

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

### FY 2020 Appropriations

September 2019

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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). On May 8, 2019, the House Appropriations Committee passed its Labor, Health and Human Services (HHS), Education, and Related Agencies FY 2020 appropriations bill, and on June 19, 2019, the full House passed the bill. On September 18, 2019, the Senate Appropriations Committee released a draft of its L-HHS bill. This document outlines the proposed funding levels for NASADAD’s priority programs within HHS, including language from the Administration’s Congressional Justifications, as well as the House and Senate Appropriations Committees’ bill reports.

**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)

**Senate Report Language on Opioids and Stimulants:** “The Committee is pleased that CDC recently reported that drug overdose deaths have declined for the first time since the 1990s. However, the Committee is aware and concerned with the increase in deaths associated with stimulant use, specifically the overlap with opioid overdoses in what is a growing trend of polysubstance abuse. According to a recent report from CDC, from 2015 to 2016, stimulant-involved death rates increased 52 percent and 33 percent, respectively. Therefore, the Committee expands the use of funds to include stimulants and the bill provide \$3,900,000,000 in funding to fight prescription opioid abuse and heroin and stimulant use, an increase of \$70,000,000 over fiscal year 2019 and an increase of \$3,600,000,000 in the past 5 years.”

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

Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>SAPT Block Grant</b>	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	Level	\$1,858,079,000	Level	\$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.”

**Senate Report Language on the SAPT Block Grant:**

“The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant. 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.”

### Additional Opioids Allocation

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

**House Appropriations report language on the SOR Grant program:**

“The Committee includes \$1,500,000,000 for grants to States to address the opioid crisis, of which \$50,000,000 is for grants to Indian Tribes or tribal organizations. In addition, the Committee continues the 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders. **Consistent with the objective of Comprehensive Opioid Recovery Centers, as authorized in section 7121 of the SUPPORT Act, the Committee recognizes that there is a tremendous need for increasing access to coordinated, comprehensive care services that utilize the full range of FDA-approved medications and evidence-based treatments. These long-term care and support services provided through the State Opioid Response grants program dramatically improve outcomes for individuals and generate meaningful outcomes data to contribute to best practices for substance use disorders.**”

**Senate Appropriations Report Language on the SOR Grant program:**

“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, and recovery strategies are prioritized within States to account for comprehensive services to individuals.

“The Committee recognizes the alarming increase in overdoses involving stimulants such as methamphetamine and cocaine across the country. CDC recently reported that during 2015–2016, age-adjusted death rates involving methamphetamine and cocaine increased by 52 percent and 33 percent respectively. As such, the Committee directs SAMHSA to make prevention and treatment of, and recovery from, stimulant abuse an allowable use of these funds while maintaining the existing formula calculation based on age-adjusted mortality rates related to opioid overdose deaths. The Committee directs the agency to ensure funds reach local communities and counties to address 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, underserved communities, and providers in addressing this crisis. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate the proposed allocation of funds not later than 15 days prior to publishing the funding opportunity announcement. The Committee is concerned that it has not received the report requested in fiscal year 2018 outlining detailed activities for which each State has received funding and the ultimate recipients of the funds provided to States and requests a report no later than 30 days after enactment. In addition, the Committee looks forward to receiving SAMHSA’s evaluation of the program not later April 2020 and requests that SAMHSA update the evaluation on an annual basis. SAMHSA is directed to make the report and evaluation publicly available on SAMHSA’s website.”

#### SAMHSA’s Center for Substance Abuse Treatment (CSAT)

Program	FY 17	FY 18	FY 19	President’s FY 20 Request	FY 20 Request vs. FY 19	House FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>CSAT PRNS TOTAL</b>	\$354,427,000	\$403,427,000	\$458,677,000	\$429,888,000	-\$28,789,000	\$483,177,000	+\$21,500,000	\$474,677,000	+\$16,000,000
<b>Addiction Technology Transfer Centers (ATTCs)</b>	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level	\$9,046,000	Level	\$9,046,000	Level
<b>Building Communities of Recovery</b>	\$3,000,000	\$5,000,000	\$6,000,000	\$6,000,000	Level	\$7,000,000	+\$1,000,000	\$7,000,000	+\$1,000,000
<b>Children and Families</b>	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level	\$29,605,000	Level	\$29,605,000	Level
<b>Comprehensive Opioid Recovery Centers</b>	N/A	N/A	N/A	N/A	N/A	\$10,000,000	+\$10,000,000	N/A	N/A
<b>Criminal Justice Activities</b>	\$78,000,000	\$89,000,000	\$89,000,000	\$89,000,000	Level	\$89,000,000	Level	\$89,000,000	Level
<i>Drug Courts</i>	\$60,000,000	\$70,000,000	\$70,000,000	\$70,000,000	Level	\$70,000,000	Level	\$70,000,000	Level
<b>Emergency Dept. Alternatives to Opioids</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$4,000,000	+\$4,000,000
<b>First Responder Training*</b>	\$12,000,000	\$36,000,000	\$36,000,000	\$36,000,000	Level	\$36,000,000	Level	\$41,000,000	+\$5,000,000
<i>Rural Focus*</i>	N/A	\$18,000,000	\$18,000,000	\$18,000,000	Level	\$18,000,000	Level	\$23,000,000	+\$5,000,000
<b>Grants to Develop Curricula for DATA Act Waivers</b>	N/A	N/A	N/A	\$4,000,000	+\$4,000,000	\$4,000,000	+\$4,000,000	N/A	N/A

Program	FY 17	FY 18	FY 19	President's FY 20 Request	FY 20 Request vs. FY 19	House FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	Level	\$12,000,000	Level	\$12,000,000	Level
Improving Access to Overdose Treatment	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Level	\$1,000,000	Level	\$1,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	Level	\$65,570,000	Level	\$65,570,000	Level
Minority Fellowship	\$3,539,000	\$4,539,000	\$4,789,000	Not funded	-\$4,789,000	\$4,789,000	Level	\$4,789,000	Level
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	Level	\$8,724,000	Level	\$8,724,000	Level
Peer Support Technical Assistance Center	N/A	N/A	N/A	N/A	N/A	\$2,000,000	+\$2,000,000	N/A	N/A
Pregnant and Postpartum Women (PPW)	\$19,931,000	\$29,931,000	\$29,931,000	\$29,931,000	Level	\$29,931,000	Level	\$29,931,000	Level
Preventing Overdoses in ERs	N/A	N/A	N/A	N/A	N/A	\$10,000,000	+\$10,000,000	N/A	N/A
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
Regional CoE in SUD Education	N/A	N/A	N/A	N/A	N/A	\$2,000,000	+\$2,000,000	N/A	N/A
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	\$30,000,000	Not funded	-\$30,000,000	\$31,000,000	+\$1,000,000	\$30,000,000	Level
Strengthening Community Crisis Response Systems	N/A	N/A	N/A	N/A	N/A	\$2,500,000	+\$2,500,000	N/A	N/A
Targeted Capacity Expansion (TCE) General	\$67,192,000	\$95,192,000	\$100,192,000	\$100,192,000	Level	\$100,192,000	Level	\$100,192,000	Level
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)	\$56,000,000	\$84,000,000	\$89,000,000	\$89,000,000	Level	\$89,000,000	Level	\$89,000,000	Level

Program	FY 17	FY 18	FY 19	President's FY 20 Request	FY 20 Request vs. FY 19	House FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
Treatment, Recovery, and Workforce Support	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$4,000,000	+\$4,000,000
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	Level	\$38,386,000	+\$2,000,000	\$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.”

**House Appropriations Committee language on Comprehensive Opioid Recovery Centers (CORCs):**

“The Committee includes \$10,000,000 to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act. The Committee recognizes that there is a tremendous need for increasing access to coordinated, comprehensive care services that utilize the full range of FDA-approved medications and evidence-based treatments. These long-term care and support services dramatically improve outcomes for individuals and generate meaningful outcomes data to contribute to best practices for substance use disorders.”

**House Appropriations Committee language on Criminal Justice Activities:**

“The Committee provides \$89,000,000 for the Criminal Justice Activities program. Of this amount, the Committee directs that not less than \$70,000,000 will be used exclusively for Drug Court activities. 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.

“The Committee recognizes the importance of providing comprehensive services to those who suffer from severe mental health issues. The Committee is aware that there can be a correlation between mental health disturbances and repeat criminal offenders. Therefore, the Committee strongly encourages SAMHSA’s Criminal Justice Activities to prioritize funding for centers that provide assistance to those with severe mental health needs who are at risk of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry supports. The Committee strongly encourages SAMHSA to prioritize applications from areas with high rates of uninsured individuals, poverty, and substance use disorders.”

#### **House Appropriations Committee language on Grants to Develop Curricula for DATA Waivers:**

“The Committee includes \$4,000,000 for this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, to enhance access to substance use disorder treatment by providing grants to accredited schools of allopathic or osteopathic medicine and teaching hospitals located in the U.S. to support the development of curricula.”

#### **House Appropriations Committee language on Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training:**

“Committee includes \$12,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths. The Committee also includes \$36,000,000 for First Responder Training for Opioid Overdose Reversal Drugs, of which \$18,000,000 is to address the critical needs of the rural populations. 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.”

#### **House Appropriations Committee language Peer Support Technical Assistance Center:**

“The Committee provides \$2,000,000 for the creation of a Peer Support Technical Assistance Center, as authorized in section 7152 of the SUPPORT Act. The Center will provide technical assistance and support to recovery community organizations and peer support networks, including such assistance and support related to best practices and data collection.”

#### **House Appropriations Committee language on Pregnant and Postpartum Women:**

“The Committee provides \$29,931,000 for Pregnant and Postpartum Women. The Committee recognizes SAMHSA for its work managing the Pregnant and Postpartum Women program which utilizes a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children and for other family members. A provision in the Comprehensive Addiction and Recovery Act (CARA) authorizes SAMHSA to allocate a portion of these resources for a pilot program to State

alcohol and drug agencies to support outpatient, intensive outpatient and related services in a family-centered approach. **The Committee encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded."**

**House Appropriations Committee language on SBIRT:**

"The Committee includes an increase of \$3,000,000 for a new effort focused on reducing underage drinking. The Committee provides this additional funding for grants to pediatric health care providers in accordance with the specifications outlined in section 9016 of the 21st Century Cures Act. Training grants should focus on screening for underage drinking, and opioid and other drug use."

**House Appropriations Committee language on Strengthening Community Crisis Response Systems:**

"The Committee provides \$2,500,000 for the creation of a competitive grant opportunity to support communities for crisis intervention and prevention, as authorized by section 9007 of the 21st Century Cures Act."

**House Appropriations Committee language on Targeted Capacity Expansion:**

"The Committee includes \$100,192,000 for Targeted Capacity Expansion activities. Of this amount, the Committee includes \$89,000,000 for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program, of which \$10,000,000 is for grants to Indian tribes, tribal organizations, or consortia. 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."

**Other House Appropriations Language on CSAT Programs:**

Addiction Treatment Centers: "The Committee encourages all addiction treatment centers to either offer comprehensive care for substance use and mental health disorders on site or have a network in place should they need to refer patients to services not available in their location. This includes having available a multidisciplinary staff to provide a range of diagnostic tools, psychopharmacology, all forms of evidence-based medication assisted treatment for substance use disorders (methadone, buprenorphine, vivitrol, and naltrexone), psychotherapy, contingency management, and recovery supports."

Continuum of Care: "Evidence demonstrates that efforts to coordinate opioid abuse treatment that promote a continuum of care model can produce effective results. Successful examples include the development of "no wrong door" treatment models like scale-up training, availability of peer coaches, and the use of mobile application technology to enhance access to services and successful treatment outcomes and support long-term relapse prevention. SAMHSA is encouraged to work with State and local grantees to prioritize the implementation of coordinated continuum of care approaches."

Medication-Supported Therapy: "The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA's efforts to address this within the Federal grant population by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence and encourages SAMHSA to disseminate and implement this policy in all settings where detoxification is offered, including rehabilitation and criminal justice settings."

Opioid Treatment During and After Pregnancy: “The Committee is aware that pregnancy and child birth can present a unique window of opportunity to assist parents in overcoming addiction to opioids and other substances. The Committee encourages SAMHSA to support approaches that consider the needs of infants and mothers impacted by substance use as a dyad, to enhance treatment effectiveness, improve treatment outcomes, and reduce relapse and the number of subsequent substance-impacted pregnancies.”

Sober Homes: “The Committee urges SAMHSA to provide information, training and support for communities dealing with the opioid addiction crisis. Specifically, to provide information to local government officials regarding sober home best practices, providing information and support to State and local governments on model legislation dealing with effective oversight of drug treatment facilities, sober homes and marketing entities, in an effort to protect vulnerable persons with substance use disorder, and their families, from fraudulent and abusive practices.”

**Senate Report Language on Adolescent SBIRT:** “The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing underage drinking and other early substance use is a cost-effective strategy in preventing costly problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance abuse, but that many health providers, especially pediatricians, have not been trained to use the method effectively. 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 healthcare visits for adults. Further, the Committee encourages SAMHSA to consider using existing resources for grants to pediatric healthcare providers in accordance with the specifications outlined in Section 9016 of the Sober Truth in Preventing Underage Drinking Reauthorization (Public Law 114–255).”

**Senate Report Language on Building Communities of Recovery:** “The Committee provides \$7,000,000, an increase of \$1,000,000. The Committee appreciates SAMHSA’s implementation of this program in fiscal year 2019 and continues to encourage SAMHSA to promote the expansion of recovery support services as well as reduce stigma associated with addictions. Recovery services are critical to maintaining healthy individuals after they are treated for substance use disorders, creating healthier communities in the process. These grants also support the development, enhancement, expansion, and delivery of recovery support services, delivered by well-trained and credentialed peers. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards possible within their respective States.”

**Senate Report Language on Combating Opioid Misuse:** “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 Committee also provides \$41,000,000 an increase of \$5,000,000, for First Responder Training grants. Of this amount, \$23,000,000 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 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 recovery coaching and referral to treatment. \$5,000,000 of this funding is to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone) as authorized in the Supporting and Improving Rural EMS Needs [SIREN] Act included in the Agriculture Improvement Act of 2018.”

**Senate Report Language on Continuum of Care Approaches:** “The Committee notes that evidence demonstrates that efforts to coordinate opioid abuse treatment that promote a continuum of care model can produce effective results. Successful examples include the development of “no wrong door” treatment models like scale-up training, availability of peer coaches, and the use of mobile application technology to enhance access to services and successful treatment outcomes and support long-term relapse prevention. SAMHSA is encouraged to work with State and local grantees to prioritize the implementation of coordinated continuum of care approaches.”

**Senate Report Language on Drug Courts:** “The Committee directs SAMHSA to ensure that all funding for Drug Treatment activities 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 recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant.”

**Senate Report Language on Emergency Department Alternatives to Opioids:** “The Committee includes \$4,000,000 to award new grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act.”

**Senate Report Language on Evidence-based Therapeutics:** “The Committee notes that FDA has cleared a prescription digital therapeutic and a prescription mobile medical application to deliver cognitive behavioral therapy in conjunction with outpatient treatment of substance use disorder and opioid use disorder patients. The Committee requests SAMHSA include a report in the fiscal year 2021 CJ on how these new prescription technologies could be used by the behavioral health field as a tool to combat substance abuse and the opioid crisis by expanding patient access to treatment and recovery support services.”

**Senate Report Language on MAT:** “The Committee includes \$89,000,000 for medication-assisted treatment, of which \$10,000,000 continues to be for grants to Indian tribes, tribal organizations, or consortia. SAMHSA is directed to give preference in grant awards to treatment regimes 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, including programs that offer low-barrier or same day treatment options. The Committee notes that the report requested on this program has not yet been submitted and the Committee expects an update within 30 days of enactment.”

**Senate Report Language on Minority Fellowship Programs:** “The Committee recognizes the importance of supporting a diverse behavioral health workforce and its effectiveness in addressing substance use disorders and mental health issues impacting minority and underserved populations.”

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

**Senate Report Language on Opioid Use in Rural Communities:** “The Committee is aware that response to the opioid abuse crisis continues to pose unique challenges for rural America due to limited access to care to identify, diagnose, and treat patients with substance use disorders, as well as assisting individuals in recovery. The Committee encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.”

**Senate Report Language on Opioid Detoxification:** “The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee notes that opioid detoxification may be followed by injectable extended-release naltrexone, and encourages SAMHSA to disseminate information about this practice where applicable, including in rehabilitation and criminal justice settings.”

**Senate Report Language on Pregnant and Postpartum Women Program:** “The Committee applauds SAMHSA for its work managing the Pregnant and Postpartum Women program which utilizes a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children and for other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”

**Senate Report Language on Sober Homes and Drug Treatment Facilities:** “The Committee encourages SAMHSA to provide information to local government officials regarding sober home best practices, including effective oversight of drug treatment facilities consistent with substance use disorder-specific program standards in an effort to protect vulnerable persons with substance use disorder, and their families, from fraudulent and abusive practices.”

**Senate Report Language on Telehealth Medication-Assisted Treatment Pilot Project for Opioid Treatment:** “Medication-Assisted Treatment, when partnered with other clinically appropriate services, has shown that it can help people with diagnosed substance use disorder achieve and maintain abstinence from opioids and heroin. In rural areas, however, there is often a shortage of licensed providers who are able to diagnose, treat and manage patients in the time and with the intensity required to achieve the desired outcome. Telehealth has been an extremely successful way to provide increased access to healthcare of all kinds to rural disadvantaged populations, including in the fields of psychiatry and psychology, and the Committee is aware that some State Opioid Response grant funding has been used to fund the provision of MAT through telehealth. As such, the Committee believes that the power of technology should be used to address the opioid epidemic and requests a report in the fiscal year 2021 CJ on efficacy and sustainability of tele-MAT programs.”

**Senate Report Language on Treatment Assistance for Localities:** “The Committee is aware of some municipalities utilizing peer recovery specialists to proactively build relationships of trust with residents by interacting with the residents in their neighborhoods and then connecting them to treatment options as appropriate. The Committee also recognizes efforts to support and build capacity for evidence-based mutual aid recovery programs that support Medication-Assisted Treatment. The Committee encourages SAMHSA to support these activities as applicable in its current grant programs.”

**Senate Report Language on Treatment, Recovery, and Workforce Support:** “The Committee includes \$4,000,000 for SAMHSA to implement section 7081 of the SUPPORT Act. SAMHSA is directed to, in consultation with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Eligible grantees include entities that offer treatment or recovery services for individuals with substance use disorders, and partners with one or more local or State stakeholders that support recovery, independent living, and participation in the workforce.”

**SAMHSA’s Center for Substance Abuse Prevention (CSAP)**

Program	FY 17	FY 18	FY 2019	President’s FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>CSAP PRNS TOTAL</b>	\$223,219,000	\$248,219,000	\$205,469,000	\$144,090,000	-\$61,379,000	\$212,469,000	+\$7,000,000	\$205,469,000	Level
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
Federal Drug-Free Workplace/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	\$41,205,000	Level	\$46,205,000	+\$5,000,000	\$41,205,000	Level
Minority Fellowship	\$71,000	\$71,000	\$321,000	Not funded	-\$321,000	\$321,000	Level	\$321,000	Level
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	\$8,000,000	\$8,000,000	Level	\$10,000,000	+\$2,000,000	\$8,000,000	Level
National Adult-Oriented Media Public Service Campaign	N/A	N/A	\$1,000,000	N/A	N/A	\$2,000,000	+\$1,000,000	\$1,000,000	Level
Strategic Prevention Framework-Partnerships for Success	\$109,484,000	\$119,484,000	\$119,484,000	\$58,426,000	-\$61,058,000	\$119,484,000	Level	\$119,484,000	Level
Strategic Prevention Framework Rx	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level	\$10,000,000	Level	\$10,000,000	Level
Tribal Behavioral Health Grants	\$15,000,000	\$15,000,000	\$20,000,000	\$20,000,000	Level	\$20,000,000	Level	\$20,000,000	Level

Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>Drug Free Communities (DFC)*</b>	\$97,000,000	\$99,000,000	\$100,000,000	\$100,000,000	Level	Not funded in L-HHS bill	N/A	Not funded in L-HHS bill	N/A

\*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:** “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.”

**House Appropriations Committee language on Minority AIDS Initiative:** “The Committee includes an increase of \$5,000,000 for the Minority AIDS Initiative to expand efforts for HIV/AIDS prevention, screening, treatment, education, and outreach to minority communities heavily impacted by HIV/AIDS though culturally and linguistically appropriate care and services.

**House Appropriations Committee language on STOP Act:** “The Committee includes an increase of \$1,000,000 for the public service campaign and an increase of \$1,000,000 for community-based coalition enhancement grants. These increases will strengthen efforts to reduce and prevent underage drinking.”

“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.”

**Senate Report Language on Strategic Prevention Framework-Partnerships for Success Program:** “The Committee supports this program which is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and tribal levels. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State’s top three substance use issues for 12 to 18-year-old youth as determined by the State’s epidemiological data.”

**Senate Report Language on Tribal Behavioral Health Grants:** “SAMHSA has administered Tribal Behavioral Health Grants [TBHGs] for mental health and substance abuse prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among tribal populations, the Committee urges the Assistant Secretary for Mental Health and Substance Abuse to engage with Tribes on ways to maximize participation in this program.”

**SAMHSA’s Center for Mental Health Services (CMHS)**

CMHS Program	FY 17	FY 18	FY 2019	President’s FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>CMHS PRNS TOTAL</b>	\$386,659,000	\$426,659,000	\$435,616,000	\$415,739,000	-\$19,877,000	\$480,616,000	+\$45,000,000	\$445,774,000	+\$10,158,000
<b>Assisted Outpatient for Individuals with SMI</b>	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level	\$15,000,000	Level	\$15,000,000	Level
<b>Assertive Community Treatment</b>	N/A	\$5,000,000	\$5,000,000	\$15,000,000	\$10,000,000	\$10,000,000	\$5,000,000	\$7,000,000	+\$2,000,000
<b>Certified Community Behavioral Health Clinics (CCBHCs)</b>	N/A	\$100,000,000	\$150,000,000	\$150,000,000	Level	\$150,000,000	Level	\$200,000,000	+\$50,000,000
<b>Children and Family Programs</b>	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level	\$7,229,000	Level	\$7,229,000	Level
<b>Consumer/ Consumer Support TA Centers</b>	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level	\$1,918,000	Level	\$1,918,000	Level

CMHS Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
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	\$9,269,000	+\$5,000,000	\$4,269,000	Level
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	\$25,951,000	\$25,951,000	\$30,951,000	+\$5,000,000	\$30,951,000	+\$5,000,000	\$25,951,000	+\$1,000,000
Healthy Transitions-College Campus	N/A	N/A	N/A	\$5,000,000	+\$5,000,000	N/A	N/A	N/A	N/A
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
Infant and Early Childhood MH	N/A	\$5,000,000	\$5,000,000	Not funded	-\$5,000,000	\$10,000,000	+\$5,000,000	\$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 Awareness Training (formerly MH First Aid)	\$14,963,000	\$19,963,000	\$20,963,000	\$20,963,000	Level	\$20,963,000	Level	\$21,963,000	+\$1,000,000
Minority Fellowship Program	\$8,059,000	\$8,059,000	\$8,059,000	Not funded	-\$8,059,000	\$10,059,000	+\$2,000,000	\$8,059,000	Level
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level	\$9,224,000	Level	\$9,224,000	Level
National Child Traumatic Stress Network	\$48,887,000	\$53,887,000	\$63,887,000	\$63,887,000	Level	\$70,887,000	+\$7,000,000	\$63,887,000	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

CMHS Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
Project AWARE State Grants	\$57,001,000	\$71,001,000	\$71,001,000	\$81,001,000	+\$10,000,000	\$84,001,000	+\$13,000,000	\$103,001,000	+\$32,000,000
Project LAUNCH	\$23,605,000	\$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	\$69,032,000	\$69,032,000	\$74,034,000	\$74,034,000	Level	\$81,103,000	+\$7,069,000	\$88,034,000	+\$14,000,000
Tribal Behavioral Health Grants	\$15,000,000	\$15,000,000	\$20,000,000	\$20,000,000	Level	\$20,000,000	Level	\$20,000,000	Level
Children's Mental Health	\$119,026,000	\$125,000,000	\$125,000,000	\$125,000,000	Level	\$130,000,000	+\$5,000,000	\$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	Level	\$66,635,000	+\$2,000,000	\$64,635,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$14,146,000	-\$22,000,000	\$36,146,000	Level	\$36,146,000	Level
Community Mental Health Services (CMHS) Block Grant	\$562,571,000	\$701,532,000	\$701,532,000	\$701,532,000	Level	\$736,532,000	+\$35,000,000	\$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."

**Senate Appropriations Language on CCBHCs:** "The bill includes \$200,000,000, an increase of \$50,000,000, to provide grants to clinics certified by their State to provide treatment for those with mental health illness. The Committee expects SAMHSA will continue to provide competitive grants to those areas also impacted by the opioid crisis."

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>NIAAA</b>	\$483,363,000	\$509,573,000	\$525,591,000	\$452,000,000	<b>-\$73,591,000</b>	\$551,278,000	+\$25,687,000	\$556,010,000	+\$30,419,000

**National Institute on Drug Abuse (NIDA)**

Program	FY 17	FY 18	FY 2019	President's FY 19 Request	FY 19 Request vs. FY 18	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>NIDA</b>	\$1,090,853,000	\$1,383,603,000	\$1,419,844,000	\$1,296,000,000	<b>-\$123,844,000</b>	\$1,489,237,000	+\$69,393,000	\$1,490,498,000	+\$70,654,000

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

Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</b>	\$1,117,278,000	\$1,127,278,000	\$1,132,278,000	\$1,318,056,000	+\$185,778,000	\$1,350,197,000	+\$217,919,000	\$1,270,056,000	+\$137,778,000
<i>HIV Prevention by Health Departments</i>	\$397,161,000	\$397,161,000	\$397,161,000	Not listed	N/A	Not listed	N/A	\$537,161,000	+\$200,000,000
<i>School Health</i>	\$33,081,000	\$33,081,000	\$33,081,000	Not listed	N/A	\$50,000,000	+\$16,919,000	\$33,081,000	Level
<b>Viral Hepatitis</b>	\$34,000,000	\$39,000,000	\$39,000,000	\$39,000,000	Level	\$50,000,000	+\$11,000,000	\$39,000,000	Level
<b>Infectious Diseases and the Opioid Epidemic</b>	N/A	N/A	\$5,000,000	\$58,000,000	+\$53,000,000	\$20,000,000	+\$15,000,000	\$10,000,000	+\$5,000,000
<b>Sexually Transmitted Infections</b>	\$152,310,000	\$157,310,000	\$157,310,000	\$157,310,000	Level	\$167,310,000	+\$10,000,000	\$157,310,000	Level
<b>Chronic Disease Prevention and Health Promotion</b>	\$1,115,596,000	\$1,162,896,000	\$1,187,771,000	\$951,000,000	<b>-\$236,521,000</b>	\$1,350,571,000	+\$162,800,000	\$1,151,821,000	<b>-\$35,950,000</b>

Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>Tobacco</b>	\$205,000,000	\$210,000,000	\$210,000,000	Not funded	-\$210,000,000	\$250,000,000	+\$40,000,000	\$210,000,000	Level
<b>Excessive Alcohol Use</b>	\$3,000,000	\$4,000,000	\$4,000,000	Not funded	-\$4,000,000	\$5,000,000	+\$1,000,000	\$4,000,000	Level
<b>Prevention Research Centers</b>	\$25,461,000	\$25,461,000	\$25,461,000	Not funded	-\$25,461,000	\$32,461,000	+\$7,000,000	\$25,461,000	Level
<b>Birth Defects and Developmental Disabilities</b>	\$137,560,000	\$140,560,000	\$155,560,000	\$112,000,000	-\$43,560,000	\$161,560,000	+\$6,000,000	\$159,560,000	+\$4,000,000
<b>Fetal Alcohol Syndrome</b>	\$11,000,000	\$11,000,000	\$11,000,000	Not listed	N/A	\$11,000,000	Level	\$11,000,000	Level
<b>Neonatal Abstinence Syndrome</b>	N/A	N/A	\$2,000,000	\$2,000,000	Level	\$4,000,000	+\$2,000,000	\$2,000,000	Level
<b>Injury Prevention and Control</b>	\$286,059,000	\$648,559,000	\$648,559,000	\$628,839,000	-\$19,720,000	\$704,059,000	+\$55,500,000	\$663,559,000	+\$15,000,000
<b>Unintentional Injury</b>	\$8,800,000	\$8,800,000	\$8,800,000	\$6,737,000	-\$2,063,000	\$11,800,000	+\$3,000,000	\$8,800,000	Level
<b>Injury Prevention Activities</b>	\$28,950,000	\$28,950,000	\$28,950,000	\$20,293,000	-\$8,657,000	\$28,950,000	Level	\$28,950,000	Level
<b>Opioid Prescription Drug Overdose (PDO)</b>	\$125,579,000	\$475,579,000	\$475,579,000	\$475,579,000	Level	\$475,579,000	Level	\$475,579,000	Level
<b>Preventive Health and Health Services Block Grant</b>	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	-\$160,000,000	\$160,000,000	Level	\$160,000,000	Level
<b>America's Health Block Grant</b>	N/A	N/A	N/A	\$500,000,000	+\$500,000,000	Not funded	N/A	Not funded	N/A

### **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."

### **House Appropriations Committee Language on Select CDC Programs**

HIV Initiative: "The Committee includes an increase of \$140,000,000 to support the goal of reducing new HIV infections by 90 percent in the next ten years. CDC will focus on areas of the country that constitute the majority of new HIV infections annually to diagnose people with HIV as early as possible after infection, link people to effective treatment and prevention strategies, and respond rapidly to clusters and outbreaks of new HIV infections. Innovative data management solutions will be developed and deployed, and access to pre-exposure prophylaxis increased, along with better detection and response to HIV clusters."

Infectious Diseases and the Opioid Epidemic: "The Committee includes an increase of \$15,000,000 to strengthen efforts to conduct surveillance to improve knowledge of the full scope of the burden of infectious diseases (including viral, bacterial and fungal pathogens) associated with substance use disorders, and in collaboration with State and local health departments, health care facilities, and providers, deploy existing authorities to prevent and detect infectious diseases associated with substance use disorder and strengthen linkages to addiction, mental health and infectious diseases treatment."

### Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>Community Health Centers</b>	\$1,490,522,000	\$1,625,522,000	\$1,625,522,000	\$1,625,522,000	Level	\$1,676,522,000	+\$51,000,000	\$1,626,522,000	+\$1,000,000
<b>Interdisciplinary Community-Based Linkages</b>	\$128,903,000	\$190,903,000	\$191,903,000	\$111,916,000	-\$79,987,000	<i>Not listed</i>	<i>N/A</i>	<i>Not listed</i>	<i>N/A</i>
<b>Maternal and Child Health Block Grant</b>	\$641,700,000	\$651,700,000	\$677,700,000	\$660,700,000	-\$17,000,000	\$712,000,000	+\$34,300,000	\$677,700,000	Level
<b>Rural Health</b>	\$156,060,000	\$290,794,000	\$317,794,000	\$188,645,000	-\$129,149,000	\$318,794,000	+\$1,000,000	\$311,794,000	+\$6,000,000
<b>Rural Communities Opioids Response</b>	<i>N/A</i>	\$100,000,000	\$120,000,000	\$120,000,000	Level	\$100,000,000	-\$20,000,000	\$110,000,000	-\$10,000,000
<b>Telehealth</b>	\$18,500,000	\$23,500,000	\$24,500,000	\$10,000,000	-\$14,500,000	\$28,500,000	+\$4,000,000	\$26,500,000	+\$2,000,000
<b>Ryan White HIV/AIDS Program</b>	\$2,318,781,000	\$2,318,781,000	\$2,318,781,000	\$2,388,781,000	+\$70,000,000	\$2,435,157,000	+\$116,376,000	\$2,388,781,000	+\$70,000,000

**House Appropriations Committee Language on Rural Communities Opioid Response:** “The agreement provides \$100,000,000 for the Rural Communities Opioid Response program. This amount fully funds continuing activities—the reduction in comparison to fiscal year 2019 reflects one-time investments in fiscal year 2019 that do not need to be repeated in fiscal year 2020.”

**Senate Appropriations Language on Community Health Centers:** “One in five people living in rural communities rely on healthcare from a community health center. Also known as Federally Qualified Health Centers [FQHCs], these facilities are often located in areas where care is needed but scarce. The Committee continues to provide robust funding to support FQHCs, including \$1,626,522,000. Of this amount, \$200,000,000 shall be used for expanding behavioral health and substance use disorder prevention and treatment services.”

**Administration for Children and Families (ACF) – Select Programs**

Program	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19	Senate Appropriations FY 20 Recommendation	Senate FY 20 Recommendation vs. FY 19
<b>Promoting Safe and Stable Families (PSSF)</b>	\$384,765,000	\$444,765,000	\$444,765,000	\$474,765,000	+\$30,000,000	\$424,765,000	-\$20,000,000	\$444,765,000	Level
<b>Regional Partnership Grants (RPG), mandatory</b>	\$20,000,000	\$20,000,000	\$20,000,000	\$60,000,000	+\$40,000,000	\$20,000,000	Level	\$20,000,000	Level
<b>Programs for Children and Families</b>	\$11,294,368,000	\$12,022,225,000	\$12,239,225,000	\$11,187,485,000	-\$1,051,740,000	\$13,967,468,000	+\$1,728,243,000	\$12,247,342,000	+\$8,117,000
<b>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</b>	\$25,310,000	\$85,310,000	\$85,310,000	\$85,310,000	Level	\$90,000,000	+\$4,690,000	\$85,310,000	Level
<b>Child Welfare Services</b>	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level	\$268,735,000	Level	\$268,735,000	Level

**House Appropriations Committee Language on Family First Implementation:** “The Committee is aware that P.L. 115–123 authorized States to receive the same Title IV–E Federal matching funds for maintenance costs for children who are living with a parent in a licensed family-based residential Substance Use Disorder (SUD) treatment facility as if the child were placed in out-of-home foster care, away from the parent. The Committee understands the goal of this funding is to enable the parent to continue or resume parenting and reduce the burden on the foster care system; therefore, the Committee urges ACF to work with States to ensure that this authority and funding is used to broaden access to family-based SUD treatment.”

**Senate Appropriations Report Language on RPG Program:** “Within the total for discretionary funding, the Committee recommendation includes \$20,000,000 for RPGs that 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. The Committee strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under the Family First Prevention Services Act, including family-focused residential treatment programs which help families remain together safely while parents receive treatment. The Committee also recommends priority be given to programs that mitigate the traumatic impact of parental incarceration.”

**Senate Appropriations Language on Plans of Infant Safe Care:** “The Committee includes \$60,000,000 under the Child Abuse Prevention and Treatment Act to help States develop and implement infant plans of safe care and improve services for infants affected by substance use disorder, and their families.”

**Senate Appropriations Language on 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. In addition, the bill 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.”

**Senate Appropriations Report Language on Family First Implementation:** “The Committee is concerned that the current lag in implementation of the prevention services clearinghouse is a serious impediment for States that want to implement the Family First Prevention Services Act [FFPSA] by October 1, 2019. Several States have signaled that they need more time to transition their individual child welfare programs to the FFPSA, which provides states with the option to delay implementation for up to 2 years. The need for a longer transition is particularly acute for States that are providing child welfare services under a Title IV-E waiver, since under current law all waivers expire at the end of fiscal year 2019. Many programs that have established strong evidence of effectiveness have already been operating in States with Title IV-E waivers, and the Committee strongly encourages ACF to work with waiver States including expeditiously reviewing interventions prioritized by waiver States, and otherwise ensuring the flexibility envisioned by FFPSA as States transition their IV-E programs to the FFPSA.”