce
- Policy, Research, and Oversight

Make America Health Again Initiative

Building on the work of the Make America Health Again (MAHA) Commission, the budget includes \$500 million for activities that support the MAHA initiative. The budget also allocates \$119 million for the Prevention Innovation Program, which responds to the United States' high rates of chronic disease and childhood obesity, and \$56 million for the Childhood Lead Poisoning Prevention Program and Lead Exposure Registry.

Advancing Health and Well-Being and Ensuring Access to High-Quality Healthcare Services

The budget includes a \$6.1 billion investment to support approximately 1,400 health centers, including \$1.8 billion in discretionary funding and \$4.3 billion in proposed mandatory resources. To address the needs of rural communities, the budget provides \$284 million for grant programs and technical assistance. The budget includes \$550 million for the National Center for Injury Prevention and Control, a new consolidated block grant meant to support activities that currently fall under CDC's sexual violence, domestic violence community projects, and rape education and prevention programs.

The budget plans \$54 million for the Organ Transplantation Program, including implementation of the Securing the U.S. Organ Procurement and Transplantation Network (OPTN) Act. The budget states that AHA will continue the Act's modernization effort by overseeing multiple contracts and ensuring that the OPTN prioritizes the safety of patients and families.

The budget proposes \$897 million in discretionary budget authority to support maternal and child health programs formerly managed by HRSA, including \$767 million for the Maternal and Child Health Block Grant and continued funding for the Maternal Mental Health Hotline.



President's FY 2026 Budget: HHS Highlights

Improving Mental Health and Combating Substance Abuse

The budget includes \$5.8 billion in discretionary budget authority to provide mental health services, suicide prevention, substance use prevention, and substance use treatment. It proposes \$4.1 billion to increase state flexibilities to meet behavioral health needs through a new program, the Behavioral Health Innovation Block Grant, which would consolidate the funding for the Community Mental Health Services Block Grant; Substance Use Prevention, Treatment and Recovery Support Services Block Grant; and State Opioid Response. The budget maintains suicide prevention programs, including \$520 million for the 988 Suicide and Crisis Lifeline.

Protecting Against Environmental Health Risks and Strengthening the Health Workforce

The budget provides:

- \$655 million to support research focused on expanding knowledge about human health, the environment, and safe water activities
- \$67 million for activities aimed at addressing safety and health issues in both surface and underground mining
- \$948 million in funding for health workforce programs (including \$175 million in mandatory funding for the Teaching Health Center Graduate Medical Education Program)
- \$129 million in behavioral health workforce development programs

Policy, Research, and Oversight

The budget includes \$20 million for the Office of the Surgeon General, which will be located in AHA, and \$5 million in Public Health Service evaluation funding.

Centers for Medicare & Medicaid Services

Discretionary Program Management Budget Request

The budget includes \$3.5 billion for CMS's program management budget, a decrease of \$673 million from the FY 2025 enacted budget of \$4.1 billion. This proposed funding includes \$3 billion for program administration and \$442 million for survey and certification activities. The program management budget funds many administrative costs associated with operating the Medicare and Medicaid programs and the Affordable Care Act Exchanges, running CMS's quality-related programs, and educating beneficiaries through the National Medicare Education Program (which includes annual mailing of the Medicare & You handbook and support for the 1-800-MEDICARE phone service). The budget proposes reductions to many of these operational activities by assuming contract efficiencies and eliminating unnecessary and duplicative functions.

The CMS budget includes two strategic investments: \$22 million to restart the durable medical equipment, prosthetics, orthotics, and supplies competitive bidding program, and \$12 million to provide oversight and auditing of 340B drug pricing program covered entities. Responsibility for 340B oversight and auditing currently resides with HRSA and is part of the HHS restructuring.

More information about these operational costs can be found in CMS's [congressional justification](#).



President's FY 2026 Budget: HHS Highlights

Health Care Fraud and Abuse Control Budget Request

The budget requests \$941 million in discretionary funding for HCFAC, the same funding level as FY 2025. Another \$1.7 billion in HCFAC funding is allocated from the Medicare Part A Trust Fund.

The HCFAC program provides funding to address fraud and abuse across both discretionary and mandatory healthcare programs. The budget states that HCFAC-funded work returns more than \$10 billion to the Medicare trust funds each year. Of the \$941 million in discretionary funding, the budget proposes to distribute \$699 million to CMS, \$133 million to the US Department of Justice, and \$109 million to the HHS Office of Inspector General.

The budget also calls for a mandatory appropriation for the Medicaid Integrity Program adjusted annually for inflation that will total \$105 million in FY 2026. The Medicaid Integrity Program has collaborated with states to promote best practices and awareness of Medicaid and Children's Health Insurance Program fraud, waste, and abuse. The proposed investment in the Medicaid Integrity Program suggests that the administration plans to focus more federal oversight on states in conducting activities related to fraud, waste, and abuse.

Grants to States for Medicaid

CMS's FY 2026 mandatory appropriation request for the Grants to States for Medicaid account is \$769.2 billion, an increase of \$57.5 billion relative to the FY 2025 request of \$711.7 billion. This appropriation comprises \$261.1 billion in an authorized advance appropriation for FY 2025 and a remaining appropriation of \$508.1 billion for FY 2026. These estimated obligations include:

- 734.4 billion in Medicaid medical assistance payments
- \$28.6 billion for Medicaid state and local administrative functions, including funding for Medicaid state survey and certification and the state Medicaid fraud control units
- \$7.9 billion for the CDC's Vaccines for Children program

The budget also proposes \$373 million for states to conduct surveys, certifications, and investigations, and to address a portion of the survey backlog for Medicaid-eligible facilities.

National Institutes of Health

The budget request includes \$27.9 billion for the NIH. This includes \$27.5 billion in discretionary funding and \$400 million in mandatory funding, of which \$159 million is dedicated to reauthorization of the Special Type 1 Diabetes Program. This discretionary funding allocation is \$17 billion below the FY 2025 enacted amount. It includes \$226 million in 21st Century Cures Act authorized funding to support the All of Us Research Program and the Brain Research Through Advancing Innovative Neurotechnologies Initiative.

The budget includes a restructuring of the NIH to consolidate the 27 institutes and centers (ICs) into eight, with the goal of increasing efficiency. The budget would retain three existing ICs, including the National Cancer Institute, while eliminating four ICs, including the National Institute on Minority Health and Health Disparities. The budget proposal includes a 15% cap on indirect cost rates that NIH previously pursued but is subject to ongoing litigation.

Additional NIH priorities include increasing research funding to end the chronic disease crisis and restoring trust in science. The budget states that the NIH will advance research to explore how food additives impact children's health, leverage datasets to examine the root causes of autism, and invest in technology to map



President's FY 2026 Budget: HHS Highlights

the influence of environmental exposures on chronic diseases. The request notes that in order to restore trust and advance the MAHA movement, the NIH will suspend federally funded gain-of-function research and focus on academic freedom, bold ideas, transparency, and replication of science.

US Food and Drug Administration

The FY 2026 budget provides \$6.8 billion for FDA, a decrease of \$271 million compared to the FY 2025 level. This proposed funding includes \$3.2 billion in discretionary budget authority, a decrease of \$408.8 million, and \$3.6 billion in user fees, an increase of \$137.3 million. The \$3.6 billion in user fees will be used to support FDA's food and medical product safety responsibilities and accelerate innovation in industry. The budget states that although current Medical Product Safety user fees are authorized through September 30, 2027, negotiations for future reauthorization are already underway.

The budget includes \$240 million to protect food supply, address chronic disease, strengthen safety oversight, expand current state agreements for routine food inspections, modernize infant formula, and support laboratory analysis and operations. The budget notes that part of the funding to strengthen food safety will support technological advancements to swiftly identify and combat foodborne pathogens, such as avian influenza. The Tobacco Program budget will be used to support product review, research, compliance, enforcement, public education campaigns, and policy development. To address chronic disease, the FDA plans to provide new forms of nutrition labeling to better inform consumers about the foods they consume and incentivize industry to manufacture healthier food. The agency will also expand a new pilot program to assist schools' transition to healthier foods. The budget includes \$455 million for FDA's medical device program, to carry out its medical device and medical product review, regulation, and research to support public health.

The budget notes that the FDA is exploring potential rulemaking related to its Generally Recognized as Safe (GRAS) rule to close a loophole that allows manufacturers to add potentially harmful additives without notifying the agency or the public. The proposed changes would eliminate the self-affirmed GRAS pathway, requiring companies to notify the FDA and provide safety data before introducing new ingredients.

Centers for Disease Control and Prevention

The FY 2026 budget proposes \$4.3 billion in total discretionary funding for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR), including \$4.1 billion in discretionary budget authority and \$205 million in Public Health Service Evaluation funds. This proposal represents a \$1.2 billion decrease in funding from FY 2025. The administration proposes to make the reduction by eliminating several programs, including global health programs for HIV/AIDS, tuberculosis, and immunization; most programs within the National Center for Chronic Disease Prevention and Promotion; and several programs within the Administration for Strategic Preparedness and Response (ASPR).

The budget proposal outlines several CDC priorities. Related to public health infrastructure, the budget includes \$114 million for Public Health Leadership and Support to maintain CDC's capacity, \$260 million for Public Health Infrastructure and Capacity grants, and \$71 million for training and fellowships for public health professionals.

To surveil emerging and infectious diseases, the budget includes \$50 million for the Center for Forecasting and Outbreak Analytics, \$328 million for disease surveillance, \$23 million for the Surveillance for Emerging Threats to Mothers and Babies (SET-NET) program, \$293 million for global disease detection and emergency response, and \$300 million for a new consolidated grant program focused on reducing the incidence of sexually transmitted infections and eliminating viral hepatitis and tuberculosis. The budget would also establish a biothreat radar detection system in coordination with the National Security Council.



President's FY 2026 Budget: HHS Highlights

For public health threat response, the budget includes \$588 million to establish the new Center for Preparedness and Response; \$99 million of that funding will go towards programs formerly in ASPR, and \$350 million will support the Public Health Emergency Preparedness program, technical assistance, and related activities. The budget also includes \$963 million for the discretionary immunization and respiratory diseases program and \$78 million for ATSDR.

General Departmental Management

The GDM budget account funds many offices and functions within the HHS Office of the Secretary. The FY 2026 budget reflects consolidation of the organizational functions of the OCIO, ASTP/ONC, and the departmental cybersecurity program into the new CTO to “leverage efficiencies and increase productivity and outcomes.” The budget also reflects consolidation of the organizational functions of the Assistant Secretary for Legislation, Assistant Secretary for Public Affairs, Office of Global Affairs, Office of Intergovernmental and External Affairs, and the Partnership Center for Faith-Based and Neighborhood Partnerships into the new Office of the Assistant Secretary for External Affairs to leverage efficiencies and increase productivity and outcomes.

Because of this restructuring and the fact that the GDM budget would cover additional offices, HHS requests a \$37 million increase over FY 2025 levels for a total of \$320 million.

Key investments include:

- \$130 million for the CTO to oversee and support implementation of the Health IT Certification Program; coordination of health information standards, such as US Core Data for Interoperability and Interoperability Standards Advisory; and health IT policy coordination efforts, including information blocking and the Trusted Exchange Framework and Common Agreement
- \$7 million to support the Office of the Secretary's transition to the E-gov Travel Service, a government-wide travel solution to allow for increased efficiencies and transparency
- \$5 million to improve overall grants management, including resources for Grants QSMO and implementation of the GREAT Act, which intends to modernize and improve federal grant reporting
- \$1.6 million for the Immediate Office of the Secretary and the Office of National Security to ensure adequate policy and program oversight
- \$1.3 million for shared operating expenses to address rising costs across the Office of the Secretary

New Assistant Secretary for Enforcement

The budget includes \$231 million in total discretionary funding for ASE. Four key offices would work collectively under ASE to ensure all HHS policy and standards are enforced.

- OCR enforces federal conscience, civil rights, health information privacy and security, and religious freedom laws
- The Office of Medicare Hearings and Appeals administers the nationwide hearing program for appeals, at the third level, arising from the Medicare program
- The Departmental Appeals Board (DAB) provides impartial, independent review of disputed decisions under more than 60 statutory provisions
- OHRP protects the rights and welfare of people who volunteer for biomedical and behavioral research

Of the \$231 million request, \$51 million would support OCR (including Health Insurance Portability and Accountability Act enforcement activities), OHRP, and DAB. The request allocates \$180 million to adjudicate Medicare-related claims, with the goal of reducing the current appeals backlog.



New Assistant Secretary for a Healthy Future

The FY 2026 budget includes \$3.7 billion for the new ASHF. This office will aim to streamline public health research and development efforts by combining the current ASPR and ARPA-H.

Funding request highlights include:

- \$945 million for ARPA-H, a \$555 million reduction from FY 2025
- \$654 million for Biomedical Advanced Research and Development Authority/Advanced Research and Development, a \$361 million reduction from FY 2025
- \$750 million for the Strategic National Stockpile, a \$230 million reduction from FY 2025
- \$725 million for Project BioShield, a \$100 million reduction from FY 2025

New Office of Strategy

The FY 2026 budget includes \$240 million in total discretionary budget authority for the Office of Strategy and reflects the combination of the Assistant Secretary for Planning and Evaluation with the Agency for Healthcare Research and Quality, the CDC's National Center for Health Statistics, and the Office of Research Integrity currently in OASH. The budget also provides \$219 million from Public Health Service Evaluation Funds and reflects elimination of digital healthcare and patient-centered outcomes research.

Of the total request, the budget provides \$43 million for research to reduce patient safety risks and harms, support patient safety organizations, and address healthcare-associated infections. The budget invests \$7 million to support the US Preventive Services Task Force's "continued production of crucial evidence-based recommendations." It provides \$76 million for the Medical Expenditure Panel Survey to provide detailed data on patient access, use of healthcare services, expenses, insurance coverage, and quality. Finally, the budget provides \$175 million in Public Health Service Evaluation funds for the National Center for Health Statistics, currently in the CDC.

New Assistant Secretary for Consumer Product Safety

The FY 2026 budget proposes to reorganize the CPSC and transfer its functions to the HHS Office of the Secretary as the ASCPS. The FY 2026 budget includes \$135 million for ASCPS, \$16 million below CPSC's FY 2025 enacted level. The decrease stems from reduced administrative and support functions that are envisioned to be carried out by the HHS Office of the Secretary.

Conclusion and Next Steps

Congress is working its way through the FY 2026 appropriations process and aims to complete its work by the start of the new FY on October 1, 2025. Congress has not met this deadline in recent years, necessitating continuing resolutions (CRs) to avoid a government shutdown. Congressional appropriators will likely use these additional budget documents (including the remaining CJs once they are released) to further assess HHS's funding request and inform the Labor-HHS appropriations bill. Congress will need to decide which parts of the request to accept or reject, including whether to incorporate funding levels for the new HHS agencies and offices in the final Labor-HHS appropriations bill. HHS Secretary Robert F. Kennedy Jr. has already testified before the House and the Senate on the HHS budget, and it is unclear whether there will be any further hearings to discuss these additional details.

For more information, please contact [Jeffrey Davis](#), [Amy Kelbick](#), [Lynn Nonnemaker](#), [Leigh Feldman](#), [Julia Grabo](#), [Maddie News](#), [Kayla Holgash](#), [Marie Knoll](#), or [Erica Stocker](#).



President's FY 2026 Budget: HHS Highlights

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Appendix: List of Administration for a Healthy America (AHA) Programs

Here is a list of programs that the HHS Budget in Brief lists are shifting to AHA

- Previously in HRSA:
 - Healthy Start
 - Newborn Screening for Heritable Disorders
 - Early Hearing Detection and Intervention
 - Emergency Medical Services for Children
 - Ryan White Part F
 - Rural Hospital Flexibility Grants
 - State Offices of Rural Health
 - Rural Hospital Stabilization
 - Family Planning
 - 15 workforce programs, including some nursing workforce programs and medical student education
- Previously in CDC:
 - Youth Violence Prevention
 - Adverse Childhood Experiences
 - Firearm Injury and Mortality Prevention Research
 - Traumatic Brain Injury
 - Elderly Falls
 - Drowning
 - Other Injury Prevention Activities
 - Injury Control Research Centers
 - National Occupational Research Agenda
 - Education and Research Centers
 - Personal Protective Technology
 - Other Occupational Safety and Health Research (Total Worker Health)
 - Amyotrophic Lateral Sclerosis (ALS) Registry
 - Climate and Health
 - Trevor's Law
 - Environmental and Health Outcome Tracking Network
 - Asthma
- Previously in SAMHSA:
 - Mental Health Awareness Training
 - Healthy Transitions
 - Infant and Early Childhood Mental Health
 - Mental Health Children and Family Programs
 - Consumer and Family Network Grants
 - Mental Health System Transformation
 - Project LAUNCH
 - Primary and Behavioral Health Care Integration Programs
 - Mental Health Crisis Response Partnership Program
 - Homelessness Prevention
 - Mental Health Criminal and Juvenile Justice Programs



President's FY 2026 Budget: HHS Highlights

- Assertive Community Treatment for Individuals with Serious Mental Health Illness
 - Homelessness Technical Assistance
 - Minority AIDS
 - Seclusion and Restraint
 - Minority Fellowship Program
 - Tribal Behavioral Health Grants
 - Interagency Task Force on Trauma-Informed Care
 - Strategic Prevention Framework
 - Sober Truth on Preventing Underage Drinking
 - Screening, Brief Intervention and Referral to Treatment
 - Targeted Capacity Expansion
 - Grants to Prevent Prescription Drug and Opioid Overdose-Related Deaths
 - First Responder Training
 - Improving Access to Overdose Treatment
 - Pregnant and Postpartum Women
 - Recovery Community Services Program
 - Substance Abuse Treatment Children and Families
 - Treatment Systems for Homeless
 - Building Communities of Recovery
 - Substance Abuse Treatment Criminal Justice Activities
 - Emergency Department Alternatives to Opioids
 - Treatment, Recovery, and Workforce Support
 - Peer Support Technical Assistance Center
 - Comprehensive Opioid Recovery Centers
 - Youth Prevention and Recovery Initiative
 - Drug Abuse Warning Network
- Previously in OASH:
 - Office of Population Affairs
 - Teen Pregnancy Prevention
 - Secretary's Minority HIV/AIDS Fund
 - Kidney X
 - Stillbirth Task Force
 - Sexual Risk Avoidance