



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

FY 2019 Budget and Appropriations

August 2018 Update

In February 2018, the Administration released its proposed budget for FY 2019 (October 1, 2018-September 30, 2019). In June 2018, the Senate Appropriations Committee made its FY 2019 funding recommendations for programs within the Department of Health and Human Services (HHS), and in July 2018, the House Appropriations Committee passed its HHS funding bill. This document offers an overview of the Senate and House Appropriations Committees' funding recommendations for NASADAD's priority programs, and compares them with the President's budget request.

Additionally, this document outlines both the House and Senate Appropriations Committees' recommendations for select programs within the Department of Justice and the White House Office of National Drug Control Policy.

FY 2019 funding recommendations 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)



Senate Appropriations Committee Report Language on SUD Treatment Facilities

Substance Use Disorder Treatment Facilities: “The Committee is concerned about the lack of in-patient substance use disorder treatment facilities in the United States and the inability of state and local governments on the front lines who are already incurring significant additional costs related to the opioid epidemic to unilaterally provide the funding necessary to construct these much-needed facilities. The Committee directs the Secretary of HHS to submit a report to the House and Senate Committees on Appropriations that identifies existing sources of Federal funding that can be used to construct and expand in-patient substance use disorder treatment facilities along with explicit recommendations about what the department can and should do to promote and incentivize the creation of additional in-patient substance use disorder treatment facilities.”

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 16	FY 17	FY 18 Omnibus	President’s FY 19 Request	FY 19 Request vs. FY 18	Senate Appropriations FY 19 Recommendation	Senate Appropriations vs. FY 18	House Appropriations FY 19 Recommendation	House Appropriations vs. FY 18
SAPT Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	Level	\$1,858,079,000	Level	\$2,358,079,000	+\$500,000,000

SAPT Block Grant language from Senate Appropriations Committee Report

Substance Abuse Prevention and Treatment Block Grant: “The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant [SABG]. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources based on their own unique needs. This funding stream is also critical in assisting States to address all substance use disorders, including but not limited to those related to alcohol, cocaine and methamphetamine. The Committee also recognizes the importance of the block grant’s 20 percent primary prevention set-aside, which represents close to 70 percent of prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.”



SAMHSA's Center for Substance Abuse Treatment (CSAT)

Program	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18	Senate Approps FY 19 Rec.	Senate Approps vs. FY 18	House Approps FY 19 Rec.	House Approps vs. FY 18
CSAT TOTAL	\$335,345,000	\$354,427,000	\$403,427,000	\$255,318,000	-\$148,109,000	\$451,927,000	+\$48,500,000	\$489,427,000	+\$86,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level	\$9,046,000	Level	\$9,046,000	Level
Building Communities of Recovery	N/A	\$3,000,000	\$5,000,000	\$3,000,000	-\$2,000,000	\$5,000,000	Level	\$10,000,000	+\$5,000,000
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level	\$29,605,000	Level	\$29,605,000	Level
Criminal Justice Activities	\$78,000,000	\$78,000,000	\$89,000,000	\$78,000,000	-\$11,000,000	\$89,000,000	Level	\$99,000,000	+\$10,000,000
<i>Drug Courts</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>	<i>See report language</i>	<i>See report language</i>	<i>\$80,000,000</i>	<i>+\$10,000,000</i>
First Responder Training*	N/A	N/A	N/A	\$12,000,000	-\$24,000,000	\$36,000,000*	Level*	\$36,000,000*	Level*
<i>Rural Focus*</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>Not funded</i>	<i>-\$18,000,000</i>	<i>\$18,000,000*</i>	<i>Level*</i>	<i>\$18,000,000*</i>	<i>Level*</i>
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths**	N/A	N/A	N/A	\$12,000,000	Level	\$12,000,000**	Level**	\$25,000,000	+\$13,000,000
Improving Access to Overdose Treatment ***	N/A	\$1,000,000	\$1,000,000	\$1,000,000	Level	Moved to CSAP	N/A	\$1,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	Not funded	-\$65,570,000	\$65,570,000	Level	\$65,570,000	Level
Minority Fellowship	\$3,539,000	\$3,539,000	\$4,539,000	Not funded	-\$4,539,000	\$5,039,000	+\$500,000	\$4,539,000	Level
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	Level	\$8,724,000	Level	\$30,724,000	+\$22,000,000
<i>Medical Provider Education on Opioid Treatment</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>\$24,000,000</i>	<i>+\$24,000,000</i>
Pregnant and Postpartum Women (PPW)	\$15,931,000	\$19,931,000	\$29,931,000	\$19,931,000	-\$10,000,000	\$29,931,000	Level	\$29,931,000	Level
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	Level	\$2,434,000	Level	\$2,434,000	Level
Reducing Underage Drinking through SBIRT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$2,000,000	+\$2,000,000
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$46,889,000	\$30,000,000	\$30,000,000	Not funded	-\$30,000,000	\$30,000,000	Level	Not funded	-\$30,000,000
Targeted Capacity Expansion (TCE) General	\$36,303,000	\$67,192,000	\$95,192,000	\$67,192,000	-\$28,000,000	\$95,192,000	Level	\$123,192,000	+\$28,000,000
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction</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>	<i>\$84,000,000</i>	Level	<i>\$114,000,000</i>	<i>+\$30,000,000</i>
Treatment Systems for Homeless	\$41,304,000	\$36,386,000	\$36,386,000	\$36,386,000	Level	\$36,386,000	Level	\$36,386,000	Level

*First Responder Training program previously funded within CSAP; House and Senate Appropriations Committees propose funding it under CSAT for FY 2019.

**Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths has historically been funded under CSAP, but the Senate Appropriations Committee proposes funding it under CSAT for FY 2019.

***Improving Access to Overdose Treatment historically funded under CSAT, but the Senate Appropriations Committee proposes funding it under CSAP for FY 2019.



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."

CSAT Language from Senate Appropriations Committee Report:

Building Communities of Recovery: "The Committee appreciates SAMHSA's implementation of new funding for communities of recovery in fiscal year 2018 and continues to encourage SAMHSA to promote the expansion of recovery support services as well as reduce stigma associated with addictions."

Combating Opioid Abuse: "The Committee provides \$12,000,000 within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. The agreement also provides \$36,000,000 for First Responder Training grants. Of this amount, \$18,000,000 is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. The Committee has moved this program out of the PRNS account in the Center of Substance Abuse Prevention into the PRNS account of the Center for Substance Abuse Treatment. The Committee believes the funding should be in CSAT to best ensure that, after an overdose is reversed through the use of naloxone, these individuals are given access to a recovery coaching and referral to treatment."

Drug Courts: "SAMHSA is directed to ensure that drug court funding is allocated to serve people diagnosed with a substance use disorder as their primary condition. **SAMHSA is further directed to ensure that all drug court grant recipients work with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant.** SAMHSA should expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented."

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction: "The Committee includes \$84,000,000 for Medication Assisted Treatment. 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. The Committee continues to direct CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes."



Minority Fellowship Program: “The Committee provides \$5,039,000, a \$500,000 increase above fiscal year 2018, and continues to include \$1,000,000 for funding to grantees to develop and implement fellowships in psychology, addiction psychiatry, and addiction medicine with specific focus in addressing the needs of individuals with substance use disorders.”

Neonatal Abstinence Syndrome: “The Committee is pleased to see SAMHSA publish guidance for healthcare professionals for a clinical guide for national standard of evaluation, care, 132 and treatment of women with opioid use disorders and infants with NAS. The Committee supports the continued efforts of expanded implementation of Screening, Brief Intervention, and Referral to Treatment [SBIRT], and its possible impact on reducing the costs of NAS.”

Opioid Abuse in Rural Communities: “The Committee is aware that response to the opioid abuse crisis poses unique challenges for rural America. The Committee encourages SAMHSA to support initiatives to advance opioid abuse objectives in rural areas, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, and programs that stress a comprehensive community-based approach involving academic institutions, health care providers, and local criminal justice systems.”

Opioid Grants: “The Committee recognizes the work moving forward under the SOR program and the State Targeted Response to the Opioid Abuse Crisis grant program. The Committee directs SAMHSA to ensure these resources are aligned with the State plan developed by each State’s alcohol and drug agency as defined by the agency that manages the SAPT Block Grant. This will ensure continuity of funding and coordination of efforts within each State system.”

Pregnant and Postpartum Women: “The Committee commends SAMHSA for funding three grants in fiscal year 2017 under the new PPW pilot program authorized under the Comprehensive Addiction and Recovery Act [CARA], which is designed to help State alcohol and drug agencies address treatment gaps for pregnant and postpartum women with substance use disorders, including opioid use disorders. The Committee looks forward to SAMHSA’s expansion of the pilot program in fiscal year 2018, and encourages the agency to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”

Screening, Brief Intervention, Referral, and Treatment: “The Committee recognizes that SBIRT is still not widely adopted and has not yet permeated broader healthcare or social service networks, particularly in underserved communities most affected by the opioid epidemic. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age as well as on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine health care visits for adults.”

Systems of Care Models in Opioid Response: “Evidence suggests that regional efforts to coordinate opioid abuse treatment across entities and locations can produce effective results. Successful examples include the development of “no wrong door” treatment models, mechanisms to scale-up training and numbers of peer coaches, and the use of mobile app technology to enhance access to services, successful treatment outcomes, and long-term relapse prevention. SAMHSA should encourage State and local grantees to prioritize the implementation of coordinated continuum of care approaches.”



CSAT Language from House Appropriations Committee Report:

Medical Provider Education on Opioid Treatment: “The Committee provides \$22,000,000 for carrying out medical and other healthcare practitioner education. The Committee directs SAMHSA to provide grants to medical schools, schools of nursing, social work, physician assistants, and other colleges and universities to ensure that training in the field of substance use disorders, including opioid use disorders, is incorporated into the standard curriculum of the university programs. Activities should include both didactic and hands on training for students. Funds should support Drug Addiction Treatment Act of 2000 waiver training for designated practitioners to be able to engage in office based treatment for substance use disorders, including opioid use disorders. The Committee expects training and practice requirements to be consistent with section 303(g)(2) of the Controlled Substances Act, including diversion control, relapse prevention, overdose reversal, detoxification, and the clinical use of FDA-approved medications. These grants are expected to generate a well-equipped workforce to address the behavioral health needs of individuals across the country and ultimately close the substance use disorder treatment gap.”

Screening, Brief Intervention and Referral to Treatment: “The Committee does not provide funding for Screening, Brief Intervention and Referral to Treatment, which is \$30,000,000 below the fiscal year 2018 enacted program level, and the same as the fiscal year 2019 budget request program level.”

Reducing Underage Drinking through Screening and Brief Intervention: “The Committee provides \$2,000,000 for grants to pediatric health care providers in accordance with the specifications outlined in section 9016 of the 21st Century Cures Act (PL 114–255). Training grants should focus on screening for underage drinking, opioid use, and other drug use.

Targeted Capacity Expansion: “The Committee recommends \$123,192,000 for Targeted Capacity Expansion activities. Of this amount, \$112,000,000 is for services that address prescription drug abuse and heroin use in high-risk communities. Within the \$112,000,000, the Committee provides \$15,000,000 for grants to Indian Tribes, Tribal organizations, or consortia. SAMHSA should target funds to grantees located in States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders.

“The Center for Substance Abuse Treatment 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 and prioritize treatment regimens that are less susceptible to diversion for illicit purposes. Further, for the additional funds, the Committee directs SAMHSA to prioritize grants from nonprofit organizations and political subdivisions of States.”

Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training: “The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. SAMHSA is urged to take steps to encourage and support the use of Substance Abuse and Prevention Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence based intervention training, and facilitate linkage to treatment and recovery services.”



Pregnant and Postpartum Women: “The Committee provides \$29,931,000 for Pregnant and Postpartum Women, which is the same as the fiscal year 2018 enacted level and \$10,000,000 more than the fiscal year 2019 budget request.

“The Committee recognizes the importance of treatment for women during pregnancy who are at risk for opioid dependence and opioid exposure during pregnancy, and infants born with neonatal abstinence syndrome. A 2015 GAO report stated that the most frequently cited program gap was the lack of available treatment programs for pregnant women. There is a need for increased available treatment options for pregnant women, especially in States with large populations and few treatment programs available. The Committee encourages SAMSHA to provide grants to expand existing treatment programs for women and infants in States with fewer than three available programs.

“Substance use during pregnancy, particularly the misuse of opioids, has increased in parallel with the national rate of opioid misuse. While much attention has been paid to the negative impacts of opioid use on the fetus and newborn, less attention has been given to the pregnant woman. The Committee encourages cross-HHS collaboration between research and public health programs, as well as engagement with health care providers and patients to ensure that the care and treatment of pregnant women with substance use disorder is considered and included in any national efforts to address the opioid epidemic. The Committee requests an update on these efforts in the fiscal year 2020 Congressional Justification.”

Criminal Justice Activities: “The Committee provides \$99,000,000 for the Criminal Justice Activities program, which is \$10,000,000 above the fiscal year 2018 enacted level and \$21,000,000 more than the fiscal year 2019 budget request. Of this amount, the Committee directs that not less than \$80,000,000 will be used exclusively for Drug Court activities.

“Drug Courts: The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”



SAMHSA's Center for Substance Abuse Prevention (CSAP)

Program	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18	Senate Appropriations FY 19 Rec.	Senate Appropriations vs. FY 18	House Appropriations FY 19 Rec.	House Appropriations vs. FY 18
CSAP TOTAL	\$211,219,000	\$223,219,000	\$248,219,000	\$220,885,000	-\$27,334,000	\$200,219,000	-\$48,000,000	\$248,765,000	+\$546,000
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level	\$7,493,000	Level	\$7,493,000	Level
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths**	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	Level	Moved to CSAT	N/A	\$25,000,000	+\$13,000,000
Improving Access to Overdose Treatment***	N/A	\$1,000,000	\$1,000,000	\$1,000,000	Level	\$1,000,000***	Level***	\$1,000,000	Level
Mandatory Drug Testing	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	Level	\$4,894,000	Level	\$4,894,000	Level
Minority AIDS	\$41,205,000	\$41,205,000	\$41,205,000	Not funded	-\$41,205,000	\$41,205,000	Level	\$41,205,000	Level
Minority Fellowship	\$71,000	\$71,000	\$71,000	Not funded	-\$71,000	\$71,000	Level	\$571,000	+\$500,000
Opioid Prevention Grants	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$25,000,000	+\$25,000,000
Science and Service Program Coordination	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level	\$4,072,000	Level	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$7,000,000	\$7,000,000	\$7,000,000	\$7,000,000	Level	\$7,000,000	Level	\$8,000,000	+\$1,000,000
National Adult-Oriented Media Public Service Campaign	N/A	N/A	N/A	N/A	N/A	\$1,000,000	+\$1,000,000	\$1,000,000	+\$1,000,000
Strategic Prevention Framework/Partnerships for Success	\$109,484,000	\$109,484,000	\$119,484,000	\$58,426,000	-\$61,058,000	\$109,484,000	-\$10,000,000	\$137,484,000	+\$18,000,000
Strategic Prevention Framework Rx	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level	\$10,000,000	Level	\$18,000,000	+\$8,000,000
Tribal Behavioral Health Grants	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level	\$15,000,000	Level	\$20,000,000	+\$5,000,000
First Responder Training*	N/A	\$12,000,000	\$36,000,000	\$12,000,000	-\$24,000,000	Moved to CSAT	N/A	Moved to CSAT	N/A
Rural Focus	N/A	N/A	\$18,000,000	Not funded	-\$18,000,000	Moved to CSAT	N/A	Moved to CSAT	N/A
Drug-Free Communities (DFC)****	\$95,000,000	\$97,000,000	\$99,000,000	\$100,000,000	+\$1,000,000	Not proposed to be funded under CSAP	N/A	Not proposed to be funded under CSAP	N/A

*First Responder Training program previously funded within CSAP; House and Senate Appropriations Committees propose funding it under CSAT for FY 2019.

**Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths has historically been funded under CSAP, but the Senate Appropriations Committee proposes funding it under CSAT for FY 2019.

***Improving Access to Overdose Treatment has historically been funded under CSAT, and the Administration and House Appropriations Committee recommend funding it under CSAT for FY 2019. The Senate Appropriations Committee proposes funding it under CSAP for FY 2019.

****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 Senate Appropriations Committee Report:

Best Practices for Opioid Abuse Prevention: “The Committee encourages SAMHSA to develop and educate States and communities on best practices for addressing the opioid abuse crisis as it relates to opioid prescribing, pain management, screening, and linkage to care. SAMHSA is further encouraged to develop training materials for health care providers and trainees in opioid use and other addictive disorders.”

Centers for the Application of Prevention Technology (CAPTs): “The Committee is aware that SAMHSA has changed the structure of the CAPTs to mirror that of the Addiction Technology Transfer Centers. In addition, SAMHSA has moved the management of the CAPTs outside of CSAP, a change that was not reflected in the fiscal year 2019 budget justification. The Committee directs SAMHSA to submit a report on this program, including the rationale behind the structural and organizational changes, by September 30, 2019.”

First Responder Training: “The Committee notes that overdose reversal is a lifesaving strategy that reduces the harm of overdoses but does not prevent the initiation of drug use. For this reason the Committee has transferred \$48,000,000 of overdose reversal funding out of the PRNS account in the Center of Substance Abuse Prevention into the PRNS account of the Center for Substance Abuse Treatment. The Committee believes the funding should be in CSAT to best ensure that, after an overdose is reversed through the use of naloxone, these individuals are given access to a recovery coaching and referral to treatment.”

Strategic Prevention Framework-Partnerships for Success Program: “This program supports States in addressing underage drinking among youth and young adults and allows States to prioritize State-identified top data-driven substance abuse target areas. Given that substance use disorders typically begin in adolescence and that preventing or delaying the age of first use is cost-effective, the Committee provides last year’s funding level for this program. Of the provided amount, \$109,484,000 shall support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of the State’s top three substance use issues for 12 to 18 year old youth, as determined by State epidemiological data, and shall not be used for any programs or services to address substance use after it has already occurred.”

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.”

CSAP language from House Appropriations Committee Report:

Center for the Application of Prevention Technologies: “The Committee directs the Secretary to expand eligibility for grants under SAMHSA Prevention Programs of Regional and National Significance and the corresponding services provided by the Center for the Application of Prevention Technologies to private, non-profit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal and community organizations currently authorized for such grants.”

Minority Fellowship Program: “Culturally competent behavioral health services are necessary to meet demand and behavioral health challenges facing communities across the US, including the opioid epidemic. In addition, significant behavioral health disparities persist in diverse communities across the US. There are persistent health disparities between different racial and ethnic populations, and health equity remains a challenge with minorities receiving less mental health and addiction treatment and lower-quality care. To meet this need, the Minority Fellowship Program (MFP) has been increasing the number of culturally competent behavioral health professionals providing mental health and substance use disorders services to underserved populations. The MFP provides support to behavioral health professionals in the fields of psychiatry, psychology, social work, nursing, marriage and family therapy, counseling and addictions. The MFP is the only Federal program supporting culturally competent mental health and substance use disorders professionals.”

Opioid Prevention Grants: “The Committee notes that substance use prevention, to stop misuse of opioids before it starts, has been underutilized despite its potential to reduce the pathway to addiction and that the most effective approach to dealing with prevention is comprehensive planning and implementation of multiple strategies across multiple sectors of a community. The Committee includes \$25,000,000 for opioid prevention grants. The Committee intends for such grants to enable multi-sector community organizations to receive grants of up to \$150,000 to partner with relevant community sectors to implement at least one strategy, program, or activity across the allowable uses of funds and then evaluate progress in reducing population levels of opioid misuse in the community using baseline data, which shall then be collected every two years for the target population. Funds may be used for the implementation of an array of strategies, programs, and activities across each of the following: reduce access to and availability of opioids; change social norms in the community about misusing opioids; build skills with scale and scope in parents/caregivers, youth, school personnel, the medical community, law enforcement, youth serving organizations, fraternal or faith based organizations, and the media through targeted education, training, and skills building; change community-wide incentives and policies to deter opioid misuse; and implement evidence based substance use prevention programs and curricula in schools and other venues to reach the target population.”



Additional Opioids Allocation

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

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.”

Opioid Language from Senate Appropriations Committee Report:

State Opioid Response Grants: “The Committee provides \$1,500,000,000 for grants to States to address the opioid crisis. Bill language continues to provide \$50,000,000 for grants to Indian Tribes or Tribal organizations and a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. The Committee urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates. Activities funded with this grant may include bonafide treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention strategies, to stop the misuse of opioids before it starts, are a priority for these funds. SAMHSA is 133 directed to work with States to include recovery support services that may include career counseling or job placement to help individuals in recovery from a substance use disorder transition from treatment to the workforce. The Committee directs the agency to ensure



funds reach local communities and counties to address the opioid crisis in areas of unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to rural and underserved communities and providers in addressing this crisis. 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 15 days prior to publishing the funding opportunity announcement. In addition, not later than 1 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 2 years after the date of enactment of this Act. SAMHSA is directed to make the report and evaluation publicly available on SAMHSA’s website.”

Opioid language from House Appropriations Committee Report:

“The Committee also continues efforts to support States and local communities combat the national scourge of opioid addiction by including an additional \$500,000,000 for grants to States. The Committee maintains funding levels for opioid abuse prevention, treatment, and recovery and continues to support robust funding for mental and behavioral health.”

SAMHSA’s Center for Mental Health Services (CMHS)

CMHS Program	FY 16	FY 17	FY 18 Omnibus	President’s FY 19 Request	FY 19 Request vs. FY 18	Senate Appropriations FY 19 Recommendation	Senate Appropriations vs. FY 18	House Appropriations FY 19 Recommendation	House Appropriations vs. FY 18
CMHS TOTAL	\$402,609,000	\$386,659,000	\$426,659,000	\$282,544,000	-\$144,115,000	\$430,659,000	+\$4,000,000	\$341,271,000	-\$85,388,000
Assisted Outpatient for Individuals with SMI	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level	\$15,000,000	Level	\$15,000,000	Level
Assertive Community Treatment	N/A	N/A	\$5,000,000	\$15,000,000	+\$10,000,000	\$5,000,000	Level	\$15,000,000	+\$10,000,000
Children and Family Programs	\$6,458,000	\$7,229,000	\$7,229,000	\$7,229,000	Level	\$7,229,000	Level	\$7,229,000	Level
Consumer/Consumer Support TA Centers	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level	\$1,918,000	Level	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level	\$4,954,000	Level	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,269,000	\$4,269,000	\$4,269,000	\$14,269,000	+\$10,000,000	\$4,269,000	Level	\$14,269,000	+\$10,000,000
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level	\$1,953,000	Level	\$1,953,000	Level
Healthy Transitions	\$19,951,000	\$19,951,000	\$25,951,000	\$19,951,000	-\$6,000,000	\$25,951,000	Level	\$25,951,000	Level
Homelessness	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level	\$2,296,000	Level	\$2,296,000	Level
Homelessness Prevention Programs	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level	\$30,696,000	Level	\$30,696,000	Level



CMHS Program	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18	Senate Appropriations FY 19 Recommendation	Senate Appropriations vs. FY 18	House Appropriations FY 19 Recommendation	House Appropriations vs. FY 18
Infant and Early Childhood MH	N/A	N/A	\$5,000,000	Not funded	-\$5,000,000	\$5,000,000	Level	\$5,000,000	Level
MH System Transformation and Health Reform	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level	\$3,779,000	Level	\$3,779,000	Level
Mental Health First Aid	\$14,963,000	\$14,963,000	\$19,963,000	Not funded	-\$19,963,000	\$21,963,000	+\$2,000,000	Not funded	-\$19,963,000
Minority Fellowship Program	\$8,059,000	\$8,059,000	\$8,059,000	Not funded	-\$8,059,000	\$8,059,000	Level	\$8,059,000	Level
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	Not funded	-\$9,224,000	\$9,224,000	Level	\$9,224,000	Level
National Child Traumatic Stress Network	\$46,887,000	\$48,887,000	\$53,887,000	\$48,887,000	-\$5,000,000	\$55,887,000	+\$2,000,000	\$53,887,000	Level
Practice Improvement and Training	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level	\$7,828,000	Level	\$7,828,000	Level
Primary and Behavioral Health Care Integration	\$49,877,000	\$49,877,000	\$49,877,000	Not funded	-\$49,877,000	\$49,877,000	Level	\$49,877,000	Level
Primary/Behavioral Health Integration TA	\$1,991,000	\$1,991,000	\$1,991,000	Not funded	-\$1,991,000	\$1,991,000	Level	\$1,991,000	Level
Project AWARE State Grants	\$49,902,000	\$57,001,000	\$71,001,000	Not funded	-\$71,001,000	\$71,001,000	Level	\$71,000,000	Level
Project LAUNCH	\$34,555,000	\$23,605,000	\$23,605,000	\$23,605,000	Level	\$23,605,000	Level	\$23,605,000	Level
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level	\$1,147,000	Level	\$1,147,000	Level
Suicide Prevention	\$60,032,000	\$69,032,000	\$69,032,000	\$69,032,000	Level	\$69,032,000	Level	\$71,532,000	+\$2,500,000
Tribal Behavioral Health Grants	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level	\$15,000,000	Level	\$20,000,000	+\$5,000,000
Youth Violence Prevention	\$23,099,000	Not funded	Not funded	Not funded	Level	Not funded	Level	Not funded	Level
Children's Mental Health	\$119,026,000	\$119,026,000	\$125,000,000	\$119,026,000	-\$5,974,000	\$125,000,000	Level	\$125,000,000	Level
Grants to States for the Homeless/Projects for Assistance in Transition from Homelessness (PATH)	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	Level	\$64,635,000	Level	\$64,635,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$36,146,000	Level	\$36,146,000	Level	\$36,146,000	Level
Community Mental Health Services (CMHS) Block Grant	\$511,532,000	\$562,571,000	\$701,532,000	\$562,571,000	-\$138,961,000	\$747,571,000	+\$46,039,000	\$722,571,000	+\$21,039,000



National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Program	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18	Senate Approps FY 19 Rec.	Senate Appropriations vs. FY 18	House Appropriations FY 19 Rec.	House Appropriations vs. FY 18
NIAAA	\$467,700,000	\$483,363,000	\$509,573,000	\$469,000,000	-\$40,573,000	\$525,867,000	+\$16,294,000	\$515,658,000	+\$6,085,000

National Institute on Drug Abuse (NIDA)

Program	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18	Senate Approps FY 19 Rec.	Senate Approps vs. FY 18	House Appropriations FY 19 Rec.	House Approps vs. FY 18
NIDA	\$1,077,488,000	\$1,090,853,000	\$1,383,603,000	\$1,137,000,000	-\$246,603,000	\$1,420,591,000	+\$36,988,000	\$1,400,126,000	+\$16,523,000

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

Program	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18	Senate Approps FY 19 Rec.	Senate Approps vs. FY 18	House Appropriations FY 19 Rec.	House Approps vs. FY 18
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,122,278,000	\$1,117,278,000	\$1,127,278,000	\$1,117,278,000	-\$10,000,000	\$1,132,278,000	+\$5,000,000	\$1,147,278,000	+\$20,000,000
<i>HIV Prevention by Health Departments</i>	\$397,161,000	\$397,161,000	\$397,161,000	Not listed	-\$397,161,000	\$397,161,000	Level	\$397,161,000	Level
<i>School Health</i>	\$33,081,000	\$33,081,000	\$33,081,000	Not listed	-\$33,081,000	\$33,081,000	Level	\$33,081,000	Level
Viral Hepatitis	\$34,000,000	\$34,000,000	\$39,000,000	\$34,000,000	-\$5,000,000	\$39,000,000	Level	\$39,000,000	Level
Sexually Transmitted Infections	\$157,310,000	\$152,310,000	\$157,310,000	\$152,310,000	-\$5,000,000	\$157,310,000	Level	\$157,310,000	Level
Chronic Disease Prevention and Health Promotion	\$1,177,000,000	\$1,115,596,000	\$1,162,896,000	\$939,250,000	-\$223,646,000	\$1,166,771,000	+\$3,875,000	\$1,205,396,000	+\$42,500,000
<i>Tobacco</i>	\$210,000,000	\$205,000,000	\$210,000,000	Not funded	-\$210,000,000	\$210,000,000	Level	\$210,000,000	Level
<i>Excessive Alcohol Use</i>	\$3,000,000	\$3,000,000	\$4,000,000	Not funded	-\$4,000,000	\$4,000,000	Level	\$4,000,000	Level
<i>Prevention Research Centers</i>	\$25,461,000	\$25,461,000	\$25,461,000	Not funded	-\$25,361,000	\$25,461,000	Level	\$25,461,000	Level
Birth Defects and Developmental Disabilities	\$135,610,000	\$137,560,000	\$140,560,000	\$110,000,000	-\$30,560,000	\$153,560,000	+\$13,000,000	\$150,560,000	+\$10,000,000
<i>Fetal Alcohol Syndrome</i>	\$11,000,000	\$11,000,000	\$11,000,000	Not listed	-\$11,000,000	\$11,000,000	Level	\$11,000,000	Level
Injury Prevention and Control	\$236,059,000	\$286,059,000	\$648,559,000	\$266,309,000	-\$382,250,000	\$648,559,000	Level	\$690,559,000	+\$42,000,000
<i>Unintentional Injury</i>	\$8,800,000	\$8,800,000	\$8,800,000	\$6,737,000	-\$2,063,000	\$8,800,000	Level	\$8,800,000	Level
Injury Prevention Activities	\$104,529,000	\$28,950,000	\$28,950,000	\$20,293,000	-\$8,657,000	\$28,950,000	Level	\$28,950,000	Level
<i>Opioid Prescription Drug Overdose (PDO)</i>	\$75,579,000	\$125,579,000	\$475,579,000	\$125,579,000	-\$350,000,000	\$475,579,000	Level	\$515,579,000	+\$40,000,000
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	-\$160,000,000	\$160,000,000	Level	\$160,000,000	Level
Additional Opioids Allocation	N/A	N/A	N/A	\$175,000,000	+\$175,000,000	N/A	Level	N/A	Level



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.”

CDC Language from Senate Appropriations Committee Report:

Opioid Abuse in Native Communities: “The Committee understands that American Indians and Alaska Natives overdose on opioids at the highest rate in the United States and recognizes the importance of addressing the disproportionate impact of the opioid crisis in Native communities. The Committee directs CDC to work with the Indian Health Service to ensure federally-operated and tribally-operated healthcare facilities benefit from the Center’s PDMP efforts.

Opioid Drug Overdose [PDO] Prevention: “The Committee includes \$475,579,000, and reflects continued strong support of CDC PDO activities. CDC shall continue to use funds to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and the District of Columbia. The Committee 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. The Committee encourages CDC to ensure State PDMP implementation and improvements are coordinated with respective State alcohol and drug agencies. 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. Further, the Committee is encouraged to ensure that Federal funding allocated to respond to the opioid epidemic flows from the States into communities and local health departments as practicable and encourages CDC to support local prevention activities to determine the effectiveness of naltrexone in treating heroin and prescription drug abuse as well as reducing diversion of buprenorphine for illicit purposes. Finally, CDC shall use \$10,000,000 of the funds provided to conduct an opioid nationwide awareness and education campaign.”



Opioid Prescribing Guidelines: “The Committee applauds CDC’s Guidelines for Prescribing Opioids for Chronic Pain and encourages CDC to continue its work to support uptake and use of the Guidelines. The Committee understands that current guidelines do not distinguish between Schedule 3 and Schedule 2 opioids and encourages CDC to adopt guidelines to reduce the risk of addiction by starting with a Schedule 3 prescription before considering Schedule 2. CDC is further directed to continue robust implementation of use of the electronic tool to train providers on incorporating and applying the CDC Guidelines in primary care settings and through efforts to increase continuing education. The Committee encourages CDC to coordinate with VA and DOD on implementation and any new developments in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government. The Committee notes that prescribing for acute pain remains a significant driver of initial opioid prescriptions, especially for youth, and that numerous States have established limits on initial opioid prescriptions, while substantial research has examined the use of non-opioid therapies for acute pain. The Committee encourages CDC to continue its leadership in prevention of the opioid epidemic by developing prescribing guidelines for acute pain, including those which are applicable to emergency physicians, surgeons, and dentists.”

CDC Language from House Appropriations Committee Report:

Opioid Overdose Surveillance: “The Committee continues to support the use of data to support forecasting of opioid-related overdose risk, including by geographic region. The Committee encourages CDC to initiate a demonstration project in States experiencing the highest rates of opioid-related overdose to use data to develop forecasts that public health officials can use to intervene and prevent overdoses.”

Prescription Drug Overdose: “The Committee commends CDC for its leadership on combatting prescription and opioid drug overdoses. The Committee encourages CDC to implement these activities based on population-adjusted burden of disease criteria, including mortality data (age-adjusted rate), as significant criteria when distributing funds for the State PDO Prevention activities. The Committee assumes these funds will be distributed via a competitive mechanism and not merely a mathematical formula or standard allocation to each State. Further, the Committee strongly encourages CDC to support local prevention activity to determine the effectiveness of medication-approved treatment modalities in treating heroin and prescription drug abuse and reducing diversion of buprenorphine for illicit purposes.”

Viral Hepatitis and Injection Drug Use: “The Committee notes that there has been a nationwide increase in new viral hepatitis diagnoses and regional increases in HIV diagnoses attributed to injection drug use associated with the opioid epidemic. Research shows that awareness of one’s HIV infection status can increase motivation to begin substance use disorder treatment, especially when medication-assisted treatment is integrated with antiretroviral treatment for HIV patients. The Committee looks forward to working with HHS to ensure opioid resources address the overlapping public health testing activities for affected communities.”



Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18	Senate Approps FY 19 Rec.	Senate Approps vs. FY 18	House Approps FY 19 Rec.	House Approps vs. FY 18
Community Health Centers	\$1,491,422,000	\$1,490,522,000	\$1,625,522,000	\$4,990,629,000	+\$3,365,107,000	\$1,625,522,000	Level	\$1,526,522,000	-\$99,000,000
Interdisciplinary Community-Based Linkages	\$78,903,000	\$128,903,000	\$190,903,000	Not funded	-\$190,903,000	\$192,903,000	+\$2,000,000	\$186,403,000	-\$4,500,000
<i>Mental and Behavioral Health</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>	<i>\$36,916,000</i>	<i>Level</i>	<i>Not funded</i>	<i>-\$36,916,000</i>
Maternal and Child Health Block Grant	\$638,200,000	\$641,700,000	\$651,700,000	\$627,700,000	-\$24,000,000	\$677,700,000	+\$26,000,000	\$655,000,000	+\$3,300,000
Rural Health	\$149,571,000	\$156,060,000	\$290,794,000	\$74,911,000	-\$215,883,000	\$318,794,000	+\$28,000,000	\$281,294,000	-\$9,500,000
<i>Rural Communities Opioids Response</i>	--	--	<i>\$100,000,000</i>	<i>Not funded</i>	<i>-\$100,000,000</i>	<i>\$120,000,000</i>	<i>+\$20,000,000</i>	<i>\$82,500,000</i>	<i>-\$17,500,000</i>
Telehealth	\$17,000,000	\$18,500,000	\$23,500,000	\$10,000,000	-\$13,500,000	\$25,500,000	+\$2,000,000	\$23,500,000	+\$2,000,000
Ryan White HIV/AIDS Program	\$2,322,781,000	\$2,318,781,000	\$2,318,781,000	\$2,260,170,000	-\$58,611,000	\$2,318,781,000	Level	\$2,318,781,000	Level

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 evidence-based 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.”

HRSA Language from Senate Appropriations Committee Report:

Rural Communities Opioid Response: “While the opioid epidemic has affected both urban and rural counties, the burden in rural areas is significantly higher. Rural communities face a number of challenges in gaining access to healthcare in general, and substance abuse treatment in particular. 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 deaths. The Committee provides \$120,000,000 to address substance abuse, including opioid abuse, and the overdose crisis in rural communities. Within the funding provided, the Committee includes \$20,000,000 for the establishment of 3 rural centers of excellence on substance use disorders to support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural



communities. The centers will focus on the current opioid crisis and developing methods to address future substance use disorder epidemics. This funding, in addition to the \$100,000,000 provided last year, will continue efforts to allow communities to develop plans to address local needs. In addition, the Committee recommendation allows the Department of Labor to use a portion of career and training funding focused on the ARC and DRA regions to assist individuals who are returning, entering, or seeking to maintain participation in the workforce after being affected by an opioid abuse disorder.”

HRSA Language from House Appropriations Committee Report:

Neonatal Abstinence Syndrome: “The Committee is alarmed by reports that the leading cause of maternal mortality in a growing number of States is overdose and suicide, with a direct connection to the opioid epidemic. The Committee also recognizes the work done to implement the Protecting Our Infants Act of 2015 (PL 114– 91), which culminated in a strategy to address gaps in research; overlaps, duplication, or gaps in the relevant Federal programs; and coordination of Federal efforts to address neonatal abstinence syndrome with recommendations regarding maternal and child prevention, treatment, and services. An October 2017 GAO report entitled “Newborn Health: Federal Action Needed to Address Neonatal Abstinence Syndrome” recommended that HHS expeditiously develop a plan for implementing the recommendations included in the strategy. The Committee requests an update in the fiscal year 2020 Congressional Justification on implementation of recommendations outlined in the strategy and identification of barriers to implementation, including specifics on any areas where Congressional action is needed.”

Administration for Children and Families (ACF) – Select Programs

Program	FY 16	FY 17	FY 18 Omnibus	President’s FY 19 Request	FY 19 Request vs. FY 18	Senate Approps FY 19 Rec.	Senate Approps vs. FY 18	House Approps FY 19 Rec.	House Approps vs. FY 18
Promoting Safe and Stable Families (PSSF)	\$404,765,000	\$384,765,000	\$444,765,000	\$444,765,000	Level	\$444,765,000	Level	\$404,765,000	-\$40,000,000
Regional Partnership Grants (RPG)	\$20,000,000	\$20,000,000	\$20,000,000	\$60,000,000	+\$40,000,000	\$20,000,000	Level	\$20,000,000	Level
Programs for Children, Youth, and Families	\$11,234,268,000	\$11,294,368,000	\$12,022,225,000	\$10,341,677,608	-\$1,680,547,392	\$12,288,225,000	+\$266,000,000	\$12,122,225,000	+\$100,000,000
Child Abuse Prevention and Treatment Act (CAPTA) State Grants	\$25,310,000	\$25,310,000	\$85,310,000	\$25,310,000	-\$60,000,000	\$85,310,000	Level	\$85,310,000	Level
Child Welfare Services	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level	\$268,735,000	Level	\$278,735,000	+\$10,000,000
Title IV-E Foster Care (projected)	\$4,799,573,280	\$4,992,000,000	\$5,537,000,000	\$5,350,000,000	-\$187,000,000	\$5,329,000,000	-\$208,000,000	\$5,329,000,000	-\$208,000,000



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.”



ACF Language from Senate Appropriations Committee Report:

Regional Partnership Grants [RPGs] and Family-Focused Residential Treatment Programs: “Within the total for discretionary funding, the Committee recommendation includes \$20,000,000 for RPGs and family-focused residential treatment programs. RPGs promote coordination and collaboration between local child welfare and substance abuse treatment agencies, and other related organizations, to improve services and outcomes for children and families affected by substance use disorder, particularly opioid use. Family-focused residential treatment programs are trauma-informed residential programs primarily for substance use disorder treatment for pregnant and postpartum women and parents and guardians that allow children to reside with their mothers, parents, or guardians during treatment to the extent appropriate and applicable. Organizations applying for this funding should be allowed to apply to operate one or both programs. This funding will help build the evidence-base of what works in anticipation of the availability of mandatory funding for similar activities under the Family First Prevention and Services Act.”

Preventive Services for Children At-Risk of Entering Foster Care: “The Committee provides \$20,000,000 in continued funding for Kinship Navigator Programs. This program improves services available to grandparents and other relatives taking primary responsibility for children because the child’s parent is struggling with opioid addiction or substance use disorder. The recommendation also includes \$20,000,000 for Regional Partnership Grants and family-focused residential treatment programs, to improve the coordination of services for children and families affected by opioid and other substance use disorders and help families remain together during treatment. Funding for both of these programs will help build the evidence-base of what works for children and families to prevent children from entering the foster care system, consistent with changes made in the Family First Prevention Services Act.”

Child Abuse Prevention and Treatment State Grants: “The Committee recommendation includes \$85,310,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.”

Infant Plans of Safe Care: “Within the total, the Committee recommendation includes \$60,000,000 to help States develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of CAPTA. The incidence of neonatal abstinence syndrome has increased as the opioid crisis has worsened, and this funding will help States improve their response to infants affected by a substance use disorder and their families. The Committee strongly encourages HHS to encourage States to include in their plans specialized services for parents whose children may be at risk of abuse or neglect in order to reduce the need for child welfare or foster care system involvement. Finally, the Committee directs HHS to provide technical assistance to States on best-practices and evidence-based interventions in this area to help address the health, safety, and substance use disorder treatment needs of the child and family, and to evaluate State’s activities on plans of safe care.”



Department of Justice (DOJ) – Select Programs

Program	FY 16	FY 17	FY 18 Omnibus	President's FY 19 Request	FY 19 Request vs. FY 18	Senate Approps FY 19 Rec.	Senate Approps vs. FY 18	House Approps FY 19 Rec.	House Approps vs. FY 18
Drug Enforcement Administration	\$2,080,000,000	\$2,102,976,000	\$2,190,326,000	\$2,441,500,000	+\$251,174,000	\$2,654,836,000	+\$464,510,000	\$2,740,395,000	+\$550,069,000
<i>High-Intensity Drug Trafficking Area (HIDTA) Program*</i>	\$250,000,000	\$254,000,000	\$280,000,000	\$254,000,000	-\$26,000,000	\$254,000,000	-\$26,000,000	<i>Not proposed to be funded under DOJ</i>	<i>N/A</i>
Office of Justice Programs: Research, Evaluation, and Statistics	\$116,000,000	\$89,000,000	\$90,000,000	\$77,000,000	-\$13,000,000	\$90,000,000	Level	\$94,000,000	+\$4,000,000
State and Local Law Enforcement Assistance	\$1,408,500,000	\$1,258,500,000	\$1,677,500,000	\$1,132,000,000	-\$545,500,000	\$1,678,500,000	+\$1,000,000	\$2,018,500,000	+\$341,000,000
<i>Byrne Justice Assistance Grants</i>	\$347,000,000	\$334,600,000	\$339,600,000	\$331,100,000	-\$8,500,000	\$385,600,000	+\$46,000,000	\$341,100,000	+\$1,500,000
<i>Drug Courts</i>	\$42,000,000	\$43,000,000	\$75,000,000	\$43,000,000	-\$32,000,000	\$80,000,000	+\$5,000,000	\$75,000,000	Level
<i>Mentally Ill Offender Act</i>	\$10,000,000	\$12,000,000	\$30,000,000	\$10,000,000	-\$20,000,000	\$32,500,000	+\$2,500,000	\$30,000,000	Level
<i>Residential Substance Abuse Treatment (RSAT)</i>	\$12,000,000	\$14,000,000	\$30,000,000	\$12,000,000	-\$18,000,000	\$35,000,000	+\$5,000,000	\$30,000,000	Level
<i>Second Chance Act/Offender Reentry</i>	\$68,000,000	\$68,000,000	\$85,000,000	\$58,000,000	-\$27,000,000	\$90,000,000	+\$5,000,000	\$85,000,000	Level
<i>Veterans Treatment Courts</i>	\$6,000,000	\$7,000,000	\$20,000,000	\$6,000,000	-\$14,000,000	\$22,500,000	+\$2,500,000	\$20,000,000	Level
<i>Prescription Drug Monitoring</i>	\$13,000,000	\$14,000,000	\$30,000,000	\$12,000,000	-\$18,000,000	\$30,000,000	Level	\$30,000,000	Level
Juvenile Justice Programs	\$270,160,000	\$247,000,000	\$282,500,000	\$229,500,000	-\$53,000,000	\$297,000,000	+\$14,500,000	\$212,000,000	-\$70,500,000
<i>Opioid Affected Youth</i>	--	--	\$8,000,000	<i>Not funded</i>	-\$8,000,000	\$10,000,000	+\$2,000,000	<i>Not funded</i>	-\$8,000,000
Community Oriented Policing Systems (COPS)	\$212,000,000	\$221,500,000	\$275,500,000	\$99,000,000	-\$176,500,000	\$310,000,000	+\$34,500,000	\$225,500,000	-\$50,000,000

*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.

DOJ language from related to opioids in Senate Appropriations Committee Report:

“The Committee continues its commitment to helping States and local communities in the fight against heroin and the illegal use of opioids through comprehensive programs covering law enforcement, prevention, and treatment. A total of \$482,500,000 in DOJ grant funding is provided to help our State and local partners tackle this epidemic, an increase of \$36,000,000 above the fiscal year 2018 level, including increased funding for programs covered under the Comprehensive Addiction and Recovery Act and Community Oriented Policing Services [COPS] Anti-Heroin Task Forces.”



DOJ language from related to opioids in House Appropriations Committee Report:

“The bill provides substantial resources to address the opioid epidemic. To assist State and local governments, the bill provides \$380,000,000, which is an increase of \$50,000,000 over fiscal year 2018 and \$277,000,000 above fiscal year 2017, for grants authorized by the Comprehensive Addiction and Recovery Act.”

Medication-assisted treatment: “The Committee encourages [Bureau of Prisons] BOP to make abstinence-based relapse prevention treatment options available to inmates with a history of opioid dependence.”

Office of National Drug Control Policy (ONDCP)

Program	FY 16	FY 17	FY 18 Omnibus	President’s FY 19 Request	President vs. FY 18	Senate Approps FY 19 Rec.	Senate Approps vs. FY 18	House Approps FY 19 Rec.	House Approps vs. FY 18
Office of National Drug Control Policy*	\$379,857,000	\$388,145,000	\$415,493,000	\$29,240,000	-\$386,253,000	\$415,727,000	+\$234,000	\$415,727,000	+\$234,000
<i>Drug Free Communities (DFC)</i>	\$95,000,000	\$97,000,000	\$99,000,000	<i>Not funded within ONDCP</i>	-\$99,000,000	\$99,000,000	<i>Level</i>	\$100,000,000	+\$1,000,000
<i>High-Intensity Drug Trafficking Area (HIDTA) Program</i>	\$250,000,000	\$254,000,000	\$280,000,000	<i>Not funded within ONDCP</i>	-\$280,000,000	\$280,000,000	<i>Level</i>	\$280,000,000	<i>Level</i>

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

ONDCP Language from Senate Appropriations Committee Report:

“The Committee recommends an appropriation of \$18,400,000 for ONDCP’s salaries and expenses. The Committee rejects proposals to transfer the High Intensity Drug Trafficking Areas [HIDTA] and Drug-Free Communities programs to the Department of Justice and the Substance Abuse and Mental Health Services Administration, respectively.

“Opioid Crisis: The Committee is deeply concerned about the opioid crisis, which impacts communities across the country and affects people from all walks of life, with devastating consequences. The Office of National Drug Control Policy is a key participant in efforts to combat this epidemic. As ONDCP carries out its mission, it is critically important to ensure that rural and underserved areas that are hardest-hit in the opioid crisis and which have the highest concentrations of opioid-related cases are sufficiently supported in its programs, policies, and activities.

“Opioid Addiction: As prescription drug monitoring programs successfully control the supply of prescription drugs available, those struggling with substance abuse disorders who are no longer able to obtain or afford prescription opioids often turn to heroin and other opioids. The Committee recognizes the prevalence of opioid addiction and the resultant increase in trafficking of and addiction to heroin and other emergent threats such as fentanyl. The Committee encourages the HIDTA program through ONDCP, to the extent practicable, to prioritize discretionary funds to aid States that have identified heroin and opioid addiction as an emergent threat, and have developed and implemented community responses to combat addiction



to heroin and other opioids. HIDTAs enable necessary coordination of law enforcement efforts and support for state and local law enforcement and must continue to play a significant role in the eradication of heroin and prescription drug diversion.”

ONDCP Language from House Appropriations Committee Report:

“The Committee notes the importance of the High Intensity Drug Trafficking Areas (HIDTA) and the Drug-Free Communities (DFC) grant programs in combating the nation’s opioid epidemic. The Committee further notes that the Office of National Drug Control Policy (ONDCP) ensures the HIDTA and DFC programs are equitably managed across federal, state, and local agencies and with the necessary interagency flexibility to address emerging threats. The Committee directs ONDCP to retain operational control over the HIDTA and DFC programs to maintain the interagency benefits needed to address the opioid crisis.”