

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

### FY 2021 Appropriations Update: SAMHSA Programs July 2020

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On February 10, 2020, the Administration released “A Budget for America’s Future,” its proposed budget for fiscal year 2021 (October 1, 2020 - September 30, 2021). On July 13th, 2020, the House Appropriations Committee passed their FY 2021 Labor, Health and Human Services, Education, and Related Agencies funding bill. They also passed appropriations bills for programs within the Department of Justice (DOJ) and the Office of National Drug Control Policy (ONDCP). This document outlines the House of Representatives’ recommended funding levels for NASADAD’s priority programs within HHS, DOJ, and ONDCP.

#### **This overview summarizes proposed FY 2021 funding for:**

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

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

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<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

#### SAMHSA Congressional Justification Language on the SAPT Block Grant:

"SAMHSA block grant funds are directed toward four purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
- Fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery;
- Fund primary prevention for individuals not identified as needing treatment (which may include universal programs that are targeted to the general public or a whole population group that has not been identified on the basis of individual risk, selective activities that are targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average, and indicated prevention activities that are targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels); and
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral disorder treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

"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 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>State Targeted Response (STR) to the Opioid Crisis Grants</b>	\$500,000,000	Not funded	Not funded	Not funded	N/A	Not funded	N/A
<b>State Opioid Response (SOR) Grants</b>	\$1,000,000,000	\$1,500,000,000	\$1,500,000,000	\$1,585,000,000	+\$85,000,000	\$1,500,000,000	Level

**House Appropriations Committee Report Language on the SOR Grant Program:**

*Area Health Education Centers:* “The Committee recognizes the effectiveness of Area Health Education Centers (AHEC) statewide networks and commends their interdisciplinary traineeship of health professionals who will treat opioid use disorder (OUD). Given the reach of the AHEC network to 85 percent of all counties in the U.S., including the District of Columbia, SOR grantees may choose to work collaboratively with AHECs for the development and implementation of statewide OUD continuing education, training, and response activities.

*State Opioid Response Grants:* “The Committee is concerned longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award of fiscal year 2020 funds. For future awards, the Committee directs the Assistant Secretary to award funds to address funding cliffs between States with similar mortality rates.”

**SAMHSA Congressional Justification Language on the SOR Grant program:**

“The FY 2021 Budget Request is \$1.59 billion, an increase of \$85.0 million from the FY 2020 Enacted. This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding was established to award grants to states and territories via formula. The program also includes a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The program also includes a \$50 million set-aside for tribes. Given the varying nature of substance misuse across the United States, the budget continues to expand the use of State Opioid Response grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. States and communities across the country are dealing with rising rates of stimulant use and its negative health, social, and economic consequences, including some states which the latest data indicates are currently experiencing more overdose deaths from methamphetamine than opioids. SAMHSA continues to support the expansion of the use of this funding to provide states flexibility to address their greatest need.”

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

Program	FY 18	FY 19	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>CSAT PRNS TOTAL</b>	\$403,427,000	\$458,677,000	\$479,677,000	\$364,677,000	-\$115,000,000	\$489,677,000	+\$10,000,000
<b>Addiction Technology Transfer Centers (ATTCs)</b>	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level	\$9,046,000	Level
<b>Building Communities of Recovery</b>	\$5,000,000	\$6,000,000	\$8,000,000	\$8,000,000	Level	\$10,000,000	+\$2,000,000
<b>Children and Families</b>	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level	\$29,605,000	Level
<b>Criminal Justice Activities</b>	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	Level	\$89,000,000	Level
<b>Drug Courts</b>	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	Level	\$70,000,000	Level
<b>Emergency Dept. Alternatives to Opioids</b>	N/A	N/A	\$5,000,000	\$5,000,000	Level	\$5,000,000	Level
<b>First Responder Training*</b>	\$36,000,000	\$36,000,000	\$41,000,000	\$41,000,000	Level	\$41,000,000	Level
<b>Rural Focus*</b>	\$18,000,000	\$18,000,000	\$23,000,000	\$23,000,000	Level	\$23,000,000	Level
<b>Grants to Develop Curricula for DATA Act Waivers</b>	N/A	N/A	N/A	\$4,000,000	+\$4,000,000	Not funded	N/A
<b>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*</b>	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	Level	\$12,000,000	Level

Program	FY 18	FY 19	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
Improving Access to Overdose Treatment	\$1,000,000	\$1,000,000	\$1,000,000	\$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
Minority Fellowship	\$4,539,000	\$4,789,000	\$4,789,000	\$4,789,000	Level	\$5,789,000	+\$1,000,000
Opioid Response Grants	N/A	N/A	N/A	N/A	N/A	\$3,000,000	+\$3,000,000
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	Level	\$8,724,000	Level
Peer Support Technical Assistance Center	N/A	N/A	\$1,000,000	\$1,000,000	Level	\$1,000,000	Level
Pregnant and Postpartum Women (PPW)	\$29,931,000	\$29,931,000	\$31,931,000	\$31,931,000	Level	\$31,931,000	Level
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	Level	\$2,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	\$30,000,000	Not funded	-\$30,000,000	\$30,000,000	Level
Targeted Capacity Expansion (TCE) General	\$95,192,000	\$100,192,000	\$100,192,000	\$11,192,000	-\$89,000,000	\$102,192,000	+\$2,000,000
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)	\$84,000,000	\$89,000,000	\$89,000,000	Not funded	-\$89,000,000	\$91,000,000	+\$2,000,000
Treatment, Recovery, and Workforce Support	N/A	N/A	\$4,000,000	\$4,000,000	Level	\$4,000,000	Level
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	Level	\$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)

### House Appropriations Committee Report Language:

**Building Communities of Recovery:** “The Committee includes an increase of \$2,000,000 for enhanced long-term recovery support principally governed by people in recovery from substance use disorders. Such support reflects the community being served and encourages the role of recovery coaches. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards within their respective States.

**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.”

**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.”

**Minority Fellowship Program:** “The Committee includes an increase of \$1,000,000 in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance abuse and mental health disorders across all populations, the Committee recognizes the critical 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.”

**Opioid Response Grants:** “The Committee includes \$3,000,000 for supplemental grants to States whose award from the State Opioid Response formula grant declined by more than 40 percent in fiscal year 2020 in comparison to fiscal year 2019. The Committee directs SAMHSA to allocate the funds to eligible States within 30 days of enactment of this Act.”

**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) authorized 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.”

**Screening, Brief Intervention, and Referral to Treatment:** “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 Screening, Brief Intervention and Referral to Treatment (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. Therefore, the Committee directs \$2,000,000 for implementing grants to pediatric health care providers in accordance with the specifications outlined in Section 9016 of P.L. 114–255, Sober Truth in Preventing Underage Drinking Reauthorization. Training grants should focus on screening for underage drinking, opioid use, and other drug use, and be managed by CSAT within the existing SBIRT program.”

**Targeted Capacity Expansion:** “The Committee includes an increase of \$2,000,000 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.”

#### **SAMHSA Congressional Justification Language:**

**Targeted Capacity Expansion/MAT-PDOA:** “The FY 2021 President’s Budget is \$11.2 million, a decrease of \$89.0 million from the FY 2020 Enacted level. This will continue support for TCE-PTP [Peer-to-Peer] and TCE-Special Projects, but will end grants associated with MAT-PDOA. This funding is reallocated to the State Opioid Response grant program. These activities can be supported through the State Opioid Response grant program. SAMHSA will fund 23 TCE-Special Projects continuation grants and four new grants.”

**SBIRT:** “The FY 2021 President’s Budget is \$0.0 million, a decrease of \$30.0 million from the FY 2020 Enacted level. SBIRT grants will end in FY 2021. This successful demonstration has been taken up across the country and can be paid for by public and third-party insurance. States are encouraged to incorporate support for the SBIRT program model with other funding sources.”

**Drug Courts:** “Funding opportunity announcements for SAMHSA’s Drug Court grants state clearly that funds are intended to support individuals diagnosed with SUDs as their primary condition. SAMHSA’s Drug Court grantees are encouraged to work with the corresponding State Substance Abuse Agency in the planning, implementation, and evaluation of their grants.”

**Pregnant and Postpartum Women:** “Section 501 of the Comprehensive Addiction and Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. Historically, the PPW program has only supported the provision of residential treatment services.

“The PPW pilot provides grants to states to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot.

“In FY 2018, SAMHSA funded three new state PPW pilot grants and three continuation state PPW pilot grants, supplements for direct technical assistance, and one continuation evaluation contract. In FY 2019, SAMHSA funded six pilot continuation grants. In FY 2020, SAMHSA plans to fund three pilot continuation grants, and three new grants.”

**Grants to Develop Curricula for DATA Act Waivers:** “The purpose of this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, is to expand access to substance use disorder treatment by supporting grants to accredited schools of allopathic medicine or osteopathic medicine and teaching hospitals located in the United States to support the development of curricula that meet the requirements the Controlled Substances Act with respect to the treatment and management of opiate-dependent patients.”

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

Program	FY 18	FY 2019	FY 2020	President’s FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>CSAP PRNS TOTAL</b>	\$248,219,000	\$205,469,000	\$206,469,000	\$96,985,000	-\$109,484,000	\$209,469,000	+\$3,000,000
<b>Center for the Application of Prevention Technologies (CAPT)</b>	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level	\$7,493,000	Level
<b>Federal Drug-Free Workplace/Mandatory Drug Testing</b>	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	Level	\$4,894,000	Level
<b>Minority AIDS</b>	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	Level	\$41,205,000	Level
<b>Minority Fellowship</b>	\$71,000	\$321,000	\$321,000	\$321,000	Level	\$321,000	Level
<b>Science and Service Program Coordination</b>	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level	\$4,072,000	Level

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>Sober Truth on Preventing Underage Drinking (STOP Act)</b>	\$7,000,000	\$8,000,000	\$9,000,000	\$9,000,000	Level	\$10,000,000	+\$1,000,000
<b>Strategic Prevention Framework-Partnerships for Success</b>	\$119,484,000	\$119,484,000	\$119,484,000	\$10,000,000	-\$109,484,000	\$119,484,000	Level
<b>Strategic Prevention Framework Rx</b>	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level	\$10,000,000	Level
<b>Tribal Behavioral Health Grants</b>	\$15,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level	\$22,000,000	+\$2,000,000

**House Appropriations Committee Report Language:**

**Sober Truth on Preventing Underage Drinking Act (STOP Act):** “The Committee includes an increase of \$1,000,000 for the public health service campaign to strengthen efforts to reduce and prevent underage drinking.”

**Tribal Behavioral Grants:** “The Committee includes an increase of \$2,000,000 to expand efforts to address the high incidence of substance abuse and suicide among American Indian/Alaska Native populations.”

**SAMHSA Congressional Justification Language:**

**SPF-PFS:** “SPF-PFS is designed to ensure that prevention strategies and messages reach the populations most impacted by substance abuse. The program extends current established cross-agency and community-level partnerships by connecting substance abuse prevention programming to departments of social services and their community service providers. This includes working with populations disproportionately impacted by the consequences of substance use; i.e., children entering the foster care system, transitional youth, and individuals who support persons with substance abuse issues (women, families, parents, caregivers, and young adults). In FY 2020, SAMHSA plans to award up to 92 new grants.”

**SPF-Rx:** “The Strategic Prevention Framework for Prescription Drugs assists grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMP). Grantees have also raised awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA’s program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success. SAMHSA plans to maintain this level of support for SPF Rx through FY 2021.”

“The FY 2021 President’s Budget is \$10.0 million, reflecting a decrease of \$109.5 million from the FY 2020 Enacted. Funding for the SPF Rx program will be maintained in its entirety (\$10.0 million) for 25 continuation grants. Funding to support SPF PFS is eliminated. States can use the prevention set-aside in the Substance Abuse Block Grant to support prevention activities.”

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

CMHS Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>CMHS PRNS TOTAL</b>	\$426,659,000	\$435,616,000	\$448,774,000	\$440,906,000	-\$7,868,000	\$468,774,000	+\$20,000,000
<b>Assisted Outpatient for Individuals with SMI</b>	\$15,000,000	\$15,000,000	\$19,000,000	\$25,000,000	+\$6,000,000	\$19,000,000	Level
<b>Assertive Community Treatment</b>	\$5,000,000	\$5,000,000	\$7,000,000	\$25,000,000	+\$18,000,000	\$7,000,000	Level
<b>Certified Community Behavioral Health Clinics (CCBHCs)</b>	\$100,000,000	\$150,000,000	\$200,000,000	\$225,000,000	+\$25,000,000	\$225,000,000	+\$25,000,000
<b>Comprehensive Opioid Recovery Center (CORCs)</b>	N/A	N/A	\$2,000,000	\$2,000,000	Level	\$2,000,000	Level
<b>Children and Family Programs</b>	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level	\$7,229,000	Level
<b>Comprehensive Opioid Recovery Centers</b>	N/A	N/A	\$2,000,000	\$2,000,000	Level	\$2,000,000	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
<b>Consumer and Family Network Grants</b>	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level	\$4,954,000	Level
<b>Criminal and Juvenile Justice Programs</b>	\$4,269,000	\$4,269,000	\$6,269,000	\$9,269,000	+\$3,000,000	\$6,269,000	Level
<b>Disaster Response</b>	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level	\$1,953,000	Level
<b>Healthy Transitions</b>	\$25,951,000	\$25,951,000	\$28,951,000	\$30,951,000	+\$2,000,000	\$28,951,000	Level
<b>Homelessness</b>	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level	\$2,296,000	Level
<b>Homelessness Prevention Programs</b>	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level	\$30,696,000	Level
<b>Infant and Early Childhood MH</b>	\$5,000,000	\$5,000,000	\$7,000,000	\$7,000,000	Level	\$7,000,000	Level
<b>MH System Transformation and Health Reform</b>	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level	\$3,779,000	Level
<b>Mental Health Awareness Training (formerly MH First Aid)</b>	\$19,963,000	\$20,963,000	\$22,963,000	\$21,963,000	-\$1,000,000	\$22,963,000	Level
<b>Minority Fellowship Program</b>	\$8,059,000	\$8,059,000	\$9,059,000	\$9,059,000	Level	\$10,059,000	+\$1,000,000
<b>Minority AIDS</b>	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level	\$9,224,000	Level
<b>National Child Traumatic Stress Network</b>	\$53,887,000	\$63,887,000	\$68,887,000	\$68,887,000	Level	\$71,887,000	+\$3,000,000
<b>Practice Improvement and Training</b>	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level	\$7,828,000	Level
<b>Primary and Behavioral Health Care Integration</b>	\$49,877,000	\$49,877,000	\$49,877,000	Not funded	-\$49,877,000	\$54,877,000	+\$10,000,000
<b>Primary/Behavioral Health Integration TA</b>	\$1,991,000	\$1,991,000	\$1,991,000	Not funded	-\$1,991,000	\$1,991,000	Level
<b>Project AWARE State Grants</b>	\$71,001,000	\$71,001,000	\$102,001,000	\$103,001,000	+\$1,000,000	\$107,001,000	+\$5,000,000
<b>Project LAUNCH</b>	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	Level	\$23,605,000	Level
<b>Seclusion &amp; Restraint</b>	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level	\$1,147,000	Level
<b>Suicide Prevention</b>	\$69,032,000	\$74,034,000	\$90,034,000	\$93,034,000	+\$3,000,000	\$97,034,000	+\$7,000,000
<b>Tribal Behavioral Health Grants</b>	\$15,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level	\$22,000,000	+\$2,000,000
<b>Children's Mental Health</b>	\$125,000,000	\$125,000,000	\$125,000,000	\$125,000,000	Level	\$125,000,000	Level
<b>Grants to States for the Homeless/ Projects for Assistance in Transition from Homelessness (PATH)</b>	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	Level	\$64,635,000	Level
<b>Protection and Advocacy</b>	\$36,146,000	\$36,146,000	\$36,146,000	\$14,146,000	-\$22,000,000	\$36,146,000	Level
<b>Community Mental Health Services (CMHS) Block Grant</b>	\$701,532,000	\$701,532,000	\$701,532,000	\$736,532,000	+\$35,000,000	\$736,532,000	+\$35,000,000



### Select language from House Appropriations Committee report:

**Mental Health Block Grant:** “The Committee includes a total of \$757,571,000, an increase of \$35,000,000, for the Mental Health Block Grant. The block grant provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans.

“The Committee continues the ten percent set-aside within the Mental Health Block Grant total for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee expects SAMHSA to continue its collaboration with the National Institute of Mental Health to encourage States to use this block grant funding to support programs that demonstrate strong evidence of effectiveness. Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances.

“The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.”

**Comprehensive Opioid Recovery Centers:** “The Committee includes funding to provide grants, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271), to help ensure that people with substance use disorders can access proper treatment. 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. The Committee directs SAMHSA to make the funding opportunity available to all eligible entities, as defined in section 7121, that meet this criterion.”

### SAMHSA Congressional Justification Language for CMHS Programs:

**Comprehensive Opioid Recovery Centers:** “For individuals with opioid use disorders, there is an increasing need for access to coordinated, comprehensive care services, including long-term care and support services, that utilize the full range of FDA-approved medications and evidence-based treatments. This program provides grants to nonprofit substance use disorder treatment organizations to operate of comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. The funding represents the first year of a four-year project period. Grantees are required to provide outreach and the full continuum of treatment services including MAT; counseling; treatment for mental disorders; testing for infectious diseases, residential rehabilitation, and intensive outpatient programs; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and family support services such as child care, family counseling, and parenting interventions. Grantees must utilize third party and other revenue to the extent possible. Grantees will be required to report client-level data, including demographic characteristics, substance use, diagnosis, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing.”

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

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
NIAAA	\$509,573,000	\$525,591,000	\$545,373,000	\$497,346,000	-\$49,350,000	\$550,063,000	+\$4,690,000

### National Institute on Drug Abuse (NIDA)

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
NIDA	\$1,383,603,000	\$1,419,844,000	\$1,462,016,000	\$1,431,770,000	-\$25,954,000	\$1,474,590,000	+\$12,574,000

#### House Appropriations Language on NIDA:

**Cannabis Research:** "NIH currently supports a diverse portfolio of research on cannabinoids and the endocannabinoid system, yet this research support typically relies on narrowly tailored program announcements and grants rather than a multipronged strategy wherein basic and clinical scientists and public health specialists work together to address the opportunities and challenges of cannabis in a comprehensive manner. The Committee encourages NIDA to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health, to help inform marijuana policymaking in States."

**Determination of Synthetic Drug Ingestion:** "The Committee encourages NIDA to support research to develop a process for rapid determination of synthetic drug ingestion. Such research should include the development of metabolite profiles of opioids and their synthetic derivatives using pooled human liver microsomes and a cytochrome mixture; development of analytical methodology for rapid detection of metabolites in urine samples; development of a program that utilizes the metabolite profile that provides an output of class and drug; and validation of the methodology with simulated and/or real world samples."

**Electronic Cigarettes:** "The Committee understands that electronic cigarettes (e-cigarettes) and other vaporizing equipment are increasingly popular among adolescents, and encourages NIDA to support research on the use and consequences of these devices. The Committee also supports the Population Assessment of Tobacco and Health (PATH) Study, a collaboration between NIDA and the FDA Center for Tobacco Products to help scientists learn how and why people start using tobacco products, quit using them, and start using them again after they have quit, as well as how different tobacco products affect health outcomes over time."

**Kratom:** “The Committee encourages NIDA to expand research on all health impacts of kratom, including its constituent compounds, mitragynine and 7-hydroxymitragynine. The Committee is aware of the potential promise of kratom-derived compounds for acute and chronic pain patients who seek safer alternatives to sometimes dangerously addictive and potentially deadly prescription opioids.”

**Methamphetamines and Other Stimulants:** “The Committee is concerned that the number of deaths from the drug categories that include methamphetamine and cocaine more than doubled from 2015–2018, leading some to refer to stimulant overdoses as the “fourth wave” of the current drug addiction crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. Methamphetamine is highly addictive and there are no FDA-approved treatments for methamphetamine and other stimulant use disorders. The Committee continues to support NIDA’s efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA’s efforts to combat the growing problem of methamphetamine and other stimulant use and related deaths.

**Opioids:** “The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and illicit synthetic opioid use, addiction and overdose in the U.S. In 2018, approximately 185 people died each day in this country from drug overdose (128 of those deaths are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of illicit fentanyl and its analogs in many communities. The Committee appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. To combat this crisis, the bill includes no less than the fiscal year 2020 funding level of \$266,300,000 for research related to preventing and treating opioid misuse and addiction. NIDA’s opioid specific location should be targeted for the following areas: development of safe and effective medications and new formulations and combinations to treat opioid use disorders and to prevent and reverse overdose; conduct implementation studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medication for addiction treatment and methods to scale up these interventions for population-based impact; and develop evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings.”

**Overdose Prevention Centers:** “The Committee recognizes that Overdose Prevention Centers, or Supervised Consumption Sites, are part of a larger effort of harm reduction interventions intended to reduce the risk of drug overdose death and reduce the spread of infectious disease. The Committee directs NIDA, in consultation with the CDC Division of Injury Prevention and Control, to provide a report to the Committee and post publicly, no later than 180 days after the enactment of this Act providing an updated literature review and evaluation of the potential public health impact of Overdose Prevention Centers in the U.S.”

**Pain Therapeutics and Opioid Addiction Centers of Excellence:** “Addictions are a chronic problem in the U.S. and are inadequately addressed in U.S. medical schools and residency training programs. The Committee strongly encourages NIDA to create regional Centers of Excellence in opioid research and training to assist States in educating and implementing best practices in opioid prescribing, pain management, screening and linkage to care for individuals with opioid use disorders and addictions. The Centers should develop training materials for health care providers and trainees in opioid use and other addictive disorders.”

**Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment:** “Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers

(doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). The Committee encourages NIDA to continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices."

**The HEALTHy Brain and Child Development (BCD) Study:** "The Committee recognizes and supports the NIH HEALTHy Brain and Child Development Study, which will establish a large cohort of pregnant women from regions of the country significantly affected by the opioid crisis and follow them and their children for at least 10 years. This knowledge will be critical to help predict and prevent some of the known impacts of pre- and postnatal exposure to drugs or adverse environments, including risk for future substance use, mental disorders, and other behavioral and developmental problems. The Committee recognizes that the BCD Study is supported in part by the NIH HEAL Initiative, and encourages other NIH Institutes, such as NICHD, NIMH, NHLBI, NCI, NIAAA, NIMH, NINR, as well as the Office of the Director to support this important study."

**Tobacco Regulatory Science Program:** "The Committee supports the Tobacco Regulatory Science Program and encourages increased research to inform the FDA in regulation of the manufacture, marketing, and distribution of tobacco products to reduce the public health toll from tobacco product use in the U.S. The Committee encourages NIH to support research into the understanding of nicotine addiction and to spur the development of better prevention and treatment strategies. Of particular importance for funding are research for effective interventions to help youth and young adults to quit vaping, and to understand the interrelationship between the vaping of tobacco and marijuana."

**Youth Tobacco Cessation:** "The Committee is concerned about the increase in youth e-cigarette addiction and the significant lack of research to inform effective therapies to help youth quit. The U.S. Preventive Services Task Force has determined that there is not sufficient evidence to recommend adolescent use of existing pharmacological tobacco cessation treatments that are currently approved for adults. There is great need for additional clinical trials and other research to determine if new or existing pharmacological treatments, behavioral interventions, or combination therapies have the potential to benefit adolescents in quitting cigarettes and other forms of tobacco, including e-cigarettes."

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</b>	\$1,127,278,000	\$1,132,278,000	\$1,273,556,000	\$1,552,556,000	+\$279,000,000	\$1,287,556,000	+\$14,000,000
<i>HIV Prevention by Health Departments</i>	\$397,161,000	\$397,161,000	Not listed	Not listed	N/A	Not listed	N/A
<i>School Health</i>	\$33,081,000	\$33,081,000	\$33,081,000	Not listed	N/A	\$35,081,000	+\$2,000,000
<b>Viral Hepatitis</b>	\$39,000,000	\$39,000,000	\$39,000,000	\$39,000,000	Level	\$39,000,000	Level
<b>Infectious Diseases and the Opioid Epidemic</b>	N/A	\$5,000,000	\$10,000,000	\$58,000,000	+\$48,000,000	\$10,000,000	Level
<b>Sexually Transmitted Infections</b>	\$157,310,000	\$157,310,000	\$160,810,000	\$160,810,000	Level	\$162,810,000	+\$2,000,000
<b>Chronic Disease Prevention and Health Promotion*</b>	\$1,162,896,000	\$1,187,771,000	\$1,239,914,000	\$813,250,000*	-\$426,664,000	\$1,306,414,000	+\$66,500,000
<i>Tobacco</i>	\$210,000,000	\$210,000,000	\$230,000,000	Not funded	-\$230,000,000	\$240,000,000	+\$10,000,000
<i>Excessive Alcohol Use</i>	\$4,000,000	\$4,000,000	\$4,000,000	Not funded	-\$4,000,000	\$4,000,000	Level
<i>Prevention Research Centers</i>	\$25,461,000	\$25,461,000	\$26,461,000	Not funded	-\$26,461,000	\$26,461,000	Level
<b>Birth Defects and Developmental Disabilities</b>	\$140,560,000	\$155,560,000	\$160,810,000	\$112,250,000	-\$48,560,000	\$162,810,000	+\$2,000,000
<i>Fetal Alcohol Syndrome</i>	\$11,000,000	\$11,000,000	\$11,000,000	Not listed	N/A	\$11,000,000	Level
<i>Neonatal Abstinence Syndrome</i>	N/A	\$2,000,000	\$2,250,000	\$2,250,000	Level	\$2,250,000	Level
<b>Injury Prevention and Control</b>	\$648,559,000	\$648,559,000	\$677,379,000	\$730,159,000	+\$52,780,000	\$694,879,000	+\$17,500,000
<i>Unintentional Injury</i>	\$8,800,000	\$8,800,000	\$8,800,000	\$6,737,000	-\$2,063,000	Not listed	N/A
<i>Injury Prevention Activities</i>	\$28,950,000	\$28,950,000	\$28,950,000	\$20,293,000	-\$8,657,000	\$28,950,000	Level
<i>Opioid Prescription Drug Overdose (PDO)/ Opioid Overdose Prevention and Surveillance</i>	\$475,579,000	\$475,579,000	\$475,579,000	\$475,579,000	Level	\$475,579,000	Level
<i>Drug-Free Communities (DFC)**</i>	N/A	N/A	N/A	\$100,000,000	+\$100,000,000	N/A	N/A
<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
<b>America's Health Block Grant</b>	N/A	N/A	Not funded	\$350,000,000	+\$350,000,000	Not funded	N/A

\*Administration proposes transfer of funding from Chronic Disease Prevention and Health Promotion to America's Health Block Grant

\*\*DFC program has historically been funded within the Office of National Drug Control Policy (ONDCP). The House Appropriations Committee directs the program to remain in ONDCP.

### House Appropriations Committee Report Language:

**HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:** "CDC provides national leadership and support for prevention research and the development, implementation, and evaluation of evidence-based HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) prevention programs serving persons affected by, or at risk for, these infections."

**Infectious Diseases and the Opioid Epidemic:** “The Committee urges CDC to support the development and evaluation of innovative interventions to enable hospitals to link people with opioid-use related infections to community-based treatment and harm reduction services.”

**Viral Hepatitis and Opioids:** “The Committee is concerned that as a result of the opioid crisis, infections of viral hepatitis have spiked at alarming rates in many parts of the nation. The Committee urges CDC to develop a plan for a national chronic hepatitis B (HBV) and hepatitis C (HCV) surveillance infrastructure and increase grant funding to States for viral hepatitis surveillance, testing, linkage to care, and hepatitis A (HAV) and HBV vaccination among all populations at risk for infection. The Committee also urges CDC to incorporate infectious disease prevention, testing, and linkage to care into the agency’s response to the opioid crisis.”

**Chronic Disease Prevention and Health Promotion:** “The recommendation for CDPHP maintains the existing program line items as they were funded in fiscal year 2020 and does not provide funding for the America’s Health Block Grant proposed again in the fiscal year 2021 budget request. The Committee supports evidence-based strategies to address public health priorities through proven State-based grant programs, utilizing related national organizations for technical assistance, and encourages CDC to continue and expand these successful approaches.”

**Prevention Research Centers:** “The Committee includes funding for the national network committed to conducting prevention research and translating research results into policy and public health practice that address local public health needs.”

**Tobacco:** “Accordingly, the Committee includes an increase of \$10,000,000 so that CDC and States can use evidence-based strategies to respond to the public health risk caused by the dramatic increase of youth use of e-cigarettes, including school-based interventions as part of a comprehensive strategy, enhance efforts to reduce tobacco use among certain populations and in areas with high tobacco use rates and tobacco-related mortality, as well as expand its highly effective Tips from Former Smokers campaign.”

**Fetal Alcohol Spectrum Disorders:** “The Committee is concerned about the rising trend of prenatal alcohol consumption and increased rates of fetal alcohol spectrum disorders (FASD) and urges CDC to increase support to: expand prevention efforts to heighten awareness of FASD and the risks associated with prenatal alcohol exposure; and strengthen existing national community-based and professional FASD networks to expand access to diagnostic, treatment, intervention, and other essential services.”

**Opioid Overdose Prevention and Surveillance:** “The Committee recognizes that the substance misuse epidemic is shifting, with an increase in overdoses resulting from stimulants and other substances. The Committee urges for CDC to monitor, prevent, and reduce harms associated with drug use, misuse, and overdose, including opioids, stimulants, cannabis, and other emerging risks.”

**Drug-Free Communities:** “The Committee does not accept the proposal to include \$100,000,000 for the Drug-Free Communities program in the Injury Prevention and Control appropriation. The Committee directs the program to remain in the Office of National Drug Control Policy.”

**Congressional Justification Language for CDC Programs:**

**Drug-Free Communities:** “In FY 2019, Congress appropriated \$100,000,000 to the Office of National Drug Control Policy, and provided that amounts made available under this heading may be transferred to other federal departments and agencies to carry out such activities. For several years, SAMHSA administered the program behalf of ONDCP.

“In FY 2021, HHS is proposing allocating DFC and CARA Local Drug Crisis funds directly to CDC to streamline program management, create administrative efficiencies, and leverage CDC’s public health expertise and resources to the benefit of the programs and their almost 800 recipients across the country. As the nation’s public health agency, CDC brings a wealth of experience in developing, implementing, and evaluating prevention efforts that target people of all ages. CDC will effectively and efficiently manage these innovative programs, building on its promise of strengthening community coalitions and connecting them to other CDC state, local, territorial, and tribal substance abuse prevention programs. CDC plans some changes in the implementation of the DFC program to utilize CDC’s core strengths to increase efficiency and ensure the greatest impact of the program dollars. For example, to strengthen connections between health departments and DFC coalitions, CDC has requested authority to award funds to health departments, who can then fund eligible coalitions. This health department-based approach is consistent with CDC’s approach to funding other public health programs.

“Additionally, as a leader in identifying and responding to emerging substance use trends (such as illicitly made synthetic opioids, methamphetamines, and other psychostimulants), CDC will leverage expertise in efficient data analysis, and translation and dissemination of best practices and resources to assist DFC and CARA Local Drug Crisis programs in addressing distinct substance-related issues within their communities.”

**HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:** “At the proposed FY 2021 funding level, CDC will employ an intensive, strategic approach to diagnose, refer for treatment, prevent, and respond to new HIV transmissions— creating a pathway to end the HIV/AIDS epidemic in America.”

**Sexually Transmitted Infections:** “At the FY 2021 requested level, public health programs will continue to support disease intervention specialists as they follow-up and respond to outbreaks. This funding level will also support training and educational materials for healthcare professionals, and studies to translate STI research to practice and to improve program delivery.”

**Infectious Diseases and the Opioid Epidemic:** “In FY 2019, CDC initiated a new program to address the infectious disease consequences of the opioid crisis. As the crisis continues to impact communities nationwide, CDC will support select jurisdictions to address the infectious disease consequences of the opioid epidemic and support targeted prevention and surveillance interventions in high-risk areas to reduce the spread of infectious disease. CDC will also disseminate best practices and provide technical assistance for syringe services programs implementation and cluster detection and response.”

**Chronic Disease Prevention and Health Promotion:** “CDC’s FY 2021 request of \$813,250,000 for the Chronic Disease Prevention and Health Promotion program is \$426,664,000 below FY 2020 Enacted...The request includes resources to support States, tribes, and territories to address leading chronic diseases through the America’s Health Block Grant...”

**Birth Defects and Developmental Disabilities:** “CDC’s FY 2021 request of \$112,250,000 for Birth Defects, Developmental Disabilities, Disabilities and Health is \$48,560,000 below FY 2020 Enacted. The FY 2021 request continues activities from FY 2020 related to Neonatal Abstinence

Syndrome and Surveillance for Emerging Threats to Mothers and Babies, and continues focusing its birth defects and developmental disabilities portfolio on core public health activities that align with CDC's mission with proven interventions to make a positive impact on Americans' health."

**Neonatal Abstinence Syndrome:** "In FY 2020, CDC worked with CSTE to establish a pilot to conduct standardized surveillance using the new NAS case definition, and provide funding support for up to six states. CDC will share findings from the pilot and use lessons learned to inform reporting of NAS through CDC's National Birth Defects Surveillance System.

"In FY 2021, CDC will continue with the pilot and working with partners to advance the understanding of NAS and translate findings to improve the care of mothers and babies."

**Injury Prevention and Control:** "CDC's FY 2021 request of \$730,159,000 for Injury Prevention and Control is \$52,780,000 above FY 2020 Enacted.

"The FY 2021 request would transfer the Drug Free Communities Drug-Free Communities (DFC) and Comprehensive Addiction and Recovery Act (CARA) Local Drug Crisis funds directly to CDC to streamline program management and leverage CDC's public health expertise and resources to benefit the programs and their almost 800 recipients across the country."

**Opioid Abuse and Overdose Prevention:** "With these resources, CDC will continue current activities to support all 50 states and territories, as well as local jurisdictions, to track and prevent overdose deaths. CDC will prioritize support to states and territories to collect and report real-time, robust overdose mortality data. CDC will also be able to address critical public health response needs that leverage previous investments in workforce, systems, and infrastructure across its five response pillars. Intervention strategies will address both prescription and illicit opioids and may address drugs to the extent that they are associated with and/or exacerbate the opioid overdose epidemic (e.g., cocaine mixed with fentanyl)."

**America's Health Block Grant:** "The proposed five-year chronic disease prevention and health promotion block grant, America's Health, provides flexibility for States, tribes, localities, and territories to focus on the top public health challenges present in their jurisdictions.

"All States currently receive one or more grants or awards within the programs that would be replaced by the America's Health block grant, and such funds could be used to achieve relevant goals as prioritized by each locality, such as: preventing and reducing tobacco use, the leading cause of preventable death and disease in the United States.

"CDC's FY 2021 request of \$350,000,000 for the America's Health Block Grant, all from the Prevention and Public Health Fund, seeks 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. Grantees could implement customized strategies to address the most pressing chronic disease issues in their jurisdictions, such as: Help prevent youth tobacco product use and help people who use tobacco to quit.



“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 percent of extramural funding) will fund state (50) and territorial (8) health departments, the Washington, D.C. health department (1), and Tribal Epidemiology Centers (12).”

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

Program	FY 18	FY 2019	FY 2020	President’s FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>Community Health Centers</b>	\$1,625,522,000	\$1,625,522,000	\$1,625,522,000	\$1,728,522,000	+\$103,000,000	\$1,651,522,000	+\$25,000,000
<b>Interdisciplinary Community-Based Linkages</b>	\$190,903,000	\$191,903,000	\$220,903,000	\$138,916,000	-\$81,987,000	\$251,902,000	+\$30,999,000
<b>Maternal and Child Health Block Grant</b>	\$651,700,000	\$677,700,000	\$687,700,000	\$760,700,000	+\$73,000,000	\$712,700,000	+\$25,000,000
<b>Rural Health</b>	\$290,794,000	\$317,794,000	\$318,294,000	\$246,834,000	-\$71,460,000	\$334,294,000	+\$16,000,000
<b>Rural Communities Opioids Response</b>	\$100,000,000	\$120,000,000	\$110,000,000	\$110,000,000	Level	\$110,000,000	Level
<b>Telehealth</b>	\$23,500,000	\$24,500,000	\$29,000,000	\$29,000,000	Level	\$42,000,000	+\$13,000,000
<b>Ryan White HIV/AIDS Program</b>	\$2,318,781,000	\$2,318,781,000	\$2,388,781,000	\$2,483,781,000	+\$95,000,000	\$2,413,781,000	+\$25,000,000
<b>Loan Repayment Program for SUD Treatment Workforce</b>	N/A	N/A	\$12,000,000	\$12,000,000	Level	\$17,000,000	+\$5,000,000
<b>Mental and Substance Use Disorder Workforce Training Demonstration</b>	N/A	N/A	\$26,700,000	\$29,700,000	+\$12,000,000	\$41,700,000	+\$15,000,000
<b>Peer Support Specialists in the Opioid Use Disorder Workforce</b>	N/A	N/A	\$10,000,000	Not funded	-\$10,000,000	\$15,000,000	+\$5,000,000

**House Appropriations Committee Report Language:**

**Telehealth:** “The Committee strongly supports expanded use of effective and secure telemedicine platforms and remote capabilities to provide expanded health care and related behavioral health monitoring and surveillance services in areas that have been hard hit by the opioid epidemic and related substance use disorders.”

**Loan Repayment Program for SUD Treatment Workforce:** “The Committee includes \$17,000,000 for the Loan Repayment Program for Substance Use Disorder Treatment Workforce, \$5,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program addresses shortages in the substance use disorder (SUD) workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average. This program contributes to increasing the ranks of a well-trained SUD workforce in communities across America and helps save lives by equipping the frontline professionals who prevent and treat addiction, provide recovery support, and help reduce the negative consequences associated with substance use.”

**Mental and Substance Use Disorder Workforce Training Demonstration:** “This program makes grants to institutions, including but not limited to medical schools and FQHCs, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, and others, to provide SUD treatment in underserved communities. Within the total, the Committee includes an additional \$15,000,000 for new grants to expand the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental and substance use disorder services in underserved community-based settings that integrate

primary care and mental and substance use disorder services, which may include establishing, maintaining, or improving academic units or programs to support those activities, as authorized under section 760 of the PHS Act.”

“The Committee remains concerned by the lack of pediatric and adolescent addiction medicine and addiction psychiatry expertise. Currently, there are insufficient opportunities to effectively train a robust mental health and substance use disorder workforce. Only 75 of the nation’s 179 accredited medical schools offer addiction medicine fellowships, and only one program focuses on fellowship opportunities for pediatric and adolescent addiction medicine and addiction psychiatry. This gap is even more troubling given that the onset of mental health disorders and substance use disorders are most likely to occur at a young age. Substance use disorders prevent children and adolescents from reaching their full potential and are antecedent to addiction in adulthood, and it is evident that our nation is not equipped to support this population. Therefore, the Committee strongly encourages HRSA to include an adequate number of funding awards to fellowship programs focused on increasing the number of board-certified pediatric and adolescent addiction medicine and addiction psychiatry subspecialists.”

**Peer Support Specialists in the Opioid Use Disorder Workforce:** “...the Committee includes \$15,000,000, an increase of \$5,000,000 above the fiscal year 2020 enacted level and \$15,000,000 above the fiscal year 2021 budget request, to fund training, internships, and national certification for mental health and substance abuse peer support specialists to create an advanced peer workforce prepared to work in clinical settings. The Committee further recommends that consideration should be given to community-based experiential training for students focusing on veterans, first responders, or marginalized populations.”

#### **Congressional Justification Language for HRSA Programs:**

**Community Health Centers:** “This request will also support quality improvement and value-based performance management activities at existing health center organizations, and ensure that current health centers can continue to provide essential primary health care services to their patient populations, including substance use disorder services focusing on the treatment, prevention, and/or awareness of opioid abuse.”

**Interdisciplinary Community-Based Linkages:** “The request prioritizes funding for health workforce activities that provide scholarships and loan repayment to clinicians in exchange for their service in areas of the United States where there is a shortage of health professionals.”

**Maternal and Child Health Block Grant:** “The FY 2021 Budget Request for the Maternal and Child Health (MCH) Block Grant program of \$760.7 million is \$73.0 million above the FY 2020 Enacted level. The Request includes an increase of \$60.0 million in funding for formula awards to states to provide states with additional flexibility to support activities previously funded through a number of MCH categorical grant programs.”

**Rural Communities Opioids Response:** “This request will enable HRSA to fund new RCORP-Implementation grants that provide needed SUD/ODU prevention, treatment, and recovery services to rural residents.”

“The request will also provide HRSA with flexibility to respond to the evolving needs of the opioid epidemic, including the addition of psychostimulants.”

**Telehealth:** “HRSA will continue to utilize telehealth to provide access to healthcare in rural and underserved areas. In FY 2021, HRSA will make 30 new grant awards and continue 33 grants awards to strengthen the networks that provide telehealth services.”

**Ryan White HIV/AIDS Program:** “In support of HHS’s efforts to lead a national response to the opioid crisis, HRSA will continue to work collaboratively with other Federal partners to address opioid use disorder screening, treatment, and support for people with HIV.”

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

Program	FY 18	FY 2019	FY 2020	President’s FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
Promoting Safe and Stable Families (PSSF)	\$444,765,000	\$438,169,408	\$437,515,000	\$404,765,000	-\$32,750,000	\$404,765,000	-\$32,750,000
Regional Partnership Grants (RPG), mandatory	\$20,000,000	\$20,000,000	\$20,000,000	\$40,000,000	+\$20,000,000	\$20,000,000	Level
Programs for Children and Families	\$12,022,225,000	\$12,239,225,000	\$12,876,652,000	\$11,856,130,000	-\$1,020,522,000	\$13,098,181,000	+\$221,529,000
Child Abuse Prevention and Treatment Act (CAPTA) State Grants	\$85,310,000	\$85,310,000	\$90,091,000	\$90,091,000	Level	\$92,591,000	+\$2,500,000
Child Welfare Services	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level	\$268,735,000	Level

### Congressional Justification Language for ACF Programs:

**Promoting Safe and Stable Families (PSSF):** “The FY 2021 request for the PSSF appropriation account is \$624.8 million, which is a decrease of \$442 million from the FY 2020 enacted level (accounting for the end of the FY 2020 sequestration order). This change is largely due to the one-time funding in FY 2020 from the Family First Transition Act that is not requested in FY 2021. Excluding this one-time funding, the request is \$57.6 million above the FY 2020 enacted level.” Funding for the core promoting Safe and Stable Families program remains the same with approximately \$338 million in mandatory funds and \$59 million in appropriated funds. The Administration does seek increases in both the Court Improvement program (CIP) and the Regional Partnership Grants (RPG)s which are attached to PSSF, see below:

**Regional Partnership Grants (RPG):** “A requested increase of \$40 million in PSSF mandatory funds for the Regional Partnership Grants program, bringing funding for the RPG program to \$60 million annually, continues the recent expansion of the program to communities in more states and enables grantees to provide more concerted services and activities to address the significant problem of the intersection of substance use disorders, including opioid misuse, and child welfare involvement.”

**Child Abuse Prevention and Treatment Act (CAPTA) State Grants:** “The request retains the \$60 million increase to support the Secretary’s priority initiative to combat the opioid crisis. The funding will help states to improve their response to infants affected by substance use disorders or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder by developing, implementing, and monitoring plans of safe care for these infants and their parents and caregivers.”

### Department of Justice (DOJ) – Select Programs

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>Drug Enforcement Administration</b>	\$2,609,900,000	\$2,687,703,000	\$2,722,295,000	\$3,113,300,000	+\$410,700,000	\$2,791,869,000	+\$69,574,000
<b>High Intensity Drug Trafficking Areas (HIDTA) Program*</b>	N/A	N/A	N/A	\$254,000,000	+254,000,000	Not funded within DOJ	N/A
<b>Office of Justice Programs (OJP): Research, Evaluation, and Statistics</b>	\$80,000,000	\$80,000,000	\$79,000,000	\$86,500,000	+\$7,500,000	\$88,500,000	+\$9,500,000
<b>OJP: State and Local Law Enforcement Assistance</b>	\$1,677,500,000	\$1,723,000,000	\$1,892,000,000	\$1,511,200,000	-\$380,800,000	\$2,402,000,000	+\$510,000,000
<b>Byrne Justice Assistance Grants</b>	\$339,600,000	\$329,600,000	\$348,800,000	\$276,200,000	-\$70,600,000	\$333,900,000	+\$176,200,000
<b>Comprehensive Opioid, Stimulant, and Substance Abuse Program</b>	\$145,110,000	\$157,000,000	\$180,150,000	\$160,000,000	-\$20,150,000	\$188,000,000	+\$7,850,000
<b>Drug Courts</b>	\$75,000,000	\$77,000,000	\$80,000,000	\$77,000,000	-\$3,000,000	\$85,000,000	+\$5,000,000
<b>Justice and Mental Health Collaboration Program (Mentally Ill Offender Act [MIOTCRA])</b>	\$30,000,000	\$31,000,000	\$33,000,000	\$33,000,000	Level	\$43,000,000	+\$10,000,000
<b>Residential Substance Abuse Treatment (RSAT)</b>	\$30,000,000	\$30,000,000	\$31,160,000	\$30,000,000	-\$1,160,000	\$35,000,000	+\$3,840,000
<b>Second Chance Act/Offender Reentry</b>	\$85,000,000	\$88,000,000	\$90,000,000	\$87,500,000	-\$2,500,000	\$100,000,000	+\$10,000,000
<b>Veterans Treatment Courts</b>	\$20,000,000	\$22,000,000	\$23,000,000	\$22,000,000	-\$1,000,000	\$30,000,000	+\$7,000,000
<b>Prescription Drug Monitoring</b>	\$30,000,000	\$30,000,000	\$31,000,000	\$30,000,000	-\$1,000,000	\$31,000,000	Level
<b>Community Oriented Policing Systems (COPS)**</b>	\$275,500,000	\$303,500,000	\$343,000,000	Included as part of OJP funding	N/A	\$343,000,000	Level
<b>COPS Hiring Initiative**</b>	\$150,550,000	\$153,000,000	\$156,000,000	\$99,000,000	-\$57,000,000	\$145,000,000	+\$75,000,000
<b>Juvenile Justice Programs</b>	\$282,500,000	\$287,800,000	\$320,000,000	\$227,500,000	-\$92,500,000	\$337,000,000	+\$17,000,000

\*HIDTA program has historically been funded within ONDCP.

\*\*Administration proposes moving the COPS program to OJP.

Note: The House CJS bill anticipates and adopts elements of the House-passed George Floyd Justice in Policing Act (H.R. 7120) into the appropriations bill. Byrne JAG grantees would be required to spend 25% of their awards to advance certain police reform initiatives and jurisdictions would be prohibited from receiving a Byrne JAG award for failure to adopt certain specified state laws and practices.

#### House Report Language on DOJ Programs:

“The Committee believes that communities must address opioid abuse through comprehensive strategies that incorporate enhanced enforcement, education and treatment. The Committee directs OJP to work with the Drug Enforcement Administration, the Department of Health and Human Services, and the NIJ to develop, and help communities implement, best practices to address opioid abuse.

“The Committee encourages OJP to develop and apply metrics that incentivize stronger linkages between the responsible agencies, including but not limited to law enforcement, prosecutors, community-based treatment centers, hospitals, medical examiners, and public

health departments. The Committee also encourages OJP to prioritize comprehensive, real-time, regional information collection, analysis, and dissemination.

“The Committee supports the use of COAP funding to provide law enforcement with overdose reversal drugs, such as naloxone. The Committee believes it is essential to any comprehensive opioid prevention strategy to include a vigorous program designed to strengthen the ability of States and tribes to develop identifiable and accessible take-back programs for unused controlled substances found in the home and used by hospitals and long-term care facilities. The Committee encourages the Department to administer drug court grants with maximum flexibility in order to best accommodate the needs and available resources of eligible jurisdictions, including rural jurisdictions.

“The Committee is aware that there can be a correlation between those suffering from mental health disturbances and repeat criminal offenders. Therefore, the Committee recommends that funds allocated to the Mentally Ill Offender Act should prioritize the operational expenses for centers that aid 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 recommends that funding levels for grants be commensurate with demonstrated community needs.

“The Committee is concerned by the high rates of re-incarceration among individuals with serious mental illness due to the inadequate management of their illness and encourages the Department to include long-acting injectable anti-psychotic medications as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration.”

#### **DOJ Congressional Justification Language:**

**High Intensity Drug Trafficking Areas (HIDTA) Program:** “The FY 2021 President’s Budget proposes to transfer the HIDTA Program from the Office of National Drug Control Policy to the DEA to better facilitate coordination of the HIDTA Program grants with other drug enforcement assets. Transferring the administration of the program will allow HIDTA resources to be focused on combating drug trafficking in areas where the threat is the greatest and where there is a coordinated law enforcement presence.”

**Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP):** “\$160.0 million in total funding is requested. COSSAP, a program developed in FY 2017, aims to reduce drug misuse and the number of overdose fatalities. It also supports the implementation, enhancement, and proactive use of prescription drug monitoring programs to support clinical decision-making and prevent the misuse and diversion of controlled substances.”

**Second Chance Act and Reentry:** “The program provides grants to help state, local, and tribal corrections and public safety agencies implement and improve a variety of reentry services including housing, educational and employment assistance, mentoring relationships, mental health services, substance abuse treatment services, and family-support services.”

**Community Oriented Policing Systems (COPS):** “The FY 2021 Budget does not request a direct appropriation for COPS, and instead proposes to merge the Office into OJP. As such, funding for COPS programs is requested through OJP.”

**Community Oriented Policing Systems (COPS) Hiring Initiative:** “The primary activity of COPS Hiring is to increase public safety and advance community policing practices by awarding competitive, discretionary grants directly to law enforcement agencies across the United States and its territories.”

**Office of National Drug Control Policy (ONDCP)**

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020	House FY 21 Recommendation	House FY 21 vs. FY 2020
<b>Drug Free Communities (DFC)</b>	\$99,000,000	\$100,000,000	\$101,250,000	Not funded	-\$101,000,000	\$102,000,000	+\$750,000
<b>High-Intensity Drug Trafficking Area (HIDTA) Program</b>	\$280,000,000	\$280,000,000	\$285,000,000	Not funded	-\$285,000,000	\$290,000,000	+\$5,000,000
<b>Community-Based Coalition Enhancement Grants (CARA Grants)</b>	\$3,000,000	\$3,000,000	\$4,000,000	Not listed	N/A	\$5,000,000	+\$1,000,000

\*President's FY 2021 proposed total for ONDCP includes \$16,400,000 for operations, and \$12,400,000 for other federal drug control programs. The Administration proposes moving the HIDTA program to the DEA and the DFC program to the CDC.

**House Appropriations Committee Report Language:**

The Committee notes the importance of the HIDTA and DFC grant programs in combating the nation's opioid epidemic. The Committee further notes that 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 rejects the proposal in the President's budget to transfer the HIDTA and DFC programs out of ONDCP, and instead directs ONDCP to retain operational control over these programs to maintain the interagency benefits needed to address the opioid crisis.