

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

FY 2020 Appropriations Update December 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, and on June 19, 2019, the full House passed the bill. On September 18, 2019, the Senate Appropriations Committee released a draft of its L-HHS bill.

On June 25, 2019, the House passed its Commerce, Justice, and Science (CJS) appropriations bill, which recommends funding levels for NASADAD's priority programs within the Department of Justice (DOJ), then the Senate passed its version of the bill on October 31, 2019. Additionally, on June 26, 2019, the House passed its Financial Services appropriations bill, which includes funding for the White House Office of National Drug Control Policy (ONDCP), and on September 19, 2019, the Senate Appropriations Committee advanced their version of the bill.

On December 19, 2019, Congress passed a final FY 2020 appropriations deal. This document outlines the final funding levels for NASADAD's priority programs within HHS, DOJ, and ONDCP, including language from the Administration's Congressional Justifications, as well as the House and Senate Appropriations Committees' bill reports and final appropriations bill reports.

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)
- Department of Justice (DOJ)
- Office of National Drug Control Policy (ONDCP)

Senate Report Language on Opioids and Stimulants: “The Committee is pleased that CDC recently reported that drug overdose deaths have declined for the first time since the 1990s. However, the Committee is aware and concerned with the increase in deaths associated with stimulant use, specifically the overlap with opioid overdoses in what is a growing trend of polysubstance abuse. According to a recent report from CDC, from 2015 to 2016, stimulant-involved death rates increased 52 percent and 33 percent, respectively. Therefore, the Committee expands the use of funds to include stimulants and the bill provide \$3,900,000,000 in funding to fight prescription opioid abuse and heroin and stimulant use, an increase of \$70,000,000 over fiscal year 2019 and an increase of \$3,600,000,000 in the past 5 years.”

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
SAPT Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$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.”

Senate Report Language on the SAPT Block Grant:

“The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act. The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources based on their own unique needs. This funding stream is also critical in assisting States to address all substance use disorders, including but not limited to those related to alcohol, cocaine and methamphetamine. The Committee also recognizes the importance of the block grant's 20 percent primary prevention set-aside, which represents close to 70 percent of prevention dollars managed by State alcohol and drug agencies. 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.”

Additional Opioids Allocation

Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
State Targeted Response (STR) to the Opioid Crisis Grants	\$500,000,000	Not funded	Not funded	Not funded	Not funded	Not funded	Level
State Opioid Response (SOR) Grants	\$1,000,000,000	\$1,500,000,000	\$1,500,000,000	\$1,500,000,000	\$1,500,000,000	\$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 \$1,500,000,000 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.”

Senate Appropriations Report Language on the SOR Grant program:

“The Committee provides \$1,500,000,000 for grants to States to address the opioid crisis. Bill language continues to provide \$50,000,000 for grants to Indian Tribes or Tribal organizations and a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. The Committee urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates. Activities funded with this grant may include bonafide treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized within States to account for comprehensive services to individuals.

“The Committee recognizes the alarming increase in overdoses involving stimulants such as methamphetamine and cocaine across the country. CDC recently reported that during 2015–2016, age-adjusted death rates involving methamphetamine and cocaine increased by 52 percent and 33 percent respectively. As such, the Committee directs SAMHSA to make prevention and treatment of, and recovery from, stimulant abuse an allowable use of these funds while maintaining the existing formula calculation based on age-adjusted mortality rates related to opioid overdose deaths. The Committee directs the agency to ensure funds reach local communities and counties to address

areas of unmet need. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to rural, underserved communities, and providers in addressing this crisis. SAMHSA shall submit to the Committees on Appropriations of the House of Representatives and the Senate the proposed allocation of funds not later than 15 days prior to publishing the funding opportunity announcement. The Committee is concerned that it has not received the report requested in fiscal year 2018 outlining detailed activities for which each State has received funding and the ultimate recipients of the funds provided to States and requests a report no later than 30 days after enactment. In addition, the Committee looks forward to receiving SAMHSA's evaluation of the program not later April 2020 and requests that SAMHSA update the evaluation on an annual basis. SAMHSA is directed to make the report and evaluation publicly available on SAMHSA's website.

Final Appropriations Language on SOR: "The agreement includes bill language to **make addressing stimulant abuse an allowable use of funds while maintaining the existing formula**. The agreement directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. Additionally, the agreement urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. Consistent with the objective of Comprehensive Opioid Recovery Centers, the agreement encourages long-term care and support services that dramatically improve outcomes and contribute to best practices. The agreement notes concern that the report requested under this heading in fiscal year 2018 has not been transmitted to the Committees. In addition, the agreement urges transmittal of SAMHSA's evaluation of the program to the Committees by April 2020. SAMHSA is directed to make such report and evaluation available on SAMHSA's website."

SAMHSA's Center for Substance Abuse Treatment (CSAT)

Program	FY 18	FY 19	President's FY 20 Request	House FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
CSAT PRNS TOTAL	\$403,427,000	\$458,677,000	\$429,888,000	\$483,177,000	\$474,677,000	\$477,677,000	+\$19,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
Building Communities of Recovery	\$5,000,000	\$6,000,000	\$6,000,000	\$7,000,000	\$7,000,000	\$8,000,000	+\$2,000,000
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level
Comprehensive Opioid Recovery Centers	N/A	N/A	N/A	\$10,000,000	N/A	Funded within CMHS (\$2 million)	N/A
Criminal Justice Activities	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	Level
<i>Drug Courts</i>	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	Level
Emergency Dept. Alternatives to Opioids	N/A	N/A	N/A	N/A	\$4,000,000	\$5,000,000	+\$5,000,000
First Responder Training*	\$36,000,000	\$36,000,000	\$36,000,000	\$36,000,000	\$41,000,000	\$41,000,000	Level
Rural Focus*	\$18,000,000	\$18,000,000	\$18,000,000	\$18,000,000	\$23,000,000	\$23,000,000	Level
Grants to Develop Curricula for DATA Act Waivers	N/A	N/A	\$4,000,000	\$4,000,000	N/A	N/A	N/A
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	Level
Improving Access to Overdose Treatment	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	Level
Minority Fellowship	\$4,539,000	\$4,789,000	Not funded	\$4,789,000	\$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	\$8,724,000	Level
Peer Support Technical Assistance Center	N/A	N/A	N/A	\$2,000,000	N/A	\$1,000,000	+\$1,000,000
Pregnant and Postpartum Women (PPW)	\$29,931,000	\$29,931,000	\$29,931,000	\$29,931,000	\$29,931,000	\$31,931,000	+\$2,000,000
Preventing Overdoses in ERs	N/A	N/A	N/A	\$10,000,000	N/A	N/A	N/A
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	Level
Regional CoE in SUD Education	N/A	N/A	N/A	\$2,000,000	N/A	N/A	N/A
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	Not funded	\$31,000,000	\$30,000,000	\$30,000,000	Level
Strengthening Community Crisis Response Systems	N/A	N/A	N/A	\$2,500,000	N/A	N/A	N/A
Targeted Capacity Expansion (TCE) General	\$95,192,000	\$100,192,000	\$100,192,000	\$100,192,000	\$100,192,000	\$100,192,000	Level
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)	\$84,000,000	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	Level
Treatment, Recovery, and Workforce Support	N/A	N/A	N/A	N/A	\$4,000,000	\$4,000,000	+\$4,000,000
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$36,386,000	\$38,386,000	\$36,386,000	\$36,386,000	Level

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

SAMHSA Congressional Justification Language:

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.”

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.”

House Appropriations Committee Report Language:

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.”

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.”

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.”

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.”

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.”

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.**”

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.”

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.”

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.”

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.”

Senate Report Language:

Adolescent SBIRT: “The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing underage drinking and other early substance use is a cost-effective strategy in preventing costly problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance abuse, but that many health providers, especially pediatricians, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve

youth 12 to 21 years of age as well as on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults. Further, the Committee encourages SAMHSA to consider using existing resources for grants to pediatric healthcare providers in accordance with the specifications outlined in Section 9016 of the Sober Truth in Preventing Underage Drinking Reauthorization (Public Law 114–255).”

Building Communities of Recovery: “The Committee provides \$7,000,000, an increase of \$1,000,000. The Committee appreciates SAMHSA’s implementation of this program in fiscal year 2019 and continues to encourage SAMHSA to promote the expansion of recovery support services as well as reduce stigma associated with addictions. Recovery services are critical to maintaining healthy individuals after they are treated for substance use disorders, creating healthier communities in the process. These grants also support the development, enhancement, expansion, and delivery of recovery support services, delivered by well-trained and credentialed peers. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards possible within their respective States.”

Combating Opioid Misuse: “The Committee provides \$12,000,000 within PRNS for grants to prevent opioid overdose related deaths. 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 Committee also provides \$41,000,000 an increase of \$5,000,000, for First Responder Training grants. Of this amount, \$23,000,000 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. The Committee believes the funding should be in CSAT to best ensure that, after an overdose is reversed through the use of naloxone, these individuals are given access to recovery coaching and referral to treatment. \$5,000,000 of this funding is to make new awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone) as authorized in the Supporting and Improving Rural EMS Needs [SIREN] Act included in the Agriculture Improvement Act of 2018.”

Continuum of Care Approaches: “The Committee notes that 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.”

Drug Courts: “The Committee directs SAMHSA to ensure that all funding for Drug Treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant.”

Emergency Department Alternatives to Opioids: “The Committee includes \$4,000,000 to award new grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act.”

Evidence-based Therapeutics: “The Committee notes that FDA has cleared a prescription digital therapeutic and a prescription mobile medical application to deliver cognitive behavioral therapy in conjunction with outpatient treatment of substance use disorder and opioid

use disorder patients. The Committee requests SAMHSA include a report in the fiscal year 2021 CJ on how these new prescription technologies could be used by the behavioral health field as a tool to combat substance abuse and the opioid crisis by expanding patient access to treatment and recovery support services.”

MAT: “The Committee includes \$89,000,000 for medication-assisted treatment, of which \$10,000,000 continues to be for grants to Indian tribes, tribal organizations, or consortia. SAMHSA is directed to give preference in grant awards to treatment regimes that are less susceptible to diversion for illicit purposes. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders. 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 to achieve and maintain abstinence from all opioids and heroin, including programs that offer low-barrier or same day treatment options. The Committee notes that the report requested on this program has not yet been submitted and the Committee expects an update within 30 days of enactment.”

Minority Fellowship Programs: “The Committee recognizes the importance of supporting a diverse behavioral health workforce and its effectiveness in addressing substance use disorders and mental health issues impacting minority and underserved populations.”

Neonatal Abstinence Syndrome [NAS]: “The Committee is pleased to see SAMHSA publish guidance for healthcare professionals for a national standard of evaluation, care, and treatment of women with opioid use disorders and infants with NAS. The Committee supports the continued efforts of expanded implementation of SBIRT, and its possible impact on reducing the costs of NAS.”

Opioid Use in Rural Communities: “The Committee is aware that response to the opioid abuse crisis continues to pose unique challenges for rural America due to limited access to care to identify, diagnose, and treat patients with substance use disorders, as well as assisting individuals in recovery. The Committee encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.”

Opioid Detoxification: “The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee notes that opioid detoxification may be followed by injectable extended-release naltrexone, and encourages SAMHSA to disseminate information about this practice where applicable, including in rehabilitation and criminal justice settings.”

Pregnant and Postpartum Women Program: “The Committee applauds 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. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”

Sober Homes and Drug Treatment Facilities: “The Committee encourages SAMHSA to provide information to local government officials regarding sober home best practices, including effective oversight of drug treatment facilities consistent with substance use disorder-specific

program standards in an effort to protect vulnerable persons with substance use disorder, and their families, from fraudulent and abusive practices.”

Telehealth Medication-Assisted Treatment Pilot Project for Opioid Treatment: “Medication-Assisted Treatment, when partnered with other clinically appropriate services, has shown that it can help people with diagnosed substance use disorder achieve and maintain abstinence from opioids and heroin. In rural areas, however, there is often a shortage of licensed providers who are able to diagnose, treat and manage patients in the time and with the intensity required to achieve the desired outcome. Telehealth has been an extremely successful way to provide increased access to healthcare of all kinds to rural disadvantaged populations, including in the fields of psychiatry and psychology, and the Committee is aware that some State Opioid Response grant funding has been used to fund the provision of MAT through telehealth. As such, the Committee believes that the power of technology should be used to address the opioid epidemic and requests a report in the fiscal year 2021 CJ on efficacy and sustainability of tele-MAT programs.”

Treatment Assistance for Localities: “The Committee is aware of some municipalities utilizing peer recovery specialists to proactively build relationships of trust with residents by interacting with the residents in their neighborhoods and then connecting them to treatment options as appropriate. The Committee also recognizes efforts to support and build capacity for evidence-based mutual aid recovery programs that support Medication-Assisted Treatment. The Committee encourages SAMHSA to support these activities as applicable in its current grant programs.”

Treatment, Recovery, and Workforce Support: “The Committee includes \$4,000,000 for SAMHSA to implement section 7081 of the SUPPORT Act. SAMHSA is directed to, in consultation with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Eligible grantees include entities that offer treatment or recovery services for individuals with substance use disorders, and partners with one or more local or State stakeholders that support recovery, independent living, and participation in the workforce.”

Final Appropriations Report Language for CSAT Programs:

Adolescent Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT): “The agreement encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age as well as on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults. Further, the agreement encourages SAMHSA to consider using existing resources for grants to pediatric healthcare providers in accordance with the specifications outlined in section 9016 of the Sober Truth in Preventing Underage Drinking Reauthorization (P. L. 114-255).”

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

Emergency Department Alternatives to Opioids: “The agreement includes funding to award new grants to hospitals and emergency departments as authorized in section 7091 of the SUPPORT Act (P.L. 115-271).”

First Responder Training: “Of the funding provided, the agreement provides an additional \$5,000,000 to make new awards to rural public and non-profit fire and EMS agencies as authorized in the Supporting and Improving Rural Emergency Medical Services Needs (SIREN) Act, included in the Agriculture Improvement Act of 2018 (P.L. 115-334). The agreement directs SAMHSA to coordinate with the Federal Office of Rural Health Policy in HRSA.”

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction: “Within the amount, the agreement includes \$10,000,000 for grants to Indian Tribes, Tribal Organizations, or consortia.”

Neonatal Abstinence Syndrome: “The agreement supports the continued efforts of expanded implementation of SBIRT and its possible impact on reducing the costs of neonatal abstinence syndrome.”

Opioid Abuse in Rural Communities: “The agreement encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as - programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.”

Peer Support Technical Assistance Center: “The agreement provides funding for the creation of the Center, as authorized by section 7152 of the SUPPORT Act (P.L. 115-271).”

Pregnant and Postpartum Women: “The agreement encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”

Telehealth Medication-Assisted Treatment (MAT) for Opioid Treatment: “The agreement notes that some State Opioid Response grant funding has been used to fund MAT through telehealth and requests a report in the fiscal year 2021 Congressional Justification on efficacy and sustainability of this effort.”

Treatment Assistance for Localities: “The agreement recognizes the use of peer recovery specialists and mutual aid recovery programs that support MAT and encourages SAMHSA to support these activities as applicable in its current grant programs.”

Treatment, Recovery, and Workforce Support: “The agreement includes funding to implement section 7081 of the SUPPORT Act (P.L. 115-271). SAMHSA is directed to, in consultation with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.”

SAMHSA's Center for Substance Abuse Prevention (CSAP)

Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
CSAP PRNS TOTAL	\$248,219,000	\$205,469,000	\$144,090,000	\$212,469,000	\$205,469,000	\$205,469,000	+\$1,000,000
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$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	\$4,894,000	Level
Minority AIDS	\$41,205,000	\$41,205,000	\$41,205,000	\$46,205,000	\$41,205,000	\$41,205,000	Level
Minority Fellowship	\$71,000	\$321,000	Not funded	\$321,000	\$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	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$7,000,000	\$8,000,000	\$8,000,000	\$10,000,000	\$8,000,000	\$9,000,000	+\$1,000,000
<i>National Adult- Oriented Media Public Service Campaign</i>	N/A	\$1,000,000	N/A	\$2,000,000	\$1,000,000	\$1,000,000	Level
Strategic Prevention Framework-Partnerships for Success	\$119,484,000	\$119,484,000	\$58,426,000	\$119,484,000	\$119,484,000	\$119,484,000	Level
Strategic Prevention Framework Rx	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level
Tribal Behavioral Health Grants	\$15,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level

Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
Drug Free Communities (DFC)*	\$99,000,000	\$100,000,000	\$100,000,000	Not funded in L-HHS bill	Not funded in L-HHS bill	Not funded in L-HHS bill	N/A

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

SAMHSA Congressional Justification Language:

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."

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.”

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.”

House Appropriations Committee Language:

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.

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.”

Strategic Prevention Framework-Partnerships for Success Program: “The Committee supports this program which is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and tribal levels. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State’s top three substance use issues for 12 to 18-year-old youth as determined by the State’s epidemiological data.”

Tribal Behavioral Health Grants: “SAMHSA has administered Tribal Behavioral Health Grants [TBHGs] for mental health and substance abuse prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among tribal populations, the Committee urges the Assistant Secretary for Mental Health and Substance Abuse to engage with Tribes on ways to maximize participation in this program.”

Final Appropriations Report Language:

Sober Truth on Preventing Underage Drinking Act (STOP Act): “The agreement provides an increase for community-based coalition enhancement grants.

Strategic Prevention Framework-Partnerships for Success Program: “The agreement encourages the program to support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State's top three substance use issues for 12 to 18 year old youth as determined by the State's epidemiological data. The agreement **directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions.**”

SAMHSA's Center for Mental Health Services (CMHS)

CMHS Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
CMHS PRNS TOTAL	\$426,659,000	\$435,616,000	\$415,739,000	\$480,616,000	\$445,774,000	\$500,626,000	+\$65,000,000
Assisted Outpatient for Individuals with SMI	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000	\$19,000,000	+\$4,000,000
Assertive Community Treatment	\$5,000,000	\$5,000,000	\$15,000,000	\$10,000,000	\$7,000,000	\$7,000,000	+\$2,000,000
Certified Community Behavioral Health Clinics (CCBHCs)	\$100,000,000	\$150,000,000	\$150,000,000	\$150,000,000	\$200,000,000	\$200,000,000	+\$50,000,000
Comprehensive Opioid Recovery Center (CORCs)	N/A	N/A	N/A	\$10,000,000	N/A	\$2,000,000	+\$2,000,000
Children and Family Programs	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level
Consumer/ Consumer Support TA Centers	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,269,000	\$4,269,000	\$14,269,000	\$9,269,000	\$4,269,000	\$6,269,000	+\$2,000,000
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level
Healthy Transitions	\$25,951,000	\$25,951,000	\$30,951,000	\$30,951,000	\$25,951,000	\$28,951,000	+\$3,000,000
<i>Healthy Transitions-College Campus</i>	N/A	N/A	\$5,000,000	N/A	N/A	N/A	N/A
Homelessness	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level
Homelessness Prevention Programs	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level
Infant and Early Childhood MH	\$5,000,000	\$5,000,000	Not funded	\$10,000,000	\$5,000,000	\$7,000,000	+\$2,000,000
MH System Transformation and Health Reform	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level
Mental Health Awareness Training (formerly MH First Aid)	\$19,963,000	\$20,963,000	\$20,963,000	\$20,963,000	\$21,963,000	\$22,963,000	+\$2,000,000
Minority Fellowship Program	\$8,059,000	\$8,059,000	Not funded	\$10,059,000	\$8,059,000	\$9,059,000	+\$1,000,000
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level
National Child Traumatic Stress Network	\$53,887,000	\$63,887,000	\$63,887,000	\$70,887,000	\$63,887,000	\$68,887,000	+\$5,000,000
Practice Improvement and Training	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level
Primary and Behavioral Health Care Integration	\$49,877,000	\$49,877,000	Not funded	\$49,877,000	\$49,877,000	\$49,877,000	Level
Primary/Behavioral Health Integration TA	\$1,991,000	\$1,991,000	Not funded	\$1,991,000	\$1,991,000	\$1,991,000	Level
Project AWARE State Grants	\$71,001,000	\$71,001,000	\$81,001,000	\$84,001,000	\$103,001,000	\$102,001,000	+\$31,000,000
Project LAUNCH	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	Level
Seclusion & Restraint	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level
Suicide Prevention	\$69,032,000	\$74,034,000	\$74,034,000	\$81,103,000	\$88,034,000	\$90,034,000	+\$16,000,000
Tribal Behavioral Health Grants	\$15,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level
Children's Mental Health	\$125,000,000	\$125,000,000	\$125,000,000	\$130,000,000	\$125,000,000	\$125,000,000	Level
Grants to States for the Homeless/ Projects for Assistance in Transition from Homelessness (PATH)	\$64,635,000	\$64,635,000	\$64,635,000	\$66,635,000	\$64,635,000	\$64,635,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$14,146,000	\$36,146,000	\$36,146,000	\$36,146,000	Level
Community Mental Health Services (CMHS) Block Grant	\$701,532,000	\$701,532,000	\$701,532,000	\$736,532,000	\$701,532,000	\$701,532,000	Level

SAMHSA Congressional Justification Language for CMHS Programs:

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."

Senate Appropriations Language for CMHS Programs:

CCBHCs: "The bill includes \$200,000,000, an increase of \$50,000,000, to provide grants to clinics certified by their State to provide treatment for those with mental health illness. The Committee expects SAMHSA will continue to provide competitive grants to those areas also impacted by the opioid crisis."

Final Appropriations Language on CMHS Programs:

Comprehensive Opioid Recovery Centers: "The agreement includes funding to provide grants, as authorized by section 7121 of the SUPPORT Act (P.L. 115-271), to previous recipients of HRSA Rural Communities Opioid Response Program Planning Grants that provide comprehensive treatment and recovery services in rural communities, including Tribal communities."

Criminal Justice Activities: "The agreement prioritizes funding for centers that provide assistance to those with severe mental health needs who are at risk of recidivism. The agreement encourages SAMHSA to prioritize applications from areas with high rates of uninsured individuals, poverty, and substance use disorders. Infant and Early Childhood Mental Health - The agreement includes an increase to fund additional grants. The agreement continues to recommend providing grants to entities such as State agencies, Tribal communities, and university or medical centers."

Mental Health Awareness Training: "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 and armed services personnel and their family members within the Mental Health First Aid program."

Project AWARE: "The agreement includes an increase and encourages SAMHSA to expand the identification of children and youth in need of mental health services, increase access to mental health treatment, promote mental health literacy among teachers and school personnel, and provide mental health services in schools and for school aged youth. Of the amount provided, the agreement directs \$10,000,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. These grants should maintain the same focus as fiscal year 2019 grants. The agreement requests a report on progress of grantees 180 days after enactment of this Act."

Suicide Prevention: "The agreement includes increased funding to expand and enhance access to suicide prevention resources of the Suicide Lifeline, the Zero Suicide program, and Garrett Lee Smith Suicide Prevention Resource Center."

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
NIAAA	\$509,573,000	\$525,591,000	\$452,000,000	\$551,278,000	\$556,010,000	\$545,373,000	+\$19,782,000

Final Appropriations Language for NIAAA:

Mobile Assessment Technology Research for Addictive Behaviors: “The agreement encourages NIAAA to support meritorious research to improve the prevention and treatment of substance misuse, addiction, and related consequences through the use of mobile technologies.”

National Institute on Drug Abuse (NIDA)

Program	FY 18	FY 2019	President's FY 19 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
NIDA	\$1,383,603,000	\$1,419,844,000	\$1,296,000,000	\$1,489,237,000	\$1,490,498,000	\$1,462,016,000	+\$42,172,000

Final Appropriations Language for NIDA:

Barriers to Research: “The agreement directs NIDA to provide a brief report on the barriers to research that result from the classification of drugs and compounds as Schedule I substances no later than 120 days after enactment of this Act.”

Cannabis Research: “The agreement encourages NIH to consider additional investment in studying the medicinal effects and toxicology of cannabidiol and cannabigerol.”

Methamphetamine Medication-Assisted Treatments: “The agreement urges NIDA to continue its ongoing trials to expeditiously find and approve a medication-assisted treatment for methamphetamine.”

Opioid Misuse and Addiction: “The agreement includes no less than \$250,000,000 for targeted research related to opioid misuse and addiction, development of opioid alternatives, pain management, and addiction treatment. The agreement directs NIH to expand scientific activities related to research on medications used to treat and reduce chronic pain, and the transition from acute to chronic pain. Further, the agreement urges NIH to: (1) continue funding research on medication development to alleviate pain and to treat addiction, especially the development of medications with reduced misuse liability; (2) as appropriate, work with private companies to fund innovative research into such medications; (3) report on what is known regarding the transition from opioid analgesics to heroin 64 and synthetic opioid use and addiction within affected populations; (4) conduct pilot studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; (5) test interventions in justice system settings to expand the uptake of medications for treating opioid use disorder (OUD) and methods to scale up these interventions for population-based impact; and (6) develop evidence-based strategies to integrate screening and treatment for OUD in emergency department and primary care settings. In addition, NIH should continue to sponsor research to better understand the

effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid misuse and addiction. Further, the agreement notes NIDA has started to investigate the links among respiratory health, disease, and deaths from opioids to determine if addressing underlying respiratory physiology can prevent death due to respiratory failure during overdoses."

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

Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,127,278,000	\$1,132,278,000	\$1,318,056,000	\$1,350,197,000	\$1,270,056,000	\$1,273,556,000	+\$141,278,000
<i>HIV Prevention by Health Departments</i>	\$397,161,000	\$397,161,000	Not listed	Not listed	\$537,161,000	Not listed	Not listed
<i>School Health</i>	\$33,081,000	\$33,081,000	Not listed	\$50,000,000	\$33,081,000	\$33,081,000	Level
Viral Hepatitis	\$39,000,000	\$39,000,000	\$39,000,000	\$50,000,000	\$39,000,000	\$39,000,000	Level
Infectious Diseases and the Opioid Epidemic	N/A	\$5,000,000	\$58,000,000	\$20,000,000	\$10,000,000	\$10,000,000	+\$5,000,000
Sexually Transmitted Infections	\$157,310,000	\$157,310,000	\$157,310,000	\$167,310,000	\$157,310,000	\$160,810,000	+\$3,500,000
Chronic Disease Prevention and Health Promotion	\$1,162,896,000	\$1,187,771,000	\$951,000,000	\$1,350,571,000	\$1,151,821,000	\$1,239,914,000	+\$52,143,000
<i>Tobacco</i>	\$210,000,000	\$210,000,000	Not funded	\$250,000,000	\$210,000,000	\$230,000,000	+\$20,000,000
<i>Excessive Alcohol Use</i>	\$4,000,000	\$4,000,000	Not funded	\$5,000,000	\$4,000,000	\$4,000,000	Level
<i>Prevention Research Centers</i>	\$25,461,000	\$25,461,000	Not funded	\$32,461,000	\$25,461,000	\$26,461,000	+\$1,000,000
Birth Defects and Developmental Disabilities	\$140,560,000	\$155,560,000	\$112,000,000	\$161,560,000	\$159,560,000	\$160,810,000	+\$5,250,000
<i>Fetal Alcohol Syndrome</i>	\$11,000,000	\$11,000,000	Not listed	\$11,000,000	\$11,000,000	\$11,000,000	Level
<i>Neonatal Abstinence Syndrome</i>	N/A	\$2,000,000	\$2,000,000	\$4,000,000	\$2,000,000	\$2,250,000	+\$250,000
Injury Prevention and Control	\$648,559,000	\$648,559,000	\$628,839,000	\$704,059,000	\$663,559,000	\$677,379,000	+\$28,820,000
<i>Unintentional Injury</i>	\$8,800,000	\$8,800,000	\$6,737,000	\$11,800,000	\$8,800,000	\$8,800,000	Level
<i>Injury Prevention Activities</i>	\$28,950,000	\$28,950,000	\$20,293,000	\$28,950,000	\$28,950,000	\$28,950,000	Level
Opioid Prescription Drug Overdose (PDO)/ Opioid Overdose Prevention and Surveillance	\$475,579,000	\$475,579,000	\$475,579,000	\$475,579,000	\$475,579,000	\$475,579,000	Level
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	Not funded	\$160,000,000	\$160,000,000	\$160,000,000	Level
America's Health Block Grant	N/A	N/A	\$500,000,000	Not funded	Not funded	Not funded	N/A

Congressional Justification Language for CDC Programs:

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.”

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.”

House Appropriations Committee Language:

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.”

Final Appropriations Report Language for CDC Programs:

Tobacco: “The agreement provides an increase and recognizes that the individual elements of comprehensive tobacco control programs are synergistic and when implemented together have the greatest effect, but also encourages flexibility within the context of CDC’s National Tobacco Control Program to ensure State and local health departments are able to direct adequate resources to stem the tide of youth use of e-cigarettes. CDC is encouraged to identify strategies to promote youth cessations, within existing resources use for State quitlines.”

Opioid Overdose Prevention and Surveillance: “The agreement directs CDC to continue funding overdose prevention efforts in the same manner as directed in P.L. 115-245. The agreement encourages CDC to continue to work collaboratively with States to ensure that funding is available to all States for opioid prevention and surveillance activities.”

Preventative Health and Health Services Block Grant: “The agreement encourages CDC to enhance reporting and accountability, including how much funding is directed to support public health needs at the local level.”

Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
Community Health Centers	\$1,625,522,000	\$1,625,522,000	\$1,625,522,000	\$1,676,522,000	\$1,626,522,000	\$1,626,522,000	Level
Interdisciplinary Community-Based Linkages	\$190,903,000	\$191,903,000	\$111,916,000	<i>Not listed</i>	<i>Not listed</i>	\$220,903,000	+\$29,000,000
Maternal and Child Health Block Grant	\$651,700,000	\$677,700,000	\$660,700,000	\$712,000,000	\$677,700,000	\$687,700,000	+\$10,000,000
Rural Health	\$290,794,000	\$317,794,000	\$188,645,000	\$318,794,000	\$311,794,000	\$318,294,000	+\$500,000
<i>Rural Communities Opioids Response</i>	<i>\$100,000,000</i>	<i>\$120,000,000</i>	<i>\$120,000,000</i>	<i>\$100,000,000</i>	<i>\$110,000,000</i>	<i>\$110,000,000</i>	<i>-\$10,000,000</i>
Telehealth	\$23,500,000	\$24,500,000	\$10,000,000	\$28,500,000	\$26,500,000	\$29,000,000	+\$4,500,000
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,318,781,000	\$2,388,781,000	\$2,435,157,000	\$2,388,781,000	\$2,388,781,000	+\$70,000,000

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.”

Senate Appropriations Language on Community Health Centers: “One in five people living in rural communities rely on healthcare from a community health center. Also known as Federally Qualified Health Centers [FQHCs], these facilities are often located in areas where care is needed but scarce. The Committee continues to provide robust funding to support FQHCs, including \$1,626,522,000. Of this amount, \$200,000,000 shall be used for expanding behavioral health and substance use disorder prevention and treatment services.”

Final Appropriations Report Language for HRSA Programs:

Loan Repayment Program for Substance Use Disorder Treatment Workforce: “Within the total for BHWET, the agreement includes no less than \$12,000,000 to establish the Loan Repayment Program for Substance Use Disorder Treatment Workforce, as authorized under section 7071 of the SUPPORT for Patients and Communities Act (P.L. 115-271) and described in House Report 116-62.”

Rural Communities Opioids Response: “The bill includes \$110,000,000 to continue this program. The agreement includes \$10,000,000 to continue three Rural Centers for Excellence (Centers), as established in P.L. 115-245 and as directed by Conference Report 115-952. In addition to such conditions, the Centers shall work with neighboring States or regionally to implement surveillance, needs assessment, technical assistance, and educational outreach in the form of subgrants to non-profit entities or academic institutions to implement demonstrated interventions.”

Administration for Children and Families (ACF) – Select Programs

Program	FY 18	FY 2019	President's FY 20 Request	House Appropriations FY 20 Recommendation	Senate Appropriations FY 20 Recommendation	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
Promoting Safe and Stable Families (PSSF)	\$444,765,000	\$444,765,000	\$474,765,000	\$424,765,000	\$444,765,000	\$437,515,000	-\$7,250,000
Regional Partnership Grants (RPG), mandatory	\$20,000,000	\$20,000,000	\$60,000,000	\$20,000,000	\$20,000,000	\$10,000,000	-\$10,000,000
Programs for Children and Families	\$12,022,225,000	\$12,239,225,000	\$11,187,485,000	\$13,967,468,000	\$12,247,342,000	\$12,876,000	+\$637,472
Child Abuse Prevention and Treatment Act (CAPTA) State Grants	\$85,310,000	\$85,310,000	\$85,310,000	\$90,000,000	\$85,310,000	\$90,091,000	+\$4,781,000
Child Welfare Services	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level

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.”

Senate Appropriations Report Language for ACF Programs:

RPG: “Within the total for discretionary funding, the Committee recommendation includes \$20,000,000 for RPGs that promote coordination and collaboration between local child welfare and substance abuse treatment agencies, and other related organizations, to improve services and outcomes for children and families affected by substance use disorder, particularly opioid use. The Committee strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under the Family First Prevention Services Act, including family-focused residential treatment programs which help families remain together safely while parents receive treatment. The Committee also recommends priority be given to programs that mitigate the traumatic impact of parental incarceration.”

Plans of Infant Safe Care: “The Committee includes \$60,000,000 under the Child Abuse Prevention and Treatment Act to help States develop and implement infant plans of safe care and improve services for infants affected by substance use disorder, and their families.”

Preventive Services for Children At-Risk of Entering Foster Care: “The Committee provides \$20,000,000 in continued funding for Kinship Navigator Programs. This program improves services available to grandparents and other relatives taking primary responsibility for children because the child’s parent is struggling with opioid addiction or substance use disorder. In addition, the bill also includes \$20,000,000 for Regional Partnership Grants and family-focused residential treatment programs, to improve the coordination of services for children and families affected by opioid and other substance use disorders and help families remain together during treatment.”

Family First Implementation: “The Committee is concerned that the current lag in implementation of the prevention services clearinghouse is a serious impediment for States that want to implement the Family First Prevention Services Act [FFPSA] by October 1, 2019. Several States have signaled that they need more time to transition their individual child welfare programs to the FFPSA, which provides states with the option to delay implementation for up to 2 years. The need for a longer transition is particularly acute for States that are providing child welfare services under a Title IV-E waiver, since under current law all waivers expire at the end of fiscal year 2019. Many programs that have established strong evidence of effectiveness have already been operating in States with Title IV-E waivers, and the Committee strongly encourages ACF to work with waiver States including expeditiously reviewing interventions prioritized by waiver States, and otherwise ensuring the flexibility envisioned by FFPSA as States transition their IV-E programs to the FFPSA.”

Final Appropriations Language on ACF:

Kinship Navigator Programs: “The agreement includes \$20,000,000 for Kinship Navigator Programs to help build the evidence base in order for programs to become eligible for mandatory funding available under the Family First Prevention and Services Act (FFPSA).”

Prevention Services Clearinghouse: “The agreement includes \$2,750,000 for the clearinghouse to increase the capacity to review research and evaluations of programs intended to provide enhanced support to children and families and prevent foster care placements. This in turn will increase the number of such programs that may be eligible for funding under title IV-E of the Social Security Act.”

Regional Partnership Grants: “The agreement includes \$10,000,000 for Regional Partnership Grants (RPGs) and strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under FFPSA, including family-focused, residential treatment programs and programs that mitigate the traumatic impact of parental incarceration.”

Department of Justice (DOJ) – Select Programs

Program	FY 18	FY 2019	President's FY 20 Request	House FY 20 Request	Senate Appropriations FY 20 Request	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
Drug Enforcement Administration	\$2,609,900,000	\$2,687,703,000	\$2,976,295,000	\$2,800,000,000	\$2,783,152,000	\$2,722,295,000	+\$34,592,000
Office of Justice Programs (OJP): Research, Evaluation, and Statistics	\$80,000,000	\$80,000,000	\$94,500,000	\$80,000,000	\$80,000,000	\$79,000,000	-\$1,000,000
OJP: State and Local Law Enforcement Assistance	\$1,677,500,000	\$1,723,000,000	\$1,482,200,000	\$1,933,000,000	\$1,789,790,000	\$1,892,000,000	+\$169,000,000
<i>Byrne Justice Assistance Grants</i>	\$339,600,000	\$329,600,000	\$308,100,000	\$530,250,000	\$545,000,000	\$348,800,000	+\$19,200,000
<i>Comprehensive Opioid Abuse Program (COAP)</i>	\$145,110,000	\$157,000,000	\$145,000,000	\$166,200,000	\$180,210,000	\$180,150,000	+\$23,150,000
<i>Drug Courts</i>	\$75,000,000	\$77,000,000	\$75,000,000	\$83,000,000	\$80,000,000	\$80,000,000	+\$3,000,000
<i>Justice and Mental Health Collaboration Program (Mentally Ill Offender Act [MIOTCRA])</i>	\$30,000,000	\$31,000,000	\$30,000,000	\$37,220,000	\$33,000,000	\$33,000,000	+\$2,000,000
<i>Residential Substance Abuse Treatment (RSAT)</i>	\$30,000,000	\$30,000,000	\$30,000,000	\$33,000,000	\$31,000,000	\$31,160,000	+\$1,160,000
<i>Second Chance Act/Offender Reentry</i>	\$85,000,000	\$88,000,000	\$85,000,000	\$106,500,000	\$90,000,000	\$90,000,000	+\$2,000,000
<i>Veterans Treatment Courts</i>	\$20,000,000	\$22,000,000	\$20,000,000	\$25,000,000	\$23,000,000	\$23,000,000	+\$1,000,000
<i>Prescription Drug Monitoring</i>	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000	\$31,000,000	\$31,000,000	+\$1,000,000
<i>Community Oriented Policing Systems (COPS)**</i>	\$275,500,000	\$303,500,000	N/A	\$323,000,000	\$335,000,000	\$343,000,000	+\$39,500,000
<i>COPS Hiring Initiative</i>	\$150,550,000	\$153,000,000	\$69,000,000	\$239,000,000	\$245,000,000	\$156,000,000	+\$3,000,000
Juvenile Justice Programs	\$282,500,000	\$287,800,000	\$239,800,000	\$359,109,000	\$315,000,000	\$320,000,000	+\$32,200,000
<i>Opioid Affected Youth</i>	\$8,000,000	\$9,000,000	\$5,000,000	\$9,000,000	\$10,000,000	\$10,000,000	+\$1,000,000
High-Intensity Drug Trafficking Area (HIDTA)*	\$280,000,000	\$280,000,000	\$254,000,000	N/A	N/A	Not funded within CJS bill	N/A

*Administration proposed HIDTA program move to DOJ, but House and Senate recommend HIDTA program stay within ONDCP.

**Administration and House propose moving the COPS program to OJP; the Senate does not.

DOJ Congressional Justification Language:

COAP: “\$145.0 million in total funding is requested. COAP, a program developed in FY 2017, aims to reduce opioid misuse and the number of overdose fatalities. It also supports the implementation, enhancement, and proactive use of prescription drug monitoring programs to support clinical decision-making and prevent the misuse and diversion of controlled substances. In FY 2020, the President's Budget proposes to expand the authorized use of COAP funds to address both opioid and stimulant abuse reduction activities.”

OJP: “In FY 2020, community policing activities [within the Office of Community Oriented Policing Services] will be transferred to OJP, allowing the Department to centralize and strengthen the partnerships it has with state and local law enforcement and to promote community

policing not only through its hiring programs but also through the advancement of strategies for policing innovations and other innovative crime-fighting techniques.

“The FY 2020 Budget also proposes to consolidate National Institute of Corrections (NIC) activities within OJP. NIC is currently within the Bureau of the Prisons. A total of \$8.0 million and 34 positions is requested, including, \$3.0 million for NIJ for corrections-related research and evaluation, which will help to consolidate the Department's efforts in that area. The remaining \$5 million is for the Bureau of Justice Assistance (BJA) to conduct corrections-related training and technical assistance, which will better align efforts to assist state local and tribal corrections professionals with OJP grant programs.”

COPS: “\$99.0 million in total funding is requested. The primary activity of COPS Hiring is to increase public safety and advance community policing practices by awarding competitive, discretionary grants directly to law enforcement agencies across the United States and its territories.”

House Appropriations Language:

DEA: “Prescription drug and heroin abuse: The Committee continues to place a priority on reducing the crisis of prescription drug abuse and the record levels of mortality from overdoses of heroin, fentanyl and other opioids. The Committee expects DEA to provide the briefing on heroin and prescription drug diversion investigations as required pursuant to the fiscal year 2019 appropriations Act, to include related drug price and quantities, and prosecutions.

“Drug Disposal and Takeback Programs: The Committee is concerned by reports that 90 percent of Americans do not appropriately dispose of prescription drugs. The Committee supports DEA efforts to help the public safely dispose of unused and unwanted prescription drugs through drug takeback days and permanent drug disposal sites but believes more can be done. The Committee encourages DEA to consider in-home drug deactivation and disposal solutions that meet the agency's regulatory definition of non-retrievable, and evaluate their effectiveness, particularly in areas with high rates of opioid misuse or abuse, rural areas, areas with high populations of individuals with limited mobility, and areas that lack permanent disposal sites.”

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

MAT: “The Committee encourages BOP to make evidence-based relapse prevention treatment options available to inmates with a history of opioid dependence.

Senate Report Language for DOJ Programs:

Heroin and Opioid Crisis: “The Committee continues its commitment to helping States and local communities in the fight against heroin and the illegal use of opioids through comprehensive programs covering law enforcement, prevention, and treatment. A total of \$505,000,000 in DOJ grant funding is provided to help State and local partners tackle this epidemic, an increase of \$37,000,000 above the fiscal year 2019 level, including increased funding for programs covered under the Comprehensive Addiction and Recovery Act and Community Oriented

Policing Services [COPS] Anti-Heroin Task Forces. The Drug Enforcement Administration [DEA] is funded at \$2,783,152,000, an increase of \$95,449,000, which will allow for the continuation of heroin enforcement teams as well as other interdiction and intervention efforts, including expansion of DEA's 360 Strategy."

Methamphetamine Crisis: "The Committee notes that in addition to the heroin and opioid epidemic, many communities and families continue to suffer from a longstanding and reemerging methamphetamine crisis. In many States, particularly in rural areas, methamphetamine-related deaths vastly outnumber those from heroin. The Committee recognizes the strain methamphetamines place on families, communities, rural health providers, and law enforcement agencies, including the disproportionate burden to American Indian tribes. The Committee continues its commitment to fight methamphetamine trafficking and use by providing \$12,000,000 for competitive grants under the COPS Anti-Methamphetamine Task Forces program as well as \$10,000,000 provided to DEA to help State and local law enforcement for methamphetamine lab cleanup and container programs. The Committee also notes that the funding provided in COPS for tribal resources can be used for anti-methamphetamine efforts, as well as the funding provided for Comprehensive Opioid, Stimulant, and Substance Abuse Programs [COSSAP]."

Final Appropriations Language on DOJ Programs:

Comprehensive Addiction and Recovery Act (CARA) Programs: "Funding for these programs is outlined in the Anti-Opioid and Substance Abuse Initiative section of the State and Local Law Enforcement Assistance grant table. In lieu of House report language regarding Medication Assisted Treatment (MAT) and Residential Substance Abuse Treatment (RSA T), the Office of Justice Programs (OJP) is directed to publish how MAT is used in prison-based programs receiving RSAT funds, to include the number of forms of MAT administered. OJP is further directed to provide training and technical assistance to State and local correctional systems on best practices and approaches to enable these facilities to offer more than one form of MAT. Other House and Senate direction for programs under the Anti-Opioid and Substance Abuse Initiative stand."

Office of National Drug Control Policy (ONDCP)

Program	FY 18	FY 2019	President's FY 20 Request	House FY 20 Request	Senate Appropriations. FY 20 Request	Final FY 2020 Appropriations	FY 2020 vs. FY 2019
Office of National Drug Control Policy*	\$415,493,000	\$416,727,000	\$28,501,000	\$441,251,000	\$415,370,000	\$425,115,000	+\$8,388,000
<i>Drug Free Communities (DFC)</i>	\$99,000,000	\$100,000,000	Not funded within ONDCP	\$100,500,000	\$100,000,000	\$101,000,000	+\$1,000,000
<i>High-Intensity Drug Trafficking Area (HIDTA) Program</i>	\$280,000,000	\$280,000,000	Not funded within ONDCP	\$300,000,000	\$280,000,000	\$285,000,000	+\$5,000,000
<i>Community-Based Coalition Enhancement Grants (CARA Grants)</i>	\$3,000,000	\$3,000,000	Not funded within ONDCP	\$5,000,000	\$3,000,000	\$4,000,000	+\$1,000,000

*President's FY 2020 proposed total for ONDCP includes \$16,400,000 for operations, and \$12,101,000 for other federal drug control programs.

House Report Language on ONDCP: "The Committee notes the importance of the HIDTA and DFC grant programs in combating the nation's opioid epidemic. The Committee further notes that ONDCP ensures the HIDTA and DFC programs are equitably managed across Federal, State, and local agencies and with the necessary interagency flexibility to address emerging threats. The Committee rejects the proposal in the President's budget to transfer the HIDTA and DFC programs out of ONDCP, and instead directs ONDCP to retain operational control over these programs to maintain the interagency benefits needed to address the opioid crisis.

"The Committee strongly supports ONDCP programs to reduce drug use and drug trafficking and believes it is critical for ONDCP to remain a strong voice in the Executive Office of the President and a visible presence nationally. The Committee emphasizes the importance of a comprehensive approach to combating the epidemic and directs ONDCP to balance public health and public safety in both strategy development and resource allocation. The Committee notes the importance of: identifying early intervention opportunities, improving access to preventative and prescriptive treatment, strengthening community and school-based education programs, and supporting long-term recovery. The Committee directs ONDCP to brief on the implementation of the 2019 National Drug Control Strategy within 90 days of the date of enactment of this Act."

Senate Report Language on ONDCP: "The Committee recommends an appropriation of \$16,400,000 for ONDCP's salaries and expenses. The Committee rejects proposals to transfer the High Intensity Drug Trafficking Areas [HIDTA] and Drug-Free Communities programs to the Drug Enforcement Agency and the Substance Abuse and Mental Health Services Administration, respectively."

Senate Report Language on National Drug Control Strategy and the SUPPORT Act: "The Committee notes that ONDCP did not submit a National Drug Control Strategy in 2017 or 2018, and was delayed in submitting one for 2019, and that some information therein was lacking. As a result, the Committee is concerned about ONDCP's plans to meet new requirements under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities [SUPPORT] Act (Public Law 115-271), enacted in October 2018, and in particular, the requirements related to the drug control Data Dashboard. The Committee urges ONDCP to provide quarterly written updates to the Committee on the status of implementation of the Data Dashboard authorized by the SUPPORT Act."