

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

Special DC Update: Appropriations Committees Release Proposed FY 2016 Funding

*June 25, 2015*

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- *The “Request” category describes the Administration’s proposed funding level for FY 2016. This is only a proposal.*
- *The “House Report” category describes the full House Appropriations Committee’s proposed funding for FY 2016. The House column is labeled in **green**.*
- *The “Senate Report” category describes the full Senate Appropriations Committee’s proposed funding for FY 2016. The Senate column is labeled in **red**.*
- *A final decision regarding FY 2016 funding is not expected until fall.*

### Substance Abuse and Mental Health Services Administration (SAMHSA)

Agency	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
SAMHSA	\$3,621,706,000	\$3,621,212,000	\$3,665,787,000	\$3,642,710,000	\$21,498,000 increase	\$3,460,484,000	\$160,728,000 decrease

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

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
SAPT Block Grant	\$1,819,856,000	\$1,819,856,000	\$1,819,856,000	\$1,819,856,000	Level funding	\$1,769,856,000	\$50,000,000 decrease

**Substance Abuse Prevention and Treatment (SAPT) Block Grant:** The House report calls for **\$1.820 billion** for FY 2016, level funding compared to FY 2015. The Senate report calls for **\$1.770 billion**, a decrease of \$50 million compared to FY 2015. The Administration also requested level funding.

**House Report Language:** *“The Committee includes bill language directing the Administrator of SAMHSA and the Secretary to exempt the Mental Health Block Grant and the Substance Abuse Prevention and Treatment Block Grant as a source for the PHS evaluation set-aside in fiscal year 2016. The Committee does not include the requested bill language allowing the Administrator to transfer three percent or less of funds between any of the SAMHSA accounts.”*

**Senate Report Language:** *“The Committee recommendation continues bill language that instructs the Administrator of SAMHSA and the Secretary to exempt the Mental Health Block Grant (MHBG) and the Substance Abuse Prevention and Treatment (SAPT) Block Grant from being used as a source for the PHS evaluation set-aside in fiscal year 2016, as was done prior to fiscal year 2012.”*

*“Formula Evaluation—The Committee understands that States are having difficulty interpreting the sources of data used in the current formula for the Substance Abuse Prevention and Treatment Block Grant program. In addition, the formula has not been adjusted since 1997 and is overly confusing. States cannot defend their positions when SAMHSA does not inform them of the origin of the data used for the formula. To increase transparency, the Committee directs SAMHSA to include in their fiscal year 2017 CJ details on where SAMHSA acquires the data used for the formula and how SAMHSA utilizes this information to make funding level determinations. It is imperative that SAMHSA uses the most recent and accurate data available and should work with States to better understand the best sources for this information. SAMHSA shall also include an evaluation on whether the current formula should be updated in the future.”*

**\*\*Important note about proposed amendment by Senator Patty Murray (D-WA) to restore/add substance use disorder funding – including proposed increase of \$50 million for SAPT Block Grant compared to FY 2015:** As this report indicates, the Senate Appropriations Committee approved a proposal to cut the SAPT Block Grant by \$50 million and reduce other important programs due to stringent spending caps set by sequestration and other factors. Senator Patty Murray, the “Ranking Member” or most senior Democrat on the Committee, offered a lengthy amendment to address the spending caps and restore funding for a number of key public health programs across a number of agencies.

This large amendment included a provision that would have (1) **added a total of \$100 million to the SAPT Block Grant (restoring the proposed cut by the Senate Committee and adding \$50 million compared to FY 2015)** and (2) **added \$50 million for the program supporting opioid treatment** where medication assisted treatment is an allowable use of funds. Ultimately, the amendment was not adopted. However, this was an important development demonstrating strong support for the SAPT Block Grant and treatment/prevention/recovery services supported by SAMHSA. Further, this

action recognized the intensity of the opioid problem across the country that would benefit from dedicated federal funding. NASADAD will provide updates on this specific provision as developments move forward.

**SAMHSA**  
**Center for Substance Abuse Treatment – Appropriations by Program**

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
<b>CSAT TOTAL</b>	\$360,698,000	\$361,463,000	\$320,701,000	\$377,000,000	\$15,537,000 increase	\$284,260,000	\$77,203,000 decrease
Access to Recovery	\$50,000,000	\$38,223,000	\$0	\$38,223,000	Level funding	\$0	\$38,223,000 decrease
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$8,081,000	\$9,046,000	Level funding	\$8,081,000	\$965,000 decrease
Children and Families	\$29,678,000	\$29,605,000	\$29,605,000	\$29,605,000	Level funding	\$28,125,000	\$1,480,000 decrease
Criminal Justice Activities	\$75,000,000	\$78,000,000	\$61,946,000	\$78,000,000	Level funding	\$61,946,000	\$16,054,000 decrease
Crisis Systems	N/A	N/A	\$5,000,000	Not funded	N/A	Not funded	N/A
Minority AIDS	\$65,732,000	\$65,570,000	\$58,859,000	\$65,570,000	Level funding	\$58,859,000	\$6,711,000 decrease
Opioid Treatment Programs/Regulatory Activities	\$8,746,000	\$8,724,000	\$8,724,000	\$8,724,000	Level funding	\$8,724,000	Level funding
Pregnant and Postpartum Women	\$15,970,000	\$15,931,000	\$15,931,000	\$15,931,000	Level funding	\$15,134,000	\$797,000 decrease
Primary Care and Addiction Services Integration	N/A	N/A	\$20,000,000	Not funded	N/A	Not funded	N/A
Recovery Community Services Program	\$2,440,000	\$2,434,000	\$2,434,000	\$2,434,000	Level funding	\$2,312,000	\$122,000 decrease
Screening, Brief Intervention, Referral, and Treatment (SBIRT)	\$47,000,000	\$44,889,000	\$30,000,000	\$46,889,000	\$2,000,000 increase	\$30,000,000	\$14,889,000 decrease
Special Initiatives/Outreach	\$1,436,000	\$1,432,000	\$1,432,000	\$1,432,000	Level funding	\$0	Program eliminated
Strengthening Treatment Access and Retention	\$1,668,000	\$1,000,000	\$1,000,000	\$1,000,000	Level funding	\$0	Program eliminated
Targeted Capacity Expansion (TCE) General	\$13,256,000	\$23,223,000	\$36,303,000	\$36,303,000	\$13,080,000 increase	\$29,223,000	\$6,000,000 increase
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction	N/A	\$12,000,000	\$25,000,000	\$25,080,000	\$13,080,000 increase	\$18,000,000	\$6,000,000 increase
Treatment Systems for Homeless	\$41,488,000	\$41,386,000	\$41,386,000	\$41,304,000	\$82,000 decrease	\$39,317,000	\$2,069,000 decrease

**Center for Substance Abuse Treatment (CSAT):** The **House** report calls for **\$377 million** for FY 2016 or an increase of \$15.5 million as compared to FY 2015. The **Senate** report calls for **\$284 million** or a decrease of \$77 million compared to FY 2015. The Administration requested a \$40.8 million decrease compared to FY 2015.

**Senate Report Language:** *“Combating Opioid Abuse—Of the amount provided for Targeted Capacity Expansion, the Committee recommendation includes \$18,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants should target States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders.”*

**Access to Recovery (ATR):** The **House** report calls for **\$38.2 million** for FY 2016 or level funding compared to FY 2015. The **Senate** report does not provide ATR funding for FY 2016. This is consistent with the Administration's proposal to eliminate the ATR program in FY 2016.

**Addiction Technology Transfer Centers:** The **House** report calls for **\$9 million** for FY 2016 or level funding compared to FY 2015. The **Senate** report calls for **\$8.1 million** or a decrease of \$965,000 compared to FY 2015. The Administration also requested a decrease of \$965,000 compared to FY 2015.

**House Report Language:** *"The Committee once again rejects the Administration's request to reduce funding for the ATTCs. SAMHSA is directed to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services."*

**Senate Report Language:** *"The Committee continues to direct SAMHSA to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services."*

**Criminal Justice Activities:** The **House** report calls for **\$78 million** for FY 2016 or level funding compared to FY 2015. The **Senate** report calls for **\$61.9 million** for FY 2015, or a cut of \$16 million compared to FY 2015. The Administration also requested a decrease of \$16 million compared to FY 2015.

**House Report Language:** *"Drug Treatment Courts—The Committee continues to direct SAMSHA 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. SAMHSA is directed 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."*

**Senate Report Language:** *"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 expects CSAT to ensure that non-State substance abuse agency applicants for any drug treatment court grant in its portfolio continue to demonstrate extensive evidence of working directly and extensively with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant."*

**Minority AIDS Initiative:** The **House** report calls for **\$65.6 million** for FY 2016 or level funding compared to FY 2015. The **Senate** report calls for **\$58.9 million** for FY 2015, a decrease of \$6.7 million compared to FY 2015. The Administration requested a decrease of \$6.7 million compared to FY 2015.

**Opioid Treatment Programs/Regulatory Activities:** The **House** report calls for **\$8.7 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$8.7 million** for FY 2016, level funding compared to FY 2015. The Administration also requested level funding.

**Pregnant and Postpartum Women:** The **House** report calls for **\$15.9 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$15.1 million** for FY 2015, a decrease of \$797,000 compared to FY 2015. The Administration requested level funding.

**Recovery Community Services Program:** The **House** report calls for **\$2.4 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$2.3 million** for FY 2016, a decrease of \$122,000 compared to FY 2015. The Administration requested level funding.

**Screening, Brief Intervention, Referral, and Treatment (SBIRT):** The **House** report calls for **\$46.9 million** for FY 2016, or an increase of \$2 million as compared to FY 2015. The **Senate** report calls for **\$30 million** for FY 2016, a decrease of \$14.9 million compared to FY 2015. The Administration requested a cut of \$14.9 million compared to FY 2015.

**Senate Report Language:** *“The Committee continues to direct SAMHSA to ensure that funds provided for SBIRT are used for existing evidence-based models of providing early intervention and treatment services to those at risk of developing substance abuse disorders.”*

**Strengthening Treatment Access and Retention:** The **House** report calls for **\$1 million** for FY 2016, or level funding compared to FY 2015. The **Senate** report does not provide funding for this program in FY 2016. The Administration requested level funding.

**Targeted Capacity Expansion (TCE) General Program:** The **House** report calls for **\$36.3 million** for FY 2016, an increase of roughly \$13 million compared to FY 2015. The **Senate** report calls for **\$29.2 million** for FY 2016, an increase of \$6 million compared to FY 2015. The Administration requested a \$13 million increase to build on a grant program created in FY 2015 with \$12 million for CSAT for grants to expand opioid treatment services – including medication-assisted treatment (MAT).

**House Report Language:** *“Together with the \$12,000,000 increase provided in the Consolidated and Further Continuing Appropriations Act of fiscal year 2015, this additional funding is provided to increase the number of States from 11 to 22 that are receiving funding to expand services that address prescription drug abuse and heroin use in high-risk communities. The Committee expects SAMSHA to provide a briefing within 45 days of enactment regarding how it intends to execute these activities and carry out the two mandates described below.*

*The United States has seen a 500 percent increase in admissions to treatment for prescription drug abuse since 2000. Moreover, according to a recent study, 28 states saw an increase in admissions to treatment for heroin dependence during the past two years. The fiscal year 2015 Consolidated and Further Continuing Appropriations Act provided funding for Targeted Capacity Expansion specifically for prescription drug and heroin treatment. 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.*

*Since the passage of the Drug Addiction Treatment Act of 2000, SAMHSA has led the nation in educating physicians, patients, and treatment systems on the use of medication-assisted treatment. To keep pace with advancements in science and research, SAMHSA is directed to update all of its public-facing information and treatment locators such that all evidence-based innovations in counseling, recovery support, and abstinence-based relapse prevention medication-assisted treatment are fully incorporated.”*

**Senate Report Language:** *“Combating Opioid Abuse.-Of the amount provided for Targeted Capacity Expansion, the Committee recommendation includes \$18,000,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee directs CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. These grants should target States with the highest rates of admissions and that have demonstrated a dramatic increase in admissions for the treatment of opioid use disorders.”*

**Treatment Systems for the Homeless:** The **House** report calls for **\$41.3 million** for FY 2016, a slight decrease in funding compared to FY 2015. The **Senate** report calls for **\$39.3 million** for FY 2016, a \$2.1 million decrease compared to FY 2015. The Administration requested level funding.

**SAMHSA**  
**Center for Substance Abuse Prevention – Appropriations by Program**

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
<b>CSAP TOTAL</b>	\$175,129,000	\$175,148,000	\$210,918,000	\$190,219,000	\$15,071,000 increase	\$182,731,000	\$7,583,000 increase
<b>Center for the Application of Prevention Technologies (CAPT)</b>	\$7,511,000	\$7,493,000	\$7,493,000	\$7,493,000	Level funding	\$7,119,000	\$374,000 decrease
<b>Fetal Alcohol Spectrum Disorder Center for Excellence</b>	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Level funding	\$0	Program eliminated
<b>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths</b>	N/A	N/A	\$12,000,000	Not funded	N/A	\$6,000,000	New program
<b>Federal Drug-Free Workplace Program (formerly Mandatory Drug Testing)</b>	\$4,906,000	\$4,894,000	\$4,894,000	\$4,894,000	Level funding	\$4,894,000	Level funding
<b>Minority AIDS</b>	\$41,307,000	\$41,205,000	\$41,205,000	\$41,205,000	Level funding	\$39,145,000	\$2,060,000 decrease
<b>Science and Service Program Coordination</b>	\$4,082,000	\$4,072,000	\$4,072,000	\$4,072,000	Level funding	\$3,868,000	\$204,000 decrease
<b>Sober Truth on Preventing Underage Drinking (STOP Act)</b>	\$7,000,000	\$7,000,000	\$7,000,000	\$7,000,000	Level funding	\$6,650,000	\$350,000 decrease
<b>Strategic Prevention Framework/Partnerships for Success</b>	\$109,754,000	\$109,484,000	\$118,254,000	\$109,484,000	Level funding	\$114,984,000	\$5,500,000 increase
<i>Strategic Prevention Framework Rx</i>	N/A	N/A	\$10,000,000	Not funded	N/A	\$5,500,000	New program
<b>Tribal Behavioral Health Grants</b>	N/A	N/A	\$15,000,000	\$15,000,000	New program	Not funded	N/A

**Center for Substance Abuse Prevention (CSAP):** The House report calls for **\$190.2 million** in FY 2016, a \$15.1 million increase from FY 2015. The Senate report calls for **\$182.7 million** for FY 2016, an increase of \$7.6 million compared to FY 2015. The Administration requested a \$35.8 million increase over FY 2015.

**Senate Report Language:** *“Combating Opioid Abuse—The Committee provides \$6,000,000 for grants to prevention opioid overdose related deaths. As part of the new initiative to Combat Opioid Abuse, this new program will help States equip and train first responders with the use of devices that rapidly reverse the effects of opioids. The Committee directs SAMHSA to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities in addition to first responders. Furthermore, the Committee provides \$5,500,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities.”*

**Center for the Application of Prevention Technologies:** The House report calls for **\$7.5 million** for FY 2016, level funding compared to FY 2015. The Senate report calls for **\$7.1 million** for FY 2016, a decrease of \$374,000 compared to FY 2015. The Administration requested level funding.

**Federal Drug-Free Workplace Program (formerly Mandatory Drug Testing):** The House report calls for **\$4.9 million** for FY 2016, level funding compared to FY 2015. The Senate report calls for **\$4.9 million** for FY 2016, level funding compared to FY 2015. The Administration also requested level funding.

**Fetal Alcohol Spectrum Disorder (FASD) Center of Excellence:** The **House** report calls for **\$1 million** for FY 2016, level funding compared to FY 2015. The **Senate** report **does not provide funding** for the FASD Center of Excellence. The Administration requested level funding. The FASD portfolio absorbed a significant cut of \$8.8 million in FY 2014 when the program went from \$9.8 million in FY 2013 to \$1 million in FY 2014.

**Minority AIDS Initiative:** The **House** report calls for **\$41.2 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$39.1 million** for FY 2016, a decrease of \$2.1 million compared to FY 2015. The Administration requested level funding.

**Science and Service Program Coordination:** The **House** report calls for **\$4.1 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$3.9 million** for FY 2016, a decrease of \$204,000 compared to FY 2015. The Administration requested level funding.

**Sober Truth on Prevention Underage Drinking (STOP) Act:** The **House** report calls for **\$7 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$6.7 million** for FY 2016, a decrease of \$350,000 compared to FY 2015. The Administration requested level funding.

**Senate Report Language:** *“The Committee directs that all funds appropriated for STOP Act community-based coalition enhancement grants, shall be used for making grants to eligible communities, and not for other purposes or activities.”*

**Strategic Prevention Framework/Partnerships for Success:** The **House** report calls for **\$109.5 million** for FY 2016, level funding as compared to FY 2015. The **Senate** report calls for **\$115 million** for FY 2016, an increase of \$5.5 million compared to FY 2015. The Administration requested \$118.3 million for FY 2016, an \$8.8 million increase in funding from FY 2015.

**Senate Report Language:** *“The Committee intends that these two programs continue to focus exclusively on: addressing State- and community-level indicators of alcohol, tobacco, and drug use; targeting and implementing appropriate universal prevention strategies; building infrastructure and capacity; and prevention substance use and abuse.”*

**Tribal Behavioral Health Grants:** The **House** report calls for **\$15 million** for this new program in FY 2016. The **Senate** report **does not provide funding** for Tribal Behavioral Health Grants. The Administration requested \$15 million.

**SAMHSA  
Center for Mental Health Services - Appropriations by Program**

Program	FY 14	FY 15 Enacted	FY 16 Request	HY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
<b>CMHS TOTAL</b>	\$377,315,000	\$370,538,000	\$377,289,000	\$383,597,000	\$13,059,000 increase	\$378,597,000	\$8,059,000 increase
<b>Children and Family Programs</b>	\$6,474,000	\$6,458,000	\$6,458,000	\$6,458,000	Level funding	\$6,458,000	Level funding
<b>Children’s Mental Health</b>	\$117,315,000	\$117,026,000	\$117,026,000	\$117,026,000	Level funding	\$117,026,000	Level funding
<b>Community Mental Health Services (CMHS) Block Grant</b>	\$483,744,000	\$482,571,000	\$482,571,000	\$482,571,000	Level funding	\$482,571,000	Level funding
<b>Consumer/Consumer Support TA Centers</b>	\$1,923,000	\$1,918,000	\$1,918,000	\$1,918,000	Level funding	\$1,918,000	Level funding
<b>Consumer and Family Network Grants</b>	\$4,966,000	\$4,954,000	\$4,954,000	\$4,954,000	Level funding	\$4,954,000	Level funding
<b>Criminal and Juvenile Justice Programs</b>	\$4,280,000	\$4,269,000	\$4,269,000	\$4,269,000	Level funding	\$4,269,000	Level funding

Program	FY 14	FY 15 Enacted	FY 16 Request	HY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
<b>Crisis Systems</b>	N/A	N/A	\$5,000,000	Not funded	N/A	Not funded	N/A
<b>Disaster Response</b>	\$1,958,000	\$1,953,000	\$1,953,000	\$1,953,000	Level funding	\$1,953,000	Level funding
<b>Grants for Adult Treatment, Screening, and Brief Response</b>	N/A	N/A	\$2,896,000	Not funded	N/A	Not funded	N/A
<b>Grants to States for the Homeless/Prj. for Assist. in Transition from Homelessness</b>	\$64,794,000	\$64,635,000	\$64,635,000	\$54,635,000	\$10,000,000 decrease	\$40,000,000	\$24,635,000 decrease
<b>Healthy Transitions</b>	\$20,000,000	\$19,951,000	\$19,951,000	\$19,951,000	Level funding	\$19,951,000	Level funding
<b>HIV/AIDS Education</b>	\$773,000	\$771,000	\$771,000	\$771,000	Level funding	\$771,000	Level funding
<b>Homelessness</b>	\$2,302,000	\$2,296,000	\$2,296,000	\$2,296,000	Level funding	\$2,296,000	Level funding
<b>Homelessness Prevention Programs</b>	\$30,772,000	\$30,696,000	\$30,696,000	\$28,696,000	\$2,000,000 decrease	\$30,696,000	Level funding
<b>Mental Health First Aid for Veterans' Families</b>	N/A	N/A	\$4,000,000	Not funded	N/A	Not funded	N/A
<b>MH System Transformation and Health Reform</b>	\$10,582,000	\$3,779,000	\$3,779,000	\$3,779,000	Level funding	\$3,779,000	Level funding
<b>Minority AIDS</b>	\$9,247,000	\$9,224,000	\$15,935,000	\$8,224,000	\$1,000,000 decrease	\$9,224,000	Level funding
<b>National Traumatic Stress Network</b>	\$46,000,000	\$45,887,000	\$45,887,000	\$45,887,000	Level funding	\$45,887,000	Level funding
<b>Primary and Behavioral Health Care Integration</b>	\$50,000,000	\$49,877,000	\$26,004,000	\$43,000,000	\$6,877,000 decrease	\$49,877,000	Level funding
<b>Primary/Behavioral Health Integration TA</b>	\$1,996,000	\$1,991,000	\$1,996,000	\$1,991,000	Level funding	\$1,991,000	Level funding
<b>Project AWARE</b>	\$54,865,000	\$54,865,000	\$54,865,000	\$54,865,000	Level funding	\$54,865,000	Level funding
<i>Mental Health First Aid</i>	<i>\$15,000,000</i>	<i>\$14,963,000</i>	<i>\$14,963,000</i>	<i>\$14,963,000</i>	<i>Level funding</i>	<i>\$14,963,000</i>	<i>Level funding</i>
<i>Project Aware State Grants</i>	<i>\$40,000,000</i>	<i>\$39,902,000</i>	<i>\$39,902,000</i>	<i>\$39,902,000</i>	<i>Level funding</i>	<i>\$39,902,000</i>	<i>Level funding</i>
<b>Project LAUNCH</b>	\$34,640,000	\$34,555,000	\$34,555,000	\$34,555,000	Level funding	\$34,555,000	Level funding
<b>Protection and Advocacy</b>	\$36,238,000	\$36,146,000	\$36,146,000	\$36,146,000	Level funding	\$36,146,000	Level funding
<b>Seclusion &amp; Restraint</b>	\$1,150,000	\$1,147,000	\$1,147,000	\$1,147,000	Level funding	\$1,147,000	Level funding
<b>Suicide Prevention</b>	\$60,032,000	\$60,032,000	\$62,032,000	\$72,725,000	\$12,693,000 increase	\$60,032,000	Level funding
<i>Al/AN Suicide Prevention Initiative</i>	<i>\$2,938,000</i>	<i>\$2,931,000</i>	<i>\$2,931,000</i>	<i>\$2,931,000</i>	<i>Level funding</i>	<i>\$2,931,000</i>	<i>Level funding</i>
<i>GLS - Suicide Prevention Resource Center</i>	<i>\$6,000,000</i>	<i>\$5,988,000</i>	<i>\$5,988,000</i>	<i>\$6,681,000</i>	<i>\$693,000 increase</i>	<i>\$5,988,000</i>	<i>Level funding</i>
<i>GLS - Youth Suicide Prevention - Campus</i>	<i>\$6,500,000</i>	<i>\$6,488,000</i>	<i>\$6,488,000</i>	<i>\$6,488,000</i>	<i>Level funding</i>	<i>\$6,488,000</i>	<i>Level funding</i>
<i>GLS - Youth Suicide Prevention - States</i>	<i>\$35,500,000</i>	<i>\$35,427,000</i>	<i>\$35,427,000</i>	<i>\$47,427,000</i>	<i>\$12,000,000 increase</i>	<i>\$35,427,000</i>	<i>Level funding</i>
<i>National Strategy for Suicide Prevention</i>	<i>\$2,000,000</i>	<i>\$2,000,000</i>	<i>\$4,000,000</i>	<i>\$2,000,000</i>	<i>Level funding</i>	<i>\$2,000,000</i>	<i>Level funding</i>
<i>Suicide Lifeline</i>	<i>\$7,212,000</i>	<i>\$7,198,000</i>	<i>\$7,198,000</i>	<i>\$7,198,000</i>	<i>Level funding</i>	<i>\$7,198,000</i>	<i>Level funding</i>
<b>Tribal Behavioral Health Grants</b>	\$5,000,000	\$4,988,000	\$15,000,000	\$15,000,000	\$10,012,000 increase	\$4,988,000	Level funding
<b>Youth Violence Prevention</b>	\$23,156,000	\$23,099,000	\$23,099,000	\$23,099,000	Level funding	\$23,099,000	Level funding



**Senate Report Language:** *“Access to Mental Health Services for Veterans—The Committee is aware of the success achieved in localities that use locally customized web portals to assist veterans struggling with mental and substance use issues. These portals provide veterans with a directory of local mental health providers and services in addition to all military and VA funded programs. They also provide quick access to local crisis intervention and emergency care programs; comprehensive job search and support; a peer social networking platform, and personal health records. The Committee encourages SAMHSA to expand and maintain the capacity of locally customized internet-based Web portals nationwide.”*

**Community Mental Health Services (CMHS) Block Grant:** The **House** report calls for **\$482.6 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$482.6 million** for FY 2016, level funding compared to FY 2015. The Administration also requested level funding.

**House Report Language:** *“The Committee continues the five percent set-aside within the Mental Health Block Grant for evidence-based programs that address the needs of individuals with 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.”*

**Senate Report Language:** *“The Committee recommendation continues bill language requiring at least 5 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 17 years to translate research findings into practice, and hopes that this joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and targets the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis. The Committee directs SAMHSA to include in the fiscal year 2017 CJ a detailed table showing at a minimum each State’s allotment, name of the program being implemented, and a short description of the program.”*

**Criminal and Juvenile Justice Programs:** The **House** report calls for **\$4.3 million** or level funding compared to FY 2015. The **Senate** report calls for **\$4.3 million** or level funding compared to FY 2015. The Administration also requested level funding.

**Grants to States for the Homeless:** The **House** report calls for **\$54.6 million** for FY 2016 or a decrease of \$10 million compared to FY 2016. The **Senate** report calls for **\$40 million** or a decrease of \$24.6 million compared to FY 2016. The Administration requested level funding.

**Primary and Behavioral Health Care Integration (PBHCI):** The **House** report calls for **\$43 million** for FY 2016 or a decrease of \$6.9 million compared to FY 2015. The **Senate** report calls for **\$49.9 million** or level funding compared to FY 2015. The Administration requested \$26 million for FY 2016, a \$23.9 million decrease in funding compared to FY 2015.

**Suicide Prevention: National Strategy for Suicide Prevention:** The **House** report calls for **\$2 million** for FY 2016 or level funding compared to FY 2015. The **Senate** report calls for **\$2 million** for FY 2016 or level funding compared to FY 2015. The Administration requested a \$2 million increase over FY 2015.

**Tribal Behavioral Health Grants:** The **House** report calls for **\$15 million** for FY 2016, or a \$10 million increase in funding from FY 2015. The **Senate** report calls for **\$5 million** or level funding compared to FY 2015. The Administration requested an increase of \$10 million.

## SAMHSA

### Health Surveillance and Program Support - Appropriations by Program

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
<b>Behavioral Health Workforce</b>	\$45,695,000	\$46,669,000	\$77,669,000	\$45,669,000	\$1,000,000 decrease	\$45,669,000	\$1,000,000 decrease
<b>Behavioral Health Workforce Data</b>	N/A	\$1,000,000	\$1,000,000	\$1,000,000	Level funding	\$1,000,000	Level funding
<b>Health Surveillance</b>	\$47,428,000	\$47,258,000	\$49,428,000	\$47,258,000	Level funding	\$44,895,000	\$2,363,000 decrease
<b>Performance and Quality Information Systems</b>	\$12,996,000	\$12,918,000	\$12,918,000	\$12,918,000	Level funding	\$10,000,000	\$2,918,000 decrease
<b>Program Support</b>	\$72,729,000	\$72,002,000	\$79,559,000	\$72,002,000	Level funding	\$68,402,000	\$3,600,000 decrease
<b>Public Awareness and Support</b>	\$13,571,000	\$13,482,000	\$15,571,000	\$13,482,000	Level funding	\$10,000,000	\$3,482,000 decrease

**Behavioral Health Workforce:** The **House** report calls for **\$45.7 million** for FY 2016 (this amount includes \$10,669,000 for the Minority Fellowship Programs), a \$1 million decrease compared to FY 2015. The **Senate** report calls for the same as the House report. The Administration requested a \$31 million increase from FY 2015.

**House Report Language:** *“Mental and Behavioral Health Education and Training Program—Within the amount available for Health Surveillance Support, the Committee recommends \$35,000,000 for the joint SAMHSA HRSA Mental and Behavioral Health Education and Training Grant Program. Eligible entities for this program shall include accredited programs that train Master’s level social workers, psychologists, counselors, marriage and family therapists, psychology doctoral interns, as well as behavioral health paraprofessionals. The Committee directs SAMHSA to share information concerning pending grant opportunity announcements with State licensing organizations and all the relevant professional associations.”*

**Senate Report Language:** *“The Committee is concerned about the uneven distribution of funds among specialties resulting from the initial grant competition in 2014. Therefore, the Committee directs SAMHSA and HRSA to ensure that funding is distributed relatively equally among the participating health professions, including paraprofessionals, master’s level social workers, counselors, marriage and family therapists, and doctoral psychology interns. The Committee directs SAMHSA and HRSA to consider other strategies to achieve this relative distribution such as issuing separate funding opportunity announcements for each participating health profession. In addition, the Committee directs SAMHSA and HRSA to include doctoral psychology schools in the funding opportunities to support doctoral level students completing their practicums which are necessary to move on to internships. SAMHSA and HRSA shall award meritorious applications for doctoral psychology interns first, before doctoral psychology schools applying to support practicums.”*

**Health Surveillance:** The **House** report calls for **\$47.3 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$44.9 million** for FY 2016, a decrease of \$2.4 million compared to FY 2015. The Administration requested a \$2.2 million increase from FY 2015.

**Public Awareness and Support:** The **House** report calls for **\$13.5 million** for FY 2016, level funding compared to FY 2015. The **Senate** report calls for **\$10 million** for FY 2016, a decrease of \$3.5 million compared to FY 2015. The Administration requested a \$2.1 million increase from FY 2015.

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

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
<b>HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</b>	\$1,120,566,000	\$1,117,609,000	\$1,161,747,000	\$1,117,609,000	Level funding	\$1,090,609,000	\$27,000,000 decrease
<i>HIV Prevention by Health Departments</i>	\$398,238,000	\$397,161,000	\$397,161,000	\$397,161,000	Level funding	\$397,161,000	Level funding
<i>School Health</i>	\$31,161,000	\$31,081,000	\$37,377,000	\$31,081,000	Level funding	\$31,081,000	Level funding
<i>Viral Hepatitis</i>	\$31,410,000	\$31,331,000	\$62,820,000	\$31,331,000	Level funding	\$36,331,000	\$5,000,000 increase
<i>Sexually Transmitted Infections</i>	\$157,719,000	\$157,310,000	\$157,310,000	\$157,310,000	Level funding	\$125,310,000	\$32,000,000 decrease
<b>Chronic Disease Prevention and Health Promotion</b>	\$1,187,962,000	\$1,198,220,000	\$1,058,058,000	\$1,097,482,000	\$100,738,000 decrease	\$1,052,922,000	\$145,298,000 decrease
<i>Tobacco</i>	\$210,767,000	\$215,492,000	\$215,492,000	\$105,492,000	\$110,000,000 decrease	\$216,492,000	\$1,000,000 decrease
<i>Excessive Alcohol Use</i>	Not broken out	\$3,000,000	Not broken out	\$3,000,000	Level funding	\$3,000,000	Level funding
<i>Prevention Research Centers</i>	\$25,530,000	\$25,461,000	\$25,000,000	\$24,000,000	\$1,461,000 decrease	\$25,461,000	Level funding
<i>Community Grants</i>	\$131,005,000	\$130,950,000	\$60,000,000	\$0	Program eliminated	\$0	Program eliminated
<b>Birth Defects and Developmental Disabilities</b>	\$122,435,000	\$131,781,000	\$131,781,000	\$133,510,000	\$1,729,000 increase	\$132,781,000	\$1,000,000 increase
<i>Fetal Alcohol Syndrome</i>	\$10,532,000	\$10,505,000	\$10,505,000	\$11,000,000	\$495,000 increase	\$10,505,000	Level funding
<b>Injury Prevention and Control</b>	\$150,839,000	\$170,447,000	\$256,977,000	\$211,300,000	\$40,853,000 increase	\$187,947,000	\$17,500,000 increase
<i>Unintentional Injury</i>	\$8,619,000	\$8,598,000	\$8,598,000	\$8,750,000	\$152,000 decrease	\$8,598,000	Level funding
<i>Injury Prevention Activities</i>	\$29,023,000	\$48,950,000	\$107,602,000	\$98,950,000	\$50,000,000 increase	\$66,450,000	\$17,500,000 increase
Prescription Drug Overdose	N/A	\$20,000,000	\$68,000,000	\$70,000,000	\$50,000,000 increase	\$31,921,000	\$11,921,000 increase
Illicit Opioid Use Risk Factors	N/A	N/A	\$5,579,000	Not funded	N/A	\$5,579,000	New program
<b>Preventive Health and Health Services Block Grant</b>	\$160,000,000	\$160,000,000	\$0	\$170,000,000	\$10,000,000 increase	\$160,000,000	Level funding

**Tobacco:** The House report calls for **\$105.5 million** for FY 2016, a \$110 million decrease from FY 2015. The Senate report calls for **\$216.5 million** for FY 2016, a decrease of \$1 million from FY 2015. The Administration requested level funding.

**House Report Language:** *“The Committee notes CDC supports tobacco use and prevention activities throughout numerous programs like the Prevention Research Centers and Chronic Disease Prevention activities. The Committee provides funding in the tobacco line to primarily focus on underage smoking. Further, CDC is directed to consolidate and reduce duplication with other tobacco prevention programs and activities. The Committee does not provide support for CDC’s tobacco research activity. The NIH has an existing tobacco research portfolio that in fiscal year 2015 is estimated at \$322,000,000. The CDC shall coordinate with NIH to identify meritorious tobacco research opportunities for NIH to consider through its peer-reviewed process and its existing portfolio funding level. The Committee requests an analysis in the fiscal year 2017 budget request identifying all the CDC programs that provide any funding for tobacco control or prevention activities with the name of the program and annual tobacco related funding level.”*

**Fetal Alcohol Syndrome:** The House report calls for **\$11 million** for FY 2016, an increase of \$495,000 over FY 2015. The Senate report calls for **\$10.5 million** for FY 2016 or level funding compared to FY 2015. The Administration requested level funding.

**House Report Language:** *“The Committee includes increased resources to support an information clearinghouse, expansion of existing national community-based FAS networks, dissemination of evidence-based intervention strategies, and an Alaska Native/Native American-focused collaborative for FAS.”*

**Senate Report Language:** *“Neonatal Abstinence Syndrome Data—The Committee directs CDC to provide technical assistance to States to improve the availability and quality of data collection and surveillance activities regarding neonatal abstinence syndrome, including: (a) the incidence and prevalence of neonatal abstinence syndrome; (b) the identification of causes for neonatal abstinence syndrome, including new and emerging trends; and (c) the demographics and other relevant information associated with neonatal abstinence syndrome. CDC shall also collect any available surveillance data described in the previous sentence from States and make it publicly available on an appropriate website. Furthermore, the Committee directs CDC to increase utilization of effective public health measure to reduce neonatal abstinence syndrome.”*

**Prescription Drug Overdose Prevention:** The **House** report calls for **\$70 million** for FY 2016, an increase of \$50 million over FY 2015. The **Senate** report calls for **\$31.9 million** for FY 2016, an increase of \$11.9 million compared to FY 2015. The Administration requested an increase of \$48 million.

**House Report Language:** *“The Committee commends CDC for its leadership to expand the efforts on prescription drug overdose. The Committee directs the CDC Director to implement these activities based on population-adjusted burden of disease criteria when distributing funds for the state Prescription Drug Overdose Prevention activities and to adhere to all terms and conditions identified in the fiscal year statement of managers accompanying the 2015 Appropriations Act and accompanying statement for this program.”*

**Senate Report Language:** *“The Committee includes \$37,500,000, an increase of \$17,500,000 above fiscal year 2015, for efforts to respond to and reverse the opioid epidemic in the United States. This includes \$31,921,000 to fund the Prescription Drug Overdose (PDO) Prevention for States program, a competitive cooperative agreement that targets those States with the greatest burden of opioid overdoses and demonstrated readiness to implement prevention strategies, and \$5,579,000 to specifically strengthen surveillance efforts for heroin-related deaths. The Committee notes the strong connection between prescription opioids and other types of opioids like heroin. Activities targeting one area will have a significant impact on the other. Therefore, funding will support activities such as implementing guidelines to improve prescribing behaviors and collecting real-time and more accurate data for heroin-related opioid deaths. The Committee urges CDC to require applicants applying for the PDO Prevention for States Program to collaborate with the State substance abuse agency or other agencies or those agencies managing the State’s PDMP to ensure linkages to clinically appropriate substance use disorder services. In addition, the Committee directs CDC to use the funds provided to expand the surveillance of heroin-related deaths beyond CDC’s current activities in HHS’ Region One by targeting States that have the greatest burden of heroin abuse.”*

*“Opioid Prescribing Guidelines—The Committee directs CDC to complete its work in developing safe opioid prescribing guidelines for chronic, non-cancer pain in outpatient settings for release no later than July 31, 2016, and a technical package to guide States in the implementation of safe opioid prescribing through coordinated care. The guidelines and technical package should include information for providers on the use of opioids for pregnant women and women that might become pregnant, as well as the potential risks of birth defects and neonatal abstinence syndrome from exposure to such medications. The Committee directs CDC to broadly disseminate the guidelines and technical package and to immediately evaluate the effects of the new guidance. Furthermore, the Committee urges CDC to work with the VA and DOD on implementing these guidelines in the appropriate facilities and directs CDC to share data and best practices on safe opioid prescribing with these agencies.”*

### Health Resources and Services Administration (HRSA) - Appropriations for Selected Programs

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
<b>Community Health Centers</b>	\$1,495,236,000	\$1,491,422,000	\$1,491,422,000	\$1,491,522,000	\$100,000 increase	\$1,419,522,000	\$100,000 increase
<b>Interdisciplinary Community-Based Linkages</b>	\$71,563,000	\$73,403,000	\$53,153,000	\$74,403,000	\$1,000,000 increase	\$74,992,000	\$1,589,000 increase
<i>Mental and Behavioral Health</i>	<i>\$7,916,000</i>	<i>\$8,916,000</i>	<i>\$8,916,000</i>	<i>\$9,916,000</i>	<i>\$1,000,000 increase</i>	<i>\$8,916,000</i>	<i>Level funding</i>
<b>Maternal and Child Health Block Grant</b>	\$634,000,000	\$637,000,000	\$637,000,000	\$638,200,000	\$1,200,000 increase	\$615,276,000	\$21,724,000 decrease
<b>Rural Health</b>	\$142,335,000	\$147,471,000	\$127,562,000	\$147,471,000	Level funding	\$150,571,000	\$3,100,000 decrease
<i>Rural and Community Access to Emergency Devices</i>	\$3,364,000	\$4,500,000	\$0	\$4,500,000	Level funding	\$0	Program eliminated
<i>Telehealth</i>	\$13,900,000	\$14,900,000	\$14,900,000	\$14,900,000	Level funding	\$18,000,000	\$3,100,000 increase
<b>Ryan White HIV/AIDS Program</b>	\$2,318,781,000	\$2,318,781,000	\$2,322,781,000	\$2,318,781,000	Level funding	\$2,293,781,000	\$25,000,000 decrease

**Mental and Behavioral Health:** The **House** report calls for **\$9.9 million** for FY 2016, an increase of \$1 million over FY 2015. The **Senate** report calls for **\$8.9 million** for FY 2016, level funding compared to FY 2015. The Administration requested level funding.

**House Report Language:** *“The Committee recommendation includes \$9,916,000 for the interprofessional Graduate Psychology Education Program to increase the number of health service psychologists (including doctoral-level clinical, counseling and school psychologists) trained to provide integrated services to high-need underserved populations in rural and urban communities. The Committee encourages HRSA to build on recent efforts to expand training to increase mental and behavioral health services for returning service members, veterans and their families, with a strong emphasis on veterans reintegrating into rural civilian communities. Recognizing the growing need for highly trained mental and behavioral health professionals to deliver evidence-based services to the rapidly aging population, the Committee encourages HRSA to invest in geropsychology training programs and to help integrate health service psychology trainees at Federally Qualified Health Centers.”*

**Maternal and Child Health Block Grant:** The **House** report calls for **\$638.2 million** for FY 2016, an increase of \$1.2 million over FY 2015. The **Senate** report calls for **\$615.3 million** for FY 2016, a decrease of \$21.7 million compared to FY 2015. The Administration requested level funding.

**House Report Language:** *“Fetal Alcohol Syndrome—The Committee recommends that the fetal alcohol syndrome initiative within HRSA address high-risk Alaska Native and American Indian populations through a Native American-focused collaborative.”*

**Rural and Community Access to Emergency Devices:** The **House** report calls for **\$4.5 million** in FY 2016 or level funding compared to FY 2015. The **Senate** report **does not provide funding** for this program. The Administration proposed that this program be eliminated in FY 2016. In FY 2015, Congress appropriated a \$1.1 million increase over 2014 to be used for opioid overdose reversal emergency devices.

**Ryan White HIV/AIDS Program:** The **House** report calls for **\$2.3 billion** for FY 2016 or level funding as compared to FY 2015. The **Senate** report calls for **\$2.293 billion** for FY 2016, a \$25 million decrease compared to FY 2015. The Administration requested a \$4 million increase in funding for FY 2016.

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

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
NIAAA	\$446,025,000	\$447,408,000	\$459,833,000	\$456,012,000	\$8,604,000 increase	\$469,355,000	\$21,947,000 increase

**National Institute on Alcohol Abuse and Alcoholism (NIAAA):** The **House** report calls for **\$456 million** for FY 2016, an increase of \$8.6 million compared to FY 2015. The **Senate** report calls for **\$469 million** for FY 2016, an increase of \$21.9 million compared to FY 2015. The Administration requested a \$12.4 million increase from FY 2015.

**House Report Language:** *“Fetal Alcohol Syndrome (FAS) Research—The Committee was pleased that NIAAA’s budget request proposed increases in research on how alcohol interferes with human development and the various underlying aspects of alcohol-induced fetal damage. The Committee encourages NIH to consider the benefits and methods to support a clearinghouse and improved coordination with federal and private sector partners to best facilitate the translation of science into public health promotion strategies and interventions benefiting individuals living with FAS.”*

**Senate Report Language:** *“Genomic Research and Alcohol Dependence—The Committee commends the NIAAA for its research efforts to increase understanding of the genetic and neurobiological mechanisms underlying alcohol use disorder (AUD). Research shows that genes contribute 40-60 percent of the risk for developing AUD. Factors such as stress may make individuals who carry genomic variations associated with increased risk for AUD more vulnerable to developing the disorder. NIAAA-supported studies have identified several genes that contribute to susceptibility to AUD and many others that show some evidence of involvement; and these research findings are paving the way for new opportunities in prevention and treatment. The Committee encourages the NIAAA to capitalize on advances in genomic science and “big data,” and explore collaborative opportunities to gain additional insight into the genetics of AUD, including its relationship to related problems such as post-traumatic stress disorder in military personnel and veterans.”*

### National Institute on Drug Abuse (NIDA) – Appropriations

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
NIDA	\$1,025,435,000	\$1,028,614,000	\$1,047,397,000	\$1,050,875,000	\$22,261,000 increase	\$1,069,086,000	\$40,472,000 increase

**National Institute on Drug Abuse (NIDA):** The **House** report calls for **\$1.1 billion** for FY 2016, an increase of \$22.3 million over FY 2015. The **Senate** report calls for **\$1.1 billion** for FY 2016, and increase of \$40 million compared to FY 2015. The Administration requested an \$18.8 million increase from FY 2015.

**House Report Language:** *“Adolescent Behavioral and Cognitive Development (ABCD)—The Committee applauds the Collaborative Research on Addictions at NIH initiative and the launch of the ABCD study. Unique in its scope and duration, the study will recruit 10,000 youth before they begin using alcohol, marijuana, nicotine, and other drugs, and follow them over 10 years into early adulthood to assess how substance use affects the trajectory of the developing brain. The Committee commends the study design which will use advanced brain imaging as well as psychological and behavioral research tools to evaluate brain structure and function and track substance use, academic achievement, IQ, cognitive skills, and mental health over time.*

*Medications Development—The Committee understands NIDA is considering new technologies for the development of next-generation pharmaceuticals. For example, NIDA is exploring approaches to develop viable immunotherapeutic or biologic (e.g., bioengineered enzymes) approaches for treating addiction. The Committee looks forward to hearing more about work in this area in the fiscal year 2017 budget request.*

*NIDAMED—The Committee encourages its support for NIDAMED, an initiative designed to reach out to physicians, physicians in training, and other health care professionals to increase especially those treating our youth to better recognize the signs that lead to drug abuse and addiction.*

*Opioid Drug Abuse—The Committee remains concerned about prescription drug abuse, specifically the misuse of orally administered opioid drugs. According to some reports, more than 35 million Americans have abused prescription opioids at some point in their lifetimes. The June 2011 Institute of Medicine report on relieving pain indicates that such abuse and misuse resulted in an annual estimated cost to the Nation of \$72.5 billion. The Committee expects NIDA to continue to support meritorious scientific activities related to research on medications to alleviate pain with reduced abuse liability and, as appropriate, to work with private partners on innovative research into such medications. In addition, NIDA should continue to fund research to better prevent and treat prescription drug abuse and to coordinate with CDC to help identify scientific research gaps. The Committee requests an update in the fiscal year 2017 budget request on the activities related to addressing the opioid drug abuse problem.”*

### Department of Justice – Appropriations for Selected Programs

Program	FY 14	FY 15 Enacted	FY 16 Request	FY 16 House Report	FY 15-House FY 16 Change	FY 16 Senate Report	FY 15-Senate FY 16 Change
<b>Drug Enforcement Administration</b>	\$2,018,000,000	\$2,033,320,000	\$2,091,609,000	\$2,073,945,000	\$40,625,000 increase	\$2,033,320,000	Level funding
<b>Office of Justice Programs</b>	\$1,503,300,000	\$1,537,300,000	\$1,649,900,000	\$1,015,400,000	\$521,900,000 decrease	\$1,467,800,000	\$69,500,000 decrease
<i>Research, Evaluation and Statistics</i>	<i>\$120,000,000</i>	<i>\$111,000,000</i>	<i>\$151,900,000</i>	<i>\$0</i>	<i>Not explicitly funded</i>	<i>\$117,000,000</i>	<i>\$6,000,000 decrease</i>
<i>State and Local Law Enforcement Assistance</i>	<i>\$1,171,500,000</i>	<i>\$1,241,000,000</i>	<i>\$1,142,300,000</i>	<i>\$1,015,400,000</i>	<i>\$225,600,000 decrease</i>	<i>\$1,102,000,000</i>	<i>\$139,000,000 decrease</i>
Byrne Memorial Justice Assistance Grants	\$376,000,000	\$376,000,000	\$388,000,000	\$509,000,000	\$133,000,000 increase	\$382,000,000	\$6,000,000 increase
Drug Courts	\$40,500,000	\$41,000,000	\$36,000,000	\$46,000,000	\$5,000,000 increase	\$41,000,000	Level funding
Mentally Ill Offender Act	\$8,250,000	\$8,500,000	\$14,000,000	\$13,000,000	\$4,500,000 increase	\$10,000,000	\$1,500,000 increase
Residential Substance Abuse Treatment (RSAT)	\$10,000,000	\$10,000,000	\$14,000,000	\$0	Program eliminated	\$12,000,000	\$2,000,000 increase
Second Chance Act/Offender Reentry	\$67,750,000	\$68,000,000	\$120,000,000	\$68,000,000	Level funding	\$68,000,000	Level funding
Veterans Treatment Courts	\$4,000,000	\$5,000,000	\$4,000,000	\$15,500,000	\$10,500,000 increase	\$5,000,000	Level funding
Prescription Drug Monitoring	\$7,000,000	\$11,000,000	\$9,000,000	\$16,000,000	\$5,000,000 increase	\$7,000,000	\$4,000,000 decrease
<i>Juvenile Justice Programs</i>	<i>\$254,500,000</i>	<i>\$251,500,000</i>	<i>\$339,400,000</i>	<i>\$183,500,000</i>	<i>\$68,000,000 decrease</i>	<i>\$253,500,000</i>	<i>\$2,000,000 increase</i>
<b>Community Oriented Policing Systems (COPS)</b>	\$214,000,000	\$208,000,000	\$303,500,000	\$235,000,000	\$27,000,000 increase	\$212,000,000	\$4,000,000 increase
<i>Anti-Methamphetamine Task Forces</i>	<i>\$7,500,000</i>	<i>\$7,000,000</i>	<i>\$0</i>	<i>\$0</i>	<i>Program eliminated</i>	<i>\$7,000,000</i>	<i>Level funding</i>
<i>Anti-Heroin Task Forces</i>	<i>New line item</i>	<i>\$7,000,000</i>	<i>\$0</i>	<i>\$0</i>	<i>Program eliminated</i>	<i>\$7,000,000</i>	<i>Level funding</i>

**Drug Enforcement Administration:** The **House** report calls for **\$2.1 billion** for FY 2016, a \$40.6 million increase from FY 2015. The **Senate** report calls for **\$2 billion** or level funding as compared to FY 2015. The Administration requested an increase of \$58.3 million.

**Senate Report Language:** *“Drug Diversion at Veterans Health Administration Facilities – The Committee is alarmed by the rates of prescription drug opioid abuse and related overdoses among veterans, as well as allegations of diversion of prescription opioids from Veterans Health Administration (VHA) facilities into the illicit drug market. The notion that VHA facilities are a source for the unauthorized distribution and use of opioids is extremely concerning. The Committee urges the DEA to maintain open communication with the VHA and treat investigations of drug diversion in VHA facilities as a priority.*

*Prescription Drug Abuse – The Committee believes that prescription drug abuse continues to remain an urgent public health crisis. Of particular concern is the link between prescription opioid abuse and its connection to heroin use. The Committee urges the DEA to continue to combat prescription drug abuse and heroin use by fully utilizing all available resources, including the Diversion Control Program, and by facilitating inter-agency and inter-department cooperation.”*

**Byrne Memorial Justice Assistance Grants:** The **House** report calls for **\$509 million** for FY 2016, an increase of \$133 million over FY 2015 levels. The **Senate** report calls for **\$382 million** for FY 2016, a \$6 million increase over FY 2015. The Administration requested a \$12 million increase.



**Senate Report Language:** *“The Department should expect State, local, and tribal governments to target funding to programs and activities that conform with evidence-based strategic plans developed through broad stakeholder involvement. The Committee directs the Department to make technical assistance available to State, local, and tribal governments for the development or update of such plans.”*

**Drug Courts:** The **House** report calls for **\$46 million** for FY 2016, an increase of \$5 million as compared to FY 2015. The **Senate** report calls for level funding for FY 2016, or **\$41 million**. The Administration requested a \$5 million decrease compared to FY 2015.

**House Report Language:** *“The recommendation includes \$41,000,000 for drug courts, which is \$5,000,000 above the request. Drug courts help reduce recidivism and substance abuse among non-violent offenders and increase the likelihood of an offender’s successful rehabilitation through intense, judicially supervised treatment, mandatory periodic drug testing, community supervision, and appropriate sanctions. The Committee expects these funds to be used to provide grants and technical assistance to State, local, and tribal governments to support the development, expansion, and enhancement of drug courts, based upon their efficacy as a systematic response to substance abuse and crime.”*

**Prescription Drug Monitoring:** The **House** report calls for **\$16 million** for FY 2016, an increase of \$5 million compared to FY 2015. The **Senate** report calls for **\$7 million** or a \$4 million decrease compared to FY 2015. The Administration requested a \$2 million decrease for FY 2016.

**House Report Language:** *“The recommendation includes \$11,000,000 for the Prescription Drug Monitoring Program (PDMP). The diversion and abuse of prescription medications has become our Nation’s fastest growing drug problem, with overdose deaths now surpassing motor vehicle accidents as the number one cause of accidental deaths nationwide. The Committee maintains its support for the provision of technical assistance for PDMPs, PDMP data users and other key stakeholders through this program. Further, the Committee directs the Bureau of Justice Assistance (BJA) to continue partnerships with other professional organizations that foster interstate interoperability and connectivity among State-run PDMPs, and encourages BJA to continue its support for efforts to establish a national network of interconnected PDMPs. The Committee also supports efforts to increase use of PDMPs among authorized users. The Committee directs BJA to assess the impact of establishing threshold enrollment and utilization rates and, where enrollment and utilization rates are not 100 percent, assess the feasibility of requiring benchmarks for improvements in enrollment and utilization as grant eligibility criteria. The Committee directs the Department to report, not later than 180 days after enactment of this Act, on this assessment, including the potential of prioritizing funding based on the goal of optimizing prescriber and dispenser enrollment and utilization rates for PDMPs by prescriber and dispensers. In the meantime, the Committee directs BJA to prioritize grant funding for States which are engaged in initiatives to integrate PDMP data with electronic health systems, such as electronic health records and electronic prescribing systems.”*

**Senate Report Language:** *“The Committee directs the Bureau of Justice Assistance to assess the impact of establishing threshold enrollment and utilization rates for the Prescription Drug Monitoring Program and, where enrollment and utilization rates are below 100 percent, assess the feasibility of requiring benchmarks for improvements in enrollment and utilization as grant eligibility criteria. The Committee directs the Department to report, not later than 180 days after enactment of this act, on this assessment, including the potential of prioritizing funding based on the goal of optimizing prescriber and dispenser enrollment and utilization rates for Prescription Drug Monitoring Programs by prescribers and dispensers as a ratio compared to the potential universe of prescribers and dispensers and controlled substance prescribing rates, respectively.”*

**Mentally Ill Offender Act:** The **House** report calls for **\$13 million** for FY 2016, an increase of \$4.5 million compared to FY 2015. The **Senate** report calls for **\$10 million** in funding for Mentally Ill Offender Courts (likely referring to Mentally Ill Offender Act), a \$1.5 million increase over FY 2015. The Administration requested a \$5.5 million increase.

**Residential Substance Abuse Treatment (RSAT):** The **House** report **does not provide funding** for the RSAT program. The **Senate** report calls for **\$12 million** for FY 2016, or an increase of \$2 million over FY 2015. The Administration requested \$14 million for FY 2016, a \$4 million increase in funding compared to FY 2015.

**Second Chance Act/Offender Reentry:** The **House** report calls for **\$68 million** for FY 2016, level funding compared to FY 2015. The **Senate** report also calls for level funding or **\$68 million** for FY 2016. The Administration requested a \$52 million increase.

**House Report Language:** *“The Committee remains concerned that despite a dramatic increase in corrections spending over the past two decades, recidivism and re-incarceration rates are largely unchanged. The Committee is aware that case studies of innovative, evidence-based practices provide a strong indication that this pattern can be reversed. The Committee expects that Second Chance Act grants will foster the implementation of strategies that have been proven to reduce recidivism and ensure safe and successful reentry back to their communities of adults released from prisons and jails. The Committee expects DOJ to designate funds for proven, evidence-based programs that will further the goal of maximizing public safety.”*

**Senate Report Language:** *“The SCA supports activities such as employment assistance, substance abuse treatment, housing, mentoring, family programming, and victim support. SCA grants will also support demonstration projects designed to test the impact of new strategies and frameworks...The Department is directed to submit as part of its spending plan for State and Local Law Enforcement Assistance a strategy for the use of all funds appropriated for Second Chance Act programs, including new initiatives requested by the Department that are funded in this recommendation.”*

**Veterans Treatment Courts:** The **House** report calls for **\$15.5 million** for FY 2016, an increase of \$10.5 million compared to FY 2015. The **Senate** report also calls for level funding or **\$5 million** for FY 2016. The Administration requested a \$1 million decrease compared to FY 2016.

**House Report Language:** *“The recommendation includes \$5,000,000 to support veterans treatment courts. The Committee expects the Department to work in conjunction with the Department of Veterans Affairs, as appropriate, to provide grant support for collaborative, rehabilitative approaches for continuing judicial supervision over offenders who are veterans. These funds are to be used for court startup and training costs.”*

**Senate Report Language:** *“The Committee urges the Department to work in conjunction with the Department of Veterans Affairs to provide grant support for collaborative, rehabilitative approaches for continuing judicial supervision of offenders who are veterans. The Committee recommends not less than \$5,000,000 for Veterans Treatment Courts and urges the Department to strengthen funding for existing Veterans Treatment Courts with successful track records to promote best practices.”*