



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

FY 2019 Budget

April 2018 Update

On February 12, 2018, the Administration released “Efficient, Effective, Accountable: An American Budget,” its budget proposal for fiscal year (FY) 2019 (October 1, 2018-September 30, 2019). This document provides a summary of the Administration’s proposed funding levels for NASADAD’s priority programs within the Department of Health and Human Services (HHS), as well as select programs within the Department of Justice (DOJ) and the Office of National Drug Control Policy (ONDCP). This document compares the President’s FY 2019 proposal to the final FY 2018 funding levels that were included in the \$1.3 trillion omnibus spending bill in March 2018.

FY 2019 proposed funding 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)**
 - **Administration for Children and Families (ACF)**
- **Department of Justice (DOJ)**
- **Office of National Drug Control Policy (ONDCP)**



Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
Substance Abuse Prevention and Treatment Block Grant	\$1,819,856,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	Level

SAMHSA's Center for Substance Abuse Treatment (CSAT)

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
CSAT TOTAL	\$361,463,000	\$335,345,000	\$354,427,000	\$405,427,000	\$255,318,000	-\$150,109,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
Building Communities of Recovery	N/A	N/A	\$3,000,000	\$5,000,000	\$3,000,000	-\$2,000,000
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level
Criminal Justice Activities	\$78,000,000	\$78,000,000	\$78,000,000	\$89,000,000	\$78,000,000	-\$11,000,000
<i>Drug Courts</i>	<i>\$50,000,000</i>	<i>\$60,000,000</i>	<i>\$60,000,000</i>	<i>\$70,000,000</i>	<i>\$60,000,000</i>	<i>-10,000,000</i>
Improving Access to Overdose Treatment	N/A	N/A	\$1,000,000	\$1,000,000	\$1,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	Not funded	-\$65,570,000
Minority Fellowship	\$2,920,045	\$3,539,000	\$3,539,000	\$4,539,000	Not funded	-\$4,539,000
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	Level
Pregnant and Postpartum Women (PPW)	\$15,931,000	\$15,931,000	\$19,931,000	\$29,931,000	\$19,931,000	-\$10,000,000
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$46,889,000	\$46,889,000	\$30,000,000	\$30,000,000	Not funded	-\$30,000,000
Targeted Capacity Expansion (TCE) General	\$23,223,000	\$36,303,000	\$67,192,000	\$95,192,000	\$67,192,000	-\$28,000,000
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)</i>	<i>\$12,000,000</i>	<i>\$25,000,000</i>	<i>\$56,000,000</i>	<i>\$84,000,000</i>	<i>\$56,000,000</i>	<i>-\$28,000,000</i>
Treatment Systems for Homeless	\$41,386,000	\$41,304,000	\$36,386,000	\$36,386,000	\$36,386,000	Level

CSAT Language from the President's Budget:

Drug Courts: "The FY 2019 President's Budget Request is \$78.0 million (\$60.0 million for Drug Court Activities and \$18.0 million for Other Criminal Justice Activities)... SAMHSA intends to support 44 new drug court grants, 115 drug court continuation grants, and three contracts."

Minority AIDS: "This program is being discontinued in FY 2019 because it overlaps with other federal activities. States will be able to provide services to reduce injection drug use and related HIV/AIDS and Hepatitis C infection rates through \$150 million in new funding proposed as part of the Additional Opioid Allocation."



SAMHSA's Center for Substance Abuse Prevention (CSAP)

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
CSAP TOTAL	\$175,219,000	\$211,219,000	\$223,219,000	\$248,219,000	\$120,885,000	-\$127,334,000
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	N/A	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	Level
Mandatory Drug Testing	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	Level
Minority AIDS	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	Not funded	-\$41,205,000
Minority Fellowship	\$71,000	\$71,000	\$71,000	\$71,000	Not funded	-\$71,000
Science and Service Program Coordination	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$7,000,000	\$7,000,000	\$7,000,000	\$7,000,000	\$7,000,000	Level
Strategic Prevention Framework/Partnerships for Success	\$109,484,000	\$109,484,000	\$109,484,000	\$119,484,000	\$58,426,000	-\$61,058,000
<i>Strategic Prevention Framework Rx</i>	<i>N/A</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>Level</i>
Tribal Behavioral Health Grants	N/A	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level
First Responder Training	N/A	N/A	\$12,000,000	\$36,000,000	\$12,000,000	-\$24,000,000
<i>Rural Focus</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>\$18,000,000</i>	<i>Not funded</i>	-\$18,000,000
Drug-Free Communities (DFC)*	\$93,500,000	\$95,000,000	\$97,000,000	\$99,000,000	\$100,000,000	+\$1,000,000

*Drug-Free Communities (DFC) is currently funded under the Office of National Drug Control Policy (ONDCP). Previous years listed on this chart (FY 15 - FY 18) reflect funding levels for DFC under ONDCP.

CSAP Language from the President's Budget:

Strategic Prevention Framework: The FY 2019 President's Budget Request is \$58.4 million, a decrease of \$60.2 million from the FY 2018 Annualized CR. Funding for the SPF Rx program will be maintained in its entirety (\$10.0 million). Funding will support 25 Strategic Prevention Framework continuation grants at a reduced rate, technical assistance, and evaluation to build capacity to address prescription drug misuse and overdose prevention efforts, in conjunction with other state and local partners.

Drug Free Communities: "The FY 2019 President's Budget Request is \$100.0 million. This activity was funded at \$96.3 million in the Office of National Drug Control Policy (ONDCP) under the FY 2018 Annualized CR. SAMHSA has administered this program for several years on behalf of ONDCP. The FY 2019 Budget proposes to directly appropriate these funds to SAMHSA to streamline program management and create administrative efficiencies. Funding will be used to continue both the DFC and DFC-Mentoring programs. The goal of the program is to establish and strengthen collaboration among communities, public and private non-profit agencies, as well as federal, state, local, and tribal governments to support the efforts of community coalitions working to prevent and reduce substance abuse among youth. In addition, the program aims to reduce substance abuse among youth and, over time, reduce substance abuse among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse."



Additional Opioids Allocation

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
State Targeted Response (STR) to the Opioid Crisis Grants	N/A	N/A	\$500,000,000	\$500,000,000	\$1,000,000,000	+\$500,000,000
Reducing Injection Drug Use, HIV/AIDS, and Hepatitis	N/A	N/A	N/A	N/A	\$150,000,000	+\$150,000,000
Opioid Overdose Reversal Expansion	N/A	N/A	N/A	N/A	\$50,000,000	+\$50,000,000
Drug Courts Expansion	N/A	N/A	N/A	N/A	\$20,000,000	+\$20,000,000
Treatment for Pregnant and Post-Partum Women	N/A	N/A	N/A	N/A	\$20,000,000	+\$20,000,000
State Opioid Response Grants	N/A	N/A	N/A	\$1,000,000,000	Not funded	-\$1,000,000,000

SAMHSA Language from the President's Budget:

Additional Opioids Allocation: “The FY 2019 President’s Budget Request includes \$10.0 billion in new resources investment across HHS for a variety of new and expanded efforts to fight the opioid crisis and address serious mental illness. As part of this effort, the FY 2019 President’s Budget Request would allocate \$1.2 billion of that funding for activities in SAMHSA.

“This funding includes \$1.0 billion to extend the State Targeted Response to the Opioid Crisis program. Funding will address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid addiction. This allocation also includes \$150.0 million for opioid-related services to reduce injection drug use and related HIV/AIDS and Hepatitis C infection rates.

“In addition, also within SAMHSA, \$90.0 million will be used to support efforts to: expand and enhance drug court programs, expand services for pregnant and post-partum women, and promote the use of life-saving overdose reversal drugs by first responders.”

SAMHSA's Center for Mental Health Services (CMHS)

CMHS Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
CMHS TOTAL	\$370,538,000	\$402,609,000	\$386,659,000	\$426,659,000	\$282,544,000	-\$144,115,000
Assisted Outpatient for Individuals with SMI	N/A	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level
Assertive Community Treatment	N/A	N/A	N/A	\$5,000,000	\$15,000,000	+\$10,000,000
Children and Family Programs	\$6,458,000	\$6,458,000	\$7,229,000	\$7,229,000	\$7,229,000	Level
Consumer/Consumer Support TA Centers	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,269,000	\$4,269,000	\$4,269,000	\$4,269,000	\$14,269,000	+\$10,000,000
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level



CMHS Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
Healthy Transitions	\$19,951,000	\$19,951,000	\$19,951,000	\$25,951,000	\$19,951,000	-\$6,000,000
Homelessness	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level
Homelessness Prevention Programs	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level
Infant and Early Childhood MH	N/A	N/A	N/A	\$5,000,000	Not funded	-\$5,000,000
MH System Transformation and Health Reform	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level
Mental Health First Aid	\$14,963,000	\$14,963,000	\$14,963,000	\$19,963,000	Not funded	-\$19,963,000
Minority Fellowship Program	\$8,059,000	\$8,059,000	\$8,059,000	\$8,059,000	Not funded	-\$8,059,000
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Not funded	-\$9,224,000
National Child Traumatic Stress Network	\$45,887,000	\$46,887,000	\$48,887,000	\$53,887,000	\$48,887,000	-\$5,000,000
Practice Improvement and Training	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level
Primary and Behavioral Health Care Integration	\$49,877,000	\$49,877,000	\$49,877,000	\$49,877,000	Not funded	-\$49,877,000
Primary/Behavioral Health Integration TA	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	Not funded	-\$1,991,000
Project AWARE	\$54,865,000	\$64,865,000	\$57,001,000	\$71,000,000	Not funded	-\$71,000,000
Project AWARE State Grants	\$39,902,000	\$49,902,000	\$57,001,000	\$71,001,000	Not funded	-\$71,001,000
Project LAUNCH	\$34,555,000	\$34,555,000	\$23,605,000	\$23,605,000	\$23,605,000	Level
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level
Suicide Prevention	\$60,032,000	\$60,032,000	\$69,032,000	\$69,032,000	\$69,032,000	Level
Tribal Behavioral Health Grants	\$4,988,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level
Youth Violence Prevention	\$23,099,000	\$23,099,000	Not funded	Not funded	Not funded	Level
Children's Mental Health	\$117,026,000	\$119,026,000	\$119,026,000	\$125,000,000	\$119,026,000	-\$5,974,000
Grants to States for the Homeless/Projects for Assistance in Transition from Homelessness (PATH)	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$36,146,000	\$36,146,000	Level
Community Mental Health Services (CMHS) Block Grant	\$482,571,000	\$511,532,000	\$562,571,000	\$701,532,000	\$562,571,000	-\$138,961,000

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
NIAAA	\$447,153,000	\$467,700,000	\$483,363,000	\$509,573,000	\$469,000,000	-\$40,573,000

National Institute on Drug Abuse (NIDA)

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
NIDA	\$1,028,614,000	\$1,077,488,000	\$1,090,853,000	\$1,383,603,000	\$1,137,000,000	-\$246,603,000



Centers for Disease Control and Prevention (CDC) – Select Programs

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,117,609,000	\$1,122,278,000	\$1,117,278,000	\$1,127,278,000	\$1,117,278,000	-\$10,000,000
<i>HIV Prevention by Health Departments</i>	\$397,161,000	\$397,161,000	\$397,161,000	\$397,161,000	Not listed	-\$397,161,000
<i>School Health</i>	\$31,081,000	\$33,081,000	\$33,081,000	\$33,081,000	Not listed	-\$33,081,000
Viral Hepatitis	\$31,331,000	\$34,000,000	\$34,000,000	\$39,000,000	\$34,000,000	-\$5,000,000
Sexually Transmitted Infections	\$157,310,000	\$157,310,000	\$152,310,000	\$157,310,000	\$152,310,000	-\$5,000,000
Chronic Disease Prevention and Health Promotion	\$1,198,220,000	\$1,177,000,000	\$1,115,596,000	\$1,162,896,000	\$939,250,000	-\$223,646,000
<i>Tobacco</i>	\$215,492,000	\$210,000,000	\$205,000,000	\$210,000,000	Not funded	-\$210,000,000
<i>Excessive Alcohol Use</i>	\$3,000,000	\$3,000,000	\$3,000,000	\$4,000,000	Not funded	-\$4,000,000
<i>Prevention Research Centers</i>	\$25,461,000	\$25,461,000	\$25,461,000	\$25,461,000	Not funded	-\$25,361,000
Birth Defects and Developmental Disabilities	\$131,781,000	\$135,610,000	\$137,560,000	\$140,560,000	\$110,000,000	-\$30,560,000
<i>Fetal Alcohol Syndrome</i>	\$10,505,000	\$11,000,000	\$11,000,000	\$11,000,000	Not listed	-\$11,000,000
Injury Prevention and Control	\$170,447,000	\$236,059,000	\$286,059,000	\$648,559,000	\$266,309,000	-\$382,250,000
<i>Unintentional Injury</i>	\$8,598,000	\$8,800,000	\$8,800,000	\$8,800,000	\$6,737,000	-\$2,063,000
Injury Prevention Activities	\$48,950,000	\$104,529,000	\$28,950,000	\$28,950,000	\$20,293,000	-\$8,657,000
<i>Opioid Prescription Drug Overdose (PDO)</i>	\$20,000,000	\$75,579,000	\$125,579,000	\$475,579,000	\$125,579,000	-\$350,000,000
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	-\$160,000,000
Additional Opioids Allocation	N/A	N/A	N/A	N/A	\$175,000,000	+\$175,000,000

CDC Language from the President's Budget:

Additional Opioids Allocation: “The FY 2019 President’s Budget Request would initially allocate \$175,000,000 of that funding for activities in CDC.

“Prevention - to scale up programmatic prevention initiatives across all 50 states and Washington, D.C. Building upon the strong foundation of work resulting from recent CDC investments made, this increase will provide critical resources needed to promote the use of PDMP data to inform action, amplify messaging within states to educate about the risks associated with opioids, strengthen prevention activities at the community level for a more customized response, and target populations of particular need, including rural and tribal communities. Funds also will be used to conduct a rigorous evaluation to increase our knowledge of effective interventions that can be applied throughout the United States.

“Surveillance - to strengthen surveillance activities across all 50 states and Washington, D.C. CDC will advance its understanding of the opioid overdose epidemic by increasing the timeliness and improving the quality of morbidity and mortality data. CDC will move science to action by partnering with states and localities to implement innovative strategies, including initiating surveillance activities to promote linkage to treatment for individuals with an opioid use disorder and linking Prescription Drug Monitoring Programs (PDMP) data to mortality data to inform prevention strategies. Improved surveillance in every corner of the United States will allow for a more targeted and focused response to changes in the epidemic.”



Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
Community Health Centers	\$1,491,422,000	\$1,491,422,000	\$1,490,522,000	\$1,625,522,000	\$4,990,629,000	+\$3,365,107,000
Interdisciplinary Community-Based Linkages	\$73,403,000	\$78,903,000	\$128,903,000	\$190,903,000	Not funded	-\$190,903,000
<i>Mental and Behavioral Health</i>	<i>\$8,916,000</i>	<i>\$9,916,000</i>	<i>\$9,916,000</i>	<i>\$36,916,000</i>	<i>Not funded</i>	<i>-\$36,916,000</i>
Maternal and Child Health Block Grant	\$637,000,000	\$638,200,000	\$641,700,000	\$651,700,000	\$627,700,000	-\$24,000,000
Rural Health	\$147,471,000	\$149,571,000	\$156,060,000	\$290,794,000	\$74,911,000	-\$215,883,000
<i>Rural Communities Opioids Response</i>	--	--	--	<i>\$100,000,000</i>	<i>Not funded</i>	<i>-\$100,000,000</i>
Telehealth	\$14,900,000	\$17,000,000	\$18,500,000	\$23,500,000	\$10,000,000	-\$13,500,000
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,322,781,000	\$2,318,781,000	\$2,318,781,000	\$2,260,170,000	-\$58,611,000

HRSA Language from the President's Budget:

Opioids Allocation Funding: “The Budget provides \$10 billion in new resources across HHS to combat the opioid epidemic and address mental health. This national crisis is a top priority at HHS. As part of this effort, the Budget provides an initial allocation totaling \$550 million in HRSA to address substance abuse, including opioid abuse, and the overdose crisis in highest risk rural communities. This funding will go directly to communities that are best situated to address this crisis.

“Community Health Centers: To date, Community Health Centers have played a vital role in helping millions of Americans who struggled with substance abuse and mental health issues. The Budget allocates \$400 million to community health centers to address this crisis, of which \$200 million is included to provide quality improvement incentive payments to community health centers that implement evidence-based models to address behavioral health issues, with a focus on opioid addiction, to meet the health needs of the population served by the health center. This funding will support and enhance the capacity of health centers to treat substance use disorders, which includes expanding evidence-based substance abuse prevention and education programs for patients, families, communities, and personnel to increase awareness of patient access to, and patient retention in substance use disorder treatment programs.

“Investing in Rural Communities: The request includes \$150 million to address substance abuse, including opioid abuse, and the overdose crisis in high risk rural communities. This funding will allow communities to develop plans to address local needs. Additionally, this funding will provide additional loan repayment awards through the National Health Service Corps to support the recruitment and retention of health professionals needed in rural areas to provide evidencebased substance abuse treatment and prevent overdose deaths. The program will support multi-sector, county-level teams located in communities identified at the highest risk for substance abuse by the Centers for Disease Control and Prevention (CDC).



“Approximately 98 percent of these communities are completely or partially rural, 61 percent are completely rural, and 63 percent are located in counties designated as part of the Appalachian region by the Appalachian Regional Commission. While the opioid epidemic has devastated both urban and rural counties, the burden in rural areas is significantly higher. Rural communities face a number of challenges in gaining access to health care in general, and substance abuse treatment in particular. These challenges include lack of specialized health services, health workforce shortages, and potentially greater stigma related to substance abuse due to living in smaller communities. Research shows that rural opioid users are more likely to have socioeconomic vulnerabilities including limited educational attainment, poor health status, being uninsured, and low-income. In addition, the CDC has found that drug-related deaths are 45 percent higher in rural communities, and that rural states are more likely to have higher rates of overdose death. Furthermore, 53.4 percent of U.S. counties do not have a physician who can prescribe buprenorphine for opioid dependency treatment. Of those counties that have no physician to prescribe buprenorphine, 82.1 percent were in rural areas.

“HRSA’s expertise in working directly with rural communities and diverse and medically underserved population groups, including people living with HIV/AIDS, children and pregnant women, uniquely positions HRSA to make a significant impact on the nation’s opioid crisis. To effectively address the opioid abuse crisis, communities must be able to implement comprehensive strategies that address prevention, treatment, and other health and community support services. This can be achieved through the following activities:

- Recruitment of new substance abuse providers on-site at community health centers and/or other community health services providers to increase access to services.
- Increased use of telehealth to increase access to services in rural communities.
- Training and support for existing providers to expand and enhance services.
- Implementation of new models of care, including integrated behavioral health and primary care, and expanded team-based care, to achieve coordinated care.
- Establishment of cross-sector community partnerships that support comprehensive systems of care and support to address the immediate treatment and recovery needs of individuals and families. Collaborative partnerships would also actively work to reduce the prevalence of substance misuse county-wide.
- Emphasis on the needs of special populations, including individuals with HIV/AIDS, perinatal women and infants, children, adolescents and their families, individuals who are homeless, and veterans, to help overcome their multiple and unique barriers to care.”

Administration for Children and Families (ACF) – Select Programs

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President’s FY 19 Request	FY 19 Request vs. FY 18
Promoting Safe and Stable Families (PSSF)	\$404,765,000	\$404,765,000	\$384,765,000	\$444,765,000	\$444,765,000	Level
<i>Regional Partnership Grants (RPG)</i>	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$60,000,000	+\$40,000,000
Programs for Children, Youth, and Families	\$10,346,115,000	\$11,234,268,000	\$11,294,368,000	\$12,022,225,000	\$10,341,677,608	-\$1,680,547,392
<i>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</i>	\$25,310,000	\$25,310,000	\$25,310,000	\$85,310,000	\$25,310,000	-\$60,000,000
<i>Child Welfare Services</i>	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level
Title IV-E Foster Care (projected)	\$4,669,270,753	\$4,799,573,280	\$4,992,000,000	\$5,537,000,000	\$5,350,000,000	-\$187,000,000



ACF Language from the President's Budget:

Regional Partnership Grants (RPGs): "To increase the focus on opioids, the Budget expands the Regional Partnership Grants under Promoting Safe and Stable families by \$40 million per year over five years for a total investment of \$60 million per year."

"This request proposes to expand the PSSF RPG program nationally, with a competitive opportunity for a project in every state to address the intersection of substance use disorders, including opioid addiction and child welfare involvement. The proposal would increase funding of RPGs from \$20 million to \$60 million annually for five years. Funding for the program began in 2007 at a level of \$40 million per year but has remained at the lower, \$20 million mark since 2010. For this proposal, ACF requests \$40 million in budget authority in FY 2019, which will cost \$200 million over ten years. Adult substance use disorders, including opioid addiction, remain a major and growing factor for involvement in the child welfare system, and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of substance use disorders, including opioid addiction, and child welfare involvement. The increased resources will build on the success of earlier RPGs and will support and expand state efforts to reduce foster care placements due to parental substance use."

CAPTA State Grants: "The Child Abuse Prevention and Treatment Act (P.L. 93-247) of 1974 created the Child Abuse Prevention and Treatment Act (CAPTA) State Grant program to provide formula grants to states to improve child protective service systems. Grants are based on an initial allocation of \$50,000 per state with additional funds distributed in proportion to the state's population of children under the age of 18.

"This program assists states in improving: intake, assessment, screening, and investigation of child abuse and neglect reports; risk and safety assessment protocols; training for child protective services workers and mandated reporters; programs and procedures for the identification, prevention, and treatment of child abuse and neglect; development and implementation of procedures for collaboration among child protection services, domestic violence, and other agencies; and services to disabled infants with life-threatening conditions and their families.

"In addition, under this program, states perform a range of prevention activities, including addressing the needs of infants born with prenatal drug exposure, referring children not at risk of imminent harm to community services, implementing criminal record checks for prospective foster and adoptive parents and other adults in their homes, training child protective services workers, protecting the legal rights of families and alleged perpetrators, and supporting citizen review panels. CAPTA requires states to convene multidisciplinary teams to review the circumstances of child fatalities in the state and make recommendations. The CAPTA Reauthorization Act of 2010 (P.L. 111-320) reauthorized the program through FY 2015. The program has since be amended by the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22), which added requirements relating to victims of human sex trafficking; and, the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198), which amended CAPTA's requirements relating to substance-exposed newborns and plans of safe care."



Department of Justice (DOJ) – Select Programs

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18
Drug Enforcement Administration	\$2,033,320,000	\$2,080,000,000	\$2,102,976,000	\$2,190,326,000	\$2,441,500,000	+\$251,174,000
<i>High-Intensity Drug Trafficking Area (HIDTA) Program*</i>	\$245,000,000	\$250,000,000	\$254,000,000	\$280,000,000	\$254,000,000	-\$26,000,000
Office of Justice Programs: Research, Evaluation, and Statistics	\$111,000,000	\$116,000,000	\$89,000,000	\$90,000,000	\$77,000,000	-\$13,000,000
State and Local Law Enforcement Assistance	\$1,241,000,000	\$1,408,500,000	\$1,258,500,000	\$1,677,500,000	\$1,132,000,000	-\$545,500,000
<i>Byrne Memorial Justice Assistance Grants</i>	\$333,000,000	\$347,000,000	\$334,600,000	\$339,600,000	\$331,100,000	-\$8,500,000
<i>Drug Courts</i>	\$41,000,000	\$42,000,000	\$43,000,000	\$75,000,000	\$43,000,000	-\$32,000,000
<i>Mentally Ill Offender Act</i>	\$8,500,000	\$10,000,000	\$12,000,000	\$30,000,000	\$10,000,000	-\$20,000,000
<i>Residential Substance Abuse Treatment (RSAT)</i>	\$10,000,000	\$12,000,000	\$14,000,000	\$30,000,000	\$12,000,000	-\$18,000,000
<i>Second Chance Act/Offender Reentry</i>	\$68,000,000	\$68,000,000	\$68,000,000	\$85,000,000	\$58,000,000	-\$27,000,000
<i>Veterans Treatment Courts</i>	\$5,000,000	\$6,000,000	\$7,000,000	\$20,000,000	\$6,000,000	-\$14,000,000
<i>Prescription Drug Monitoring</i>	\$11,000,000	\$13,000,000	\$14,000,000	\$30,000,000	\$12,000,000	-\$18,000,000
Juvenile Justice Programs	\$251,500,000	\$270,160,000	\$247,000,000	\$282,500,000	\$229,500,000	-\$53,000,000
<i>Opioid Affected Youth</i>	--	--	--	\$8,000,000	Not funded	-\$8,000,000
Community Oriented Policing Systems (COPS)	\$208,000,000	\$212,000,000	\$221,500,000	\$275,500,000	\$99,000,000	-\$176,500,000

*The budget proposes transferring \$254 million to DEA from the Office of National Drug Control Policy (ONDCP) for overseeing the administration of the HIDTA program grants. Previous years listed on this chart (FY 15 - FY 18) reflect funding levels for HIDTA under ONDCP.

Office of National Drug Control Policy (ONDCP)

Program	FY 15	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 18 Omnibus vs. FY 17
Office of National Drug Control Policy*	\$374,800,000	\$379,857,000	\$388,145,000	\$415,493,000	\$29,240,000	-\$386,253,000
<i>Drug Free Communities (DFC)</i>	\$93,500,000	\$95,000,000	\$97,000,000	\$99,000,000	Not funded within ONDCP	-\$99,000,000
<i>High-Intensity Drug Trafficking Area (HIDTA) Program</i>	\$245,000,000	\$250,000,000	\$254,000,000	\$280,000,000	Not funded within ONDCP	-\$280,000,000

*President's FY 2019 proposed total for ONDCP includes \$17,400,000 for operations, and \$11,840,000 for other federal drug control programs.