



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

FY 2018 Appropriations

November 2017 Update

On May 23rd, 2017 the Administration released its budget proposal for fiscal year (FY) 2018. On July 19th, the House of Representatives Appropriations Committee approved its Labor-Health & Human Services (HHS)-Education spending bill for FY 2018. On September 7th, the Senate Appropriations Committee approved its Labor-HHS bill.

This document provides a summary of the Administration's FY 2018 budget proposal, as well as the House Appropriations Committee's and Senate Appropriations Committee's proposed funding levels for NASADAD's priority programs within HHS. The following charts compare the House Appropriations Committee's and Senate Appropriations Committee's FY 2018 recommendations to the enacted FY 2017 funding levels.

The document also summarizes recommendations from the House and Senate Appropriations Committees for programs within the Department of Justice (DOJ), and House recommendations for the Office of National Drug Control Policy (ONDCP).

FY 2018 appropriations recommendations for:

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



Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17	Senate Appropriations Committee's Recommendation	Senate Appropriations Committee's Recommendation vs. FY 17
Substance Abuse Prevention and Treatment Block Grant	\$1,819,856,000	\$1,858,079,000	\$1,858,079,000	\$1,854,697,000	\$1,858,079,000	Level	\$1,858,079,000	Level

House Report Language:

Substance Abuse Prevention and Treatment (SAPT) Block Grant: “The Committee recommends a program level of \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant, which is the same as the fiscal year 2017 enacted program level and \$3,382,000 above the fiscal year 2018 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.

Handheld Analyzers: “The Committee understands the role played by handheld drug analyzers, particularly for police officers and other first responders. These instruments can identify various drugs and assist first responders in treatment referral. They also keep officers safe by minimizing the exposure to toxic drugs, while reducing the overall cost and backlog of cases at crime labs. The Committee encourages SAMHSA to work with the relevant stakeholders to clarify the policy of block grant funds and handheld analyzers.”

Pregnant Women: “The Committee remains concerned about the lack of treatment options for pregnant women and women with dependent children. States are required to allocate a portion of their block grant funds to support treatment for this population. The Committee requests information in the fiscal year 2019 Congressional Justification on the amount of funds from the Substance Abuse Prevention and Treatment Block Grant used for pregnant women and women with dependent children, including information on how States are implementing these requirements, funding level by State, and information on availability of treatment, and barriers to treatment.”

Senate Report Language

SAPT Block Grant: “The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant [SABG]. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. According to SAMHSA, at discharge from SABG funded programs, 70 percent of individuals demonstrate abstinence from illegal drugs and 83 percent demonstrate abstinence from alcohol use. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.”



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

Program	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17	Senate Appropriations Committee’s Recommendation	Senate Appropriations Committee’s Recommendation vs. FY 17
CSAT TOTAL	\$361,463,000	\$335,345,000	\$352,427,000	\$341,738,000	\$351,427,000	-\$1,000,000	\$354,427,000	+\$2,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,029,000	\$9,046,000	Level	\$9,046,000	Level
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$29,549,000	\$29,605,000	Level	\$29,605,000	Level
Criminal Justice Activities	\$78,000,000	\$78,000,000	\$78,000,000	\$77,852,000	\$78,000,000	Level	\$78,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$65,445,000	\$65,570,000	Level	\$65,570,000	Level
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,708,000	\$8,724,000	Level	\$8,724,000	Level
Pregnant and Postpartum Women	\$15,931,000	\$15,931,000	\$19,931,000	\$19,931,000	\$19,931,000	Level	\$19,931,000	Level
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,429,000	\$2,434,000	Level	\$2,434,000	Level
Screening, Brief Intervention, Referral, and Treatment (SBIRT)	\$46,889,000	\$46,889,000	\$30,000,000	\$46,804,000	\$30,000,000	Level	\$30,000,000	Level
Targeted Capacity Expansion (TCE) General	\$23,223,000	\$36,303,000	\$67,192,000	\$36,234,000	\$67,192,000	Level	\$67,192,000	Level
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (PDOA)</i>	<i>\$12,000,000</i>	<i>\$25,000,000</i>	<i>\$56,000,000</i>	<i>\$24,952,000</i>	<i>\$56,000,000</i>	<i>Level</i>	<i>\$56,000,000</i>	<i>Level</i>
Treatment Systems for Homeless	\$41,386,000	\$41,304,000	\$36,386,000	\$41,225,000	\$36,386,000	Level	\$36,386,000	Level
Building Communities of Recovery	N/A	N/A	\$3,000,000	\$1,000,000	\$3,000,000	Level	\$3,000,000	Level
Improving Access to Overdose Treatment	N/A	N/A	\$1,000,000	Not funded	Not funded	-\$1,000,000	\$1,000,000	Level



House Report Language on CSAT Programs

House Appropriations Committee report language regarding substance abuse treatment in general: “The Committee recommends \$2,211,506,000 for Substance Abuse Treatment programs, which is \$1,000,000 less than the fiscal year 2017 enacted program level and \$15,071,000 more than the fiscal year 2018 budget request program level.”

“The Committee is aware of the significant challenge presented by opioid abuse, and believes that addressing the opioid crisis requires that states coordinate efforts among myriad agencies and organizations. Regional collaborations involving hospital systems, institutions of higher education, local government, and the judiciary can drive best practices and have shown success in identifying solutions for opioid abuse. Therefore, the Committee encourages SAMHSA to utilize such regional collaborative stakeholder teams.”

State Targeted Response (STR) to the Opioid Crisis: “The Committee has also placed a high priority on combatting opioid addiction by including an additional \$500,000,000 for grants to States, as outlined in the 21st Century Cures Act. The Committee also continues support for programs addressing opioid addiction as authorized in the Comprehensive Addiction and Recovery Act.”

“The Committee includes \$500,000,000 for the second year of continuation funding as authorized under section 1003 of the 21st Century Cures Act. Consistent with the authorization, the Committee recommends States be given flexibility within the existing grant to direct resources in accordance with local needs. SAMHSA should permit States to allocate funds for prevention, training, treatment, recovery, and other public health related activities at levels based on the conditions of each State.”

Screening, Brief Intervention and Referral to Treatment (SBIRT): “The Committee provides \$30,000,000 for Screening, Brief Intervention and Referral to Treatment, which is the same as the fiscal year 2017 enacted program level, and \$16,804,000 below the fiscal year 2018 budget request program level. Within this amount, the Committee provides \$1,000,000 for grants to pediatric health care providers in accordance section 9016 of the 21st Century Cures Act (P.L. 114–255). Grants should focus on screening for underage drinking, opioid use, and other drug use. The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing underage drinking and other early substance use is a cost-effective strategy in preventing costly problems later in life.”

Targeted Capacity Expansion (TCE): “The Committee recommends \$67,192,000 for Targeted Capacity Expansion activities. Of this amount, \$56,000,000 is for services that address prescription drug abuse and heroin use in high-risk communities. 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 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.”

Pregnant and Postpartum Women (PPW): “The Committee provides \$19,931,000 for Pregnant and Postpartum Women, which is the same as the fiscal year 2017 enacted level and the same as the fiscal year 2018 budget request. Addiction to opioids has risen dramatically over the past few years. Especially important are pregnant women at risk for opioid dependence and opioid exposure during pregnancy, and infants born with neonatal abstinence syndrome. The Government Accountability Office conducted a review of programs and stated in a 2015 report “the program gap most frequently cited was the lack of available treatment programs for pregnant women.” Substance abuse treatment that supports the family as a unit has



proven effective for maintaining maternal sobriety and child well-being. There is a need for increased availability of outpatient treatment options that are responsive to women's complex responsibilities, often as the primary or sole caregivers for their families. Reauthorized as part of the Comprehensive Addiction and Recovery Act (P.L. 114–198), the Pregnant and Postpartum Women program supports residential treatment programs for pregnant and postpartum women with substance use disorders, including opioids. These programs provide substance use disorder treatment to women in residential facilities, and allow women to bring their minor children. Congress authorized the program to use funds for pilot programs to address service delivery gaps for pregnant and postpartum women, including services in non-residential settings, and to encourage new approaches and models of service delivery across the continuum of care.”

Criminal Justice Activities: “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.”

Drug Courts: “The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Minority AIDS Viral Hepatitis Screening: “The Committee commends 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 encourages SAMHSA to continue its work with grantees to incorporate hepatitis screening into programmatic activities and requests a report on the implementation of hepatitis screening activities in the fiscal year 2019 Congressional Justification.”

Peer Recovery Support Services: “The Committee values the role of peer recovery support services to individuals and families impacted by substance use disorder treatment. The Committee requests information in the fiscal year 2019 Congressional Justification on the amount of funds from the Substance Abuse Prevention and Treatment Block Grant used for peer recovery support services.”

Senate Report Language on CSAT Programs

Language on combating opioid use disorders: “Nearly 2 million American adults have an opioid use disorder related to prescription pain relievers, and almost 600,000 have an opioid use disorder related to heroin. According to the Centers for Disease Control and Prevention [CDC], the amount of opioids prescribed per person was three times higher in 2015 than in 1999, and drug overdose deaths have nearly tripled in the last 15 years. Even more troubling, prescription opioid abuse is a risk factor for heroin use, another form of opioids. Approximately 3 out of 4 new heroin users abused prescription opioids before switching to heroin. To stop the spread of further opioid abuse, the bill provides \$816,210,000, an increase of \$665,000,000, or 440 percent, since fiscal year 2016, in discretionary funding to fight both prescription opioid and heroin abuse.”

State Targeted Response to the Opioid Abuse Crisis Grants: “The Committee continues to provide \$500,000,000 for State responses to opioid abuse, for a total of \$1,000,000,000 in the past two fiscal years. The Committee strongly encourages the U.S. Department of Health and Human



Services [HHS] and the Substance Abuse and Mental Health Services Administration [SAMHSA] not to change requirements that would require States and Territories to reapply for the second year of State grant funding. By doing so, States could reduce administrative burdens and the Department could focus on promoting effective implementation of the already approved plans. The Department is directed to brief the Committee on any planned changes for fiscal year 2018 at least 30 days prior to any public announcement of such changes. Further, the Department is directed to brief the Committee quarterly on implementation of the program, including detailing obligation of such funding.”

Building Communities of Recovery: “The Committee appreciates SAMHSA’s implementation of new funding for communities of recovery in fiscal year 2017 and continues to encourage SAMHSA to promote the expansion of recovery support services as well as reduce stigma associated with addictions.”

Combating Opioid Abuse: “Of the amount provided for Targeted Capacity Expansion, the Committee includes \$55,800,000 for discretionary grants to States for the purpose of expanding treatment services to those with heroin or opioid dependence. The Committee continues to direct CSAT to ensure that these grants include as an allowable use the support of medication assisted treatment and other clinically appropriate services. 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.”

Drug Courts: “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.”

Handheld Analyzers: “The Committee understands the role played by handheld drug analyzers, particularly for police officers and other first responders. These instruments can identify various drugs and assist first responders in treatment referral. They also keep officers safe by minimizing the exposure to toxic drugs, while reducing the overall cost and backlog of cases at crime labs. The Committee encourages SAMHSA to support the use of block grant funds and funds authorized under section 1003 of the 21st Century Cures Act for handheld analyzers. SAMHSA shall provide an update on these efforts in the fiscal year 2019 CJ.”

Peer Counseling: “The Committee is aware of the benefits of peer-to-peer programs to assist in addiction treatment and counseling, and encourages SAMHSA’s continued support for this approach. However, the Committee also believes that it is important for people suffering from addiction and substance abuse to have access to peer counseling and connection to community resources in hospital settings. Accordingly, the Committee encourages SAMHSA to support counseling and addiction recovery programs focused on clinical medical providers to engage peer-to-peer counseling support and services in inpatient hospital and emergency department settings.”

Pregnant & Postpartum Women: “The Committee continues to support the continuation of the pilot program for State substance abuse agencies to address identified gaps in the continuum of care furnished to pregnant and postpartum women. The Committee encourages the Department to prioritize States that support best practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”



State Targeted Response to the Opioid Abuse Crisis Grants: “The Committee continues to provide \$500,000,000 for State Targeted Response Grants [STR], for a total of \$1,000,000,000 in the past two fiscal years. The Committee encourages HHS to ensure that these grants are focused on activities that can continue to provide opioid related treatment and abuse prevention services after Federal funding has ended. It is critical that the Federal and state response to this epidemic continues to prioritize local efforts to support communities facing unmet opioid treatment, prevention, and recovery needs. The Committee strongly encourages HHS and SAMHSA to refrain from any action that would require States and Territories to resubmit a grant proposal for the second year of State grant funding. By doing so, States could reduce administrative burdens and the Department could focus on promoting and implementing already approved plans. The Committee directs the agency to ensure States provide funds directly to local communities and counties to address the opioid crisis in areas of unmet need, and to report the Committee on such plans 1 year after enactment. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to rural and underserved communities and providers in addressing this crisis. Further, the Committee is concerned that SAMHSA has restricted State flexibility for addressing the opioid crisis by limiting the amount of funding that can be used for opioid prevention activities.”

SAMHSA’s Center for Substance Abuse Prevention (CSAP) – Appropriations by Program

Program	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17	Senate Appropriations Committee’s Recommendation	Senate Appropriations Committee’s Recommendation vs. FY 17
CSAP TOTAL	\$175,219,000	\$211,219,000	\$223,219,000	\$149,700,000	\$165,373,000	-\$57,846,000	\$238,219,000	+\$15,000,000
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,479,000	\$7,493,000	Level	\$7,493,000	Level
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths	N/A	\$12,000,000	\$12,000,000	\$11,977,000	\$12,000,000	Level	\$12,000,000	Level
Federal Drug-Free Workplace Program (formerly Mandatory Drug Testing)	\$4,894,000	\$4,894,000	\$4,894,000	\$4,885,000	\$4,894,000	Level	\$4,894,000	Level
Minority AIDS	\$41,205,000	\$41,205,000	\$41,205,000	\$28,843,000	\$28,843,000	-\$12,362,000	\$41,205,000	Level
Science and Service Program Coordination	\$4,072,000	\$4,072,000	\$4,072,000	\$4,064,000	\$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	\$6,986,000	\$7,000,000	Level	\$7,000,000	Level
Strategic Prevention Framework/Partnerships for Success	\$109,484,000	\$109,484,000	\$109,484,000	\$48,427,000	\$64,000,000	-\$45,484,000	\$109,484,000	Level
Strategic Prevention Framework Rx	N/A	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level	\$10,000,000	Level



Program	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17	Senate Appropriations Committee's Recommendation	Senate Appropriations Committee's Recommendation vs. FY 17
Tribal Behavioral Health Grants	N/A	\$15,000,000	\$15,000,000	\$14,971,000	\$15,000,000	Level	\$15,000,000	Level
First Responder Training	N/A	N/A	\$12,000,000	\$12,000,000	\$12,000,000	Level	\$12,000,000	Level
<i>Rural Focus</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>\$6,000,000</i>	<i>+\$6,000,000</i>	<i>\$6,000,000</i>	<i>+\$6,000,000</i>

House Report Language on CSAP Programs

House report language regarding CSAP in general: “The Committee recommends \$165,373,000 for the Substance Abuse Prevention programs, which is \$57,846,000 below the fiscal year 2017 enacted level and \$15,670,000 above the fiscal year 2018 budget request.”

Federal Drug Free Workplace: “The Committee is concerned that the Secretary of Health and Human Services has yet to release technical guidelines for the use of hair testing as a Federally accepted drug testing method, in accordance with section 5402 of the Fixing America’s Surface Transportation Act (P.L.114–94). The Committee believes these guidelines pose tremendous safety implications due to hair testing’s many advantages over currently recognized testing methods, including providing employers with a longer detection window than the standard urinalysis, as well as being easier to collect and harder to adulterate. Therefore, the Committee strongly encourages the Secretary to expeditiously produce the technical guidelines for the use of hair testing as a Federally accepted drug testing method. The Committee requests an update on this effort in the fiscal year 2019 Congressional Justification.”

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 must facilitate linkage to treatment and recovery services.”

Strategic Prevention Framework: “The Committee directs SAMHSA to provide continuation grants for Strategic Prevention Framework activities in fiscal year 2018.”

Senate Report Language on CSAP Programs

Combating Opioid Abuse: “The Committee provides \$12,000,000 for grants to prevent opioid overdose related deaths. As 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. The agreement also provides \$12,000,000 for First Responder Training grants. Of this amount, \$6,000,000 is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would



work with treatment and recovery communities in addition to first responders. Furthermore, the Committee provides \$10,000,000 for the Strategic Prevention Framework Rx program to increase awareness of opioid abuse and misuse in communities.”

Opioid Prevention Grants: “The Committee understands that efforts to address the opioid crisis must include community-based strategies to prevent opioid abuse. Therefore, the bill provides \$15,000,000 for a new opioid prevention program. SAMHSA shall award opioid prevention grants to communities and community coalitions based on the current state of evidence-based and promising practices. Of the amounts provided, the Committee directs that no more than \$1,000,000 be used to conduct an evaluation of these grants to determine effectiveness. Further, the Committee directs SAMHSA to continue providing technical assistance to communities and coalitions by developing and distributing a list of best practices to prevent opioid abuse. SAMHSA is directed to work with NIDA, other Federal agencies, appropriate stakeholder groups, and States, in implementing these grants and developing best practices. Furthermore, SAMHSA should update this list based on new research findings, including the evaluation of the opioid prevention program grants.”

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

Program	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17	Senate Appropriations Committee’s Recommendation	Senate Appropriations Committee’s Recommendation vs. FY 17
CMHS TOTAL	\$370,538,000	\$402,609,000	\$386,659,000	\$277,419,000	\$308,861,000	-\$77,798,000	\$398,659,000	+\$12,000,000
Children and Family Programs	\$6,458,000	\$6,458,000	\$7,229,000	Not funded	\$7,229,000	Level	\$7,229,000	Level
Children’s Mental Health	\$117,026,000	\$119,026,000	\$119,026,000	\$118,800,000	\$119,026,000	Level	\$119,026,000	Level
Community Mental Health Services (CMHS) Block Grant	\$482,571,000	\$511,532,000	\$562,671,000	\$415,539,000	\$421,039,000	-\$141,532,000	\$562,671,000	Level
Consumer/Consumer Support TA Centers	\$1,918,000	\$1,918,000	\$1,918,000	\$1,914,000	\$1,918,000	Level	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,945,000	\$4,954,000	Level	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,269,000	\$4,269,000	\$4,269,000	\$4,261,000	\$4,269,000	Level	\$4,269,000	Level
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,949,000	\$1,953,000	Level	\$1,953,000	Level
Grants to States for the Homeless/Projects for Assistance in Transition from Homelessness (PATH)	\$64,635,000	\$64,635,000	\$64,635,000	\$65,000,000	\$64,635,000	Level	\$64,635,000	Level
Healthy Transitions	\$19,951,000	\$19,951,000	\$19,951,000	Not funded	Not funded	-\$19,951,000	\$19,951,000	Level
Homelessness Prevention Programs	\$30,696,000	\$30,696,000	\$30,696,000	\$30,638,000	\$30,696,000	Level	\$30,696,000	Level
MH System Transformation and Health Reform	\$3,779,000	\$3,779,000	\$3,779,000	\$3,772,000	\$3,779,000	Level	\$3,779,000	Level
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$4,206,000	\$4,206,000	-\$5,018,000	\$9,224,000	Level



Program	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17	Senate Appropriations Committee's Recommendation	Senate Appropriations Committee's Recommendation vs. FY 17
National Traumatic Stress Network	\$45,887,000	\$46,887,000	\$48,887,000	\$46,798,000	\$48,887,000	Level	\$48,887,000	Level
Primary and Behavioral Health Care Integration	\$49,877,000	\$49,877,000	\$49,877,000	Not funded	\$49,877,000	Level	\$49,877,000	Level
Primary/Behavioral Health Integration TA	\$1,991,000	\$1,991,000	\$1,991,000	Not funded	\$1,991,000	Level	\$1,991,000	Level
Project AWARE	\$54,865,000	\$64,865,000	\$57,001,000	Not funded	Not funded	-\$57,001,000	\$57,001,000	Level
Mental Health First Aid	\$14,963,000	\$14,963,000	\$14,963,000	Not funded	\$14,963,000	Level	\$14,963,000	Level
Project AWARE State Grants	\$39,902,000	\$49,902,000	\$57,001,000	\$49,807,000	Not funded	-\$57,001,000	\$57,001,000	Level
Project LAUNCH	\$34,555,000	\$34,555,000	\$23,605,000	\$34,489,000	\$23,605,000	Level	\$23,605,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$36,077,000	\$36,146,000	Level	\$36,146,000	Level
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,145,000	\$1,147,000	Level	\$1,147,000	Level
Suicide Prevention	\$60,032,000	\$60,032,000	\$69,032,000	\$59,940,000	\$66,101,000	-\$2,931,000	\$69,032,000	Level
Tribal Behavioral Health Grants	\$4,988,000	\$15,000,000	\$15,000,000	\$14,971,000	\$15,000,000	Level	\$15,000,000	Level
Youth Violence Prevention	\$23,099,000	\$23,099,000	Not funded	\$23,055,000	Not funded	Level	Not funded	Level

House Report Language on CMHS Programs

Report language related to CMHS in general: “The Committee provides \$949,707,000 for Mental Health, which is \$231,330,000 below the fiscal year 2017 enacted program level and \$37,360,000 above the fiscal year 2018 budget request program level.”

Mental Health First Aid: “The Committee is pleased with the progress of the Mental Health First Aid program including training more than 740,000 Americans to recognize the signs and symptoms of common mental disorders. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans, armed services personnel and their family members. Any qualified community mental health education program should be considered as eligible for funding under the Mental Health First Aid program.”

Mental Health Block Grant: “The Committee recommends a total of \$421,039,000 for the Mental Health Block Grant, which is \$141,532,000 below the fiscal year 2017 enacted program level and \$5,500,000 above the fiscal year 2018 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.”



Children’s Mental Health: “The Committee recommends \$119,026,000 for the Children’s Mental Health program, which is the same as the fiscal year 2017 enacted level and \$226,000 above the fiscal year 2018 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.”

Pediatric Psychiatric Beds: “The Committee understands there is a shortage of psychiatric beds, particularly pediatric psychiatric beds, which help treat children with mental health and substance abuse issues. The Committee recommends SAMHSA review the best practices of pediatric psychiatric programs and provide an update in the fiscal year 2019 Congressional Justification on this topic.”

Projects for Assistance in Transition from Homelessness: “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 2017 enacted level and \$123,000 above the fiscal year 2018 budget request. The PATH program supports grants to States and territories for 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: “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 2017 enacted level and \$69,000 above the fiscal year 2018 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.”

Senate Report Language on CMHS Programs

Mental Health First Aid: The Committee is pleased with the progress of Mental Health First Aid. In issuing new competitive funding opportunities SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to prioritize training for veterans, armed services personnel, and their family members within the Mental Health First Aid program.

Children’s Mental Health Services: “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 includes a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first episode psychosis. SAMHSA is directed to work with NIMH on the implementation of this set-aside.”

Projects for Assistance in Transition from Homelessness: “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.”



Protection and Advocacy for Individuals with Mental Illness: “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.”

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

Program	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17	Senate Appropriations Committee’s Recommendation	Senate Appropriations Committee’s Recommendation vs. FY 17
NIAAA	\$447,153,000	\$467,700,000	\$483,525,000	\$361,356,000	\$490,796,000	+\$7,271,000	\$500,491,000	+\$16,966,000

House Report Language on NIAAA

“NIAAA supports research to generate new knowledge to answer crucial questions about why people drink; why some individuals are vulnerable to alcohol dependence or alcohol-related diseases and others are not; the relationship between genetic and environmental factors involved in alcoholism; the mechanisms whereby alcohol produces its disabling effects, including organ damage; how to prevent alcohol abuse and associated damage, especially in the underage population; and how alcoholism treatment can be improved. NIAAA addresses these questions through a program of biomedical, behavioral, and epidemiologic research on alcoholism, alcohol abuse, and related problems.”

National Institute on Drug Abuse (NIDA) – Appropriations

Program	FY 15 Enacted	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17	Senate Appropriations Committee’s Recommendation	Senate Appropriations Committee’s Recommendation vs. FY 17
NIDA	\$1,028,614,000	\$1,077,488,000	\$1,073,320,000	\$864,998,000	\$1,107,497,000	+\$34,177,000	\$1,113,442,000	+\$40,122,000

House Report Language on NIDA

“NIDA-supported science addresses questions about drug abuse and addiction, which range from its causes and consequences to its prevention and treatment. NIDA research explores how drugs of abuse affect the brain and behavior and develops effective prevention and treatment strategies.”

Barriers to Research: “The Committee is concerned that restrictions associated with Schedule 1 of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain schedule 1 drugs, especially marijuana or its component chemicals and certain synthetic drugs. At a time when we need as much information as possible about these drugs, we should be lowering regulatory and other barriers to conducting this research. The Committee directs NIDA to provide a short report on the barriers to research that result from the classification of drugs and compounds as Schedule 1 substances.”



Drug Treatment in the Justice System: “The Committee understands that providing evidence-based treatment for substance use disorders offers a valuable opportunity to interrupt the substance use/criminal justice system cycle for people struggling with substance use disorders. Untreated substance use disorder renders prior criminal offenders particularly vulnerable to recidivism and continued health problems, preventing them from being able to find stable employment, jeopardizing public health and safety, and taxing justice and health system resources. When combined with therapy, medication assisted treatment (MAT) has consistently been shown to be more effective in treating substance use disorder than abstinence. The Committee applauds NIDA’s focus on adult and juvenile justice populations in its research around substance use disorder treatment. The Committee supports this important work and asks for a progress report on those efforts, including information on the use and success of MAT in the juvenile justice system.”

Marijuana Research: “The Committee is concerned that States are changing public policies related to marijuana without the benefit of scientific research to help guide those decisions. NIDA is encouraged to continue supporting a full range of research on the effects of marijuana and its components, including research focused on policy change and implementation across the country.”

Neonatal Abstinence Syndrome: “The Committee recognizes the importance of research on prevention, identification, and treatment of prenatal opioid exposure and Neonatal Abstinence Syndrome. The Committee encourages NIDA to ensure that the review process includes appropriate focus on geographic locations where the problem is particularly acute. The Committee encourages NIH, based on appropriate scientific review, to support meritorious research opportunities in Appalachia and at institutions that have unique opportunities to study innovative care models.”

Opioid Misuse and Addiction: “The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and synthetic opioid use, addiction, and overdose in the U.S. Approximately 144 people die each day in this country from opioid overdose, making it one of the most common causes of nondisease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of fentanyl and its analogs into many communities. 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 (1) continue funding research on medication development to alleviate pain, especially the development of medications with reduced abuse liability; (2) as appropriate, work with private companies to fund innovative research into such medications; and (3) report on what is known regarding the transition from opioid analgesics to heroin and synthetic opioid abuse and addiction within affected populations.”

Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment: “Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMeD initiative, targeting physicians in training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). NIDA should continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate drug abuse screening and treatment into their clinical practices.”



Senate Report Language on NIDA

Adolescent Brain Development [ABCD]: “The Committee recognizes and supports the ABCD study. This study will help the understanding of the dramatic brain development that takes place during adolescence and how the various experiences people are exposed to during this time interact with each other and their biology to affect brain development and, ultimately, social, behavioral, health, and other outcomes. The Committee requests an update be included in the fiscal year 2019 CJ on the ABCD study.”

Barriers to Research: “The Committee is concerned that restrictions associated with Schedule 1 of the Controlled Substance Act effectively limit the amount and type of research that can be conducted on certain schedule 1 drugs, especially marijuana or its component chemicals and certain synthetic drugs. At a time when we need as much information as possible about these drugs, we need to review lowering regulatory and other barriers to conducting this research. The Committee directs NIDA to provide an update in the fiscal year 2019 CJ on the barriers to research that result from the classification of drugs and compounds as Schedule 1 substances.”

Drug Treatment in Justice System Settings: “The Committee understands that providing evidence-based treatment for substance use disorders offers the best alternative for interrupting the drug use/criminal justice cycle for offenders with drug problems. Untreated substance-using offenders are more likely to relapse into drug use and criminal behavior, jeopardizing public health and safety and taxing criminal justice system resources. Treatment has consistently been shown to reduce the costs associated with lost productivity, crime, and incarceration caused by drug use. The Committee applauds NIDA’s focus on adult and juvenile justice populations in its research, supports this important work, and asks for a progress report in the fiscal year 2019 CJ.”

National Testing Program for Schedule I Marijuana-Derived Products in U.S. Distribution: “The Committee appreciates NIDA’s work in marijuana research, but is concerned that NIDA ceased funding for analysis of marijuana samples seized by law enforcement in 2014. Without dedicated funding for this activity, the number of analyzed seized samples has plummeted, meaning that available data is no longer current or robust. The Committee believes that such research, along with analysis of marijuana and marijuana-derived products sold commercially in dispensaries or online, is essential for informing substance abuse prevention efforts, public health policy, and law enforcement tactics across the Federal Government. Therefore, the Committee directs NIDA to work with law enforcement, including the Drug Enforcement Agency, to facilitate and ultimately fund a National Testing Program for Schedule I Marijuana-Derived Products in U.S. distribution to conduct such analysis of both samples seized by law enforcement and of samples collected from non-DEA approved sources to provide robust reliable data that can inform policy.”

Opioid Misuse and Addiction: “The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and synthetic opioid use, addiction, and overdose in the United States. Approximately 144 people die each day in this country from opioid overdose, making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of fentanyl and its analogs in many communities. The Committee appreciates the important role that research can and should play in the various Federal initiatives aimed at this crisis. 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. The Committee urges NIDA to expand scientific activities related to research on medications used to treat and reduce chronic pain. The Committee encourages NIDA to coordinate with the agencies of the NIH Pain Consortium, the pharmaceutical 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 chronic pain, especially the development of medications with



reduced abuse liability. NIDA is encouraged, as appropriate, to work with private companies to fund innovative research into such medications and 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. Finally, the Committee also requests an update for the NIH’s plan of action to implement Section 108 of the Comprehensive Addiction and Recovery Act, directing the NIH to consider recommendations made by the Interagency Pain Research Coordinating Committee in concert with the Pain Management Best Practices Inter-Agency Task Force, and in accordance with the National Pain Strategy, the Federal Pain Research Strategy, and the NIH-Wide Strategic Plan for Fiscal Years 2016–2020, the latter of which calls for the relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio.”

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

Program	FY 15	FY 16	FY 17	President’s FY 18 Request	House Appropriations Committee’s Recommendation	House Appropriations Committee’s Recommendation vs. FY 17	Senate Appropriations Committee’s Recommendation	Senate Appropriations Committee’s Recommendation vs. FY 17
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,117,609,000	\$1,122,278,000	\$1,117,278,000	\$934,000,000	\$1,117,278,000	Level	\$1,117,278,000	Level
HIV Prevention by Health Departments	\$397,161,000	\$397,161,000	\$397,161,000	Not listed	\$397,161,000	Level	\$397,161,000	Level
School Health	\$31,081,000	\$33,081,000	\$33,081,000	\$15,371,000	\$15,400,000	-\$17,681,000	\$33,081,000	Level
Viral Hepatitis	\$31,331,000	\$34,000,000	\$34,000,000	\$33,935,000	\$34,000,000	Level	\$34,000,000	Level
Sexually Transmitted Infections	\$157,310,000	\$157,310,000	\$152,310,000	\$130,000,000	\$152,310,000	Level	\$152,310,000	Level
Chronic Disease Prevention and Health Promotion	\$1,198,220,000	\$1,177,000,000	\$1,115,596,000	\$952,250,000	\$1,041,646,000	-\$73,950,000	\$1,065,146,000	-\$50,450,000
Tobacco	\$215,492,000	\$210,000,000	\$205,000,000	Not funded	\$155,000,000	-\$50,000,000	\$205,000,000	Level
Excessive Alcohol Use	\$3,000,000	\$3,000,000	\$3,000,000	Not listed	\$3,000,000	Level	\$3,000,000	Level
Prevention Research Centers	\$25,461,000	\$25,461,000	\$25,461,000	Not funded	\$25,461,000	Level	\$25,461,000	Level
Birth Defects and Developmental Disabilities	\$131,781,000	\$135,610,000	\$137,560,000	\$100,000,000	\$137,560,000	Level	\$139,560,000	+\$2,000,000
Fetal Alcohol Syndrome	\$10,505,000	\$11,000,000	\$11,000,000	Not listed	\$11,000,000	Level	\$11,000,000	Level
Injury Prevention and Control	\$170,447,000	\$236,059,000	\$286,059,000	\$216,165,000	\$286,059,000	Level	\$291,059,000	+\$5,000,000
Unintentional Injury	\$8,598,000	\$8,800,000	\$8,800,000	\$6,737,000	\$8,800,000	Level	\$8,800,000	Level



Program	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17	Senate Appropriations Committee's Recommendation	Senate Appropriations Committee's Recommendation vs. FY 17
Injury Prevention Activities	\$48,950,000	\$104,529,000	\$28,950,000	\$20,293,000	\$28,950,000	Level	\$28,950,000	Level
Opioid Prescription Drug Overdose	\$20,000,000	\$70,000,000	\$112,000,000	\$75,435,000	\$112,000,000	Level	\$112,000,000	Level
Illicit Opioid Use Risk Factors	N/A	\$5,579,000	\$13,579,000	*	\$13,579,000	Level	\$13,579,000	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

*FY 2016 and FY 2017 Prescription Drug Overdose and Illicit Opioid Risk Use Factors are comparably adjusted to reflect combined single line, Opioid Abuse and Overdose Prevention.

House Report Language on CDC

House report language on using data to prevent opioid-related overdosing: “The Committee continues to be very concerned about the high rate of opioid abuse and overdosing and understands that with data, forecasting of overdosing risk by geographic region can be provided. The Committee encourages CDC to begin using data to provide such forecasts that public health officials can use to intervene and prevent overdoses.”

Senate Report Language on CDC Programs

Combating Opioid Abuse: “CDC Prescription Drug Overdose Prevention [PDO] activities fund critical work in all 50 States and Washington, DC. Activities support rigorous monitoring, evaluation, and improvements in data quality at a national level, including data collection and analysis on heroin-related overdose deaths. These funds provide States with the greatest burden of opioid abuse the ability to implement prevention activities and improve interventions that monitor prescribing and dispensing practices. This includes maximizing the use of State-based Prescription Drug Monitoring Programs [PDMPs] as a public health tool to assist in clinical decision-making and in conducting surveillance. The Committee expects CDC to continue to expand and evaluate an innovative model to coordinate care for high-risk opioid patients to ensure safer, more effective care. 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.”

Opioid Prescribing Guidelines: “The Committee commends CDC for building awareness about responsible opioid prescribing practices by publishing the Guideline for Prescribing Opioids for Chronic Pain. The Committee notes that opioid prescribing for acute pain remains a significant driver of initial opioid prescriptions, especially for youth. The Committee encourages CDC to continue its leadership in prevention of the opioid epidemic by developing prescribing guidelines for acute pain, including those which are applicable to emergency physicians, surgeons, and dentists. CDC is encouraged 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.”



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

Program	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17	Senate Appropriations Committee's Recommendation	Senate Appropriations Committee's Recommendation vs. FY 17
Community Health Centers	\$1,491,422,000	\$1,491,422,000	\$1,491,522,000	\$1,491,522,000	\$1,491,422,000	-\$100,000	\$1,491,522,000	Level
Interdisciplinary Community-Based Linkages	\$73,403,000	\$78,903,000	\$128,903,000	Not funded	\$99,903,000	-\$29,000,000	\$136,403,000	+\$7,500,000
Mental and Behavioral Health	\$8,916,000	\$9,916,000	\$9,916,000	Not funded	\$9,916,000	Level	\$9,916,000	Level
Maternal and Child Health Block Grant	\$637,000,000	\$638,200,000	\$641,700,000	\$666,987,000	\$641,700,000	Level	\$641,700,000	Level
Rural Health	\$147,471,000	\$149,571,000	\$156,060,000	\$74,395,000	\$156,060,000	Level	\$160,560,000	+\$4,500,000
Telehealth	\$14,900,000	\$17,000,000	\$18,500,000	\$10,000,000	\$18,500,000	Level	\$21,000,000	+\$2,500,000
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,322,781,000	\$2,318,781,000	\$2,322,781,000	\$2,318,781,000	Level	\$2,318,781,000	Level

Department of Justice (DOJ) – Appropriations for Selected Programs

Program	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17	Senate Appropriations Committee's Recommendation	Senate Appropriations Committee's Recommendation vs. FY 17
Drug Enforcement Administration	\$2,033,320,000	\$2,080,000,000	\$2,102,976,000	\$2,164,100,000	\$2,164,051,000	+\$61,075,000	\$2,115,777,000	+\$12,801,000
Office of Justice Programs: Research, Evaluation, and Statistics	\$111,000,000	\$116,000,000	\$89,000,000	\$111,000,000	\$83,000,000	-\$6,000,000	\$85,000,000	-\$4,000,000
State and Local Law Enforcement Assistance	\$1,241,000,000	\$1,408,500,000	\$1,258,500,000	\$940,500,000	\$1,118,500,000	-\$140,000,000	\$1,171,000,000	-\$87,500,000
Byrne Memorial Justice Assistance Grants	\$376,000,000	\$476,000,000*	\$403,000,000	\$332,500,000	\$500,000,000	+\$97,000,000	\$404,500,000	-\$1,500,000
Drug Courts	\$41,000,000	\$42,000,000	\$43,000,000	\$40,000,000	\$43,000,000	Level	\$43,000,000	Level
Mentally Ill Offender Act	\$8,500,000	\$10,000,000	\$12,000,000	\$9,000,000	\$12,000,000	Level	\$12,000,000	Level



Program	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17	Senate Appropriations Committee's Recommendation	Senate Appropriations Committee's Recommendation vs. FY 17
Residential Substance Abuse Treatment (RSAT)	\$10,000,000	\$12,000,000	\$14,000,000	\$12,000,000	\$12,000,000	-\$2,000,000	\$14,000,000	Level
Second Chance Act/Offender Reentry	\$68,000,000	\$68,000,000	\$68,000,000	\$48,000,000	\$68,000,000	Level	\$70,000,000	+\$2,000,000
Veterans Treatment Courts	\$5,000,000	\$6,000,000	\$7,000,000	\$6,000,000	\$7,000,000	Level	\$7,000,000	Level
Prescription Drug Monitoring	\$11,000,000	\$13,000,000	\$14,000,000	\$12,000,000	\$14,000,000	Level	\$14,000,000	Level
Juvenile Justice Programs	\$251,500,000	\$270,160,000	\$247,000,000	\$229,500,000	\$170,500,000	-\$76,500,000	\$260,000,000	+\$13,000,000
Community Oriented Policing Systems (COPS)	\$208,000,000	\$212,000,000	\$221,500,000	\$218,000,000	\$234,000,000	+\$12,500,000	\$226,500,000	+\$5,000,000

*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.

Office of National Drug Control Policy (ONDCP)

Program	FY 15	FY 16	FY 17	President's FY 18 Request	House Appropriations Committee's Recommendation	House Appropriations Committee's Recommendation vs. FY 17
Office of National Drug Control Policy	\$374,800,000	\$379,857,000	\$388,000,000	\$368,600,000	\$381,243,000	-\$6,757,000
Drug Free Communities (DFC)	\$93,500,000	\$95,000,000	\$97,000,000	\$91,800,000	\$91,000,000	-\$6,000,000
High-Intensity Drug Trafficking Area (HIDTA) Program	\$245,000,000	\$250,000,000	\$254,000,000	\$246,525,000	\$254,000,000	Level