

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

FY 2020 Appropriations

May 2019

On March 11, 2019, the Administration released "A Budget for a Better America," its proposed budget for fiscal year 2020 (October 1, 2019-September 30, 2020). On May 8, 2019, the House Appropriations Committee passed its Labor, Health and Human Services (HHS), Education, and Related Agencies FY 2020 appropriations bill. This document outlines the proposed funding levels for NASADAD's priority programs within HHS, including language from the Administration's Congressional Justifications, as well as the House Appropriations Committee's bill report.

This overview summarizes proposed FY 2020 funding for:

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

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
SAPT Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	Level	\$1,858,079,000	Level

SAMHSA Congressional Justification language on the SAPT Block Grant:

“SAMHSA also encourages the states to use their block grants to: (1) allow the pursuit of recovery through personal choice and many pathways; (2) encourage providers to assess performance based on outcomes that demonstrate client successes; and (3) expand capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services.”

Additional Opioids Allocation

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
State Targeted Response (STR) to the Opioid Crisis Grants	N/A	\$500,000,000	\$500,000,000	Not funded	Not funded	Level	Not funded	Level
State Opioid Response (SOR) Grants	N/A	N/A	\$1,000,000,000	\$1,500,000,000	\$1,500,000,000	Level	\$1,500,000,000	Level

SAMHSA Congressional Justification language on the SOR Grant program:

“The FY 2020 President’s Budget request is \$1.5 billion, level with the FY 2019 Enacted level. The program will continue to support States and territories, including a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The program will include a \$50 million set-aside for tribes. SAMHSA intends to continue to support the Secretary’s five- prong strategy to address the opioid crisis priorities through regulatory activities, ongoing training, certification, and technical assistance to states, provider groups and communities impacted by the opioid crisis.”

House Appropriations report language on the SOR Grant program:

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

SAMHSA's Center for Substance Abuse Treatment (CSAT)

Program	FY 16	FY 17	FY 18	FY 19	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
CSAT TOTAL	\$335,345,000	\$354,427,000	\$403,427,000	\$458,677,000	\$429,888,000	-\$28,789,000	\$472,177,000	+\$21,500,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level	\$9,046,000	Level
Building Communities of Recovery	N/A	\$3,000,000	\$5,000,000	\$6,000,000	\$6,000,000	Level	\$6,000,000	Level
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level	\$29,605,000	Level
Comprehensive Opioid Recovery Centers							\$10,000,000	+\$10,000,000
Criminal Justice Activities	\$78,000,000	\$78,000,000	\$89,000,000	\$89,000,000	\$89,000,000	Level	\$89,000,000	Level
<i>Drug Courts</i>	<i>\$60,000,000</i>	<i>\$60,000,000</i>	<i>\$70,000,000</i>	<i>\$70,000,000</i>	<i>\$70,000,000</i>	<i>Level</i>	<i>\$70,000,000</i>	<i>Level</i>
First Responder Training*	N/A	\$12,000,000	\$36,000,000	\$36,000,000	\$36,000,000	Level	\$36,000,000	Level
<i>Rural Focus*</i>	<i>N/A</i>	<i>N/A</i>	<i>\$18,000,000</i>	<i>\$18,000,000</i>	<i>\$18,000,000</i>	<i>Level</i>	<i>\$18,000,000</i>	<i>Level</i>
Grants to Develop Curricula for DATA Act Waivers	N/A	N/A	N/A	N/A	\$4,000,000	+\$4,000,000	\$4,000,000	+\$4,000,000
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	Level	\$12,000,000	Level
Improving Access to Overdose Treatment	N/A	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Level	\$1,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	Level	\$65,570,000	Level
Minority Fellowship	\$3,539,000	\$3,539,000	\$4,539,000	\$4,789,000	Not funded	-\$4,789,000	\$4,789,000	Level
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	Level	\$8,724,000	Level
Peer Support Technical Assistance Center	N/A	N/A	N/A	N/A	N/A	N/A	\$2,000,000	+\$2,000,000
Pregnant and Postpartum Women (PPW)	\$15,931,000	\$19,931,000	\$29,931,000	\$29,931,000	\$29,931,000	Level	\$29,931,000	Level
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	Level	\$2,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$46,889,000	\$30,000,000	\$30,000,000	\$30,000,000	Not funded	-\$30,000,000	\$31,000,000	+\$1,000,000
Strengthening Community Crisis Response Systems	N/A	N/A	N/A	N/A	N/A	N/A	\$2,500,000	+\$2,500,000
Targeted Capacity Expansion (TCE) General	\$36,303,000	\$67,192,000	\$95,192,000	\$100,192,000	\$100,192,000	Level	\$100,192,000	Level
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)</i>	<i>\$25,000,000</i>	<i>\$56,000,000</i>	<i>\$84,000,000</i>	<i>\$89,000,000</i>	<i>\$89,000,000</i>	<i>Level</i>	<i>\$89,000,000</i>	<i>Level</i>
Treatment Systems for Homeless	\$41,304,000	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	Level	\$38,386,000	+\$2,000,000

*First Responder Training program, Rural Focus, and Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths were previously funded within CSAP (FY 2016-FY 2018)

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

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

House Appropriations Committee language on Criminal Justice Activities:

“The Committee provides \$89,000,000 for the Criminal Justice Activities program. Of this amount, the Committee directs that not less than \$70,000,000 will be used exclusively for Drug Court activities. The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. **The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant.** The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

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

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

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

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

“Committee includes \$12,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths. The Committee also includes \$36,000,000 for First Responder Training for Opioid Overdose Reversal Drugs, of which \$18,000,000 is to address the critical needs of the rural populations. The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. **SAMHSA is urged to take steps to encourage and support the use of Substance Abuse and Prevention Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses.** Such initiatives should incorporate robust evidence-based intervention training and facilitate linkage to treatment and recovery services.”

House Appropriations Committee language Peer Support Technical Assistance Center:

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

House Appropriations Committee language on Pregnant and Postpartum Women:

“The Committee provides \$29,931,000 for Pregnant and Postpartum Women. The Committee recognizes SAMHSA for its work managing the Pregnant and Postpartum Women program which utilizes a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children and for other family members. A provision in the Comprehensive Addiction and Recovery Act (CARA) authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient and related services in a family-centered approach. **The Committee encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.**”

House Appropriations Committee language on SBIRT:

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

House Appropriations Committee language on Strengthening Community Crisis Response Systems:

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

House Appropriations Committee language on Targeted Capacity Expansion:

“The Committee includes \$100,192,000 for Targeted Capacity Expansion activities. Of this amount, the Committee includes \$89,000,000 for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program, of which \$10,000,000 is for grants to Indian tribes, tribal organizations, or consortia. The Center for Substance Abuse Treatment is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes.”

Other House Appropriations Language on CSAT Programs:

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

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

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

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

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

SAMHSA Congressional Justification language on SBIRT:

“The SBIRT program seeks to increase the use of SBIRT in medical settings by promoting wide dissemination and adoption of the practice across the spectrum of primary care services. To achieve this, SAMHSA awards state implementation grants to encourage adoption of SBIRT by healthcare providers in each state. SAMHSA has demonstrated the effectiveness of SBIRT and continues to disseminate SBIRT practices.

“SAMHSA is proposing to eliminate the SBIRT program (\$30.0 million) as significant knowledge has been developed and disseminated for this program and it has been brought to scale in hundreds of communities across the nation. SAMHSA will continue to disseminate SBIRT program information as necessary.”

SAMHSA Congressional Justification language on Minority Fellowship Program:

“SAMHSA’s Minority Fellowship Program (MFP) increases behavioral health practitioners’ knowledge of issues related to prevention, treatment, and recovery support for mental illness and drug/alcohol addiction among racial and ethnic minority populations. The program provides stipends to funding increases the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance abuse treatment services for minority populations that are underserved.

“SAMHSA is proposing to eliminate the MFP in Mental Health, Substance Abuse Prevention and Substance Abuse Treatment (\$13.2 million) because it overlaps with other federal activities.”

SAMHSA's Center for Substance Abuse Prevention (CSAP)

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
CSAP TOTAL	\$211,219,000	\$223,219,000	\$248,219,000	\$205,469,000	\$144,090,000	-\$61,379,000	\$212,469,000	+\$7,000,000
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level	\$7,493,000	Level
Federal Drug-Free Workplace/Mandatory Drug Testing	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	Level	\$4,894,000	Level
Minority AIDS	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	Level	\$46,205,000	+\$5,000,000
Minority Fellowship	\$71,000	\$71,000	\$71,000	\$321,000	Not funded	-\$321,000	\$321,000	Level
Science and Service Program Coordination	\$4,072,000	\$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	\$8,000,000	\$8,000,000	Level	\$10,000,000	+\$2,000,000
<i>National Adult-Oriented Media Public Service Campaign</i>	N/A	N/A	N/A	\$1,000,000	N/A	N/A	\$2,000,000	+\$1,000,000
Strategic Prevention Framework-Partnerships for Success	\$109,484,000	\$109,484,000	\$119,484,000	\$119,484,000	\$58,426,000	-\$61,058,000	\$119,484,000	Level
<i>Strategic Prevention Framework Rx</i>	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level	\$10,000,000	Level
Tribal Behavioral Health Grants	\$15,000,000	\$15,000,000	\$15,000,000	\$20,000,000	\$20,000,000	Level	\$20,000,000	Level

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
Drug Free Communities (DFC)*	\$95,000,000	\$97,000,000	\$99,000,000	\$100,000,000	\$100,000,000	Level	Not funded in L-HHS bill	N/A

*Drug Free Communities program has historically been funded within the Office of National Drug Control Policy (FY 2016-FY 2019)

House Appropriations Committee language on Minority AIDS Initiative:

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

House Appropriations Committee language on STOP Act

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

“The eligibility requirements for CSAP’s FY 2019 Programs of Regional and National Significance have not been expanded with the exception of the programs identified below: The eligibility requirements for FY 2019 Strategic Prevention Framework Partnerships for Success (SPF PFS) grant have been expanded to

include domestic public or private nonprofit entities. The services provided by the Center for the Application of Prevention Technologies (CAPT) contract have been replaced by the Prevention Technology Transfer Center (PTTC) cooperative agreement.”

SAMHSA Congressional Justification language on SPF-PFS:

“The FY 2020 Budget Request is \$58.4 million, a decrease of \$61.1 million from the FY 2019 Enacted Budget. Funding for the SPF Rx program will be maintained in its entirety (\$10.0 million) for 26 continuation grants. Funding will support SPF PFS continuation grants at a reduced rate, technical assistance, and evaluation to build capacity to address prescription drug misuse and overdose prevention efforts, in conjunction with other state and local partners.”

SAMHSA Congressional Justification language on CAPT/PTTC:

“In 2019, CAPT changed how it delivered services and began providing science-based training and technical assistance through Prevention Technology Transfer Centers (PTTC) cooperative agreements. SAMHSA leadership established the PTTC the previous year to expand and improve implementation and delivery of effective substance abuse prevention interventions, and provide training and technical assistance services to the substance abuse prevention field.

“It does this by developing and disseminating tools and strategies needed to improve the quality of substance abuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.”

SAMHSA Congressional Justification language on DFC:

“SAMHSA has administered this program for several years on behalf of ONDCP. The FY 2020 Budget proposes to directly appropriate these funds to SAMHSA to streamline program management and create administrative efficiencies. Funding will be used to continue both the DFC and DFC-Mentoring programs.”

SAMHSA’s Center for Mental Health Services (CMHS)

CMHS Program	FY 16	FY 17	FY 18	FY 2019	President’s FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
CMHS TOTAL	\$402,609,000	\$386,659,000	\$426,659,000	\$435,616,000	\$415,739,000	-\$19,877,000	\$480,616,000	+\$45,000,000
Assisted Outpatient for Individuals with SMI	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	Level	\$15,000,000	Level
Assertive Community Treatment	N/A	N/A	\$5,000,000	\$5,000,000	\$15,000,000	\$10,000,000	\$10,000,000	\$5,000,000
Certified Community Behavioral Health Clinics (CCBHCs)	N/A	N/A	\$100,000,000	\$150,000,000	\$150,000,000	Level	\$150,000,000	Level
Children and Family Programs	\$6,458,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level	\$7,229,000	Level
Consumer/Consumer Support TA Centers	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,919,000	Level	\$1,919,000	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,269,000	\$4,269,000	\$4,269,000	\$4,269,000	\$14,269,000	+\$10,000,000	\$9,269,000	+\$5,000,000
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level	\$1,953,000	Level

CMHS Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
Healthy Transitions	\$19,951,000	\$19,951,000	\$25,951,000	\$25,951,000	\$30,951,000	+\$5,000,000	\$30,951,000	+\$5,000,000
<i>Health Transitions-College Campus</i>	N/A	N/A	N/A	N/A	\$5,000,000	+\$5,000,000	N/A	N/A
Homelessness	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level	\$2,296,000	Level
Homelessness Prevention Programs	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level	\$30,696,000	Level
Infant and Early Childhood MH	N/A	N/A	\$5,000,000	\$5,000,000	Not funded	-\$5,000,000	\$10,000,000	+\$5,000,000
MH System Transformation and Health Reform	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level	\$3,779,000	Level
Mental Health Awareness Training (formerly MH First Aid)	\$14,963,000	\$14,963,000	\$19,963,000	\$20,963,000	\$20,963,000	Level	\$20,963,000	Level
Minority Fellowship Program	\$8,059,000	\$8,059,000	\$8,059,000	\$8,059,000	Not funded	-\$8,059,000	\$10,059,000	+\$2,000,000
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level	\$9,224,000	Level
National Child Traumatic Stress Network	\$46,887,000	\$48,887,000	\$53,887,000	\$63,887,000	\$63,887,000	Level	\$70,887,000	+\$7,000,000
Practice Improvement and Training	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level	\$7,828,000	Level
Primary and Behavioral Health Care Integration	\$49,877,000	\$49,877,000	\$49,877,000	\$49,877,000	Not funded	-\$49,877,000	\$49,877,000	Level
Primary/Behavioral Health Integration TA	\$1,991,000	\$1,991,000	\$1,991,000	\$1,991,000	Not funded	-\$1,991,000	\$1,991,000	Level
Project AWARE State Grants	\$49,902,000	\$57,001,000	\$71,001,000	\$71,001,000	\$81,001,000	+\$10,000,000	\$84,001,000	+\$13,000,000
Project LAUNCH	\$34,555,000	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	Level	\$23,605,000	Level
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level	\$1,147,000	Level
Suicide Prevention	\$60,032,000	\$69,032,000	\$69,032,000	\$74,034,000	\$74,034,000	Level	\$81,103,000	+\$7,069,000
Tribal Behavioral Health Grants	\$15,000,000	\$15,000,000	\$15,000,000	\$20,000,000	\$20,000,000	Level	\$20,000,000	Level
Children's Mental Health	\$119,026,000	\$119,026,000	\$125,000,000	\$125,000,000	\$125,000,000	Level	\$130,000,000	+\$5,000,000
Grants to States for the Homeless/Projects for Assistance in Transition from Homelessness (PATH)	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	Level	\$66,635,000	+\$2,000,000
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$36,146,000	\$14,146,000	-\$22,000,000	\$36,146,000	Level
Community Mental Health Services (CMHS) Block Grant	\$511,532,000	\$562,571,000	\$701,532,000	\$701,532,000	\$701,532,000	Level	\$736,532,000	+\$35,000,000

SAMHSA Congressional Justification language on CCBHCs:

“The FY 2020 Budget Request is \$150.0 million, the same level with FY 2019 Enacted level. SAMHSA requests funding to award a new cohort of 76 grants to continue the improvement of mental disorder treatment, services, and interventions for children and adults.”

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
NIAAA	\$467,700,000	\$483,363,000	\$509,573,000	\$525,591,000	\$452,000,000	-\$73,591,000	\$551,278,000	+\$25,687,000

National Institute on Drug Abuse (NIDA)

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 19 Request	FY 19 Request vs. FY 18	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
NIDA	\$1,077,488,000	\$1,090,853,000	\$1,383,603,000	\$1,419,844,000	\$1,296,000,000	-\$123,844,000	\$1,489,237,000	+\$69,393,000

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

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,122,278,000	\$1,117,278,000	\$1,127,278,000	\$1,132,278,000	\$1,318,056,000	+\$185,778,000	\$1,335,197,000	+\$202,919,000
<i>HIV Prevention by Health Departments</i>	\$397,161,000	\$397,161,000	\$397,161,000	\$397,161,000	Not listed	N/A	Not listed	N/A
<i>School Health</i>	\$33,081,000	\$33,081,000	\$33,081,000	\$33,081,000	Not listed	N/A	\$50,000,000	+\$16,919,000
Viral Hepatitis	\$34,000,000	\$34,000,000	\$39,000,000	\$39,000,000	\$39,000,000	Level	\$50,000,000	+\$11,000,000
Infectious Diseases and the Opioid Epidemic	N/A	N/A	N/A	\$5,000,000	\$58,000,000	+\$53,000,000	\$20,000,000	+\$15,000,000
Sexually Transmitted Infections	\$157,310,000	\$152,310,000	\$157,310,000	\$157,310,000	\$157,310,000	Level	\$167,310,000	+\$10,000,000
Chronic Disease Prevention and Health Promotion	\$1,177,000,000	\$1,115,596,000	\$1,162,896,000	\$1,187,771,000	\$951,000,000	-\$236,521,000	\$1,350,571,000	+\$162,800,000
<i>Tobacco</i>	\$210,000,000	\$205,000,000	\$210,000,000	\$210,000,000	Not funded	-\$210,000,000	\$250,000,000	+\$40,000,000
<i>Excessive Alcohol Use</i>	\$3,000,000	\$3,000,000	\$4,000,000	\$4,000,000	Not funded	-\$4,000,000	\$5,000,000	+\$1,000,000
<i>Prevention Research Centers</i>	\$25,461,000	\$25,461,000	\$25,461,000	\$25,461,000	Not funded	-\$25,461,000	\$32,461,000	+\$7,000,000
Birth Defects and Developmental Disabilities	\$135,610,000	\$137,560,000	\$140,560,000	\$155,560,000	\$112,000,000	-\$43,560,000	\$161,560,000	+\$6,000,000
<i>Fetal Alcohol Syndrome</i>	\$11,000,000	\$11,000,000	\$11,000,000	\$11,000,000	Not listed	N/A	\$11,000,000	Level
<i>Neonatal Abstinence Syndrome</i>	N/A	N/A	N/A	\$2,000,000	\$2,000,000	Level	\$2,000,000	Level
Injury Prevention and Control	\$236,059,000	\$286,059,000	\$648,559,000	\$648,559,000	\$628,839,000	-\$19,720,000	\$697,559,000	+\$49,000,000
<i>Unintentional Injury</i>	\$8,800,000	\$8,800,000	\$8,800,000	\$8,800,000	\$6,737,000	-\$2,063,000	\$11,800,000	+\$3,000,000

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
<i>Injury Prevention Activities</i>	\$104,529,000	\$28,950,000	\$28,950,000	\$28,950,000	\$20,293,000	-\$8,657,000	\$28,950,000	Level
<i>Opioid Prescription Drug Overdose (PDO)</i>	\$75,579,000	\$125,579,000	\$475,579,000	\$475,579,000	\$475,579,000	Level	\$475,579,000	Level
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	-\$160,000,000	\$160,000,000	Level
America's Health Block Grant	N/A	N/A	N/A	N/A	\$500,000,000	+\$500,000,000	Not funded	N/A

House Appropriations Committee Language on Select CDC Programs

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

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

CDC Congressional Justification language on America's Health Block Grant:

“For FY 2020, CDC requests \$500,000,000 for the America's Health Block Grant, all from the Prevention and Public Health Fund, to reform state-based chronic disease programs to provide additional flexibility to states. With block grant funding, States and Tribes have the flexibility to organize prevention and control efforts and deploy evidence-based interventions in a manner that makes the most sense to their jurisdictions and circumstances.”

“The extramural portion of the America's Health Block Grant program is comprised of two components—a core block grant component and an innovation component. The core component (at least 85% of extramural funding) will fund state (50) and territorial (8) health departments, the Washington, D.C. health department (1), and Tribal Epidemiology Centers (12). The innovation component (up to 15% of extramural funding) will fund, on a competitive basis, large cities (up to 10), rural and frontier areas (up to 15), and tribes (up to 15). Entities eligible to apply for the core component can also apply for funding through the innovation component—either on their own or on behalf of and with the support of a city, rural/frontier area, or tribe.”

CDC Congressional Justification language on Infectious Diseases and the Opioid Epidemic:

“CDC's FY 2020 request of \$58.0 million for Infectious Diseases and the Opioid Epidemic is \$53.0 million above the FY 2019 Enacted level. This increase will expand activities begun in FY 2019 to target the infectious disease consequences of the opioid epidemic. The United States is experiencing a massive increase in drug use due to the growing opioid crisis, including increasing injection drug use.

“Funded activities will focus on screening and linking people to treatment in high-impact settings such as healthcare systems, substance use treatment, permissible syringe services programs and correctional facilities. Nationally, CDC will also ensure that evidence-based and comprehensive preventive services are provided for people who use drugs. These investments will be complemented by increased active surveillance capacity to monitor infectious disease clusters across the nation to guide a faster and more targeted response.”

Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
Community Health Centers	\$1,491,422,000	\$1,490,522,000	\$1,625,522,000	\$1,625,522,000	1,625,522,000	Level	\$1,676,522,000	+\$51,000,000
Interdisciplinary Community-Based Linkages	\$78,903,000	\$128,903,000	\$190,903,000	\$191,903,000	\$111,916,000	-\$79,987,000	<i>Not listed</i>	<i>N/A</i>
Maternal and Child Health Block Grant	\$638,200,000	\$641,700,000	\$651,700,000	\$677,700,000	\$660,700,000	-\$17,000,000	\$705,000,000	+\$27,300,000
Rural Health	\$149,571,000	\$156,060,000	\$290,794,000	\$317,794,000	\$188,645,000	-\$129,149,000	\$317,794,000	Level
<i>Rural Communities Opioids Response</i>	--	--	<i>\$100,000,000</i>	<i>\$120,000,000</i>	<i>\$120,000,000</i>	<i>Level</i>	<i>\$100,000,000</i>	<i>-\$20,000,000</i>
Telehealth	\$17,000,000	\$18,500,000	\$23,500,000	\$24,500,000	\$10,000,000	-\$14,500,000	\$28,500,000	+\$4,000,000
Ryan White HIV/AIDS Program	\$2,322,781,000	\$2,318,781,000	\$2,318,781,000	\$2,318,781,000	2,388,781,000	+\$70,000,000	\$2,435,157,000	+\$116,376,000

House Appropriations Committee Language on Rural Communities Opioid Response:

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

Administration for Children and Families (ACF) – Select Programs

Program	FY 16	FY 17	FY 18	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20 Recommendation	House FY 20 Recommendation vs. FY 19
Promoting Safe and Stable Families (PSSF)	\$404,765,000	\$384,765,000	\$444,765,000	\$444,765,000	\$474,765,000	+\$30,000,000	\$424,765,000	-\$20,000,000
<i>Regional Partnership Grants (RPG), mandatory</i>	<i>\$20,000,000</i>	<i>\$20,000,000</i>	<i>\$20,000,000</i>	<i>\$20,000,000</i>	<i>\$60,000,000</i>	<i>+\$40,000,000</i>	<i>Not listed</i>	<i>N/A</i>
Programs for Children and Families	\$11,234,268,000	\$11,294,368,000	\$12,022,225,000	\$12,239,225,000	\$11,187,485,000	-\$1,051,740,000	\$13,947,468,000	+\$1,708,243,000
<i>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</i>	\$25,310,000	\$25,310,000	\$85,310,000	\$85,310,000	\$85,310,000	Level	\$90,000,000	+\$4,690,000
<i>Child Welfare Services</i>	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level	\$268,735,000	Level
Title IV-E Foster Care (projected)	\$4,799,573,280	\$4,992,000,000	\$5,537,000,000	\$5,327,871,000	\$5,264,562,000	-\$63,309,000	\$5,253,000,000	-\$74,871,000

House Appropriations Committee Language on Family First Implementation:

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