

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

FY 2017 Appropriations

July 2016 Update

Status of FY 2017 Appropriations for:

- **Department of Health and Human Services (HHS)**
 - *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)*
 - **Centers for Disease Control and Prevention (CDC)**
 - **Health Resources and Services Administration (HRSA)**
 - **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**
 - **National Institute on Drug Abuse (NIDA)**
- **Department of Justice (DOJ)**

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 14	FY 15	FY 16	President's FY 17 Request	FY 17 Approved by <u>Senate</u> Appropriations Committee	<u>Senate</u> Appropriations Committee vs. FY 16	FY 17 Approved by <u>House</u> Appropriations Committee	<u>House</u> Appropriations Committee vs. FY 16
Substance Abuse Prevention and Treatment Block Grant	\$1,819,856,000	\$1,819,856,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	Level	\$1,858,079,000	Level

President's FY 2017 Request: The Administration and the Senate Appropriations Committee both propose level funding for the SAPT Block Grant in FY 2017.

Senate Report Language: *"The Committee recommends \$3,738,077,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The recommendation includes \$134,667,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund. SAMHSA is responsible for supporting mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country, primarily through categorical grants and block grants to States. 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 2017."*

House Report Language: *"The Committee recommends a program level of \$1,858,079,000, which is the same as the fiscal year 2016 enacted program level and the fiscal year 2017 budget request program level. The Substance Abuse Prevention and Treatment Block Grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. The Committee recognizes the critical role the block grant plays in State systems across the country."*

"Overdose Fatality Prevention—The agreement reflects 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."

SAMHSA's Center for Substance Abuse Treatment (CSAT) – Appropriations by Program

Program	FY 14	FY 15	FY 16	President's FY 17 Request	FY 17 Approved by Senate Appropriations Committee	Senate Appropriations Committee vs. FY 16	FY 17 Approved by House Appropriations Committee	House Appropriations Committee vs. FY 16
CSAT TOTAL	\$360,698,000	\$361,463,000	\$333,806,000	\$343,269,000	\$336,484,000	+\$2,678,000	\$331,323,000	-\$2,483,000
Access to Recovery	\$50,000,000	\$38,223,000	Not funded	Not funded	Not funded	--	Not funded	--
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$8,081,000	\$9,046,000	Level	\$8,081,000	-\$965,000
Children and Families	\$29,678,000	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level	\$29,605,000	Level
Criminal Justice Activities	\$75,000,000	\$78,000,000	\$78,000,000	\$61,946,000	\$61,946,000	-\$16,054,000	\$78,000,000	Level
Crisis Systems	N/A	N/A	Not funded	\$5,000,000	Not funded	--	Not funded	--
Minority AIDS	\$65,732,000	\$65,570,000	\$65,570,000	\$58,859,000	\$65,570,000	Level	\$58,859,000	-\$6,711,000
Opioid Treatment Programs/Regulatory Activities	\$8,746,000	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	Level	\$8,724,000	Level
Pregnant and Postpartum Women	\$15,970,000	\$15,931,000	\$15,931,000	\$15,931,000	\$15,931,000	Level	\$15,931,000	Level
Recovery Community Services Program	\$2,440,000	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	Level	\$2,434,000	Level
Screening, Brief Intervention, Referral, and Treatment (SBIRT)	\$47,000,000	\$46,889,000	\$46,889,000	\$30,000,000	\$32,000,000	-\$14,889,000	\$28,000,000	-\$18,889,000
Special Initiatives/Outreach	\$1,436,000	\$1,432,000	Not funded	Not funded	Not funded	--	Not funded	--
Strengthening Treatment Access and Retention	\$1,668,000	\$1,000,000	Not funded	Not funded	Not funded	--	Not funded	--
Targeted Capacity Expansion (TCE) General	\$13,256,000	\$23,223,000	\$36,303,000	\$61,303,000	\$71,303,000	+\$35,000,000	\$61,303,000	+\$25,000,000
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction</i>	N/A	\$12,000,000	\$25,000,000	\$50,080,000	\$60,000,000	+\$35,000,000	\$50,080,000	+\$25,080,000
Treatment Systems for Homeless	\$41,488,000	\$41,386,000	\$41,304,000	\$36,386,000	\$36,386,000	-\$4,918,000	\$36,386,000	-\$4,918,000

Center for Substance Abuse Treatment (CSAT): The Senate Appropriations Committee proposes a \$2.6 million increase, whereas the Administration proposes an increase of \$9,463,000 for FY 2017 compared to FY 2016, and the House proposes a decrease of \$2.4 million.

Senate Report Language: *"The Committee recommends \$2,194,563,000 for substance abuse treatment programs, including PRNS and the substance abuse prevention and treatment block grant to the States. The recommendation includes \$81,200,000 in transfers available under section 241 of the PHS Act... The Committee recommends \$336,484,000 for PRNS within the Center for Substance Abuse Treatment [CSAT]. The recommendation includes \$2,000,000 in transfers available under section 241 of the PHS Act. PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement."*

Addiction Technology Transfer Centers (ATTCs): The Administration and the House propose a \$965,000 cut in FY 2017 for ATTCs. The Senate Appropriations Committee proposes level funding compared to FY 2016.

Senate Report Language: *"The Committee again rejects the administration's proposal to reduce funding for the ATTCs and instead provides the same funding level as fiscal year 2016. The Committee directs SAMHSA to ensure that ATTCs maintain a primary focus on addiction treatment and recovery services."*

Crisis Systems: The Administration proposes an increase of \$10 million, which will include \$5 million from the Substance Abuse Treatment appropriation and \$5 million from the Mental Health appropriation. Neither the Senate nor the House Appropriations Committees recommend funding this program.

Drug Courts:

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

House Report Language: *"The Committee provides \$78,000,000 for the Criminal Justice Activities program and expects that no less than \$60,000,000 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. 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."*

Drug Testing Programs:

Senate Report Language: *"The Committee urges SAMSHA to publish the guidelines expeditiously and to implement the guidelines in partnership with stakeholders and other agencies."*

House Report Language: *"Drug testing plays a key role in the delivery of safe and effective substance abuse treatment programs. Providers utilize these tests to identify the type of substance abuse, to determine a proper treatment plan, to continue on-going evaluations, and to prevent drug*

diversion. The Committee requests SAMHSA ensure that all opioid treatment programs are implementing drug tests at a frequency necessary to implement a safe and an effective program.”

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA): The House recommendation aligns with the Administration’s request of a \$25 million increase for the MAT-PDOA program, while the Senate Appropriations Committee recommends a \$35 million increase.

Senate Report Language: *“Combating Opioid Abuse.—Of the amount provided for Targeted Capacity Expansion, the Committee includes \$60,000,000 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 age adjusted rates of admissions and that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders.”*

House Report Language: *“Targeted Capacity Expansion.—The Committee recommends \$61,303,000 for Targeted Capacity Expansion activities. Of this amount, \$50,080,000 is for services that address prescription drug abuse and heroin use in high-risk communities. This funding level will provide funding for 45 States. SAMHSA 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. The United States has seen a 500 percent increase in admissions for treatment for prescription drug abuse since 2000. Moreover, according to a recent study, in the past two years, 28 States saw an increase in admissions for treatment for heroin dependence. 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.”*

Medication-Assisted Treatment—Senate Report Language: *“The Committee encourages SAMHSA to finalize regulations on prescribing buprenorphine to treat opioid dependence while supporting strategies to eliminate diversion as expeditiously as possible.”*

Opioids State Targeted Response/State Targeted Response Cooperative Agreements:

Senate Report Language: *“The Committee recognizes the valuable work conducted by Sheriff’s Departments across the country that have undertaken a collective effort to enhance the continuum of care for incarcerated individuals with substance use disorders. These efforts by Sheriff’s Departments that have jail-operation powers and corrections duties serve as a critical component as it relates to a variety of treatment and recovery support services. As SAMHSA works to allocate resources for States grappling with the opioid crisis, the Committee encourages SAMHSA to consider these efforts for the Opioids State Targeted Response grants.”*

Pregnant & Postpartum Women: The Administration and both the House and Senate Appropriations Committees propose level funding compared to FY 2016.

Senate Report Language: *“The Committee recommendation provides the same level of funding for the PPW program, which supports comprehensive, family-based residential substance use disorder services for pregnant and parenting women, their minor children, and other family members. The Committee has not included language requested by the administration to support non-residential family-based services through innovation grants. The Committee notes that this issue is addressed in reauthorization legislation that is pending in both the House of Representatives and Senate.”*

Screening, Brief Intervention, and Referral to Treatment (SBIRT):

Senate Report Language: *“The Committee is pleased that SAMHSA recently included language in the SBIRT Request for Proposal to allow grantees to focus 20 percent of the funding on individuals between the ages of 12 and 18 who are seeking medical services. This will expand opportunities for health care and youth service practitioners to engage young people in preventative conversations about substance use, as well as identify and address risky use before it progresses to addiction. The Committee expects SAMHSA to continue to encourage applicants to take advantage of this allowable use of funds for 12- to 18-year-olds.”*

Viral Hepatitis Screening:

Senate Report Language: *“The Committee applauds SAMHSA for encouraging grantees to screen for viral hepatitis, including the use of innovative strategies like rapid testing and urges SAMHSA to continue these efforts. The Committee notes the disproportionate impact of viral hepatitis among minority populations and the co-infection rate among individuals with HIV/AIDS. The Committee urges SAMHSA to work with minority AIDS grantees to incorporate hepatitis screening into programmatic activities.”*

House Report Language: *The Committee applauds SAMHSA for encouraging grantees to screen for viral hepatitis including the use of innovative strategies like rapid testing. The Committee notes the disproportionate impact of viral hepatitis among minority populations and the co-infection rate among individuals with HIV/AIDS. The committee urges SAMHSA to work with Minority AIDS grantees to incorporate hepatitis screening into programmatic activities.*

SAMHSA's Center for Substance Abuse Prevention (CSAP) - Appropriations by Program

Program	FY 14	FY 15	FY 16	President's FY 17 Request	FY 17 Approved by <u>Senate</u> Appropriations Committee	<u>Senate</u> Appropriations Committee vs. FY 16	FY 17 Approved by <u>House</u> Appropriations Committee	<u>House</u> Appropriations Committee vs. FY 16
CSAP TOTAL	\$175,129,000	\$175,219,000	\$211,148,000	\$211,148,000	\$225,219,000	+\$14,071,000	\$211,148,000	Level
Center for the Application of Prevention Technologies (CAPT)	\$7,511,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level	\$7,493,000	Level
Comprehensive Opioid Response Grants	--	--	--	--	--	--	\$500,000,000	+\$500,000,000
Fetal Alcohol Spectrum Disorder Center for Excellence	\$1,000,000	\$1,000,000	Not funded	Not funded	Not funded	--	Not funded	--
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	N/A	N/A	\$12,000,000	\$12,000,000	\$26,000,000	+\$14,000,000	\$5,000,000	-\$7,000,000
Federal Drug-Free Workplace Program (formerly Mandatory Drug Testing)	\$4,906,000	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	Level	4,894,000	Level
Minority AIDS	\$41,307,000	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	Level	\$41,205,000	Level
Science and Service Program Coordination	\$4,082,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$7,000,000	\$7,000,000	\$7,000,000	\$7,000,000	\$7,000,000	Level	\$7,000,000	Level
Strategic Prevention Framework/Partnerships for Success	\$109,754,000	\$109,484,000	\$119,484,000	\$119,484,000	\$109,484,000	-\$10,000,000	\$109,484,000	-\$10,000,000
<i>Strategic Prevention Framework Rx</i>	N/A	N/A	\$10,000,000	\$10,000,000	\$10,000,000	Level	\$10,000,000	Level
Tribal Behavioral Health Grants	N/A	N/A	\$15,000,000	\$15,000,000	\$15,000,000	Level	\$15,000,000	Level

Center for Substance Abuse Prevention (CSAP): The Senate Appropriations Committee proposes an increase of \$14 million for Programs of Regional and National Significance within CSAP, whereas the Administration and the House propose level funding in FY 2017.

Senate Report Language: *“The Committee recommends \$225,219,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. The Committee notes that youth drug use continues to be a major issue and that perceptions of harm are significantly waning. Therefore, the Committee directs that all of the money appropriated explicitly for Substance Abuse Prevention purposes both in CSAP’s PRNS lines as well as the funding from the 20 percent prevention set-aside in the SAPT Block Grant be used only for bona fide substance abuse prevention activities and not for any other purpose.*

“The Committee provides \$225,219,000 for PRNS within CSAP. Through these programs, CSAP supports: development of new practice knowledge o substance abuse prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance abuse prevention programs; and programs addressing new needs in the prevention system.

“Combating Opioid Abuse.—The Committee provides \$26,000,000 for grants to prevent opioid overdose related deaths. Part of the initiative to Combat Opioid Abuse, this program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. Of this amount, the Committee provides \$8,000,000 to prevent opioid overdose-related deaths in rural areas. People in rural communities are especially vulnerable and more likely to overdose on prescription pain killers than people in urban areas, according to the CDC. The Committee encourages SAMHSA to work with HRSA in the administration of these resources to rural areas. 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 \$10,000,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities.”

Comprehensive Opioid Response Grants:

House Report Language: *“The Committee recommends \$500,000,000 for Comprehensive Opioid Response grants. SAMHSA, in coordination with CDC, may award funds to eligible states, units of local government, territories or Indian Tribes, which may, in turn, sub grant to non-governmental organizations as appropriate. Funds may be used to plan for and implement an integrated opioid abuse response initiative that incorporates prevention and education, treatment, and recovery services. Eligible activities are as follows: (1) Prevention and education efforts concerning heroin and opioid use, treatment, and recovery; (2) Education of physicians, residents, medical students, and other medical providers who prescribe controlled substances on the prescription drug monitoring program of the State, on the CDC Guideline for Prescribing Opioids for Chronic Pain, and on the treatment of addiction; (3) Expanding prescription drug and opioid addiction treatment programs of the State. This includes the expansion of abstinence-based and medication assistance treatment programs that incorporate training for treatment and recovery support providers; behavioral health therapy for individuals who are in treatment for prescription drug and opioid addiction; screening for and clinically appropriate treatment of hepatitis C and HIV; and screening, early intervention, and referral to treatment for teenagers and young adults in primary care, middle schools, high schools, universities, school-based health centers, and other community-based health care settings; and (4) Developing, implementing, and expanding programs to prevent overdose death from prescription medications and opioids that incorporate a referral to treatment services. Priority shall be given to States with the highest burden of opioid-related overdoses. SAMHSA is directed to brief the Committee no less than 30 days before issuing a funding announcement regarding the criteria for grant awards. In addition, SAMHSA is directed to brief the Committee no less than 30 days before awarding a grant.”*

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths:

House Report Language: *“The Committee recommends \$12,000,000 for discretionary grants to States to prevent prescription drug and opioid overdose related deaths. This program will help States equip and train first responders with the use of devices that rapidly reverse the effects of opioids. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recover communities in addition to first responders. Furthermore the agreement provides \$10,000,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities. SAMHSA shall collaborate with CDC to implement the most effective outreach strategy and to reduce duplication of activities.”*

Strategic Prevention Framework State Incentive Grant and Partnerships for Success:

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 preventing substance use and abuse.”*

House Report Language: *“The Committee intends that the Strategic Prevention Framework State Incentive Grant and Partnership for Success 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 preventing substance use and abuse.”*

STOP Act:

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 any other purposes or activities.”*

SAMHSA
Center for Mental Health Services (CMHS) – Appropriations by Program

Program	FY 14	FY 15	FY 16	FY 17 Request	FY 17 Approved by Senate Appropriations Committee	Senate Appropriations Committee vs. FY 16	FY 17 Approved by House Appropriations Committee	House Appropriations Committee vs. FY 16
CMHS TOTAL	\$377,315,000	\$370,538,000	\$406,550,000	\$406,388,000	\$387,659,000	-\$18,891,000	\$395,289,000	-\$11,261,000
Children and Family Programs	\$6,474,000	\$6,458,000	\$6,458,000	\$6,458,000	\$6,458,000	Level	\$7,229,000	+\$771,000
Children's Mental Health	\$117,315,000	\$117,026,000	\$119,026,000	\$119,026,000	\$119,026,000	Level	\$119,026,000	Level
Community Mental Health Services (CMHS) Block Grant	\$483,744,000	\$482,571,000	\$532,571,000	\$532,571,000	\$562,571,000	+\$30,000,000	\$532,571,000	Level
Consumer/Consumer Support TA Centers	\$1,923,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level	\$1,918,000	Level
Consumer and Family Network Grants	\$4,966,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,280,000	\$4,269,000	\$4,269,000	\$4,269,000	\$4,269,000	Level	\$4,269,000	Level
Crisis Systems	N/A	N/A	Not funded	\$5,000,000	Not funded	--	Not funded	--
Disaster Response	\$1,958,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level	\$1,953,000	Level
Grants to States for the Homeless/Projects for Assistance in Transition from Homelessness (PATH)	\$64,794,000	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	Level	\$64,635,000	Level
Healthy Transitions	\$20,000,000	\$19,951,000	\$19,951,000	\$19,951,000	\$19,951,000	Level	\$19,951,000	Level
HIV/AIDS Education	\$773,000	\$771,000	\$771,000	\$771,000	\$771,000	Level		
Homelessness	\$2,302,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level	\$2,296,000	Level
Homelessness Prevention Programs	\$30,772,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level	\$30,696,000	Level
MH System Transformation and Health Reform	\$10,582,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level	\$3,779,000	Level
Minority AIDS	\$9,247,000	\$9,224,000	\$9,224,000	\$15,935,000	\$9,224,000	Level	\$15,935,000	Level
National Traumatic Stress Network	\$46,000,000	\$45,887,000	\$46,887,000	\$46,887,000	\$46,887,000	Level	\$46,887,000	Level
Primary and Behavioral	\$50,000,000	\$49,877,000	\$49,877,000	\$26,004,000	\$49,877,000	Level	\$26,004,000	-\$23,873,000

Program	FY 14	FY 15	FY 16	FY 17 Request	FY 17 Approved by Senate Appropriations Committee	Senate Appropriations Committee vs. FY 16	FY 17 Approved by House Appropriations Committee	House Appropriations Committee vs. FY 16
Health Care Integration								
Primary/Behavioral Health Integration TA	\$1,996,000	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	Level	\$1,991,000	Level
Project AWARE	\$54,865,000	\$54,865,000	\$64,865,000	\$71,964,000	\$71,964,000	+\$7,099,000	\$64,865,000	Level
Mental Health First Aid	\$15,000,000	\$14,963,000	\$14,963,000	\$14,963,000	\$14,963,000	Level	\$14,963,000	Level
Project Aware State Grants	\$40,000,000	\$39,902,000	\$49,902,000	\$57,001,000	\$57,001,000	+\$7,099,000	\$49,902,000	Level
Project LAUNCH	\$34,640,000	\$34,555,000	\$34,555,000	\$34,555,000	\$23,605,000	-\$10,950,000	\$34,555,000	Level
Protection and Advocacy	\$36,238,000	\$36,146,000	\$36,146,000	\$36,146,000	\$36,146,000	Level	\$36,146,000	Level
Seclusion & Restraint	\$1,150,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level	\$1,147,000	Level
Suicide Prevention	\$60,032,000	\$60,032,000	\$60,032,000	\$88,032,000	\$60,032,000	Level	\$62,032,000	+\$2,000,000
<i>Al/AN Suicide Prevention Initiative</i>	\$2,938,000	\$2,931,000	\$2,931,000	\$2,931,000	\$2,931,000	Level	\$2,931,000	Level
<i>GLS - Suicide Prevention Resource Center</i>	\$6,000,000	\$5,988,000	\$5,988,000	\$5,988,000	\$5,988,000	Level	\$5,988,000	Level
<i>GLS - Youth Suicide Prevention - Campus</i>	\$6,500,000	\$6,488,000	\$6,488,000	\$6,488,000	\$6,488,000	Level	\$6,488,000	Level
<i>GLS - Youth Suicide Prevention - States</i>	\$35,500,000	\$35,427,000	\$35,427,000	\$35,427,000	\$35,427,000	Level	\$35,427,000	Level
<i>National Strategy for Suicide Prevention</i>	\$2,000,000	\$2,000,000	\$2,000,000	\$30,000,000	\$2,000,000	Level	\$4,000,000	+\$2,000,000
<i>Suicide Lifeline</i>	\$7,212,000	\$7,198,000	\$7,198,000	\$7,198,000	\$7,198,000	Level	\$7,198,000	Level
Tribal Behavioral Health Grants	\$5,000,000	\$4,988,000	\$15,000,000	\$15,000,000	\$15,000,000	Level	\$16,000,000	+\$1,000,000
Youth Violence Prevention	\$23,156,000	\$23,099,000	\$23,099,000	Not funded	Not funded	-\$23,099,000	Not funded	-\$23,099,000

Senate Report Language: *"The Committee recommends \$1,170,037,000 for mental health services. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act and \$12,000,000 in transfers from the PPH Fund. Included in the recommendation is funding for programs of regional and national significance [PRNS], the MHBG, children's mental health services, Projects for Assistance in Transition from Homelessness [PATH], and Protection and Advocacy for Individuals with Mental Illness [PAIMI]."*

"The Committee recommends \$387,659,000 for PRNS within the Center for Mental Health Services [CMHS]. The Committee recommendation includes \$12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based

practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.”

Children’s Mental Health Services

Senate Report Language: *“The Committee recommends \$119,026,000 for the Children’s Mental Health Services program. This program provides grants and technical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee has not included bill language requested by the administration to set aside up to 10 percent of these funds to carry out early interventions for young people at high risk of developing psychosis. While the Committee applauds SAMHSA’s focus on this population, it believes further evidence of effectiveness is needed before these interventions are widely adopted.”*

House Report Language: *“The Committee recommends \$119,026,000 for the Children’s Mental Health program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. Funding for this program supports grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, or mental disorders. The program assists States and local jurisdictions in developing integrated systems of community care.*

“The Committee remains deeply concerned about the safe, appropriate and effective use of psychotropic medications in children, particularly children in foster care settings. A 2012 GAO report found that an estimated 18 percent of foster children are prescribed psychotropic medications, compared with 4.8 percent of privately insured children. Given that little is known about the impact of these drugs on growth and development, the Committee supports SAMHSA to explore treatment approaches that rely more on psychosocial interventions that can be used instead of, or in combination with, psychotropic medications.”

Community Mental Health Services (CMHS) Block Grant: The Senate Appropriations Committee proposes a \$30 million increase to the CMHS Block Grant, whereas the Administration and the House Appropriations Committee propose level funding.

Senate Report Language: *“The Committee recommends \$562,571,000 for the MHBG. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act. The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.*

“The Committee recommendation continues bill language requiring that at least 10 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 that target 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 2018 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.”

House Report Language: *“The Committee recommends a total of \$532,571,000 for the Mental Health Block Grant, which is the same as the fiscal year 2016 enacted program level and the fiscal year 2017 budget request program level. 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 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.”

Projects for Assistance in Transition From Homelessness:

Senate Report Language: *“The Committee recommends \$64,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.”*

House Report Language: *“The Committee recommends \$64,635,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. The PATH program supports grants to States and territories to provide assistance to individuals suffering from severe mental illness and/or substance abuse disorders and who are homeless or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.”*

Protection and Advocacy for Individuals With Mental Illness:

Senate Report Language: *“The Committee recommends \$36,146,000 for PAIMI. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.”*

House Report Language: *“The Committee recommends \$36,146,000 for the Protection and Advocacy for Individuals with Mental Illness program, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. This program serves to ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community. Funds are allocated to States according to a formula based on population and relative per capita incomes.”*

Primary and Behavioral Healthcare Integration:

Senate Report Language: *“The Committee directs SAMHSA to require grantees of the Primary and Behavioral Health Care Integration program to include in their biannual National Outcome Measures report a summary of the policies that serve as barriers to the provision of integrated care and the specific steps the grantee has taken or will take to address such barriers.”*

Project AWARE:

Senate Report Language: *“The Committee strongly supports Project AWARE which increases awareness of mental health issues and connects young people that have behavioral health issues and their families with needed services. The Committee recommendation reflects the administration’s proposal to reallocate funding from Youth Violence Prevention to Project AWARE. This shift will allow SAMHSA to avoid program duplication. The increase provided will support a new cohort of Project AWARE State Education Agency awards. Of the amount provided for Project AWARE, the Committee directs SAMHSA to use \$10,000,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest. These grants should maintain the same focus as fiscal year 2016 grants and continue to be coordinated with the Department of Education grants. The Committee requests a report on progress of fiscal year 2016 grantees 180 days after the enactment of this act.”*

Project LAUNCH:

Senate Report Language: *“The Committee continues to support Project LAUNCH activities which promote the wellness of young children from birth to age 8 by addressing the physical, social, and emotional, cognitive, and behavioral aspects of their development. The Committee provides continuation funding for all existing grant activities.”*

Suicide Prevention: The Senate Appropriations Committee proposes level funding, whereas the Administration proposes an increase of \$28 million in FY 2017, and the House recommends a \$2 million increase.

Youth Violence Prevention: The Administration and both the House and Senate Appropriations Committees propose defunding the Youth Violence Prevention program in FY 2017.

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

Program	FY 14	FY 15	FY 16	President's FY 17 Request	FY 17 Approved by <u>Senate</u> Appropriations Committee	<u>Senate</u> Appropriations Committee vs. FY 16	FY 17 Approved by <u>House</u> Appropriations Committee	<u>House</u> Appropriations Committee vs. FY 16
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,120,566,000	\$1,117,609,000	\$1,122,278,000	\$1,127,278,000	\$1,112,278,000	-\$10,000,000	\$1,122,278,000	Level
<i>HIV Prevention by Health Departments</i>	\$398,238,000	\$397,161,000	\$397,161,000	\$397,161,000	\$397,161,000	Level	\$397,161,000	Level
<i>School Health</i>	\$31,161,000	\$31,081,000	\$33,081,000	\$33,081,000	\$33,081,000	Level	\$33,081,000	Level
<i>Viral Hepatitis</i>	\$31,410,000	\$31,331,000	\$34,000,000	\$39,000,000	\$34,000,000	Level	\$34,000,000	Level
<i>Sexually Transmitted Infections</i>	\$157,719,000	\$157,310,000	\$157,310,000	\$157,310,000	\$152,310,000	-\$5,000,000	\$157,310,000	Level
Chronic Disease Prevention and Health Promotion	\$1,187,962,000	\$1,198,220,000	\$1,177,000,000	\$1,177,000,000	\$1,064,646,000	-\$112,354,000	\$1,097,821,000	-\$79,179,000
<i>Tobacco</i>	\$210,767,000	\$215,492,000	\$210,000,000	\$210,000,000	\$210,000,000	Level	\$100,000,000	-\$110,000,000
<i>Excessive Alcohol Use</i>	Not broken out	\$3,000,000	\$3,000,000	Not broken out	\$3,000,000	Level	\$3,000,000	Level
<i>Prevention Research Centers</i>	\$25,530,000	\$25,461,000	\$25,461,000	\$25,461,000	\$25,461,000	Level	\$25,461,000	Level
<i>Community Grants</i>	\$131,005,000	\$130,950,000	\$50,950,000	\$30,000,000	\$30,000,000	-\$20,950,000	Not broken out	--
Birth Defects and Developmental Disabilities	\$122,435,000	\$131,781,000	\$135,610,000	\$135,610,000	\$137,560,000	+\$1,950,000	\$135,310,000	-\$300,000
<i>Fetal Alcohol Syndrome</i>	\$10,532,000	\$10,505,000	\$11,000,000	Not broken out	\$11,000,000	Level	\$11,000,000	Level
Injury Prevention and Control	\$150,839,000	\$170,447,000	\$236,059,000	\$298,629,000	\$264,059,000	+\$28,000,000	\$261,059,000	+\$25,000,000
<i>Unintentional Injury</i>	\$8,619,000	\$8,598,000	\$8,800,000	\$8,800,000	\$8,800,000	Level	\$8,800,000	Level
<i>Injury Prevention Activities</i>	\$29,023,000	\$48,950,000	\$104,529,000	\$119,529,000	\$132,529,000	+\$28,000,000	\$28,950,000	-\$75,579,000
Prescription Drug Overdose	N/A	\$20,000,000	\$70,000,000	\$80,000,000	\$98,000,000	+\$28,000,000	\$90,000,000	+\$20,000,000
Illicit Opioid Use Risk Factors	N/A	N/A	\$5,579,000	\$5,579,000	\$5,579,000	Level	\$5,579,000	Level
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	\$160,000,000	Level	\$160,000,000	Level

Prescription Drug Overdose Prevention: The Senate Appropriations Committee proposes an increase of \$28 million in FY 2017 for Prescription Drug Overdose within Injury Prevention and Control, and the House Appropriations Committee recommends a \$20 million increase.

Senate Report Language: *"The Committee includes \$98,000,000, an increase of \$28,000,000 above fiscal year 2016, for the Prescription Drug Overdose [PDO] Prevention for States program. CDC shall use this increase, which is \$18,000,000 above the administration's request, to expand its competitive cooperative agreement program that funds States with the greatest burden of opioid overdoses and readiness to implement prevention activities and improve interventions that monitor prescribing and dispensing practices, inform clinical practice, and protect high risk patients. The Committee notes the strong connection between abuse of prescription opioids and use of 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 those agencies managing the State's PDMP to ensure linkages to clinically appropriate substance use disorder services."

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

Community Grants:

Senate Report Language: "The Committee eliminated the Partnerships to Improve Community Health [PICH] in the fiscal year 2016 agreement. To lessen the disruption during PICH close out, last year the agreement directed CDC to shift fiscal year 2016 continuation costs to two chronic disease budget lines, \$30,000,000 to Heart Disease and Stroke and \$30,000,000 to Diabetes. In fiscal year 2017, PICH close out will be completed. Therefore, the Committee has removed funds from these two chronic disease budget lines and directs that no funds shall be used for continuing PICH activities. Within 120 days of enactment of this act, the Division of Community Health shall provide a report to the Committee on evaluation plans for PICH following the final year of funding in fiscal year 2016."

Fetal Alcohol Spectrum Disorders (FASD):

Senate Report Language: "The Committee encourages the CDC to collaborate with State substance abuse agencies to establish a State-Federal partnership on FASD issues. This collaboration would involve dissemination of FASD best practices, providing technical assistance, and creating State-to-State sharing opportunities."

HIV Screening:

Senate Report Language: "The Committee continues to support CDC grant programs that work to reduce the rate of undiagnosed persons among those infected with HIV, increase linkage to care, and increase viral suppression. The Committee acknowledges geographic disparities in rates of undiagnosed persons among those infected, viral suppression, and death rates based on the findings in the 2015 CDC HIV State Prevention Progress Report. The Committee requests that CDC partner closely with States to improve diagnosis rates among the undiagnosed and improve viral suppression rates, focusing specifically on States with the lowest scores on these outcome measures and with States who need to improve collection of complete laboratory data to measure viral suppression."

Viral Hepatitis Screening:

Senate Report Language: The Committee continues to support hepatitis screening activities and encourages CDC to prioritize screening programs in medically underserved and minority communities. Point-of-care testing allows for utilization of effective and innovative screening technology in a variety of health care settings.

House Report Language: *The Committee continues to support hepatitis screening activities and urges CDC to prioritize education programs in medically underserved and minority communities.*

Opioid Prescribing Guidelines

Senate Report Language: *“The Committee applauds CDC’s Guidelines for Prescribing Opioids for Chronic Pain and directs the agency to translate the guidelines into succinct, usable formats and toolkits accessible to providers across the country. CDC is also directed to broadly disseminate the guidelines and toolkits to promote use among as many providers as possible. The Committee expects CDC to offer technical assistance to States and expand training modules available for continuing medical education credit and maintenance of certification to spur uptake of guidelines by professional societies and health systems. CDC is urged to coordinate with the Office of the National Coordinator for Health Information Technology to develop and disseminate clinical decision support tools derived from the opioid prescribing guidelines. CDC is also urged to work with the VA and the DOD on implementing these guidelines to ensure consistent, high-quality care standards across the Federal Government.”*

Preventive Health and Health Services Block Grant: The Senate and House Appropriations Committees both propose level funding for FY 2017 whereas the Administration proposes defunding this program.

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

Program	FY 14	FY 15	FY 16	FY 17 Request	FY 17 Approved by Senate Appropriations Committee	Senate Appropriations Committee vs. FY 16	FY 17 Approved by House Appropriations Committee	House Appropriations Committee vs. FY 16
Community Health Centers	\$1,495,236,000	\$1,491,422,000	\$1,491,422,000	\$1,342,422,000	\$1,490,522,000	-\$900,000	\$1,491,422,000	Level
Interdisciplinary Community-Based Linkages	\$71,563,000	\$73,403,000	\$78,903,000	Not broken out	\$128,903,000	+\$50,000,000	\$128,903,000	+\$50,000,000
Mental and Behavioral Health	\$7,916,000	\$8,916,000	\$9,916,000	\$9,916,000	\$9,916,000	Level	\$9,916,000	Level
Maternal and Child Health Block Grant	\$634,000,000	\$637,000,000	\$638,200,000	\$638,000,000	\$641,700,000	+\$3,500,000	\$638,200,000	Level
Rural Health	\$142,335,000	\$147,471,000	\$149,571,000	\$144,162,000	\$152,571,000	+\$3,000,000	\$169,571,000	+\$20,000,000
Telehealth	\$13,900,000	\$14,900,000	\$17,000,000	\$17,000,000	\$18,000,000	+\$1,000,000	\$19,000,000	+\$2,000,000
Rural Opioid Overdose Reversal Grant Program	Not funded	Not funded	Not funded	\$10,000,000	Not funded	--	\$10,000,000	+\$10,000,000
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,318,781,000	\$2,322,781,000	\$2,297,781,000	\$2,293,781,000	-\$29,000,000	\$2,322,781,000	Level

Behavioral Health Workforce Education and Training Program:

Senate Report Language: *“The Committee provides \$50,000,000 for Behavioral Health Workforce Education and Training Program [BHWET]. The BHWET Program is focused on developing and expanding the mental health and substance abuse workforce serving populations across the lifespan. As requested by the administration, the Committee transfers the program to HRSA from the Substance Abuse and Mental Health Services Administration [SAMHSA]. HRSA will continue to leverage SAMHSA’s subject matter expertise in formatting new investments in fiscal year 2017. The Committee supports the broadened target populations of people to be served by the BHWET program. In light of the new competition that will be held in 2017, the Committee directs that eligible entities for this program shall include, but is not limited to, accredited programs that train masters and clinical doctoral level social workers, psychologists, counselors, marriage and family therapists, psychiatric mental health nurse practitioners; psychology interns; and behavioral health paraprofessionals. The Committee is concerned about the uneven distribution of funds among specialties resulting from the initial grant competition in 2014 and therefore directs HRSA to ensure that funding is distributed proportionately among the participating health professions and to consider strategies such as issuing separate funding opportunity announcements for each participating health profession.”*

House Report Language: *“Committee recommends \$50,000,000 for the Behavioral Health Workforce 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 HRSA to share information concerning pending grant opportunity announcements with State licensing organizations and all the relevant professional associations.”*

Community Health Centers:

Senate Report Language: *“Community Health Centers The program level for Community Health Centers is \$5,091,522,000, equal to the amount provided last year. The Committee provides \$1,491,522,000 in this bill, which is combined with \$3,600,000,000 in mandatory funding appropriated for fiscal year 2017. Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas.*

“The Committee is supportive of ongoing efforts to expand the capacity of community health centers to offer a comprehensive, integrated range of services, through strategic investment in behavioral health, substance abuse, oral health, and other services and capacity. The Committee also recognizes the need for capital resources at community health centers to meet increased demand and upgrade facilities. The Committee supports administrative changes to the HRSA Loan Guarantee Program designed to improve its efficiency and better align the program with other successful Federal loan guarantees, and to increase utilization of this tool to leverage outside resources to meet health centers’ capital needs.

“The Committee believes that enhanced funding for the technical assistance and networking functions available for health centers through national and State cooperative agreements and grants is critical to the successful operation and expansion of the Health Centers program. Funds are available within the amount provided to enhance technical assistance and training activities, further quality improvement initiatives, and continue the development of and support for health center-controlled networks so that new and existing centers can improve patient access to quality health services.

"Of the available funding for fiscal year 2017, bill language directs that not less than \$50,000,000 shall be awarded for services related to the treatment, prevention, and awareness of opioid abuse. In addition, not less than \$50,000,000 will be awarded for services related to mental health. In addition, within the amount provided, the Committee provides up to \$99,893,000 under the Federal Tort Claims Act [FTCA], available until expended. These funds are used to pay judgments and settlements, occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers' federally approved scope of project."

Maternal and Child Health Block Grant:

Senate Report Language: *"The Committee provides \$641,700,000 for the MCH Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. The program supports a broad range of activities including: providing prenatal care, well child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs."*

"The Committee supports programs that provide early, continuous, intensive, and comprehensive child development and family support services using evidence-based home visiting models with the goal of providing parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness."

"The Committee encourages HRSA to utilize demonstration projects to support the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report, 'Integration of Oral Health and Primary Care Practice.'"

House Report Language: *"The Committee recommends \$638,200,000 for the Maternal and Child Health (MCH) Block Grant, which is the same as the fiscal year 2016 enacted level and the fiscal year 2017 budget request. States use the MCH block grant to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs."*

Rural Opioid Overdose Reversal Grant Program: The Senate Appropriations Committee does not recommend funding the Administration's proposed \$10 million Rural Opioid Overdose Reversal Grant Program.

Senate Report Language: *"The Committee does not provide funding for this program under HRSA, but has provided funds to combat the opioid epidemic in rural communities through the Centers for Substance Abuse within SAMHSA."*

House Report Language: *"The Committee is concerned about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. HRSA is urged to take steps to encourage and support the use of 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."*

Ryan White HIV/AIDS Program: The Senate Appropriations Committee proposes a \$29 million cut compared to FY 2016 whereas the House Appropriations Committee recommends level funding.

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

Program	FY 14	FY 15	FY 16	FY 17 Request	FY 17 Approved by Senate Appropriations Committee	Senate Appropriations Committee vs. FY 16	FY 17 Approved by House Appropriations Committee	House Appropriations Committee vs. FY 16
NIAAA	\$446,282,000	\$447,153,000	\$467,445,000	\$467,445,000	\$488,782,000	+\$21,337,000	\$480,330,000	+\$12,885,000

National Institute on Alcohol Abuse and Alcoholism (NIAAA): The Senate Appropriations Committee proposes and increase of \$21 million compared to FY 2016, while the House Appropriations Committee proposes a \$12 million increase.

Senate Report Language on Genomic Research and Alcohol Dependence: *“The Committee remains concerned about the negative impact of alcohol abuse both to individuals struggling with alcoholism and to the budgets of Federal health programs. Research has implicated several gene variants that confer risk for Alcohol Use Disorder [AUD] and posttraumatic stress, suggesting that there may be shared genetic vulnerabilities for these disorders. The Committee encourages the NIAAA to capitalize on advances in genetic tools and available datasets to gain additional insight into the genetics of co-occurring AUD and posttraumatic stress to inform prevention and treatment for affected individuals. NIAAA shall provide a report to the Committee within 180 days after enactment of this act that provides a detailed plan on how to move large-scale genetic screening initiatives forward to focus on high-risk populations, including those who exhibit alcohol dependency after suffering from post-traumatic stress.”*

National Institute on Drug Abuse (NIDA) - Appropriations

Program	FY 14	FY 15 Enacted	FY 16	FY 17 Request	FY 17 Approved by Senate Appropriations Committee	Senate Appropriations Committee vs. FY 16	FY 17 Approved by House Appropriations Committee	House Appropriations Committee vs. FY 16
NIDA	\$1,025,435,000	\$1,028,614,000	\$1,050,550,000	\$1,050,550,000	\$1,103,032,000	+\$52,482,000	\$1,107,700,000	+\$57,150,000

National Institute on Drug Abuse (NIDA): The Senate Appropriations Committee proposes an increase of \$52 million compared to FY 2016, and the House proposes an increase of \$57 million.

Adolescent Brain Development:

Senate Report Language: *“The Committee recognizes and supports the Adolescent Brain and Cognitive Development [ABCD] Study, which will continue to study the dramatic brain development that takes place during adolescence and how the various experiences children are exposed to during this time interact with each other and a child’s brain development. As the largest longitudinal brain imaging study of youth, the ABCD study will follow approximately 10,000 U.S. children from ages 9–10 into early adulthood, and will yield critical insights into the foundational aspects of adolescence that shape life trajectories. The Committee requests an update on the ABCD study in the fiscal year 2018 CJ.”*

House Report Language: *“The Committee continues to applaud the collaborative research on addictions 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. The Committee requests NIDA provide an update on the comprehensive study.”*

Drug Treatment in Justice System Settings:

Senate Report Language: *“The Committee understands that providing evidence-based treatment for substance use disorders offers a strong alternative for interrupting the drug use/criminal justice cycle for offenders with drug problems. NIDA’s Juvenile Justice Translational Research on Interventions for Adolescents in the Legal System [JJ-TRIALS] program identifies and tests strategies for improving the delivery of evidence-based substance abuse and HIV prevention and treatment services for justice-involved youth. The JJ-TRIALS initiative will provide insight into the process by which juvenile justice and other service settings can successfully adopt and adapt existing evidence-based programs and strategies to improve treatment for at-risk youth. The Committee requests an update on the JJ TRIALS in the fiscal year 2018 CJ.”*

Expansion of Research on Opioid Alternatives:

Senate Report Language: *“The Committee remains concerned about the growing epidemic of opioid overdoses. The widespread availability of opioid painkillers has contributed to the millions of Americans who suffer from addiction disorders. Although NIDA has studied the effectiveness and risks associated with long-term opioid use for chronic pain, little research has been done to investigate new and alternative treatment options for treating pain, both acute and chronic. The Committee strongly encourages NIDA to expand scientific activities related to research on medications used to treat and reduce chronic pain. In doing this, NIDA should coordinate with CDC, HHS, VA, FDA, DOD, DEA, industry, experts in the field of pain research and addiction, and the medical research community at large, to identify gaps in scientific research related to opioid abuse and addiction, and the treatment of acute and chronic pain. In addition, NIDA should continue to sponsor research to better understand the effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid abuse and addiction.”*

House Report Language: *“The Committee is concerned about the escalating epidemic of prescription opioid and heroin use, addiction and overdose in the United States. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. The Committee urges NIDA to continue supporting research on medications to alleviate pain, including the development of those with reduced abuse liability. In addition, the Committee urges NIDA, as appropriate, to work with private companies on innovative research and to provide an update in the fiscal year 2018 budget request on what is known on the transition from opioid analgesics to heroin abuse and addiction within affected populations.”*

Medications Development:

Senate Report Language: *“The Committee recognizes that new technologies are required for the development of next-generation pharmaceuticals. The Committee is encouraged by NIDA’s current approaches to develop viable immunotherapeutic or biologic methods for treating addiction. The goal of this research is the development of safe and effective vaccines or antibodies that target specific addictive drugs. The Committee is encouraged by this approach; if successful, immunotherapies, alone or in combination with other medications, behavioral treatments, or enzymatic approaches, stand to revolutionize how we treat, and ultimately prevent addiction.”*

Opioid Misuse and Addiction:

Senate Report Language: *“The Committee appreciates the important role that research plays in the various Federal initiatives aimed at addressing the opioid crisis. The Committee urges NIDA to continue to fund research on medications to alleviate pain, including the development of those with reduced abuse liability, and continue to work with industry to fund innovative research into such medications. The Committee requests an update in the fiscal year 2018 CJ on these initiatives.”*

House Report Language: *“The Committee notes 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. The Committee encourages NIDA to continue its work with Federal partners to further engage the medical community, including physicians-in-training, medical students and resident physicians in primary care specialties (e.g. internal medicine, family practice, and pediatrics), to help provide the tools and skills needed to incorporate drug abuse screening and treatment into their clinical practices. The Committee also encourages NIDA and CDC to develop strategies for increasing participation in its online continuing medical education courses on safe prescribing for pain and managing patients who abuse prescription opioids.”*

Raising Awareness of Drug Abuse and Addiction Prevention and Treatment:

Senate Report Language: *“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, patients, and families. Through its NIDAMeD initiative, NIDA is advancing addiction awareness, prevention, and treatment in primary care practices through seven Centers of Excellence for Physician Information. Intended to serve as national models, these centers target physicians-in-training, including medical students and resident physicians in primary care specialties. NIDA also developed, in partnership with the Office of National Drug Control Policy, two online continuing medical education courses on safe prescribing for pain and managing patients who abuse prescription opioids. The Committee is pleased with NIDAMeD, and urges NIDA to continue its focus on activities to provide physicians and other medical professionals with the tools and skills needed to incorporate drug abuse screening and treatment into their clinical practices.”*

Department of Justice – Appropriations for Selected Programs

Program	FY 14	FY 15	FY 16	President's FY 17 Request	FY 17 Approved by Senate Appropriations Committee	Senate Appropriations Committee vs. FY 16	FY 17 Approved by House Appropriations Committee	House Appropriations Committee vs. FY 16
Drug Enforcement Administration	\$2,018,000,000	\$2,033,320,000	\$2,080,000,000	\$2,103,000,000	\$2,490,000,000	+\$410,000,000	\$2,485,638,000	+\$405,638,000
Office of Justice Programs	\$1,503,300,000	\$1,690,800,000	\$1,882,960,000	Not broken out	Not broken out	--	Not broken out	--
<i>Research, Evaluation and Statistics</i>	\$120,000,000	\$111,000,000	\$116,000,000	\$154,000,000	\$118,000,000	+\$2,000,000	\$93,000,000	-\$23,000,000
<i>State and Local Law Enforcement Assistance</i>	\$1,171,500,000	\$1,241,000,000	\$1,408,500,000	\$1,097,800,000	\$1,183,649,000	-\$224,851,000	\$1,199,906,000	-\$208,594,000
Byrne Memorial Justice Assistance Grants	\$376,000,000	\$376,000,000	\$476,000,000*	\$383,500,000	\$384,000,000	-\$92,000,000	\$476,000,000	Level
Drug Courts	\$40,500,000	\$41,000,000	\$42,000,000	\$42,000,000	\$43,000,000	+\$1,000,000	\$42,000,000	Level
Mentally Ill Offender Act	\$8,250,000	\$8,500,000	\$10,000,000	\$14,000,000	\$11,000,000	+\$1,000,000	\$12,000,000	Level
Residential Substance Abuse Treatment (RSAT)	\$10,000,000	\$10,000,000	\$12,000,000	\$14,000,000	\$14,000,000	+\$2,000,000	\$14,000,000	+\$2,000,000
Second Chance Act/Offender Reentry	\$67,750,000	\$68,000,000	\$68,000,000	\$100,000,000	\$75,000,000	+\$7,000,000	\$68,000,000	Level
Veterans Treatment Courts	\$4,000,000	\$5,000,000	\$6,000,000	\$6,000,000	\$6,000,000	Level	\$7,000,000	+\$1,000,000
Prescription Drug Monitoring	\$7,000,000	\$11,000,000	\$13,000,000	\$12,000,000	\$14,000,000	+\$1,000,000	\$14,000,000	+\$1,000,000
Juvenile Justice Programs	\$254,500,000	\$251,500,000	\$270,160,000	\$334,400,000	\$272,000,000	+\$1,840,000	\$184,250,000	-\$85,910,000
Community Oriented Policing Systems (COPS)	\$214,000,000	\$208,000,000	\$212,000,000	\$286,000,000	\$215,000,000	+\$3,000,000	\$299,000,000	+\$87,000,000

*Note that the FY 2016 \$100 million increase for Byrne/JAG was a carve out to cover extra costs of security at the two presidential nominating conventions.

House Report Language on Opioid Abuse: *“The recommendation includes \$103,000,000 for programs to reduce opioid abuse, which is the full amount authorized by the House-passed Comprehensive Opioid Abuse Reduction Act of 2016. Within this amount is \$42,000,000 for drug courts; \$7,000,000 for veterans treatment courts; \$12,000,000 for Residential Substance Abuse Treatment; \$14,000,000 for prescription drug monitoring; \$12,000,000 for the Mentally Ill Offender Act; and \$16,000,000 for other programs authorized by the bill. The Committee believes that communities must address opioid abuse through comprehensive strategies that incorporate enhanced enforcement, education and treatment. The Committee directs the Office of Justice Programs (OJP) to work with the Drug Enforcement Administration, the Department of Health and Human Services, and the National Institute of Justice to develop, and help communities implement, best practices to address opioid abuse.”*

Drug Enforcement Administration: The Senate Appropriations Committee proposes a \$410 million increase in funding for FY 2017 compared to FY 2016.

Byrne Memorial Justice Assistance Grants: The Senate Appropriations Committee proposes a \$92 million dollar cut for Byrne/JAG compared to FY 2016. However, the FY 2016 appropriations included a \$100 million carve out to cover extra costs of security at the two presidential nominating conventions. The Committee's recommendation is \$500,000 more than the President's request for FY 2017.

Senate Report Language: *"The Committee recommends \$384,000,000 for Edward Byrne Memorial Justice Assistance Grants [Byrne-JAG]. Funding is not available for luxury items, real estate, or construction projects. 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. Funding is authorized for law enforcement programs including those that promote data interoperability between disparate law enforcement entities; prosecution and court programs; prevention and education programs; corrections programs; drug treatment and enforcement programs; planning, evaluation, and technology improvement programs; and crime victim and witness programs, other than compensation."*

House Report Language: *"The recommendation includes \$476,000,000 for the Byrne/JAG program and consolidates the activities of the COPS Hiring program into the Byrne/JAG program. Funding under this formula program is authorized for law enforcement programs including those that promote data interoperability between disparate law enforcement entities; prosecution and court programs; prevention and education programs; corrections programs; drug treatment and enforcement programs; planning, evaluation, and technology improvement programs; and crime victim and witness programs, other than compensation. Within the amount provided, \$4,000,000 is for research on domestic radicalization; \$20,000,000 is for the Officer Robert Wilson III Preventing Violence Against Law Enforcement and Ensuring Officer Resilience and Survivability (VALOR) Initiative; \$22,500,000 is for the Bulletproof Vest Partnership program; \$2,500,000 is juvenile indigent defense; and \$2,400,000 is for the National Missing and Unidentified Persons System. Excluding carveouts, the recommendation for Byrne/JAG is \$77,500,000 above fiscal year 2016 and \$117,100,000 above the request. The Committee is concerned by the impact on law enforcement of the growing epidemic of prescription drug and heroin abuse, and notes that funds within this account may be utilized for the implementation of medication-assisted treatment to maintain abstinence from all opioids and heroin. The Committee notes that Byrne/JAG funding can be used for law enforcement purposes, such as the hiring of law enforcement officers, including School Resource Officers or other "non-enforcement" officers. The Committee notes that Byrne/JAG funding can be used for pursuit technology and training to reduce deaths and injuries during high-risk vehicle events."*

Drug Courts: The Senate Appropriations Committee proposes a \$1 million increase in funding for FY 2017 compared to FY 2016.

Prescription Drug Monitoring: The Senate Appropriations Committee proposes a \$1 million increase in funding for FY 2017 compared to FY 2016.

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 Senate Appropriations Committee proposes a \$1 million increase in funding for FY 2017 compared to FY 2016, which is \$3 million less than the President's request.

Second Chance Act/Offender Reentry: The Senate Appropriations Committee proposes a \$7 million increase in funding for FY 2017 compared to FY 2016, which is \$25 million less than the President's request.

Senate Report Language: *“Second Chance Act Grants and Drug Treatment.—The recommendation provides \$75,000,000 for Second Chance Act [SCA] grants. The Committee expects that SCA funding will support grants that 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 SCA supports activities such as employment assistance, substance abuse treatment, housing, local transportation, mentoring, family programming, and victim support. SCA grants will also support demonstration projects designed to test the impact of new strategies and frameworks.*

“The Committee agrees with the White House’s scoring mechanism for SCA grant funding as part of the President’s February 2, 2016, announcement addressing the national opioid abuse and heroin epidemic. Under this method, 50 percent of SCA grant funding is deemed as drug treatment, and the Committee expects OJP to follow this strategy in awarding grant funds for fiscal year 2017.

“In addition, when awarding SCA grants, OJP shall consider the impact of reentry of prisoners on communities in which a disproportionate number of individuals are already residing after release from incarceration. This includes assessing the reentry burdens borne by local communities and local law enforcement agencies; reviewing the resources available in such communities to support successful reentry; and making recommendations to strengthen the resources in such communities available to support successful reentry and to lessen the burden placed on such communities by the need to support reentry.”

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 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.”*

Juvenile Justice Programs: The Senate Appropriations Committee proposes a \$1.84 million increase in funding for FY 2017 compared to FY 2016, which is \$62 million less than the Administration's request.

Senate Report Language: *“The recommendation is \$1,840,000 above the fiscal year 2016 enacted level and \$62,400,000 below the budget request. The Committee strongly supports a comprehensive approach of substantial funding for a robust portfolio of programs that work to improve the lives of the youth in our communities. Title II State Formula and title V juvenile delinquency prevention grants are the backbone of programs assisting State and local agencies to prevent juvenile delinquency and ensure that youth who are in contact with the juvenile justice system are treated fairly. Combined with other critical programs like youth mentoring, the Committee believes that a balanced level of programming is the way to best help at-risk and vulnerable youth and their families.”*



Community Oriented Policing Systems (COPS): The Senate Appropriations Committee proposes a \$3 million increase in funding for FY 2017 compared to FY 2016, which is \$71 million less than the President's request.

Senate Report Language: *"The Committee's recommendation provides \$215,000,000 for community oriented policing services. The recommendation is \$3,000,000 above the fiscal year 2016 enacted level and \$71,000,000 below the budget request. Local law enforcement is not only essential to ensuring the safety of the public, but also plays a critical role in preventing and responding to terrorist threats. Since its creation, the Community Oriented Policing Services [COPS] Office has assisted State and local law enforcement agencies by providing grants, training, and technical assistance that not only ensure public safety from traditional crime, but also better enable law enforcement officers to address the growing threat from terrorist organizations."*