

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

FY 2021 Budget Update February 2020

On February 10, 2020, the Administration released "A Budget for America's Future," its proposed budget for fiscal year 2021 (October 1, 2020 - September 30, 2021). This document outlines the proposed funding levels for NASADAD's priority programs within the Department of Health and Human Services (HHS), Department of Justice (DOJ), and Office of National Drug Control Policy (ONDCP).

This overview summarizes proposed FY 2021 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)

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
SAPT Block Grant	\$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 block grant funds are directed toward four purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
- Fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery;
- Fund primary prevention for individuals not identified as needing treatment (which may include universal programs that are targeted to the general public or a whole population group that has not been identified on the basis of individual risk, selective activities that are targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average, and indicated prevention activities that are targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels); and
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral disorder treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

"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 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
State Targeted Response (STR) to the Opioid Crisis Grants	\$500,000,000	Not funded	Not funded	Not funded	N/A
State Opioid Response (SOR) Grants	\$1,000,000,000	\$1,500,000,000	\$1,500,000,000	\$1,585,000,000	+\$85,000,000

SAMHSA Congressional Justification Language on the SOR Grant program:

“The FY 2021 Budget Request is \$1.59 billion, an increase of \$85.0 million from the FY 2020 Enacted. This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding was established to award grants to states and territories via formula. The program also includes a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The program also includes a \$50 million set-aside for tribes. Given the varying nature of substance misuse across the United States, the budget continues to expand the use of State Opioid Response grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. States and communities across the country are dealing with rising rates of stimulant use and its negative health, social, and economic consequences, including some states which the latest data indicates are currently experiencing more overdose deaths from methamphetamine than opioids. SAMHSA continues to support the expansion of the use of this funding to provide states flexibility to address their greatest need.”

SAMHSA's Center for Substance Abuse Treatment (CSAT)

Program	FY 18	FY 19	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
CSAT PRNS TOTAL	\$403,427,000	\$458,677,000	\$479,677,000	\$364,677,000	-\$115,000,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
Building Communities of Recovery	\$5,000,000	\$6,000,000	\$8,000,000	\$8,000,000	Level
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level
Criminal Justice Activities	\$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	Level
Emergency Dept. Alternatives to Opioids	N/A	N/A	\$5,000,000	\$5,000,000	Level
First Responder Training*	\$36,000,000	\$36,000,000	\$41,000,000	\$41,000,000	Level
<i>Rural Focus*</i>	\$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	N/A	\$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	Level
Improving Access to Overdose Treatment	\$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	Level
Minority Fellowship	\$4,539,000	\$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	Level
Peer Support Technical Assistance Center	N/A	N/A	\$1,000,000	\$1,000,000	Level
Pregnant and Postpartum Women (PPW)	\$29,931,000	\$29,931,000	\$31,931,000	\$31,931,000	Level
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	\$30,000,000	Not funded	-\$30,000,000
Targeted Capacity Expansion (TCE) General	\$95,192,000	\$100,192,000	\$100,192,000	\$11,192,000	-\$89,000,000
<i>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)</i>	\$84,000,000	\$89,000,000	\$89,000,000	Not funded	-\$89,000,000
Treatment, Recovery, and Workforce Support	N/A	N/A	\$4,000,000	\$4,000,000	Level
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$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:

Targeted Capacity Expansion/MAT-PDOA: "The FY 2021 President's Budget is \$11.2 million, a decrease of \$89.0 million from the FY 2020 Enacted level. This will continue support for TCE-PTP [Peer-to-Peer] and TCE-Special Projects, but will end grants associated with MAT-PDOA. This funding is reallocated to the State Opioid Response grant program. These activities can be supported through the State Opioid Response grant program. SAMHSA will fund 23 TCE-Special Projects continuation grants and four new grants."

SBIRT: "The FY 2021 President's Budget is \$0.0 million, a decrease of \$30.0 million from the FY 2020 Enacted level. SBIRT grants will end in FY 2021. This successful demonstration has been taken up across the country and can be paid for by public and third-party insurance. States are encouraged to incorporate support for the SBIRT program model with other funding sources."

Drug Courts: "Funding opportunity announcements for SAMHSA's Drug Court grants state clearly that funds are intended to support individuals diagnosed with SUDs as their primary condition. SAMHSA's Drug Court grantees are encouraged to work with the corresponding State Substance Abuse Agency in the planning, implementation, and evaluation of their grants."

Pregnant and Postpartum Women: "Section 501 of the Comprehensive Addiction and Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. Historically, the PPW program has only supported the provision of residential treatment services.

"The PPW pilot provides grants to states to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot.

"In FY 2018, SAMHSA funded three new state PPW pilot grants and three continuation state PPW pilot grants, supplements for direct technical assistance, and one continuation evaluation contract. In FY 2019, SAMHSA funded six pilot continuation grants. In FY 2020, SAMHSA plans to fund three pilot continuation grants, and three new grants."

Grants to Develop Curricula for DATA Act Waivers: "The purpose of this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, is to expand access to substance use disorder treatment by supporting grants to accredited schools of allopathic medicine or osteopathic medicine and teaching hospitals located in the United States to support the development of curricula that meet the requirements the Controlled Substances Act with respect to the treatment and management of opiate-dependent patients."

SAMHSA's Center for Substance Abuse Prevention (CSAP)

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
CSAP PRNS TOTAL	\$248,219,000	\$205,469,000	\$206,469,000	\$96,985,000	-\$109,484,000
Center for the Application of Prevention Technologies (CAPT)	\$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	Level
Minority AIDS	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	Level
Minority Fellowship	\$71,000	\$321,000	\$321,000	\$321,000	Level
Science and Service Program Coordination	\$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	\$9,000,000	\$9,000,000	Level
Strategic Prevention Framework-Partnerships for Success	\$119,484,000	\$119,484,000	\$119,484,000	\$10,000,000	-\$109,484,000
<i>Strategic Prevention Framework Rx</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>Level</i>
Tribal Behavioral Health Grants	\$15,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level

SAMHSA Congressional Justification Language:

SPF-PFS: “SPF-PFS is designed to ensure that prevention strategies and messages reach the populations most impacted by substance abuse. The program extends current established cross-agency and community-level partnerships by connecting substance abuse prevention programming to departments of social services and their community service providers. This includes working with populations disproportionately impacted by the consequences of substance use; i.e., children entering the foster care system, transitional youth, and individuals who support persons with substance abuse issues (women, families, parents, caregivers, and young adults). In FY 2020, SAMHSA plans to award up to 92 new grants.”

SPF-Rx: “The Strategic Prevention Framework for Prescription Drugs assists grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMP). Grantees have also raised awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA’s program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success. SAMHSA plans to maintain this level of support for SPF Rx through FY 2021.”

“The FY 2021 President's Budget is \$10.0 million, reflecting a decrease of \$109.5 million from the FY 2020 Enacted. Funding for the SPF Rx program will be maintained in its entirety (\$10.0 million) for 25 continuation grants. Funding to support SPF PFS is eliminated. States can use the prevention set-aside in the Substance Abuse Block Grant to support prevention activities.”

SAMHSA's Center for Mental Health Services (CMHS)

CMHS Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
CMHS PRNS TOTAL	\$426,659,000	\$435,616,000	\$529,661,000	\$509,793,000	-\$19,868,000
Assisted Outpatient for Individuals with SMI	\$15,000,000	\$15,000,000	\$19,000,000	\$25,000,000	+\$6,000,000
Assertive Community Treatment	\$5,000,000	\$5,000,000	\$7,000,000	\$25,000,000	+\$18,000,000
Certified Community Behavioral Health Clinics (CCBHCs)	\$100,000,000	\$150,000,000	\$200,000,000	\$225,000,000	+\$25,000,000
Comprehensive Opioid Recovery Center (CORCs)	N/A	N/A	\$2,000,000	\$2,000,000	Level
Children and Family Programs	\$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	Level
Consumer and Family Network Grants	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level
Criminal and Juvenile Justice Programs	\$4,269,000	\$4,269,000	\$6,269,000	\$9,269,000	+\$3,000,000
Disaster Response	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level
Healthy Transitions	\$25,951,000	\$25,951,000	\$28,951,000	\$30,951,000	+\$2,000,000
Homelessness	\$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	Level
Infant and Early Childhood MH	\$5,000,000	\$5,000,000	\$7,000,000	\$7,000,000	Level
MH System Transformation and Health Reform	\$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	\$22,963,000	\$21,963,000	-\$1,000,000
Minority Fellowship Program	\$8,059,000	\$8,059,000	\$9,059,000	\$9,059,000	Level
Minority AIDS	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level
National Child Traumatic Stress Network	\$53,887,000	\$63,887,000	\$68,887,000	\$68,887,000	Level
Practice Improvement and Training	\$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	\$49,877,000	Not funded	-\$49,877,000
Primary/Behavioral Health Integration TA	\$1,991,000	\$1,991,000	\$1,991,000	Not funded	-\$1,991,000
Project AWARE State Grants	\$71,001,000	\$71,001,000	\$102,001,000	\$103,001,000	+\$1,000,000
Project LAUNCH	\$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	Level
Suicide Prevention	\$69,032,000	\$74,034,000	\$90,034,000	\$93,034,000	+\$3,000,000
Tribal Behavioral Health Grants	\$15,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level
Children's Mental Health	\$125,000,000	\$125,000,000	\$125,000,000	\$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	\$64,635,000	Level
Protection and Advocacy	\$36,146,000	\$36,146,000	\$36,146,000	\$14,146,000	-\$22,000,000
Community Mental Health Services (CMHS) Block Grant	\$701,532,000	\$701,532,000	\$701,532,000	\$736,532,000	+\$35,000,000

SAMHSA Congressional Justification Language for CMHS Programs:

Comprehensive Opioid Recovery Centers: “For individuals with opioid use disorders, there is an increasing need for access to coordinated, comprehensive care services, including long-term care and support services, that utilize the full range of FDA-approved medications and evidence-based treatments.

“This program provides grants to nonprofit substance use disorder treatment organizations to operate of comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. The funding represents the first year of a four-year project period. Grantees are required to provide outreach and the full continuum of treatment services including MAT; counseling; treatment for mental disorders; testing for infectious diseases, residential rehabilitation, and intensive outpatient programs; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and family support services such as child care, family counseling, and parenting interventions. Grantees must utilize third party and other revenue to the extent possible. Grantees will be required to report client-level data, including demographic characteristics, substance use, diagnosis, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing.”

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
NIAAA	\$509,573,000	\$525,591,000	\$546,696,000	\$497,346,000	-\$49,350,000

National Institute on Drug Abuse (NIDA)

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
NIDA	\$1,383,603,000	\$1,419,844,000	\$1,457,724,000	\$1,431,770,000	-\$25,954,000

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

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	\$1,127,278,000	\$1,132,278,000	\$1,273,556,000	\$1,552,556,000	+\$279,000,000
<i>HIV Prevention by Health Departments</i>	\$397,161,000	\$397,161,000	Not listed	Not listed	N/A
<i>School Health</i>	\$33,081,000	\$33,081,000	\$33,081,000	Not listed	N/A
Viral Hepatitis	\$39,000,000	\$39,000,000	\$39,000,000	\$39,000,000	Level
Infectious Diseases and the Opioid Epidemic	N/A	\$5,000,000	\$10,000,000	\$58,000,000	+\$48,000,000
Sexually Transmitted Infections	\$157,310,000	\$157,310,000	\$160,810,000	\$160,810,000	Level
Chronic Disease Prevention and Health Promotion*	\$1,162,896,000	\$1,187,771,000	\$1,239,914,000	\$813,250,000*	-\$426,664,000
<i>Tobacco</i>	\$210,000,000	\$210,000,000	\$230,000,000	Not funded	-\$230,000,000
<i>Excessive Alcohol Use</i>	\$4,000,000	\$4,000,000	\$4,000,000	Not funded	-\$4,000,000
<i>Prevention Research Centers</i>	\$25,461,000	\$25,461,000	\$26,461,000	Not funded	-\$26,461,000
Birth Defects and Developmental Disabilities	\$140,560,000	\$155,560,000	\$160,810,000	\$112,250,000	-\$48,560,000
<i>Fetal Alcohol Syndrome</i>	\$11,000,000	\$11,000,000	\$11,000,000	Not listed	N/A
<i>Neonatal Abstinence Syndrome</i>	N/A	\$2,000,000	\$2,250,000	\$2,250,000	Level
Injury Prevention and Control	\$648,559,000	\$648,559,000	\$677,379,000	\$730,159,000	+\$52,780,000
<i>Unintentional Injury</i>	\$8,800,000	\$8,800,000	\$8,800,000	\$6,737,000	-\$2,063,000
<i>Injury Prevention Activities</i>	\$28,950,000	\$28,950,000	\$28,950,000	\$20,293,000	-\$8,657,000
Opioid Prescription Drug Overdose (PDO)/ Opioid Overdose Prevention and Surveillance	\$475,579,000	\$475,579,000	\$475,579,000	\$475,579,000	Level
<i>Drug-Free Communities (DFC)**</i>	N/A	N/A	N/A	\$100,000,000	+\$100,000,000
Preventive Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000	Not funded	-\$160,000,000
America's Health Block Grant	N/A	N/A	Not funded	\$350,000,000	+\$350,000,000

*Administration proposes transfer of funding from Chronic Disease Prevention and Health Promotion to America's Health Block Grant

**DFC program has historically been funded within the Office of National Drug Control Policy (ONDCP)

Congressional Justification Language for CDC Programs:

Drug-Free Communities: "In FY 2019, Congress appropriated \$100,000,000 to the Office of National Drug Control Policy, and provided that amounts made available under this heading may be transferred to other federal departments and agencies to carry out such activities. For several years, SAMHSA administered the program behalf of ONDCP.

"In FY 2021, HHS is proposing allocating DFC and CARA Local Drug Crisis funds directly to CDC to streamline program management, create administrative efficiencies, and leverage CDC's public health expertise and resources to the benefit of the programs and their almost 800 recipients across the country. As the nation's public health agency, CDC brings a wealth of experience in developing, implementing, and

evaluating prevention efforts that target people of all ages. CDC will effectively and efficiently manage these innovative programs, building on its promise of strengthening community coalitions and connecting them to other CDC state, local, territorial, and tribal substance abuse prevention programs. CDC plans some changes in the implementation of the DFC program to utilize CDC's core strengths to increase efficiency and ensure the greatest impact of the program dollars. For example, to strengthen connections between health departments and DFC coalitions, CDC has requested authority to award funds to health departments, who can then fund eligible coalitions. This health department-based approach is consistent with CDC's approach to funding other public health programs.

"Additionally, as a leader in identifying and responding to emerging substance use trends (such as illicitly made synthetic opioids, methamphetamines, and other psychostimulants), CDC will leverage expertise in efficient data analysis, and translation and dissemination of best practices and resources to assist DFC and CARA Local Drug Crisis programs in addressing distinct substance-related issues within their communities."

HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: "At the proposed FY 2021 funding level, CDC will employ an intensive, strategic approach to diagnose, refer for treatment, prevent, and respond to new HIV transmissions— creating a pathway to end the HIV/AIDS epidemic in America."

Sexually Transmitted Infections: "At the FY 2021 requested level, public health programs will continue to support disease intervention specialists as they follow-up and respond to outbreaks. This funding level will also support training and educational materials for healthcare professionals, and studies to translate STI research to practice and to improve program delivery."

Infectious Diseases and the Opioid Epidemic: "In FY 2019, CDC initiated a new program to address the infectious disease consequences of the opioid crisis. As the crisis continues to impact communities nationwide, CDC will support select jurisdictions to address the infectious disease consequences of the opioid epidemic and support targeted prevention and surveillance interventions in high-risk areas to reduce the spread of infectious disease. CDC will also disseminate best practices and provide technical assistance for syringe services programs implementation and cluster detection and response."

Chronic Disease Prevention and Health Promotion: "CDC's FY 2021 request of \$813,250,000 for the Chronic Disease Prevention and Health Promotion program is \$426,664,000 below FY 2020 Enacted...The request includes resources to support States, tribes, and territories to address leading chronic diseases through the America's Health Block Grant..."

Birth Defects and Developmental Disabilities: "CDC's FY 2021 request of \$112,250,000 for Birth Defects, Developmental Disabilities, Disabilities and Health is \$48,560,000 below FY 2020 Enacted. The FY 2021 request continues activities from FY 2020 related to Neonatal Abstinence Syndrome and Surveillance for Emerging Threats to Mothers and Babies, and continues focusing its birth defects and developmental disabilities portfolio on core public health activities that align with CDC's mission with proven interventions to make a positive impact on Americans' health."

Neonatal Abstinence Syndrome: “In FY 2020, CDC worked with CSTE to establish a pilot to conduct standardized surveillance using the new NAS case definition, and provide funding support for up to six states. CDC will share findings from the pilot and use lessons learned to inform reporting of NAS through CDC’s National Birth Defects Surveillance System.

“In FY 2021, CDC will continue with the pilot and working with partners to advance the understanding of NAS and translate findings to improve the care of mothers and babies.”

Injury Prevention and Control: “CDC’s FY 2021 request of \$730,159,000 for Injury Prevention and Control is \$52,780,000 above FY 2020 Enacted.

“The FY 2021 request would transfer the Drug Free Communities Drug-Free Communities (DFC) and Comprehensive Addiction and Recovery Act (CARA) Local Drug Crisis funds directly to CDC to streamline program management and leverage CDC’s public health expertise and resources to benefit the programs and their almost 800 recipients across the country.”

Opioid Abuse and Overdose Prevention: “With these resources, CDC will continue current activities to support all 50 states and territories, as well as local jurisdictions, to track and prevent overdose deaths. CDC will prioritize support to states and territories to collect and report real-time, robust overdose mortality data. CDC will also be able to address critical public health response needs that leverage previous investments in workforce, systems, and infrastructure across its five response pillars. Intervention strategies will address both prescription and illicit opioids and may address drugs to the extent that they are associated with and/or exacerbate the opioid overdose epidemic (e.g., cocaine mixed with fentanyl).”

America’s Health Block Grant: “The proposed five-year chronic disease prevention and health promotion block grant, America’s Health, provides flexibility for States, tribes, localities, and territories to focus on the top public health challenges present in their jurisdictions.

“All States currently receive one or more grants or awards within the programs that would be replaced by the America’s Health block grant, and such funds could be used to achieve relevant goals as prioritized by each locality, such as: preventing and reducing tobacco use, the leading cause of preventable death and disease in the United States.

“CDC’s FY 2021 request of \$350,000,000 for the America’s Health Block Grant, all from the Prevention and Public Health Fund, seeks 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. Grantees could implement customized strategies to address the most pressing chronic disease issues in their jurisdictions, such as: Help prevent youth tobacco product use and help people who use tobacco to quit.

“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 percent of extramural funding) will fund state (50) and territorial (8) health departments, the Washington, D.C. health department (1), and Tribal Epidemiology Centers (12).”

Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
Community Health Centers	\$1,625,522,000	\$1,625,522,000	\$1,626,522,000	\$5,727,522,000	+\$102,000,000
Interdisciplinary Community-Based Linkages	\$190,903,000	\$191,903,000	\$220,903,000	\$138,916,000	-\$81,987,000
Maternal and Child Health Block Grant	\$651,700,000	\$677,700,000	\$687,700,000	\$760,700,000	+\$73,000,000
Rural Health	\$290,794,000	\$317,794,000	\$318,294,000	\$246,834,000	-\$71,460,000
<i>Rural Communities Opioids Response</i>	\$100,000,000	\$120,000,000	\$110,000,000	\$110,000,000	Level
Telehealth	\$23,500,000	\$24,500,000	\$29,000,000	\$29,000,000	Level
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,318,781,000	\$2,388,781,000	\$2,483,781,000	+\$95,000,000

Congressional Justification Language for HRSA Programs:

Community Health Centers: “This request will also support quality improvement and value-based performance management activities at existing health center organizations, and ensure that current health centers can continue to provide essential primary health care services to their patient populations, including substance use disorder services focusing on the treatment, prevention, and/or awareness of opioid abuse.”

Interdisciplinary Community-Based Linkages: “The request prioritizes funding for health workforce activities that provide scholarships and loan repayment to clinicians in exchange for their service in areas of the United States where there is a shortage of health professionals.”

Maternal and Child Health Block Grant: “The FY 2021 Budget Request for the Maternal and Child Health (MCH) Block Grant program of \$760.7 million is \$73.0 million above the FY 2020 Enacted level. The Request includes an increase of \$60.0 million in funding for formula awards to states to provide states with additional flexibility to support activities previously funded through a number of MCH categorical grant programs.”

Rural Communities Opioids Response: “This request will enable HRSA to fund new RCORP-Implementation grants that provide needed SUD/ODU prevention, treatment, and recovery services to rural residents.

“The request will also provide HRSA with flexibility to respond to the evolving needs of the opioid epidemic, including the addition of psychostimulants.”

Telehealth: “HRSA will continue to utilize telehealth to provide access to healthcare in rural and underserved areas. In FY 2021, HRSA will make 30 new grant awards and continue 33 grants awards to strengthen the networks that provide telehealth services.”

Ryan White HIV/AIDS Program: “In support of HHS’s efforts to lead a national response to the opioid crisis, HRSA will continue to work collaboratively with other Federal partners to address opioid use disorder screening, treatment, and support for people with HIV.”

Administration for Children and Families (ACF) – Select Programs

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
Promoting Safe and Stable Families (PSSF)	\$444,765,000	\$438,169,408	\$417,160,000	\$474,765,000	+\$57,605,000
Family First Transition Services	N/A	N/A	\$500,000,000 (Funds may be spent in both FY 20 and FY21)	Not funded	N/A
Regional Partnership Grants (RPG), mandatory	\$20,000,000	\$20,000,000	\$10,000,000	\$40,000,000	+\$30,000,000
Programs for Children and Families	\$12,022,225,000	\$12,239,225,000	\$12,876,652,000	\$11,856,130,000	-\$1,020,522,000
Child Abuse Prevention and Treatment Act (CAPTA) State Grants	\$85,310,000	\$85,310,000	\$90,091,000	\$90,091,000	Level
Child Welfare Services	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level

Congressional Justification Language for ACF Programs:

Promoting Safe and Stable Families (PSSF): “The FY 2021 request for the PSSF appropriation account is \$624.8 million, which is a decrease of \$442 million from the FY 2020 enacted level (accounting for the end of the FY 2020 sequestration order). This change is largely due to the one-time funding in FY 2020 from the Family First Transition Act that is not requested in FY 2021. Excluding this one-time funding, the request is \$57.6 million above the FY 2020 enacted level.” Funding for the core promoting Safe and Stable Families program remains the same with approximately \$338 million in mandatory funds and \$59 million in appropriated funds. The Administration does seek increases in both the Court Improvement program (CIP) and the Regional Partnership Grants (RPG)s which are attached to PSSF, see below:

Regional Partnership Grants (RPG): “A requested increase of \$40 million in PSSF mandatory funds for the Regional Partnership Grants program, bringing funding for the RPG program to \$60 million annually, continues the recent expansion of the program to communities in more states and enables grantees to provide more concerted services and activities to address the significant problem of the intersection of substance use disorders, including opioid misuse, and child welfare involvement.”

Child Abuse Prevention and Treatment Act (CAPTA) State Grants: “The request retains the \$60 million increase to support the Secretary’s priority initiative to combat the opioid crisis. The funding will help states to improve their response to infants affected by substance use disorders or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder by developing, implementing, and monitoring plans of safe care for these infants and their parents and caregivers.”

Department of Justice (DOJ) – Select Programs

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
Drug Enforcement Administration	\$2,609,900,000	\$2,687,703,000	\$2,722,295,000	\$3,113,300,000	+\$410,700,000
<i>High Intensity Drug Trafficking Areas (HIDTA) Program*</i>	N/A	N/A	N/A	\$254,000,000	+254,000,000
Office of Justice Programs (OJP): Research, Evaluation, and Statistics	\$80,000,000	\$80,000,000	\$79,000,000	\$86,500,000	+\$7,500,000
OJP: State and Local Law Enforcement Assistance	\$1,677,500,000	\$1,723,000,000	\$1,892,000,000	\$1,511,200,000	-\$380,800,000
<i>Byrne Justice Assistance Grants</i>	\$339,600,000	\$329,600,000	\$348,800,000	\$278,200,000	-\$70,600,000
<i>Comprehensive Opioid Abuse Program (COAP)</i>	\$145,110,000	\$157,000,000	\$180,150,000	\$160,000,000	-\$20,150,000
<i>Drug Courts</i>	\$75,000,000	\$77,000,000	\$80,000,000	\$77,000,000	-\$3,000,000
<i>Justice and Mental Health Collaboration Program (Mentally Ill Offender Act [MIOTCRA])</i>	\$30,000,000	\$31,000,000	\$33,000,000	\$33,000,000	Level
<i>Residential Substance Abuse Treatment (RSAT)</i>	\$30,000,000	\$30,000,000	\$31,160,000	\$30,000,000	-\$1,160,000
<i>Second Chance Act/Offender Reentry</i>	\$85,000,000	\$88,000,000	\$90,000,000	\$87,500,000	-\$2,500,000
<i>Veterans Treatment Courts</i>	\$20,000,000	\$22,000,000	\$23,000,000	\$22,000,000	-\$1,000,000
<i>Prescription Drug Monitoring</i>	\$30,000,000	\$30,000,000	\$31,000,000	\$30,000,000	-\$1,000,000
Community Oriented Policing Systems (COPS)**	\$275,500,000	\$303,500,000	\$343,000,000	Included as part of OJP funding	N/A
<i>COPS Hiring Initiative**</i>	\$150,550,000	\$153,000,000	\$156,000,000	\$99,000,000	-\$57,000,000
Juvenile Justice Programs	\$282,500,000	\$287,800,000	\$320,000,000	\$227,500,000	-\$92,500,000

*HIDTA program has historically been funded within ONDCP.

**Administration proposes moving the COPS program to OJP.

DOJ Congressional Justification Language:

High Intensity Drug Trafficking Areas (HIDTA) Program: “The FY 2021 President’s Budget proposes to transfer the HIDTA Program from the Office of National Drug Control Policy to the DEA to better facilitate coordination of the HIDTA Program grants with other drug enforcement assets. Transferring the administration of the program will allow HIDTA resources to be focused on combating drug trafficking in areas where the threat is the greatest and where there is a coordinated law enforcement presence.”

Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP): “\$160.0 million in total funding is requested. COSSAP, a program developed in FY 2017, aims to reduce drug 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.”

Second Chance Act and Reentry: “The program provides grants to help state, local, and tribal corrections and public safety agencies implement and improve a variety of reentry services including housing, educational and employment assistance, mentoring relationships, mental health services, substance abuse treatment services, and family-support services.”

Community Oriented Policing Systems (COPS): “The FY 2021 Budget does not request a direct appropriation for COPS, and instead proposes to merge the Office into OJP. As such, funding for COPS programs is requested through OJP.”

Community Oriented Policing Systems (COPS) Hiring Initiative: “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.”

Office of National Drug Control Policy (ONDCP)

Program	FY 18	FY 2019	FY 2020	President's FY 2021 Request	FY 2021 Request vs. FY 2020
Office of National Drug Control Policy*	\$415,493,000	\$416,727,000	\$425,115,000	\$28,800,000	-\$396,315,000
Drug Free Communities (DFC)	\$99,000,000	\$100,000,000	\$101,000,000	Not funded	-\$101,000,000
High-Intensity Drug Trafficking Area (HIDTA) Program	\$280,000,000	\$280,000,000	\$285,000,000	Not funded	-\$285,000,000
Community-Based Coalition Enhancement Grants (CARA Grants)	\$3,000,000	\$3,000,000	\$4,000,000	Not listed	N/A

*President's FY 2021 proposed total for ONDCP includes \$16,400,000 for operations, and \$12,400,000 for other federal drug control programs. The Administration proposes moving the HIDTA program to the DEA and the DFC program to the CDC.