



## The National Association of State Alcohol and Drug Abuse Directors (NASADAD)

### FY 2018 Appropriations

March 2018 Update

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On March 23<sup>rd</sup>, 2018, President Donald Trump signed a fiscal year 2018 (October 1, 2017-September 30, 2018) omnibus spending bill.

This document provides a summary of the omnibus funding levels for NASADAD's priority programs within HHS. The following charts compare the FY 2018 omnibus spending bill to the FY 2017 enacted funding levels. The document also summarizes FY 2018 funding for programs within the Department of Justice (DOJ) and the Office of National Drug Control Policy (ONDCP).

#### **FY 2018 appropriations for:**

- **Department of Health and Human Services (HHS)**
  - **Substance Abuse and Mental Health Services Administration (SAMHSA)**
    - **Substance Abuse Prevention and Treatment (SAPT) Block Grant**
    - **Center for Substance Abuse Treatment (CSAT)**
    - **Center for Substance Abuse Prevention (CSAP)**
    - **Center for Mental Health Services (CMHS)**
  - **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
  - **National Institute on Drug Abuse (NIDA)**
  - **Centers for Disease Control and Prevention (CDC)**
  - **Health Resources and Services Administration (HRSA)**
- **Department of Justice (DOJ)**
- **Office of National Drug Control Policy**



**Substance Abuse Prevention and Treatment (SAPT) Block Grant**

Program	FY 15	FY 16	FY 17	President's FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
Substance Abuse Prevention and Treatment Block Grant	\$1,819,856,000	\$1,858,079,000	\$1,858,079,000	\$1,854,697,000	\$1,858,079,000	Level

**SAMHSA's Center for Substance Abuse Treatment (CSAT) – Appropriations by Program**

Program	FY 15	FY 16	FY 17	President's FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
<b>CSAT TOTAL</b>	\$361,463,000	\$335,345,000	\$354,427,000	\$341,738,000	\$405,427,000	+\$51,000,000
State Targeted Response (STR) to the Opioid Crisis Grants	--	--	\$500,000,000	\$500,000,000	\$500,000,000	Level
State Opioid Response Grants	--	--	--	--	\$1,000,000,000	+\$1,000,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,029,000	\$9,046,000	Level
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$29,549,000	\$29,605,000	Level
Criminal Justice Activities	\$78,000,000	\$78,000,000	\$78,000,000	\$77,852,000	\$89,000,000	+\$11,000,000
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$65,445,000	\$65,570,000	Level
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,708,000	\$8,724,000	Level
Pregnant and Postpartum Women	\$15,931,000	\$15,931,000	\$19,931,000	\$19,931,000	\$29,931,000	+\$10,000,000
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,429,000	\$2,434,000	Level
Screening, Brief Intervention, Referral, and Treatment (SBIRT)	\$46,889,000	\$46,889,000	\$30,000,000	\$46,804,000	\$30,000,000	Level
Targeted Capacity Expansion (TCE) General	\$23,223,000	\$36,303,000	\$67,192,000	\$36,234,000	\$95,192,000	+\$28,000,000
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (PDOA)</i>	<i>\$12,000,000</i>	<i>\$25,000,000</i>	<i>\$56,000,000</i>	<i>\$24,952,000</i>	<i>\$84,000,000</i>	<i>+\$28,000,000</i>
Treatment Systems for Homeless	\$41,386,000	\$41,304,000	\$36,386,000	\$41,225,000	\$36,386,000	Level
Building Communities of Recovery	N/A	N/A	\$3,000,000	\$1,000,000	\$5,000,000	+\$2,000,000

**Omnibus Report Language on CSAT Programs**

**21<sup>st</sup> Century Cures-** “The agreement notes concern that SAMHSA has restricted State's flexibility for addressing the opioid crisis by limiting the amount of funding that can be used for opioid prevention activities. The agreement recommends States be given flexibility within the existing grant program authorized in section 1003(b)(3) of the 21st Century Cures Act (P.L. 114-255) to direct resources in accordance with local needs. The agreement requests a report to the Committees on Appropriations of the House of Representatives and the Senate on such plans and evaluation results available on this program, one year after enactment of this Act.”

**State Opioid Response Grants-** “The agreement provides **\$1,000,000,000 in new funding for grants to States to address the opioid crisis.** This funding is **in addition to the \$500,000,000 provided in the 21st Century Cures Act.** Bill language provides \$50,000,000 for grants to Indian tribes or



tribal organizations. In addition, the agreement provides a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on state ordinal ranking. The agreement urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.

“In addition, not later than one year after the date of enactment of this Act, SAMHSA shall submit a report to the Committees on Appropriations of the House of Representatives and the Senate that includes a description of the activities for which each State has received funding and the ultimate recipients of the funds provided to States. In addition, SAMHSA shall submit an evaluation of the program not later than two years after the date of enactment of this Act. SAMHSA is directed to make the report and evaluation publicly available on SAMHSA's website.”

**Medication-Assisted Treatment for Prescription Drug and Opioid Addiction-** “The agreement provides \$84,000,000 for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program. SAMHSA is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin. SAMHSA is directed to give preference in grant awards to treatment regimens that are less susceptible to diversion for illicit purposes. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders. Within the total, the agreement includes \$5,000,000 for grants to Indian tribes, tribal organizations, or consortia.”

**SAMHSA’s Center for Substance Abuse Prevention (CSAP) – Appropriations by Program**

Program	FY 15	FY 16	FY 17	President’s FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
<b>CSAP TOTAL</b>	\$175,219,000	\$211,219,000	\$223,219,000	\$149,700,000	\$248,219,000	<b>+\$25,000,000</b>
<b>Center for the Application of Prevention Technologies (CAPT)</b>	\$7,493,000	\$7,493,000	\$7,493,000	\$7,479,000	\$7,493,000	Level
<b>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths</b>	N/A	\$12,000,000	\$12,000,000	\$11,977,000	\$12,000,000	Level
<b>Mandatory Drug Testing</b>	\$4,894,000	\$4,894,000	\$4,894,000	\$4,885,000	\$4,894,000	Level
<b>Minority AIDS</b>	\$41,205,000	\$41,205,000	\$41,205,000	\$28,843,000	\$41,205,000	Level
<b>Science and Service Program Coordination</b>	\$4,072,000	\$4,072,000	\$4,072,000	\$4,064,000	\$4,072,000	Level
<b>Sober Truth on Preventing Underage Drinking (STOP Act)</b>	\$7,000,000	\$7,000,000	\$7,000,000	\$6,986,000	\$7,000,000	Level
<b>Strategic Prevention Framework/Partnerships for Success</b>	\$109,484,000	\$109,484,000	\$109,484,000	\$48,427,000	\$119,484,000	<b>+\$10,000,000</b>
<b>Strategic Prevention Framework Rx</b>	N/A	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level
<b>Tribal Behavioral Health Grants</b>	N/A	\$15,000,000	\$15,000,000	\$14,971,000	\$15,000,000	Level
<b>First Responder Training</b>	N/A	N/A	\$12,000,000	\$12,000,000	\$36,000,000	<b>+\$24,000,000</b>
<i>Rural Focus</i>	N/A	N/A	N/A	N/A	<i>\$18,000,000</i>	<i>+\$18,000,000</i>
<b>Improving Access to Overdose Treatment</b>	N/A	N/A	N/A	N/A	\$1,000,000	<b>+\$1,000,000</b>



SAMHSA's Center for Mental Health Services (CMHS) – Appropriations by Program

Program	FY 15	FY 16	FY 17	President's FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
<b>CMHS TOTAL</b>	\$370,538,000	\$402,609,000	\$386,659,000	\$277,419,000	\$426,659,000	+\$40,000,000
Children and Family Programs	\$6,458,000	\$6,458,000	\$7,229,000	Not funded	\$7,229,000	Level
Children's Mental Health	\$117,026,000	\$119,026,000	\$119,026,000	\$118,800,000	\$125,000,000	+\$5,974,000
Community Mental Health Services (CMHS) Block Grant	\$482,571,000	\$511,532,000	\$541,532,000	\$400,000,000	\$701,532,000	+\$160,000,000
Consumer/Consumer Support TA Centers	\$1,918,000	\$1,918,000	\$1,918,000	\$1,914,000	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,945,000	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,269,000	\$4,269,000	\$4,269,000	\$4,261,000	\$4,269,000	Level
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,949,000	\$1,953,000	Level
Grants to States for the Homeless/Projects for Assistance in Transition from Homelessness (PATH)	\$64,635,000	\$64,635,000	\$64,635,000	\$65,000,000	\$64,635,000	Level
Healthy Transitions	\$19,951,000	\$19,951,000	\$19,951,000	Not funded	\$25,951,000	+\$6,000,000
Homelessness Prevention Programs	\$30,696,000	\$30,696,000	\$30,696,000	\$30,638,000	\$30,696,000	Level
Infant and Early Childhood MH	--	--	--	--	\$5,000,000	+\$5,000,000
MH System Transformation and Health Reform	\$3,779,000	\$3,779,000	\$3,779,000	\$3,772,000	\$3,779,000	Level
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$4,206,000	\$9,224,000	Level
National Traumatic Stress Network	\$45,887,000	\$46,887,000	\$48,887,000	\$46,798,000	\$53,887,000	+\$5,000,000
Primary and Behavioral Health Care Integration	\$49,877,000	\$49,877,000	\$49,877,000	Not funded	\$49,877,000	Level
Primary/Behavioral Health Integration TA	\$1,991,000	\$1,991,000	\$1,991,000	Not funded	\$1,991,000	Level
Project AWARE	\$54,865,000	\$64,865,000	\$57,001,000	Not funded	\$71,000,000	+\$14,000,000
Mental Health First Aid	\$14,963,000	\$14,963,000	\$14,963,000	Not funded	\$19,963,000	+\$5,000,000
Project AWARE State Grants	\$39,902,000	\$49,902,000	\$57,001,000	\$49,807,000	\$71,001,000	+\$14,000,000
Project LAUNCH	\$34,555,000	\$34,555,000	\$23,605,000	\$34,489,000	\$23,605,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$36,077,000	\$36,146,000	Level
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,145,000	\$1,147,000	Level
Suicide Prevention	\$60,032,000	\$60,032,000	\$69,032,000	\$59,940,000	\$69,032,000	Level
Tribal Behavioral Health Grants	\$4,988,000	\$15,000,000	\$15,000,000	\$14,971,000	\$15,000,000	Level
Youth Violence Prevention	\$23,099,000	\$23,099,000	Not funded	\$23,055,000	Not funded	Level



National Institute on Alcohol Abuse and Alcoholism (NIAAA) – Appropriations

Program	FY 15	FY 16	FY 17	President's FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
NIAAA	\$447,153,000	\$467,700,000	\$483,363,000	\$361,356,000	\$509,573,000	+\$26,210,000

National Institute on Drug Abuse (NIDA) – Appropriations

Program	FY 15	FY 16	FY 17	President's FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
NIDA	\$1,028,614,000	\$1,077,488,000	\$1,090,853,000	\$864,998,000	\$1,383,603,000	+\$292,750,000

Centers for Disease Control and Prevention (CDC) – Appropriations for Selected Programs

Program	FY 15	FY 16	FY 17	President's FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,117,609,000	\$1,122,278,000	\$1,117,278,000	\$934,000,000	\$1,127,278,000	+\$10,000,000
<i>HIV Prevention by Health Departments</i>	<i>\$397,161,000</i>	<i>\$397,161,000</i>	<i>\$397,161,000</i>	<i>Not listed</i>	<i>\$397,161,000</i>	<i>Level</i>
<i>School Health</i>	<i>\$31,081,000</i>	<i>\$33,081,000</i>	<i>\$33,081,000</i>	<i>\$15,371,000</i>	<i>\$33,081,000</i>	<i>Level</i>
Viral Hepatitis	\$31,331,000	\$34,000,000	\$34,000,000	\$33,935,000	\$39,000,000	+\$5,000,000
Sexually Transmitted Infections	\$157,310,000	\$157,310,000	\$152,310,000	\$130,000,000	\$157,310,000	+\$5,000,000
Chronic Disease Prevention and Health Promotion	\$1,198,220,000	\$1,177,000,000	\$1,115,596,000	\$952,250,000	\$1,162,896,000	+\$47,300,000
<i>Tobacco</i>	<i>\$215,492,000</i>	<i>\$210,000,000</i>	<i>\$205,000,000</i>	<i>Not listed</i>	<i>\$210,000,000</i>	<i>+\$5,000,000</i>
<i>Excessive Alcohol Use</i>	<i>\$3,000,000</i>	<i>\$3,000,000</i>	<i>\$3,000,000</i>	<i>Not listed</i>	<i>\$4,000,000</i>	<i>+\$1,000,000</i>
<i>Prevention Research Centers</i>	<i>\$25,461,000</i>	<i>\$25,461,000</i>	<i>\$25,461,000</i>	<i>Not listed</i>	<i>\$25,461,000</i>	<i>Level</i>
Birth Defects and Developmental Disabilities	\$131,781,000	\$135,610,000	\$137,560,000	\$100,000,000	\$140,560,000	+\$3,000,000
<i>Fetal Alcohol Syndrome</i>	<i>\$10,505,000</i>	<i>\$11,000,000</i>	<i>\$11,000,000</i>	<i>Not listed</i>	<i>\$11,000,000</i>	<i>Level</i>
Injury Prevention and Control	\$170,447,000	\$236,059,000	\$286,059,000	\$216,165,000	\$648,559,000	+\$362,500,000
<i>Unintentional Injury</i>	<i>\$8,598,000</i>	<i>\$8,800,000</i>	<i>\$8,800,000</i>	<i>\$6,737,000</i>	<i>\$8,800,000</i>	<i>Level</i>
Injury Prevention Activities	\$48,950,000	\$104,529,000	\$28,950,000	\$20,293,000	\$28,950,000	Level
<i>Opioid Prescription Drug Overdose (PDO)</i>	<i>\$20,000,000</i>	<i>\$75,579,000</i>	<i>\$125,579,000</i>	<i>\$75,435,000</i>	<i>\$475,579,000</i>	<i>+\$350,000,000</i>
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	\$160,000,000	Level



### Omnibus Report Language on CDC Programs

**Opioid Prescription Drug Overdose (PDO) Prevention Activity-** “The agreement includes \$475,579,000, an increase of \$350,000,000 and reflects continued strong support of CDC PDO activities. As such, it reiterates support for the interconnected language in both the House and the Senate reports on this issue. CDC shall use the provided funds to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C. The agreement expects that this will include the expansion of case-level syndromic surveillance data, improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices. CDC shall promote the use of Prescription Drug Monitoring Programs (PDMPs), including implementation of activities described in the National All Schedules Prescription Electronic Reporting Act of 2005 as amended by the Comprehensive Addiction and Recovery Act of 2016. This shall include continuing to expand efforts to enhance the utility of PDMPs in States and communities, making them more interconnected, real-time, and usable for public health surveillance and clinical decision making. CDC shall also promote alternative surveillance programs for States and communities that do not have a PDMP. CDC is encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records. Finally, CDC shall use \$10,000,000 of the funds provided to conduct an opioid nationwide awareness and education campaign.”

### Health Resources and Services Administration (HRSA) – Appropriations for Selected Programs

Program	FY 15	FY 16	FY 17	President’s FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
Community Health Centers	\$1,491,422,000	\$1,491,422,000	\$1,490,522,000	\$1,491,522,000	\$1,625,522,000	+\$135,000,000
Interdisciplinary Community-Based Linkages	\$73,403,000	\$78,903,000	\$128,903,000	Not funded	\$190,903,000	+\$62,000,000
<i>Mental and Behavioral Health</i>	<i>\$8,916,000</i>	<i>\$9,916,000</i>	<i>\$9,916,000</i>	<i>Not funded</i>	<i>\$36,916,000</i>	<i>+\$27,000,000</i>
Maternal and Child Health Block Grant	\$637,000,000	\$638,200,000	\$641,700,000	\$666,987,000	\$651,700,000	+\$10,000,000
Rural Health	\$147,471,000	\$149,571,000	\$156,060,000	\$74,395,000	\$290,794,000	+\$134,734,000
<i>Rural Communities Opioids Response</i>	--	--	--	--	<i>\$100,000,000</i>	<i>+\$100,000,000</i>
Telehealth	\$14,900,000	\$17,000,000	\$18,500,000	\$10,000,000	\$23,500,000	+\$5,000,000
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,322,781,000	\$2,318,781,000	\$2,322,781,000	\$2,318,781,000	Level

### Omnibus Report Language on HRSA Programs

**Rural Communities Opioids Response-** “The agreement provides \$100,000,000 for a Rural Communities Opioids Response to support treatment for and prevention of substance use disorder, with a focus on the 220 counties identified by the Centers for Disease Control and Prevention as being at risk, and other rural communities at the highest risk for substance use disorder. This initiative would include improving access to and recruitment of new substance use disorder providers; building sustainable treatment resources, increasing use of telehealth; establishing cross-sector community partnerships, and implementing new models of care, including integrated behavioral health; and technical assistance. HRSA may also use funds for loan repayment through the National Health Service Corps. Activities should incorporate robust evidence-based interventions or promising practice models in community education and workforce training, capacity building and sustainability strategies and facilitate linkage of prevention, treatment, and



recovery services. Within the funds provided to Health Workforce for the National Health Service Corps, the agreement directs up to \$30,000,000 in addition to the funding in Rural Health for the Rural Communities Opioid Response initiative.”

Department of Justice (DOJ) – Appropriations for Selected Programs

Program	FY 15	FY 16	FY 17	President's FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
<b>Drug Enforcement Administration</b>	\$2,033,320,000	\$2,080,000,000	\$2,102,976,000	\$2,164,100,000	\$2,190,326,000	+\$87,350,000
<b>Office of Justice Programs: Research, Evaluation, and Statistics</b>	\$111,000,000	\$116,000,000	\$89,000,000	\$111,000,000	\$90,000,000	+\$1,000,000
<b>State and Local Law Enforcement Assistance</b>	\$1,241,000,000	\$1,408,500,000	\$1,258,500,000	\$867,500,000	\$1,677,500,000	+\$419,000,000
<i>Byrne Memorial Justice Assistance Grants</i>	\$376,000,000	\$476,000,000*	\$403,000,000	\$332,500,000	\$415,500,000	+\$12,500,000
<i>Drug Courts</i>	\$41,000,000	\$42,000,000	\$43,000,000	\$40,000,000	\$75,000,000	+\$32,000,000
<i>Mentally Ill Offender Act</i>	\$8,500,000	\$10,000,000	\$12,000,000	\$9,000,000	\$30,000,000	+\$18,000,000
<i>Residential Substance Abuse Treatment (RSAT)</i>	\$10,000,000	\$12,000,000	\$14,000,000	\$12,000,000	\$30,000,000	+\$16,000,000
<i>Second Chance Act/Offender Reentry</i>	\$68,000,000	\$68,000,000	\$68,000,000	\$48,000,000	\$85,000,000	+\$17,000,000
<i>Veterans Treatment Courts</i>	\$5,000,000	\$6,000,000	\$7,000,000	\$6,000,000	\$20,000,000	+\$13,000,000
<i>Prescription Drug Monitoring</i>	\$11,000,000	\$13,000,000	\$14,000,000	\$12,000,000	\$30,000,000	+\$16,000,000
<b>Juvenile Justice Programs</b>	\$251,500,000	\$270,160,000	\$247,000,000	\$229,500,000	\$282,500,000	+\$35,500,000
<i>Opioid Affected Youth</i>	--	--	--	--	\$8,000,000	+\$8,000,000
<b>Community Oriented Policing Systems (COPS)</b>	\$208,000,000	\$212,000,000	\$221,500,000	\$218,000,000	\$275,500,000	+\$54,000,000

\*Note that the FY 2016 \$100 million increase for Byrne/JAG was a carve out to cover extra costs of security at the two presidential nominating conventions.

Omnibus Report Language on DOJ Programs

**Opioid and heroin epidemic-** “The Act includes significant increases in law enforcement and grant resources for the Department of Justice (DOJ) to combat the rising threat to public health and safety from opioid, heroin and other drug trafficking and abuse. This includes a total of \$446,500,000, an increase of \$299,500,000 more than fiscal year 2017, in DOJ grant funding to help State and local communities respond to the opioid crisis.”

**Comprehensive Addiction and Recovery Act (CARA) Programs-** “The agreement provides a total of \$330,000,000 for DOJ's CARA programs, an increase of \$227,000,000 above the fiscal year 2017 level, including \$132,000,000 above the fiscal year 2017 level for the Comprehensive Opioid Abuse Program (COAP). It is expected that the Bureau of Justice Assistance will not only be able to make additional site-based program awards under the existing COAP structure, but will be able to expand COAP offerings to include prevention and education programs for youth, community engagement by law enforcement, response teams to assist children dealing with the aftermath of opioid addiction, and family court programming relating to treatment for opioids. Senate report language on the Law Enforcement Assisted Diversion (LEAD) model is adopted.”

**Reaching Youth Impacted by Opioids-** “The recommendation provides an additional \$22,000,000 above the fiscal year 2017 enacted level to support States, local communities, and tribal jurisdictions in their efforts to develop and implement effective programs for children, youth, and at-risk juveniles and their families who have been impacted by the opioid crisis and drug addiction. Within this amount, \$8,000,000 is provided for Title V: Delinquency Prevention grants, and \$14,000,000 is provided for youth mentoring grants.”



Office of National Drug Control Policy (ONDCP)

Program	FY 15	FY 16	FY 17	President's FY 18 Request	FY 18 Omnibus	FY 18 Omnibus vs. FY 17
<b>Office of National Drug Control Policy</b>	\$374,800,000	\$379,857,000	\$388,145,000	\$368,587,000	\$415,493,000	+\$27,348,000
<b>Drug Free Communities (DFC)</b>	\$93,500,000	\$95,000,000	\$97,000,000	\$91,800,000	\$99,000,000	+\$2,000,000
<b>High-Intensity Drug Trafficking Area (HIDTA) Program</b>	\$245,000,000	\$250,000,000	\$254,000,000	\$246,525,000	\$280,000,000	+\$26,000,000