

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

FY 2020 Budget

March 2019 Update

On March 11, 2019, the Administration released “A Budget for a Better America,” its proposed budget for fiscal year 2020 (October 1, 2019-September 30, 2020). This document outlines the proposed funding levels for NASADAD’s priority programs within the Department of Health and Human Services (HHS) as well as the Office of National Drug Control Policy (ONDCP).

This overview summarizes proposed FY 2020 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)
- Office of National Drug Control Policy (ONDCP)

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
SAPT Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	Level

SAMHSA Congressional Justification language on the SAPT Block Grant:

“SAMHSA also encourages the states to use their block grants to: (1) allow the pursuit of recovery through personal choice and many pathways; (2) encourage providers to assess performance based on outcomes that demonstrate client successes; and (3) expand capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services.”

Additional Opioids Allocation

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
State Targeted Response (STR) to the Opioid Crisis Grants	N/A	\$500,000,000	\$500,000,000	Not funded	Not funded	Level
State Opioid Response (SOR) Grants	N/A	N/A	\$1,000,000,000	\$1,500,000,000	\$1,500,000,000	Level

SAMHSA Congressional Justification language on the SOR Grant program:

“The FY 2020 President’s Budget request is \$1.5 billion, level with the FY 2019 Enacted level. The program will continue to support States and territories, including a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The program will include a \$50 million set-aside for tribes. SAMHSA intends to continue to support the Secretary’s five- prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to states, provider groups and communities impacted by the opioid crisis.”

SAMHSA's Center for Substance Abuse Treatment (CSAT)

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
CSAT TOTAL	\$335,345,000	\$354,427,000	\$403,427,000	\$460,677,000	\$429,888,000	-\$30,789,000
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	\$3,000,000	\$5,000,000	\$6,000,000	\$6,000,000	Level
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	\$89,000,000	\$89,000,000	\$89,000,000	Level
<i>Drug Courts</i>	<i>\$60,000,000</i>	<i>\$60,000,000</i>	<i>\$70,000,000</i>	<i>\$70,000,000</i>	<i>\$70,000,000</i>	<i>Level</i>
First Responder Training*	N/A	\$12,000,000	\$36,000,000	\$36,000,000	\$36,000,000	Level
<i>Rural Focus*</i>	<i>N/A</i>	<i>N/A</i>	<i>\$18,000,000</i>	<i>\$18,000,000</i>	<i>\$18,000,000</i>	<i>Level</i>
Grants to Develop Curricula for DATA Act Waivers	N/A	N/A	N/A	N/A	\$4,000,000	+\$4,000,000
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	Level
Improving Access to Overdose Treatment	N/A	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	Level
Minority Fellowship	\$3,539,000	\$3,539,000	\$4,539,000	\$4,789,000	Not funded	-\$4,789,000
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	\$19,931,000	\$29,931,000	\$29,931,000	\$29,931,000	Level
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	\$30,000,000	\$30,000,000	\$30,000,000	Not funded	-\$30,000,000
Targeted Capacity Expansion (TCE) General	\$36,303,000	\$67,192,000	\$95,192,000	\$100,192,000	\$100,192,000	Level
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)</i>	<i>\$25,000,000</i>	<i>\$56,000,000</i>	<i>\$84,000,000</i>	<i>\$89,000,000</i>	<i>\$89,000,000</i>	<i>Level</i>
Treatment Systems for Homeless	\$41,304,000	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	Level

*First Responder Training program, Rural Focus, and Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths were previously funded within CSAP (FY 2016-FY 2018)

SAMHSA Congressional Justification language on SBIRT:

“The SBIRT program seeks to increase the use of SBIRT in medical settings by promoting wide dissemination and adoption of the practice across the spectrum of primary care services. To achieve this, SAMHSA awards state implementation grants to encourage adoption of SBIRT by healthcare providers in each state. SAMHSA has demonstrated the effectiveness of SBIRT and continues to disseminate SBIRT practices.

“SAMHSA is proposing to eliminate the SBIRT program (\$30.0 million) as significant knowledge has been developed and disseminated for this program and it has been brought to scale in hundreds of communities across the nation. SAMHSA will continue to disseminate SBIRT program information as necessary.”

SAMHSA Congressional Justification language on Minority Fellowship Program:

“SAMHSA’s Minority Fellowship Program (MFP) increases behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The program provides stipends to funding increases the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance abuse treatment services for minority populations that are underserved.

“SAMHSA is proposing to eliminate the MFP in Mental Health, Substance Abuse Prevention and Substance Abuse Treatment (\$13.2 million) because it overlaps with other federal activities.”

SAMHSA’s Center for Substance Abuse Prevention (CSAP)

Program	FY 16	FY 17	FY 18	FY 2019	President’s FY 20 Request	FY 20 Request vs. FY 19
CSAP TOTAL	\$211,219,000	\$223,219,000	\$248,219,000	\$205,469,000	\$144,090,000	-\$61,379,000
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level
Federal Drug-Free Workplace/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	\$41,205,000	Level
Minority Fellowship	\$71,000	\$71,000	\$71,000	\$321,000	Not funded	-\$321,000
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	\$8,000,000	\$8,000,000	Level
<i>National Adult-Oriented Media Public Service Campaign</i>	N/A	N/A	N/A	\$1,000,000	N/A	N/A
Strategic Prevention Framework-Partnerships for Success	\$109,484,000	\$109,484,000	\$119,484,000	\$119,484,000	\$58,426,000	-\$61,058,000
<i>Strategic Prevention Framework Rx</i>	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level
Tribal Behavioral Health Grants	\$15,000,000	\$15,000,000	\$15,000,000	\$20,000,000	\$20,000,000	Level

Program	FY 16	FY 17	FY 18	FY 2019	President’s FY 20 Request	FY 20 Request vs. FY 19
Drug Free Communities (DFC)*	\$95,000,000	\$97,000,000	\$99,000,000	\$100,000,000	\$100,000,000	Level

*Drug Free Communities program has historically been funded within the Office of National Drug Control Policy (FY 2016-FY 2019)

SAMHSA Congressional Justification language on SPF-PFS and CAPT/PTTC:

“The eligibility requirements for CSAP’s FY 2019 Programs of Regional and National Significance have not been expanded with the exception of the programs identified below: The eligibility requirements for FY 2019 Strategic Prevention Framework Partnerships for Success (SPF PFS) grant have been expanded to include domestic public or private nonprofit entities. The services provided by the Center for the Application of Prevention Technologies (CAPT) contract have been replaced by the Prevention Technology Transfer Center (PTTC) cooperative agreement.”

SAMHSA Congressional Justification language on SPF-PFS:

“The FY 2020 Budget Request is \$58.4 million, a decrease of \$61.1 million from the FY 2019 Enacted Budget. Funding for the SPF Rx program will be maintained in its entirety (\$10.0 million) for 26 continuation grants. Funding will support SPF PFS 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.”

SAMHSA Congressional Justification language on CAPT/PTTC:

“In 2019, CAPT changed how it delivered services and began providing science-based training and technical assistance through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective substance abuse prevention interventions, and provide training and technical assistance services to the substance abuse prevention field.

“It does this by developing and disseminating tools and strategies needed to improve the quality of substance abuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.”

SAMHSA Congressional Justification language on DFC:

“SAMHSA has administered this program for several years on behalf of ONDCP. The FY 2020 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.”

SAMHSA’s Center for Mental Health Services (CMHS)

CMHS Program	FY 16	FY 17	FY 18	FY 2019	President’s FY 20 Request	FY 20 Request vs. FY 19
CMHS TOTAL	\$402,609,000	\$386,659,000	\$426,659,000	\$435,616,000	\$415,739,000	-\$19,877,000
Assisted Outpatient for Individuals with SMI	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level
Assertive Community Treatment	N/A	N/A	\$5,000,000	\$5,000,000	\$15,000,000	\$10,000,000
Certified Community Behavioral Health Clinics (CCBHCs)	N/A	N/A	\$100,000,000	\$150,000,000	\$150,000,000	Level
Children and Family Programs	\$6,458,000	\$7,229,000	\$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	\$1,919,000	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
Healthy Transitions	\$19,951,000	\$19,951,000	\$25,951,000	\$25,951,000	\$30,951,000	+\$5,000,000
<i>Health Transitions-College Campus</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>\$5,000,000</i>	<i>+\$5,000,000</i>
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	\$5,000,000	\$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 Awareness Training (formerly MH First Aid)	\$14,963,000	\$14,963,000	\$19,963,000	\$20,963,000	\$20,963,000	Level
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	\$9,224,000	Level
National Child Traumatic Stress Network	\$46,887,000	\$48,887,000	\$53,887,000	\$63,887,000	\$63,887,000	Level
Practice Improvement and Training	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level

CMHS Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
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 State Grants	\$49,902,000	\$57,001,000	\$71,001,000	\$71,001,000	\$81,001,000	+\$10,000,000
Project LAUNCH	\$34,555,000	\$23,605,000	\$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	\$69,032,000	\$69,032,000	\$74,034,000	\$74,034,000	Level
Tribal Behavioral Health Grants	\$15,000,000	\$15,000,000	\$15,000,000	\$20,000,000	\$20,000,000	Level
Children's Mental Health	\$119,026,000	\$119,026,000	\$125,000,000	125,000,000	\$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	\$64,635,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$36,146,000	\$14,146,000	-\$22,000,000
Community Mental Health Services (CMHS) Block Grant	\$511,532,000	\$562,571,000	\$701,532,000	701,532,000	\$701,532,000	Level

SAMHSA Congressional Justification language on CCBHCs:

“The FY 2020 Budget Request is \$150.0 million, the same level with FY 2019 Enacted level. SAMHSA requests funding to award a new cohort of 76 grants to continue the improvement of mental disorder treatment, services, and interventions for children and adults.”

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
NIAAA	\$467,700,000	\$483,363,000	\$509,573,000	\$525,591,000	\$452,000,000	-\$73,591,000

National Institute on Drug Abuse (NIDA)

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 19 Request	FY 19 Request vs. FY 18
NIDA	\$1,077,488,000	\$1,090,853,000	\$1,383,603,000	\$1,419,844,000	\$1,296,000,000	-\$123,844,000

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

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,122,278,000	\$1,117,278,000	\$1,127,278,000	\$1,132,278,000	\$1,318,056,000	+\$185,778,000
<i>HIV Prevention by Health Departments</i>	<i>\$397,161,000</i>	<i>\$397,161,000</i>	<i>\$397,161,000</i>	<i>\$397,161,000</i>	Not listed	N/A

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
<i>School Health</i>	\$33,081,000	\$33,081,000	\$33,081,000	\$33,081,000	Not listed	N/A
Viral Hepatitis	\$34,000,000	\$34,000,000	\$39,000,000	\$39,000,000	\$39,000,000	Level
Infectious Diseases and the Opioid Epidemic	N/A	N/A	N/A	\$5,000,000	\$58,000,000	+53,000,000
Sexually Transmitted Infections	\$157,310,000	\$152,310,000	\$157,310,000	\$157,310,000	\$157,310,000	Level
Chronic Disease Prevention and Health Promotion	\$1,177,000,000	\$1,115,596,000	\$1,162,896,000	\$1,187,771,000	\$951,000,000	-\$236,521,000
<i>Tobacco</i>	\$210,000,000	\$205,000,000	\$210,000,000	\$210,000,000	Not funded	-\$210,000,000
<i>Excessive Alcohol Use</i>	\$3,000,000	\$3,000,000	\$4,000,000	\$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	-\$25,461,000
Birth Defects and Developmental Disabilities	\$135,610,000	\$137,560,000	\$140,560,000	\$155,560,000	\$112,000,000	-\$43,560,000
<i>Fetal Alcohol Syndrome</i>	\$11,000,000	\$11,000,000	\$11,000,000	\$11,000,000	Not listed	N/A
<i>Neonatal Abstinence Syndrome</i>	N/A	N/A	N/A	\$2,000,000	\$2,000,000	Level
Injury Prevention and Control	\$236,059,000	\$286,059,000	\$648,559,000	\$648,559,000	\$628,839,000	-\$19,720,000
<i>Unintentional Injury</i>	\$8,800,000	\$8,800,000	\$8,800,000	\$8,800,000	\$6,737,000	-\$2,063,000
<i>Injury Prevention Activities</i>	\$104,529,000	\$28,950,000	\$28,950,000	\$28,950,000	\$20,293,000	-\$8,657,000
<i>Opioid Prescription Drug Overdose (PDO)</i>	\$75,579,000	\$125,579,000	\$475,579,000	\$475,579,000	\$475,579,000	Level
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	-\$160,000,000
America's Health Block Grant	N/A	N/A	N/A	N/A	\$500,000,000	+\$500,000,000

CDC Congressional Justification language on America's Health Block Grant:

“For FY 2020, CDC requests \$500,000,000 for the America's Health Block Grant, all from the Prevention and Public Health Fund, to reform state-based chronic disease programs to provide additional flexibility to states. With block grant funding, States and Tribes have the flexibility to organize prevention and control efforts and deploy evidence-based interventions in a manner that makes the most sense to their jurisdictions and circumstances.”

“The extramural portion of the America's Health Block Grant program is comprised of two components—a core block grant component and an innovation component. The core component (at least 85% of extramural funding) will fund state (50) and territorial (8) health departments, the Washington, D.C. health department (1), and Tribal Epidemiology Centers (12). The innovation component (up to 15% of extramural funding) will fund, on a competitive basis, large cities (up to 10), rural and frontier areas (up to 15), and tribes (up to 15). Entities eligible to apply for the core component can also apply for funding through the innovation component—either on their own or on behalf of and with the support of a city, rural/frontier area, or tribe.”

CDC Congressional Justification language on Infectious Diseases and the Opioid Epidemic:

“CDC's FY 2020 request of \$58.0 million for Infectious Diseases and the Opioid Epidemic is \$53.0 million above the FY 2019 Enacted level. This

increase will expand activities begun in FY 2019 to target the infectious disease consequences of the opioid epidemic. The United States is experiencing a massive increase in drug use due to the growing opioid crisis, including increasing injection drug use.

“Funded activities will focus on screening and linking people to treatment in high-impact settings such as healthcare systems, substance use treatment, permissible syringe services programs and correctional facilities. Nationally, CDC will also ensure that evidence-based and comprehensive preventive services are provided for people who use drugs. These investments will be complemented by increased active surveillance capacity to monitor infectious disease clusters across the nation to guide a faster and more targeted response.”

Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
Community Health Centers	\$1,491,422,000	\$1,490,522,000	\$1,625,522,000	\$1,625,522,000	\$1,625,522,000	Level
Interdisciplinary Community-Based Linkages	\$78,903,000	\$128,903,000	\$190,903,000	\$191,903,000	\$111,916,000	-\$79,987,000
Maternal and Child Health Block Grant	\$638,200,000	\$641,700,000	\$651,700,000	\$677,700,000	\$660,700,000	-\$17,000,000
Rural Health	\$149,571,000	\$156,060,000	\$290,794,000	\$317,794,000	\$188,645,000	-\$129,149,000
<i>Rural Communities Opioids Response</i>	--	--	<i>\$100,000,000</i>	<i>\$120,000,000</i>	<i>\$120,000,000</i>	<i>Level</i>
Telehealth	\$17,000,000	\$18,500,000	\$23,500,000	\$24,500,000	\$10,000,000	-\$14,500,000
Ryan White HIV/AIDS Program	\$2,322,781,000	\$2,318,781,000	\$2,318,781,000	\$2,318,781,000	\$2,388,781,000	+\$70,000,000

Administration for Children and Families (ACF) – Select Programs

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
Promoting Safe and Stable Families (PSSF)	\$404,765,000	\$384,765,000	\$444,765,000	\$444,765,000	\$474,765,000	+\$30,000,000
<i>Regional Partnership Grants (RPG), mandatory</i>	<i>\$20,000,000</i>	<i>\$20,000,000</i>	<i>\$20,000,000</i>	<i>\$20,000,000</i>	<i>\$60,000,000</i>	<i>+\$40,000,000</i>
Programs for Children and Families	\$11,234,268,000	\$11,294,368,000	\$12,022,225,000	\$12,239,225,000	\$11,187,485,000	-\$1,051,740,000
<i>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</i>	\$25,310,000	\$25,310,000	\$85,310,000	\$85,310,000	\$85,310,000	Level
<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)	\$4,799,573,280	\$4,992,000,000	\$5,537,000,000	\$5,327,871,000	\$5,264,562,000	-\$63,309,000

Office of National Drug Control Policy (ONDCP)

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19
Office of National Drug Control Policy*	\$379,857,000	\$388,145,000	\$415,493,000	\$415,493,000	\$28,501,000	-\$386,992,000
<i>Drug Free Communities (DFC)</i>	\$95,000,000	\$97,000,000	\$99,000,000	\$100,000,000	Not funded within ONDCP	-\$100,000,000
<i>High-Intensity Drug Trafficking Area (HIDTA) Program</i>	\$250,000,000	\$254,000,000	\$280,000,000	\$280,000,000	Not funded within ONDCP	-\$280,000,000

*President's FY 2020 proposed total for ONDCP includes \$16,400,000 for operations, and \$12,101,000 for other federal drug control programs.