UPDATES ON FEDERAL SUD FUNDING

NAADAC ADVOCACY SERIES

JULY 10, 2020

ROBERT MORRISON, EXECUTIVE DIRECTOR/DIRECTOR OF LEGISLATIVE AFFAIRS

National Association of State Alcohol and Drug Abuse Directors
TOPICS TO COVER

- **Introduction** to NASADAD
- Overview of federal **budget and appropriations process**
- Final appropriations for **FY 2020**
- SUD funding in **COVID-19** legislation
- Status of **FY 2021** budget/appropriations
NASADAD's mission is to promote effective and efficient publicly funded State substance use disorder prevention, treatment, and recovery systems.

Office in Washington, D.C.
  • Research and Program Applications Department
    ➢ Research Department houses component groups: prevention, treatment, women’s services, and SOTAs
  • Public Policy Department

Governed by Board of Directors
  • Cassandra Price (GA), President
  • Mark Stringer (MO), Public Policy Committee Chair
Placement & Role of State Alcohol & Drug Agencies

- Placement in State government – varies by State
  - May be Departments of Health, Human Services, Social Services, some Cabinet Level
- Develop annual State plans to provide prevention, treatment, and recovery services
- Ensure service effectiveness, quality, improvement and coordination of programming
- Collaborate with other State agencies, NGOs and sectors representing child welfare; housing; criminal justice; primary care/medical system; transportation; job training/placement, etc.
- Represent key link to substance use disorder program/provider/recovery community
- Convene stakeholder meetings
- Manage the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Manage STR Grant and SOR Grant
WHAT DO WE DO?

- Serve as the national voice of State substance use agencies
- Foster partnerships among States, federal agencies, and other key national organizations
- Develop and disseminate knowledge of innovative substance use programs, policies, and practices
- Promote key competencies of effective State substance use agencies
- Promote increased public understanding of prevention, treatment, and recovery processes and services
SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT:
CRITICAL FEDERAL PROGRAM SUPPORTING PREVENTION, TREATMENT, AND RECOVERY
SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT

- $1.8 billion formula grant administered by SAMHSA
- Supports treatment for 1.5 million Americans per year
- 20 percent set-aside for primary prevention
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their own needs
- Infrastructure for efficient and effective management and allocation of funds
FEDERAL BUDGET AND APPROPRIATIONS PROCESS
Typically in **February**, the President submits to Congress a detailed budget request for the coming fiscal year, which begins on October 1.

Budget outlines the Administration’s **overarching priorities** for federal programs.

Budget must recommend funding levels for annually appropriated programs (aka discretionary programs).

- **These discretionary programs fall under the jurisdiction of the House and Senate Appropriations Committees.**
- President does not need to make recommendations for mandatory funding (e.g. mandatory/entitlement programs and taxes)
BUDGET AND APPROPRIATIONS PROCESS

- Congress typically **holds hearings in February and March** to ask Administration officials about their budget requests and, then Congress develops its own budget plan, called a “budget resolution.”

- Budget resolution **sets overall spending targets** for other congressional committees (e.g. Appropriations Committee) that can propose legislation that directly provides spending.

- Outlines how much Congress is supposed to spend in each spending category, and how much total revenue the government will collect.
12 APPROPRIATIONS SUBCOMMITTEES WITH JURISDICTION OVER PARTICULAR AGENCIES

1. Agriculture, Rural Development, Food and Drug Administration, and Related Agencies;
2. Commerce, Justice, Science, and Related Agencies;
3. Defense;
4. Energy and Water Development, and Related Agencies;
5. Financial Services and General Government;
6. Homeland Security;
7. Interior, Environment, and Related Agencies;
8. Labor, Health and Human Services, Education, and Related Agencies ("Labor-H");
9. Legislative Branch;
10. Military Construction, Veterans Affairs, and Related Agencies;
11. State, Foreign Operations, and Related Programs; and
LABOR-HHS SUBCOMMITTEES

Jurisdiction over:
- SAMHSA
- CDC
- NIH (NIDA, NIAAA, etc.)
- CMS
- FDA
- HRSA
- ACF
...and more.
FINAL STEPS

- After passing the **subcommittee level**, Labor-HHS bill is considered by the **full Appropriations Committee**.

- All 12 appropriations bills are supposed to be passed in **“regular order”**—full passage through both House and Senate and signed by the President by the start of the **federal fiscal year on October 1st**.

- In recent years, failure to provide appropriations by that date have resulted in continuing resolutions (CRs)—stopgap funding bills that keep the government funded at the previous fiscal year's funding levels.
FINAL FY 2020 FUNDING

PROGRAMS WITHIN SAMHSA, DOJ, AND ONDCP
**FINAL FY 2020 APPROPRIATIONS: SAMHSA**

### Substance Abuse Prevention and Treatment (SAPT) Block Grant

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 18</th>
<th>FY 19</th>
<th>President’s FY 20 Request</th>
<th>House Appropriations FY 20 Recommendation</th>
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### Additional Opioid Allocations

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<th>FY 2019</th>
<th>President’s FY 20 Request</th>
<th>House Appropriations FY 20 Rec.</th>
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<th>Final FY 2020 Appropriations</th>
<th>FY 2020 vs. FY 2019</th>
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Congress included language allowing SOR grants to be used for stimulant use disorders in FY 2020
# Final FY 2020 Appropriations: SAMHSA/CSAT

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<tr>
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<tr>
<td>CSAT PRNS TOTAL</td>
<td>$403,427,000</td>
<td>$458,677,000</td>
<td>$429,888,000</td>
<td>$483,177,000</td>
<td>$474,677,000</td>
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<td>Opioid Treatment Programs/Regulatory Activities</td>
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<td>Peer Support Technical Assistance Center</td>
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<tr>
<td>Pregnant and Postpartum Women (PPW)</td>
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<td>Recovery Community Services Program</td>
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<tr>
<td>Regional CoE in SUD Education</td>
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<tr>
<td>Strengthening Community Crisis Response Systems</td>
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<tr>
<td>Targeted Capacity Expansion (TCE) General</td>
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<td>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)</td>
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<tr>
<td>Treatment, Recovery, and Workforce Support</td>
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<td>Comprehensive Opioid Abuse Program (COAP)</td>
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<td>$157,000,000</td>
<td>$145,000,000</td>
<td>$166,200,000</td>
<td>$180,210,000</td>
<td>$180,150,000</td>
<td>+$23,150,000</td>
</tr>
<tr>
<td>Drug Courts</td>
<td>$75,000,000</td>
<td>$77,000,000</td>
<td>$75,000,000</td>
<td>$83,000,000</td>
<td>$80,000,000</td>
<td>$80,000,000</td>
<td>+$3,000,000</td>
</tr>
<tr>
<td>Justice and Mental Health Collaboration</td>
<td>$30,000,000</td>
<td>$31,000,000</td>
<td>$30,000,000</td>
<td>$37,220,000</td>
<td>$33,000,000</td>
<td>$33,000,000</td>
<td>+$2,000,000</td>
</tr>
<tr>
<td>Program (Mentally Ill Offender Act [MIOTCRA])</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Substance Abuse Treatment (RSAT)</td>
<td>$30,000,000</td>
<td>$30,000,000</td>
<td>$30,000,000</td>
<td>$33,000,000</td>
<td>$31,000,000</td>
<td>$31,160,000</td>
<td>+$1,160,000</td>
</tr>
<tr>
<td>Second Chance Act/Offender Reentry</td>
<td>$85,000,000</td>
<td>$88,000,000</td>
<td>$85,000,000</td>
<td>$106,500,000</td>
<td>$90,000,000</td>
<td>$90,000,000</td>
<td>+$2,000,000</td>
</tr>
<tr>
<td>Veterans Treatment Courts</td>
<td>$20,000,000</td>
<td>$22,000,000</td>
<td>$20,000,000</td>
<td>$25,000,000</td>
<td>$23,000,000</td>
<td>$23,000,000</td>
<td>+$1,000,000</td>
</tr>
<tr>
<td>Prescription Drug Monitoring</td>
<td>$30,000,000</td>
<td>$30,000,000</td>
<td>$30,000,000</td>
<td>$30,000,000</td>
<td>$31,000,000</td>
<td>$31,000,000</td>
<td>+$1,000,000</td>
</tr>
<tr>
<td>Community Oriented Policing Systems (COPS)**</td>
<td>$275,500,000</td>
<td>$303,500,000</td>
<td>N/A</td>
<td>$323,000,000</td>
<td>$335,000,000</td>
<td>$343,000,000</td>
<td>+$39,500,000</td>
</tr>
<tr>
<td>COPS Hiring Initiative</td>
<td>$150,550,000</td>
<td>$153,000,000</td>
<td>$69,000,000</td>
<td>$239,000,000</td>
<td>$245,000,000</td>
<td>$156,000,000</td>
<td>+$3,000,000</td>
</tr>
<tr>
<td>Juvenile Justice Programs</td>
<td>$282,500,000</td>
<td>$287,800,000</td>
<td>$239,800,000</td>
<td>$339,109,000</td>
<td>$315,000,000</td>
<td>$320,000,000</td>
<td>+$32,200,000</td>
</tr>
<tr>
<td>Opioid Affected Youth</td>
<td>$8,000,000</td>
<td>$9,000,000</td>
<td>$5,000,000</td>
<td>$9,000,000</td>
<td>$10,000,000</td>
<td>$10,000,000</td>
<td>+$1,000,000</td>
</tr>
</tbody>
</table>
## FINAL FY 2020 APPROPRIATIONS: OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP)

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 18</th>
<th>FY 2019</th>
<th>President’s FY 2020 Request</th>
<th>House FY 2020 Request</th>
<th>Senate Appropriations. FY 20 Request</th>
<th>Final FY 2020 Appropriations</th>
<th>FY 2020 vs. FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of National Drug Control Policy*</td>
<td>$415,493,000</td>
<td>$416,727,000</td>
<td>$28,501,000</td>
<td>$412,251,000</td>
<td>$415,370,000</td>
<td>$425,115,000</td>
<td>+$8,388,000</td>
</tr>
<tr>
<td>Drug Free Communities (DFC)</td>
<td>$99,000,000</td>
<td>$100,000,000</td>
<td>Not funded within ONDCP</td>
<td>$100,500,000</td>
<td>$100,000,000</td>
<td>$101,000,000</td>
<td>+$1,000,000</td>
</tr>
<tr>
<td>High-Intensity Drug Trafficking Area (HIDTA) Program</td>
<td>$280,000,000</td>
<td>$280,000,000</td>
<td>Not funded within ONDCP</td>
<td>$300,000,000</td>
<td>$280,000,000</td>
<td>$285,000,000</td>
<td>+$5,000,000</td>
</tr>
<tr>
<td>Community-Based Coalition Enhancement Grants (CARA Grants)</td>
<td>$3,000,000</td>
<td>$3,000,000</td>
<td>Not funded within ONDCP</td>
<td>$5,000,000</td>
<td>$3,000,000</td>
<td>$4,000,000</td>
<td>+$1,000,000</td>
</tr>
</tbody>
</table>
COVID-19 LEGISLATION
FUNDING TO ADDRESS ADDICTION
CARES ACT

On March 27, 2020, Congress passed, and the President signed, the Coronavirus Aid, Relief, and Economic Security (CARES) Act to address the impact of COVID-19. The $2 trillion package provides supplemental appropriations to federal agencies, including:

- **$425 million to the Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - $250 million to Certified Community Behavioral Health Clinics (CCBHCs)
  - $50 million for suicide prevention programs
  - $100 million for SAMHSA Emergency Response Grants providing “flexible funding to address mental health, substance use disorders, and provide resources and support to youth and the homeless during the pandemic.”
  - $15 million for tribes, tribal organizations, urban Indian health organizations, or health or behavioral health services providers to tribes.

- **$4.3 billion to the Centers for Disease Control and Prevention (CDC)**
  - $1.5 billion will be dedicated to cooperative agreements with states, locals, tribes for surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities

- **$1 billion to the Department of Justice (DOJ)**
  - $850 million to the Byrne/JAG program
  - $15 million to the Drug Enforcement Administration (DEA)
HEROES ACT PASSED BY HOUSE

On May 15, 2020, the House of Representatives passed the Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES) Act, a legislative package that aims to address the COVID pandemic. Several provisions impact SUD services.

SAMHSA:

- $3 billion for programs within the Substance Abuse and Mental Health Services Administration (SAMHSA) to “prevent, prepare for, and respond to coronavirus,” which includes:
  - Substance Abuse Prevention and Treatment (SAPT) Block Grant: $1.5 billion
  - Community Mental Health Services (CMHS) Block Grant: $1 billion
  - SAMHSA Emergency Response Grant (SERG): $265 million
  - Services for homeless populations: $100 million
  - Project AWARE (Advancing Wellness and Resilience in Education): $100 million
  - National Child Traumatic Stress Network: $10 million
  - Suicide Lifeline and Disaster Distress Helpline: $25 million
  - Allocation for tribes: $150 million for tribes

- Giving SAMHSA flexibility to amend allowable activities, timelines, and reporting requirements for the SAPT and CMHS Block Grants.
Centers for Medicare and Medicaid Services (CMS)
- Allowing Medicaid payment for medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release.

Health Resources and Services Administration (HRSA)
- Ryan White HIV/AIDS Program: $10 million available until September 30, 2022 to prevent, prepare for, and respond to coronavirus

Administration for Children and Families (ACF)
- Family Violence Prevention and Services Grants: $50 million, $2 million of which is for the National Domestic Violence Hotline. Secretary of HHS may use funds for providing temporary housing and assistance to victims of family, domestic, and dating violence.
- Community-based grants for the prevention of child abuse and neglect: $20 million
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant Program: $20 million

Department of Justice (DOJ)
- State and Local Law Enforcement Assistance: $300 million that may be used for purchase of personal protective equipment (PPE) and for costs related to preventing and controlling coronavirus in correctional facilities; $250 million for offender reentry programs and research to prevent, prepare for, and respond to coronavirus; $500 million for grants to establish and implement policies and procedures to prevent, detect, and stop spread of COVID-19 among arrestees, detainees, inmates, correctional facility staff, and visitors
- Community-Oriented Policing Services (COPS): $300 million for hiring of law enforcement officers and for purchase of PPE
FY 2021 BUDGET

PROPOSED FUNDING FOR OCTOBER 1, 2020 – SEPTEMBER 30, 2021
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).

- Propose cutting non-defense discretionary funding by ~6% ($40 billion) compared to FY 2020.
  - Total NDD would be $590 billion
  - Nominal increase in defense funding (0.3%)
## Substance Abuse Prevention and Treatment (SAPT) Block Grant

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 18</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>President's FY 2021 Request</th>
<th>FY 2021 Request vs. FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAPT Block Grant</td>
<td>$1,858,079,000</td>
<td>$1,858,079,000</td>
<td>$1,858,079,000</td>
<td>$1,858,079,000</td>
<td>Level</td>
</tr>
</tbody>
</table>

## Additional Opioids Allocation

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 18</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>President's FY 2021 Request</th>
<th>FY 2021 Request vs. FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Targeted Response (STR) to the Opioid Crisis Grants</td>
<td>$500,000,000</td>
<td>Not funded</td>
<td>Not funded</td>
<td>Not funded</td>
<td>N/A</td>
</tr>
<tr>
<td>State Opioid Response (SOR) Grants</td>
<td>$1,000,000,000</td>
<td>$1,500,000,000</td>
<td>$1,500,000,000</td>
<td>$1,585,000,000</td>
<td>+$85,000,000</td>
</tr>
</tbody>
</table>
“...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.”
## PROPOSED FY 2021 FUNDING: CSAT

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
<th>President's FY 2021 Request</th>
<th>FY 2021 Request vs. FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSAT PRNS TOTAL</td>
<td>$403,427,000</td>
<td>$458,677,000</td>
<td>$479,677,000</td>
<td>$364,677,000</td>
<td>-$115,000,000</td>
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<tr>
<td>Addiction Technology Transfer Centers (ATTCs)</td>
<td>$9,046,000</td>
<td>$9,046,000</td>
<td>$9,046,000</td>
<td>$9,046,000</td>
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<tr>
<td>Building Communities of Recovery</td>
<td>$5,000,000</td>
<td>$6,000,000</td>
<td>$8,000,000</td>
<td>$8,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Children and Families</td>
<td>$29,605,000</td>
<td>$29,605,000</td>
<td>$29,605,000</td>
<td>$29,605,000</td>
<td>Level</td>
</tr>
<tr>
<td>Criminal Justice Activities</td>
<td>$89,000,000</td>
<td>$89,000,000</td>
<td>$89,000,000</td>
<td>$89,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Drug Courts</td>
<td>$70,000,000</td>
<td>$70,000,000</td>
<td>$70,000,000</td>
<td>$70,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Emergency Dept. Alternatives to Opioids</td>
<td>N/A</td>
<td>N/A</td>
<td>$5,000,000</td>
<td>$5,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>First Responder Training*</td>
<td>$36,000,000</td>
<td>$36,000,000</td>
<td>$41,000,000</td>
<td>$41,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Rural Focus*</td>
<td>$18,000,000</td>
<td>$18,000,000</td>
<td>$23,000,000</td>
<td>$23,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Grants to Develop Curricula for DATA Act Waivers</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$4,000,000</td>
<td>+$4,000,000</td>
</tr>
<tr>
<td>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*</td>
<td>$12,000,000</td>
<td>$12,000,000</td>
<td>$12,000,000</td>
<td>$12,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Improving Access to Overdose Treatment</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Minority AIDS</td>
<td>$65,570,000</td>
<td>$65,570,000</td>
<td>$65,570,000</td>
<td>$65,570,000</td>
<td>Level</td>
</tr>
<tr>
<td>Minority Fellowship</td>
<td>$4,539,000</td>
<td>$4,789,000</td>
<td>$4,789,000</td>
<td>$4,789,000</td>
<td>Level</td>
</tr>
<tr>
<td>Opioid Treatment Programs/Regulatory Activities</td>
<td>$8,724,000</td>
<td>$8,724,000</td>
<td>$8,724,000</td>
<td>$8,724,000</td>
<td>Level</td>
</tr>
<tr>
<td>Peer Support Technical Assistance Center</td>
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<td>N/A</td>
<td>$1,000,000</td>
<td>$1,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Pregnant and Postpartum Women (PPW)</td>
<td>$29,931,000</td>
<td>$29,931,000</td>
<td>$31,931,000</td>
<td>$31,931,000</td>
<td>Level</td>
</tr>
<tr>
<td>Recovery Community Services Program</td>
<td>$2,434,000</td>
<td>$2,434,000</td>
<td>$2,434,000</td>
<td>$2,434,000</td>
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</tr>
<tr>
<td>Screening, Brief Intervention, and Referral to Treatment</td>
<td>$30,000,000</td>
<td>$30,000,000</td>
<td>$30,000,000</td>
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<tr>
<td>Targeted Capacity Expansion (TCE) General</td>
<td>$95,192,000</td>
<td>$100,192,000</td>
<td>$100,192,000</td>
<td>$11,192,000</td>
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</tr>
<tr>
<td>MAT for Prescription Drug and Opioid Addiction (PDOA)</td>
<td>$84,000,000</td>
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<td>$89,000,000</td>
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</tr>
<tr>
<td>Treatment, Recovery, and Workforce Support</td>
<td>N/A</td>
<td>N/A</td>
<td>$4,000,000</td>
<td>$4,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Treatment Systems for Homeless</td>
<td>$36,386,000</td>
<td>$36,386,000</td>
<td>$36,386,000</td>
<td>$36,386,000</td>
<td>Level</td>
</tr>
</tbody>
</table>
“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 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.”
## Proposed FY 2021 Funding: CSAP

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
<th>President’s FY 2021 Request</th>
<th>FY 2021 Request vs. FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSAP PRNS TOTAL</td>
<td>$248,219,000</td>
<td>$205,469,000</td>
<td>$206,469,000</td>
<td>$96,985,000</td>
<td>-$109,484,000</td>
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<tr>
<td>Center for the Application of Prevention Technologies (CAPT)</td>
<td>$7,493,000</td>
<td>$7,493,000</td>
<td>$7,493,000</td>
<td>$7,493,000</td>
<td>Level</td>
</tr>
<tr>
<td>Federal Drug-Free Workplace/Mandatory Drug Testing</td>
<td>$4,894,000</td>
<td>$4,894,000</td>
<td>$4,894,000</td>
<td>$4,894,000</td>
<td>Level</td>
</tr>
<tr>
<td>Minority AIDS</td>
<td>$41,205,000</td>
<td>$41,205,000</td>
<td>$41,205,000</td>
<td>$41,205,000</td>
<td>Level</td>
</tr>
<tr>
<td>Minority Fellowship</td>
<td>$71,000</td>
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<td>$321,000</td>
<td>Level</td>
</tr>
<tr>
<td>Science and Service Program Coordination</td>
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<td>$4,072,000</td>
<td>$4,072,000</td>
<td>$4,072,000</td>
<td>Level</td>
</tr>
<tr>
<td>Sober Truth on Preventing Underage Drinking (STOP Act)</td>
<td>$7,000,000</td>
<td>$8,000,000</td>
<td>$9,000,000</td>
<td>$9,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Strategic Prevention Framework-Partnerships for Success</td>
<td>$119,484,000</td>
<td>$119,484,000</td>
<td>$119,484,000</td>
<td>$10,000,000</td>
<td>-$109,484,000</td>
</tr>
<tr>
<td><strong>Strategic Prevention Framework Rx</strong></td>
<td>$10,000,000</td>
<td>$10,000,000</td>
<td>$10,000,000</td>
<td>$10,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Tribal Behavioral Health Grants</td>
<td>$15,000,000</td>
<td>$20,000,000</td>
<td>$20,000,000</td>
<td>$20,000,000</td>
<td>Level</td>
</tr>
</tbody>
</table>
“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.”
## Proposed FY 2021 Funding: ONDCP

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 18</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>President’s FY 2021 Request</th>
<th>FY 2021 Request vs. FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of National Drug Control Policy*</td>
<td>$415,493,000</td>
<td>$416,727,000</td>
<td>$425,115,000</td>
<td>$28,800,000</td>
<td>-$396,315,000</td>
</tr>
<tr>
<td>Drug Free Communities (DFC)</td>
<td>$99,000,000</td>
<td>$100,000,000</td>
<td>$101,000,000</td>
<td>Not funded</td>
<td>-$101,000,000</td>
</tr>
<tr>
<td>High-Intensity Drug Trafficking Area (HIDTA) Program</td>
<td>$280,000,000</td>
<td>$280,000,000</td>
<td>$285,000,000</td>
<td>Not funded</td>
<td>-$285,000,000</td>
</tr>
</tbody>
</table>

*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.
“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.”
**PROPOSED FY 2021 FUNDING: CMHS**

<table>
<thead>
<tr>
<th>CMHS Program</th>
<th>FY 18</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>President’s FY 2021 Request</th>
<th>FY 2021 Request vs. FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHS PRNS TOTAL</td>
<td>$426,659,000</td>
<td>$435,616,000</td>
<td>$529,661,000</td>
<td>$509,793,000</td>
<td>-$19,868,000</td>
</tr>
<tr>
<td>Assisted Outpatient for Individuals with SMI</td>
<td>$15,000,000</td>
<td>$15,000,000</td>
<td>$19,000,000</td>
<td>$25,000,000</td>
<td>+$6,000,000</td>
</tr>
<tr>
<td>Assertive Community Treatment</td>
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<td>$5,000,000</td>
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<td>Healthy Transitions</td>
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<td>MH System Transformation and Health Reform</td>
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<td>CMHS Program</td>
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<td>FY 2019</td>
<td>FY 2020</td>
<td>President's FY 2021 Request</td>
<td>FY 2021 Request vs. FY 2020</td>
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<td>Mental Health Awareness Training</td>
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<td>Practice Improvement and Training</td>
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<td>Project LAUNCH</td>
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<td>Seclusion &amp; Restraint</td>
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<td>Suicide Prevention</td>
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<td>Children's Mental Health</td>
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<td>Grants to States for the Homeless/ Projects for Assistance in Transition from Homelessness (PATH)</td>
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<td>Protection and Advocacy</td>
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<td>Community Mental Health Services (CMHS) Block Grant</td>
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<td>$701,532,000</td>
<td>$736,532,000</td>
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“The proposed increase of $35 million will support state efforts to build much needed crisis systems to address the needs of individuals in mental health crisis in a high quality, expeditious manner. The development of these services will promote 24/7 access to well-trained mental health professionals in the time of acute mental health crisis.”
HOUSE L-HHS SUBCOMMITTEE

ON JULY 7TH, THE HOUSE L-HHS SUBCOMMITTEE PASSED THEIR FY 2021 APPROPRIATIONS BILL
• **SAMHSA**: $6 billion, an increase of $96 million above the FY 2020 enacted level and $238 million above the President’s budget request

• **State Opioid Response (SOR) grant program**: $1.5 billion, level compared to FY 2020, and $85 million below the President’s request

• **Center for Substance Abuse Treatment (CSAT)**: dollar amount not specified, but summary states, “an increase of $10 million above the FY 2020 enacted level, including continued funding for opioid prevention and treatment, recovery and tribal-focused treatment efforts.” In FY 2020, CSAT’s programs of regional and national significance (PRNS) are receiving $479 million

• **Center for Substance Abuse Prevention (CSAP)**: $209 million, an increase of $3 million above FY 2020 level

• **Center for Mental Health Services (CMHS)**:
  - **Project AWARE**: $107 million for Project AWARE, an increase of $5 million above the FY 2020 enacted level
  - **National Child Traumatic Stress Initiative**: $72 million, an increase of $3 million above the FY 2020 enacted level
  - **Zero Suicide**: $21 million, an increase of $5 million above the FY 2020 enacted level;
  - **Suicide Lifeline**: $21 million, an increase of $2 million above the FY 2020 enacted level.
  - **Crisis services set-aside**: $35 million for a new set-aside in the Mental Health Block Grant to support mental health crisis systems

• **National Institute on Alcohol Abuse and Alcoholism (NIAAA)**: $550,063,000, an increase of $4 million compared to FY 2020

• **National Institute on Drug Abuse (NIDA)**: $1,474,590,000, $290 million above FY 2020

Further details, such as the funding level for the SAPT Block Grant, are not yet available.
WHAT’S NEXT?

Potential 4th COVID package

- Funding to address SUDs, potentially through SAPT Block Grant

Regular appropriations process

- Full House Appropriations Committee + full House expected to consider and pass L-HHS bill by end of July
- Senate is expected to work on FY 2021 appropriations bills before summer recess
- COVID + elections are delaying and will continue to slow down the process
- Might see a continuing resolution in absence of final appropriations before start of FY 2021 on October 1st
QUESTIONS?

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