



# FY 2016 BUDGET AND PERFORMANCE SUMMARY

Companion to the  
National Drug Control Strategy

NOVEMBER 2015



***National Drug Control Strategy***  
***FY 2016 Budget and Performance Summary***  
**Table of Contents**

<b>EXECUTIVE SUMMARY.....</b>	<b>3</b>
Highlights of FY 2016 Key Funding Priorities.....	5
FY 2016 Budget by Function.....	9
<b>Table 1: Federal Drug Control Spending by Function.....</b>	<b>21</b>
<b>Table 2: Federal Drug Control Spending by Agency.....</b>	<b>22</b>
<b>Table 3: Historical Federal Drug Control Spending.....</b>	<b>24</b>
<b>AGENCY BUDGET SUMMARIES.....</b>	<b>25</b>
<b>DEPARTMENT OF AGRICULTURE .....</b>	<b>27</b>
U.S. Forest Service .....	29
<b>COURT SERVICES AND OFFENDER SUPERVISION AGENCY FOR THE DISTRICT OF COLUMBIA</b> .....	<b>33</b>
<b>DEPARTMENT OF DEFENSE .....</b>	<b>45</b>
Drug Interdiction and Counterdrug Activities .....	47
Defense Health Program.....	55
<b>DEPARTMENT OF EDUCATION.....</b>	<b>59</b>
Office of Safe and Healthy Students.....	61
<b>FEDERAL JUDICIARY.....</b>	<b>65</b>
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES .....</b>	<b>71</b>
Administration for Children and Families.....	73
Centers for Medicare & Medicaid Services .....	75
Health Resources and Services Administration .....	79
Indian Health Service .....	83
National Institutes of Health.....	87
Substance Abuse and Mental Health Services Administration .....	103
<b>DEPARTMENT OF HOMELAND SECURITY .....</b>	<b>123</b>
Customs and Border Protection .....	125
Federal Law Enforcement Training Center .....	137
Immigration and Customs Enforcement.....	141
United States Coast Guard.....	147
<b>DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT .....</b>	<b>153</b>

Office of Community Planning and Development .....	155
<b>DEPARTMENT OF THE INTERIOR</b> .....	159
Bureau of Indian Affairs .....	161
Bureau of Land Management .....	167
National Park Service .....	171
<b>DEPARTMENT OF JUSTICE</b> .....	175
Asset Forfeiture Program.....	177
Bureau of Prisons .....	181
Criminal Division .....	187
Drug Enforcement Administration.....	191
Office of Justice Programs .....	197
Organized Crime Drug Enforcement Task Forces .....	206
United States Attorneys.....	211
United States Marshals Service .....	213
<b>DEPARTMENT OF LABOR</b> .....	219
Employment and Training Administration.....	221
<b>OFFICE OF NATIONAL DRUG CONTROL POLICY</b> .....	225
High Intensity Drug Trafficking Areas .....	227
Other Federal Drug Control Programs.....	231
Salaries and Expenses .....	235
<b>DEPARTMENT OF STATE</b> .....	237
Bureau of International Narcotics and Law Enforcement Affairs.....	239
United States Agency for International Development .....	249
<b>DEPARTMENT OF THE TREASURY</b> .....	267
Internal Revenue Service .....	269
<b>DEPARTMENT OF TRANSPORTATION</b> .....	255
Federal Aviation Administration .....	257
National Highway Traffic Safety Administration .....	263
<b>DEPARTMENT OF VETERANS AFFAIRS</b> .....	273
Veterans Health Administration .....	275
<b>Acronyms</b> .....	285

# Executive Summary

---



# Executive Summary

In FY 2016, a total of \$27.6 billion is requested by the President to support 2015 *National Drug Control Strategy (Strategy)* efforts to reduce drug use and its consequences in the United States. This represents an increase of more than \$1.2 billion (4.7 percent) over the enacted FY 2015 level of \$26.3 billion.

The Obama Administration remains steadfast in its commitment to foster healthy individuals and safe communities by promoting smart-on-crime, and evidence-based drug policy to reduce drug use and its consequences in the United States. The Administration's 21st century approach to drug policy represents an evidence-based plan, which balances public health and public safety efforts to prevent, treat, and support recovery from substance use disorders, and seeks to build a healthier, safer, and more prosperous country.

## Highlights of FY 2016 Key Funding Priorities

In 2013, approximately 120 people died every day from drug overdoses. Deaths from drug overdose have risen steadily over the past two decades to become the leading cause of injury death in the United States, surpassing the annual number of traffic crash fatalities in recent years.

The majority of the drug overdose deaths involving prescription drugs involve opioids, including prescription pain relievers; nearly 8,300 deaths involved heroin. Overdose deaths involving prescription pain relievers climbed sharply from 1999 through 2011, rising nearly 300 percent, leading the Centers for Disease Control and Prevention (CDC) to declare these deaths to be an epidemic.

The Obama Administration has been, and will continue to be laser-focused on reducing opioid abuse and its consequences. In President Obama's Fiscal Year 2016 budget request, the Administration will include the following provisions to address the epidemic:

### **Addressing America's Heroin and Prescription Opioid Overdose Epidemic**

#### ***Overdose Prevention***

Opioid overdose prevention, to include identifying those at risk of overdose, the signs of overdose, and expanding the use of naloxone, are key pieces of the Administration's strategy to

address the opioid overdose epidemic. Naloxone is a medication that reverses opioid overdoses and literally saves lives.

The FY 2016 Budget Request for the Substance Abuse and Mental Health Services Administration (SAMHSA) includes \$12.0 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths. This new program will provide grants to 10 states to significantly reduce the number of opioid overdose-related deaths by helping states purchase naloxone, equipping first responders in high-risk communities, supporting education on the use of naloxone and other overdose death prevention strategies (including covering expenses incurred from dissemination efforts), and providing the necessary materials to assemble overdose kits.

The FY 2016 Budget Request for the CDC includes \$68.0 million, \$48.0 million above the FY 2015 enacted level, for the Prescription Drug Overdose Prevention for States program to cover overdoses from opioids, and other drugs. In FY 2015, CDC is using \$20.0 million to launch this program, which will include new state competitive cooperative agreements and build off of the existing five-state "Prevention Boost" program. The FY 2015 Prescription Drug Overdose Prevention for States funding will target states that contribute significantly to the national burden of prescription drug overdose morbidity and mortality. With resources at the FY 2016 level, CDC will expand the Prescription Drug Overdose Prevention for States program to fund all 50 states and Washington, D.C. for a comprehensive response to the national epidemic. The increased investment will support rigorous monitoring and evaluation and improvements in data quality and monitoring at a national level, with a special emphasis on delivering critical real-time mortality surveillance.

The FY 2016 Budget Request for the CDC also proposes \$5.6 million in new funding for the CDC to address the rising rate of heroin-related overdose deaths by working to collect near real-time emergency department data and higher quality and timely mortality data by rapidly integrating death certificate and toxicology information. The FY 2016 Budget for CDC also includes an increase of \$5.0 million to expand electronic death reporting to provide faster, better quality data on prescription drug overdose deaths.

In addition, the National Institute on Drug Abuse (NIDA) will prioritize additional research and clinician education, the Food and Drug Administration will incentivize the development of new opioid overdose treatments through expedited administrative review and the Centers for Medicare and Medicaid Services (CMS) will propose to expand Medicare Part D and Medicaid initiatives to identify suspicious prescribing patterns.

### ***Enhancing Prescription Drug Monitoring Programs***

Prescription Drug Monitoring Programs (PDMPs) are an important state-based tool. PDMPs provide information to health care providers so they can better understand what is being prescribed and intervene before a prescription drug use disorder becomes chronic. Currently, Prescription Drug Monitoring Programs exist in 49 states.

The FY 2016 request for the Department of Justice includes \$9 million for state grants to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. The objectives of the Hal Rogers Prescription Drug Monitoring Grant Program include building a data collection and analysis system at the state level, enhancing the capacity of existing programs to analyze and use the data collected, facilitating the exchange of collected prescription data among states, and assessing the efficiency and effectiveness of the programs funded under this initiative.

The FY 2016 Budget for SAMHSA includes \$118.3 million for the Strategic Prevention Framework (SPF), an \$8.8 million increase over the FY 2015 Enacted level. Within this amount, SAMHSA will target \$10 million to address prescription drug (including opioids) abuse and misuse; use Prescription Drug Monitoring Program data for prevention planning; and implement evidence-based practices and/or environmental strategies aimed at reducing prescription drug abuse and misuse.

The FY 2016 President's Budget also requests \$5.0 million in new funding for the Office of the National Coordinator for Health Information Technology to enhance prescription drug monitoring.

## **Expanding Medication-Assisted Treatment**

Medication-Assisted Treatment (MAT) is the standard of care for treatment of opioid use disorders, but is too often out of reach for vulnerable populations. Expanding access to MAT will help address this issue and help more individuals sustain their recovery from opioid use disorders.

### ***Medication-Assisted Treatment Programs***

The FY 2016 Budget includes \$25.1 million for SAMHSA, an increase of \$13.1 million, to support a program entitled MAT for Prescription Drug and Opioid Addiction for states. In FY 2016, SAMHSA and the Agency for Healthcare Research and Quality (AHRQ) plan to implement a program to improve access to MAT services for treating opioid use disorders, with a focus on heroin and prescription opioids. SAMHSA proposes to provide grants to states to support opioid MAT expansion efforts and technical assistance. This program will expand the FY 2015 state Targeted Capacity Expansion-MAT grant program by increasing the number of states that would receive targeted funding to address prescription drug abuse and heroin use through expanded services.

The AHRQ budget includes \$5.0 million in FY 2016 to provide a more robust review of evidence and evaluation regarding MAT in primary care settings and to develop and test new methods, processes, and tools for better implementing these treatment strategies.

## ***Medication-Assisted Treatment for individuals in the Criminal Justice System***

The Bureau of Prisons' budget contains \$117 million, \$1.2 million over 2015 enacted level, to support substance use disorder treatment and education. These funds will be used for the Residential Drug Abuse Treatment Program.

The Bureau of Prisons' budget also contains \$1 million in new resources to expand the MAT Pilot. The pilot will provide an opportunity to evaluate whether MAT should be expanded.

## **Drug Prevention**

### ***Drug-Free Communities Program***

The Drug-Free Communities (DFC) Support Program is built upon the idea that local problems require local solutions. DFC funding provides for the bolstering of community infrastructure to support environmental prevention strategies to be planned, implemented, and evaluated in communities across the United States, Territories and Protectorates. The DFC Program is guided by local communities who identify and develop evidence based strategies to reduce drug use and its consequences. For FY 2016, \$85.7 million will fund grants made directly to over 600 community-based coalitions focusing on preventing youth substance use throughout the United States. Funding will also support the Community Anti-Drug Coalitions of America's National Coalition Institute, as well as the DFC National Cross-Site Evaluation.

## **Addressing Domestic and Transnational Organized Crime**

The Obama Administration will also employ tools to disrupt the flow of illicit drugs into our country, and reduce drug trafficking domestically.

### ***High Intensity Drug Trafficking Areas Program***

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States. HIDTA principally supports drug supply reduction, but law enforcement agencies have substantial experience in implementing problem-oriented policing strategies and promote and participate in community-based drug prevention and treatment programs. To accomplish this, the Administration is proposing in the budget to remove the program cap on prevention spending and to modify the restrictions currently in place for drug treatment programs. This change will enable HIDTAs to place more emphasis on expanding prevention efforts and to support initiatives that provide access to treatment for substance use disorders as part of a

diversion or other alternative sentencing or community reentry program. A total of \$193.4 million is requested for the HIDTA program in FY 2016.

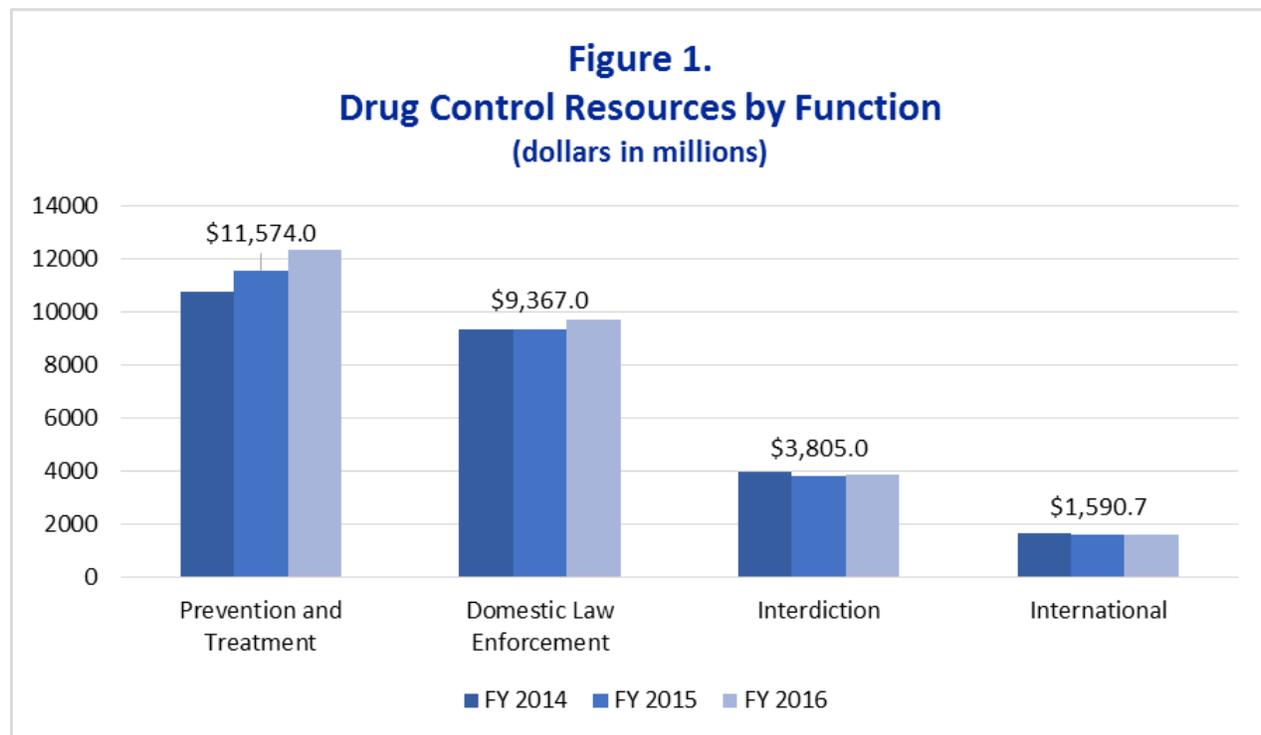
### ***Department of Justice International Organized Crime Intelligence and Operations Center***

The International Organized Crime Intelligence and Operations Center (IOC-2) was created to serve as the focal point for U.S. law enforcement efforts against Transnational Organized Crime (TOC). It is the ideal venue to operationalize efforts against TOC groups.

In FY 2016, \$2.8 million is requested, \$1.8 million above the FY 2015 funding level, for operational and administrative costs. IOC-2 provides a single venue for the law enforcement and intelligence communities to oversee operations against the most dangerous TOC groups.

## **FY 2016 Budget by Function**

The consolidated National Drug Control Budget details agency resources by function. Functions categorize the activities of agencies into common drug control areas. Figure 1 details funding by function.



## **Prevention**

Preventing drug use before it starts is a fundamental element of the *Strategy*. Federal resources totaling \$1.4 billion in support of education and outreach programs is requested to educate young people about the consequences of drug use and to prevent youth initiation. This represents an increase of \$75.6 million (5.8 percent) over the FY 2015 level; the major efforts are highlighted below:

### **Substance Abuse Prevention and Treatment Block Grant (\$364.0 million)**

#### ***Department of Health and Human Services – Substance Abuse and Mental Health Services Administration***

Twenty percent of the \$1.8 billion Substance Abuse Prevention and Treatment Block Grant is the minimum set aside to support prevention services. State Substance Abuse Administering Agencies (SAA) use these funds to develop infrastructure and capacity specific to substance use disorder prevention. Some SAA's rely heavily on the 20 percent set-aside to fund prevention while others use the funds to target gaps and enhance existing program efforts.

### **Education's Prevention Efforts (\$67.9 million)**

#### ***Department of Education***

The \$67.9 million request includes \$62.4 million for School Climate Transformation Grants and related technical assistance to help create positive school climates by developing and adopting, or expanding to more schools, the use of multi-tiered decision-making frameworks that guide the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students. A key aspect of this multi-tiered approach is that it provides differing levels of support and interventions to students based on their needs. In schools where these frameworks are implemented well, there is evidence that youth risk factors are improved; and improved risk factors are correlated with reduced drug use, among other improved behaviors.

### **Prevention Research (\$401.5 million)**

#### ***Department of Health and Human Services – National Institutes of Health***

The National Institutes of Health's (NIH's) NIDA invests in genetics, neuroscience, pharmacotherapy, and behavioral and health services research, producing innovative strategies for preventing substance use disorders. In addition, NIDA is supporting research to better understand the impact of changes in state policies related to marijuana. Through the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the NIH helps to develop strategies to prevent the short- and long-term consequences of alcohol misuse among youth.

### **Drugged Driving (\$2.2 million)**

#### ***Department of Transportation, National Highway Traffic Safety Administration***

The Department of Transportation, National Highway Traffic Safety Administration's (NHTSA's) FY 2016 request supports the Drug-Impaired Driving Program, which provides public information, outreach efforts, and improved law enforcement training to help reduce drugged driving. Funding will also allow NHTSA to continue to conduct research designed to reduce the incidence of drug-impaired driving.

### **Anti-Doping Activities/World Anti-Doping Agency Dues (\$9.7 million)**

#### ***Office of National Drug Control Policy***

Anti-doping activities focus on efforts to educate athletes on the dangers of drug use, eliminate doping in amateur athletic competitions, and rely on standards established and recognized by the United States Olympic Committee. Funding for both of these efforts promote an increased awareness in the United States and internationally of the health and ethical dangers of illicit drug use and doping in sport. Funding and participation in Anti-Doping Activities/World Anti-Doping Agency is necessary to compete in international events. These activities support state-of-the-art research within the scientific and public health communities, while striving to protect athletes' fundamental rights to participate in drug-free sports, and thus promote the health and safety of athletes at all levels.

## **Treatment**

Treatment and recovery support services are essential elements of the *Strategy's* efforts to support long-term recovery among people with substance use disorders. The FY 2016 Budget proposes \$11.0 billion, an increase of \$692.7 million (6.7 percent) over the FY 2015 level in Federal funds for early intervention, treatment, and recovery services. Substance use disorder treatment services need to be available in the same way medical treatments and services are accessible to people with other types of medical conditions. The major efforts are highlighted below:

### **Medicare & Medicaid-funded Substance Abuse Treatment Services (\$6,380.0 million)**

#### ***Department of Health and Human Services, Centers for Medicare & Medicaid Services***

Substance use disorder treatment is usually financed through a variety of-public and private sources (i.e., private health insurance, Medicaid, Medicare, state and local funds, and other Federal support). The Federal Government makes its largest contribution to the payment for treatment through the Medicaid and Medicare programs. The Medicaid estimate is based on Federal reimbursement to states for substance use disorder treatment services. Medicare supports treatment for substance use disorders in both inpatient and outpatient settings.

### **Substance Abuse Treatment for Veterans (\$708.0 million)**

#### ***Department of Veterans Affairs - Veterans Health Administration***

The Department of Veterans Affairs, which operates a national network of substance use disorder treatment programs located in the Department's medical centers, residential rehabilitation facilities, and outpatient clinics, provides effective, safe, efficient, recovery-

oriented, and compassionate care for veterans with substance use disorders and mental illness.

**Substance Abuse Prevention and Treatment Block Grant (\$1,455.9 million)**

***Department of Health and Human Services – Substance Abuse and Mental Health Services Administration***

This formula-based funding to states supports the provision of substance use disorder treatment services, providing maximum flexibility to states to respond to their local and/or regional emergent issues impacting health, public health, and public safety through a consistent Federal funding stream. The grant allows states to provide a range of clinical and recovery support services to clients during treatment and recovery, and also supports planning, coordination, needs assessment, and quality assurance. Approximately 80 percent of this \$1.8 billion program is estimated for treatment and related activities.

**Screening, Brief Intervention, and Referral to Treatment (\$30.0 million)**

***Department of Health and Human Services – Substance Abuse and Mental Health Services Administration***

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) program, funded via Public Health Service Evaluation funds, provides grants to health care providers to intervene early in the disease process before individuals achieve dependency, and to motivate the clients with substance use disorders to engage in substance use disorder treatment. Grant funds will further integrate SBIRT within medical treatment settings to provide early identification and intervention to at-risk individuals within the context of their primary care provider.

**Treatment Research (\$707.1 million)**

***Department of Health and Human Services – National Institutes of Health***

The NIH's NIDA invests in genetics, neuroscience, pharmacotherapy, and behavioral and health services research, producing innovative strategies for treating substance use disorders. For example, NIDA supports a large research network for conducting studies related to treatment of substance use disorders in the criminal justice system, including studies that pertain to the implementation of medication-assisted treatment and seek, test, treat, and retain for individuals with substance use disorders at risk for HIV. Through the NIAAA, the NIH helps to develop strategies to treat the short- and long-term consequences of alcohol misuse among youth.

**Substance Use Disorders Treatment for Military Service Members/Families (\$77.9 million)**

***Department of Defense – Defense Health Program***

The Defense Health Program provides medical and dental services, including treatment for substance use disorders, for all members of the armed forces to include all eligible beneficiaries, including military family members. In addition to treatment services, the Defense Health Program also conducts Alcohol and Substance Use Disorder research.

### **Primary Care and Addiction Services Integration (\$20.0 million)**

#### ***Department of Health and Human Services - Substance Abuse and Mental Health Services Administration***

The Primary Care and Addiction Services Integration program is a new initiative to support the integration of substance use disorder treatment services and primary care. Through this program, integrated teams of professionals will be able to provide needed primary care services to individuals seeking care for their substance use disorder. The initiative will improve the physical health status of adults with substance use disorders who have or are at risk for co-occurring primary care conditions and chronic diseases, with the objective of supporting the triple aim of improving the health of those with substance use disorders; enhancing the client's experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care.

### **Homeless Assistance Grants - Continuum of Care (\$556.9 million)**

#### ***Department of Housing and Urban Development***

The *Strategy* calls for Federal support to reducing barriers to recovery from substance use disorders, including lack of housing. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. The Department's Continuum of Care—Homeless Assistance Grants support efforts to eliminate homelessness by financing local solutions to locate, intervene, and house the homeless population. These programs provide housing and supportive services on a long-term basis.

### **Drug Courts (\$86.0 million)**

#### ***Department of Health and Human Services - Substance Abuse and Mental Health Services Administration***

#### ***Department of Justice - Office of Justice Programs***

Drug courts help reduce recidivism, provide treatment to defendants and offenders with a substance use disorder, and improve the likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, appropriate sanctions, and other rehabilitation services. The Departments of Health and Human Services (\$50.0 million) and Justice (\$36.0 million), work together to enhance court services, coordination, and the substance use disorder treatment capacity of juvenile, family and adult drug courts.

### **Offender Re-entry Program/Prisoner Re-entry Initiative (\$71.9 million)**

#### ***Department of Health and Human Services - Substance Abuse and Mental Health Services Administration***

#### ***Department of Justice – Office of Justice Programs***

Re-entry grants from the Departments of Health and Human Services (\$11.9 million) and Justice (\$60.0 million) provide screening, assessment, and comprehensive substance use disorder treatment and recovery support services for offenders reentering the community, as well as offenders who are currently on or being released from probation or parole. Re-entry programs help make communities safer, assist those returning from prison and jail in

becoming productive, tax-paying citizens, and save taxpayer dollars by lowering the direct and collateral costs of incarceration.

### **Bureau of Prisons Drug Treatment Efforts (\$116.6 million)**

#### ***Department of Justice, Bureau of Prisons***

The Bureau of Prisons (BOP) continues to develop evidence-based treatment practices to manage and treat incarcerated individuals with substance use disorders. The Bureau's strategy includes early identification of incarcerated individuals entering BOP through psychological screening. According to the severity of the disease, BOP provides drug education, treatment for those within the general population, separate intensive residential substance use disorder treatment and community transition treatment. The request includes \$1.0 million to expand BOP medication-assisted treatment pilot program, which provides medication to newly released incarcerated individuals with an opioid use disorder and links them to services within the community.

### **Judiciary Treatment Efforts (\$220.8 million)**

#### ***Federal Judiciary***

The Federal Judiciary provides for court-ordered drug testing, drug treatment, and supervision of Federal defendants, probationers, parolees, and supervised releasees. Funding is used by the probation and pretrial services offices for drug testing and treatment of Federal defendants and offenders. Probation and pretrial services officers have primary responsibility for enforcing conditions of release imposed by the courts and for monitoring the behavior of persons placed under their supervision. With Executive Office of the U.S. Attorneys oversight, officers administer a program of drug testing and treatment for persons on pretrial release, probation, supervised release after incarceration, and parole. The goal is to eliminate substance use by persons under supervision and to remove violators from the community before relapse leads to recidivism.

## **Domestic Law Enforcement**

Federal, state, local, and tribal law enforcement agencies play a key role in the Administration's approach to reducing drug use and its consequences. Maximizing Federal support for interagency law enforcement drug task forces is critical to leveraging limited resources. A total of \$9.7 billion in Federal resources are requested in FY 2016 to support domestic law enforcement efforts (including state and local assistance, as well as Federal investigation, prosecution, and corrections), an increase of \$369.5 million (3.9 percent) above the FY 2015 level. The major efforts are highlighted below.

### **Methamphetamine Enforcement and Lab Cleanup Grants (\$11.0 million)**

#### ***Department of Justice***

These grants provide assistance to state, local, and tribal law enforcement agencies in support of programs to address methamphetamine production and distribution. Working with the Drug Enforcement Administration (DEA), funding also supports assistance to state and local law enforcement in removing and disposing of hazardous materials generated by

clandestine methamphetamine labs, and providing training, technical assistance, and equipment to assist law enforcement agencies in managing hazardous waste.

**Federal Law Enforcement Training Center (FLETC) (\$48.0 million)**

***Department of Homeland Security***

FLETC is a law enforcement training facility that provides training and technical assistance to Federal, state, local, tribal, territorial, and international law enforcement entities. As part of its curriculum, FLETC provides training programs comprised of drug enforcement activities and drug-related investigations to enhance the qualifications of law enforcement personnel.

**Federal Drug Investigations (\$3,301.1 million)**

***Multiple agencies***

Federal law enforcement personnel—including those from the Departments of Justice (\$2,538.0 million), Homeland Security (\$506.6 million), Treasury (\$100.7 million), Defense (\$12.7 million), Interior (\$14.9 million), and Agriculture (\$11.3 million)—prepare drug cases for the arrest and prosecution of leaders and traffickers of illegal drug organizations, seize drugs and assets, and enforce Federal laws and regulations governing the legitimate handling, manufacturing, and distribution of controlled substances.

**Federal Prosecution (\$845.0 million)**

***Multiple agencies***

A number of agencies—including the Department of Justice’s Organized Crime Drug Enforcement Task Force (OCDETF) Program (\$154.7 million), U.S. Marshals Service (USMS) (\$114.9 million), Executive Office of the U.S. Attorneys (\$72.6 million), and Criminal Division (\$44.2 million), and the Federal Judiciary (\$458.6 million)—conduct Federal criminal proceedings against drug trafficking and money laundering organizations. The related costs include salaries for attorneys and other court personnel, defender services, judicial and courthouse security, prisoner security, and other administrative costs.

**Corrections (\$4,720.6 million)**

***Department of Justice/Federal Judiciary***

The BOP (\$3,570.7 million), the Federal Judiciary (\$638.5 million), and the USMS (\$511.4 million) conduct activities associated with the incarceration and/or monitoring of drug-related offenders. The request includes funding for the costs associated with inmate care, security and facility maintenance, contracted confinement, and general management and administration.

**Interdiction**

The United States continues to face a serious challenge from the large scale smuggling of drugs from abroad which are distributed to every region in the Nation. In FY 2016, the Administration’s request includes \$3.9 billion to support the efforts of Federal law enforcement agencies, the military, the intelligence community, and our international allies to support collaboration to interdict or disrupt shipments of illegal drugs, their precursors, and their illicit

proceeds. The FY 2016 request represents an increase of \$75.3 million, (2.0 percent) above the FY 2015 level. The major efforts are highlighted below.

**Customs and Border Protection (\$2,247.5 million)**

***Department of Homeland Security***

Customs and Border Protection (CBP) implements border enforcement strategies to interdict and disrupt the flow of narcotics and other contraband across our Nation's borders. The comprehensive interdiction strategy includes the border security personnel at and between ports of entry, detection and monitoring provided by aviation assets, and border security infrastructure and technology.

**United States Coast Guard (\$1,089.8 million)**

***Department of Homeland Security***

One facet of the United States Coast Guard's (USCG's) mission is maritime interdiction. The USCG functions as the maritime counternarcotics presence in the source, transit, and arrival zones. Their maritime interdiction activities disrupt the flow of drugs into the United States.

**Federal Aviation Administration Interdiction Support (\$12.5 million)**

***Department of Transportation/Federal Aviation Administration***

Air traffic controllers staffing Air Route Traffic Control Centers monitor the Air Defense Identification Zones to detect possible suspicious aircraft movement. When suspicious movement is identified, the Federal Aviation Administration (FAA) notifies the Drug Enforcement Administration (DEA) and USCG of such activity. Upon confirmation of suspicious aircraft movement, FAA controllers support interdiction efforts by providing radar vectors to track the time of arrival, traffic advisory information, and last known positions to intercept aircrafts of interest.

**Department of Defense Drug Interdiction (\$435.0 million)**

***Department of Defense***

The Department of Defense's (DoD's) counterdrug programs detect, monitor, and support the disruption of drug trafficking organizations. Additionally, DoD coordinates interagency resources and force requirements of air and surface assets in the Western Hemisphere Transit Zone.

## **International**

Illicit drug production and trafficking generate huge profits and are responsible for the establishment of criminal enterprise networks that are powerful, corrosive forces that destroy the lives of individuals, tear at the social fabric, and weaken the rule of law in affected countries. In FY 2016, \$1.6 billion is requested for international drug control efforts, an increase of \$22.3 million (1.4 percent) above the FY 2015 level. These funds are requested to support the efforts of the United States Government and our international partners around the globe to meet the challenges of illicit trafficking of all drugs, including synthetics and precursors, and illicit substance use. The major efforts are highlighted below.

### **DEA's International Efforts (\$474.1 million)**

#### ***Department of Justice***

The focus of DEA's international enforcement program is to disrupt or dismantle the most significant international drug and precursor chemical trafficking organizations around the world. Personnel in DEA's foreign country offices focus their investigative efforts on the most significant international command and control organizations threatening the United States. DEA coordinates all programs involving drug law enforcement in foreign countries, and also provides intelligence to assist the interagency community in determining future trends in drug trafficking and evaluating their long-term impact. DEA works closely with the United Nations, Interpol, and other organizations on matters relating to international drug and chemical control programs.

### **Bureau of International Narcotics and Law Enforcement Affairs (\$434.7 million)**

#### ***Department of State***

In support of the *Strategy*, Bureau of International Narcotics and Law Enforcement Affairs works closely with partner nations and source countries to disrupt illicit drug production, strengthen criminal justice systems and law enforcement institutions, and combat transnational organized crime. The Bureau of International Narcotics and Law Enforcement Affairs is comprehensive in its approach to the counterdrug mission and provides training and technical assistance for prevention and treatment programs.

### **United States Agency for International Development (\$135.2 million)**

#### ***Department of State***

The United States Agency for International Development provides foreign assistance funds to develop holistic alternatives to illicit drug production by providing agricultural assistance, improving small scale infrastructure, increasing market accessibility, and incentivizing licit crop production. The United States Agency for International Development's alternative development programs foster economic growth, local governance and civil society strengthening, and enhanced security of impacted communities.

### **DoD International Counternarcotics Efforts (\$474.1 million)**

#### ***Department of Defense***

The international support programs of DoD's Combatant Commands detect, interdict, disrupt, or monitor activities related to drug trafficking organizations and transnational criminal organizations. In the Western Hemisphere Transit Zone, DoD functions as the command and control support for counterdrug activities for Federal, state, local and international partners.

The tables below provide further detail on Federal drug control funding by function (Table 1), Federal drug control funding by agency (Table 2), and historical Federal drug control funding (Table 3).



# Drug Control Funding Tables

---



## Table 1: Federal Drug Control Spending by Function

FY 2014 - FY 2016  
(Budget Authority in Millions)

	FY 2014 Final	FY 2015 Enacted	FY 2016 Request	FY15-FY16 Change Dollars	FY15-FY16 Change Percent
<b>Function</b>					
Treatment	\$9,481.8	\$10,267.8	\$10,960.5	+\$692.7	+6.7%
<i>Percent</i>	36.9%	39.0%	39.8%		
Prevention	1,316.9	1,306.2	1,381.9	+75.6	+5.8%
<i>Percent</i>	5.1%	5.0%	5.0%		
Domestic Law Enforcement	9,340.5	9,367.0	9,736.6	+369.5	+3.9%
<i>Percent</i>	36.3%	35.6%	35.3%		
Interdiction	3,948.5	3,805.0	3,880.3	+75.3	+2.0%
<i>Percent</i>	15.3%	14.4%	14.1%		
International	1,637.1	1,590.7	1,613.0	+22.3	+1.4%
<i>Percent</i>	6.4%	6.0%	5.8%		
<b>Total</b>	<b>\$25,724.9</b>	<b>\$26,336.8</b>	<b>\$27,572.2</b>	<b>+\$1,235.5</b>	<b>+4.7%</b>
<b>Supply/Demand</b>					
Demand Reduction	\$10,798.7	\$11,574.0	\$12,342.4	+\$768.3	+6.6%
<i>Percent</i>	42.0%	43.9%	44.8%		
Supply Reduction	14,926.2	14,762.7	15,229.9	+467.1	+3.2%
<i>Percent</i>	58.0%	56.1%	55.2%		
<b>Total</b>	<b>\$25,724.9</b>	<b>\$26,336.8</b>	<b>\$27,572.2</b>	<b>+\$1,235.5</b>	<b>+4.7%</b>

Note: Detail may not add due to rounding.

**Table 2: Federal Drug Control Spending by Agency**(Budget Authority in Millions)<sup>1</sup>

	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Department of Agriculture</b>			
U.S. Forest Service	12.4	12.4	12.3
<b>Court Services and Offender Supervision Agency for the District of Columbia</b>	51.7	55.5	58.2
<b>Department of Defense</b>			
Drug Interdiction and Counterdrug Activities/OPTempo	1,454.1	1,231.8	1,189.7
Defense Health Program	<u>74.5</u>	<u>75.2</u>	<u>77.9</u>
<b>Total DoD</b>	<b>1,528.6</b>	<b>1,307.0</b>	<b>1,267.6</b>
<b>Department of Education</b>			
Office of Elementary and Secondary Education	51.5	50.2	67.9
<b>Federal Judiciary</b>	1,227.0	1,274.7	1,324.3
<b>Department of Health and Human Services</b>			
Administration for Children and Families	18.6	18.5	20.0
Centers for Medicare & Medicaid Services <sup>2</sup>	5,100.0	5,830.0	6,380.0
Health Resources and Services Administration	20.0	25.0	25.0
Indian Health Service	107.7	111.9	123.9
National Institute on Alcohol Abuse and Alcoholism	59.4	59.5	61.2
National Institute on Drug Abuse	1,018.0	1,015.7	1,047.4
Substance Abuse and Mental Health Services Administration <sup>3</sup>	<u>2,472.2</u>	<u>2,478.2</u>	<u>2,496.2</u>
<b>Total Health and Human Services</b>	<b>8,795.8</b>	<b>9,538.8</b>	<b>10,153.6</b>
<b>Department of Homeland Security<sup>4</sup></b>			
Customs and Border Protection	2,438.9	2,385.6	2,618.7
Federal Law Enforcement Training Center	46.2	43.6	48.5
Immigration and Customs Enforcement	459.3	489.3	486.1
United States Coast Guard	<u>1,248.8</u>	<u>1,205.0</u>	<u>1,091.6</u>
<b>Total Homeland Security</b>	<b>4,193.2</b>	<b>4,123.5</b>	<b>4,244.9</b>
<b>Department of Housing and Urban Development</b>			
Community Planning and Development	468.7	484.9	556.9
<b>Department of the Interior</b>			
Bureau of Indian Affairs	9.5	9.7	9.7
Bureau of Land Management	5.1	5.1	5.1
National Park Service	<u>3.1</u>	<u>3.3</u>	<u>3.3</u>
<b>Total Interior</b>	<b>17.7</b>	<b>18.1</b>	<b>18.1</b>

	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Department of Justice</b>			
Assets Forfeiture Fund	227.2	283.1	297.2
Bureau of Prisons	3,460.3	3,491.0	3,687.3
Criminal Division	40.8	40.0	44.2
Drug Enforcement Administration	2,353.5	2,373.1	2,463.1
Office of Justice Programs	242.6	243.7	293.8
Organized Crime Drug Enforcement Task Force Program	514.0	507.2	519.3
U.S. Attorneys	76.1	76.8	72.6
U.S. Marshals Service	<u>783.0</u>	<u>744.0</u>	<u>764.5</u>
<b>Total Justice</b>	<b>7,697.5</b>	<b>7,759.0</b>	<b>8,142.1</b>
<b>Department of Labor</b>			
Employment and Training Administration	5.2	5.2	5.2
<b>Office of National Drug Control Policy</b>			
High Intensity Drug Trafficking Areas	238.5	245.0	193.4
Other Federal Drug Control Programs	105.4	107.2	95.4
Salaries and Expenses	<u>22.8</u>	<u>22.6</u>	<u>20.0</u>
<b>Total ONDCP</b>	<b>366.7</b>	<b>374.8</b>	<b>308.9</b>
<b>Department of State<sup>4</sup></b>			
Bureau of International Narcotics and Law Enforcement Affairs	449.6	432.5	434.7
United States Agency for International Development	<u>97.9</u>	<u>122.9</u>	<u>135.2</u>
<b>Total State</b>	<b>547.6</b>	<b>555.3</b>	<b>569.8</b>
<b>Department of Transportation</b>			
Federal Aviation Administration	28.2	30.7	31.5
National Highway Traffic Safety Administration	<u>2.7</u>	<u>2.2</u>	<u>2.2</u>
<b>Total Transportation</b>	<b>30.9</b>	<b>32.9</b>	<b>33.7</b>
<b>Department of the Treasury</b>			
Internal Revenue Service	60.3	60.3	100.7
<b>Department of Veterans Affairs</b>			
Veterans Health Administration <sup>5</sup>	670.2	684.0	708.0
	<b>25,724.9</b>	<b>26,336.8</b>	<b>27,572.2</b>

<sup>1</sup>Detail may not add due to rounding.

<sup>2</sup>The estimates for the CMS reflect Medicaid and Medicare benefit outlays for substance use disorder treatment; they do not reflect budget authority. The estimates were developed by the CMS Office of the Actuary.

<sup>3</sup>Includes budget authority and funding through evaluation set-aside authorized by Section 241 of the Public Health Service (PHS) Act

<sup>4</sup>The FY 2015 funding level represents the FY 2015 President's Budget request.

<sup>5</sup>VA Medical Care receives advance appropriations; FY 2016 funding was provided in the FY 2015 Consolidated and Further Continuing Appropriations Act (Public Law 113-235).

### Table 3: Historical Federal Drug Control Spending

(Budget Authority in Millions)<sup>1</sup>

	FY2007 Final	FY2008 Final	FY2009 Final	FY2010 Final	FY2011 Final	FY2012 Final	FY2013 Final	FY2014 Final	FY2015 Enacted	FY2016 Request
<b>Demand Reduction</b>										
Treatment	6,493.9	6,725.1	7,208.7	7,544.5	7,659.7	7,848.3	7,888.6	9,481.8	10,267.8	10,960.5
Prevention	1,934.2	1,841.0	1,954.0	1,566.4	1,478.1	1,339.2	1,274.9	1,316.9	1,306.2	1,381.9
<b>Total Demand Reduction</b>	<b>8,428.1</b> 38.9%	<b>8,566.1</b> 39.2%	<b>9,162.7</b> 36.9%	<b>9,110.9</b> 37.0%	<b>9,137.7</b> 37.5%	<b>9,187.4</b> 37.5%	<b>9,157.0</b> 38.5%	<b>10,798.7</b> 42.0%	<b>11,574.0</b> 43.9%	<b>12,342.4</b> 44.8%
<b>Supply Reduction</b>										
Domestic Law Enforcement	8,018.2	8,300.9	9,470.0	9,252.5	9,223.0	9,446.5	8,850.0	9,340.5	9,367.0	9,736.6
Interdiction	3,045.9	2,968.7	3,699.2	3,662.4	3,977.1	4,036.5	3,940.6	3,948.5	3,805.0	3,880.3
International	2,191.4	1,998.5	2,532.6	2,595.0	2,027.6	1,833.7	1,848.5	1,637.1	1,590.7	1,613.0
<b>Total Supply Reduction</b>	<b>13,255.5</b> 61.1%	<b>13,268.1</b> 60.8%	<b>15,701.9</b> 63.1%	<b>15,509.9</b> 63.0%	<b>15,227.7</b> 62.5%	<b>15,316.7</b> 62.5%	<b>14,639.1</b> 61.5%	<b>14,926.2</b> 58.0%	<b>14,762.7</b> 56.1%	<b>15,229.9</b> 55.2%

<sup>1</sup>Detail may not add due to rounding.

# Agency Budget Summaries



# DEPARTMENT OF AGRICULTURE





**DEPARTMENT OF AGRICULTURE**  
U.S. Forest Service

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Intelligence	\$0.200	\$0.200	\$0.200
Investigations	11.400	11.400	11.300
Prosecution	0.200	0.200	0.200
State and Local Assistance	0.600	0.600	0.600
<b>Total Drug Resources by Function</b>	<b>\$12.400</b>	<b>\$12.400</b>	<b>\$12.300</b>
<b>Drug Resources by Decision Unit</b>			
Law Enforcement Agency Support	\$12.400	\$12.400	\$12.300
<b>Total Drug Resources by Decision Unit</b>	<b>\$12.400</b>	<b>\$12.400</b>	<b>\$12.300</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	58	58	56
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$4.9	\$5.1	\$4.9
Drug Resources Percentage	0.3%	0.2%	0.3%

**Program Summary**

**MISSION**

The mission of the U.S. Forest Service (USFS) is to sustain the health, diversity, and productivity of the Nation’s forests and grasslands to meet the needs of present and future generations. In support of this mission, the Forest Service’s Law Enforcement and Investigations program’s basic mission is to provide public and employee safety, resource protection, enforcement of U.S. Criminal Law, and enforcement expertise to other agency managers. The USFS manages 193 million acres in 44 states, the U.S. Virgin Islands, and Puerto Rico, encompassing 154 national forests and 20 national grasslands. Most of this land is located in rural areas of the United States.

Three drug enforcement issues are of specific concern to the Forest Service: marijuana cultivation, methamphetamine production, and smuggling across international borders. These activities increase risks to the health and safety of the visiting public, employees, and compromise the continued viability of the Nation’s natural resources.

## **METHODOLOGY**

The USFS budget structure includes a Law Enforcement and Investigations budget line item within the National Forest System (NFS) appropriation. Within the Law Enforcement and Investigations budget line item, funds allocated for drug enforcement activities are based on an analysis of workload that takes into account all law enforcement responsibilities related to the mission of the USFS.

## **BUDGET SUMMARY**

In FY 2016, the USFS requests \$12.3 million for drug control activities, a decrease of \$0.1 million from the FY 2015 enacted level.

### **Law Enforcement Agency Support**

**FY 2016 Request: \$12.3 million**

**(\$0.1 million below the FY 2015 enacted level)**

The USFS drug-related activities include Law Enforcement Agency support for detection and monitoring on NFS lands. The USFS works to identify, investigate, disrupt, and dismantle drug trafficking organizations involved in marijuana cultivation, including the supporting co-conspirators (transportation and financial components) responsible for large-scale marijuana grow operations on NFS and other public lands. With the collection, dissemination, and use of intelligence pertaining to individuals and organizations involved in the cultivation and trafficking of marijuana on NFS lands, the USFS provides prosecutorial support in an effort to convict marijuana cultivators and their co-conspirators. The USFS eradication efforts include cleaning and rehabilitating marijuana grow sites to deter the reuse of NFS lands for marijuana cultivation and reduce the severe environmental damage caused by the activity.

Eliminating methamphetamine production on NFS lands continues to be a enforcement priority. Efforts to detect and disrupt the production and halt the dumping of the hazardous waste by-products is essential to the health of our National Forests and the safety of those recreating on NFS lands.

In FY 2016, the USFS will continue to conduct multi-agency eradication operations and investigations to target marijuana cultivated on NFS lands and adjacent public lands. In support of the President's *Strategy*, the USFS continues its participation in ONDCP's HIDTA program to leverage resources with Federal, state, and local agencies, placing emphasis on NFS lands along the Southwest and Northern borders, to decrease trafficking and movement of drugs. The USFS will also continue to work with our partners to reduce cross-border smuggling activities to ensure the safety and security of our employees and the visiting public on NFS lands.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of the USFS LEI program is derived from the USFS Law Enforcement and Investigations Management Attainment Reporting System, Government Performance and Results Modernization Act (GPRMA) documents,

evaluations, and other agency information. The table and accompanying text represent USFS LEI drug-related achievements during FY 2014.

U.S. Forest Service		
Selected Measure of Performance	FY 2014 Target	FY 2014 Achieved
» Percent of drug cases referred for adjudication	*	27%

\* New measure of performance- no identified Target for FY14.

USFS lands are often used by drug trafficking organizations in the unlawful cultivation of marijuana and production of other controlled substances. The USFS utilizes a performance management framework to track the percent of drug cases referred for adjudication as a means of assessing the agency’s efforts to address drug cultivation and production on public lands. The measure’s focus on drug control activities makes it an improvement over earlier performance objectives that only tracked the output of general criminal activity in terms of the quantity of drugs seized.

The number of drug cases referred for adjudication in FY 2014 was 27.0 percent. Although there was no identified target for FY 2014, the rate achieved in FY 2013 was 33.6 percent. Limited performance data from years prior creates uncertainty in identifying the specific factors responsible for the percentage reduction. Also in FY 2014, 655,864 marijuana plants were eradicated from USFS lands compared to over 1 million plants eradicated in FY 2013. The reduction in eradicated plants is likely attributable to several factors including the severe drought in California, continued pressure on illegal growers on public lands, and reduced enforcement and investigative resources. However, the above data remain representative of the significant and measurable impacts USFS enforcement operations and investigations have had on illegal drug activities on public and other adjacent lands.

The USFS, in partnership with many local, State, and other Federal agencies, has long employed methods in support of the *Strategy* to identify, investigate, disrupt, prosecute, and ultimately dismantle drug trafficking organizations involved in marijuana cultivation on USFS and other public lands. The USFS also routinely reclaims grow sites to mitigate the dangerous and far-reaching adverse environmental effects and deny continued use by illegal cultivators. As a result of these strategies, in recent years, there has been a significant decrease in marijuana cultivation operations and the resulting resource and environmental damage on public lands. However, due to successful public land enforcement and investigative operations, there has been a shift by illegal cultivators to private and other adjacent lands. The USFS will continue to partner with local, state, and Federal cooperators to address illegal cultivation on USFS, public, and other adjacent lands.

In FY 2014, the USFS participated in multiple operations in partnership with other State, local, and Federal partners. Major operations in California through the Campaign against Marijuana

Planting focused not only on USFS lands, but adjacent private lands, as well. On USFS lands in California alone, Campaign against Marijuana Planting operations resulted in the eradication of 406,336 marijuana plants (nearly 62.0 percent of the before mentioned national total) and the reclamation of 149 grow sites. These efforts also resulted in the seizure of over 9,700 pounds of processed marijuana, 38 firearms, and 67 arrests. Reclamation and cleanup efforts included the removal of 31 metric tons of infrastructure; 5 metric tons of fertilizers; 88 pounds of pesticides; 14 gallons of restricted or banned use poisons; nearly 90 miles of irrigation pipe; and 185 man-made dams/reservoirs.

**COURT SERVICES AND OFFENDER SUPERVISION AGENCY**  
**FOR THE DISTRICT OF COLUMBIA**





# COURT SERVICES AND OFFENDER SUPERVISION AGENCY FOR THE DISTRICT OF COLUMBIA

## Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$21.561	\$23.095	\$23.889
Treatment	30.147	32.423	34.320
<b>Total Drug Resources by Function</b>	<b>\$51.708</b>	<b>\$55.518</b>	<b>\$58.209</b>
<b>Drug Resources by Decision Unit</b>			
Community Supervision Program	\$35.085	\$37.463	\$39.862
Pretrial Services Agency	16.623	18.055	18.347
<b>Total Drug Resources by Decision Unit</b>	<b>\$51.708</b>	<b>\$55.518</b>	<b>\$58.209</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	274	295	295
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	22.8%	23.7%	23.8%

## Program Summary

### MISSION

The mission of the Court Services and Offender Supervision Agency for the District of Columbia (CSOSA) is to increase public safety, prevent crime, reduce recidivism, and support the fair administration of justice in close collaboration with the District of Columbia community. The CSOSA appropriation is comprised of two components – the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA).

CSOSA’s CSP provides supervision for adult offenders released by the Superior Court of the District of Columbia on probation or the U.S. Parole Commission on parole or supervised release. The CSP strategy emphasizes public safety, successful reentry of offenders into the community, and effective supervision through an integrated system of comprehensive risk and needs assessment, close supervision, routine drug testing, treatment and support services, and graduated sanctions and incentives. CSP also develops and provides the Courts and the U.S. Parole Commission with critical and timely information for probation and parole decisions. Many CSP offenders are a high risk to public safety, have significant needs, and face many challenges to successfully completing supervision. Offenders who fail to successfully complete

supervision or recidivate place an enormous burden on the offenders' families, the community, and the entire criminal justice system.

PSA is an independent entity within CSOSA. Its mission is to promote pretrial justice and enhance community safety. PSA assists judicial officers in both the Superior Court of the District of Columbia and the U.S. District Court for the District of Columbia by conducting a risk assessment for every arrested person who will be presented in court and formulating release or detention recommendations based upon the arrestee's demographic information, criminal history, and substance use and/or mental health information. For defendants who are placed on conditional release pending trial, PSA provides supervision and treatment services that reasonably assure that they return to court and do not engage in criminal activity pending their trial or sentencing.

Seventy percent of convicted offenders serve all or part of their sentence in the community, and from FY 2010 to FY 2013, approximately 85 to 90 percent of pretrial defendants were released to the community while awaiting trial. The effective supervision of pretrial defendants and convicted offenders is critical to public safety in the District of Columbia. Three strategic goals support CSOSA's mission. The first goal targets public safety by striving to decrease criminal activity among the supervised population and increasing the number of offenders who successfully complete supervision. The second goal targets successful reintegration, focusing on the delivery of preventive interventions to offenders with identified behavioral health, employment, and/or housing needs. The third goal targets the fair administration of justice by providing accurate information and meaningful recommendations to criminal justice decision-makers, namely, the Courts and the U.S. Parole Commission.

A challenge faced by CSOSA, and all law enforcement entities, is the detection of and treatment for synthetic drugs used by the offender and defendant populations. Current CSOSA illicit substance testing is not capable of detecting many of the emerging synthetic drugs available in the community. However, preliminary studies performed on samples of the populations show that synthetic drug use is prevalent and increasing. Synthetic drug compounds change frequently and the current contract cost of testing for synthetic drugs is significantly higher than for CSOSA's standard illicit substance testing. CSOSA is addressing this challenging program control priority by collaborating with its partners to determine best practices and promote city-wide response strategies, educating staff and clients on the dangers of synthetic drugs, performing limited contract synthetic substance testing, and looking at ways to expand its testing capabilities for these synthetic substances in a cost-effective manner.

## **METHODOLOGY**

CSP uses a cost allocation methodology to determine Drug Prevention (Testing) and Treatment activity resources, including both direct (e.g., direct staff, direct contracts) and indirect (e.g., rent, management) cost items supporting CSP Drug Testing and Treatment activities. The

resources for these activities are derived from CSP's 2014-2018 Strategic Plan framework reported in CSOSA's performance budgets.

PSA has two program areas related to its drug control mission - drug testing and substance use disorder treatment. The Drug Testing and Compliance Unit is responsible for the collection of urine and oral fluid samples and the Office of Forensic Toxicology Services provides forensic toxicology drug testing and analysis. Treatment services are provided by or coordinated through PSA's Treatment Program. The major cost elements for the drug testing program include labor expenses for Drug Testing and Compliance Unit and Office of Forensic Toxicology Services staff, recurring expenses for reagents and other laboratory supplies and materials, rent expenses for the Office of Forensic Toxicology Services, and the purchase and maintenance of lab equipment. Other overhead and agency administrative expenses are not included. PSA provides drug testing services for other Federal and non-Federal agencies on a limited reimbursable basis. Revenues from other agencies are netted against gross costs. The major cost elements for the Treatment Program include direct labor expenses and contracted drug treatment services.

## **BUDGET SUMMARY**

The total drug control request for CSOSA for FY 2016 is \$58.2 million, an increase of \$2.7 million above the FY 2015 level.

### **Community Supervision Program**

**FY 2016 Request: \$39.9 million**

**(\$2.4 million above the FY 2015 enacted level)**

The CSP includes funding for drug testing and substance use treatment. Details for these activities are provided below.

### ***Community Supervision Program Drug Testing***

**FY 2016 Request: \$11.9 million**

**(\$0.5 million above the FY 2015 enacted level)**

In FY 2014, approximately 82 percent of the offenders beginning CSP supervision self-reported a history of illicit substance use. CSP drug testing is intended to monitor compliance with supervision conditions and prevent drug use. Drug test results may be used, along with other factors, as an indicator of an offender's need for substance disorder treatment. Eligible offenders are drug-tested at supervision intake and are then placed on a drug-testing schedule by their Community Supervision Officer, with testing frequency dependent upon prior substance use history, supervision risk level, and length of time under CSP supervision. In addition, all offenders are subject to random spot testing at any time. Offenders submit urine or oral fluid samples at the CSOSA Reentry and Sanctions Center and four CSP Illegal Substance Collection Units located throughout the District of Columbia. Each sample may be tested for up to seven drugs (Marijuana, PCP, Opiates, Methadone, Cocaine, Amphetamines, and Alcohol). CSP offender urine samples are tested by PSA and results provided back to CSP within 48 hours after

the sample is taken. Testing of oral fluid samples is performed and reported to CSP contractually.

### ***Community Supervision Program Treatment***

***FY 2016 Request: \$28.0 million***

***(\$1.9 million above FY 2015 enacted level)***

CSP provides sanctions-based treatment and support services, as determined by CSP offender drug testing, assessments, and other factors, to assist offenders in reintegrating into the community. Drug-involved offenders are evaluated through individualized assessments and, based on priority and available funds, are referred to a variety of contracted treatment services, including detoxification, residential and intensive outpatient treatment programs, transitional housing, and other specialized assessment and treatment services as indicated through continuing evaluations of individual needs.

Typically, those offenders referred to treatment with severe illicit substance use disorders require a contract treatment program continuum consisting of at least three separate substance disorder treatment placements (in-house or contract) to fully address their issues. This may include placement in detoxification, residential treatment, and transitional housing in conjunction with intensive outpatient continuing care.

Due to budgetary challenges, CSP's FY 2012-2014 contract Treatment budgets were reduced below FY 2011 levels. In FY 2014, CSP made 1,299 contract treatment and transitional housing placements with contract vendors. This represents a 56 percent decrease in the number of placements compared to FY 2011. In addition, CSOSA's Reentry and Sanctions Center at Karrick Hall provides high risk offenders and defendants with an intensive assessment, reentry, and treatment readiness counseling program in a residential setting. The Reentry and Sanctions Center program is specifically tailored for offenders and defendants with long histories of crime and substance use disorders coupled with long periods of incarceration and little outside support. These individuals are particularly vulnerable to both criminal and drug relapse. Most offenders who complete the Reentry and Sanctions Center program are determined to need treatment services and are referred to contract treatment.

CSP performed a review of FY 2014 offender intakes to determine estimated annual treatment needs. In FY 2014, a total of 7,724 offenders entered CSP supervision. Of these offender intakes, 2,165 (28 percent) were classified by CSP as persistent drug users<sup>1</sup> and, of those, 1,260 entered supervision with a special condition for drug treatment imposed by the Court or the U.S. Parole Commission. Just under half (1,069) of these persistent drug users were assessed and supervised by CSP at the highest risk levels (maximum and intensive combined). Of the high-risk offenders who began supervision in FY 2014, 571 had a special condition for treatment

---

<sup>1</sup> Persistent drug users are defined as offenders who test positive for drugs (excluding synthetic drugs and positive tests for alcohol) on three or more occasions during the fiscal year.

and were persistently testing positive for illicit substances. High-risk offenders, however, are not the only group to demonstrate a need for treatment. Of the 1,740 offenders who entered supervision FY 2014 and were assessed at the minimum risk level, 392 exhibited extensive drug use while under supervision.

CSP considers the combination of drug test results, assessed risk level, and Court orders when determining appropriate treatment interventions for an offender. However, since CSP does not have resources to treat all offenders with an illicit substance use disorder, it currently focuses resources on those assessed and supervised at the highest risk levels. With requested funding, CSP estimates that the illicit substance treatment needs of approximately one-third of the total number of persistent drug users and approximately two-thirds of high-risk, persistent drug users will be able to be met in FY 2016.

### **Pretrial Services Agency**

**FY 2016 Request: \$18.3 million**

**(\$0.3 million above the FY 2015 enacted level)**

The PSA includes funding for District of Columbia Drug Prevention and District of Columbia Drug Treatment. Details for these activities are provided below.

#### ***Pretrial Services Agency for the District of Columbia Drug Prevention***

**FY 2016 Request: \$12.0 million**

**(\$0.3 million above the FY 2015 enacted level)**

In FY 2014, 28 percent of defendants tested positive for drug use at their initial drug screening. Because a substantial number of criminal defendants have substance use disorders that must be addressed to mitigate their risk to public safety, drug testing provides vital data used to form judiciary release decisions and PSA supervision approaches. Additionally, drug use testing assists in monitoring compliance with court-ordered release conditions, preventing drug use, measuring the success of drug treatment, and predicting future criminality.

PSA's Drug Testing and Compliance Unit collects urine and oral fluid samples for analysis from defendants detained prior to arraignment and defendants who have been ordered to drug test as a condition of pretrial release, as well as respondents ordered into drug testing by the D.C. Superior Court Family Division. The Office of Forensic Toxicology Services processes urine specimens and conducts drug testing for pretrial defendants under PSA's supervision, offenders under the CSOSA CSP (i.e., persons on probation, parole, and supervised release), and persons under the authority of the D.C. Superior Court Family Division. Each sample is tested for three to seven drugs and all positive samples are retested. Gas chromatograph/mass spectrometry analyses are conducted to confirm test results and provide affirmation of the identity of a drug when results are challenged. Toxicologists conduct levels analyses to determine drug concentrations. These interpretations are essential to the courts for determining continued drug use by defendants, offenders, and respondents. Expert witness court testimony and forensic consultations are also provided to assist the judicial officers.

PSA's operation of an onsite laboratory in the D.C. Superior Court permits same-day turnaround time for drug test results in pretrial cases, allowing for test results from lock-up to be presented to judicial officers at defendant arraignments and presentments. Office of Forensic Toxicology Services can perform "spot" tests ordered by a judicial officer within a two-hour time frame through state-of-the-art testing and management information systems. Office of Forensic Toxicology Services performs tests on tens of thousands of samples each month, which translates to millions of analyses for various drugs each year. Laboratory personnel interpret results for new or residual use for over 2,000 individuals each month. Along with its supervision and treatment programs, the drug use testing/monitoring services performed by PSA assist in reasonably assuring that defendants return to court and do not pose a threat to the community.

### ***Pretrial Services Agency for the District of Columbia Drug Treatment***

***FY 2016 Request: \$6.3 million***

***(\$22,000 below the FY 2015 enacted level)***

A significant number of defendants under PSA supervision have substance use disorder treatment needs. In any given fiscal year, PSA conducts clinical assessments that identify approximately 1,800 supervised defendants who require intensive substance use disorder treatment services to help mitigate their safety risk. PSA is committed to reducing drug-involved defendant re-arrest and failure-to-appear rates through four core activities: identifying and addressing illicit drug use, problematic alcohol use, and other criminogenic needs; delivering and facilitating evidence-based substance use disorder treatment; using motivational strategies and program incentives to encourage treatment initiation, engagement and retention; and establishing swift and certain consequences for continued drug use.

Court-supervised, evidence-based treatment is one of the most effective tools for breaking the cycle of substance involvement and crime. In addition to public safety benefits, the community also benefits from the cost savings of providing supervision with appropriate treatment in lieu of incarceration. PSA operates a model Drug Court and other sanction-based treatment programs, which utilize research-supported techniques as a mechanism for enhancing community safety. PSA's Treatment Program includes the Superior Court Drug Intervention Program (Drug Court), the D.C. Misdemeanor and Traffic Initiative, the Specialized Supervision Unit, the Sanction Based Treatment Track, and the Social Services and Assessment Center.

PSA's specialized treatment and supervision programs offer defendants access to various levels of care, modalities, and interventions. Each unit provides centralized case management for defendants, with the Drug Court also providing direct treatment services. This organizational structure facilitates specialized supervision practices and consistent responses to positive and problem behaviors, which lead to better interim outcomes for defendants.

### **PERFORMANCE**

Information regarding the performance of the drug control efforts of CSOSA is based on agency GPRMA documents and other agency information that measures the agency's contribution to

the *Strategy*. The table and accompanying text represent CSOSA drug-related achievements during FY 2014.

<b>Court Services and Offender Supervision Agency</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Eligible offenders are drug tested once per month.	85%	84%
» Treatment and support services are directed to those offenders who pose a substantial threat to public safety.	75%	Initial Estimates in FY 2015
» Offenders evaluated as being in need of specific types of treatment or support services are placed within 21 days.	50%	Initial Estimates in FY 2015
» Offenders who start treatment or support services successfully complete the intervention.	65%	60%
» Percentage of PSA defendants who have a reduction in drug usage following placement in a sanction-based treatment program.	74%	85%

### **Community Supervision Program**

Drug testing and treatment are at the core of CSP’s approach to meet the FY 2014-2018 Strategic Plan priorities. CSOSA’s CSP monitors offenders’ compliance with the releasing authorities’ requirements to abstain from drug use and assesses the offenders’ needs for substance disorder treatment. CSOSA’s CSP policy also defines the schedule under which eligible offenders are drug-tested. Offenders can become ineligible for testing (other than initial testing at intake) for a variety of administrative reasons, including a change from active to warrant status, case transfer from D.C. to another jurisdiction, rearrests, and admission to substance disorder treatment. The policy includes spot testing for offenders who are on minimum supervision, as well as those who do not have histories of drug use and have established a record of negative tests. Each offender’s urine sample may be tested for up to seven substances (marijuana, PCP, opiates, methadone, cocaine, amphetamines, and alcohol). On average, CSP drug tested 21,621 samples from 6,650 individuals each month during FY 2014.

Of the eligible FY 2014 offender population, 76 percent were drug tested on the date of intake to CSP supervision, and 84 percent were tested at least once per month. In September 2014, nearly 26 percent of all samples submitted for drug testing tested positive for at least one the seven tested substances. This a slight increase from September 2013 when illicit substances were detected in nearly 25 percent of tested samples.

CSP addresses high-risk, non-compliant offenders by initiating actions to remove them from the community through placement into residential treatment or sanctions programs for treatment. Of offenders who started contract treatment or support services in FY 2014, 60 percent satisfactorily completed their program. Treatment completion rates for offenders who participated in outpatient treatment were relatively low compared to the other service types. This contributed to a failure to meet the FY 2014 performance target. CSP will evaluate their contract treatment programs and the process by which offenders are placed into these

programs to ensure that offenders are matched with programs that address their specific needs.

Due to limited resources, CSP attempts to focus programs on the highest-need and highest-risk offenders. Two new performance goals were developed in FY 2014 to track the degree to which services are being provided promptly to those offenders with the greatest need. The first goal aims to measure the degree to which treatment and support services are directed toward offenders who pose a substantial threat to public safety. The second will evaluate the successful matchup of offenders with needed treatment and support services within 21 days of assessment. CSP expects to report on these new performance goals in FY 2015.

### **Pretrial Services Agency**

In FY 2014, PSA supplemented research begun in FY 2013 under the Office of National Drug Control Policy (ONDCP)-funded *Development of a Community Drug Early Warning System (CDEWS) for Tracking Emerging Drugs in the Criminal Justice Population*, in collaboration with the University of Maryland's Center for Substance Abuse Research (CESAR). The CDEWS study tracked new emerging drugs within defendant and offender populations to ensure that drug monitoring programs are testing for the most commonly used licit and illicit drugs.<sup>2</sup> PSA and CESAR supplemented CDEWS research with additional adult specimens for testing and with PSA's approval of CESAR's request to replicate the study using urine specimens from juvenile respondents.

PSA partnered with the District of Columbia's Office of the Chief Medical Examiner to research and develop methods for analyzing and characterizing the identities of emerging new synthetic drugs and their urinary metabolites. This partnership allows PSA to stay at the forefront in monitoring this relatively new phenomenon as it relates to drug use in the juvenile, defendant and offender populations. To date, the varieties of the synthetic cannabinoids identified by the Office of Forensic Toxicology Services laboratory are all documented as Schedule I drugs in the *DC Register*.

During FY 2014, PSA conducted 2,317,690 drug tests on 348,721 urine samples of persons on pretrial release, probation, parole, and supervised release, as well as for persons (juveniles and adults) whose matters are handled in the Family Court. Of the pretrial defendants tested in FY 2014, approximately 31 percent had at least one positive test. Those results were critical to assessing risk and needs levels for that population.

PSA enhanced the Agency's on-site intensive outpatient treatment services to address the needs of defendants supervised in the Specialized Supervision Unit who have a substance use

---

<sup>2</sup> The CDEWS study tracked new and emerging drugs within defendant and offender populations to ensure that drug monitoring programs are testing for the most commonly used licit and illicit drugs. The FY 2013 study included 900 randomly-selected specimens from PSA for independent analysis of more than 30 drugs. This evaluation helped identify synthetic cannabinoids, such as K2/Spice, are emerging drugs in the District.

disorder as defined by American Society of Addiction Medicine criteria and a DSM-V recognized serious and persistent mental health disorder. Specialized Supervision Unit defendants referred to the program receive nine hours of group psychotherapy services per week and individual psychotherapy, as appropriate.

In FY 2014, 84 defendants successfully graduated from Drug Court, with 69 defendants charged with misdemeanors having their cases dropped due to participation. Eighty-four percent of drug involved defendants under PSA supervision remained arrest free (compared to 89 percent of all released defendants) and 84 percent of drug involved defendants made all scheduled court appearances (compared to 88 percent of all released defendants).



# DEPARTMENT OF DEFENSE





**DEPARTMENT OF DEFENSE**  
Drug Interdiction and Counterdrug Activities

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Intelligence	\$146.519	\$107.848	\$101.288
Interdiction	430.545	340.875	401.267
International	541.386	489.223	474.098
Investigations	17.520	10.544	12.738
Prevention	120.580	105.591	111.519
Research and Development	1.926	0.000	0.000
State and Local Assistance	195.597	177.717	88.788
<b>Total Drug Resources by Function</b>	<b>\$1,454.073</b>	<b>\$1,231.798</b>	<b>\$1,189.698</b>
<b>Drug Resources by Decision Unit</b>			
Drug Interdiction and Counterdrug Activities	\$1,015.885	\$950.687	\$849.896
Overseas Contingency Operations	376.305	205.000	186.000
Counternarcotics OPTEMPO	61.883	76.111	153.802
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,454.073</b>	<b>\$1,231.798</b>	<b>\$1,189.698</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1,681	1,636	1,573
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$572.0	\$554.2	\$585.3
Drug Resources Percentage	0.3%	0.2%	0.2%

**Program Summary**

**MISSION**

The DoD authorities and resources provide useful and flexible tools to achieve national security goals. The threat to U.S. national security posed by illicit drugs extends beyond traditional challenges to public health and safety. Illicit drug trafficking is a powerful and corrosive force weakening the rule of law in affected countries and preventing governments from effectively reducing or containing other transnational threats such as terrorism, insurgency, organized crime, weapons trafficking, money laundering, human trafficking, and piracy.

DoD has long recognized the linkages between international drug trafficking organizations, transnational criminal organizations, and international terrorism, including criminal organizations such as Los Zetas in Mexico and Central America, insurgents in Afghanistan and

Pakistan, and the Revolutionary Armed Forces of Colombia in Colombia. These actors often finance their activities with the proceeds from narcotics trafficking. DoD's counternarcotics programs and activities can detect, monitor, and support the interdiction, disruption, or curtailment of the narcotics-related threats to national security. Counternarcotics resources and authorities provide an effective combination of tools that support U.S. and partner nation efforts to address international narcotics trafficking.

In accordance with its statutory authorities, DoD uses its counternarcotics resources and authorities to achieve national and Departmental counternarcotics priorities, focusing on two primary mission sets, known as Drug Demand Reduction and Counternarcotics:

Drug Demand Reduction focuses on maintaining DoD readiness through:

- Urinalysis drug testing of Service members, DoD civilian personnel in testing designated positions, and applicants for military service and DoD civilian pre-employment testing; and;
- Providing prevention, education, and outreach programs to the military and civilian communities to raise awareness of the adverse consequences of illicit drug use on one's performance, safety, health, family stability, fiscal security, and employment opportunities.

The Office of Deputy Assistant Secretary of Defense for Readiness, with oversight from the Assistant Secretary of Defense, Readiness and Force Management, by direction of the Under Secretary of Defense for Personnel and Readiness, provides policy oversight and guidance, resource allocation, and effects measurement for the DoD Drug Demand Reduction efforts to detect and deter drug abuse.

Counternarcotics focuses on supporting Federal, state, local, and foreign agencies in addressing illicit drug trafficking and narcoterrorism through:

- Detecting and monitoring drug trafficking;
- Sharing information; and
- Helping countries build their capacity and control their ungoverned spaces where trafficking activities flourish.

The Office of the Deputy Assistant Secretary of Defense (Counternarcotics and Global Threats), with oversight from the Assistant Secretary of Defense, Special Operations/Low-Intensity Conflict, by direction of the Under Secretary of Defense for Policy, provides policy oversight and guidance, resource allocation, and effects measurement for DoD's counternarcotics efforts to disrupt and degrade the national security threats posed by the nexus of illegal narcotics activities and related trafficking, transnational organized crime, and illicit finance networks.

## **METHODOLOGY**

The majority of DoD counternarcotics resources (except for substance abuse treatment efforts provided by the Defense Health Program) are requested through the Drug Interdiction and Counterdrug Activities appropriation. These funds are allocated to specific programs and projects and then transferred to the most appropriate Service or DoD agency for implementation. This flexibility allows the DoD counternarcotics program to address the ever-changing patterns in the narcotrafficking threats by shifting counterdrug resources where they will be most effectively used.

Counternarcotics OPTEMPO is defined as the estimated level of funding for DoD's aircraft flight hours and ship steaming days that support counternarcotics activities. The Military Services derive these estimates by multiplying the aircraft cost per flight hour/ship steam days to the number of hours/days the system is employed in counternarcotics activities, and may include transit time, on-station time, and training. DoD excludes these estimates from the following analysis.

## **BUDGET SUMMARY**

In FY 2016, DoD requests \$1,189.7 million for drug control activities, a decrease of \$42.1 million from the FY 2015 level.

### **Drug Interdiction and Counterdrug Activities**

**Total FY 2016 Request: \$849.9 million**

**(\$100.8 million below the FY 2015 enacted level)**

DoD counternarcotics resources are initially appropriated into the Central Transfer Account. These funds are allocated to specific programs and projects, and then transferred to the most appropriate Service for implementation. There are four mission areas encompassing the scope of the DoD counternarcotics program. These areas include (1) Demand Reduction, (2) Domestic Support, (3) Intelligence and Technology, and (4) International Support.

### **Demand Reduction**

**FY 2016 Request: \$111.5 million**

**(\$5.9 million above the FY 2015 enacted level)**

The request will provide \$50.3 million for Military Service laboratory testing operations; \$32.7 million for the Military Services collections; \$16.7 million for Joint Service operations; \$5.6 million for Military Service prevention, education, and outreach; and \$6.2 million for DoD Agency civilian collection and laboratory testing. These funds support 100% drug testing for active duty, reserve personnel, and DoD civilian employees, as well as drug abuse prevention/education activities for military and civilian personnel and their dependents and drug treatment for military personnel. The change primarily reflects an increase for expanded prescription and synthetic drug testing.

### **Domestic Support**

***FY 2016 Request: \$95.1 million***

***(\$89.8 million below the FY 2015 enacted level)***

This funding supports Federal, state, and local Drug Law Enforcement Agencies' (DLEAs) requests for domestic operational and logistical support to address drug-related crime. Of this amount, \$85.1 million is for the National Guard support to domestic law enforcement efforts; and \$10.0 million is for Domestic Operational Support, such as U.S. Northern Command counter-narcoterrorism support to DLEAs and Title 10 National Guard translation efforts.

### **Intelligence and Technology**

***FY 2016 Request: \$114.4 million***

***(\$3.5 million below the FY 2015 enacted level)***

Intelligence programs collect, process, analyze, and disseminate information required for counternarcotics operations. Technology programs increase DoD's capabilities to target the nexus among narcotics traffickers, terrorists, and insurgent activity. A total of \$73.2 million will provide counter-narcoterrorism intelligence support and analysis; \$21.2 million is for signals intelligence (SIGINT) collection and processing; \$9 million is for Military Service and Special Operations command and control programs; and \$11 million will provide Operational Support.

### **International Support**

***FY 2016 Request: \$528.9 million (excluding OCO)***

***(\$13.4 million below the FY 2015 enacted level)***

International support programs include efforts in the U.S. Central Command, U.S. Southern Command, U.S. Pacific Command, U.S. Northern Command, U.S. Africa Command, and U.S. European Command areas of responsibility (AOR) to detect, interdict, disrupt, or curtail activities related to substances, material, weapons, or resources used to finance, support, secure, cultivate, process, or transport illegal drugs. Funding will support operations in these AORs, including providing equipment under Section 1033 authority; detection and monitoring platforms and assets (excluding Counternarcotics OPTEMPO), primarily in the Western Hemisphere Transit Zone; and command and control support, including operations of Joint Interagency Task Force-South (JIATF-S) and Joint Interagency Task Force-West (JIATF-W). The change reflects increases to partner nation capacity building efforts. and congressional increases in FY 2015 for USSOUTHCOM intelligence, surveillance, and reconnaissance.

### **Overseas Contingency Operations**

**Total FY 2016 Request: \$186.0 million**

***(\$19.0 million below the FY 2015 enacted level)***

Since 2004, DoD's CN requirements for Afghanistan have been funded mostly through supplemental and OCO appropriations. These train and equip programs aim to support U.S. regional goals and reduce the CN-related terrorism and finance. The majority of funding is for special-purpose vetted units such as the Special Mission Wing and the Afghan Counternarcotics Police.

## Counternarcotics OPTEMPO

Total FY 2016 Request: \$153.8 million

(\$77.7 million above the FY 2015 enacted level)

OPTEMPO is the estimated level of funding for DoD's aircraft flight hours and ship steaming days that support counternarcotics activities. The Military Services estimate this amount by multiplying the aircraft cost per flight hour/ship steam days to the number of hours/days the system is planned to be employed in counternarcotics activities, and may include transit time, on-station time, and training.

## PERFORMANCE

In accordance with the *DoD Counternarcotics and Global Threats Strategy*, DoD commits resources in support of an integrated military and civilian counternarcotics program designed to combat drug trafficking and related forms of transnational organized crime. DoD's counternarcotics program, through its above referenced strategy, supports the *Strategy* and the President's *Strategy to Combat Transnational Organized Crime*.

In FY 2014, DoD executed its counternarcotics program in accordance with the following strategic goals:

- *Strategic Goal 1-* To disrupt and, to the degree possible disable, not only the nexus of actors and activities but also the individual activities of trafficking, insurgency, corruption, threat finance, terrorism and distribution of precursor chemicals in Afghanistan/Pakistan such that material support for the insurgency and terrorists is significantly reduced, the Afghan National Police and other law enforcement agencies are strengthened, and the governments of Afghanistan and Pakistan are reinforced.
- *Strategic Goal 2-* Illicit drug and drug precursor trafficking and related transnational organized criminal threats to U.S. national security interests in the Western Hemisphere particularly in Mexico, Central America, Colombia, and Peru- are reduced sharply in a manner sustained by partner nations.
- *Strategic Goal 3-* The size, scope, and influence of targeted Transnational Criminal Organizations and trafficking networks are mitigated such that these groups pose only limited, isolated threats to U.S. national security and international security. The United States and partner nations have developed layered, coordinated approaches that regularly disrupt the operations of these organizations and networks, limit their access to funding, reduce their assets, and raise their costs of doing business.

Through these strategic goals, DoD continued to provide significant support to U.S. and partner nation drug law enforcement agencies in the areas of training, communications support, infrastructure, intelligence, transportation, equipment, command and control, and detection and monitoring. Additionally, the Department is committed to keeping drug use low among its

active duty and civilian personnel. Selected examples of performance measures used to monitor and evaluate DoD counternarcotics activities are provided in the following table.

<b>Department of Defense</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
<b>Demand Reduction</b>		
» Active duty military personnel testing positive for drug use	under 2%	0.87%
» DoD civilian personnel testing positive for drug use	under 1%	0.38%
<b>Strategic Goal 1</b>		
» Counter Narcotics Police Afghanistan Capability Milestone (CM) Rating <sup>1</sup>	CM-2A	CM-1B
<b>Strategic Goal 2</b>		
» Percentage of Illicit Trafficking Cases/Events Successfully Handed-off from Joint Inter-Agency Task Force South (JIATF-S) to U.S. and Partner Nation Interdiction Resources <sup>2</sup>	89%	88%
<b>Strategic Goal 3</b>		
» Total value in U.S. dollars interdicted through DoD counternarcotics funded National Guard Programs (Western Hemisphere)	*	\$275,000,000
<b>Counternarcotics OPTEMPO (Western Hemisphere)</b>		
» Air platforms: Number of flight hours	*	49,376
» Sea platforms: Number of ship steaming days	*	240

\*Target not established.

<sup>1</sup>The CM Rating System uses a numeric rating (1 through 4) to determine level of capability based upon a combination of qualitative and quantitative data.

- *CM-1A*- ability to accomplish mission or task autonomously with no Coalition involvement
- *CM-1B*- ability to accomplish mission or task with Coalition oversight only, meets all requirements for CM-2A, and filled to 90% of total authorizations
- *CM-2A*- ability to accomplish mission with minimal Coalition assistance limited to critical ministerial functions and meet all requirements for CM-2B
- *CM-2B*- ability to accomplish mission with some Coalition assistance for all tasks after all key personnel have required training, meet all requirements for CM-3, 75% of total authorizations filled, 90% of leadership positions filled, and 90% of required equipment is on hand and operational
- *CM-3*- ability to accomplish mission with significant coalition assistance, meets all requirements for CM-4, at least 50% of total authorizations filled, at least 75% of leadership positions filled, and sufficient equipment for assigned personnel is on hand and operational
- *CM-4*- cannot accomplish mission or task, basic requirements exist, 25% of total authorizations filled, personnel training is ongoing, and equipment is still being acquired

<sup>2</sup>88% = (229 illicit trafficking cases/events disrupted by interdiction resources) / (261 illicit trafficking cases/events detected by JIATF-S)

**Demand Reduction:** In FY 2014, DoD continued to keep the illicit drug positive rate below 2 percent for both active duty personnel and DoD civilian personnel. Defense policy is to ensure 100 percent random urine drug testing for all active, reserve, and National Guard. Given the success of the Defense civilian drug testing program, the DoD random testing rate for civilians in testing designated positions will be 100 percent over a two-year period, or 50 percent of the workforce per year.

**Strategic Goal 1:** In FY 2014, the NATO Training Mission-Afghanistan (NTM-A) and Combined Security Transition Command-Afghanistan (CSTC-A) agreed on an ultimate CM Rating of 1B for

the Counter Narcotics Police of Afghanistan. This conclusion was based on the completion of 51 of 72 Ministerial Development Plans (MDP) projects (70 percent completion rate) along with the determination that Counter Narcotics Police of Afghanistan is capable of executing its functions with coalition oversight only.

*Strategic Goal 2:* In FY 2014, JIATF-S received high confidence information for 507 illicit trafficking cases/events. Of these cases/events, JIATF-S detected 261 and successfully handed-off 229 to U.S. and partner nation interdiction resources. This overall hand-off rate of 88 percent falls short of the FY 2014 target of 89 percent, which can be best attributed to a lower than expected availability of U.S. and partner nation interdiction resources.

*Strategic Goal 3:* In FY 2014, the National Guard Bureau (NGB) reported \$275.0 million U.S. dollars interdicted through programs supporting U.S. law enforcement agencies in narcotics-related money laundering investigations. NGB's investigative support resulted in the identification of 713 suspects and 730 money laundering methods, resulting in the disruption of 1,342 drug trafficking organizations, and the dismantling of 537.



# DEPARTMENT OF DEFENSE

## Defense Health Program

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Estimated	FY 2016 Request
<b>Drug Resources by Function</b>			
Treatment	\$74.500	\$75.200	\$77.900
<b>Total Drug Resources by Function</b>	<b>\$74.500</b>	<b>\$75.200</b>	<b>\$77.900</b>
<b>Drug Resources by Decision Unit</b>			
Defense Health Program	\$74.500	\$75.200	\$77.900
<b>Total Drug Resources by Decision Unit</b>	<b>\$74.500</b>	<b>\$75.200</b>	<b>\$77.900</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$32.6	\$32.1	\$32.2
Drug Resources Percentage	0.2%	0.2%	0.2%

<sup>1</sup>Total agency budget represents the Unified Medical Care budget less the Medicare Eligible Retiree Health Care Fund.

### Program Summary

#### MISSION

The medical mission of the DoD is to enhance DoD's and the Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to its care. The Defense Health Program appropriation funding provides worldwide medical and dental services for active forces and other eligible beneficiaries, veterinary services, medical command headquarters, specialized services for the training of medical personnel, and occupational and industrial health care.

Included are the estimated costs associated with provisions of the TRICARE benefit, as well as the costs of the Congressionally-mandated program in Alcohol and Substance Abuse research. The TRICARE benefit provides for the health care of active duty service members, National Guard and Reserve members, retirees, their families, survivors, and certain former spouses worldwide. As a major component of the Military Health System (MHS), TRICARE brings together the health care resources of the uniformed services and supplements them with networks of civilian health care professionals, institutions, pharmacies, and suppliers to provide access to high-quality health care services while maintaining the capability to support military operations.

## **METHODOLOGY**

With the exception of Congressionally-directed research activities, the Defense Health Program appropriation does not have specific line items or programs designated for drug control activities. As a result, the estimates for substance use disorder treatment costs are based on an extract of inpatient and ambulatory encounter claims data containing selected drug abuse primary diagnoses and procedures, whether provided by MHS staff (direct care) or from private providers (purchased care). Excluded from the total treatment cost are prescription costs (because pharmaceutical records do not contain diagnoses codes), Medicare-eligible beneficiary treatment costs (not paid by the Defense Health Program appropriation), U.S. Family Health Plan (a TRICARE health plan), and beneficiary treatment costs (because such care is funded on a capitated basis, and claims level data are not available for these beneficiaries). The private sector care (PSC) portion of the costs reported for FY 2013 is adjusted upwards by 16.9% to account for costs incurred that are not included in the amounts paid to the health care providers, such as claim processing fees, capital and direct medical education payments, and administrative costs.

The out-year estimates are derived by applying the estimated growth rates of the direct care and purchased care system costs to the historical actual treatment costs.

## **BUDGET SUMMARY**

In FY 2016, The Defense Health Program requests \$77.9 million for drug control activities, an increase of \$2.7 million above the FY 2015 enacted level.

### **Defense Health Program**

**FY 2016 Request: \$77.9 million  
(\$2.7 million above the FY 2015 enacted level)**

The FY 2016 estimate for DoD's Defense Health Program includes \$8.9 million for research activities. In support of its mission to provide medical services and support to members of the Armed Forces to keep them physically prepared for deployment, the DoD provides a comprehensive TRICARE substance use disorders treatment services benefit to all members of the armed forces, delivered in a regional environment with a seamless continuity of care. In addition, pursuant to applicable authorities, DoD offers substance use disorders treatment services to all eligible beneficiaries.

## **PERFORMANCE**

Information regarding the activities of the Defense Health Program is drawn from agency documents and other information.

The DoD medical research portfolio aims to address the continuum of alcohol and substance abuse, including research aimed at prevention, screening, assessment, and diagnosis, as well as treatment and recovery. The Defense Health Program appropriation supported a program in Alcohol and Substance Abuse Disorders research. The initial research effort focused on

understanding the underlying mechanisms of alcohol and substance use within the context of other behavioral health issues (e.g., posttraumatic stress, depression) in general and also within the military context (e.g., military service, deployment, reintegration, operational stressors). Studies also continued in FY 2014 on developing evidence-based prevention and treatment interventions for alcohol and substance use disorders applicable to military populations. Future research includes evaluating the effectiveness of brief interventions for preventing and treating alcohol and substance use disorders.



# DEPARTMENT OF EDUCATION





**DEPARTMENT OF EDUCATION**  
Office of Safe and Healthy Students

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$51.476	\$50.199	\$67.926
<b>Total Drug Resources by Function</b>	<b>\$51.476</b>	<b>\$50.199</b>	<b>\$67.926</b>
<b>Drug Resources by Decision Unit</b>			
<b>Safe and Drug-Free Schools and Communities</b>	<b>\$51.476</b>	<b>\$50.199</b>	<b>67.926</b>
<i>School Climate Transformation Grants</i>	46.848	46.695	62.356
<i>Other Activities</i>	4.628	3.504	5.570
<b>Total Drug Resources by Decision Unit</b>	<b>\$51.476</b>	<b>\$50.199</b>	<b>\$67.926</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$44.5	\$44.7	\$48.3
Drug Resources Percentage	0.1%	0.1%	0.1%

The total agency budget reflects discretionary funds only, excluding Pell Grants.

**Program Summary**

**MISSION**

The Department of Education administers programs to help ensure that students can meet challenging standards and to improve: elementary and secondary education; special education and early intervention programs for children with disabilities; English language acquisition for limited English proficient and immigrant children; career, technical, and adult education; and higher education. In addition, the Department of Education carries out research, data collection, and civil rights enforcement activities. The Department of Education programs under Safe and Drug-Free Schools and Communities (SDFSC) are designed to prevent drug use and improve school learning environments and student behavior.

**METHODOLOGY**

The programs funded under the SDFSC Act comprise the only Department of Education operations included in the drug control budget. The SDFSC program includes grants and discretionary activities to foster a safe, secure, and drug-free learning environment, facilitate emergency management and preparedness, and prevent drug use and violence by students. The SDFSC program supports the prevention mission of the *Strategy*.

The Department of Education’s budget for drug control programs includes all funding under SDFSC National Activities, except for amounts corresponding to the following activities that have no clear drug control nexus: (1) Project SERV (School Emergency Response to Violence), a crisis response program that provides education-related services to local educational agencies and institutions of higher education in which the learning environment has been disrupted due to a violent or traumatic crisis; (2) Project Prevent, a new initiative of grants to local educational agencies to help schools in communities with pervasive violence address the needs of students affected by that violence while also contributing to efforts to break the cycle of violence; and (3) School Emergency Management Activities, such as the Readiness and Emergency Management for Schools Technical Assistance Center, which supports schools, school districts, and institutions of higher education in the development of high-quality emergency operations plans and comprehensive emergency management planning efforts.

## **BUDGET SUMMARY**

In FY 2016, the Department of Education requests \$67.9 million for drug control activities, an increase of \$17.7 million above the FY 2015 enacted level.

### **Safe and Drug-Free Schools and Communities National Activities**

**FY 2016 Request: \$67.9 million**

**(\$17.7 million above the FY 2015 enacted level)**

The request includes \$62.4 million for School Climate Transformation Grants and related technical assistance to help create positive school climates by developing and adopting, or expanding to more schools, the use of multi-tiered decision-making frameworks that guide the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students. A key aspect of this multi-tiered approach is that it provides differing levels of support and interventions to students based on their needs. In schools where these frameworks are implemented well, there is evidence that youth risk factors are reduced, and reduced risk factors are correlated with reduced drug use, among other improved behaviors.

School Climate Transformation Grants, first awarded in FY 2014, build on the development and testing of evidence-based multi-tiered decision-making frameworks, such as Positive Behavioral Interventions and Supports. The FY 2016 request would support the third year of a five-year grant program to 12 state educational agencies and 71 local educational agencies, and the first year of a new \$15.0 million cohort of grants to an estimated 30 local educational agencies.

Funds would be used to implement data tracking systems, train teachers and other school staff to analyze the data, and select the most appropriate evidence-based programs to address students’ needs, train teachers and staff to implement the selected programs with fidelity, and purchase associated programmatic materials. The requested increase would also provide an additional \$2.0 million for the National Center on Safe Supportive Learning Environments to help ensure that the center has sufficient resources specifically to provide technical assistance

to local educational agencies on the selection and implementation of evidence-based substance abuse prevention programs.

In addition to technical assistance to state educational agencies, local educational agencies, and institutions of higher education relating to alcohol and drug use and violence prevention at the elementary, secondary, and postsecondary levels, the National Center on Safe Supportive Learning Environments also supports the collection and dissemination of information and best practices on improving school climate. For example, in FY 2016, the National Center on Safe Supportive Learning Environments will provide technical assistance to local educational agencies and schools that utilize the model school climate survey, scheduled for release by the National Center for Education Statistics in 2015, in selecting and implementing programs, policies, and practices that are responsive to the survey results.

**PERFORMANCE**

Information regarding the performance of the drug control efforts of the SDFSC program is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent drug-related achievements during FY 2014.

Department of Education		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
<b>Safe and Supportive Schools</b>		
» 2010 cohort – Percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience a decrease in the percentage of students who report current (30-day) alcohol use	77.6%	*
» 2010 cohort – Percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience an increase in the percentage of students who report current (30-day) alcohol use	21.5%	*
» 2010 cohort – Percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience an improvement in their school safety score	76.5%	*
» 2010 cohort – Percentage of eligible schools implementing programmatic interventions funded by Safe and Supportive Schools that experience a worsening in their school safety score	19.8%	*
<b>School Climate Transformation</b>		
» 2014 cohort - The number and percentage of schools that report an annual decrease in suspensions and expulsions, including those related to possession or use of drugs or alcohol	*	*
» 2014 cohort - The number and percentage of schools annually that are implementing the multi-tiered behavioral framework with fidelity	*	*

\* Data will be available in 2016

The Department identified outcome measures and targets in the table below for the SDFSC National Programs grant competitions. Data are based primarily on analyses of grantee performance reports.

In 2010, the Department awarded 4-year *Safe and Supportive Schools* grants to 11 state educational agencies for targeted interventions to help schools improve safety and reduce substance abuse. The performance measures for these grants focus on the percentage of participating schools that experience (i) a decrease/increase in the percentage of students reporting current (30-day) alcohol use and (ii) an improvement/worsening in their school safety score. The school safety score is an index of school safety that may include the presence and use of illegal drugs (including alcohol and marijuana). The 2010 cohort of grantees exceeded the 2013 targets on all of the above measures. The cohort has completed its funding cycle and is under extension to complete its projects. A final wave of performance metrics for FY 2014 will be available in January 2016.

The Department has developed a variety of measures to assess the performance of the School Climate Transformation Grants, including (1) measures related to increasing the capacity of local educational agencies to implement a multi-tiered decision-making framework to improve behavioral and learning outcomes and (2) measures to demonstrate the progress of local educational agencies in achieving those outcomes as evidence by decreasing student disciplinary actions and increased student attendance. Among those measures, the two included in the chart above most directly support the drug prevention function of the SDFSC program.

Since grantees are not required to collect and report to the Department disaggregated data on suspensions and expulsions directly related to the possession or use of alcohol or drugs, assessments of the number and percentage of schools reporting an annual decrease in such events will include violations unrelated to drugs or alcohol (ex., vandalism). However, a sizeable majority of grantees have elected to track drug-specific violations for other purposes, and the Department will encourage the remaining grantees to begin doing so. Accordingly, beginning with baseline data in 2016, the Department will also report on the number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol (only) and other drugs (only), for those grantees collecting disaggregated data.

The second new local educational agencies School Climate Transformation performance measure (the number and percentage of schools annually that are implementing the multi-tiered behavioral framework with fidelity) supports the drug prevention function of the SDFSC program by implementing a multi-tiered behavioral framework where selected drug and other prevention programs are (1) evidence-based and (2) more likely to be implemented effectively. This measure is designed to evaluate whether the local educational agencies School Climate Transformation Grants result in such increased capacities.

**FEDERAL JUDICIARY**





# FEDERAL JUDICIARY

## Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Corrections	\$585.576	\$615.106	\$638.507
Prosecution	433.042	440.854	458.638
Research and Development	5.827	6.075	6.305
Treatment	202.511	212.714	220.803
<b>Total Drug Resources by Function</b>	<b>\$1,226.956</b>	<b>\$1,274.749</b>	<b>\$1,324.253</b>
<b>Drug Resources by Decision Unit</b>			
Administrative Office of the U.S. Courts	\$1.705	\$1.772	\$1.840
Court Security	34.328	35.464	37.425
Defender Services	162.925	158.574	164.988
Federal Judicial Center	1.573	1.617	1.660
Fees of Jurors and Commissioners	12.691	12.480	12.978
Salaries and Expenses	1,008.064	1,058.929	1,099.223
U.S. Sentencing Commission	5.670	5.913	6.139
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,226.956</b>	<b>\$1,274.749</b>	<b>\$1,324.253</b>
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$6.8	\$7.0	\$7.2
Drug Resources Percentage	18.1%	18.3%	18.3%

## Program Summary

### MISSION

The Federal Judiciary (Judiciary) is an equal branch of government and provides fair and impartial justice within the jurisdiction as conferred by the Constitution and Congress. The Judiciary's drug-related resources represent an estimate of the Judiciary's resources associated with adjudication of Federal laws, representation for indigent individuals accused under these laws, and the supervision of offenders and defendants.

### METHODOLOGY

The drug portion of the Judiciary's budget is estimated by applying the percentage of drug-related activity experienced in each appropriation to the current appropriation or requested funding. The percentages are developed by analyzing the workload of each component of the Judiciary's budget; estimating the amount that is attributed to drug-related crime, prosecution, treatment, or corrections; and then rounding to the nearest five percent before application.

The percentages are updated each September to reflect the most recent drug workload information available.

The Judiciary is organized geographically into twelve Judicial Circuits and 94 Districts, each with supporting offices, such as the Office of the Clerk of the Court, Probation and Pretrial Services Offices, and Bankruptcy Courts. The courts receive administrative support from the Administrative Office of the United States Courts and research and training services from the Federal Judicial Center and the U.S. Sentencing Commission. In addition to personnel and court operating expenses, Judiciary costs include payments to jurors, payments to defense attorneys for indigent defendants, court reporting and interpreting, and court facility security. The resources also support drug cases, trials, defendants, and their associated costs. The resources also support drug cases, trials, defendants, and their associated costs. The Judiciary also provides for court ordered drug testing, drug treatment, and supervision of Federal defendants, probationers, parolees, and supervised releasees.

Drug-related workload is identified by the types of cases being heard, as well as the offenses of the individuals needing counsel or under supervision. Funding is used by the probation and pretrial services offices for drug testing and treatment of Federal defendants and offenders. Probation and pretrial services officers have primary responsibility for enforcing conditions of release imposed by the courts and for monitoring the behavior of persons placed under their supervision. With Administrative Office of the United States Courts oversight, officers administer a program of drug testing and treatment for persons on pretrial release, probation, supervised release after incarceration, and parole. The goal is to eliminate substance abuse by persons under supervision and to remove violators from the community before relapse leads to recidivism.

## **BUDGET SUMMARY**

For FY 2016, the drug control budget request totals \$1,324.3 million, an increase of \$49.5 million above the FY 2015 enacted level. The growth is reflective of the continued increase in caseload and supervision responsibilities of the Judiciary. The request reflects increases to maintain current services.

### **Administrative Office of the United States Courts**

**FY 2016 Request: \$1.8 million**

**(\$0.1 million above the FY 2015 enacted level)**

The Administrative Office of the United States Courts provides professional support, analysis, program management, and oversight for the Judiciary. The drug-related resources in this account are for the necessary expenses of the Departments of the Administrative Office related to the drug case workload in the courts and probation and pretrial services offices.

### **Court Security**

**FY 2016 Request: \$37.4 million**

**(\$2.0 million above the FY 2015 enacted level)**

This program provides security for judicial areas at courthouses and in Federal facilities housing court operations. The USMS acts as the Judiciary's agent in contracting for security and guard services and the purchase, installation, and maintenance of security systems and equipment for all court locations. In the event that a particular court is trying a drug-related case or cases and the trial has been designated by the USMS to be a "high threat" proceeding, the standard level of security normally provided at the facility is enhanced, using a combination of the resources noted above, for the duration of the trial.

### **Defender Services**

**FY 2016 Request: \$165.0 million**

**(\$6.4 million above the FY 2015 enacted level)**

The Defender Services program provides effective representation for any person financially unable to obtain adequate representation in Federal criminal and certain related proceedings.

### **Federal Judicial Center**

**FY 2016 Request: \$1.7 million**

**(\$43,000 above the FY 2015 enacted level)**

The Federal Judicial Center provides education and training for judges, probation and pretrial services officers, and other Federal court personnel, and performs independent research to improve the administration of justice in the Federal courts. Many Federal Judicial Center programs deal with drug-related court workload issues that include training for Federal judges in criminal law and procedure, sentencing, and criminal case management; training for probation and pretrial services officers to help judges formulate sentences and supervise drug-dependent defendants and offenders; and training for other court staff to help them manage resources effectively, particularly in those courts beset by heavy caseload.

### **Fees of Jurors and Commissioners**

**FY 2016 Request: \$13.0 million**

**(\$0.5 million above the FY 2015 enacted level)**

This program includes funding for jurors sitting on drug cases. Required drug-related resources depend largely upon the volume and length of jury trials for parties to criminal actions and the number of grand juries being convened by the courts at the request of the U.S. Attorneys.

### **Salaries and Expenses**

**FY 2016 Request: \$1,099.2 million**

**(\$40.3 million above the FY 2015 enacted level)**

The Salaries and Expenses request includes salaries, benefits, and other operating expenses of judges and supports personnel for the U.S. courts of appeals, district courts, bankruptcy courts, and probation and pretrial services officers and staff.

## **United States Sentencing Commission**

**FY 2016 Request: \$6.1 million**

**(\$0.2 million above the FY 2015 enacted level)**

The U.S. Sentencing Commission covers costs related to the establishment, review, and revision of sentencing guidelines, policies, and practices for the criminal justice system.

### **PERFORMANCE**

Information regarding the activities of the Judiciary is drawn from data collected by the Administrative Office of the United States Courts. The information presented here is based on data for the fiscal year ending September 30, 2013, the last full year for which data are available. Of note, while data are available regarding drug related defendants, cases, filings, and other court activities, performance measures, targets, and actuals are not included. The work of the Federal Judiciary is guided by a Strategic Plan developed by the Judicial Conference. However, this branch of the Federal Government is not covered by the requirements of the Government Performance and Results Modernization Act.

Although drug offense defendants fell 1 percent to 29,094, they continued to claim the largest percentage of prosecutions in the district courts, accounting for 32 percent of total defendant filings, up from 31 percent in 2012. Defendants charged with crimes involving marijuana fell 8 percent to 6,766 as filings related to the sale, distribution, or dispensing of marijuana decreased 27 percent to 3,423. Defendants charged with non-marijuana drug offenses increased 1 percent to 22,226 (up 125 filings).

Forty-eight percent of persons under post-conviction supervision had been convicted of drug offenses, the same as in the previous year. Cases in which the major offense charged involved drugs accounted for 28 percent of pretrial services cases.

DEPARTMENT OF HEALTH AND HUMAN SERVICES





# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Administration for Children and Families

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
State, Local, and Tribal Assistance	\$18.560	\$18.540	\$20.000
<b>Total Drug Resources by Function</b>	<b>\$18.560</b>	<b>\$18.540</b>	<b>\$20.000</b>
<b>Drug Resources by Decision Unit</b>			
Promoting Safe and Stable Families – Regional Partnership Grants	\$18.560	\$18.540	\$20.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$18.560</b>	<b>\$18.540</b>	<b>\$20.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$51.7	\$51.6	\$59.7
Drug Resources Percentage	0.04%	0.04%	0.03%

### Program Summary

#### MISSION

The Administration for Children and Families (ACF), within HHS, is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. The mission of ACF is to foster health and well-being by providing Federal leadership, partnership, and resources for the compassionate and effective delivery of human services.

#### METHODOLOGY

The *Targeted Grants To Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Methamphetamine or Other Substance Abuse* within the *Promoting Safe and Stable Families* program was established by The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34). In 2012, these grants were renamed *Targeted Grants to Increase the Well-Being of, and To Improve the Permanency Outcomes for, Children Affected by Substance Abuse* and reauthorized through FY 2016 as part of The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34). Grants funded under this program support regional partnerships in establishing or enhancing a collaborative infrastructure to build the region's capacity to meet a broad range of needs for families involved with substance abuse and the child welfare system.

## **BUDGET SUMMARY**

In FY 2016, ACF requests \$20.0 million for drug control activities, an increase of \$1.5 million above the FY 2015 enacted level.

### **Regional Partnership Grants**

**FY 2016 Request: \$20.0 million**

**(\$1.5 million above the FY 2015 enacted level)**

In FY 2016, this program will continue to provide services and activities that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in an out-of-home placement as a result of a parent's or caretaker's substance abuse.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of ACF is based on agency GPRMA documents and other agency information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent highlights of its achievements and includes performance measures and targets for FY 2013, the latest year for which data are available.

<b>Administration for Children and Families</b>		
<b>Selected Measure of Performance</b>	<b>FY 2013 Target</b>	<b>FY 2013 Actual</b>
» Of all children who exit foster care in less than 24 months, percentage who exit to permanency (reunification, living with a relative, guardianship, or adoption)	91.7%	92.2%

Since funding for the Regional Partnership Grant is part of the larger Promoting Safe and Stable Families program, ACF considers those activities to be part of the larger program performance goals, which includes the key measure in the table above. In FY 2013, ACF placed 92.2 percent of all children who exited foster care in less than 24 months into a permanent living arrangement by reunification, living with a relative, guardianship, or adoption. Future targets for this performance measure are to improve by at least 0.2 percentage points over the previous year's actual result to achieve this target.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Medicare & Medicaid Services

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Estimate	FY 2015 Estimate	FY 2016 Estimate
<b>Drug Resources by Function</b>			
Treatment	\$5,100.000	\$5,830.000	\$6,380.000
<b>Total Drug Resources by Function</b>	<b>\$5,100.000</b>	<b>\$5,830.000</b>	<b>\$6,380.000</b>
<b>Drug Resources by Decision Unit</b>			
Grants to States for Medicaid	\$4,000.000	\$4,700.000	\$5,200.000
Medicare	1,100.000	1,130.000	1,180.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$5,100.000</b>	<b>\$5,830.000</b>	<b>\$6,380.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$883.6	\$948.5	\$999.8
Drug Resources Percentage	0.6%	0.6%	0.6%

<sup>1</sup> The total agency budget reflects only Medicare and Medicaid current law benefit costs as estimated by the CMS Office of the Actuary. The Medicaid total reflects the Federal share of net benefit outlays and includes outlays from the Vaccines for Children Program. The Medicare total reflects gross benefit outlays.

### Program Summary

#### MISSION

The Centers for Medicare & Medicaid Services (CMS) is committed to strengthening and modernizing the nation’s health care system to provide access to high-quality care and improved health at lower cost. Through its coverage of drug treatment services included within Medicare and Medicaid benefit payments, CMS helps support the *Strategy* by continuing to meet the challenges of providing drug abuse treatment care benefit payments to eligible beneficiaries.

#### METHODOLOGY

**Medicaid Estimate:** These projections were based on the estimates in the report “Medicaid Substance Abuse Treatment Spending: Findings Report,” (i.e., the Mathematica report) which was written at the request of the Office of the Assistant Secretary for Planning and Evaluation in HHS and ONDCP. The projections relied on the estimates of substance abuse treatment expenditures within core services (inpatient and outpatient hospital services, residential care services, prescription drugs, and substance abuse treatment services provided through

managed care plans) for calendar year 2008 by state, service, and eligibility category. Those estimates were trended forward to FY 2013 using the growth rate of expenditures by state, service, and eligibility category from the CMS-64, the Annual Person Summary files from the Medicaid Statistical Information System, and the estimates of enrollment growth consistent with the President's FY 2016 Budget. The annual growth rates were multiplied by 98 percent, consistent with the findings of the Mathematica report that substance abuse treatment expenditures grew on average at the 98 percent of the rate of all Medicaid services in the same service categories. For residential care services, because neither the CMS-64 nor the Annual Person Summary files provide detail on this service, the growth rate in total Medicaid benefits (by state and eligibility category) was used.

The projections for FY 2014 through FY 2016 were then developed from the FY 2013 estimates multiplied 98 percent of the growth rate in expenditures by service and eligibility category from the President's FY 2016 Budget (the Budget does not include projections of expenditures by state). The projections include the impacts of the Affordable Care Act, most notably the Medicaid eligibility expansion in 2014. For the service categories, because of changes to CMS-64 in 2010 and 2011, some adjustments were made in calculating the growth rates for 2008 through 2013. For inpatient hospital services, expenditures for critical access hospitals, emergency hospital services, inpatient hospital supplemental payments, and inpatient hospital graduate medical education payments were included to calculate the growth rate in inpatient hospital services. For outpatient hospital services, outpatient hospital supplemental payments were included. Additionally, consistent with the estimates in the Mathematica report, these projections do not include any prescription drug rebates collected by Medicaid. The prescription drug rebates substantially reduce net Medicaid expenditures on prescription drugs.

**Medicare Estimate:** The estimates of Medicare spending for the treatment of substance abuse are based on the FY 2016 President's Budget baseline. These projections reflect estimated Part A and Part B spending and are based on an analysis of historical fee-for-service claims through 2014, using the primary diagnosis code included on the claims. These projections are higher than those for the FY 2015 President's Budget, due to the incorporation of three more years of actual experience, which was higher than anticipated. The historical trend of substance abuse spending was used to make projections into the future. An adjustment was made to reflect spending for beneficiaries who are enrolled in Medicare Advantage plans, since their actual claims are not available. It was assumed that the proportion in costs related to substance abuse treatment was similar for beneficiaries enrolled in Medicare Advantage plans as for those enrolled in fee-for-service Medicare. These estimates do not include spending under Part D of Medicare because there is not a straightforward way to get this information. There is no diagnosis code associated with prescription drug claims, and drugs used to treat substance abuse are also used to treat other conditions.

## **BUDGET SUMMARY**

In FY 2016, CMS request \$6.3 million for drug control activities, an increase of \$550.0 million above the FY 2015 outlay estimate.

Overall year-to-year growth in substance abuse spending is a function of estimated overall growth in Medicare and Medicaid. Some of the FY 2015-to-FY 2016 growth is attributable to impacts of the Affordable Care Act in Medicaid, and the higher than anticipated actual data in Medicare.

### **Grants to States for Medicaid**

**FY 2016 outlay estimate: \$5,200.0 million**

**(\$500.0 million above the FY 2015 enacted level)**

Medicaid is a means-tested health care entitlement program financed by states and the Federal government. States have considerable flexibility in structuring their Medicaid programs. Medicaid mandatory services include substance abuse services for detoxification and treatment for substance abuse needs identified as part of early and periodic screening, diagnostic and treatment services for individuals under age 21. Additional Medicaid substance abuse treatment services may be provided as optional services.

### **Medicare**

**FY 2016 outlay estimate: \$1,180.0 million**

**(\$50.0 million above the FY 2015 enacted level)**

Medicare provides hospital, supplemental medical and prescription drug insurance to Americans ages 65 and older and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare substance abuse treatment benefits payments are made for Medicare Part A inpatient hospital care, Medicare Part B outpatient treatment, Medicare Part B preventative substance abuse treatment, and Medicare Part D prescription drugs for substance abuse.

## **PERFORMANCE**

Both Medicaid and Medicare contain quality measurement programs that relate to substance abuse screening and treatment. However, none of the programs require reporting of specific measures, nor do they set specific performance targets for the measures. Given that these programs are in various stages of development, CMS is still working to improve data quality and data reporting timeliness. CMS is working in partnership with the Office of the National Coordinator for Health Information Technology to incorporate Clinical Quality Measures (CQM) with relevant information into Electronic Health Records to assist in implementing the health care delivery and payment reform provisions of the Affordable Care Act. The data collected will provide insight on a wide spectrum of health care quality issues, including screening and treatment for substance use. Currently, eligible professionals may elect to report on measures related to tobacco cessation and substance abuse screening and treatment as part of a program to increase use of Electronic Health Records. As part of the requirement to qualify for

Electronic Health Record meaningful use incentive payments in the Medicare and Medicaid programs, professionals must report on nine CQMs, covering at least three National Quality Strategy domains.

### **Medicaid**

In FY 2015, states will continue voluntary reporting on the initial core set of health care quality measures for adults enrolled in Medicaid. One of the measures in the core set, as finalized in a January 2012 Federal Register Notice, relates to initiation and engagement of alcohol and other drug dependence treatment. Two additional 2015 core set measures for voluntary reporting by states are useful for measuring substance use screening and treatment: 1) medical assistance with tobacco cessation and 2) maternity care behavioral health risk assessment (identifies the percent of women who gave birth who were screened for alcohol use, tobacco use, and illicit or prescription drugs).

### **Medicare**

The Physician Quality Reporting System is a Medicare quality reporting program that encourages reporting of quality measures by eligible professionals by applying negative payment adjustments to those eligible professionals that do not meet satisfactory reporting criteria. Eligible professionals may select from a set of over 250 quality measures. The number of measures they are required to report in order to avoid a negative payment adjustment varies depending on the reporting method selected. The Medicare Access and CHIP Reauthorization Act of 2015 authorizes the end of the Physician Quality Reporting System in 2018. However, the Act creates a new program called the Merit-based Incentive Payment System, which may incorporate elements of the Physician Quality Reporting System.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Health Resources and Services Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$4.000	\$5.000	\$5.000
Treatment	\$16.000	\$20.000	\$20.000
<b>Total Drug Resources by Function</b>	<b>\$20.000</b>	<b>\$25.000</b>	<b>\$25.000</b>
<b>Drug Resources by Decision Unit</b>			
Bureau of Primary Health Care	\$20.000	\$25.000	\$25.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$20.000</b>	<b>\$25.000</b>	<b>\$25.000</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	--	--	--
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$8.9	\$10.3	\$10.4
Drug Resources Percentage	0.2%	0.2%	0.2%

### Program Summary

#### MISSION

The Health Resources and Services Administration (HRSA) is the principal Federal agency charged with increasing access to primary health care for those who are underserved. For 50 years, HRSA-funded health centers have delivered comprehensive, high-quality, cost-effective primary health care to patients regardless of their ability to pay. Access to substance abuse services is critical to ensuring overall health and well-being of health center populations. HRSA-funded health centers must provide primary care services for all age groups. Although all health centers enhance access to substance abuse services, a subset (Health Care for the Homeless grantees) are required to provide it either directly or through formal arrangements with other organizations. The Health Center Program provides grants to organizations that operate service delivery sites in several underserved settings where patients seek treatment for their substance abuse disorder including:

- Community Health Centers, which serve a variety of federally-designated Medically Underserved Areas/Populations,
- Migrant Health Centers, which provide culturally competent and primary preventive medical care to migratory and seasonal agricultural workers,

- Health Care for the Homeless Programs, which reach out to homeless individuals and families and provide primary and preventive care and substance abuse services, and
- Public Housing Primary Care Programs that serve residents of public housing and are located in or adjacent to the communities they serve.

## **METHODOLOGY**

The Uniform Data System tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. The Uniform Data System data are collected from grantees and reported at the grantee, state, and national levels. The Uniform Data System reporting provides a reasonable basis for estimating the share of the Primary Health Care Grants used for substance abuse treatment. Using the data reflected on table 8A Financial Costs in the 2013 Uniform Data System report, 0.64 percent represents the dollars expended by health centers on substance abuse in 2013 divided by the total cost of all services provided. To calculate the total drug control estimates, 0.64 percent is multiplied by the amount of Health Center Program grant dollars awarded to health centers in FY 2014 and the projected amount of Health Center Program grant dollars to be awarded to health centers in FY 2015 and FY 2016.

## **BUDGET SUMMARY**

In FY 2016, HRSA requests \$25.0 million for drug control activities, which is no change from the FY 2015 enacted level.

### **Bureau of Primary Health Care**

**FY 2016 Request: \$25.0 million**

**(No change from the FY 2015 enacted level)**

In FY 2016, the Health Center program plans to support more than 1,300 grantees and provide comprehensive primary health care services to more than 30 million patients, including access to substance abuse treatment. Health centers will continue to provide substance abuse treatment for all age groups.

## **PERFORMANCE**

Information regarding HRSA’s Health Center Program’s performance is based on the Uniform Data System. The table and accompanying text display highlights of its achievements for the latest year for which data are available.

<b>Health Resources and Services Administration</b>		
<b>Selected Measures of Performance</b>	<b>FY 2013 Target</b>	<b>FY 2013 Achieved</b>
» Number of Health Center Program grantees providing SBIRT services	13%	17%
» Number of Health Center Program grantees providing substance abuse counseling and treatment services	22%	20%

Continuing to improve access and quality of substance use services necessitates the availability of high-quality and expanded treatment services on-site. SBIRT is an evidence-based protocol used by primary care providers in health centers to effectively detect and treat substance use disorders. Because many communities served by health centers have a high burden of such disorders, many health centers have chosen to co-locate and integrate substance use specialty services, reflecting efficient and effective approaches in meeting patient needs. The integration of substance use services may include the provision of enhanced services, such as MAT, by primary care clinicians. In addition, HRSA provides guidance to health centers on collaboration with state agencies to ensure that appropriate standards of care are implemented and that referrals are coordinated.

In FY 2013, 20 percent of health centers provided substance abuse counseling and treatment services, falling short of the program target by two percentage points. The target was not met due to an increase in funding available for health centers without substance use treatment services and a reduction in the number of grantees that had been providing such services. In FY 2013, 17 percent of health center grantees provided SBIRT services, exceeding the program target of 13 percent. FY 2014 data for these measures are expected to be available in August 2015.



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Indian Health Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$17.905	\$18.179	\$31.337
Treatment	89.833	93.707	92.532
<b>Total Drug Resources by Function</b>	<b>\$107.738</b>	<b>\$111.886</b>	<b>\$123.869</b>
<b>Drug Resources by Decision Unit</b>			
Alcohol and Substance Abuse Prevention and Treatment	\$103.246	\$107.394	\$119.377
Urban Indian Health Program	4.492	4.492	4.492
<b>Total Drug Resources by Decision Unit</b>	<b>\$107.738</b>	<b>\$111.886</b>	<b>\$123.869</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	171	171	171
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$5.7	\$5.9	\$6.4
Drug Resources Percentage	2.0%	1.9%	1.9%

### Program Summary

#### MISSION

The Indian Health Service (IHS), an agency within HHS, is responsible for providing Federal health services to American Indians and Alaska Natives. IHS supports substance abuse treatment and prevention services as part of this mission.

#### METHODOLOGY

The IHS includes the appropriation for Alcohol and Substance Abuse (excluding the amount designated as Adult Alcohol Treatment) and the portion of Urban Indian Health Program funds from the NIAAA programs transferred to the IHS under the Urban Indian Health Program budget.

## **BUDGET SUMMARY**

In FY 2016, IHS requests \$123.9 million for drug control activities, an increase of \$12.0 million above the FY 2015 enacted level.

### **Alcohol and Substance Abuse Prevention and Treatment**

**FY 2016 Request: \$119.4 million**

**(\$12.0 million above the FY 2015 enacted level)**

The FY 2016 budget request will improve access to behavioral health services through tele-behavioral health efforts and a comprehensive array of preventive, educational, and treatment services. This request will allow the IHS Tribal Behavioral Health Initiative for Native Youth funding as a part of the Alcohol and Substance Abuse budget. This funding will allow IHS to increase the number of Methamphetamine and Suicide Prevention grant projects throughout the Indian health system. These grants will create a larger network of behavioral health providers focused on child, adolescent, and family behavioral health and drug prevention services. While the grants will provide drug-related services, the programs will also reflect the integration of mental health and wellness services for youth.

In FY 2016, IHS will continue to serve American Indians and Alaska Natives impacted by substance abuse and dependence through its Youth Regional Treatment Centers and other IHS, Tribal, and Urban Indian operated substance abuse treatment and prevention programs. In addition to those direct services, the IHS Methamphetamine and Suicide Prevention Initiative is a nationally-coordinated demonstration pilot program, which provides targeted methamphetamine and suicide prevention and intervention resources to communities in Indian Country with the greatest need for these programs. The Methamphetamine and Suicide Prevention Initiative is being developed and implemented mutually by Tribes, Tribal programs, and other Federal agencies. The Methamphetamine and Suicide Prevention Initiative now provides support to 130 IHS, Tribal, and Urban Indian health programs nationally. The strategic goal is to support tribal programs in their continued substance abuse prevention, treatment, and infrastructure development. These efforts represent an innovative partnership with IHS to deliver services for the communities themselves, with a national support network for ongoing program development and evaluation.

IHS recently convened a multi-disciplinary workgroup to focus on Prescription Drug Abuse in Indian Country. The workgroup used the ONDCP epidemic framework to address four main focus areas, including participation with existing state PDMPs. IHS has worked with ONDCP, the Bureau of Justice Assistance, and numerous state PDMPs to develop best practice recommendations and to report controlled substance dispensing data to state PDMPs. To date, IHS has developed software compatible with five American Society for Automation in Pharmacy formats, deployed reporting capacity in 21 states, and assisted tribal programs with PDMP program deployment.

## Urban Indian Health Program

FY 2016 Request: \$4.5 million

(No change from the FY 2015 enacted level)

The FY 2016 request includes funding for the Urban Indian Health Program, which will be used to continue serving urban American Indians and Alaska Natives impacted by alcohol and substance abuse through the Title V grant program, Alcohol and Substance Abuse Prevention and Treatment. Substance abuse prevention, treatment, and education programs address alcohol/drugs, suicide, self-esteem, injury control, domestic violence, and sexual abuse. All Urban Indian Health Programs have active partnerships with their local Veterans Health Administration programs and several have identified joint alcohol and substance abuse initiatives.

### PERFORMANCE

Information regarding the performance of the drug control efforts of IHS are based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. In FY 2016, IHS will include overall SUD encounters provided in all clinical settings across the health system to aid in promoting integrated SUD services. Tracking overall clinical SUD encounters will allow IHS to report on the effectiveness of IHS programs that focus on drug abuse. In FY 2014, IHS clinics provided 490,994 SUD encounters. In addition, IHS is developing a measure of prescription drug abuse for rollout in FY 2017.

The table and accompanying text below represent highlights of IHS achievements during FY 2014, the latest year for which data are available. The selected performance measures reported in the table provide targets and results from both Tribally-Operated Health Programs and Federally-Administered Health Programs.

Indian Health Service		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Alcohol-use screening among appropriate female patients	65.9%	66.0%
» Accreditation rate for Youth Regional Treatment Centers in operation 18 months or more	100%	90%
» Report on number of emergency department patients who receive substance abuse disorder intervention	41,761	42,415
» Report on number of substance use disorder services in primary care clinics	115,187	113,562

Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome. Known as the leading and most preventable cause of mental retardation, the rates of Fetal Alcohol Syndrome are higher among the American Indian/Alaska Native population than the general population. Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy and to reduce the incidence of Fetal Alcohol Syndrome. In FY 2014, IHS exceeded its alcohol screening measure target.

The accreditation measure for Youth Regional Treatment Centers reflects an evaluation of the quality of care associated with accreditation status by either The Joint Commission, the Commission on Accreditation of Rehabilitation Facilities, or State licensure. The 100 percent accreditation performance measure was not met in FY 2014 as a result of the ongoing difficulties experienced by one Tribally-Operated Youth Regional Treatment Center. However, the center made significant progress toward achieving accreditation in calendar year 2014 by completing a Commission on Accreditation of Rehabilitation Facilities site visit on November 17-18, 2014, which resulted in accreditation in December 2014.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## National Institutes of Health

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Research and Development: Prevention	\$391.620	\$389.478	\$401.473
Research and Development: Treatment	\$685.691	\$685.761	\$707.143
<b>Total Drug Resources by Function</b>	<b>\$1,077.311</b>	<b>\$1,075.239</b>	<b>\$1,108.616</b>
<b>Drug Resources by Decision Unit</b>			
National Institute on Drug Abuse	\$1,017.961	\$1,015.705	\$1,047.397
National Institute on Alcohol Abuse and Alcoholism	59.350	59.534	61.219
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,077.311</b>	<b>\$1,075.239</b>	<b>\$1,108.616</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	393	395	395
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$30.1	\$30.1	\$31.1
Drug Resources Percentage	3.6%	3.6%	3.6%

### Program Summary

#### MISSION

NIDA and the NIAAA, two of the twenty-seven Institutes and Centers of the NIH, support the *Strategy*: NIDA, by funding research on the prevention and treatment of substance abuse, addiction and its harmful consequences; and NIAAA, by funding research on the prevention and treatment of underage drinking and its harmful consequences.

The societal impact of substance misuse (alcohol, tobacco, illicit and nonmedical use of prescription drugs) in this country is daunting, exceeding \$600 billion a year in health care, crime-related, and productivity losses. Knowledge is the foundation of the transformative agenda needed to strike at the heart of this stubborn and costly challenge. To provide a comprehensive public health response, NIDA will continue to build on science advances from our investments in genetics, neuroscience, pharmacotherapy, and behavioral and health services research that have led to innovative strategies for preventing and treating substance use disorders in this country and worldwide.

In addition, NIDA is supporting research to better understand the impact of changes in state policies related to marijuana. Current research is exploring the impact on trends in use, harm

perception, health consequences including trauma and death from car accidents, and educational outcomes, particularly for adolescents and young adults. In addition, a significant new initiative is being initiated as part of the Collaborative Research on Addiction, a trans-NIH consortium involving NIDA, NIAAA, and the National Cancer Institute, and in partnership with the *Eunice Kennedy Shriver* National Institute of Child Health and Health Development, that will seek to understand the impact of marijuana (and other drug) use during adolescence. This Adolescent Brain Cognitive Development study will be the largest longitudinal brain-imaging study of adolescents ever conducted. It will follow approximately 10,000 U.S. adolescents for 10-12 years to determine whether use of marijuana, alcohol, nicotine, or other drugs is associated with changes in brain function and behavior throughout development. Participants will be recruited prior to any substance use and will periodically undergo a variety of tests such as brain imaging, genetic, psychiatric, and cognitive testing to potentially identify predictors of adolescent substance misuse and to delineate the role of social, psychological, and biological mechanisms.

Alcohol misuse has profound effects on the health and well-being of individuals, families, and communities, with substantial economic costs. Since its creation, NIAAA has led the national effort to define alcohol problems as medical in nature and address them using evidence-based findings. The research supported by the Institute has transformed our understanding and treatment of alcohol misuse and its consequences. NIAAA is working to reduce the considerable burden of alcohol misuse for individuals at all stages of life by supporting: research on the neurobiological mechanisms underlying alcohol use disorder and co-occurring disorders; the development of behavioral therapies and medications that promote recovery; studies on the consequences of alcohol misuse, including fetal alcohol spectrum disorders, effects on the developing adolescent brain, and tissue and organ damage; the development of strategies to prevent and intervene with the short- and long-term consequences of alcohol misuse; the translation and implementation of research findings into improved health care for individuals with alcohol use disorder alone and with co-occurring conditions; and the dissemination of research-based information to health care providers, researchers, policy makers and the public.

## **METHODOLOGY**

NIDA's entire budget is drug-related and scored as a part of the national drug control budget.

The NIAAA prevention and treatment components of its underage drinking research are scored as a part of the national drug control budget. Underage drinking research is defined as research that focuses on alcohol use and binge drinking in minors (children under the legal drinking age of 21), as well as the negative consequences of alcohol use, e.g. alcohol-related injuries, impact on adolescent development, including on the developing brain, and the development of alcohol use disorder. It includes basic research, epidemiological studies, behavioral research, screening and intervention studies and development and testing of preventive interventions. NIAAA's methodology for developing budget estimates uses the NIH

research categorization and disease coding fingerprint for underage drinking that allows for an automated categorization process based on electronic text mining to make this determination. Once all underage drinking projects and associated amounts are determined using this methodology, NIAAA conducts a manual review and identifies just those projects and amounts relating to prevention and treatment. This subset makes up the NIAAA drug control budget estimate.

## **BUDGET SUMMARY**

In FY 2016, NIH requests \$1,108.6 million for drug control activities, an increase of \$33.4 million above the FY 2015 enacted level.

NIH-supported research has and will continue to provide the scientific basis for budget policy. For example, NIH continues to explore the many influences on drug addiction vulnerability, including genetics and epigenetics, which will allow the development of more targeted and effective prevention approaches. Research reveals that universal prevention programs not only reduce drug abuse, underage drinking, and other risky behaviors that can lead to HIV and other adverse outcomes, but can also promote other positive outcomes, such as strengthening young people’s sense of community or “connection” to school—key to reducing substance misuse, violence, and mental health problems.

Another top priority continues to be the development of medications to treat substance use disorders, with NIH now poised to capitalize on a greater understanding of the neurobiology underlying addiction and of newly identified candidate systems and molecules as medication targets. NIH is also exploring ways in which health care reform, and the Affordable Care Act specifically, can help bring people who have been marginalized, such as those with substance use disorders, HIV, or both, into a network of care and generate a major public health impact.

### **National Institute on Drug Abuse**

**FY 2016 Request: \$1,047.4 million**

**(\$31.7 million above the FY 2015 enacted level)**

NIDA’s efforts consist of Epidemiology, Services, and Prevention Research, Basic and Clinical Neuroscience Research, Pharmacotherapies and Medical Consequences, Clinical Trials Network, the Intramural Research Program, and Research Management and Support.

#### **Epidemiology, Services, and Prevention Research**

**FY 2016 Request: \$265.8 million**

**(\$9.2 million above the FY 2015 enacted level)**

This NIDA Division supports integrated approaches to understand and address the interactions between individuals and environments that contribute to drug abuse-related problems. It supports large surveys (e.g., the annual Monitoring the Future survey, which tracks drug use and related attitudes among teens) and surveillance networks to monitor drug-related issues and trends locally and nationally, such as the emergence of synthetic drugs and e-cigarettes. It also supports a large research network for conducting studies related to treatment of substance

use disorders in the criminal justice system, including studies that pertain to the implementation of MAT and seek, test, treat, and retain for substance abusers at risk for HIV. Program efforts also help identify substance use disorder trends locally, nationally, and internationally; guide development of responsive interventions for a variety of populations; and encourage optimal implementation and service delivery in real-world settings. For example, NIDA recently launched an innovative National Drug Early Warning System to monitor emerging trends related to illicit drug use and to identify increased use of designer synthetic compounds. The National Drug Early Warning System will generate critical information about new drug trends in specific locations around the country so that rapid, informed, and effective public health responses can be developed and implemented precisely where and when they are needed. NIDA is also supporting research to better understand the impact of policy changes related to substance use including implementation of health reform and changes in state policies related to marijuana. Specifically, current research is evaluating: 1) the impact of health reform on access to quality treatment for persons with substance use disorders, and 2) the longer-term outcomes resulting from changes in state marijuana policies such as trends in use, harm perception, health consequences, including trauma and death from car accidents, and educational outcomes, particularly for adolescents and young adults. Such knowledge can be then used to inform policy and to improve prevention and treatment interventions.

### **Basic and Clinical Neuroscience Research**

*FY 2016 Request: \$446.6 million*

*(\$15.5 million above the FY 2015 enacted level)*

The Basic and Clinical Neuroscience portfolio seeks to expand understanding of the fundamental neurological, genetic/epigenetic, and behavioral processes that underlie substance use disorders. Central to this goal are efforts to tease apart the multiple factors that contribute to drug abuse and addiction risk, with particular attention to significant individual differences in risk and responses to drugs, while at the same time expanding basic knowledge of the function of the brain from the molecular to the behavioral. Key projects are investigating the effects of drugs on gene expression and brain development and function, and exploring gender-related differences in these effects. Risk for addiction is profoundly affected by an individual's genes as well as environmental conditions, such as stress and early exposure to drugs of abuse. Additional studies are exploring the mechanisms underlying these effects, including the role of epigenetic changes that can influence long-term patterns of gene expression in specific brain cells (neuron and glia) without changing DNA sequence. Collectively, this research will improve our understanding of the basic neural and genetic mechanisms that underlie drug abuse and addiction and will provide critical insights toward the development of more effective approaches for the prevention and treatment of substance use disorders. For example, continuing efforts to improve understanding of the endocannabinoid system are opening up new areas of investigation for the development of novel pain and addiction treatments. Other projects are exploring the basic processes underlying resilience against substance use disorders in childhood and adolescence. In addition, and in line with the goals of the President's Brain Research through Advancing Innovative Neurotechnologies Initiative, NIDA is supporting research to: 1) develop advanced technologies that improve the

ability to study the organization and function of the living brain; 2) better understand the interactions of complex neural circuits including those that mediate reward, aversion to drug effects, and related decision making through development; and 3) develop strategies to therapeutically influence substance use disorder-relevant brain circuits (e.g., transcranial magnetic and deep brain stimulation, neurofeedback, optogenetics). Progress in these combined areas will revolutionize the ability to mitigate or even reverse the deleterious effects of addiction.

### **Pharmacotherapies and Medical Consequences**

*FY 2016 Request: \$137.5 million*

*(\$4.8 million above the FY 2015 enacted level)*

Since the pharmaceutical industry has had limited involvement in the development of medications for substance use disorders, the responsibility for their development has rested largely with NIDA. NIDA, therefore, has developed a program that is responsible for medications development for substance use disorders. To leverage NIDA resources, this program encourages the formation of alliances between strategic partners (such as academic institutions, pharmaceutical and biotechnology companies) with the common goal of advancing medications through the development pipeline toward Food and Drug Administration approval in a timely manner. NIDA conducts research to decrease the risk associated with medications development to make it more appealing for pharmaceutical companies to complete costly phase IIb and III clinical studies. An example of such a project is a partnership with AstraZeneca to explore a novel medication that modulates the activity of glutamate – an excitatory neurotransmitter – to treat drug addiction. Preclinical studies with this class of molecules indicate that it could be effective for treating abuse of various drugs such as tobacco and cocaine. Another example is the partnership with two biotechnology companies to support the development of an intranasal formulation of naloxone. In addition, NIDA is collaborating with Teva Pharmaceutical Industries on a clinical trial to test the efficacy and safety of a cholinesterase compound that has shown promise in pre-clinical trials for the treatment of cocaine addiction. NIDA also hosted a conference bringing together basic and translational researchers along with representatives from the pharmaceutical industry to evaluate emerging targets for stimulant use disorders and to identify ways to accelerate this area of research. NIDA is also continuing to invest in research supporting the development of vaccines and antibodies for the treatment of substance use disorders. A lingering challenge in this area has been the development of vaccines that stimulate an immune response powerful enough to neutralize high concentrations of a drug before it enters the brain.

### **Clinical Trials Network**

*FY 2016 Request: \$45.9 million*

*(\$1.6 million above the FY 2015 enacted level)*

The Clinical Trials Network comprises 13 research nodes and more than 240 community treatment programs and/or medical settings in 38 states plus the District of Columbia and Puerto Rico. The Clinical Trials Network develops and tests the feasibility and effectiveness of promising medications and behavioral treatment approaches for substance use disorders and

related disorders, such as comorbid mental health disorders and HIV, with diverse patient populations and community treatment providers. The Clinical Trials Network is currently conducting studies evaluating: 1) a comparison of Vivitrol (naltrexone for extended-release injectable suspension) to Suboxone (buprenorphine and naloxone) Sublingual Film for patients addicted to heroin or other opioids, including prescription pain relievers; 2) N-acetylcysteine for treatment of marijuana addiction; 3) a combination therapy with Vivitrol plus Wellbutrin XL (bupropion hydrochloride, extended-release tablets) for treatment of methamphetamine addiction; 4) Vivitrol for HIV-positive opioid users in HIV settings; and 5) and a brief screening and assessment instrument to identify patients with substance use disorders in general medical settings.

### **Intramural Research Program**

***FY 2016 Request: \$89.0 million***

***(\$0.1 million below the FY 2015 enacted level)***

Intramural Research Program performs cutting-edge research within a coordinated multidisciplinary framework to: 1) elucidate the nature of the addictive process; 2) determine the potential use of emerging new therapies for substance use disorders, both pharmacological and psychosocial; and 3) establish the long-term consequences of drugs of abuse on systems and organs, with particular emphasis on the brain and its development, maturation, function, and structure. For example, the Intramural Research Program is furthering substance abuse research through the recently established Designer Drug Research Unit, which was created in response to the worldwide epidemic of synthetic drug use. Synthetic drugs are marketed as safe, cheap, and legal alternatives to illicit drugs like marijuana, cocaine, and MDMA (a.k.a. Ecstasy). However, they can produce serious cardiovascular and neurological consequences that can be fatal. Many popular designer drugs have been rendered illegal by regulatory control, but new replacement analogs are flooding the marketplace at an alarming rate. The Intramural Research Program is uniquely poised to respond to this public health crisis by collecting, analyzing, and disseminating current information about the pharmacology and toxicology of newly emerging designer drugs. Similarly, the Intramural Research Program is working to develop and evaluate quicker, more reliable, and more accurate roadside tests for drug-related intoxication. With the legalization of recreational or medical marijuana use in some states, this is a critically needed tool for enforcing drug-impaired driving laws. The Intramural Research Program has also established a Medications Development Program that works with NIDA's Extramural Division of Pharmacotherapies and Medical Consequences of Drug Abuse, NIAAA, the National Center for Advancing Translational Sciences, and the Brain Science Institute, Johns Hopkins University School of Medicine, to identify potential targets for addiction medication development. In addition, the Intramural Research Program is working to develop advanced new technologies to genetically manipulate and study the organization and function of brain circuits involved in substance use disorders.

### **Research Management and Support**

***FY 2016 Request: \$62.6 million***

***(\$0.6 million above the FY 2015 enacted level)***

Research Management and Support activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Additionally, the functions of Research Management and Support encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. NIDA currently oversees more than 1,600 research grants and more than 130 research and development contracts. In addition to the infrastructure required to support research and training, NIDA also strives to provide evidence-based resource and educational materials about substance use disorders and to raise awareness of the science relating to cutting edge issues such as marijuana research, opioid overdose prevention, and MATs.

In addition, NIDA's Office of Science Policy and Communication leads strategic efforts to inform public health policy and practice by ensuring the institute is the primary trusted source for scientific information on drug abuse and addiction. Healthcare providers are a key target audience for NIDA's outreach efforts. NIDA leads the NIH Pain Consortium Centers of Excellence in Pain Education; these twelve centers work to enhance patient outcomes by improving the education of healthcare professionals about pain and its treatment. The NIH Pain Consortium Centers of Excellence in Pain Education act as hubs for the development, evaluation, and distribution of pain management curriculum resources for medical, dental, nursing, and pharmacy schools to improve how health care professionals are taught about pain and its treatment.

### **National Institute of Alcohol Abuse and Alcoholism**

***FY 2016 Request: \$61.2 million***

***(\$1.7 million above the FY 2015 enacted level)***

A key priority for NIAAA is preventing and reducing underage drinking. NIAAA recognizes the pervasive use of alcohol among young people and its negative consequences, as well as the association between early initiation of alcohol use and future alcohol problems. NIAAA's investment in underage drinking research includes the National Consortium on Alcohol and Neurodevelopment in Adolescence, a longitudinal study that is following more than 800 participants through adolescence, using state-of-the-art structural and functional brain imaging and extensive behavioral and clinical assessments to identify the short and long-term effects of alcohol exposure on the developing adolescent brain. The program has created the foundation for a more extensive longitudinal study under the Collaborative Research on Addiction initiative to assess the neurodevelopmental consequences of substance use in youth. NIAAA will continue to support complementary studies with animals under the Neurobiology of Adolescent Drinking in Adulthood initiative which investigates the effects of adolescent alcohol exposure on subsequent brain function and behavior into adulthood. Given that many college

students who consume alcohol are underage, efforts to prevent and intervene with drinking by college students will continue to be a major NIAAA priority in FY 2016.

## PERFORMANCE

Information regarding the performance of the drug control efforts of NIH is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. NIH’s performance measures are “representative” of Institute contributions to NIH’s priorities regarding specific scientific opportunities, identified public health needs, and presidential priorities. Such measures, reflecting NIH’s broad and balanced research portfolio, are not Institute-specific. Most measures are trans-NIH, encompassing lead and contributory institutes and centers. This approach reflects NIH’s commitment to supporting the best possible research and coordination of research efforts across its institutes and centers. Scientific Research Outcome (SRO) 5.15 is a new FY 2014 trans-NIH performance measure designed to assess the efforts of NIDA and NIAAA in developing, refining, evaluating, and promoting evidence-based substance use prevention and treatment strategies. This measure replaces SRO 3.5 which was completed in FY 2013.

The table and accompanying text below represent highlights of NIH’s achievements during FY 2014, the latest year for which data are available. All performance results reported were achieved in FY 2014.

National Institute on Drug Abuse		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» SRO-5.15, by 2018, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance use, abuse, addiction and their consequences in underage populations.	Develop and assess at least two interventions to prevent drug use, drug use problems, and risk behaviors.	NIH-funded research tested multiple interventions to prevent drug use, drug use problems, and drug-related risky behaviors including HIV risk behaviors.
» SRO-8.7, by 2018, identify three effective system interventions generating the implementation, sustainability, and ongoing improvement of research-tested interventions across health care systems.	Undertake analyses to examine the effects of implementation strategies used in MATICCE and HIV-STIC protocols.	Eight peer-reviewed publications analyzing the effects of implementation of the MATICCE and HIV-STIC protocols have been published. Several more manuscripts are in progress.

### Prevention – SRO-5.15

NIDA continues to fund a robust theory-based prevention portfolio that builds upon solid epidemiological findings and insights from genetics and neuroscience and applies this

knowledge to development of effective strategies to prevent initiation of drug use and escalation of use to addiction in underage youth.

Beginning in FY 2014 multiple studies have been funded to develop and test interventions to prevent drug use, drug use problems, and risk behaviors. NIDA is currently supporting studies to test culturally and developmentally appropriate strategies to prevent substance use and abuse across the lifespan: for all developmental stages, from birth through adulthood and older age; for diverse racial/ethnic populations, targeted to diverse settings such as family, school, community, and health care settings; and for diverse special populations and/or high-risk populations, such as Lesbian, Gay, Bisexual, and Transgender people, homeless, child welfare involved, juvenile justice system involved, criminal justice involved, individuals with comorbid conditions, and populations at risk for HIV/AIDS.

In FY 2014, multiple publications were released related to this target by NIDA-funded researchers who investigated means of preventing drug use, problems associated with use, and risk behaviors. One study explored the effect of a Multidimensional Treatment Foster Care in at-risk female youth who had been referred for out-of-home placement due to chronic delinquency.<sup>3</sup> The study found that women with prior juvenile justice involvement who were assigned to the foster care intervention during adolescence showed greater decreases in drug use than girls assigned to treatment as usual. In addition, women who participated in the foster care were more resilient to partner drug use than women in the treatment as usual condition.

Another recent publication demonstrated that girls who participated in the Middle School Success Intervention, a program to promote healthy adjustment in foster girls, showed lower levels of health risk-taking behaviors.<sup>4</sup> The analysis demonstrated that the effect of the intervention on health-risking sexual behavior was mediated through its effect on tobacco and marijuana use. These findings demonstrate that the prevention intervention delivered during adolescence improves young adult drug use trajectories (7-9 years after the study began). These findings add to a growing body of evidence of the longer term impacts of early prevention interventions delivered during adolescence to a high-risk population.

An ongoing study is looking at the feasibility and effectiveness of using web-based tools for screening college students for marijuana use and providing brief interventions.<sup>5</sup> Students who use marijuana have an increased likelihood of poor academic performance, as well as physical health and relationships problems. Despite the availability of efficacious interventions, few

---

<sup>3</sup> Rhoades KA, et al. Drug Use Trajectories After a Randomized Controlled Trial of MTFC: Associations with Partner Drug Use. *J Res Adolesc.* 2014 Mar 1;24(1):40-54. PubMed PMID: 24729667

<sup>4</sup> Kim HK, et al. Intervention Effects on Health-Risking Sexual Behavior Among Girls in Foster Care: The Role of Placement Disruption and Tobacco and Marijuana Use. *J Child Adolesc Subst Abuse.* 2013 Nov 1;22(5):370-387. PubMed PMID: 24043921

<sup>5</sup> Palfai TP, et al. Web-based screening and brief intervention for student marijuana use in a university health center: pilot study to examine the implementation of eCHECKUP TO GO in different contexts. *Addict Behav.* 2014 Sep;39(9):1346-52.

students identify their marijuana use as problematic or seek treatment to reduce their use. Recent developments in health technology have expanded the range of tools available to engage students in screening and to deliver interventions. A pilot study was conducted to explore the efficacy of a web-based screening and brief intervention tool that delivers personalized feedback in an easily utilized and confidential manner to students presenting with marijuana use to a university health center. The researchers found that while the intervention did not reduce frequency of marijuana use the intervention significantly altered perceived norms regarding marijuana use. The findings demonstrated that it is feasible to screen and identify marijuana users in a college student health center and deliver a web-based intervention. The study suggests that these types of technology-based interventions can be useful for correcting misperceptions of norms and reducing related consequences.

Collectively, these findings support key prevention lessons and principles that have emerged from other NIDA-funded studies: prevention interventions, implemented in early childhood, have effects in later developmental stages and into young adulthood; universal interventions can have strong effects in higher risk youth; universal substance use prevention interventions can have effects on other behavioral outcomes, beyond those specifically targeted by the intervention (e.g., social services utilization).

#### **Treatment - SRO-8.7**

NIDA funds a broad portfolio of research addressing drug use in the context of the criminal justice system. From 2002-2014 NIDA funded the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) program, a multisite research cooperative. The CJ-DATS program aligned with NIDA's multi-pronged approach to rapidly move more promising science-based addiction treatments into community settings, to improve existing drug treatment for criminal justice populations, and to inform the development of integrated treatment models. The CJ-DATS program included testing of *Medication-Assisted Treatment Implementation in Community Correctional Environments (MATICCE)* and *HIV Services and Treatment Implementation in Corrections (HIV-STIC)*. The MATICCE protocol tested implementation approaches aimed at improving service coordination between community correctional agencies and local treatment agencies. The HIV-STIC protocol tested an organizational intervention strategy targeting effective implementation of quality improvements in HIV services for preventing, detecting, and treating HIV in offenders under correctional supervision.

As a result these studies, CJ-DATS researchers have published a total of eight peer-reviewed publications<sup>6,7,8,9,10,11,12,13</sup>. More than a dozen additional manuscripts are in progress. Of note,

---

<sup>6</sup> Pearson, F., et al. (2014). Efficacy of a process improvement intervention on delivery of HIV services: A multi-site trial. *American Journal of Public Health*.

<sup>7</sup> Visher, C., et al. (2014). The effect of a local change team intervention on staff attitudes toward HIV service delivery in correctional settings: A randomized trial. *AIDS Education and Prevention*, 25:5, 411-428.

<sup>8</sup> Gordon, M., et al. (2014). Buprenorphine treatment for probationers and parolees. *Substance Abuse*. DOI: 10.1080/08897077.2014.902787

one MATICCE study found that staff Knowledge, Perception, and Information training coupled with Organizational Linkage strategic planning was more effective than staff training alone in improving probation and parole officers' acceptance of MAT and their willingness to refer clients to treatment. Multiple HIV-STIC studies found its process improvement models and protocols to be successful in increasing correctional facilities' likelihoods of delivering HIV services to their inmates and improving correctional staffs' attitudes toward HIV service delivery.

NIDA is also supporting the Seek, Test, Treat, and Retain Initiative to empirically test the Seek, Test, Treat, and Retain paradigm with drug users in criminal justice populations. Researchers are developing, implementing, and testing strategies to increase HIV testing and the provision of Highly Active Antiretroviral Therapy, a customized combination of medications that a physician prescribes based on patient-specific factors, such as viral strain, to HIV positive individuals involved with the criminal justice system, with particular focus on continuity of the therapy during and after community re-entry following incarceration.

### **Research Highlights**

#### Decreased dopamine signaling in the striatum leads to escalation of cocaine use in rats

Drug addiction is a neuropsychiatric disorder marked by escalating drug use. Dopamine neurotransmission in the ventromedial striatum area of the brain's reward system mediates the acute reinforcing effects of abused drugs, but with prolonged use the dorsolateral striatum is thought to assume control over drug-seeking. NIDA-supported researchers<sup>14</sup> measured dopamine release in these brain regions during a cocaine self-administration experiment that produced escalation of drug-taking in rats. Surprisingly, they found that the typical rapid, phasic bursts of dopamine decreased in both regions as the rate of cocaine intake increased. The decrement in dopamine in the ventromedial striatum was significantly correlated with the rate of escalation of drug use. Administration of a drug that replenished dopamine signaling, the dopamine precursor L-DOPA, in the ventromedial striatum reversed escalation of drug use demonstrating a causal relationship between lower dopamine release and excessive drug use. These data provide new mechanistic and therapeutic insights into the excessive drug intake that occurs following chronic use.

---

<sup>9</sup> Swan, H., et al. (In press, 2015). Improvements in correctional HIV services: A case study in Delaware. *Journal of Correctional Health Care*. Special Issue 21(2).

<sup>10</sup> Belenko, S., et al. (2013). Policies and practices in the delivery of HIV services in correctional agencies and facilities: Results from a multi-site survey. *Journal of Correctional Health Care*, 19(4), 293-310.

<sup>11</sup> Ducharme, L.J., et al. (2013). Implementing drug abuse treatment services in criminal justice settings: Introduction to the CJ-DATS study protocol series. *Health & Justice*, 1:5.

<sup>12</sup> Friedmann, P.D., et al. (2013). A cluster randomized trial of an organizational linkage intervention for offenders with substance use disorders: Study protocol. *Health & Justice*, 1:6.

<sup>13</sup> Belenko, S., et al. (2013). A cluster randomized trial of utilizing a local change team approach to improve the delivery of HIV services in correctional settings: Study protocol. *Health & Justice*, 1:8.

<sup>14</sup> Willuhn et al. Excessive cocaine use results from decreased phasic dopamine signaling in the striatum. *Nat Neurosci*. 17(5):704-9 (2014).

### Baseline cognitive inhibitory task performance predicts subsequent substance use behaviors

Adolescent substance use has been associated with poorer neuropsychological functioning, but it is unclear if deficits predate or follow the onset of use. A recent prospective study<sup>15</sup> sought to understand how neuropsychological functioning during early adolescence could predict substance use by late adolescence. Participants included 175 substance-use-naïve healthy 12- to 14-year-olds recruited from local schools who completed extensive interviews and neuropsychological tests. Each year, participants' substance use was assessed. By late adolescence (ages 17 to 18), 105 participants transitioned into substance use and 75 remained substance-naïve. The study examined how baseline cognitive performance predicted subsequent substance use, controlling for common substance use risk factors (i.e., family history, externalizing behaviors, gender, pubertal development, and age). Poorer baseline performance on tests of cognitive inhibition-interference predicted higher measures of drinking and marijuana use by ages 17 to 18. Performances on short-term memory, sustained attention, verbal learning and memory, visuospatial functioning, and spatial planning did not predict subsequent substance use behavior. Inhibitory functioning measures could help identify teens at risk for initiating heavy substance use during adolescence, and potentially could be modified to improve outcomes.

### Early onset marijuana use associated with white matter abnormalities and higher impulsivity

Adolescence is a critical period of active brain development. Teens and emerging adults are at greater risk for experiencing the negative effects of marijuana on the brain. A recent study<sup>16</sup> examined the relationship between age of onset of marijuana use, white matter microstructure, and reported impulsivity in chronic, heavy marijuana smokers. Twenty-five marijuana smokers and 18 healthy controls underwent diffusion tensor imaging and completed a standard Impulsiveness Scale. Marijuana smokers were also divided into early onset (regular use prior to age 16) and late onset (age 16 or later) groups in order to clarify the impact of age of onset of marijuana use on these variables. Marijuana smokers exhibited alterations in white matter microstructure (significantly reduced 15 fractional anisotropy relative to controls) as well as higher levels of impulsivity. Earlier marijuana onset was associated with greater white matter alterations. Interestingly, within the early onset group, higher impulsivity scores were correlated with lower fractional anisotropy, a relationship that was not observed in the late onset smokers. Marijuana use is associated with altered white matter development and reported impulsivity, particularly in early onset smokers.

### Impact of marijuana legalization in Colorado on perceived risk of marijuana's harms

---

<sup>15</sup> Squeglia LM. et al. Inhibition during Early Adolescence Predicts Alcohol and Marijuana Use by Late Adolescence. *Neuropsychology* 28(5):782-90 (2014).

<sup>16</sup> Gruber SA et al. Worth the wait: effects of age of onset of marijuana use on white matter and impulsivity. *Psychopharmacology*. 231(8):1455–1465 (2014)

In 2009, policy changes were accompanied by a rapid increase in the number of medical marijuana cardholders in Colorado. A recent study<sup>17</sup> using the National Survey on Drug Use and Health tested for temporal changes in marijuana attitudes and marijuana use related outcomes in Colorado (2003-2011) and differences between Colorado and 34 non-medical marijuana states (NMMS). The authors of this study tested whether patterns seen in Colorado prior to (2006-2008) and during (2009-2011) marijuana commercialization differed from patterns in NMMS while controlling for demographics. Within Colorado the percentage of individuals perceiving "great-risk" in using marijuana 1-2 times per week dropped significantly in all age groups studied between 2007-2008 and 2010-2011 (from 45 percent to 31 percent among those 26 years and older). By 2010-2011 past year marijuana abuse and dependence had become more prevalent in Colorado among 12-17 year olds (5 percent versus 3 percent in NMMS) and 18-25 year olds (9 percent versus 5 percent). Analyses demonstrated significantly greater reductions in perceived risk among those 26 years and older and marijuana abuse and dependence among 12-17 year olds in Colorado compared to NMMS in more recent years (2009-2011 versus 2006-2008). These results indicate that commercialization of marijuana in Colorado is associated with lower risk perception. Evidence is suggestive of an association with increased marijuana use disorders. Analyses including subsequent years, once available, will help determine whether such changes represent momentary as opposed to sustained effects.

#### Buprenorphine taper is less effective than maintenance in treatment of opioid use disorders

Prescription drug abuse in the United States and elsewhere in the world is increasing at an alarming rate with non-prescription opioid use increasing to epidemic proportions over the past two decades. It is imperative to identify and effectively treat individuals with opioid use disorders, however, evidence-based MAT strategies are often not provided or are restricted in ways that reduce their efficacy.<sup>18</sup> A recent investigation<sup>19</sup> explored outcomes associated with tapering patients off of buprenorphine, a partial opioid agonist, over a nine-week period (following six weeks of stabilization) as compared to patients maintained on the medication. The study concluded that maintenance buprenorphine therapy is more effective than tapering and discontinuation of the medication in the treatment of prescription opioid dependence in primary care settings. The results suggest that buprenorphine tapering should be used only when it is clinically indicated in the treatment of patients dependent on prescription opioids. Additional research is needed to help identify factors associated with successful tapering and maintenance therapy.

---

<sup>17</sup> Schuermeyer J. et al. Temporal trends in marijuana attitudes, availability and use in Colorado compared to non-medical Marijuana States: 2003-11. *Drug Alcohol Depend.* 140:145-55 (2014).

<sup>18</sup> Advancing Access to Addiction Medications (ASAM Report), [http://www.asam.org/docs/default-source/advocacy/aaam\\_implications-for-opioid-addiction-treatment\\_final](http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final).

<sup>19</sup> Fiellin DA. et al. Primary Care–Based Buprenorphine Taper vs Maintenance Therapy for Prescription Opioid Dependence. *JAMA Intern Med.* 2014;174(12):1947-1954.

National Institute on Alcohol Abuse and Alcoholism		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» SRO-5.15: By 2018, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance use, abuse, addiction and their consequences in underage populations.	Develop materials for dissemination to academic officials that help them address underage and harmful drinking and other substance use by their students.	NIH developed a research-based decision tool, the NIAAA College Alcohol Interventions Matrix (CollegeAIM), to help colleges and universities select appropriate strategies to meet their alcohol intervention goals.
» SRO-8.7: By 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health care systems.	Support research to evaluate the effectiveness of the underage drinking screening guide as a predictor of alcohol risk, alcohol use, and related problems, including alcohol use disorders to improve service and treatment options for at-risk youth.	NIH continued to support research to evaluate NIAAA's <i>Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</i> in emergency department, juvenile justice, school, and primary care settings, and for youth with chronic conditions.

### **Prevention – SRO-5.15**

NIAAA developed a research-based decision tool to help colleges and universities select appropriate strategies to reduce underage and excessive drinking and their consequences.

The extent of binge drinking and related consequences such as blackouts, physical and sexual assaults, alcohol poisonings, injuries, and deaths on college campuses is alarming. Efforts to alter drinking trajectories at this stage have life-changing potential and can significantly reduce the burden of illness resulting from alcohol-related problems. NIAAA-supported research has shown that both individual and environmental approaches to prevention can effectively reduce harmful drinking and its consequences for college students. Working with researchers with expertise in college drinking interventions, NIAAA developed a research-based decision tool to help colleges and universities select appropriate strategies to meet their alcohol intervention goals. The user-friendly decision tool will form the basis of a guide that will allow college presidents and administrators to review the strategies they are currently using as well as explore others that may serve them better. This tool and guide, the NIAAA CollegeAIM, will allow users to search for strategies according to intervention level (e.g., individual, group, campus-wide, community) and evaluate factors such as effectiveness, cost, and ease of implementation. The NIAAA CollegeAIM is being finalized and will be released in 2015. An interactive online version of the decision tool is envisioned.

### **Treatment – SRO-8.7**

Extramural researchers continued to evaluate NIAAA's Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide in emergency department, juvenile justice, school, and primary care settings and for youth with chronic conditions.

To expand the venues in which at-risk youth can be screened and referred to treatment when appropriate, NIAAA is supporting six five-year studies that are evaluating the youth alcohol screening guide in practice: one in a network of emergency departments, one in a juvenile justice setting, one in a school setting, two in primary care, and one with youth who have a chronic condition (e.g., asthma, diabetes). In addition to evaluating the effectiveness of the screening guide as a predictor of alcohol risk, alcohol use, and related problems, including alcohol use disorders, these studies are also evaluating the effectiveness of the guide as an initial screen for drug use and other behavioral health problems. These studies will provide feedback to NIAAA that will facilitate refinement of the guide and help identify settings where use of the guide is appropriate and effective, thereby informing strategies for more widespread dissemination. In FY 2014, NIAAA also continued efforts to increase clinicians' use of the youth alcohol screening guide in primary care and other health care settings by offering an online course developed with Medscape to provide continuing medical education credits for health care providers. To date, more than 31,000 health care providers have been Medscape certified, and almost 200,000 copies of the youth guide have been distributed.

## **Research Highlights**

### Assessing the Impact of Adolescent Alcohol Exposure on the Developing Brain

Adolescence is a period of significant brain maturation and also the time when many individuals initiate and escalate alcohol consumption. Previous studies have shown an association between excessive drinking during adolescence and deficits in brain structure and function; however, it is not clear whether the deficits predated the onset of alcohol use or occurred as a consequence of it. In 2012, NIAAA launched the National Consortium on Alcohol and Neurodevelopment in Adolescence (NCANDA), an ongoing multi-site longitudinal study to address alcohol's effects on normal brain development. The five NCANDA sites have collectively enrolled 800 adolescents ages 12 to 21, and are using advanced brain imaging as well as psychological and behavioral research tools to evaluate brain structure and function, beginning before the participants start to drink. NCANDA's overall objectives are to elucidate the short- and long-term effects of alcohol exposure on the developing brain and to identify the brain characteristics that may predict alcohol use disorder. In a recent study supported through NCANDA, researchers used high-resolution magnetic resonance imaging to assess the brain structure of 40 healthy adolescents, ages 12-17, half of whom initiated heavy drinking during a three year follow up. The researchers found that youth who transitioned from no or minimal substance use to heavy drinking had structural abnormalities prior to the initiation of alcohol use. These abnormalities included smaller brain volumes in specific regions of the frontal cortex, an area important for executive functioning. They also showed that youth who transitioned to heavy drinking had significant reductions in brain volumes after alcohol use was initiated, compared to non-drinking youth. These reductions occurred in regions important for

sensory integration, feedback processing, motor control, habit learning, visual object recognition, and language comprehension. Whereas both heavy drinking and non-drinking groups showed reductions in brain volumes as a result of normal developmental pruning, those who transitioned to heavy drinking during the study showed accelerated reductions in brain volumes.<sup>20</sup>

#### Binge drinking during adolescence reduces white matter in specific regions of rat brains with effects that persist into adulthood

Previous studies have demonstrated that heavy binge drinking is associated with reduced white matter integrity in various brain structures, including the corpus callosum, in both adolescents and alcohol dependent adults. In a recent study, researchers used rodent models of adolescent binge drinking and adult alcohol dependence to gain insight into how alcohol affects white matter integrity in the frontal cortex of the brain. They found that binge drinking by adolescent rats reduced the size of anterior branches of the corpus callosum, and this neuropathology correlated with higher relapse to drinking in adulthood. The researchers also demonstrated that binge drinking by adolescent rats was associated with damaged myelin, the insulating sheath that forms around the nerve cells that comprise white matter, in the medial prefrontal cortex in adulthood, as well as reduced density of myelin in the medial prefrontal cortex in adolescence. Heavier drinking by adolescent rats also predicted worse performance on a working memory task in adulthood. These results suggest that adolescent binge drinking may affect white matter integrity in the medial prefrontal cortex through reduction of myelin and these changes may contribute to deficits in executive functioning in adulthood.<sup>21</sup>

---

<sup>20</sup> Squeglia LM, Rinker DA, Bartsch H, Castro N, Chung Y, Dale AM, Jernigan TL, Tapert SF. Brain volume reductions in adolescent heavy drinkers. *Dev Cogn Neurosci*. 2014 Jul;9:117-25. doi: 10.1016/j.dcn.2014.02.005. Epub 2014 Feb 22.

<sup>21</sup> Vargas WM, Bengston L, Gilpin NW, Whitcomb BW, Richardson HN. Alcohol Binge Drinking during Adolescence or Dependence during Adulthood Reduces Prefrontal Myelin in Male Rats. *J Neurosci*. 2014 Oct 29;34(44):14777-82. doi: 10.1523/JNEUROSCI.3189-13.2014.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Substance Abuse and Mental Health Services Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$562.401	\$563.460	\$603.825
Treatment	1,909.787	1,914.710	1,892.329
<b>Total Drug Resources by Function</b>	<b>\$2,472.188</b>	<b>\$2,478.170</b>	<b>\$2,496.154</b>
<b>Drug Resources by Decision Unit</b>			
Health Surveillance and Program Support	\$120.918	\$121.703	\$144.679
Programs of Regional and National Significance –Prevention	175.129	175.148	210.918
Programs of Regional and National Significance – Treatment	360.698	361.463	320.701
Substance Abuse Prevention and Treatment Block Grant	1,815.443	1,819.856	1,819.856
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,472.188</b>	<b>\$2,478.170</b>	<b>\$2,496.154</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	619	665	665
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.6	\$3.6	\$3.7
Drug Resources Percentage	68.3%	68.4%	68.3%

### Program Summary

#### MISSION

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities. SAMHSA supports the President’s *Strategy* through a broad range of programs focusing on prevention, treatment, and recovery from substance abuse. Major programs for FY 2016 will include the Substance Abuse Prevention and Treatment Block Grant, competitive grant programs reflecting Programs of Regional and National Significance, and Health Surveillance and Program Support. These programs are administered through SAMHSA’s Centers for Substance Abuse Prevention and Substance Abuse Treatment as well as through SAMHSA’s Center for Behavioral Health Statistics and Quality and the Office of Communications.

## **METHODOLOGY**

SAMHSA distributes drug control funding into two functions: prevention and treatment.

Both functions include a portion from the Health Surveillance and Program Support appropriation. The proportion of the Health Surveillance and Program Support account attributed to the drug budget uses the following calculations:

- The Health Surveillance, Program Support, and Performance and Quality Information Systems portions of the Health Surveillance and Program Support appropriation are first split into mental health and substance abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The substance abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.
- The Performance Awareness and Support and agency-wide portions of the Health Surveillance and Program Support appropriation are first divided evenly between mental health and substance abuse. The substance abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

The prevention functions are supported by the Substance Abuse Prevention appropriation, including the Substance Abuse Prevention Programs of Regional and National Significance and 20 percent of the Substance Abuse Prevention and Treatment Block Grant funds that are specifically appropriated for prevention activities from the Substance Abuse Treatment appropriation.

The treatment functions are supported by the Substance Abuse Treatment appropriation, including the Substance Abuse Treatment Programs of Regional and National Significance and 80 percent of the Substance Abuse Prevention and Treatment Block Grant funds.

## **BUDGET SUMMARY**

In FY 2016, SAMHSA requests a total of \$2,496.2 million for drug control activities, an increase of \$18.0 million above the FY 2015 enacted level.

The budget directs resources to activities that have demonstrated improved health outcomes and increase service capacity. SAMHSA has four drug-related decision units: Substance Abuse Prevention Programs of Regional and National Significance, Substance Abuse Treatment Programs of Regional and National Significance, the Substance Abuse Block Grant and Health Surveillance and Program Support. Each decision unit is discussed below.

### **Programs of Regional and National Significance—Prevention**

**FY 2016 Request: \$210.9 million**

**(\$35.8 million above the FY 2015 enacted level)**

The Substance Abuse Prevention Programs of Regional and National Significance support states and communities in carrying out an array of activities to improve the quality and availability of

services in priority areas. The FY 2016 President's Budget request for SAMHSA's Substance Abuse Prevention Programs of Regional and National Significance includes \$210.9 million for nine programmatic activities, an increase of \$35.8 million above the FY 2015 enacted level. The request includes: \$118.3 million for the SPF, \$4.9 million for the Federal Drug-Free Workplace Program, \$41.2 million for Minority AIDS, \$7.0 million for Sober Truth on Preventing Underage Drinking, \$1.0 million for the fetal alcohol spectrum disorders contract, \$7.5 million to continue provision of technical assistance to maximize effectiveness through the Centers for the Application of Prevention Technologies, \$4.1 million for Science and Service Program Coordination, \$12.0 million for Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths, and \$15.0 million for Tribal Behavioral Health Grants.

### **Strategic Prevention Framework**

***FY 2016 Request: \$118.3 million***

***(\$8.8 million above the FY 2015 enacted level)***

#### ***Partnerships for Success***

In FY 2016, \$108.3 million is requested for the Partnerships for Success grant program, which is \$1.2 million below the FY 2015 enacted level. The Partnership for Success grant program provides eligible states and jurisdictions with funds to address gaps in prevention services and increase the ability of states to assist high-need communities with serious, emerging substance abuse problems. In FY 2015, SAMHSA will award up to 38 new Partnership for Success grants and 32 continuation grants. Grantees will address the overarching national issues of underage drinking among youth and young adults ages 12 to 20 and prescription drug misuse among youth and young adults ages 12 to 25. SAMHSA is also encouraging applicants for the FY 2015 cohort to address emergent issues related to marijuana and heroin use. In FY 2016, with the requested funding, SAMHSA plans to award up to 111 continuation grants.

#### ***Strategic Prevention Framework for Prescription Drugs***

In FY 2016, \$10.0 million is requested for the new Strategic Prevention Framework for Prescription Drugs (SPF Rx) program. The SPF-Rx will raise public awareness about the dangers of sharing medications and awareness in the pharmaceutical and medical communities on the risks of overprescribing. The program will provide funds to develop capacity and expertise in the use of data from state prescription drug monitoring programs to identify communities by geography and high-risk populations (e.g., age group), particularly those communities that are in need of primary and secondary prevention. In addition, grantees can use SAMHSA's resources to provide technical assistance and training on the use of SAMHSA's Opioid Overdose Prevention Tool Kit to help prevent opioid overdose related deaths. Funding will support up to 20 state planning grants, technical assistance, and evaluation to build capacity to address prescription drug abuse, and overdose prevention efforts, in conjunction with other state and local partners.

### **Federal Drug-Free Workplace Program**

***FY 2016 Request: \$4.9 million***

***(No change from the FY 2015 enacted level)***

In FY 2016, \$4.9 million is requested for the Federal Drug-Free Workplace Program, which is no change from the FY 2015 enacted level. The Federal Drug-Free Workplace Program funds two principal activities mandated by Executive Order 12564 and Public Law 100-71: (1) oversight of the Federal Drug-Free Workplace Program, aimed at the elimination of illicit drug use within Executive Branch agencies and the regulated industry; and (2) oversight of the National Laboratory Certification Program, which certifies laboratories to conduct forensic drug testing for Federal agencies, federally regulated industries, and the private sector. In FY 2016, SAMHSA will continue oversight of the Federal Drug-Free Workplace Program, including the review of agency plans that perform Federal employee testing, testing for positions of national security, public health, and public safety, and testing for illegal drug use and the misuse of prescription drugs. SAMHSA will also continue its oversight role to inspect and certify the National Laboratory Certification Program laboratories.

### **Minority AIDS Initiative**

***FY 2016 Request: \$41.2 million***

***(No change from the FY 2015 enacted level)***

In FY 2016, \$41.2 million is requested for the Minority AIDS Initiative under the Substance Abuse Prevention Programs of Regional and National Significance, which is no change from the FY 2015 enacted level. SAMHSA supports the 2010 National HIV/AIDS Strategy through its Minority AIDS Initiative grant programs in both the Substance Abuse Prevention appropriation and the Substance Abuse Treatment appropriation. The Substance Abuse Prevention programs focus on increasing access to substance abuse and HIV prevention services for the highest risk and hardest-to-serve racial and ethnic minority populations. Grantees must implement integrated, evidence-based substance abuse and HIV prevention interventions, including HIV testing, that target one or more high-risk populations such as young adults (18 to 24), African-American men and women, adolescents, incarcerated individuals or those who have been released within the past two years, and men having sex with men. In addition, the initiative supports partnerships between public and private nonprofit organizations to prevent and reduce the onset of substance misuse and transmission of HIV among high-risk populations.

### **Sober Truth on Preventing Underage Drinking**

***FY 2016 Request: \$7.0 million***

***(No change from the FY 2015 enacted level)***

In FY 2016, \$7.0 million is requested for the Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006 program, which is no change from the FY 2015 enacted level. One of the primary components of the STOP Act is the community-based coalition enhancement grant program, which provides up to \$50,000 per year over four years to current or former grantees under the DFC Act of 1997 to prevent and reduce alcohol use among youth under age 21. The STOP Act grant program enables organizations to strengthen collaboration and coordination among stakeholders to achieve a reduction in underage drinking in their communities. In FY

2014, SAMHSA supported 97 grant continuations and will continue that level of grants in FY 2015 and FY 2016.

### **Fetal Alcohol Spectrum Disorders**

***FY 2016 Request: \$1.0 million***

***(No change from the FY 2015 enacted level)***

In FY 2016, \$1.0 million is requested for the Fetal Alcohol Spectrum Disorders Center for Excellence program, which is no change from the FY 2015 enacted level. The program focuses on preventing Fetal Alcohol Spectrum Disorders among women of childbearing age and improving the quality of life for individuals and families affected by these disorders. The center uses a comprehensive approach to reduce the number of infants exposed to alcohol prenatally, increase the functioning of individuals who have a fetal alcohol spectrum disorder, and address the challenges of individuals and families affected by fetal alcohol spectrum disorders.

Primary audiences for the center's activities are women of child-bearing age, persons and families affected by fetal alcohol spectrum disorders, states, local communities, American Indians and Alaska Native communities, military families, and other special populations, as well as health, social service, and faith-based providers who study or provide services for persons affected by fetal alcohol spectrum disorder .

### **Centers for the Application of Prevention Technologies**

***FY 2016 Request: \$7.5 million***

***(No change from the FY 2015 enacted level)***

In FY 2016, \$7.5 million is requested for the Center for the Application of Prevention Technologies program, which is no change from the FY 2015 enacted level. The center provides state-of-the-art training and technical assistance designed to build the capacity of SAMHSA grantees and develop the skills, knowledge, and expertise of the prevention workforce. The center builds capacity and promotes the development of substance abuse prevention professionals in the behavioral health field through three core strategies: (1) establishing technical assistance networks using local experts; (2) developing and delivering targeted training and technical assistance activities; and (3) using communication media such as teleconference and video conferencing, online events, and web-based support. These activities help to ensure the delivery of effective prevention programs and practices and the development of accountability systems for performance measurement and management.

### **Science and Service Program Coordination**

***FY 2016 Request: \$4.1 million***

***(No change from the FY 2015 enacted level)***

In FY 2016, \$4.1 million is requested for the Science and Service Program Coordination program, which is no change from the FY 2015 enacted level. The program funds contracts that provide technical assistance and training to states, tribes, communities, and grantees around substance abuse prevention through the Tribal Training and Technical Assistance Center (formerly the Native American Center for Excellence) and the Underage Drinking Prevention Education Initiative. The Tribal Training and Technical Assistance Center is an innovative

training and technical assistance project that helps tribal communities facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce violence, bullying, and suicide among American Indian/Alaska Native youth. The Underage Drinking Prevention Education Initiative engages parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences. Through this initiative, families, their children, and other youth-serving organizations have been reached through town hall meetings, technical assistance, trainings, and a variety of tools and materials. Also, efficiencies have been achieved from the growing focus on train-the-trainer models rather than training of individuals.

### **Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths**

***FY 2016 Request: \$12.0 million***

***(\$12.0 million above the FY 2015 enacted level)***

In FY 2016, \$12.0 million is requested for the new Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths program. As the rate of prescription drug misuse and abuse, heroin use, overdoses, and deaths increases, communities are searching for ways to reduce the death rate from prescription drug overdoses. This new grant program will provide grants to 10 states to reduce significantly the number of opioid overdose-related deaths. The funding will help states purchase naloxone, equip first responders in high-risk communities, support education on the use of naloxone and other overdose death prevention strategies, provide the necessary materials to assemble overdose kits, as well as cover expenses incurred from dissemination efforts.

These grantees are required to develop a dissemination plan and a training course targeted to meet the needs of first responders. The course would use SAMHSA's Opioid Overdose Prevention Toolkit as a guide, and include a comprehensive prevention strategy to decrease the likelihood of drug overdose recurrence. The CDC and Prevention will evaluate this grant program for its efficacy in reducing overdose deaths from opioids.

Additionally, SAMHSA suggests that states and jurisdictions use Substance Abuse Prevention and Treatment Block Grant funds to purchase naloxone, to purchase the materials to assemble overdose kits and to cover the costs associated with the dissemination of such kits. In addition, primary prevention set-aside funds may be used to support overdose prevention education and training.

### **Tribal Behavioral Health Grants**

***FY 2016 Request: \$15.0 million***

***(\$15.0 million above the FY 2015 enacted level)***

In FY 2016, \$15.0 million is requested for the new substance abuse prevention component of the Tribal Health Grants program. SAMHSA's mental health funding request also includes \$15.0 million for the Tribal Health Grants program. This request will allow SAMHSA to expand activities that are critical to preventing substance abuse and promoting mental health and

resiliency in tribal communities. The program focuses on American Indians and Alaska Native young people up to and including age 24 and is intended to reduce the impact of substance abuse, mental illness, and trauma on American Indians and Alaska Native communities through a public health approach. This funding will allow SAMHSA to expand activities that are critical to preventing substance abuse and promoting mental health and resiliency among youth in tribal communities to approximately 103 additional tribes and tribal entities. The program will support mental health promotion and substance use prevention activities for high-risk Native youth and their families, enhance early detection of mental and substance use disorders among Native youth, and increase referral to treatment.

### **Programs of Regional and National Significance—Treatment**

**FY 2016 Request: \$320.7 million**

**(\$40.8 million below the FY 2015 enacted level)**

In FY 2016, \$320.7 million is requested for the Substance Abuse Treatment Programs of Regional and National Significance, which is \$40.8 million below the FY 2015 enacted level. These programs support states and communities in carrying out an array of activities to improve the quality and availability of services in priority areas. The request includes: \$8.7 million for Opioid Treatment Programs/Regulatory Activities; \$36.3 million for Targeted Capacity Expansion-General, of which \$25.1 million is for Prescription Drug Overdose: Medication-Assisted Treatment; \$30.0 million for SBIRT; \$41.4 million for Treatment Systems for Homeless; \$58.9 million for the Minority AIDS Initiative; \$61.9 million for Criminal Justice Activities; \$20.0 million for the Primary Care and Addiction Services Integration Program; \$5.0 million for Crisis Systems: Increasing Crisis Access Response Efforts; and \$58.5 million for other Treatment Programs of Regional and National Significance.

### **Screening, Brief Intervention, and Referral to Treatment**

**FY 2016 Request: \$30.0 million**

**(\$16.9 million below the FY 2015 enacted level)**

In FY 2016, \$30.0 million is requested for SBIRT, which is \$16.9 million below the FY 2015 enacted level. The purpose of the SBIRT training grants is to develop a primary care workforce that includes SBIRT into standard medical practice. This program provides medical residents, students of dentistry, physician assistants, pharmacists, nurses, social workers, and counselors the opportunity to learn the elements of SBIRT and incorporate them as part of their permanent practice. Research and clinical experience support the use of SBIRT to provide effective early identification of alcohol and other substance use disorders, which leads to early referral and treatment. SBIRT also identifies individuals with more serious conditions and diverts them from costly emergency services to general practitioners. Funds may be used for screening of substance use and co-occurring disorders, evidence-based client-centered brief interventions such as motivational interviewing, and brief treatment and referral to specialty care for individuals exhibiting signs of dependency. The requested funding will support 49 grant continuations, 13 new grants, and four contracts to continue to integrate SBIRT into general medical and primary care settings.

### **Criminal Justice Activities**

***FY 2016 Request: \$61.9 million***

***(\$16.1 million below the FY 2015 enacted level)***

In FY 2016, \$61.9 million is requested for SAMHSA's Criminal Justice portfolio, which is \$16.1 million below the FY 2015 enacted level. The Criminal Justice portfolio includes several grant programs as described below that focus on diversion, alternatives to incarceration, drug courts, and re-entry from incarceration for adolescents and adults with substance use disorders and/or co-occurring substance use and mental disorders.

#### **Drug Courts**

***FY 2016 Request: \$50.0 million***

***(No change from the FY2015 enacted level)***

In FY 2016, \$50.0 million is requested for SAMHSA drug court funding, which is no change from the FY 2015 enacted level. Drug courts are designed to combine the sanctioning power of courts with effective treatment services for a range of populations and with alcohol and/or drug use issues, child abuse/neglect or criminal behavior, mental illness, and veterans' issues. Funding for adult treatment drug court programs provides a variety of services including direct treatment or prevention services for diverse populations at risk; wraparound/recovery support services designed to improve access and retention; drug testing for illicit substances required for supervision, treatment compliance, and therapeutic intervention; education support; relapse prevention and long-term management; MAT; and HIV testing conducted in accordance with state and local requirements. SAMHSA plans to support 109 drug court grant continuations and approximately 41 new drug court grants.

#### **Offender Re-entry Program**

***FY 2016 Request: \$11.9 million***

***(\$16.1 million below the FY 2015 enacted level)***

In FY 2016, \$11.9 million is requested for the Offender Re-entry Program, which is \$16.1 million below the FY 2015 enacted level. The Offender Re-entry Program grants provide screening, assessment, comprehensive treatment, and recovery support services to offenders re-entering the community, as well as offenders who are currently on or being released from probation or parole. Grantees can use the funds for a variety of services including: screening; comprehensive individual assessment for substance use and/or co-occurring mental disorders; case management; program management; referrals related to substance abuse treatment for clients; alcohol and drug treatment; wraparound services; addressing the treatment-specific needs of clients during or following a substance abuse treatment episode; individualized services planning; drug testing; and relapse prevention and long-term management support. SAMHSA plans to support 27 Offender Re-entry Program grant continuations.

### **Opioid Treatment Programs/Regulatory Activities**

***FY 2016 Request: \$8.7 million***

***(No change from the FY 2015 enacted level)***

In FY 2016, \$8.7 million is requested for Opioid Treatment Programs/Regulatory Activities,

which is no change from the FY 2015 enacted level. As part of its regulatory responsibility, SAMHSA certifies Opioid Treatment Programs that use methadone, buprenorphine, or buprenorphine/naloxone to treat patients with opioid dependence. SAMHSA carries out this responsibility by enforcing regulations established by an accreditation-based system. This is accomplished in coordination with the Drug Enforcement Administration, states, territories, and the District of Columbia. SAMHSA also funds the Opioid Treatment Programs Medical Education and Supporting Services project aimed at preparing Opioid Treatment Programs to achieve accreditation and providing technical assistance and clinical training to enhance program clinical activities. Additionally, SAMHSA funds grants and contracts that support the regulatory oversight and monitoring activities of Opioid Treatment Programs. FY 2016 funding will support two grant continuations, one new grant, and six contracts to continue technical assistance and regulatory oversight and monitoring of Opioid Treatment Programs.

### **Targeted Capacity Expansion-General**

***FY 2016 Request: \$36.3 million***

***(\$13.1 million above the FY 2015 enacted level)***

In FY 2016, \$36.3 million is requested for the Targeted Capacity Expansion-General program, which is \$13.1 million above the FY 2015 enacted level. The program was initiated in FY 1998 to help communities expand or enhance their ability to provide rapid, strategic, comprehensive, integrated, and community-based responses to a specific and well-documented substance abuse capacity problem. This program includes the MAT for Prescription Drug and Opioid Addiction grants, for which SAMHSA received \$20.0 million in FY 2015. The FY 2016 President's Budget requests an additional \$13.1 million. This funding is part of a joint effort by SAMHSA and the Agency for Healthcare Research and Quality to improve access to MAT services for treating opioid use disorders, with a focus on heroin and prescription opioids. SAMHSA will use this funding to provide grants to states to support opioid MAT efforts in high-risk communities, to educate, and to provide technical assistance. States can use this funding to purchase medication to expand MAT services. The requested funding will increase the number of states from 11 to 22 that receive funding to expand services that address prescription drug misuse and heroin use in high-risk communities. In conjunction with this new program, the Agency for Healthcare Research and Quality will evaluate clinical practices to identify effective treatment models. This information will help identify models that can be implemented in communities to achieve improvements in patient care outcomes, increased coordination of care for medical and psychiatric conditions, increased patient satisfaction, and other healthcare outcomes that will produce significant provider and community level public health impacts.

### **Minority AIDS Initiative**

***FY 2016 Request: \$58.9 million***

***(\$6.7 million below the FY 2015 enacted level)***

In FY 2016, \$58.9 million is requested for the Minority AIDS Initiative under the Substance Abuse Treatment Programs of Regional and National Significance, which is \$6.7 million below the FY 2015 enacted level. Although this category of funding is decreasing, total Minority AIDS funds across SAMHSA are equal to the FY 2015 enacted level. The purpose of the Minority AIDS Initiative grants is to facilitate the development and expansion of culturally competent and

effective community-based treatment systems for substance use and co-occurring substance use and mental disorders within racial and ethnic minority communities. In FY 2015 and FY 2016, SAMHSA will fund 35 grant continuations and two supporting contracts for evaluation and technical assistance to grantees under the initiative's Continuum of Care pilot, the purpose of which is to integrate care (mental and substance use disorder treatment, substance abuse prevention, and HIV medical care services) for racial/ethnic minority populations at high risk for behavioral health disorders and high risk for or living with HIV.

### **Treatment Systems for Homeless Programs**

***FY 2016 Request: \$41.4 million***

***(No change from the FY 2015 enacted level)***

In FY 2016, \$41.4 million is requested for Treatment Systems for Homeless Programs, which is no change from the FY 2015 enacted level. While the Department of Housing and Urban Development's (HUD) Continuum of Care program promotes stable housing, SAMHSA's homeless programs support an array of integrated behavioral health, treatment, and recovery-oriented services and supports, including outreach, engagement, intensive case management, treatment for mental and/or substance use disorders, enrollment in other Federal benefits (e.g., Medicaid and Social Security), and employment readiness services. The requested funding will support 60 annual grant continuations, nine new three-year grants, and three contracts.

### **Primary Care and Addiction Services Integration**

***FY 2016 Request: \$20.0 million***

***(\$20.0 million above the FY 2015 enacted level)***

In FY 2016, \$20.0 million is requested for the new Primary Care and Addiction Services Integration program. The Affordable Care Act greatly increased demand for substance use disorder prevention, intervention, treatment, and recovery services. This new program will support integrated teams of professionals in providing needed primary care services to individuals seeking care for their substance use disorders. Provision of coordinated and integrated services improves the physical health status of adults with substance use disorders who have, or are at risk for, co-occurring primary care conditions and chronic diseases, with the objective of improving the health of those with substance use disorder, enhancing the client's experience of care (including quality, access, and reliability) and reducing/controlling the per capita cost of care. Partnerships between primary care and behavioral health organizations, as well as information technology entities, are crucial to the success of this program. The requested funding will primarily support a total of 21 grants to behavioral health and primary care providers of approximately \$0.5 million annually for up to three years. SAMHSA will also award a contract to support technical assistance and evaluation activities, which will assess the clinical and cost effectiveness of these programs and other programs in the field, ensure grantee fidelity to program implementation, and assist with documentation and dissemination of lessons learned from the program.

### **Crisis Systems: Increasing Crisis Access Response Efforts**

***FY 2016 Request: \$5.0 million***

***(\$5.0 million above the FY 2015 enacted level)***

Crisis Systems: Increasing Crisis Access Response Efforts is a new program that seeks to increase the engagement with and functioning of individuals in crisis, increase support for families and caregivers, decrease use of emergency room and inpatient care, and increase understanding by the community of behavioral health issues and those who experience a behavioral health crisis. Along with \$5.0 million requested for the Mental Health appropriation, the funding will support a demonstration activity to help communities build, fund, and sustain crisis systems capable of preventing and deescalating behavioral health crises as well as connecting individuals and families with needed post-crisis services. In many incidences, responses to these situations by emergency medical responders and other behavioral health care providers are uncoordinated and un-sustained. These grants will help mitigate the demand for inpatient beds by those with serious mental illnesses and substance use disorders by coordinating effective crisis response with ongoing outpatient services and supports.

### **Other Treatment Programs of Regional and National Significance**

***FY 2016 Request: \$58.5 million***

***(\$1.0 million above the FY 2015 enacted level)***

In FY 2016, \$58.5 million is requested for other Treatment Programs of Regional and National Significance, which is a \$1.0 million increase from the FY 2015 enacted level. These requests for these programs include: \$1.0 million for Strengthening Treatment Access and Retention; \$29.6 million for Children and Family Programs; \$15.9 million for Pregnant and Post-Partum Women; \$2.4 million for Recovery Community Services Program; \$1.4 million for Special Initiatives/Outreach; and \$8.1 million for Addiction Technology Transfer Centers.

### **Substance Abuse Prevention and Treatment Block Grant**

***FY 2016 Request: \$1.819.9 million***

***(No change from the FY 2015 enacted level)***

The Substance Abuse Prevention and Treatment Block Grant Program distributes funds to 60 eligible states, territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians of Minnesota to plan, carry out, and evaluate substance abuse prevention, treatment, and recovery support services provided for individuals, families, and communities impacted by substance abuse and substance use disorders. Targeted technical assistance is available for the grantees through SAMHSA's technical assistance contract.

The Block Grant is critically important because it provides the states and their respective sub-recipients the flexibility to respond to local and/or regional emergent issues impacting health, public health, and public safety through a consistent Federal funding stream. For example, this program provides approximately 32 percent of total state substance abuse agency funding, and 23 percent of total state substance abuse prevention funding.

The funds are distributed through a formula grant based on specified economic and demographic factors and is administered by the Centers for Substance Abuse Prevention and

Substance Abuse Treatment. Of the amounts appropriated for the Block Grant program, 95 percent are distributed through a formula included in the authorizing legislation. Factors used to calculate the allotments include total personal income, state population data by age groups (total population data for territories), total taxable resources, and a cost of services index factor.

States submit to SAMHSA for approval a Block Grant Assessment and an annual plan that contains detailed provisions for complying with each funding requirement specified in the Public Health Service Act, and describe how the grantees and their respective sub-recipients intend to expend the funds. The legislation includes specific funding set-asides, including 20 percent for primary prevention, and five percent for HIV early intervention for designated states. The legislation also includes performance requirements for the treatment of substance-using pregnant women and women with dependent children, and provides states with the flexibility to expend a combination of Federal and non-Federal funds. There are also requirements and a potential penalty reduction of the Block Grant allotment if the recipient fails to prohibit and enforce sale of tobacco products to individuals under the age of 18.

The FY 2016-2017 Block Grant application is currently available for public comment. Under the application, Block Grant funds are directed toward four purposes:

- 1) To fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
- 2) To 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;
- 3) To fund primary prevention-universal, selective, and indicated prevention activities and services for persons not identified as needing treatment; and
- 4) To collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

### **Health Surveillance and Program Support**

**FY 2016 Request: \$144.7 million**

**(\$23.0 million above the FY 2015 enacted level)**

The Health Surveillance and Program Support decision unit FY 2016 request is \$144.7 million, which includes \$88.5 million for Health Surveillance and Program Support activities, \$7.8 million for Public Awareness and Support, \$8.9 million for Performance and Quality Information Systems, \$38.8 million for Agency-Wide Initiatives, and \$0.8 million for Data Request and Publication User Fees.

### **Health Surveillance and Program Support**

***FY 2016 Request: \$88.5 million***

***(\$6.5 million above the FY 2015 enacted level)***

Health Surveillance and Program Support funds personnel costs, building and facilities, equipment, supplies, administrative costs, and associated overhead to support SAMHSA programmatic activities, as well as provide funding for SAMHSA national data collection and survey systems, funding to support the CDC National Health Interview Survey, and the data archive. This request represents the total funding available for these activities first split into Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively. The additional funding requested supports a new initiative, Science of Changing Social Norms: Building the Evidence, to measure and track attitudes, behaviors and community norms regarding mental health and substance abuse to enable SAMHSA to understand more fully the impact of social messaging, improve social acceptance of people with mental and substance use disorders, expand understanding of the health, economic, and social impact of untreated behavioral health conditions, increase the willingness of Americans to seek help for these issues, and help Americans see behavioral health as a public health priority. The additional funding will also cover the additional costs associated with the move to 5600 Fishers Lane in FY 2016 including extending the current building lease, the Federal Acquisition Service loan repayment program, and security charges as part of government-wide efforts to reduce long-term rent and utility costs through reductions in per person space use and periodic re-evaluation of competing lease offers.

### **Public Awareness and Support**

***FY 2016 Request: \$7.8 million***

***(\$1.0 million above the FY 2015 enacted level)***

Public Awareness and Support provides funding to support the unified communications approach to increase awareness of behavioral health, mental disorders, and substance abuse issues. This represents the total funding available for these activities first divided evenly between Mental Health and Substance Abuse. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

The FY 2016 request will support the President's Now Is the Time initiative and will allow SAMHSA to continue to streamline its web presence, develop innovative mobile apps, expand its presence on social media, and provide other critical resources to support behavioral health and other health. SAMHSA will use the increase to support the Science of Changing Social Norms that was discussed in the previous section.

### **Performance and Quality Information Systems**

***FY 2016 Request: \$8.9 million***

***(\$0.02 million below the FY 2015 enacted level)***

Performance and Quality Information Systems provides funding to support the Consolidated Data Platform and related activities, as well as provide support for a new contract for the

National Registry of Evidence-based Programs and Practices that will reduce the backlog of interventions accepted but not reviewed under the previous contract. This request represents the total funding available for these activities first split into Mental Health and Substance Abuse using the same percentages splits as between the Mental Health and Substance Abuse (Prevention and Treatment) appropriation amounts. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

### **Agency-Wide Initiatives**

***FY 2016 Request: \$38.8 million***

***(\$15.5 million above the FY 2015 enacted level)***

Agency-Wide Initiatives provides funding for across-Agency initiatives such as the Minority Fellowship Program, which improves the quality of mental health and substance abuse prevention and treatment delivered to ethnic minorities by providing stipends to post-graduate students and other Behavioral Health Workforce programs. This represents the total funding available for these activities first divided evenly between Mental Health and Substance Abuse. The Substance Abuse portion is then split 20 percent/80 percent into the two functions, prevention and treatment, respectively.

### **Data Request and Publication User Fees**

***FY 2016 Request: \$0.8 million***

***(No change from the FY 2015 enacted level)***

In 2016, SAMHSA estimates \$0.8 million in Data Request and Publication User Fees. SAMHSA plans to collect and retain these fees for extraordinary data and publications requests.

## **PERFORMANCE**

Information regarding SAMHSA's drug control performance efforts are based on data collected as part of agency GPRMA reporting requirements and other information that measures the agency's contribution to the *Strategy*. When possible, analyses integrate performance data with evaluation findings and other evidence. The tables include performance measures and targets for the latest year for which data are available, as well as current achievements.

In collaboration with state agencies, SAMHSA defined a core set of standardized National Outcome Measures (NOMs) that are monitored across SAMHSA programs. NOMs have been identified for both treatment and prevention programs. NOMS share common methodologies for data collection and analysis. SAMHSA continues to use online data collection and reporting systems. In addition to centralized GPRMA reporting at the agency level, each of SAMHSA's program centers currently operates their own performance management system. Transition to a new consolidated data platform is planned for 2015.

Substance Abuse Block Grant – Treatment Activities				
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved	FY 2014 Target	FY 2014 Achieved
» Percentage of clients reporting no drug use in the past month at discharge	74%	74.6%	74%	TBR
» Number of admissions to substance use treatment programs receiving public funding	1,937,960	1,928,675	1,937,960	TBR <sup>2</sup>

Data Source- Treatment Episode Data Set as reported by states into WebBGAS.

TBR – To Be Reported November 2016

TBR<sup>2</sup> – To Be Reported November 2015

NOMs reporting has been mandatory since FY 2008. Pursuant to Public Law 111-352, data collection for Block Grant/NOMs activities is coordinated with collection of the GPRMA data and the Treatment Episode Data Set. SAMHSA monitors and tracks NOMs data, while facilitating other data collection efforts, and supporting analysis and feedback/use of findings. For example, data for treatment NOMs are drawn from a combination of sources, including the Web Block Grant Application System (WebBGAS).

During FY 2013, substance use treatment programs receiving public funding saw 1,928,675 admissions to treatment. Targets were exceeded when 74.6 percent of clients abstained from drug use at discharge.

SAPT Block Grant—20% Prevention Set-Aside				
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved	FY 2014 Target	FY 2014 Achieved
» Percent of states showing an increase in state-level estimates of survey respondents who rate the risk of substance abuse as moderate or great (age 12-17)	47.1%	19.6%	47.1%	TBR
» Percent of states showing a decrease in state-level estimates of survey respondents who report 30-day use of alcohol (age 12-20)	52.9%	67.3%	57%	TBR
» Percent of states showing a decrease in state-level estimates of survey respondents who report 30-day use of other illicit drugs (age 12-17)	64.7%	68.6%	59%	TBR
» Percent of states showing a decrease in state-level estimates of survey respondents who report 30-day use of other illicit drugs (age 18+)	37.3%	43.1%	37.3%	TBR
» Number of participants served in prevention programs	70,647,674	191,931,508	70,647,674	TBR

Data Source- National Survey on Drug Use and Health state estimates

TBR – To Be Reported December 2015

There is variation in the prevention services funded using resources from the 20 percent Prevention Set-Aside. The Prevention-Set-Aside funds focus on primary prevention. Activities also may benefit specific groups at risk for substance use (*selective prevention*) and/or

individuals who may or may not have substance use disorders, but exhibit risk factors that increase their chances of developing a drug use problem (*indicated prevention*)<sup>22</sup>.

FY 2013 performance data for the 20 percent Prevention Set-Aside shows several accomplishments. For example, 67.3 percent of states showed a decrease in 30-day alcohol use (age 12-20). Furthermore, 43.1 percent of states showed a decrease in respondents who reported 30-day illicit drug use (age 18 and above). The number of participants served far exceeded the target for FY 2013. Additionally, 68.6 percent of the Block Grant recipients successfully reduced past month illicit drug use among adolescents in their states. Perceived risk continues to decline, mirroring national survey results. Alcohol use among 12-20 year olds remains a challenge.

Substance Abuse Treatment Programs of Regional and National Significance (PRNS)		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Percentage of adults receiving services who were currently employed or engaged in productive activities	45%	43.3%
» Percentage of adults receiving services who had a permanent place to live in the community	47%	50.8%
» Percentage of adults receiving services who had no involvement with the criminal justice system	96%	97.1%
» Percentage of adults receiving services who had no past-month substance use	66%	70.2%
» Number of clients served	30,849*	19,533*

Data Source- Services Accountability Improvement System

Note: Measures reflect clients served through grants awarded in FY 2012. Data are collected at a 6-month follow-up point. Since client length of stay varies by case, some may have been discharged by this point while others were still in treatment.

\* Total for SAMHSA's Center for Substance Abuse Treatment Capacity programs excluding Access to Recovery and the Screening, Brief Intervention, and Referral to Treatment Program, which are presented in separate tables.

In FY 2014, the Treatment Programs of Regional and National Significance achieved or surpassed expected performance in some areas, while improved performance was pursued in others. Targets were exceeded for past month abstinence from substance use (70.2 percent), stable housing (50.8 percent), and for adults having no involvement with the criminal justice system at 6-month follow-up (97.1 percent). The collective Treatment Programs of Regional and National Significance served a total of 19,533 people, which fell short of the target. Changes that occurred during FY 2013 impacted the data reported for FY 2014. In FY 2013, the sequestration and the rescission resulted in significant budget decreases relevant to this program. These budget decreases resulted in fewer Treatment Programs of Regional and National Significance grants being awarded (82 grants were awarded in FY 2012 and only 55 were awarded in FY 2013). With fewer grants providing treatment services, the total number of clients served and gaining employment was lower than targeted. Of the 55 grants funded in FY

<sup>22</sup> Institute of Medicine. (1994). *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*.

2013, 23 grants served populations where lower employment rates are expected. These grants served adults (mainly males) re-entering their communities from prison settings. These grants also served juveniles and family members who generally have higher unemployment rates. SAMHSA continues to provide technical assistance to grantees to improve employment rates.

<b>Screening, Brief Intervention, and Referral to Treatment</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Percentage of adult clients receiving services who had no past month substance use	36%	25.6%
» Number of clients served	75,015	283,160

Data Source- Services Accountability Improvement System

Treatment Programs of Regional and National Significance includes SBIRT, which began in 2003. In FY 2014, SBIRT provided 283,160 substance use screenings in primary care settings, substantially exceeding the target. The target was not met for past month abstinence, with 25.6 percent of adult clients having reported no past month substance use. It is suspected that a large patient population in combination with insufficient funding levels to support the required levels of implementation guidance, technical assistance, and other resources necessary for supporting the SBIRT infrastructure contributed to the inability to meet the FY 2014 target.

<b>Access to Recovery</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Increase the percentage of adults receiving services who had no past month substance use	81%	84.2%
» Percentage of adults receiving services who had no/reduced involvement with the criminal justice system	94%	97.2%
» Percentage of adults receiving services who had improved social support	89%	92.9%
» Number of clients gaining access to treatment	50,000	63,870

Data Source- Services Accountability Improvement System

In FY 2014, the Access to Recovery program exceeded its target for the number of clients served: 63,870 clients were served as compared to the target of 50,000. Moreover, achievements included positive developments measured at 6-month follow-up points, including an abstinence level of 84.2 percent, an improved social support level of 92.9 percent, and 97.2 percent of clients had no involvement in the criminal justice system.

Substance Abuse Drug Courts		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Percentage of adult clients receiving services who had a permanent place to live in the community	41%	42.2%
» Percentage of adult clients receiving services who had no involvement with the criminal justice system	91%	91.2%
» Percentage of juvenile clients receiving services who had no involvement with the criminal justice system	99.4%	99.4%
» Percentage of juvenile clients receiving services who had no past month substance use	70.1%	70.1%

Data Source- Services Accountability Improvement System

Drug Court programs address complex problems for a range of at-risk and criminally-involved substance-using populations through holistic methods, such as wrap-around treatment services. The program continues to be successful, having met or exceeded all FY 2014 performance targets. As a result of participation, 42.2 percent of adults reported stable housing within the community, 91.2 percent of adults and 99.4 percent of juveniles had no continued involvement with the criminal justice system, and 70.1 percent of juveniles reported no past month substance use in FY 2014.

Programs of Regional and National Significance - Prevention				
Selected Measures of Performance	FY 2013 Target	FY 2013 Achieved	FY 2014 Target	FY 2014 Achieved
» Percent SPF SIG States showing a decrease in state-level estimates of survey respondents (age 12-17) who report 30-day use of other illicit drugs	52%	59%	52%	TBR
» Percent SPF SIG States showing an increase in state-level estimates of survey respondents (age 12-17) who rate the risk of substance use as moderate or great	50%	35%	50%	TBR
» Minority AIDS Initiative: Percent of program participants that rate the risk of harm from substance abuse as great (all ages)	88%	96.1%	88%	TBR <sup>2</sup>
» Minority AIDS Initiative: Percent of participants who report no illicit drug use at pre-test who remain non-users at post-test (all ages)	92.6%	94.3%	92.6%	TBR

Data Sources- National Survey of Drug Use and Health state estimates and the Performance Management Reporting and Training system

SPF SIG: Strategic Prevention Framework State Incentive Grant

TBR – To Be Reported December 2015

TBR<sup>2</sup> – To Be Reported August 2015

SAMHSA's Prevention Programs of Regional and National Significance include a number of major discretionary programs, such as SPF SIG and the Minority AIDS Initiative. Data from both programs showed promising results for FY 2013 and FY 2014.

During FY 2013, the SPF SIG program exceeded its target for states showing a decrease in the percentage of adolescent (12-17 years) respondents reporting past 30-day use of illicit drugs. While higher than what was reported in FY 2011, this proportion represents a substantial drop from FY 2012 (82 percent). While the FY 2013 target was not met for the percentage of states showing an increase in respondents (12-17 years) who rate the risk of substance use as moderate or great, the achieved level of 35 percent represents a 6 percentage point improvement over the FY 2012 rate. The SPF SIG program is winding down; only two grant cohorts remain active. FY 2013 data also indicate that 96.1 percent of Minority AIDS Initiative participants perceived there to be great risk in substance abuse. Of the program participants who were not using illicit drugs upon program entry, 94.3 percent remained non-users at exit.



**DEPARTMENT OF HOMELAND SECURITY**





**DEPARTMENT OF HOMELAND SECURITY**  
Customs and Border Protection

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Request	FY 2016 Request
<b>Drug Resources by Function</b>			
Intelligence	\$332.947	\$325.290	\$371.291
Interdiction	2,105.996	2,060.291	2,247.452
<b>Total Drug Resources by Function</b>	<b>\$2,438.943</b>	<b>\$2,385.581</b>	<b>\$2,618.743</b>
<b>Drug Resources by Decision Unit</b>			
Air and Marine Operations	\$689.138	\$576.746	\$638.576
Border Security Fencing, Infrastructure & Technology	84.134	71.589	85.880
Automation Modernization	14.220	45.595	18.795
Salaries and Expenses	1,651.451	1,691.651	1,875.492
<i>Border Security and Control between POEs</i>	<i>[545.228]</i>	<i>[583.177]</i>	<i>[587.899]</i>
<i>Border Security and Trade Facilitation at POEs</i>	<i>[1,075.470]</i>	<i>[1,076.191]</i>	<i>[1,253.665]</i>
<i>HQ Management and Administration</i>	<i>[30.753]</i>	<i>[32.283]</i>	<i>[33.928]</i>
<b>Total Drug Resources by Decision Unit</b>	<b>\$2,438.943</b>	<b>\$2,385.581</b>	<b>\$2,618.743</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	12,011	11,490	11,963
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$12.3	\$13.0	\$13.7
Drug Resources Percentage	19.8%	18.4%	19.1%

**Program Summary**

**MISSION**

Titles 18 U.S.C. and 19 U.S.C. authorize U.S. CBP to regulate the movement of carriers, persons, and commodities between the United States and other nations. It is through this statutory authority that CBP plays a key role in the overall anti-drug effort at the border. CBP's jurisdiction is triggered by the illegal movement of criminal funds, services, or merchandise across our national borders and is applied pursuant to the authority of the Bank Secrecy Act (P.L. 99-570), "USA PATRIOT Act" (P.L. 107-56), Money Laundering Control Act (P.L. 99-570), and other laws.

## **METHODOLOGY**

CBP is a multi-mission agency and calculates obligations by budget decision unit and function, pursuant to an approved drug methodology. On the basis of past practice, six organizations within CBP (Offices of Border Patrol, Field Operations, Information Technology, Technology Innovation and Acquisition, Training and Development, and Air and Marine) were provided with guidance on preparing estimates for the reporting of drug control funds. These offices were asked to estimate, on the basis of their expert opinion, the portion of their activities related to drug enforcement. The aforementioned organizations identified resources in their financial plans that support the drug enforcement mission of the agency. The Office of Information Technology, Office of Field Operations, Office of Border Patrol, and the Office of Air and Marine attribute their resources to both intelligence and interdiction functions. The Office of Training and Development and Office of Technology Innovation and Acquisition attribute their resources solely to interdiction.

### **Office of Field Operations**

The Office of Field Operations (OFO) is the law enforcement component within CBP responsible for carrying out CBP's complex and demanding border security mission at all ports of entry (POEs). OFO manages the lawful access to our Nation and economy by securing and expediting international trade and travel. OFO operates 328 POEs and 16 Preclearance offices in Canada, the Caribbean, Ireland, and the United Arab Emirates. POEs welcome travelers and facilitates the flow of goods essential to our economy 24 hours a day, 7 days a week. The Office of Field Operations estimates that for FY 2015 there will be 3,570 CBP officer positions related to drug control efforts on Enforcement teams. These enforcement teams work closely with the Passenger Enforcement Rover Team and Passenger Analytical Unit teams to coordinate all enforcement activities. CBP estimates that 69 percent of the enforcement teams' time is devoted to drug enforcement. The smuggling methodologies and their indicators are similar for both narcotics and anti-terrorism activities.

At the end of August 2014, OFO canine teams are comprised of a total of 667 Canine Enforcement officers with assigned dogs. Of this amount, there are 505 canine teams who are nearly 100 percent devoted to smuggling interdiction. Among the dogs paired with an officer, 359 are Narcotics Detection Teams, 50 Currency Firearms Detection Teams and 96 Narcotics/Human Smuggling Detection Teams. Agriculture teams (comprising approximately 116 teams) and K9 Trainers, Supervisors and Field Advisors (approximately 114 teams) were included in the overall total but not calculated against available drug enforcement resources. The FY 2016 President's budget includes 47 additional Canine teams to be hired and trained above the 667 Canine teams noted above.

The FY 2014 enacted budget provided for 2,000 CBP officers that will be hired before the end of FY 2016. With the additional 47 Canine CBP officers, OFO expects the total number to be 23,621 CBP officers who in addition to the interdiction of contraband and illegal drugs, enforce hundreds of laws and regulations of many other Federal government agencies such as the U.S.

Fish and Wildlife Service, Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), and Bureau of Export Administration. OFO estimates that roughly 30 percent of the CBP officer's time will be devoted to drug-related activities. OFO anticipates there will be approximately 505 Canine Enforcement officers operational in FY 2016 that will be devoted to drug interdiction.

### **Office of Border Patrol**

The Office of Border Patrol is responsible for almost 6,000 miles of land borders between ports of entry with Canada and Mexico and nearly 2,700 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. At the end of August 2014, there were 20,685 Border Patrol agents (funded by the Office of Border Patrol), assigned to the mission of detecting and apprehending illegal entrants between the ports-of-entry. These illegal entries include aliens and drug smugglers, potential terrorists, wanted criminals, and persons seeking to avoid inspection at the designated ports of entry due to their undocumented status, thus preventing their illegal entry. It has been determined that 15 percent of the total agent time nationwide is related to drug activities. Of the 15 percent related to drug interdiction, 3.5 percent of these efforts are related to intelligence and 96.5 percent is related to drug interdiction. These activities include staffing 34 permanent border traffic checkpoints nationwide including 961 canine units trained in the detection of humans and certain illegal drugs that are concealed within cargo containers, truck trailers, passenger vehicles and boats. In addition, agents perform line watch functions in targeted border areas that are frequent entry points for the smuggling of drugs and people into the United States.

### **Office of Training Development**

The Office of Training Development calculates the portion of their budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan funded training courses to assess if courses contain any items related to drug enforcement material and activities. The curriculum of each course is reviewed and subject matter experts determine course hours delivered related to drug enforcement for this tasking. If specific courses offered through the National Training Plan contain drug enforcement related material, a specific percentage for that course is defined (hours related to drug enforcement training divided by the total number of course hours). Specific training programs identified include the canine training programs and basic, specialized, and advanced training for CBP officers and agents. The Office of Training Development's day-to-day operational resources are attributed to drug enforcement activities at a rate of 20 percent. The Office of Training Development evaluated each office's mission statement and training development/delivery functions to determine the total weighted percentage of its drug enforcement activities.

### **Office of Information and Technology**

The Office of Information and Technology supports the maintenance of applications, such as the Automated Targeting Systems and the Treasury Enforcement Communications System (TECS). Of the Office of Information and Technology's spending, 25 percent of Automated Targeting Systems (Passenger, Narcotics, and Anti-Terrorism) software costs, 5 percent of TECS Modernization; and 10 percent of data center operations costs are estimated in support of the

drug mission. These amounts were adjusted to better represent the technology burden associated with the specific seizure functions performed.

### **Office of Air and Marine**

CBP's Office of Air and Marine's (Air and Marine) core competencies are air and marine interdiction, air and marine law enforcement, and air domain security. In this capacity, targets the conveyances that illegally transport narcotics, arms, and aliens across our borders and in the Source, Transit and Arrival Zones. In support of Source and Transit Zone interdiction operations, the Air and Marine P-3 Program has dedicated a minimum of 7,200 hours a year in support of Joint Interagency Task Force – South. Air and Marine's P-3 fleet continues its Service Life Extension Program and wing replacement program, entering its tenth year of execution.

The CBP's Air and Marine P-3 is expected to meet or exceed flight hour commitments to the Joint Interagency Task Force-South during FY 2015. Successful completion of the Service Life Extension Program will add 15,000 flight hours to the service life of the CBP's Air and Marine P-3 fleet. The P-3 fleet will continue to play a significant role in interdiction, law enforcement, and air domain security in Source, Transit and Arrival Zones through FY 2027.

Using flight hours spent performing drug related activities, Air and Marine has determined that 86 percent of the budget resources that support CBP's Air and Marine are considered to be drug-related. Of the 86 percent drug related resources, 15 percent of these efforts are related to intelligence and 85 percent are related to drug interdiction.

### **Border Security Fencing, Infrastructure, and Technology**

Under the Office of Technology, Innovation, and Acquisition, CBP is the lead agency within Department of Homeland Security for the development and deployment of border technology and tactical infrastructure to secure America's borders. This appropriation provides continued funding for the CBP Program Offices tasked with developing and installing technology and tactical infrastructure solutions, enabling a more effective and efficient method for border security.

The Tethered Aerostat Radar System (TARS) program is a national surveillance asset that has been operating along the Southwest border and other key locations for nearly 25 years. TARS provides detection and monitoring of suspicious (smuggling) traffic over air, maritime, and land corridors. CBP took ownership of the TARS program in FY 2014 as part of a transfer from the DoD. TARS consists of fixed site, aerostat-based radar systems that provide air surveillance across the entire U.S. - Mexico border (approximately 2,000 nautical miles). The systems are designed to detect compliant low-altitude aircraft and non-compliant low-altitude aircraft attempting to smuggle narcotics or other contraband into the U.S. Although TARS is funded from the Border Security Fencing, Infrastructure, and Technology (BSFIT) account, it is significantly different from the other land-based surveillance systems funded from BSFIT. CBP previously generalized that 100 percent of the TARS mission supports the counternarcotics mission. When looking at FY 2014 actual mission details from the official record keeping at the

Air and Marine Operations Center for air surveillance and detection, CBP observed the following results:

<b>Tethered Aerostat Radar System FY 2014 Mission Details</b>	
<b>Counternarcotics (CN) Related</b>	<b>Percent</b>
Short Landing	80.2
Ultra-Light	3.3
Border Intrusion	14.6
SKY PRO (Domestic)	0.4
<b>% Mission TARS CN-related</b>	<b>98.5%</b>
<b>National Security (NS) Related</b>	<b>Percent</b>
Support Request	0.6
Suspect Movement	0.6
Other	0.3
<b>% Mission TARS NS-related</b>	<b>1.5%</b>
<b>TOTAL</b>	<b>100%</b>

Since TARS supports other national security law enforcement missions, for this drug control estimate, BSFIT is using 99 percent of the TARS program funding, 15 percent of Development and Deployment, and 15 percent of Operations and Maintenance (minus TARS funding). This funding will be used on border technology and other technology systems that support drug control activities.

### **BUDGET SUMMARY**

In FY 2016, CBP requests \$2,618.7 million for drug control activities, an increase of \$233.2 million above the FY 2015 request level.

#### **Salaries and Expenses**

**FY 2016 Request: \$1,875.5 million**

**(\$183.8 million above the FY 2015 request level)**

Salaries and Expenses funds CBP’s primary field occupations including CBP officers, Border Patrol agents, pilots, marine officers, import and entry specialists, and agricultural specialists. The agency’s field organization is comprised of 20 Border Patrol Sectors with 35 permanent border and 140 tactical checkpoints between the ports of entry; 142 stations and substations; and, 20 Field Operations Offices and 328 associated ports of entry, of which 16 are pre-clearance locations. Field personnel use a mix of air and marine assets, non-intrusive technology such as large-scale x-rays and radiation portal monitors, targeting systems, and automation to ensure the identification and apprehension of high-risk travelers and trade.

## **Border Security and Trade Facilitation at Ports of Entry**

***FY 2016 Request: \$1,253.7 million***

***(\$177.5 million above the FY 2015 request level)***

The FY 2016 President's Budget request is \$177.5 million higher than the FY 2015 request for drug-related resources associated with border security and trade facilitation at the POEs. Much of this is attributable to the realignment of non-intrusive inspection technology into the Office of Field Operations, 47 Canine teams, the out-year funding for 2,000 CBP officers funded and authorized in the FY 2014 enacted budget, and current services adjustments.

CBP will use its resources to support aggressive border enforcement strategies that are designed to interdict and disrupt the flow of narcotics and ill-gotten gains across our Nation's borders and dismantle the related smuggling organizations. CBP narcotics interdiction strategies are designed to be flexible so that they can successfully counter the constantly shifting narcotics threat at the ports of entry.

CBP is intent on using resources to develop and implement security programs that safeguard legitimate trade from being used to smuggle the implements of terror and other contraband, including narcotics into the U.S. Under Customs-Trade Partnership Against Terrorism (C-TPAT), CBP works closely with importers, carriers, brokers, freight forwarders, and other industry sectors to develop a seamless, security-conscious trade environment resistant to the threat of international terrorism. C-TPAT provides the business community and government a venue to exchange ideas, information, and best practices in an ongoing effort to create a secure supply chain, from the factory floor to U.S. ports of entry. Under C-TPAT, Americas Counter Smuggling Initiative (ACSI), the Carrier Initiative Program (CIP), and the Business Anti-Smuggling Coalition (BASC), partnership programs remain instrumental in expanding CBP's anti-narcotics security programs with trade groups and governments throughout the Caribbean, Central and South America, and Mexico.

CBP has implemented a Field Operations Intelligence Program, which provides support to CBP inspection and border enforcement personnel in disrupting the flow of drugs through the collection and analysis of all source information and dissemination of intelligence to the appropriate components. In addition CBP interdicts undeclared bulk currency, cutting off funds that fuel terrorism, narcotics trafficking, and criminal activities worldwide. CBP officers perform enforcement operations which involve screening outbound travelers and their personal effects. CBP also supports operations that focus on interdicting bulk currency exported in cargo shipments. CBP uses mobile x-ray vans and specially trained currency canine teams to target individuals, personal effects, conveyances, and cargo acting as vehicles for the illicit export of undeclared currency.

### **Southwest Border Efforts**

On the Southwest border, CBP employs a risk based strategy for outbound operations which are normally short in duration; periodic outbound inspections followed by periods without

inspections. This allows for the immediate stand-down of outbound inspections to manage traffic flow departing the POE.

### Northern Border Efforts

The Northern border counter smuggling approach focuses on bi-national, Federal, state, local, and tribal law enforcement partnerships, information sharing agreements, joint integrated operations, and community outreach in order to maximize efforts and resources. This approach has proven successful along the Northern border.

### **Border Security and Control between Ports of Entry**

*FY 2016 Request: \$587.9 million*

*(\$4.7 million above the FY 2015 request level)*

The FY 2016 President's Budget request of \$587.9 million provides funding for border security and control between the ports-of-entry. The FY 2016 President's Budget request increase over FY 2015 President's Budget Request is associated with the maturation of the pay associated with the journeyman agent workforce. The Border Patrol has primary responsibility for drug interdiction between the land ports-of-entry. In pursuit of drugs, Border Patrol agents engage in surveillance activities supported by computer-monitored electronic ground sensors. Traffic check operations are also conducted along major routes of travel to restrict access to the interior by drug and alien smugglers. Transportation centers are placed under surveillance for the same reason.

In addition, the Border Patrol canine program was implemented in 1986 in response to escalating alien and drug smuggling activities along the Mexican and Canadian borders. The canines are trained at Canine Center El Paso in El Paso, Texas, to locate concealed humans and several narcotic odors and their derivatives. The canines are used in nearly every enforcement activity of the Border Patrol including line watch, traffic check operations, and train and bus checks. The canine program is responsible each year for the detection of record numbers of smuggled aliens and large narcotic loads, including the arrest of the criminals involved in smuggling activities.

The Border Patrol also participates in numerous interagency drug task force operations with other federal, state and local law enforcement agencies through Operation Alliance along the southern border. The Border Patrol is also an active participant in the Southwest border HIDTA in Texas, New Mexico, Arizona and California. To further assist the Border Patrol in this endeavor, all Border Patrol agents receive DEA Title 21 cross-designated authority as part of their basic training.

### **Headquarters Management and Administration**

*FY 2016 Request: \$33.9 million*

*(\$1.6 million above the FY 2015 request level)*

The FY 2016 President's Budget request of \$33.9 million for Headquarters Management and Administration supports training courses that contain any items related to drug enforcement

policy and operational direction, and technical expertise to CBP mission operations. The FY 2016 President's Budget request increase over FY 2015 President's Budget request is attributed to various Agency-wide cost-saving reductions as well as normal workforce grade and step maturation. These training programs are essential in carrying out CBP's dual mission of protecting our homeland while facilitating legitimate trade and travel.

### **Office of Air and Marine**

**FY 2016 Request: \$638.6 million**

**(\$61.8 million above the FY 2015 request level)**

CBP's Air and Marine secures the borders against terrorists, acts of terrorism, drug smuggling and other illegal activity by operating air and marine branches at strategic locations along the borders. Multi-mission aircraft with advanced sensors and communications equipment provide powerful interdiction and mobility capabilities directly in support of detecting, identifying, and interdicting suspect conveyances, and apprehending suspect terrorists and smugglers.

#### **Air and Marine Operations - Salaries**

**FY 2016 Request: \$256.5 million**

**(\$21.8 million above the FY 2015 request level)**

The FY 2016 President's Budget Request includes a \$21.8 million increase in the drug-related resources associated with CBP's Air and Marine Operations - Salaries. Air and Marine maximizes the capabilities of air and marine assets through a cohesive joint air operations model for centralized command and control and a responsive and integrated control system for decentralized execution. Air and Marine partners with numerous stakeholders in performing its missions throughout the continental United States and the Western Hemisphere. This includes domestic operations at the borders, source, transit and arrival zone operations, interior law enforcement support, and support to other agencies.

CBP's Air and Marine partners with numerous stakeholders in performing its missions throughout the continental United States and the Western Hemisphere. This includes domestic operations at the borders, source, transit and arrival zone operations, interior law enforcement support, and support to other agencies. In fulfilling the priority mission of CBP to protect the borders, CBP Air and Marine's geographical areas of responsibility include the southwest, northern, and southeast/coastal border of the United States as well as Caribbean regions.

#### **Air and Marine Operations**

**FY 2016 Request: \$382.1 million**

**(\$40.0 million above the FY 2015 request level)**

The FY 2016 budget request includes an increase of \$40.0 million above the FY 2015 requested level. The request includes funding for the two Multi-Role Enforcement Aircraft. CBP's Air and Marine interdiction assets are deployed throughout the Western Hemisphere. The Air and Marine Operations Center in Riverside, California, provides command, control, communications, and intelligence for those assets by assimilating information from a wide array of sensors.

The P-3 Airborne Early Warning (AEW) and slick aircraft are critical to interdiction operations in the source and transit zones because they provide vital radar coverage in regions where mountainous terrain, expansive jungles and large bodies of water limit the effectiveness of ground-based radar. Because the P-3 AEW is the only Detection and Monitoring asset solely dedicated to the counter-drug mission, it is a critical component of the *Strategy*.

In the Transit Zone, CBP Air and Marine crews work in conjunction with the law enforcement agencies and military forces of other nations in support of their counternarcotic programs. CBP is prepared to support counterdrug missions in the source zone. Counterdrug missions include detection and monitoring, interceptor support, and coordinated training with military and other law enforcement personnel.

CBP Air and Marine aviation assets include: sensor-equipped, detection and monitoring jet interceptors, long-range trackers, and maritime patrol aircraft; high performance helicopters; and single/multi-engine support aircraft. CBP Air and Marine's range of maritime assets includes interceptor, utility, and blue water-type vessels.

### **Border Security Fencing, Infrastructure, and Technology**

**FY 2016 Request: \$85.9 million**

**(\$14.3 million above the FY 2015 request level)**

In FY 2016, CBP requests \$85.9 million for the BSFIT appropriation aligned to the drug control mission. The FY 2016 BSFIT request will fund acquisition, delivery, and sustainment of prioritized border security capabilities and services for CBP's frontline agents and officers. The increase of \$14.3 million above the FY 2015 requested level is due to a larger request made for the Development and Deployment and Operations and Maintenance program, projects and activities within BSFIT. BSFIT funding for drug activities is proportional to the amount requested. This request will respond to changing threats and evolving operational needs.

### **Automation Modernization**

**FY 2016 Request: \$18.8 million**

**(\$26.8 million below the FY 2015 request level)**

CBP requests \$18.8 million for the FY 2016 Automation Modernization appropriation. This appropriation provides critical information technology support to CBP frontline personnel. The decrease in drug-related Automation Modernization funding primarily represents the realignment of non-intrusive inspection technology funding to the OFO. Adjustments were made to accurately reflect the technology requirement associated with the specific seizure functions performed.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of CBP is based on agency GPRMA documents and other information that measures the agency's contribution to the

*Strategy.* The table and accompanying text represent CBP drug-related achievements during FY 2014.

<b>Customs and Border Protection</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Amount of currency seized on exit from the United States	\$30.0M	\$37.7M
» Percentage of Joint Interagency Task Force-South (JIATF-S) annual mission hour objective achieved	100%	100%
» Interdiction Effectiveness Rate (IER) on the Southwest Border between the ports of entry	77.0%	79.3%
» Percent of time TECS is available to end users	99.0%	99.9%

The performance measure “Amount of currency seized on exit from the United States” provides the total dollar amount of all currency, in millions, seized during outbound inspection of exiting passengers and vehicles, both privately-owned and commercial. The scope of this measure covers all ports of entry on both the southwest and northern borders and includes all modes of transportation (land, air, and sea). This measure assists in evaluating CBP’s success in disrupting domestic drug trafficking at the land border ports of entry, a key outcome for the *Strategy*. Since this measure is based upon the seizure-related enforcement outcomes of CBP’s Outbound enforcement program, the measure provides an indicator of the success that CBP has in disrupting domestic drug trafficking at the land borders by stemming the flow of potential narcotics-related proceeds destined to criminal or transnational groups.

The CBP OFO conducts risk-based Outbound operations at land and air border ports of entry, enabling CBP to enforce U.S. laws and regulations applying to the Outbound arena, including, but not limited to, immigration and drug laws. The total currency seized upon exit from the United States in FY 2014 was \$37.7 million, which exceeded the target of \$30 million and is an indicator of CBP’s success in disrupting domestic drug trafficking at the borders. These seizures of currency were potentially destined for criminal or transnational groups.

Air and Marine conducts extended border operations to support a layered approach to homeland security. Air and Marine applies assets in the source and transit zones through coordinated liaison with other U.S. agencies and international partners. The performance measure “Percentage of Joint Interagency Task Force-South (JIATF-S) Annual Mission Hour Objective” identifies the degree to which Air and Marine meets its intended flight hours for JIATF-S in support of the *Strategy*.

In the National Interdiction Command and Control Plan (NICCP) dated March 17, 2010, JIATF-S forecasted its FY 2011 support requirements for a range of aircraft. In its annual Statement of Intent, DHS responds to the requirements in the NICCP. The FY 2014 DHS Statement of Intent included CBP’s objective to provide 5,500 flight hours for detection and monitoring activities

with P-3 AEW and P-3 Long Range Tracker aircraft in support of JIATF-S operations. Air and Marine exceeded the goal of 5,500 hours for FY 2014, flying a total of 6,293.7 hours with its P-3 (5,918.8 hours), Unmanned Aircraft Systems (317.0 hours), and the King Air B-350 Multi-Role Enforcement Aircraft (33.0 hours), and DHC-8 aircraft (24.9 hours).

In FY 2014, the CBP Office of Border Patrol transitioned away from targeting the number of apprehensions on the Southwest border, and focused on improving the percentage of known entries that are apprehended or turned back to Mexico. The Border Patrol achieves this desired strategic outcome by maximizing the apprehension of detected illegal entrants or confirming that illegal entrants return to the country from which they entered, and by minimizing the number of persons who evade apprehension and can no longer be pursued.

The Office of Border Patrol works to mitigate all threats – terrorists and weapons of terrorism, smuggling of narcotics, other contraband and people, and the illegal entry of people at the border. Border Patrol agents prepare for, detect, and intercept any and all combinations of these threats that present themselves along the borders. The interdiction of people frequently coincides with the interdiction of drugs in the border environment. Apprehensions are captured in Border Patrol’s Interdiction Effectiveness Rate (IER), and this measure does not differentiate between apprehensions and those apprehended transporting narcotics. Generally, all cross-border incursions are accounted for as entries, and result in either an apprehension, “turnback” or “gotaway.” These results are accounted for in the IER. Border Patrol increased their IER from 76 percent in 2013 to 79.3 percent in 2014 achieving their target of 77 percent, which measures effectiveness in resolving cross-border incursions.

The measure, “Percent of time TECS is available to end users,” quantifies the availability of the TECS service to all end-users based on a service level of 24X7 service. TECS is a CBP mission-critical law enforcement application system designed to identify individuals and businesses suspected of or involved in violation of Federal law. TECS is also a communications system permitting message transmittal between the DHS law enforcement offices and other National, state, and local law enforcement agencies, access to the Federal Bureau of Investigation's (FBI) National Crime Information Center and the National Law Enforcement Telecommunication Systems (NLETS). NLETS provides direct access to state motor vehicle departments. In 2014, CBP exceeded its target providing 99.9 percent of its time to end users.



**DEPARTMENT OF HOMELAND SECURITY**  
Federal Law Enforcement Training Center

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Request	FY 2016 Request
<b>Drug Resources by Function</b>			
Investigations	\$44.189	\$41.875	\$46.521
State & Local Assistance	1.629	1.309	1.454
International	0.398	0.436	0.485
<b>Total Drug Resources by Function</b>	<b>\$46.215</b>	<b>\$43.620</b>	<b>\$48.459</b>
<b>Drug Resources by Decision Unit</b>			
Salaries & Expenses	\$46.215	\$43.620	\$48.459
<b>Total Drug Resources by Decision Unit</b>	<b>\$46.215</b>	<b>\$43.620</b>	<b>\$48.459</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	223	221	225
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.3	\$0.3	\$0.3
Drug Resources Percentage	18.0%	16.9%	18.3%

**Program Summary**

**MISSION**

The Federal Law Enforcement Training Center (FLETC) is an interagency law enforcement training facility that serves a leadership role as the Federal Government's principal provider of world-class, interagency law enforcement training to more than 90 Federal Partner Organizations, as well as training and technical assistance to state, local, tribal, territorial and international law enforcement entities. The FLETC provides premium training programs in support of drug enforcement activities, primarily in advanced programs that teach and reinforce law enforcement skills of investigation.

**METHODOLOGY**

The portion of FLETC's total budget considered to be drug resources is identified by historical trends of drug-related training relative to total student-weeks of training and the associated budget authority required to conduct that training. Advanced training programs with a drug nexus are considered to provide 100 percent support to drug enforcement activities. State and local training programs with a drug nexus are also considered to provide 100 percent support. All international training has a drug nexus and is also considered to provide 100 percent

support. FLETC drug enforcement training support is in the following three training functions: Investigations, 96 percent; State and Local Training and Assistance, three percent; and, International Training and Technical Assistance, one percent.

The percentage of the Salaries and Expenses appropriation that supports drug enforcement activities remains constant at 20.4 percent; however, the percentage of FLETC’s total budget authority in support of drug enforcement activities fluctuates.

## **BUDGET SUMMARY**

In FY 2016, FLETC requests \$48.5 million for drug control activities, an increase of \$4.8 million above the FY 2015 request level.

### **Salaries and Expenses – Law Enforcement Training**

**Total FY 2016 Request: \$48.5 million  
(\$4.8 million above the FY 2015 request level)**

FLETC training programs with a drug nexus equip law enforcement officers and agents with the basic skills to support drug investigations. Topics focus on the recognition and identification of the most commonly abused illicit drugs and pharmaceuticals. To enhance the realism of the instruction, FLETC maintains a limited, accountable repository of illicit drugs (e.g., marijuana, cocaine, heroin, hashish, etc.) for use in identification and testing exercises using various drug testing methods. Some training programs also include training in simulated clandestine laboratories to prepare students to respond properly when faced with situations involving hazardous chemicals. The funding increase requested for FY 2016 is needed to provide training for new CBP officers.

## **PERFORMANCE**

This section on the FY 2014 performance of FLETC’s drug support mission is based on agency GPRMA documents and other agency information. The FY 2014 performance information for FLETC’s drug related training is shown below.

<b>Federal Law Enforcement Training Center</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Percent of Partner Organizations that agree the Federal Law Enforcement Training Center counterdrug-related training (i.e., Drug Recognition, Clandestine Laboratory Safety Awareness, Marijuana Cultivation Investigations, etc.) meets identified training needs.	82%	100%

The officers and agents that receive FLETC training in drug investigation activities are employed primarily by Federal agencies with a law enforcement role. These Federal agencies, which have formalized their relationship with FLETC as their trainer of choice through Memoranda of

Understanding, are substantively involved in the strategic direction of FLETC and are referred to as Partner Organizations. FLETC measures its success by assessing the satisfaction of its Partner Organizations with the requested training that FLETC provided.

In FY 2014, FLETC trained 58,666 students, equating to 102,688 student-weeks of training. The curriculum for about 12 percent of these students included training in drug investigation activities.

In FY 2012, FLETC established a new metric to more accurately reflect the satisfaction of Partner Organizations with the counterdrug-related training provided by FLETC to their officers and agents starting in FY 2013. In order to establish the new performance goal (against which to set a baseline), FLETC examined its actual and targeted historical training-related performance measures. Additionally, discussions were held with a sampling of Partner Organizations to gauge their satisfaction with FLETC's drug control-related training to date. When considered as a whole, these factors indicated that 81 percent was a realistic target to establish the baseline. FLETC exceeded this target in FY 2013. The target goals were re-evaluated and increased to 82 percent for FY 2014, which FLETC again exceeded. The actual performance data is collected from the FLETC Partner Organization Satisfaction Survey.



**DEPARTMENT OF HOMELAND SECURITY**  
Immigration and Customs Enforcement

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Enacted	FY 2015 Request	FY 2016 Request
<b>Drug Resources by Function</b>			
Intelligence	\$14.897	\$17.782	\$16.676
Investigations: Domestic	436.115	463.270	460.076
Investigations: International	8.298	8.210	9.358
<b>Total Drug Resources by Function</b>	<b>\$459.310</b>	<b>\$489.262</b>	<b>\$486.110</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses			
Intelligence	\$14.897	\$17.782	\$16.676
Investigations	444.413	471.480	469.434
<i>Domestic Investigations</i>	[436.115]	[463.270]	[460.076]
<i>International Investigations</i>	[8.298]	[8.210]	[9.358]
<b>Total Drug Resources by Decision Unit</b>	<b>\$459.310</b>	<b>\$489.262</b>	<b>\$486.110</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2,122	2,301	2,128
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$5.6	\$5.4	\$6.4
Drug Resources Percentage	8.2%	9.1%	7.6%

**Program Summary**

**MISSION**

U.S. Immigration and Customs Enforcement (ICE), a multi-mission law enforcement agency, uses comprehensive border enforcement strategies to investigate and disrupt the flow of narcotics and ill-gotten gains across the Nation’s borders and dismantle related smuggling organizations. ICE achieves these objectives by maintaining an aggressive cadre of Title 21 cross-designated Special Agents and enforcing multi-disciplined money laundering control initiatives to investigate financial crimes and interdict bulk currency shipments exported out of the United States.

**METHODOLOGY**

ICE’s approved drug methodology is based on investigative case hours recorded in the agency’s automated Case Management System (formerly known as Treasury Enforcement

Communication System). ICE agents record the type of work they perform in this system. Following the close of the fiscal year, a report is run showing investigative case hours that are coded as general drug cases and money laundering drug cases. A second report is run showing all investigative case hours logged. Counternarcotics activity percentages are determined separately for each ICE Homeland Security Investigations (HSI) program responsible for counter narcotics enforcement. The percentages for Domestic Investigations, International Investigations, and Intelligence programs are determined by dividing the number of investigative case hours linked to drug control activities by the total number of investigative case hours logged by each program. In FY 2014, 26.08 percent of case hours were drug-related for HSI Domestic Investigations, 8.32 percent for HSI International Investigations, and 20.05 percent for Intelligence. The ICE drug budget is projected by applying these ratios to the annual appropriations request for each ICE program executing counternarcotics activities.

## **BUDGET**

In FY 2016, ICE requests \$486.1 million for drug control activities, a decrease of \$3.2 million from the FY 2015 request level.

### **Salaries and Expenses**

**FY 2016 Request: \$486.1 million**

**(\$3.2 million below the FY 2015 requested level)**

The Salaries and Expenses account contributes to the ICE mission of bringing a unified and coordinated focus to the enforcement of Federal immigration and customs laws. Salaries and Expenses resources are used to address terrorism and illegal immigration through the investigation, detention, and prosecution of criminal and non-criminal aliens, domestic gangs, transnational criminal organizations, and disruption of criminal trade and money laundering that is associated with illicit drugs. ICE investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities that support the goals and objectives of the *Strategy* to disrupt, dismantle, and destroy the pathways used by transnational criminal organizations to transport drugs and the proceeds of drug trafficking across our borders.

### **Intelligence**

**FY 2016 Request: \$16.7 million**

**(\$1.1 million below the FY 2015 request level)**

HSI Intelligence collects, analyzes, and shares strategic and tactical data with Federal, state, local, and tribal law enforcement partners to support efforts to disrupt the flow of illicit drugs. HSI intelligence collects and analyzes all-source information and disseminates strategic intelligence to the appropriate partner to coordinate and de-conflict intelligence and investigative actions.

### **Domestic Investigations**

***FY 2016 Request: \$460.1 million***

***(\$3.2 million below the FY 2015 request level)***

Border-related crime and the violence often associated with it pose a significant risk to the public safety and national security of the United States. Therefore, ICE continues to focus enforcement efforts to disrupt cross-border criminal activity relative to contraband smuggling, human smuggling, money laundering, weapons trafficking, and other crimes, as well as the dismantlement of the transnational criminal organizations responsible for these illicit activities.

In FY 2016, ICE will continue to foster and strengthen enforcement efforts within the Border Enforcement Task Forces (BEST). ICE has expanded BEST to 35 locations along the northern border, southern border, and at major seaports. BEST partners with Federal, state, local, tribal, and foreign law enforcement agencies to investigate illicit activities and pathways along and surrounding border areas and major seaports.

The requested resources will support investigative efforts, coordination with Federal, State, local, and foreign law enforcement agencies, and participation in task forces, such as the OCDETF, HIDTAs, DEA Special Operations Division (SOD), and the BEST initiative.

As a member of OCDETF, ICE has access to interagency information available through the OCDETF Fusion Center. Collaboration with other Fusion Center agencies, including the FBI, the DEA and ATF, enhances ICE capability to develop target profiles and actionable investigative leads to disrupt and dismantle significant drug traffickers.

In further support of interagency collaboration, ICE will continue active participation in the DEA-led SOD, an interagency coordination unit consisting of representatives from several Federal agencies that include DEA, FBI, and the Internal Revenue Service. During ICE field investigations, ICE targets the command and control communication devices employed by criminal organizations operating across jurisdictional boundaries on a regional, national, and international level and coordinates this information among law enforcement agencies, foreign and domestic, to maximize efforts to disrupt and dismantle targeted organizations.

Implemented in FY 2006, the BEST initiative developed a comprehensive approach that identifies, disrupts, and dismantles criminal organizations posing significant threats to border security. The BEST teams incorporate personnel from ICE; CBP; DEA; ATF; FBI; Coast Guard; and the U.S. Attorney's Office, along with other key Federal, state, local and foreign law enforcement agencies. Since inception, ICE has increased the total number of BESTs to 35 nationwide.

ICE will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center (BCSC) that targets bulk cash smuggling, both domestically and internationally. Bulk cash smuggling is a preferred method of operations for transnational criminal organizations to smuggle funds into or out of the United States. The BCSC is focused

on disrupting such facilitation pipelines used to move currency derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption.

Additionally, the ICE HSI Trade Transparency Unit (TTU) and Money Laundering Coordination Center continue to provide the analytic infrastructure supporting financial and trade investigations. The TTU identifies and analyzes complex trade-based money laundering systems. The TTU's unique ability to analyze domestic trade and financial data, in addition to the trade and financial data of foreign cooperating partners, enables ICE to identify transnational money laundering methods and schemes used by international and domestic criminal organizations. The TTU Headquarters (HQ) established a TTU in Mexico City, Mexico in 2008. The Mexico City TTU is comprised of Mexican law enforcement assigned under the Finance Ministry within the Central Tax Authority developed to support Mexican Customs. The TTU Mexico City representatives use trade and financial data to develop criminal targets involved in trade based money laundering. TTU Mexico City is one of the most active joint initiatives to date, due in part to the excellent working relationship that exists between the two countries.

### **International Investigations**

***FY 2016 Request: \$9.4 million***

***(\$1.1 million above the FY 2015 request level)***

ICE HSI BEST and HSI International Investigations have initiated training of foreign national law enforcement officers assigned to domestic BEST units, to include Mexican law enforcement. This initiative engages foreign national law enforcement officers (FNO) in temporary assignment to domestic BEST units. This training enhances foreign national law enforcement capacity by coordinating foreign national law enforcement officers training in support of international cross border efforts with multiple countries to identify, disrupt, and dismantle transnational criminal organizations that seek to exploit border vulnerabilities and threaten public safety on both sides of the border.

ICE HSI continues to target drug trafficking organizations by developing intelligence to identify drug smuggling schemes, trends, and violators through operational programs managed by the HSI Narcotics and Contraband Smuggling Unit; strengthening the international development and expansion of the National Initiative for Illicit Trade Enforcement to exploit criminal organizations via information technology; prioritizing investigative focus on border violators and the transnational criminal organizations they support; prioritizing drug-related investigations to those involving Consolidated Priority Organization Targets and Regional Priority Organization Targets; and prioritizing drug-related investigations to criminals earning, laundering, or moving more than \$10 million per year through repeated exploitation or evasion of global movement systems.

As the primary component of DHS international law enforcement operations, International Investigations is responsible for enhancing national security by conducting and coordinating

international investigations involving transnational criminal organizations and serving as ICE's liaison to foreign law enforcement counterparts overseas. ICE overseas narcotics investigations are coordinated with DEA.

ICE supports the *Strategy* efforts by attacking the vulnerabilities of drug trafficking organizations and disrupting key business sectors to weaken the economic basis and benefits of illicit drug trafficking. Much of the illegal drug market in the U.S. is supplied with illicit narcotics grown or manufactured in foreign countries and smuggled across our Nation's borders. ICE agents enforce a wide range of criminal statutes including Title 18 and Title 19 of the U.S. Code to investigate transnational crimes. These statutes address general smuggling issues as well as customs violations. ICE also enforces Title 21 which covers the importation, distribution, manufacture, and possession of illegal narcotics.

## **PERFORMANCE**

Information supporting ICE's drug control performance efforts is based on agency GPRMA documents and other information measuring ICE contribution to the goals and objectives of the *Strategy*. The table and accompanying text represent ICE drug-related achievements during FY 2014.

<b>Immigration and Customs Enforcement</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Percent of transnational drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals	44%	45%
» Total illegal currency and monetary instruments seized (\$) from drug operations	N/A*	\$192.7M
» Percent of Cocaine seizures considered high impact (lbs)*	N/A*	44%
» Percent of Heroin seizures considered high impact (lbs)*	N/A*	47%
» Percent of Marijuana seizures considered high impact (lbs)*	N/A*	35%
» Percent of Methamphetamine seizures considered high impact (lbs)*	N/A*	62%

\*ICE does not set targets for these metrics.

ICE established a new performance metric in FY 2013 to better reflect Law Enforcement efforts related to counter-narcotics enforcement. The new performance metric is the percent of drug investigations resulting in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals. Cases are deemed high impact or high risk based on a pre-defined set of criteria, and is reviewed monthly by a case panel. A disruption is defined as actions taken in furtherance of the investigation that impede the normal and effective operation of the target organization or targeted criminal activity. Dismantlement is defined as destroying the target organization's leadership, network, and financial base to the point that the organization is incapable of reconstituting itself. In FY 2014, ICE exceeded its initial target;

45 percent of transnational drug investigations resulted in the disruption or dismantlement of high threat transnational drug trafficking organizations or individuals.

ICE's money laundering control program investigates financial crimes and interdicts bulk currency shipments exported out of the United States. ICE tracks financial crimes related to the drug trade and reports the dollar value of real or other property seized from drug operations. In FY 2014, ICE seized \$192.7 million of currency and monetary instruments from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals.

**DEPARTMENT OF HOMELAND SECURITY**  
United States Coast Guard

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Enacted	FY 2015 Request	FY 2016 Request
<b>Drug Resources by Function</b>			
Interdiction	\$1,246.64	\$1,203.172	\$1,089.839
Research and Development	2.125	1.867	1.746
<b>Total Drug Resources by Function</b>	<b>\$1,248.765</b>	<b>\$1,205.039</b>	<b>\$1,091.585</b>
<b>Drug Resources by Decision Unit</b>			
Acquisition, Construction and Improvements	\$416.895	\$357.464	\$183.647
Operating Expenses	815.909	832.813	891.732
Research, Development, Test and Evaluation	2.125	1.867	1.746
Reserve Training	13.836	12.895	14.460
<b>Total Drug Resources by Decision Unit</b>	<b>\$1,248.765</b>	<b>\$1,205.039</b>	<b>\$1,091.585</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	N/A	N/A	N/A
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$10.4	\$9.8	\$10.0
Drug Resources Percentage	12.1%	12.3%	11.1%

**Program Summary**

**MISSION**

The United States Coast Guard is America’s principal federal agency for maritime safety, security, and stewardship, and enforces all applicable federal laws and international conventions on, under, and over the high seas and waters subject to the jurisdiction of the United States. This includes the United States’ territorial seas, the contiguous zone, the Exclusive Economic Zone, and on the high seas. As part of its maritime security strategic goal, the Coast Guard’s drug interdiction objective is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. Interdicting illicit drug-related trafficking as close to the source as possible helps dismantle TOC networks that directly threaten the national security of the United States, exploit U.S. citizens, and destabilize our Western Hemisphere neighbors. This goal is accomplished through projection of an effective law enforcement presence, primarily in and over the six million square mile transit zone of the Caribbean Sea, the Gulf of Mexico and the Eastern Pacific Ocean.

The Coast Guard has a comprehensive approach to maritime counterdrug law enforcement in the source, transit, and arrival zones. The cornerstones of the Coast Guard strategy are to: (1) maintain an interdiction presence based on the availability of assets, to deny smugglers access to maritime routes and deter trafficking activity; (2) strengthen ties with source and transit zone nations to increase their willingness and ability to stem the production and trafficking of illicit drugs; and (3) support interagency and international efforts to combat drug smuggling through increased cooperation and coordination.

## **METHODOLOGY**

The Coast Guard does not have a specific appropriation for drug interdiction activities. All Coast Guard operations, capital improvements and acquisitions, reserve training, and research and development activities targeted toward drug interdiction are funded out of the associated appropriations specified herein. Reflecting the multi-mission nature of Coast Guard units, the accounting system is keyed to operating and support facilities, rather than to specific missions. Consistent with that approach, personnel and other costs are administered and tracked along operational and support capability lines requiring detailed cost accounting techniques. The Coast Guard uses a Mission Cost Model methodology to compute its drug mission allocation. The Mission Cost Model allocates funding across Coast Guard missions in the Performance-Based Budget presentation. The Mission Cost Model allocates all direct and support costs to mission-performing units [e.g., National Security Cutter (NSC) or Maritime Patrol Aircraft]. Established baselines of operational activity are used to further allocate those costs to the various missions.

### **Acquisition, Construction & Improvements**

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed Acquisition, Construction & Improvements (AC&I) projects based on the typical employment of assets germane to the project. For example, if a new asset is being proposed for commissioning through an AC&I project, costs would be applied to missions using the operational profile of a comparable existing asset. The Coast Guard uses a zero-based budget approach in developing its request for AC&I funding. Program changes in the AC&I account may vary significantly from year-to-year depending on the specific platforms or construction projects supported. AC&I funding finances the acquisition of new capital assets, construction of new facilities, and physical improvements to existing facilities and assets. The funds cover Coast Guard-owned and operated vessels, shore facilities, and other equipment such as computer systems.

### **Operating Expenses**

Operating Expenses (OE) funds are used to operate assets, facilities, maintain capital equipment, improve management effectiveness, and recruit, train, and sustain all active duty

military and civilian personnel. Budget presentations for current and future years use the most recent OE asset cost data and systematically allocate costs in the following manner:

- **Direct Costs:** Applied directly to the operating assets [NSC, Fast Response Cutters (FRC), and Maritime Patrol Aircraft] that perform missions.
- **Support Costs:** Applied to assets for which cost variability can be specifically linked to operating assets (based on carefully-developed allocation criteria).
- **Overhead Costs:** Applied to assets based on proportion of labor dollars spent where cost variability cannot be specifically linked to operating assets. This is a standard industry approach to overhead allocation.

Once all OE costs are fully loaded on mission-performing assets, those costs are further allocated to Coast Guard missions (Drug Enforcement, Search and Rescue, etc.) using actual or baseline projections for operational employment hours.

### **Research, Development, Test, & Evaluation (RDT&E)**

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed RDT&E projects. Allocation of drug interdiction funding is accomplished within the zero-based RDT&E appropriation by evaluating each project's anticipated contribution to drug interdiction efforts based on subject matter expert professional judgment.

### **Reserve Training**

Reserve Training (RT) funds are used to support Selected Reserve personnel who in turn operate facilities, maintain capital equipment, improve management effectiveness, and assist in sustaining all operations. Allocation of RT funding to Coast Guard drug interdiction is done using the same methodology used for the OE appropriation.

## **BUDGET**

In FY 2016, the Coast Guard requests \$1,091.6 million to fund drug control operations, a decrease of \$113.5 million from the FY 2015 request level.

### **Acquisition, Construction & Improvements**

**FY 2016 Budget: \$183.6 million**

**(\$173.8 million below the FY 2015 request level)**

The FY 2016 Budget requests funding for the continued replacement or refurbishment of outdated, deteriorating assets. Recapitalization is crucial to preserving surface, air, and shore asset capability and remains a critical investment for the Nation. FY 2016 investments will provide the Coast Guard with assets that will be in service for decades. These assets will enhance the Coast Guard's ability to secure the Nation's borders, prevent the flow of illegal drugs, rescue those in peril, preserve our economic resources and vitality, and protect the environment. Preserving the Coast Guard's maritime capability through recapitalizing surface and air assets supports the President's *Strategy*.

The FY 2016 budget provides funding to acquire new assets and also funds the critical logistics and Command, Control, Computers, Communications, Intelligence, Surveillance, and Reconnaissance (C4ISR) investments needed to support them. Specifically, the FY 2016 Budget:

- Requests \$18.5 million for the Offshore Patrol Cutter (OPC) project. This amount enables the Coast Guard to keep steady progress on OPC acquisition. In addition, the FY 2016 request includes a General Provision to provide the Coast Guard with enhanced authority to transfer funds to support the Offshore Patrol Cutter Project. The OPC project is a vital part of the recapitalization of the Coast Guard fleet. The OPC acquisition will bridge the capability gap between the NSC and FRC, while replacing the Coast Guard's fleet of Medium Endurance Cutters (MEC) – one MEC class has exceeded its designed service life and the other MEC class is approaching its end of service life. Legacy assets continue to be a challenge to maintain due to their aging material condition.
- Supports funding for six FRCs. The FRC is the replacement for the 110-foot Island Class patrol boat that is past its designed service life. The FRC is more capable than the 110-foot patrol boat with advanced electronics and enhanced operational capabilities. In FY 2014, FRCs removed 3,616 lbs. of marijuana in the approaches to the southeastern United States.
- Provides sufficient funding to continue with Asset Project Office activities, begin aircraft missionization development and purchase initial spare parts for four aircraft to stand up the first operational C-27J unit in 2016. Activities include aircraft regeneration, aircraft induction, contractor logistics support, training, and coordination airworthiness evaluation with Naval Air Systems Command (NAVAIR). The C-27J is a medium-range surveillance (MRS) and transport aircraft and will provide additional detection and monitoring support in the Western Hemisphere Drug Transit Zone. The two-engine high-efficiency turboprop design allows extended surveillance and quick response capability at a lower cost per flight hour than the HC-130H/J.
- Supports funding for the required Structural Enhancement Dry-dock Availability on the NSC to ensure design service life is met, and Post Delivery Activities (PDA) on the fifth through eighth NSCs to ensure operational readiness following delivery.

### **Operating Expenses**

**FY 2016 Budget: \$891.7 million**

**(\$58.9 million above the FY 2015 request level)**

In the FY 2016 Budget, OE will support both new assets coming online and increased depot level maintenance for aging assets. These assets contribute significantly to the drug interdiction mission. In addition to reinvesting efficiencies to sustain operations, support, and critical asset recapitalization, the FY 2016 Budget supports the Coast Guard workforce, including personnel pay and allowances, training, and recruiting.

As planned, the Coast Guard will decommission the sixth and seventh High Endurance Cutter (HEC) in FY 2015. The fifth NSC is under production and is scheduled for delivery in the third quarter of FY 2015; the sixth NSC is under contract and is scheduled for delivery in the first quarter of FY 2017. Four C-27J aircraft are scheduled to be fully operational in 2016. Two 110-foot patrol boats will be decommissioned as three FRCs are delivered to the Seventh Coast Guard District in FY 2016. Three HC-130H aircraft will be decommissioned as four fully operational C-27Js are activated in 2016. The increase in OE funding is due to new assets (NSCs, FRCs, C-130Js, & C-27Js) coming online and increased depot level maintenance for legacy assets.

### **Research, Development, Test, & Evaluation**

**FY 2016 Budget: \$1.7 million**

**(\$0.1 million below the FY 2015 request level)**

RDT&E funding allows the Coast Guard to sustain critical missions by the Department of Homeland Security. The RDT&E funding requested supports all eleven statutorily mandated Coast Guard mission programs. These mission-programs in turn directly support the Coast Guard's role as the principal federal agency for ensuring maritime safety, security, and stewardship.

FY 2016 resources will continue to support the development of technologies to improve detection of hidden contraband; improve tactical communications systems to improve interagency coordination, command and control; and develop technologies that give operational commanders a wider range of options to stop fleeing vessels.

### **Reserve Training**

**FY 2016 Budget: \$14.5 million**

**(\$1.6 million above the FY 2015 request level)**

RT supports all 11 Coast Guard mission programs and is critical to allowing the Coast Guard to protect the vital interests of the United States from internal and external threats. RT provides the Coast Guard trained personnel to augment Active Duty forces during contingency operations or other critical events. The RT funding assumes a drug control allocation equivalent to that of the OE program costs, as RT personnel augment OE program functions.

The FY 2016 budget will support Ready Reserve and Selected Reserve personnel who support and operate facilities, maintain capital equipment, provide management support, and assist in sustaining operations.

## **PERFORMANCE**

Information regarding the performance of the drug control mission of the Coast Guard program is based on agency GPRMA documents and Coast Guard data. The table and accompanying text represent highlights of their achievements in FY 2014.

United States Coast Guard		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone	13.9%	9.5%
» Metric Tons (MT) of Cocaine Removed	90.0	90.1
» Percent Non-Commercial Maritime Conveyance	<83.0%	86.0%

The Coast Guard continues to use the Interagency Consolidated Counter Drug Database as its source for tracking cocaine movement estimates. The Consolidated Counter Drug Database quarterly event-based estimates are the best available authoritative source for estimating illicit drug flow through the transit zone. These estimates permit the Coast Guard to objectively evaluate its performance on a quarterly basis.

According to the Consolidated Counter Drug Database, the known cocaine flow through the transit zone via non-commercial means increased in FY 2014 to 945 MT from 577 MT in FY 2013. The Coast Guard removed 90.1 MT of cocaine from the transit zone in FY 2014 equating to a 9.5 percent removal rate for non-commercial maritime cocaine flow. While the Coast Guard did not meet its performance target of removing 13.9 percent of non-commercial maritime cocaine flow, the Coast Guard had a marginal increase in the tonnage of cocaine removed over FY 2013 (88.4 MT). The higher level of maritime flow of cocaine had a greater impact on the missed FY 2014 target.

The Coast Guard's target for FY 2015 is to remove 13.8 percent of cocaine moving via non-commercial maritime means towards the United States. Taking into account the expected availability of the Coast Guard's cutter and aircraft fleet for drug interdiction, the Coast Guard has set its FY 2016 removal rate target for its current performance measure to 13.7 percent. Both the FY 2015 and FY 2016 removal rate goals represent an aggressive, yet achievable, performance target with available resources.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT





# DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

## Office of Community Planning and Development

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Treatment	\$468.721	\$484.945	\$556.939
<b>Total Drug Resources by Function</b>	<b>\$468.721</b>	<b>\$484.945</b>	<b>\$556.939</b>
<b>Drug Resources by Decision Unit</b>			
Continuum of Care: Homeless Assistance Grants	\$468.721	\$484.945	\$556.939
<b>Total Drug Resources by Decision Unit</b>	<b>\$468.721</b>	<b>\$484.945</b>	<b>\$556.939</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	-	-	-
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$42.7	\$43.8	\$48.3
Drug Resources Percentage	1.1%	1.1%	1.2%

### Program Summary

#### MISSION

The President's *Strategy* calls for Federal support to reducing barriers to recovery from substance use disorders. Lack of housing creates a sense of hopelessness for those abusing substances and presents a barrier to maintaining recovery. The *Strategy* specifically calls for programs to prevent homelessness as a step toward recovery from substance use disorders. Stable and affordable housing is often identified as the most difficult barrier for individuals to overcome when individuals are released from prison or jail. Also, the *Strategy* identifies supportive environments and a drug-free home as necessary elements for recovery. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes.

#### METHODOLOGY

The Office of Special Needs Assistance Programs in HUD does not have a specific appropriation for drug-related activities. Many of its programs target the most vulnerable citizens in our communities, including individuals with chronic mental health and/or substance abuse issues, persons living with HIV/AIDS, and formerly incarcerated individuals. The percentage of clients with a substance abuse problem is reported by HUD annually. The most recent data has been taken from HUD's *2014 Annual Homeless Assessment Report to Congress*. It showed that 20.2 percent of those using HUD-supported temporary housing have a demonstrated substance

abuse disability. The Special Needs Assistance Program accounting system is tied to operating and supportive services costs rather than to specific characteristics of the population served (i.e., substance use disorders).

## **BUDGET SUMMARY**

The FY 2016 drug control estimate for *Continuum of Care* (CoC) is \$556.9 million, an increase of \$72.0 million above the FY 2015 enacted level.

### **Continuum of Care – Homeless Assistance Grants**

**FY 2016 Request: \$556.9 million**

**(\$72.0 million above the FY 2015 enacted level)**

HUD’s Homeless Assistance Grants are funded through the CoC Program. Nonprofit organizations, states, local governments, and instrumentalities of state or local governments apply for funding through the CoC competitive process to provide homeless services. The CoC Program is designed: to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, states, and local governments to quickly rehouse homeless individuals (including unaccompanied youth) and families, while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of HUD is based on data collected from programs receiving funding through the annual CoC Program competition. The table and accompanying text below highlight HUD’s drug-related achievements during FY 2014.

<b>Office of Special Needs Assistance Programs</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Percentage of participants exiting CoC-funded transitional housing that move into permanent housing.	65.0%	69.6%
» Percentage of participants remaining in CoC-funded permanent housing projects for at least 6 months.	80.0%	85.7%
» Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects.	88,867	113,453

In FY 2014, HUD CoC Program-funded grantees exceeded all performance measures assessing progress toward moving participants from transitional housing to permanent housing and increasing the number of households remaining in permanent housing for at least 6 months. CoC-funded grantees served 113,453 individuals in FY 2014 with chronic alcohol and/or other substance use problems, exceeding the target by 24,587 people. The percentage of households moved from transitional housing to permanent housing exceeded the FY 2014 target by nearly

5 percentage points and the percentage of households remaining in permanent housing for more than 6 months was exceeded by nearly 6 percentage points.



# DEPARTMENT OF THE INTERIOR





**DEPARTMENT OF THE INTERIOR**  
Bureau of Indian Affairs

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Investigations and Intelligence	\$8.000	\$8.211	\$8.211
Prevention	1.000	1.025	1.025
Training	0.505	0.480	0.480
<b>Total Drug Resources by Function</b>	<b>\$9.505</b>	<b>\$9.716</b>	<b>\$9.716</b>
<b>Drug Resources by Decision Unit</b>			
Drug Initiative	\$9.505	\$9.716	\$9.716
<b>Total Drug Resources by Decision Unit</b>	<b>\$9.505</b>	<b>\$9.716</b>	<b>\$9.716</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	56	56	56
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.4	\$2.5	\$2.6
Drug Resources Percentage	0.4%	0.4%	0.4%

**Program Summary**

**MISSION**

The Bureau of Indian Affairs' (BIA) mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes, and Alaska Natives. The BIA's Office of Justice Services (OJS) directly operates or funds law enforcement, tribal courts, and detention facilities on Federal Indian lands. The mission of the OJS is to uphold tribal sovereignty and customs and provide for the safety of Indian communities affected by drug abuse.

**METHODOLOGY**

The Drug Initiative is funded within the Law Enforcement subactivity that supports initiatives involving drug enforcement. The special initiative line allows the OJS to specifically track drug-related funding.

**BUDGET SUMMARY**

In FY 2016, BIA requests \$9.7 million for drug control activities, no change from the FY 2015 enacted level.

## **BIA Drug Initiative**

**FY 2016 Request: \$9.7 million**

**(No change from the FY 2015 enacted level)**

Drug-related activity in Indian country is a major contributor to violent crime and imposes serious health and economic difficulties on Indian communities.

In FY 2016, \$6.7 million in requested funding will support drug enforcement efforts that allow BIA Drug Enforcement Officers (DEOs) to manage investigations and implement interdiction programs focused on reducing the effects of drugs and related crime in Indian country. The activities performed by DEOs include eradicating marijuana cultivation; conducting criminal investigations; surveilling criminals; infiltrating drug trafficking networks; confiscating illegal drug supplies' and establishing and maintaining cooperative relationships with other Federal, state, local, and tribal law enforcement organizations in the efforts against drug-related activity.

The Drug Initiative is funded within the Law Enforcement sub activity. Eight areas comprise the Law Enforcement sub activity: Criminal Investigations and Police Services, Detention/Corrections, Inspections/Internal Affairs, Law Enforcement Special Initiatives, the Indian Police Academy, Tribal Justice Support, Program Management, and Facilities Operations and Maintenance. Ensuring the safety of tribal communities is at the heart of Indian Affairs' law enforcement mission and fully supports the Secretary's commitment to the protection of Indian Country. Within BIA's Law Enforcement sub activity, funding is provided for initiatives involving drug enforcement.

In FY 2016, \$1.0 million is requested to continue support for the School Resource Officer (SRO) program. The SRO program has proven to be an important part of the OJS drug initiative allowing interaction of officers and students in the student's environment. SRO's provide instruction in drug awareness and gang resistance using nationally recognized and adopted curriculum to educate students on the negative aspects of illegal drug use and gang activity. These SRO's play a key role in providing a visual deterrent and identifying potential threats of school violence.

The Victim/Witness Services (VWS) program (\$1.0 million) provides needed support to cooperative witnesses and victims of violent and drug crimes. The protection of witnesses and victims is essential during drug investigations, and VWS can provide this needed attention to victims and witnesses at the local level when other resources are not available. Additionally, VWS staff provides guidance to tribes in developing their own VWS programs. VWS also includes an effort to assess existing victim/witness programs and expand them to all BIA law enforcement districts.

The budget request also provides \$0.5 million to support the Intelligence group tasked with intelligence gathering, reporting, and investigative support needed in all parts of Indian country for assistance in drug investigations. With this component, national, regional, and local threat

assessments can be established in real time and presented to law enforcement agencies working on or near Indian country.

Approximately \$0.5 million of the Indian Police Academy budget plays a critical role in BIA drug enforcement efforts as well. Through the academy, BIA provides advanced training courses with content specific to drug enforcement to law enforcement officers that assist in drug investigations throughout the nation. Also, students that graduate from Basic Police and/or Criminal Investigator Training have completed an introduction to drug awareness and investigations component. The requested funding will continue to address the highly visible drug crisis in Indian country through anti-drug efforts and training for Bureau and Tribal officers.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of BIA is based on agency GPRMA documents and other information that measure the agency's contribution to the *Strategy*. The BIA Division of Drug Enforcement (DDE) has historically experienced challenges gathering accurate data using systems developed by the BIA IT division or its contractors. Information gathered for this report and the subsequent verification process have highlighted the need for an automated data collection system. Data were gathered and verified from the OJS database and the DDE case log.

<b>Bureau of Indian Affairs</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Number of patrol officers trained as certified drug officers	260	263
» Number of drug cases worked*	3,550	4,660
» Amount of drugs seized: Meth (ICE)**	22.10 lbs	19.80 lbs.
» Amount of drugs seized: Meth (Powder)**	4.80 lbs.	11.20 lbs.
» Amount of drugs seized: Cocaine (Crack)**	2.10 lbs.	.541 lbs.
» Amount of drugs seized: Cocaine (Powder)**	4.50 lbs.	28.45 lbs.
» Amount of drugs seized: Prescription drugs**	75.32 lbs.	101.03 lbs.
» Amount of drugs seized: Heroin**	4.75 lbs.	3.68 lbs.
» Amount of drugs seized: Marijuana (processed)**	8,896 lbs.	14,883 lbs.
» Amount of drugs seized: Marijuana (plants)**	10,822 lbs.	11,697 lbs.
» Amount of drugs seized: MDMA (Ecstasy)**	1 lbs.	1.29 lbs.

\* Includes cases reported by tribes.

\*\* Drug seizures were accomplished by the combined efforts of BIA-DDE, BIA and Tribal Police programs.

In FY 2014, the BIA responded to a wide range of illegal drug activity on Indian lands. BIA DDE agents supported highly technical investigations, such as court ordered Title III wire intercepts, OCDETF cases, Racketeer Influenced and Corrupt Organization (RICO) cases, and synthetic

marijuana cases, which involved the distribution of “bath salts.” As a result, BIA DDE agents showed an increase of 38 percent of drug cases worked and an increase of 44 percent of drug-related arrests. These improvements are due to the success that BIA OJS has had in forming partnerships and providing technical assistance and training to law enforcement in Indian Country.

Partnerships among BIA-DDE, DEA, BIA and Tribal officers have been particularly important. DEA Agents are responsible for managing drug investigations and providing direct technical assistance to reduce the effects of drugs and drug-related crime in Indian Country. As a result of DEA’s technical assistance, there has been an increased number of drug-related arrests in Indian every year since FY 2008. During FY 2014, BIA-DDE, BIA, and Tribal officers worked 4,660 cases in Indian country, an overall increase of approximately 38 percent over the number of cases worked during FY 2013. This improvement was due to BIA-DDE’s change in focus from working cases to providing direct technical assistance to the BIA and Tribal police departments.

BIA-DDE opened 286 cases in FY 2014, 158 of which were closed by arrest, indictment, or referral to another agency for a 55 percent closure rate. Of 286 cases opened, 268 investigations, or 93 percent of DDE investigations occurred within reservation boundaries or upon trust/allotted lands. The remaining 7 percent of investigations held a direct nexus to Indian country.

In late FY 2014, BIA-DDE conducted an analysis of current drug trends on reservations throughout Indian Country. DDE used crime trends to identify 20 reservations with high drug statistics, which are now the focus of Mobile Enforcement Teams (MET). DDE began deploying the MET teams to the identified reservations to gather intelligence, develop informants, and identify criminal drug enterprises operating in Indian Country. These efforts produced substantial amounts of drug-related intelligence and were helpful in prosecuting drug and alcohol related crimes on the Hopi Reservation. The MET operations continued throughout FY 2014 and additional follow up investigations will begin from intelligence derived from the deployments.

In FY 2014, statistics submitted by the BIA and Tribal Police field programs demonstrated an overall decrease of approximately 44 percent in total drugs seized by Indian Country Law Enforcement Programs in FY 2014.

BIA-DDE management reports marijuana eradication numbers represented approximately 69 percent of the decrease in FY 2014 total drugs seized. Due to a focus on additional eradication efforts in the Northwest Region of the United States in the past few years, Indian Country saw a 69 percent decrease in plants seized. Although DDE’s efforts were successful in reducing marijuana cultivation in this region during the past few years, additional operations will continue to expand in FY 2015 to other regions of the US.

Overall, Indian Country saw a substantial increase in processed marijuana, prescription drugs and other drug seizures in FY 2014. Minus the marijuana eradication seizure numbers, Indian Country saw an overall 46 percent increase in drug seizures for all other areas from FY 2013 totals.

In FY 2014, law enforcement training played an important supporting role. BIA provided advanced training courses to law enforcement officers who assist in drug investigations. Also during that time, one hundred eighty three (183) students graduated Basic Police Training with an introduction to drug awareness and investigations. Thirty (30) students graduated Advanced Drug Training. Fifteen (15) students graduated Basic Criminal Investigator Training with an introduction to drug awareness and investigations. Thirty-five (35) students graduated Basic Drug Training. During 2014, a total of 263 law enforcement officers received drug training from BIA OJS.



# DEPARTMENT OF THE INTERIOR

## Bureau of Land Management

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Interdiction	\$0.408	\$0.408	\$0.408
Investigations	4.080	4.080	4.080
State and Local Assistance	0.612	0.612	0.612
<b>Total Drug Resources by Function</b>	<b>\$5.100</b>	<b>\$5.100</b>	<b>\$5.100</b>
<b>Drug Resources by Decision Unit</b>			
Resource Protection & Law Enforcement	\$5.100	\$5.100	\$5.100
<b>Total Drug Resources by Decision Unit</b>	<b>\$5.100</b>	<b>\$5.100</b>	<b>\$5.100</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	20	20	20
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.1	\$1.1	\$1.1
Drug Resources Percentage	0.4%	0.4%	0.4%

### Program Summary

#### MISSION

The overall mission of the Bureau of Land Management (BLM) is to sustain the health, diversity, and productivity of the public lands for the use and enjoyment of present and future generations. In support of that mission, one of the primary goals of the Resource Protection and Law Enforcement program is the identification, investigation, disruption, and dismantling of marijuana cultivation and smuggling activities on public lands; the seizure and eradication of marijuana plants; and the clean-up and restoration of public lands affected by marijuana cultivation and smuggling.

#### METHODOLOGY

The BLM Resource Protection and Law Enforcement subactivity includes funds for the identification, investigation, and eradication of marijuana cultivation on public lands and rehabilitation of the cultivation sites. Bureau costs associated with identifying, investigating, and eradicating marijuana cultivation; interdicting marijuana smuggling; and rehabilitating the public lands damage caused by these activities are scored as drug control. Under its GPRMA

plan, the Bureau utilizes specifically defined program element designations to calculate and track expenditures associated with its patrol, investigative, and drug enforcement activities.

## **BUDGET SUMMARY**

In FY 2016, the BLM requests \$5.1 million for drug control activities, no change from the FY 2015 enacted level.

### **Resource Protection and Law Enforcement**

**Total FY 2016 Request: \$5.1 million**

**(No change from the FY 2015 enacted level)**

Resource Protection and Law Enforcement Program strategies in support of the *Strategy* include, 1) directing significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California and Oregon; 2) directing funding to public lands in Idaho, Nevada, Utah and other states as needed to combat the expansion of marijuana cultivation activities into those areas; and 3) directing funding to public lands in Arizona and New Mexico to address resource impacts and public safety concerns stemming from marijuana smuggling activities occurring along the Southwest border.

Associated activities include:

- Conducting proactive uniformed patrol to deter and detect cultivation activities.
- Focusing on investigations likely to result in the arrest of drug trafficking organization leadership.
- Utilizing Federal, state, and local partners to conduct multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.
- Collecting and disseminating intelligence among cooperating agencies to maximize interdiction, eradication and investigative efforts.
- Establishing interagency agreements, partnerships, and service contracts with state and local law enforcement agencies to support counter-drug efforts on public lands.
- Partnering with non-law enforcement personnel/entities to rehabilitate cultivation and drug smuggling-related environmental damage in an effort to deter re-use of those areas.

## **PERFORMANCE**

Information regarding the performance of the BLM – Office of Law Enforcement & Security drug control mission is based on law enforcement statistics extracted from the Department’s Incident Management Analysis and Reporting System (IMARS) database, and other agency information. The table and associated text below includes activities, targets, and achievements during FY 2014.

Bureau of Land Management		
Selected Measure of Performance	FY 2014 Target	FY 2014 Achieved
» Number of marijuana plants seized	195,000	225,291

Since there is currently no data on the total number of marijuana plants grown in the U.S., BLM gauges performance using a single measure, specifically “number of marijuana plants seized.” Given the significant year-to-year fluctuation seen in public lands marijuana seizures over the past six years, and the number of variables believed to affect large scale public lands cultivation operations, BLM currently bases its out-year target on the preceding fiscal year’s seizure level.

For the four year period beginning in FY 2009 (705,317) through FY 2012 (156,014), the Bureau saw a reduction in the total number of marijuana plants seized each year. In FY 2013 (195,417), this downward trend was reversed as the Bureau saw a twenty-five percent increase in the number of marijuana plants seized on public lands. Targeted efforts resulted in a further increase of fifteen percent in FY 2014 (225,291).

Interagency cooperation to pool scarce resources is widely used by BLM in marijuana investigation activities. This includes active participation in Federal, state, and local task forces, including HIDTA in California and Oregon, DEA-led OCDETFs, and National Guard Counter Drug Support. Through the participation in a variety of marijuana-focused interagency task forces and working teams, intelligence is shared and analyzed between Federal, state, and local partners.

Due to the scope of the marijuana cultivation problem on public lands and the large number of Federal, state, and local agencies involved in combatting the issue, it is difficult to establish a direct cause for the fluctuations seen in marijuana plant seizure statistics. However, several factors are believed to be affecting large scale marijuana cultivation on public lands. Multi-agency investigation and eradication efforts, for example, have been increasingly effective. In addition, prosecutions continue to disrupt organizational structures of multistate drug trafficking organizations and reduce their cultivation and distribution capabilities.



# DEPARTMENT OF THE INTERIOR

## National Park Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Interdiction	\$0.660	\$0.660	\$0.660
Investigations	2.442	2.640	2.640
<b>Total Drug Resources by Function</b>	<b>\$3.102</b>	<b>\$3.300</b>	<b>\$3.300</b>
<b>Drug Resources by Decision Unit</b>			
National Park Protection Subactivity	\$3.102	\$3.300	\$3.300
<b>Total Drug Resources by Decision Unit</b>	<b>\$3.102</b>	<b>\$3.300</b>	<b>\$3.300</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	25	25	25
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$2.6	\$2.6	\$2.6
Drug Resources Percentage	0.1%	0.1%	0.1%

### Program Summary

#### MISSION

The National Park Service (NPS) works to preserve the resources and values of the national park system for the enjoyment, education, and inspiration of this and future generations. The NPS is required to enforce all Federal laws and regulations within all park units, allowing the public the opportunity to enjoy the national park units in a safe manner, providing employees a safe place of employment, and keeping resources unimpaired for future generations.

#### METHODOLOGY

NPS does not have a specific appropriation for drug control. The NPS cost management system verifies the location and actual use of this funding. The NPS utilizes this data, combined with annual financial/spending plans, to estimate the level of drug control funding.

#### BUDGET SUMMARY

In FY 2016, NPS requests \$3.3 million for drug control activities, no change from the FY 2015 enacted level.

## National Park Protection Subactivity

FY 2016 Request: \$3.3 million

(No change from the FY 2015 enacted level)

With many national parks located along international borders that are plagued with problems such as drug trafficking, illegal immigration, and possible terrorist movement that can threaten park lands and visitors, NPS works diligently to provide security and protection of park resources and visitor safety on park lands. NPS utilizes law enforcement park rangers, special agents, and other Federal, state, and local law enforcement authorities and organizations in ongoing efforts at parks that include:

- Short and long-term counter-smuggling and drug cultivation investigations and operations;
- Ranger patrols and surveillance of roads, trails, and backcountry areas;
- Barricade construction to prevent illegal vehicle traffic; and
- Cooperation and coordination with the Department of Homeland Security's CBP and other Federal, state, and local agencies involved with border security.

NPS efforts are described in the Pacific West Region Marijuana Framework and Goals Plan to address marijuana cultivation, as well as site rehabilitation and reclamation. The Plan outlines a comprehensive and integrated approach involving long-term prevention, detection, investigations, interdiction, eradication, and other actions to dismantle drug trafficking organizations. Drug Trafficking Organizations have demonstrated the capability to adapt their operations, and NPS will thus expand the Plan as cannabis cultivation activities move into regions such as the Rocky Mountains and eastern United States.

### PERFORMANCE

Information regarding the performance of the drug control mission of NPS is based on agency Government Performance and Results Modernization Act documents and other agency information. The table and accompanying text represent highlighted achievements during FY 2014.

National Park Service Visitor and Resource Protection Program		
Selected Measure of Performance	FY 2014 Target	FY 2014 Achieved
» Number of marijuana plants seized in the Pacific West region	0*	10,941

\*Zero is a stretch target to eradicate all marijuana plants grown on public lands.

Law enforcement personnel saw an increase in marijuana plants eradicated from National Park Service lands from zero marijuana plants in 2013 to 10,941 plants in 2014. Surrounding counties and federal public lands also saw an increase in the number of marijuana plants eradicated. The states and counties where this has been occurring have placed significant pressure on these emerging grow sites through the creation, enforcement, and prosecution of violations to ordinances. It is believed that the prevailing drought conditions in the west, increased

interdiction efforts on public lands, and the establishment of legitimate agricultural avenues for the cultivation of medical marijuana lead to a decrease in cultivation activities on federal lands for 2013. In 2014, laws surrounding the cultivation of marijuana in county and agricultural lands changed again and, consequently, there was an increase in cultivation activity on Federal lands.

In FY 2014, NPS law enforcement personnel performed targeted eradication operations with partners on adjacent lands. In many cases, the only access to these sites was through NPS areas and the ecological impacts from the sites extended into parks' watersheds and ecological systems. With access to such sites being more difficult, logistics and operations were complex. In California, NPS law enforcement forged successful partnerships with adjoining agencies and are now attacking a problematic area in and around Whiskeytown National Recreation Area, the Santa Monica Mountains, the Golden Gate National Recreation Areas, and Point Reyes National Seashore. This enhanced perimeter increases protection of the park lands and visitors within the legislated boundaries.

In addition to NPS' efforts to deter illicit cultivation activities, road interdiction activities have resulted in significant seizures of illegal drugs, firearms, and other contraband while also deterring other illegal activities such as wildlife poaching, vandalism, and resource theft.

In FY 2014, there were a total of 4 new cultivation investigations initiated. In Whiskeytown National Recreation Area, a raid of a grow site resulted in 741 marijuana plants eradicated. Investigation at the scene enabled NPS law enforcement to serve several search warrants in which 30 additional marijuana plants were seized. A total of nine arrests were made pursuant to that investigation. In Santa Monica National Recreation Area, investigation led to two eradication missions totaling 3,197 marijuana plants and 3 pounds of processed marijuana. NPS partnered their investigation with DEA and linked the grow site to international drug trafficking organizations.



DEPARTMENT OF JUSTICE





# DEPARTMENT OF JUSTICE

## Asset Forfeiture Program

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Investigations	\$156.500	\$212.339	\$222.956
State and Local Assistance	70.744	70.744	74.281
<b>Total Drug Resources by Function</b>	<b>\$227.244</b>	<b>\$283.083</b>	<b>\$297.237</b>
<b>Drug Resources by Decision Unit</b>			
Asset Forfeiture	\$227.244	\$283.083	\$297.237
<b>Total Drug Resources by Decision Unit</b>	<b>\$227.244</b>	<b>\$283.083</b>	<b>\$297.237</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$3.1	\$1.7	\$1.7
Drug Resources Percentage	7.3%	16.3%	17.6%

### Program Summary

#### MISSION

The primary purpose of the Asset Forfeiture Program (AFP) is to provide a stable source of resources to cover the costs of an effective AFP, including the costs of seizing, evaluating, inventorying, maintaining, protecting, advertising, forfeiting, and disposing of property seized for forfeiture. Prior to the creation of the Assets Forfeiture Fund (AFF) in 1985, the costs of these activities had to be diverted from agency operational funds. The more effective an agency was in seizing property, the greater the drain on its appropriated funds. The creation of the AFF is responsible, in large measure, for the growth in the Department of Justice's AFP over the past decade. The AFP, in turn, has supported the increase of seized assets through coordinated investigative efforts and effective asset management. Increases in resources have permitted the AFP to remove more assets essential to criminal activity.

The AFP not only represents an effective law enforcement tool against criminal organizations, but it also provides financial support to other Federal law enforcement efforts, remuneration and restitution to victims, and an additional source of funding for state and local law enforcement partners. Without this resource, agency funds would be seriously taxed to maintain and preserve seized assets and liquidate forfeited assets. Law enforcement

operations supported by the AFP would occur at reduced levels, would not be undertaken at all, or would have to compete with limited funding from other sources. In addition, the AFP is able to support Program-related training, case evaluations, funds management, and contract support to produce an AFP that provides the greatest benefit to our society.

## **METHODOLOGY**

While the AFP's mission does not specifically address the *Strategy*, the AFF supports two drug-related agencies (DEA and OCDETF) through its asset forfeiture case file tracking system. All AFP-funded drug investigative monies for DEA and OCDETF are allocated in the following Program Operations Expenses: Investigative Costs Leading to Seizure, Awards Based on Forfeiture, Contracts to Identify Assets, Special Contract Services, Joint Law Enforcement Operations, and Case-Related Expenses.

Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended Title 28 U.S.C. 524(c), enacted new authority for the AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the [AFF]." Such cooperative efforts have significant potential to benefit Federal, state, and local law enforcement efforts. The Department of Justice supports state and local assistance through the allocation of AFP monies, commonly referred to as Joint Law Enforcement Operations Program Operations Expenses.

## **BUDGET SUMMARY**

In FY 2016, the AFP requests \$297.2 million for drug control activities, \$14.2 million above the FY 2015 enacted level.

### **Asset Forfeiture Program**

**FY 2016 Request: \$297.2 million**

**(\$14.2 million above the FY 2015 enacted level)**

AFP funds are allocated to DEA and OCDETF to carry out their drug-related activities, providing a stable source of resources to cover operating expenses including Case-Related, Contracts to Identify Assets, Awards for Information, Joint Law Enforcement Operations, Special Contract Services, and Investigative Costs Leading to Seizure. The AFF is a special fund established in the Treasury to receive the proceeds of forfeitures pursuant to any law enforced or administered by the Department of Justice, as defined in 28 U.S.C. 524(c), as well as the Federal share of forfeitures under state, local, and foreign law, and the proceeds of investments of AFF balances.

The request for DEA and OCDETF investigative activities is \$223.0 million, an increase of \$10.6 million over the FY 2015 level. Additionally, DEA and OCDETF state and local assistance funding is approximately \$74.2 million, which is an increase of \$3.5 million over the FY 2015 enacted level. The FY 2016 request will support the following:

- **Case-Related Expenses:** These are expenses associated with the prosecution of a forfeiture case or execution of a forfeiture judgment, such as court and deposition reporting, courtroom exhibit services, and expert witness costs.
- **Special Contract Services:** The AFP uses contract personnel to manage the massive paper flow associated with forfeiture, including data entry, data analysis, word processing, file control, file review, quality control, case file preparation, and other process support functions. Without this contract support, it would be impossible to maintain the automated databases, process the tens of thousands of equitable sharing requests, and maintain the tens of thousands of forfeiture case files.
- **Investigative Expenses Leading to Seizure:** Investigative Expenses are those normally incurred in the identification, location, and seizure of property subject to forfeiture. These include payments to reimburse any Federal agency participating in the AFP for investigative costs leading to seizures.
- **Contracts to Identify Assets:** Investigative agencies use these funds for subscription services to nationwide public record data systems and for acquisition of specialized assistance, such as reconstruction of seized financial records.
- **Awards for Information Leading to Forfeiture:** Section 114 of Public Law 104-208, dated September 30, 1996, amended the Justice Fund statute to treat payments of awards based on the amount of the forfeiture the same as other costs of forfeiture.
- **Joint Federal/State and Local Law Enforcement Operations:** Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended Title 28 U.S.C. 524(c), enacted new authority for the AFF to pay for "overtime, travel, fuel, training, equipment, and other similar costs of state or local law enforcement officers that are incurred in a joint law enforcement operation with a Federal law enforcement agency participating in the [AFF]." Such cooperative efforts significantly benefit Federal, state, and local law enforcement efforts.

## PERFORMANCE

Information regarding the performance of the drug control efforts of the AFP is based on data from the Attorney General’s Management Initiatives, the GPRMA, and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent AFP drug-related achievements during FY 2014.

Assets Forfeiture Fund		
Selected Measure of Performance	FY 2014 Target	FY 2014 Achieved
» Achieve effective funds control as corroborated by an unqualified opinion on the AFF financial statements	100%	100%

The challenges that have an impact on achievement of the AFP goal are complex and dynamic. These challenges are both external and internal and include changes in legislation, technology, and the cooperation of all participating organizations. In FY 2014 AFP achieved 100% of its

effective funds control as corroborated by an unqualified opinion on the AFF financial statements.

Internally, the AFP is working with the participating agencies to enhance financial and property management capabilities. These efforts include coordination with AFP participating agencies on:

- Preemptive identification, mitigation, and resolution of potential audit issues;
- Continuation of data integrity and confidence efforts within collection systems;
- Enabling portfolio management through advanced ah-hoc reporting capabilities.

The AFP is also coordinating and implementing new systems business rules to accommodate emerging and evolving Department of Justice and Congressional directives.

**DEPARTMENT OF JUSTICE**  
Bureau of Prisons

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Budget Function</b>			
Corrections	\$3,344.800	\$3,375.552	\$3,570.688
Treatment	115.452	115.452	116.607
<b>Total Drug Resources by Function</b>	<b>\$3,460.252</b>	<b>\$3,491.004</b>	<b>\$3,687.295</b>
<b>Drug Resources by Budget Decision Unit</b>			
Salaries and Expenses	\$3,415.612	\$3,438.428	\$3,617.856
<i>Inmate Care and Programs</i>	[1,298.511]	[1,317.340]	[1,401.658]
<i>Institution Security and Administration</i>	[1,471.317]	[1,484.528]	[1,536.164]
<i>Contract Confinement</i>	[545.201]	[534.880]	[576.783]
<i>Management and Administration</i>	[100.583]	[101.680]	[103.251]
Buildings and Facilities	\$44.640	\$52.576	\$69.439
<i>New Construction</i>	[11.335]	[12.400]	[6.880]
<i>Modernization and Repair</i>	[33.305]	[40.176]	[62.559]
<b>Total Drug Resources by Decision Unit</b>	<b>\$3,460.252</b>	<b>\$3,491.004</b>	<b>\$3,687.295</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	18,824	18,824	19,124
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$6.9	\$6.9	\$7.3
Drug Resources Percentage	50.5%	50.4%	50.2%

**Program Summary**

**MISSION**

The mission of the BOP is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. The BOP’s mission statement has two parts: the first part addresses the obligation to help protect public safety through the secure and safe confinement of inmates; the second part addresses the obligation to help inmates prepare to return to their communities and to remain crime free. Post-release success is as important to public safety as is an inmate’s secure incarceration.

Preparing inmates for eventual release to the community has been one of BOP’s key objectives. The BOP’s drug treatment program facilitates the successful reintegration of inmates into

society, consistent with community expectations and standards. Treatment programs assist inmates in identifying, confronting, and altering the attitudes, values, and thinking patterns that led to criminal behavior and drug abuse.

## **METHODOLOGY**

The costs related to incarcerating individuals for drug-related offenses, as well as those costs for drug treatment programs, are scored as part of the drug control budget. Drug treatment efforts are funded through a distinct program in Inmate Care and Programs and Contract Confinement Decision units (starting in FY 2014). Corrections costs are based on the percentage of inmates currently incarcerated or projected to be incarcerated for drug convictions.

## **BUDGET SUMMARY**

In FY 2016, BOP requests \$3,687.3 million for drug control activities, an increase of \$196.3 million above the FY 2015 enacted level.

The Violent Crime Control and Law Enforcement Act (VCCLEA) of 1994 requires the BOP, subject to the availability of appropriations, to provide appropriate substance abuse treatment for 100 percent of inmates who have a diagnosis for substance abuse or dependence and who volunteer for treatment. There were over 214,000 inmates for whom BOP provided custodial care at the end of FY 2014, and the BOP was able to provide appropriate substance abuse treatment to 100 percent of eligible inmates in FY 2014.

The majority of Federal inmates are in BOP facilities, but others are housed in privately operated facilities, Residential Reentry Centers (halfway houses), and bed space secured through Intergovernmental Agreements with state and local entities. Program initiatives include enhancements to inmate programs to address Second Chance Act requirements and programs that address the recidivism; increased staffing at high security facilities; conversion of FCI Ft. Worth to Medical Referral Center; increased Modernization and Repair base; and setting up a pilot for medication assisted treatment. Currently, BOP is piloting a medication-assisted drug treatment program in three facilities to provide medication to 10 inmates with an opioid abuse disorder within two months of release and continues medications for 6 months while the inmates reside in residential reentry centers/ halfway houses. Medication is the standard of care for opioid and other substance abuse disorders in the private sector and is an important part of effective treatment for individuals in the justice system who are dependent on opioids.

In response to the rapid growth of Federal inmates with diagnoses of a drug abuse disorder (40 percent of inmates entering the BOP), the BOP continues to develop evidence-based treatment practices to manage and treat drug-using offenders. The BOP's strategy includes early identification through a psychology screening, drug education, non-residential drug abuse treatment, intensive residential drug abuse treatment, and community transition treatment.

The request will provide for maintaining the current drug abuse treatment programs that support residential substance abuse treatment to all eligible inmates.

### **Salaries and Expenses**

**FY 2016 Request: \$3,617.9 million**

**(\$179.4 million above the FY 2015 enacted level)**

Salaries and Expenses encompasses four decision units – Inmate Care and Programs, Institution Security and Administration, Contract Confinement, and Management and Administration.

#### **Inmate Care and Programs**

**FY 2016 Request: \$1,401.7 million**

**(\$84.3 million above the FY 2015 enacted level)**

Inmate Care and Programs covers the costs of food, medical supplies, clothing, education, welfare services, release clothing, transportation, gratuities, staff salaries, and operational costs of functions directly related to providing inmate care. Inmate Care and Programs support the following treatment programs/activities:

- **Drug Program Screening and Assessment:** Upon entry into a BOP facility, an inmate's records are assessed to determine if there is a history of drug use, a judicial recommendation for drug abuse treatment, a violation due to drug use, or if the instant offense is related to drug use. If so, the inmate is required to participate in the Drug Abuse Education course.
- **Drug Abuse Education:** Participants in the Drug Abuse Education course receive factual information on the relationship between drug use and crime – the impact the substance abuse has on the inmate psychologically, biologically and socially – while also motivating inmates to volunteer for the appropriate drug abuse treatment programs. In FY 2014, over 26,000 inmates participated in Drug Abuse Education.
- **Nonresidential Drug Abuse Treatment:** Unlike residential programs, inmates are not housed together in a separate unit; they are housed with the general inmate population. Nonresidential treatment was designed to provide maximum flexibility to meet the needs of the offenders, particularly those individuals who have relatively minor or low-level substance abuse problems. These offenders do not require the intensive level of treatment needed by individuals with moderate to severe (substance abuse or dependence) diagnoses and behavioral problems.

A second purpose of the program is to provide those offenders who have a moderate to severe substance abuse problem, or those offenders who have little time remaining on their sentence and are preparing to return to the community, with supportive program opportunities during the time they are waiting to enter the Residential Drug Abuse Program (RDAP). In FY 2014, more than 21,000 inmates participated in Nonresidential Drug Abuse Treatments.

- **Residential Drug Abuse Program:** More than half of the BOP's facilities operate RDAPs. RDAPs, based on Cognitive Behavioral Therapy (CBT) wrapped into a modified therapeutic community model of treatment, are located in a separate units away from the general population. CBT and therapeutic communities are proven effective treatment models with inmate populations. In FY 2014, over 18,000 inmates participated in Residential Drug Abuse Treatment.

In coordination with NIDA, the BOP conducted a rigorous three year outcome study of the RDAP beginning in 1991. The results indicated that male participants are 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who did not participate in RDAP. Female inmates are found to be 18 percent less likely to recidivate than inmates who did not participate in treatment. In addition, female inmates had higher rates of success than male inmates in maintaining work, acquiring educational degrees, and caring for children.

- **Nonresidential Follow-up Treatment:** If an inmate has time to serve in the institution after completing the RDAP, he or she must participate in follow-up treatment in the institution. Follow-up treatment ensures the inmate remains engaged in the recovery process and is held to the same level of behavior as when he or she was living in the treatment unit. This program reviews all the key concepts of the RDAP and lasts 12 months or until the inmate is transferred to a Residential Reentry Center (RRC).

### **Institution Security and Administration**

*FY 2016 Request: \$1,536.2 million*

*(\$51.6 million above the FY 2015 enacted level)*

Institution Security and Administration covers costs associated with the maintenance of facilities and institution security, including institution maintenance, motor pool operations, powerhouse operations, institution security, and other administrative functions.

### **Contract Confinement**

*FY 2016 Request: \$576.8 million*

*(\$41.9 million above the FY 2015 enacted level)*

Contract Confinement provides for the confinement of sentenced Federal offenders in a government-owned, contractor-operated facility, and state, local, and private contract facilities and contract community residential reentry centers. Contract Confinement also supports the following treatment program:

- **Community Treatment Services (formerly Community Follow-up Treatment):** The Community Treatment Services Program (CTS) is the premier reentry effort of the Psychology Services Branch. CTS, formerly known as Transitional Drug Abuse Treatment (TDAT), provides a comprehensive network of over 250 contracted community-based treatment providers serving an average of over 12,000 inmates

annually. This network of professionals consists of licensed individuals (e.g., certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, certified sex offender therapists, etc.) and specialized agencies, resulting in a variety of services available in the community. In addition to providing drug treatment to RDAP participants, services are expanded to include treatment for inmates with mental illness and sex offenders. Moreover, crisis intervention counseling for situational anxiety, depression, grief/loss, and adjustment issues is also available to inmates placed in RRCs or on home confinement.

### **Management and Administration**

*FY 2016 Request: \$103.3 million*

*(\$1.6 million above the FY 2015 enacted level)*

Management and Administration covers all costs associated with general administration and oversight functions and provides funding for the central office, six regional offices, and staff training centers.

### **Buildings and Facilities**

*FY 2016 Request: \$69.4 million*

*(\$16.9 million above the FY 2015 enacted level)*

Buildings and Facilities includes two decision units - New Construction and Modernization and Repair Costs.

### **New Construction**

*FY 2016 Request: \$6.9 million*

*(\$5.5 million below the FY 2015 enacted level)*

New Construction includes the costs associated with land payments of the Federal Transfer Center in Oklahoma City, salaries and administrative costs of architects, project managers, site selection, and other staff necessary to carry out the program objective. It also includes the costs associated with land and building acquisition and new prison construction when needed.

### **Modernization and Repair**

*FY 2016 Request: \$62.6 million*

*(\$22.4 million above the FY 2015 enacted level)*

Modernization and Repair includes costs associated with rehabilitation, modernization, and repair of existing BOP-owned buildings and other structures in order to meet legal requirements and accommodate correctional programs.

The BOP continues to strategically assess current and prospective operations to ensure that mission requirements are met at the lowest possible cost to the United States taxpayer. The BOP remains committed to acting as a sound steward of valuable taxpayer dollars and will continue to seek cost avoidance and find efficiencies while successfully executing its mission responsibilities.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of BOP is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent BOP drug-related achievements during FY 2014.

<b>Bureau of Prisons</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Number of inmates participating in Residential Drug Abuse Treatment	16,812	18,011
» Number of inmates participating in Nonresidential Drug Abuse Treatment	21,093	21,135

The BOP operates 89 RDAPs in 76 Bureau institutions and one contract facility. In FY 2014, the BOP provided RDAP to 18,011 inmates, and 21,135 inmates participated in the Nonresidential Drug Abuse Treatment Program.

Participation in the RDAP program and in the Non-Residential program was higher than the target. The RDAP target was higher due to the full impact of the FY 2013 program expansion which was not realized until FY 2014.

**DEPARTMENT OF JUSTICE**  
Criminal Division

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prosecution	\$40.798	\$40.043	\$44.184
<b>Total Drug Resources by Function</b>	<b>\$40.798</b>	<b>\$40.043</b>	<b>\$44.184</b>
<b>Drug Resources by Decision Unit</b>			
Enforcing Federal Criminal Laws	\$40.798	\$40.043	\$44.184
<b>Total Drug Resources by Decision Unit</b>	<b>\$40.798</b>	<b>\$40.043</b>	<b>\$44.184</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	164	154	164
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	23.4%	23.4%	18.2%

**Program Summary**

**MISSION**

The Criminal Division (CRM) develops, enforces, and supervises the application of all Federal criminal laws except those specifically assigned to other divisions. CRM, along with the 94 U.S. Attorneys’ Offices (USAOs), is responsible for overseeing criminal matters under more than 900 statutes, as well as certain civil litigation. CRM attorneys not only prosecute many nationally significant cases, but they also formulate and implement criminal enforcement policy and provide advice and assistance to law enforcement agencies and USAOs. In executing its mission, CRM dedicates specific resources in support of the *Strategy* that focus on disrupting domestic drug trafficking and production and strengthening international partnerships.

**METHODOLOGY**

The drug budget represents the level of efforts each section or office within the CRM estimates spending on drug-related activities. That estimate, a percentage, is then applied to the pro-rata base funding figure for each section or office to determine the CRM’s total base funding for drug-related activities.

## **BUDGET SUMMARY**

In FY 2016, CRM requests \$44.2 million for drug control activities, an increase of \$4.1 million above the FY 2015 enacted level.

### **Enforcing Federal Criminal Laws**

**FY 2016 Request: \$44.2 million**

**(\$4.1 million above the FY 2015 enacted level)**

The increase in the FY 2016 request reflects inflationary adjustments to base and additional base resources being dedicated to CRM's drug-related activities. The CRM's Narcotic and Dangerous Drug Section supports reducing the supply of illegal drugs in the U.S. by investigating and prosecuting priority national and international drug trafficking and narcoterrorist groups and by providing sound legal, strategic, and policy guidance in support of that goal. The Narcotic and Dangerous Drug Section provides expert guidance on counternarcotics matters in the interagency, intelligence, and international communities. The Narcotic and Dangerous Drug Section develops innovative law enforcement and prosecutorial strategies to counter the fast-paced efforts of organized international trafficking and narcoterrorist groups. In prosecuting the high level command and control elements of sophisticated international criminal organizations and narcoterrorists (i.e., the kingpins and Consolidated Priority Organization Targets (CPOTs)), the Narcotic and Dangerous Drug Section (NDDS) uses the best intelligence available to identify those groups that pose the greatest threat. NDDS then utilizes resources to investigate those groups anywhere in the world and prosecute them.

Additionally, CRM approves and oversees the use of the most sophisticated investigative tools in the Federal arsenal. These tools include Title III wiretaps, electronic evidence-gathering authorities, correspondent banking subpoenas, and the Witness Security Program, for example. In the international arena, CRM manages the Department of Justice's relations with foreign counterparts and coordinates all prisoner transfers, extraditions, and mutual legal assistance requests. A successful outcome of an investigation or prosecution often hinges on these key components that could make or break the case.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of CRM is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent CRM drug-related achievements during FY 2014.

<b>Criminal Division</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Number of new drug-related investigatory matters and cases	55	61
» Number of OCDETF Title III wiretaps reviewed	2,286	2,150
» Number of drug-related MLAT requests closed	N/A	106
» Number of drug-related extradition requests closed	N/A	194

In FY 2014, CRM’s NDDS brought 61 new investigatory matters and cases. The Criminal Division’s Office of Enforcement Operations (OEO) is responsible for reviewing and approving all applications submitted by federal prosecutors to intercept wire, oral, and electronic communications to obtain evidence of crimes. A subset is applications relating to investigations and prosecutions of OCDETF cases. These efforts support the National Drug Control Program activities: Disrupt Domestic Drug Trafficking and Production, and Strengthen International Partnerships. The Division quantifies their number of OCDETF Title III wiretaps reviewed which is a measure of the drug-related Title III wiretap work achieved by OEO during a fiscal year.

In FY 2014, OEO came within 6%, but did not reach its target, of reviewing 2,286 OCDETF Title III wiretaps. This workload is directly reactive to the number of incoming requests for OCDETF Title III approvals. While the number of applications reviewed decreased by a relatively small amount in FY 2014, applications reviewed by OEO have increased in substantive complexity. OEO has successfully handled increasingly complex requests that raise novel legal issues and implicate the use of emerging technologies. In addition, OEO now works with USAOs to ensure they have put in place appropriate mitigation measures where the Title III applications identify public safety risks. Finally, during FY 2014, OEO conducted an aggressive training and outreach to the field, which involved travel to more than 20 cities.

The Division’s Office of International Affairs (OIA) is responsible for negotiating and securing the return of fugitives from abroad, for obtaining foreign evidence needed in U.S. criminal investigations, for approving sensitive overseas actions by U.S. law enforcement agencies, and for responding to extradition and Mutual Legal Assistance Treaties (MLAT) requests from foreign governments. One extradition request can include more than one fugitive and is time-consuming to process and obtain. In FY 2014, OIA was actively involved in executing requests for assistance in drug-related cases; closing 106 MLAT requests and 194 extradition requests.



# DEPARTMENT OF JUSTICE

## Drug Enforcement Administration

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Intelligence	\$192.279	\$193.101	\$198.420
International	396.150	415.720	445.413
Investigations	1,759.403	1,758.730	1,813.665
Prevention	1.650	1.648	1.680
State and Local Assistance	4.021	3.945	3.945
<b>Total Drug Resources by Function</b>	<b>2,353.503</b>	<b>2,373.145<sup>1</sup></b>	<b>2,463.123</b>
<b>Drug Resources by Decision Unit</b>			
Diversion Control Fee Account	\$335.503	\$339.825	\$371.514
Salaries and Expenses	2,018.000	2,033.320	2,091.609
<i>Domestic Enforcement</i>	[1,592.177]	[1,586.735]	[1,613.409]
<i>International Enforcement</i>	[421.802]	[442.640]	[474.255]
<i>State and Local Assistance</i>	[4.021]	[3.945]	[3.945]
<b>Total Drug Resources by Decision Unit</b>	<b>2,353.503</b>	<b>2,373.145</b>	<b>2,463.123</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	7,992	8,071	8,176
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	2.4	2.4	2.5
Drug Resources Percentage	100%	100%	100%

<sup>1</sup>Detail may not add due to rounding

### Program Summary

#### MISSION

The DEA mission is to enforce the controlled substances laws and regulations of the U.S.; bring to justice those organizations and principal members of organizations involved in the growing, manufacturing, or distribution of controlled substances appearing in or destined for illicit traffic in the U.S.; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

#### METHODOLOGY

All DEA appropriations are scored as a part of the National Drug Control Budget.

## **BUDGET SUMMARY**

In FY 2016, DEA requests \$2,463.1 million for drug control activities, an increase of \$90.0 million above the FY 2015 enacted level.

### **Salaries & Expenses**

**FY 2016 Request: \$2,091.6 million**

**(\$58.3 million above the FY 2015 enacted level)**

DEA's resources are divided into three strategic focus areas to achieve the maximum impact against the full spectrum of drug trafficking activities. These focus areas are Domestic Enforcement, International Enforcement, and State and Local Assistance.

### **Domestic Enforcement**

**FY 2016 Request: \$1,613.4 million**

**(\$26.7 million above the FY 2015 enacted level)**

The Domestic Enforcement Decision Unit comprises the majority of DEA's investigative and support resources. These resources, in conjunction with DEA's foreign offices, create a seamless intelligence and investigative web to pursue drug trafficking organizations from multi-national and poly-drug conglomerates to independent specialty one-function cells.

DEA continues an aggressive and balanced domestic enforcement program with a multi-jurisdictional approach designed to focus Federal resources on the disruption or dismantlement of drug trafficking organizations that control the illegal drug trade and the seizure of the proceeds and assets involved in the illegal drug trade. Similar to legitimate businesses, drug trafficking organizations have corporate leaders, employees, chemical suppliers, transporters, financial service providers, communication needs, infrastructure, and assets. A key component of DEA's domestic enforcement efforts are its state and local task forces. These task forces consist of an on-board strength of 1,806 DEA Special Agents and 2,174 deputized state and local officers with Title 21 authority dedicated full time to addressing the drug trafficking problems in their local communities.

DEA's intelligence program is comprised of several components that are responsible for collecting, analyzing, and disseminating drug-related domestic intelligence. This intelligence facilitates DEA seizures and arrests, strengthens investigations and prosecutions of major drug trafficking organizations, and provides policy makers with drug trend information upon which tactical and strategic decisions are based. DEA's intelligence program supports the El Paso Intelligence Center, a multi-agency facility that serves as a clearinghouse for tactical intelligence and a central point for the collection, analysis, and dissemination of information related to worldwide drug movement and alien smuggling. The El Paso Intelligence Center provides support for all drug law enforcement interdiction operations and is accessible 24 hours a day/7 days a week. DEA also continues to support the Document and Media Exploitation program and high-priority strategic intelligence reports.

DEA's Drug Flow Attack Strategy focuses on finding and exploiting strategic vulnerabilities in the drug market. DEA's strategy relies heavily on intelligence and investigative capabilities to identify significant domestic drug trafficking organizations and drug facilitators, collect and maintain in-depth information concerning their leadership and operations, and establish priorities and develop targets. This strategy emphasizes the disruption and dismantlement of the organizations targeted by DEA domestic field divisions.

The FY 2016 request includes current services funding to support domestic operations and to pay for mandatory increases in existing costs, including pay raises, Federal Employee Retirement System contributions, changes in compensable days, and Government Services Administration (GSA) rent, among others. The operations and services that will be increased include the enhancement of El Paso Intelligence Center information technology systems used by Federal, state, and local law enforcement and the augmentation of DEA's Office of National Security Intelligence to be able to better meet requirements of the Intelligence Community.

### **International Enforcement**

***FY 2016 Request: \$474.3 million  
(\$31.6 million above the FY 2015 enacted level)***

The focus of DEA's International Enforcement program is the disruption or dismantlement of drug trafficking organizations identified as the most significant international drug and precursor chemical trafficking organizations, also known as Priority Targets Organizations. Specifically, DEA Special Agents and Intelligence Analysts assigned to DEA's foreign country offices focus their investigative efforts on Priority Target Organizations with a direct connection to DOJ's CPOs, which include the most significant international command and control organizations threatening the U.S. as identified by the OCDETFs.

As the U.S. Federal Government's single point of contact for coordinating drug investigations in foreign countries, DEA provides interagency leadership in the effort to disrupt and dismantle drug trafficking organizations. As of September 30, 2014, DEA had 86 offices in 67 countries. Under the policy guidance of the Department of State and U.S. Ambassadors, DEA coordinates all programs involving drug law enforcement in foreign countries. DEA also provides intelligence to assist the interagency community in determining future trends in drug trafficking and evaluating these trends to determine their long-term impact on drug trafficking. DEA works closely with the United Nations, Interpol, and other organizations on matters relating to international drug and chemical control programs.

The request reflects the mandatory increases in existing costs, including pay raises, Federal Employee Retirement System contributions, Department of State charges, GSA rent, and others. The operations and services that will be increased include the establishment of a Financial Investigative Team within DEA's Bilateral Investigative Unit and increased operational funding for the Bilateral Investigative Unit program, as well as upgrades to the Sensitive Investigative Unit database and hardware refreshes and inflationary adjustments for the Sensitive Investigative Unit program.

### **State & Local Assistance**

***FY 2016 Request: \$3.9 million***

***(No change from the FY 2015 enacted level)***

DEA has the responsibility to respond to clandestine laboratory training requirements, hazardous waste cleanup, and cannabis eradication/suppression needs of the U.S. law enforcement community. DEA supports state and local law enforcement with methamphetamine-related assistance and training, which allows state and local agencies to better address the methamphetamine threat in their communities and reduce the impact that methamphetamine has on the quality of life for American citizens. By providing training in the techniques of clandestine laboratory drug enforcement, hazardous waste cleanup, and cannabis eradication/suppression, DEA is able to expand drug enforcement across the U.S. in a cost-effective manner. In addition to these DEA-funded programs, the DEA State & Local Assistance efforts administer the Department of Justice's Community Oriented Policing Services (COPS) state and local cleanup program and the AFP domestic cannabis eradication/suppression program.

### **Diversions Control Fee Account**

**FY 2016 Request: \$371.5 million**

***(\$31.7 million above the FY 2015 enacted level)***

The Diversion Control Program is responsible for enforcing the Controlled Substances Act and its regulations pertaining to pharmaceutical controlled substances and listed chemicals. In doing so, the Diversion Control Program conducts and facilitates domestic investigations; supports international investigations with domestic connections; plans and allocates program resources; promulgates regulations; and conducts liaison with industry, as well as Federal, state, and local counterparts. All of the goals, strategies, and initiatives supported by the Diversion Control Program are intended to establish stronger standards of control; aid in preventing the diversion of pharmaceutical controlled substances and listed chemicals; enhance public safety by building greater accountability; and improve qualitative reporting requirements within its network of compliance indicators. The Diversion Control Program actively monitors more than 1.5 million individuals and companies that are registered with DEA to handle controlled substances or listed chemicals through a system of scheduling, quotas, recordkeeping, reporting, and security requirements.

DEA is using both investigative and regulatory tools to assist in the identification of those who are most likely involved in the illicit distribution of controlled substances, as well as individuals and organizations violating the Controlled Substances Act. One of these tools has been the expanded use of Tactical Diversion Squads that incorporate the skill sets of DEA Special Agents, Diversion Investigators, other Federal law enforcement, and state and local task force officers. Currently, the Diversion Control Program has 66 Tactical Diversion Squads dispersed throughout the 21 domestic divisions. DEA has increased its diversion control outreach at the community level through the National Take Back Days that it has sponsored with other state and local partners since 2010.

The FY 2016 request includes current services funding, including pay raises, Federal Employee Retirement System contributions, change in compensable days, GSA rent, and others. Funding also reflects the restoration of the FY 2015 sequester.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of DEA is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent DEA drug-related achievements during FY 2014.

<b>Drug Enforcement Administration</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Number of active International, Domestic, and Diversion Priority Targets linked to CPOT targets disrupted* or dismantled	440	622
» Number of active International, Domestic, and Diversion Priority Targets <b>not</b> linked to CPOT targets disrupted* or dismantled	2,370	3,185

\* Includes disruptions pending dismantlement.

The Department of Justice focuses its drug law enforcement efforts on reducing the availability of drugs by disrupting and dismantling the largest drug trafficking organizations and related money laundering networks operating internationally and domestically, including those on the Attorney General’s Consolidated Priority Organization Target (CPOT) List – the “Most Wanted” drug trafficking and money laundering organizations believed to be primarily responsible for the Nation’s illicit drug supply.

An organization is considered linked to a CPOT if credible evidence exists of a nexus between the primary investigative target and a CPOT target, verified associate, or component of the CPOT organization. Additionally, Disrupted means impeding the normal and effective operation of the targeted organization, as indicated by changes in the organizational leadership and/or changes in methods of operation; and Dismantled means destroying the organization's leadership, financial base, and supply network such that the organization is incapable of reconstituting itself. In FY 2014 DEA exceeded both of its targets for link and not linked CPOT targets disrupted and dismantled.

DEA has been able to identify, investigate, dispose and report on the number of international, domestic and diversion PTOs, linked and not linked, to CPOTs globally (inclusive of CPOT linked PTOs with ties to terrorist organizations disposed in the Middle East, Central Asia and Southwest Asia). In FY 2014, DEA disrupted or dismantled 3,807 domestic and foreign priority targets; 622 were linked to CPOTs. When Compared to FY 2013 dispositions (3,422 total; 522 CPOT linked), both DEA’s total and CPOT linked PTO dispositions increased by approximately 11 percent, respectively. DEA’s coordinated enforcement and intelligence efforts with federal,

state, local, and international partners continues to put the largest and most dangerous drug trafficking organizations out of commission.

**DEPARTMENT OF JUSTICE**  
Office of Justice Programs

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$4.970	\$1.500	\$0.000
State and Local Assistance	178.245	191.220	229.793
Treatment	59.417	51.000	64.000
<b>Total Drug Resources by Function</b>	<b>\$242.632</b>	<b>\$243.720</b>	<b>\$293.793</b>
<b>Drug Resources by Decision Unit</b>			
Anti-Heroin Task Forces (COPS)	\$0.000	\$7.000	\$0.000
Anti-Methamphetamine Task Forces (COPS)	7.500	7.000	0.000
Byrne Criminal Justice Innovation Programs <sup>1</sup>	3.150	0.000	8.850
Byrne Memorial Justice Assistance Grant Program <sup>2</sup>	82.720	82.720	85.360
Drug Court Program	40.500	41.000	36.000
Enforcing Underage Drinking Laws <sup>1</sup>	0.750	0.000	0.000
Flexible Tribal Assistance Grants <sup>3</sup>	0.000	0.000	20.583
Indian Country Initiative	3.387	0.000	0.000
<i>Indian Alcohol and Substance Abuse<sup>4</sup></i>	<i>[2.720]</i>	<i>[0.000]</i>	<i>[0.000]</i>
<i>Tribal Courts<sup>4</sup></i>	<i>[0.667]</i>	<i>[0.000]</i>	<i>[0.000]</i>
Justice and Mental Health Collaborations	8.250	8.500	14.000
DEA Methamphetamine Enforcement and Clean Up (COPS)	10.000	7.000	11.000
Prescription Drug Monitoring Program	7.000	11.000	9.000
Project HOPE Opportunity Probation with Enforcement	4.000	4.000	10.000
Regional Information Sharing System	30.000	30.000	25.000
Residential Substance Abuse Treatment	10.000	10.000	14.000
Second Chance Act <sup>5</sup>	33.875	34.000	60.000
Tribal Youth Program <sup>1</sup>	1.500	1.500	0.000

Total Drug Resources by Decision Unit	\$242.632	\$243.720	\$293.793
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	53	53	53
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.6	\$1.6	\$1.6
Drug Resources Percentage	15.5%	13.7%	17.9%

<sup>1</sup>Amounts reported for Byrne Criminal Justice Innovation Program, Enforcing Underage Drinking Laws, and Tribal Youth Program reflect 30% of total funding for the programs.

<sup>2</sup>Amount reported for the Byrne JAG Program reflects 22% of total funding for program.

<sup>3</sup>The FY 2016 budget request replaces discretionary funding for the "Indian Country Initiatives" and Tribal Youth Program with a request for a seven percent set aside from its discretionary grant and reimbursement programs. Based on the FY 2016 request and the past four years of CTAS award history, for scoring purposes OJP estimates that Indian tribes and Native Alaskan communities will apply 18% of the \$114.4 million that this set aside will generate to programs and projects addressing alcohol and substance abuse and the public safety challenges associated with it.

<sup>4</sup>Since FY 2012, funding for both of these programs has been appropriated to OJP in a single line item - "Indian Country Initiatives" - along with funding for several other programs. The amounts shown for these legacy programs are estimates for budget scoring purposes and do not reflect actual appropriations. The amounts shown in the FY 2014 Final column reflect amounts allocated for these programs in FY 2014. The amounts allocated to these programs in FY 2015 will not be available until final awards under the FY 2015 Consolidated Tribal Assistance Solicitation (CTAS) are announced (in late summer or early fall of 2015).

<sup>5</sup>Amount reported for the Second Chance Act program reflects 50% of total funding for program.

## Program Summary

### MISSION

The Justice Act of 1984 established the Office of Justice Programs (OJP), whose mission is to provide Federal leadership in developing the Nation's capacity to prevent and control crime, administer justice, and assist crime victims. As such, OJP resources are primarily targeted to providing assistance to state, local, and tribal governments. In executing its mission, OJP dedicates specific resources in support of the *Strategy* that focus on breaking the cycle of drug use and crime including: drug testing and treatment, provision of graduated sanctions, drug prevention and education, and research and statistics.

### METHODOLOGY

OJP scores as drug control the dedicated, specific resources in support of the *Strategy* that focus on breaking the cycle of drug use and crime, including drug testing and treatment, provision of graduated sanctions, drug prevention and education, and research and statistics.

### BUDGET SUMMARY

The total drug control request for OJP in FY 2016 is \$293.8 million, an increase of \$50.1 million above the FY 2015 enacted level.

#### **Anti-Heroin Task Forces (COPS)**

**FY 2016 Request: \$0.0 million**

**(\$7.0 million below the FY 2015 enacted level)**

In FY 2015, the Anti-Heroin Task Forces provides \$7.0 million to statewide law enforcement agencies for investigative purposes to locate or investigate illicit activities, including those

related to the distribution of heroin or unlawful distribution of prescription opioids traffickers, through statewide collaboration. The Anti-Heroin Task Forces is administered by the COPS, and the FY 2016 request does not propose funding for these efforts.

### **Anti-Methamphetamine Task Forces (COPS)**

**FY 2016 Request: \$0.0 million**

**(\$7.0 million below the FY 2015 enacted level)**

In FY 2015, the Anti-Methamphetamine Task Forces will provide grants to law enforcement agencies in states with high seizures of precursor chemicals, finished methamphetamine laboratories, and laboratory dump seizures. Funding will be used to locate or investigate illicit activities, including precursor diversion, laboratories, or methamphetamine traffickers. The Anti-Methamphetamine Task Forces are administered by COPS, and the FY 2016 request does not propose funding for this program.

### **Byrne Criminal Justice Innovation Program**

**FY 2016 Request: \$8.9 million**

**(\$8.9 million above the FY 2015 enacted level)**

The Byrne Criminal Justice Innovation Program promotes organizational and resource efficiency among its Federal partners while achieving results, including improved community-police cooperation, enhanced intergovernmental communications and coordination, and reductions in serious and violent crime in targeted neighborhoods. The request will be used to enable localities and partners to undertake coordinated strategies to address public safety problems and their underlying causes; encourage collaboration across governmental agencies and various community stakeholders; enhance capacity to assess and target crime issues using proven approaches to reduce crime; and promote organizational and resource efficiency by maximizing resources and improving intergovernmental communication, which is especially critical in the current fiscal climate.

### **Byrne Memorial Justice Assistance Grant Program**

**FY 2016 Request: \$85.4 million**

**(\$2.6 million above the FY 2015 enacted level)**

Byrne Memorial Justice Assistance Grant Program (JAG) grants are the primary source of flexible Federal criminal justice funding for state, local, and tribal jurisdictions. This funding supports all components of the criminal justice system, from multijurisdictional drug and gang task forces to crime prevention and domestic violence programs, courts, corrections, treatment, and justice information sharing initiatives. Projects funded by JAG awards address crime through direct services to individuals and communities and improve the effectiveness and efficiency of state, local, and tribal criminal justice systems. This request will continue to support all components of the criminal justice system, from multijurisdictional drug and gang task forces to crime prevention and domestic violence programs, courts, corrections, treatment, and justice information sharing initiatives.

### **Drug Court Program**

**FY 2016 Request: \$36.0 million**

**(\$5.0 million below the FY 2015 enacted level)**

The Drug Court Program provides grants and technical assistance to state, local, and tribal governments to support the development, expansion, and enhancement of drug courts. This program also supports evaluations of the effectiveness of drug courts and drug court strategies, including ongoing efforts to examine how drug courts are different today, how they have evolved from the original model, and current barriers to compliance with the 10 key components of the drug court model.

### **Flexible Tribal Assistance Grants**

**FY 2016 Request: \$20.6 million**

**(\$20.6 million above the FY 2015 enacted level)**

The request proposes an increase of \$20.5 million for the Flexible Tribal Assistance Grants, which will support grants, training, and technical assistance to improve tribal criminal justice outcomes, including drug and alcohol-related matters.

### **Justice and Mental Health Collaborations**

**FY 2016 Request: \$14.0 million**

**(\$5.5 million above the FY 2015 enacted level)**

Justice and Mental Health Collaborations (formerly Mentally Ill Offender Act) will provide grants, training, and technical and strategic planning assistance to help state, local, and tribal governments develop multifaceted strategies that bring together criminal justice, social services, and public health agencies, as well as community organizations, to develop system-wide responses to the needs of mentally ill individuals involved in the criminal justice system. The requested increase will support expansion of collaborative approaches that improve criminal justice outcomes for individuals with mental illnesses or co-occurring mental health and substance abuse disorders and reduce criminal justice costs.

### **DEA Methamphetamine Enforcement and Clean Up (COPS)**

**FY 2016 Request: \$11.0 million**

**(\$4.0 million above the FY 2015 enacted level)**

The Methamphetamine Enforcement and Lab Cleanup Grants provide assistance to state, local, and tribal law enforcement agencies in support of programs designed to address methamphetamine production and distribution, as well as target “hot spots” characterized by high levels of drug production or distribution. In cooperation with the Drug Enforcement Administration, funding from this initiative also supports assistance to state and local law enforcement in removing and disposing of hazardous materials generated by clandestine methamphetamine labs, initiating container programs, and providing training, technical assistance, and equipment to assist law enforcement agencies in managing hazardous waste. This program is administered COPS.

### **Prescription Drug Monitoring Program**

**FY 2016 Request: \$9.0 million**

**(\$2.0 million below the FY 2015 enacted level)**

The purpose of Prescription Drug Monitoring Program (PDMP) is to enhance the capacity of regulatory and law enforcement agencies to collect and analyze controlled substance prescription data. In coordination with the Department of Health and Human Services, the program aims to assist states that want to establish a PDMP. Objectives of the program include building a data collection and analysis system at the state level, enhancing existing programs' ability to analyze and use collected data, facilitating the exchange of collected prescription data between states, and assessing the efficiency and effectiveness of the programs funded under this initiative.

### **Project HOPE Opportunity Probation with Enforcement**

**FY 2016 Request: \$10.0 million**

**(\$6.0 million above the FY 2015 enacted level)**

The Project HOPE Opportunity Probation with Enforcement (HOPE) program is an experimental probation program that emphasizes the delivery of "swift and certain" punishment when a probationer violates conditions of probation. FY 2014 funding for this program supported the expansion of sites implementing the HOPE model, as well as a large scale demonstration field experiment using a randomized controlled trial methodology.

HOPE in Hawaii has been a promising program that may be a solution to what can become a revolving door for drug-involved offenders in the criminal justice system. In order for the HOPE program to realize its full potential, the program needs to be replicated and evaluated elsewhere. This expansion would allow OJP to test the effectiveness of the approach with several different target populations and understand the longer term impact of the program on offenders after they are no longer under supervision.

### **Regional Information Sharing System**

**FY 2016 Request: \$25.0 million**

**(\$5.0 million below the FY 2015 enacted level)**

The Regional Information Sharing System is the only national criminal intelligence system operated by and for state and local law enforcement agencies. Six regional intelligence centers operate in all 50 states, the District of Columbia, and U.S. territories, with some member agencies in Canada, Australia, and England. These regional centers facilitate information sharing and communications to support member agency investigative and prosecution efforts by providing state-of-the-art investigative support and training, analytical services, specialized equipment, secure information sharing technology, and secure encrypted e-mail and communications capabilities to over 6,000 municipal, county, state, and Federal law enforcement agencies nationwide.

## **Residential Substance Abuse Treatment**

**FY 2016 Request: \$14.0 million**

**(\$4.0 million above the FY 2015 enacted level)**

The Residential Substance Abuse Treatment program for state prisoners was established to help state and local governments develop, implement, and improve residential substance abuse treatment programs in correctional facilities and establish and maintain community-based aftercare services for probationers and parolees. The program's goal is to help offenders become drug-free and learn the skills needed to sustain themselves upon returning to the community.

## **Second Chance Act**

**FY 2016 Request: \$60.0 million**

**(\$26.0 million above the FY 2015 enacted level)**

The Second Chance Act program builds on the success of OJP's past reentry initiatives by providing grants to establish and expand adult and juvenile offender reentry programs. This program authorizes various grants to government agencies and nonprofit groups to provide employment assistance, substance abuse treatment, housing, family programming, mentoring, victims support, and other services that can help reduce re-offending and violations of probation and parole. Within the Second Chance Act program, the request will support state and local efforts to implement innovative and evidence-based programs that help offenders transition make from prison or jail to the community and reintegrate into society safely and successfully.

## **Tribal Youth Program**

**FY 2016 Request: \$0.0 million**

**(\$1.5 million below the FY 2015 enacted level)**

The Tribal Youth Program, a carve-out of the Delinquency Prevention Program (formerly Title V), is authorized under annual appropriations acts, to award grants directly to American Indian and Alaska Native (AI/AN) communities to support and enhance tribal efforts to prevent and control delinquency and improve the juvenile justice system for AI/AN youth. All Federally-recognized tribes and Alaskan native villages or consortiums of tribes or villages are eligible to apply for a multi-year grant, ranging from \$250,000 to \$450,000 based on the size of the tribal population.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of OJP is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text represent OJP drug-related achievements during FY 2014.

## Byrne Memorial Justice Assistance Grants

Byrne Memorial Justice Assistance Grants		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Completion rate for individuals participating in drug-related JAG programs	25%	63%

The completion rate for individuals participating in drug-related Byrne Memorial Justice Assistance Grants (JAG) programs captures the percentage of total participants who are able to successfully complete all drug treatment program requirements. This measure supports the mission of the *Strategy* as these Federal funded programs help to provide care and treatment for those with a substance use disorder. In FY 2014, the target of 25% for this measure was exceeded with 63% completion rate for individuals participating in a drug-related JAG program. In FY 2014, BJA awarded JAG funding to 1,091 local and 56 state applicants. BJA's JAG highlights statewide, local, and subgrantee projects that have demonstrated success or have shown promise in meeting the objectives and goals of JAG while positively affecting communities.

## Drug Courts

Drug Courts		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Graduation Rate of Program Participants in the Drug Court Program	54%	51%

Drug courts employ an integrated mix of treatment, drug testing, incentives, and sanctions to break the cycle of substance abuse and crime. The graduation rate of program participants is calculated by dividing the number of graduates during the reporting period by the total number of participants exiting the program during the reporting period. The data indicates that courts that receive implementation awards generally take longer to become fully operational, have less embedded policies and procedures that follow best and promising practices, and have enrolled a higher risk/need pool of candidates when compared to drug courts that receive enhancement grants. This leads to completion rates that are higher for drug courts that receive enhancement grants and lower for drug courts that receive implementation grants. The completion rates for implementation grant drug courts influence the completion rate downward. There is almost double the amount of implementation grants this year than from last year. As a result, in FY 2014, the 54% target for this measure was not met.

## Prescription Drug Monitoring Program

Selected Measures of Performance	CY 2013 Target	CY 2013 Actual
» Number of interstate solicited reports produced	345,000	3,401,951
» Number of interstate unsolicited reports produced	620	2,821

Under the BJA grant program, eight awards were made in FY 2014 for states to implement or enhance a PDMP and six awards were made to support multi-disciplinary projects that use PDMP data to address drug abuse and diversion. Since the inception of the grant program in FY 2002, grants have been awarded to 49 states, the District of Columbia, and one U.S. territory to support PDMP efforts. PDMP grants also facilitate the exchange of collected prescription data among states and assessments of program efficiency and effectiveness. Currently 49 states and one U.S. territory (Guam) have an operational PDMP; and in 2014, the DC passed legislation authorizing a PDMP. The target of solicited reports for CY 2013 was exceeded by over three million reports. This measure is impacted by varying laws and policies pertaining to solicited reports in each state. Additionally, it is impacted by the various prescribing practices of doctors, investigative capability of states investigative and regulatory agencies, demand for scheduled drugs, and capabilities of various state level PDMPs to generate solicited reports.

The target for unsolicited reports for CY 2013 also exceeded the target by 2,201 reports. This measure is impacted by varying laws and policies pertaining to unsolicited reports in each state. Some states do not allow unsolicited reporting. As with solicited reports, it is impacted by the various prescribing practices of doctors, investigative capability of states investigative and regulatory agencies, demand for scheduled drugs, and capabilities of various state level PDMPs to generate solicited reports.

#### **Regional Information Sharing Systems Program**

<b>Regional Information Sharing Systems Program</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Percent Increase in RISS Inquiries for the RISS Program	10%	11%

In FY 2014, law enforcement officers using Regional Information Sharing Systems (RISS) services seized more than \$21.6 million in narcotics. Law enforcement officers utilize all aspects of RISS's services to assist in case resolution, including analytical products, equipment loans, confidential funds, access to intelligence and investigative databases, officer safety tools, publications, and training.

In FY 2014, there was an 11% increase in RISS inquiries exceeding the target of 10%. The number of RISS inquiries by users is impacted by the types of crimes under investigation; the complexities of those crimes; regional changes and needs; and a variety of other factors. The RISS program has shown an increase in demand, and the number of connected intelligence systems has risen to more than 30.

## Residential Substance Abuse Program

Residential Substance Abuse Program		
Selected Measures of Performance	CY 2013 Target	CY 2013 Achieved
» Number of participants in RSAT	30,000	28,873

In CY 2013, Residential Substance Abuse Program (RSAT) grantees and their sub-recipients enrolled 27,627 offenders in residential substance abuse treatment programs. An additional 1,606 offenders received aftercare services for a total of 28,873 participants. The target for CY 2013 of 30,000 participants in the RSAT program was not achieved by 1,127 participants. Contributing factors for not meeting the target include funding level; the numbers of eligible offenders, available staff, and treatment providers; security issues; and the state's ability to provide the required 25% matching funds. Over 76% of offenders in residential treatment programs successfully completed the program and 41% of offenders completed the aftercare portion of the program.

## Second Chance Act

Second Chance Act		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Number of participants in Second Chance Act funded programs	7,830	7,047

BJA funds six separate Second Chance Act grant programs, of which two grant programs are used for the purposes of this performance measure. The first program is the Targeting Offenders with Co-Occurring Substance Abuse and Mental Health Program, which provides funding to state, local, and tribal governments for both pre- and post-release treatment programs for individuals with co-occurring substance abuse and mental health disorders. The second program is the Family-Based Prisoner Substance Abuse Treatment Program, which funds family-based treatment programs for adults in prisons or jails. These programs provide comprehensive substance abuse treatment and parenting programs for incarcerated parents of minor children and also provide services to the participating offenders' minor children and family members. The total number of participants in Second Chance Act funded programs is a measure of the grant program's goal of helping ex-offenders successfully reenter the community following criminal justice system involvement, by addressing their substance abuse challenges. In FY 2014, there were 7,047 participants in SCA- funded programs. The target was not met by 783 participants due to many new grants that were not operational when data was collected. In addition, the number of grantees has decreased when compared to previous years due to a decrease in appropriations. SCA family-based program grantees dropped by half, and co-occurring program grantees dropped by 10 percent, which contributed to not meeting the target.

# DEPARTMENT OF JUSTICE

## Organized Crime Drug Enforcement Task Forces

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Investigations	\$364.114	\$355.027	\$364.567
Prosecution	149.886	152.167	154.734
<b>Total Drug Resources by Function</b>	<b>\$514.000</b>	<b>\$507.194</b>	<b>\$519.301</b>
<b>Drug Resources by Decision Unit</b>			
Investigations	\$364.114	\$355.027	\$364.567
Prosecution	149.886	152.167	154.734
<b>Total Drug Resources by Decision Unit</b>	<b>\$514.000</b>	<b>\$507.194</b>	<b>\$519.301</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3,074	2,998	2,917
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.5	\$0.5	\$0.5
Drug Resources Percentage	100%	100%	100%

### Program Summary

#### MISSION

The OCDETF program was established as a multi-agency partnership of Federal law enforcement agencies and prosecutors, with assistance from state and local police departments, to identify, dismantle, and disrupt sophisticated national and international criminal enterprises focused on drug trafficking and money laundering. OCDETF combines the resources, expertise, and statutory authorities of member agencies to attack all of the related components of major criminal enterprises involved in drug trafficking and money laundering. OCDETF efforts lead to disruptions in the drug market, which result in reductions in the drug supply, as well as bolster law enforcement efforts.

#### METHODOLOGY

All OCDETF resources are scored as a part of the National Drug Control Budget.

#### BUDGET SUMMARY

In FY 2016, OCDETF requests \$519.3 million for drug control activities, an increase of \$12.1 million above the FY 2015 enacted level.

## **Investigations**

**FY 2016 Request: \$364.6 million**

**(\$9.5 million above the FY 2015 enacted level)**

OCDETF focuses on key program priorities in order to effectively and efficiently support its mission. OCDETF's major priority is the CPOT List – a unified agency list of the top drug trafficking and money laundering targets around the world that impact the U.S. illicit drug supply. OCDETF Regional Coordination Groups also target and identify Regional Priority Organization Targets, the most significant drug and money laundering organizations threatening the Nation. In addition, OCDETF requires all cases to include a financial component to enable the identification and destruction of the financial systems supporting drug organizations.

### **Bureau of Alcohol, Tobacco, Firearms, and Explosives**

**FY 2016 Request: \$11.2 million**

**(\$0.2 million above the FY 2015 enacted level)**

Agents from ATF focus on major drug traffickers who have violated laws related to the illegal trafficking and misuse of firearms, arson, and explosives. Firearms often serve as a form of payment for drugs and, together with explosives and arson, are used as tools by drug organizations in order to intimidate, enforce, and retaliate against their own members, rival organizations, or the community in general. Thus, the ATF jurisdiction and expertise contributes to OCDETF's efforts to disrupt and dismantle the most violent drug trafficking organizations. The FY 2016 request will continue to support the ATF investigative activities as a member of the OCDETF Program.

### **Drug Enforcement Administration**

**FY 2016 Request: \$195.2 million**

**(\$3.2 million above the FY 2015 enacted level)**

The DEA is the agency most actively involved in the OCDETF Program with a participation rate in investigations that exceeds 80 percent. Also, DEA is the only Federal agency in OCDETF that has drug enforcement as its sole mission. The agency's vast experience in this field, its knowledge of international drug rings, its relationship with foreign law enforcement entities, and its working relationships with state and local authorities have made the DEA an essential partner. The FY 2016 request will continue to support the personnel and operational costs for DEA's participation in the OCDETF Program.

### **Federal Bureau of Investigation**

**FY 2016 Request: \$134.7 million**

**(\$2.2 million above the FY 2015 enacted level)**

The FBI brings to OCDETF its expertise in the investigation of traditional organized crime and white collar/financial crimes. The FBI also has developed valuable relationships with foreign and state and local law enforcement. The FBI uses its skills to gather and analyze intelligence data and to undertake sophisticated electronic surveillance. The FBI contributes to the OCDETF Program and to the goal of targeting major drug trafficking organizations and their financial

infrastructure. The FY 2016 request will continue to support FBI involvement in OCDETF investigations.

### **U.S. Marshals Service**

***FY 2016 Request: \$8.3 million***

***(\$0.1 million above the FY 2015 enacted level)***

The USMS is the agency responsible for the apprehension of OCDETF fugitives. Fugitives are typically repeat offenders who flee apprehension only to continue their criminal enterprise elsewhere. Their arrest by the USMS immediately makes the community in which the fugitive was hiding and operating a safer place to live. The FY 2016 request will continue to support USMS involvement in OCDETF investigations.

### **OCDETF Fusion Center**

***FY 2016 Request: \$12.4 million***

***(\$1.9 million above the FY 2015 enacted level)***

The FY 2016 request will support operations at the OCDETF Fusion Center, a comprehensive data center containing all drug and related financial intelligence information from the seven OCDETF-member investigative agencies, the Financial Crimes Enforcement Network, and others. The OCDETF Fusion Center conducts cross-agency integration and analysis of drug and related financial data to create comprehensive intelligence pictures of targeted organizations, including those identified as CPOTs and RPOTs. The OCDETF Fusion Center is also responsible for passing along actionable leads through the multi-agency Special Operations Division to OCDETF participants in the field. These leads ultimately result in the development of better-coordinated, more comprehensive, multi-jurisdictional OCDETF investigations of the most significant drug trafficking and money laundering networks.

### **International Organized Crime Intelligence and Operations Center**

***FY 2016 Request: \$2.8 million***

***(\$1.9 million above the FY 2015 enacted level)***

The mission of the IOC-2, in partnership with the OCDETF Fusion Center and the Special Operations Division of the DEA, is to significantly disrupt and dismantle those international criminal organizations posing the greatest threat to the U.S. The IOC-2 has been able to leverage the already existing tools of the OCDETF Fusion Center and Special Operations Division, while simultaneously benefiting those organizations by expanding the scope of their missions, collection, and agency participation.

### **Prosecution**

**FY 2016 Request: \$154.7 million**

***(\$2.6 million above the FY 2015 enacted level)***

OCDETF's prosecutorial efforts include reimbursable resources for the 94 USAOs around the country (executed through the Executive Office for U.S. Attorneys) and the Criminal Division of the Department of Justice.

### **Criminal Division**

***FY 2016 Request: \$2.0 million***

***(\$34,000 above the FY 2015 enacted level)***

With the increasing complexity and scope of OCDETF cases, senior attorneys are called upon with greater frequency to assist in the supervision and prosecution of OCDETF cases. OCDETF-funded Narcotic and Dangerous Drug Section/Asset Forfeiture and Money Laundering Section attorneys support the Mexican Cartel prosecutions. The FY 2016 request will support attorneys in the Office of Enforcement Operations as it reviews all applications for electronic surveillance and assists agents and attorneys by providing guidance on the justification for and development of such applications.

### **Threat Response Unit**

***FY 2016 Request: \$0.8 million***

***(\$13,000 above the FY 2015 enacted level)***

The request will fund the OCDETF Executive Office attorneys detailed to the Office of Enforcement Operations (OEO) to enhance its support of OCDETF Southwest Border-related wiretap applications and requests for approval to employ sensitive investigative techniques; and to the Office of International Affairs (OIA) to support the high priority extraditions related to OCDETF prosecutions of Mexican Cartels.

### **United States Attorneys' Offices**

***FY 2016 Request: \$151.9 million***

***(\$2.5 million above the FY 2015 enacted level)***

Experienced OCDETF attorneys are able to coordinate investigative efforts more efficiently and minimize the risk of legal challenges because of their familiarity with the intricacies of drug trafficking investigations. Their involvement ensures that the prosecutions are well prepared, comprehensively charged, and expertly handled. The FY 2016 request will support the United States Attorneys' Office (USAOs) involvement in the development of case strategy for OCDETF investigations and prosecutions.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of OCDETF is based on agency GPRMA documents and other information that measures the agency's contribution to the *Strategy*. The table and accompanying text includes selected performance measures, targets and achievements for the latest year for which data are available. OCDETF monitors performance in two program areas: investigations and prosecutions. For investigations, OCDETF tracks the percent of active investigations linked to the Attorney General's CPOT list and the number of CPOT-linked organizations dismantled or disrupted. For prosecutions, OCDETF tracks leadership convictions and financial convictions.

<b>Organized Crime Drug Enforcement Task Force Program</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Percent of OCDETF investigations linked to CPOTs	18%	21%
» Percent of convicted defendants linked to CPOTs	5%	5%
» Percent of OCDETF investigations with indictments/information resulting in financial convictions	24%	25%
» Percent of OCDETF investigations with indictments/information resulting in assets forfeited	73%	TBD
» Percent of OCDETF investigations resulting in disruption/dismantlement of targeted organization	83%	86%
» Number of CPOT-linked drug trafficking organizations disrupted	210	222
» Number of CPOT-linked drug trafficking organizations dismantled	99	123
» Percent of OCDETF investigations linked to RPOTs	16%	16%

OCDETF dismantled 123 CPOT-linked organizations in FY 2014, exceeding the target for dismantlements by 24 percent. OCDETF disrupted 222 CPOT-linked organizations in FY 2014, exceeding the target for disruptions by 6 percent. There were a total of 345 CPOT-linked organizations that were either dismantled or disrupted during FY 2014. This achievement exceeded OCDETF's targets for disruptions and dismantlements.

Law enforcement activity targeting these CPOTs involved complex and coordinated intelligence driven investigations, with exceptional cooperation between U.S. law enforcement agencies and international partners. During FY 2014, 21 percent of active OCDETF investigations were linked to CPOT targets, exceeding the target of 18 percent.

Eighty-six percent of OCDETF investigations have resulted in the disruption or dismantlement of the targeted organizations, exceeding the target of 83 percent. Five percent of convicted defendants in OCDETF investigations were linked to a CPOT, meeting the target. Despite the complexity and difficulty of achieving financial convictions, 25 percent of OCDETF investigations with indictments/information resulted in financial convictions, which is one percent above the 24 percent target. The percent of OCDETF investigations with indictments/information resulting in assets forfeited is still being reported. In certain instances, offices may be unable to report asset forfeitures until after a case reaches judgment or after a case has been closed. Due to the reporting delay caused by the nature of forfeited assets, it is possible that as offices acquire this information, the resulting adjustments could increase the final percentage of investigations resulting in assets forfeited for the FY.

**DEPARTMENT OF JUSTICE**  
United States Attorneys

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prosecution	\$76.070	\$76.838	\$72.644
<b>Total Drug Resources by Function</b>	<b>\$76.070</b>	<b>\$76.838</b>	<b>\$72.644</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$76.070	\$76.838	\$72.644
<b>Total Drug Resources by Decision Unit</b>	<b>\$76.070</b>	<b>\$76.838</b>	<b>\$72.644</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	459	459	459
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.9	\$2.0	\$2.0
Drug Resources Percentage	4.0%	3.8%	3.6%

**Program Summary**

**MISSION**

The Nation’s 94 USAOs are vital participants in the *Strategy*. The USAOs work in conjunction with law enforcement to disrupt domestic and international drug trafficking and narcotics production through comprehensive investigations and prosecutions of criminal organizations. A core mission of each of the USAOs is to prosecute violations of Federal drug trafficking, controlled substances, money laundering, and related Federal laws in order to deter continued illicit drug distribution and use in the U.S. This mission includes utilizing the grand jury process to investigate and uncover criminal conduct and subsequently present evidence in court as part of the prosecution of individuals and organizations that violate Federal law. USAOs also work to dismantle criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds from their illegal activities.

In addition to this traditional prosecutorial role, efforts to discourage illegal drug use and prevent recidivism by convicted drug offenders also form important parts of the drug control mission of the USAOs. Each USAO is encouraged to become involved in reentry programs that may help prevent future crime, including drug crimes. Reentry programs, such as reentry courts, typically include access to drug treatment and support for recovery. Prosecutors and USAO staff also participate in community outreach through initiatives such as Weed and Seed and Project Safe Neighborhoods that educate communities about the hazards of drug use.

Both the prosecutorial and the preventive aspects of the USAOs' drug control mission are fully consistent with the *Strategy* as both are intended to reduce illicit drug distribution and drug use.

## **METHODOLOGY**

The USAOs do not have a specific appropriation for drug control activities. The USAOs' drug budget estimates are derived by calculating the costs of attorney and non-attorney FTE dedicated to non-OCEDETF drug prosecutions. This data is captured at the end of the fiscal year by the USA-5 reporting system.

## **BUDGET SUMMARY**

In FY 2016, the USAO requests \$72.6 million for drug control activities, a decrease of \$4.2 million from the FY 2015 enacted level.

### **Salaries and Expenses**

**FY 2016 Request: \$72.6 million**

**(\$4.2 million below the FY 2015 enacted level)**

The USAOs work in conjunction with law enforcement to disrupt domestic and international narcotics production and drug trafficking by prosecuting criminal organizations. The funding requested in FY 2016 will be used to support prosecution of violations of controlled substances, money laundering, and drug trafficking.

## **PERFORMANCE**

Information regarding the FY 2014 performance of the drug control mission of the USAOs within the Department of Justice is based on agency GPRMA documents and other agency information. The table and accompanying text represent highlights of their achievements during FY 2014.

<b>United States Attorneys</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Conviction rate for drug-related defendants	NA	92%
» Percentage of defendants sentenced to prison	NA	89%

Note: The USAOs reports actuals achieved through its case management system, United States Attorney's Legal Information Office Network System (LIONS)

USAOs investigate and prosecute the vast majority of criminal cases brought by the Federal government to include drug related topics. USAOs receive most of their criminal referrals, or "matters," from federal investigative agencies, including the FBI, DEA, ATF, ICE, the United States Secret Service, and the United States Postal Inspection Service. The USAOs support the *Strategy* through reducing the threat, trafficking, use, and related violence of illegal drugs.

# DEPARTMENT OF JUSTICE

## United States Marshals Service

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Corrections	\$538.960	\$498.010	\$511.400
International	1.326	1.337	1.382
Investigations	131.259	132.353	136.802
Prosecution	111.467	112.283	114.930
<b>Total Drug Resources by Function</b>	<b>\$783.012</b>	<b>\$743.983</b>	<b>\$764.514</b>
<b>Drug Resources by Decision Unit</b>			
Salaries and Expenses	\$244.052	\$245.973	\$253.114
<i>Fugitive Apprehension</i>	[132.585]	[133.690]	[138.184]
<i>Judicial and Courthouse Security</i>	[71.973]	[72.502]	[74.220]
<i>Prisoner Security and Transportation</i>	[39.494]	[39.781]	[40.710]
Federal Prisoner Detention	538.960	498.010	511.400
<b>Total Drug Resources by Decision Unit</b>	<b>\$783.012</b>	<b>\$743.983</b>	<b>\$764.514</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1,027	1,027	1,027
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions) <sup>1</sup>	\$2.7	\$2.6	\$2.6
Drug Resources Percentage	28.7%	28.5%	29.1%

<sup>1</sup>The FPD portion of the FY 2015 budget includes \$1.1 billion in excess unobligated balances from the Assets Forfeiture Fund in addition to the appropriated \$495 million and a balance rescission of \$188 million.

### Program Summary

#### MISSION

The USMS is the enforcement arm of the Federal courts and works in concert with other Federal agencies including the Drug Enforcement Administration; FBI, BOP, ICE, ATF, the Internal Revenue Service; and USCG. The USMS also works in cooperation with the Department of Justice's Criminal Division, Tax Division, and the 94 USAOs, the Superior Court for the District of Columbia, as well as state and local law enforcement. USMS drug interdiction efforts center on capturing fugitives who have a nexus to the most serious drug trafficking and money laundering organizations, as well as to those primarily responsible for the Nation's illegal drug supply. In order to contribute to the Administration's mandate to reduce the illegal drug supply, the USMS focuses its investigative and fugitive apprehension resources on coordinated,

nationwide investigations targeting the entire infrastructure of major drug trafficking. The USMS also directly contributes to the Administration's supply reduction efforts by maintaining the security of all in-custody prisoners with serious drug-related charges.

## **METHODOLOGY**

The USMS does not receive a specific appropriation for drug-related work in support of the *Strategy*. Therefore, the USMS uses drug-related workload data to develop drug control ratios for some decision units and average daily population for drug offenses to determine the drug prisoner population cost for detention services decision unit.

For the Fugitive Apprehension decision unit, the USMS uses ratios based on the number of warrants cleared, including felony offense classifications for Federal, state, and local warrants such as narcotics possession, manufacture, and distribution. For the Judicial and Courthouse Security, and Prisoner Security and Transportation decision units, the USMS uses workload percentages based only on primary Federal offenses of those in custody such as various narcotics possession, manufacture, and distribution. Primary offenses refer to the crime that the accused is charged with that usually carries the most severe sentence. For each of these decision units, the drug-related offenses of those in custody, or drug-related warrants cleared, are divided by the total number of offenses of those in custody, or warrants cleared, to calculate the drug-related percentages. The USMS derives drug-related obligations starting with the USMS Salaries and Expenses Appropriation actual obligations at fiscal year-end as reported in the SF-133 Report on Budget Execution and Budgetary Resources. Drug workload ratios are then applied towards the decision unit obligations that impact drug-related work to derive the drug-related obligations.

The FPD appropriation does not include specific resources dedicated to housing the drug prisoner population. The primary drivers of detention expenditures are the number of prisoners booked by the USMS, the length of time those prisoners are held in detention, and detention cost. The USMS uses a Detention Population Forecasting Model to take a statistical approach to predict detention needs using factors such as population, demographic trends, number and type of criminal cases processed, average processing time per type of case, and authorized/requested positions of the Federal law enforcement, U.S. Attorneys, U.S. District court judges, and immigration judges. The methodology used to determine the cost associated with the drug prisoner population takes the average daily population for drug offenses, multiplies it by the per diem rate (Per Day Jail Cost), and again multiplies it by the number of days in the year. Projections for out-year costs are based on projected future bookings by offense and the time offenders are expected to be held in detention at the projected per diem rates.

## **BUDGET SUMMARY**

In FY 2016, USMS requests \$764.5 million for drug control activities, an increase of \$20.5 million above the FY 2015 enacted level.

### **Salaries and Expenses**

**FY 2016 Request: \$253.1 million**

**(\$7.1 million above the FY 2015 enacted level)**

The FY 2016 request for S&E is \$253.1 million, an increase of \$7.1 million above the FY 2015 enacted level.

### **Judicial and Courthouse Security**

**FY 2016 Request: \$74.2 million**

**(\$1.7 million above the FY 2015 enacted level)**

Judicial and Courthouse Security encompasses personnel security (security protective detail for a judge or prosecutor) and building security (security equipment to monitor and protect a Federal courthouse facility) to include security maintenance for prisoners in custody during court proceedings. Deputy Marshals are assigned to 94 Federal judicial districts (93 Federal districts and the Superior Court for the District of Columbia) to protect the Federal judicial system which handles a variety of cases including drug trafficking. The USMS determines the level of security required for high-threat situations by assessing the threat level, developing security plans based on risk and threat levels, and assigning the commensurate security resources required to maintain a safe environment.

### **Fugitive Apprehension**

**FY 2016 Request: \$138.2 million**

**(\$4.5 million above the FY 2015 enacted level)**

Fugitive Apprehension includes domestic and international fugitive investigations, technical operations, criminal intelligence analysis, fugitive extraditions and deportations, sex offender investigations, and the seizure of assets. The USMS is authorized to locate and apprehend Federal, state, and local fugitives both within and outside the U.S. under 28 USC 566(e)(1)(B). The USMS has a long history of providing assistance and expertise to other law enforcement agencies in support of fugitive investigations. The broad scope and responsibilities of the USMS concerning the location and apprehension of Federal, state, local, and foreign fugitives is detailed in a series of Federal laws, rules, regulations, DOJ policies, Office of Legal Counsel opinions, and memoranda of understanding with other Federal law enforcement agencies.

### **Prisoner Security and Transportation**

**FY 2016 Request: \$40.7 million**

**(\$0.9 million above the FY 2015 enacted level)**

Prisoner Security and Transportation includes processing prisoners in the cellblock, securing the cellblock area, transporting prisoners by ground or air, and inspecting jails used to house Federal detainees. As each prisoner is placed into USMS custody, a Deputy Marshal is required to process that prisoner. Processing consists of interviewing the prisoner to gather personal, arrest, prosecution, and medical information; fingerprinting and photographing the prisoner;

preparing an inventory of any received prisoner property; and entering/placing the data and records into automated tracking systems. The cellblock is the secured area for holding prisoners in the courthouse before and after appearance in a court proceeding. Deputy Marshals follow strict safety protocols in the cellblocks to ensure the safety of USMS employees and members of the judicial process.

### Federal Prisoner Detention

**FY 2016 Request: \$511.4 million**

**(\$13.4 million above the FY 2015 enacted level)**

The FPD appropriation is responsible for the costs associated with the care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The Detention Services decision unit provides the housing, subsistence, medical care, medical guard services, transportation via the Justice Prisoner and Alien Transportation System (JPATS), and other related transportation for Federal detainees in USMS custody. Resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding and/or commitment to BOP. USMS aims to better manage and plan for needed FPD resources without unwanted duplication of effort or competition with other government components.

### PERFORMANCE

Information regarding the performance of the drug control efforts of USMS is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent USMS drug-related achievements during FY 2014.

<b>U.S. Marshals Service</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Percent of Federal warrants received that are drug-related	N/A	48%
» Percent of warrants cleared for drug-related charges	N/A	33%
» Percent of drug-related offenses of Federal detainees in custody	N/A	16%
» Per Day Jail Costs (non-Federal)*	\$76.45	\$76.24

\* The Per Day Jail Cost reflects average daily costs for the total detainee population including detainees convicted of drug offenses.

The Fugitive Apprehension decision unit has responsibility for investigating and apprehending fugitives, and provides assistance to other Federal, state, and local law enforcement agencies. In FY 2014, out of approximately 37,000 warrants received, about 48 percent were drug-related. The measure “warrants cleared for drug-related charges” identifies the amount of felony Federal, state, and local illegal narcotics-related warrants cleared. In FY 2014, out of approximately 127,000 warrants cleared, about 33% were drug-related charges. Because the USMS does not control the nature of warrants it pursues, and does not target fugitives based

on the type of felony alleged (financial, drug, armed robbery), the USMS does not establish targets for these measures.

The Prisoner Security and Transportation decision unit is responsible for the detention and movement of prisoners during the judicial process and while in USMS custody. It has one workload measure, “Percent of drug-related offenses of Federal detainees in custody.” Because the USMS does not control the nature of prisoner offenses in its custody in any given year, the USMS does not establish targets for this measure. In FY 2014, about 16 percent of offenses of Federal detainees were drug-related.

The Detention Services decision unit is responsible for the care of Federal prisoners in USMS custody, including providing housing, subsistence, medical care, and medical guard services, transportation via the JPATS, and other related transportation for Federal prisoners in USMS custody. The USMS does not have performance measures for costs associated exclusively with housing the drug prisoner population. The USMS has no control over the detention population count. The “Per Day Jail Cost” represents the average price paid by the USMS to house Federal prisoners at non-federal detention facilities. The average price paid is weighted by actual jail day usage at individual detention facilities. The difference between the 2014 Target and Actual can be attributed to the lower per diem rate(s) paid to house prisoners in private detention space and IGA facilities. To regulate the average daily rate, the USMS actively negotiates or limits the extent upward price adjustments; limits the frequency adjustments; and maintains economies of scale through partnered contracting to achieve the best cost to the Government.

The detainee population is dependent upon the number of persons arrested by the Federal law enforcement agencies, coupled with the length of time defendants are detained pending adjudication, release, or subsequent transfer to the BOP following conviction and sentencing. Currently, the challenges facing law enforcement officials at the Southwest Border (SWB) directly affect the detention population overseen by the USMS. In FY 2015, anticipated law enforcement initiatives on the SWB addressing drug and weapons trafficking are expected to increase the number of prisoners received by the USMS, thereby increasing the detainee population.



# DEPARTMENT OF LABOR





**DEPARTMENT OF LABOR**  
Employment and Training Administration

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$5.200	\$5.200	\$5.200
<b>Total Drug Resources by Function</b>	<b>\$5.200</b>	<b>\$5.200</b>	<b>\$5.200</b>
<b>Drug Resources by Decision Unit</b>			
Job Corps	\$5.200	\$5.200	\$5.200
<b>Total Drug Resources by Decision Unit</b>	<b>\$5.200</b>	<b>\$5.200</b>	<b>\$5.200</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in billions)	\$9.1	\$9.0	\$9.9
Drug Resources Percentage	0.1%	0.1%	0.1%

**Program Summary**

**MISSION**

The Job Corps program is administered by the Department of Labor’s Employment and Training Administration (ETA). Established in 1964, the Job Corps program is a comprehensive, primarily residential, academic and career technical training program for economically disadvantaged youth, ages 16 through 24. There are currently 126 Job Corps centers nationwide in all 50 states, Puerto Rico, and the District of Columbia, providing services to approximately 50,000 at-risk youth each year to help them acquire high school diplomas and occupational credentials leading to a career. A component of this program that also teaches life skills is the Trainee Employment Assistance Program, which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants.

**METHODOLOGY**

The Office of Job Corps' expenditures for the Trainee Employment Assistance Program are for counselors to prepare Job Corps program participants for employment, including: education on the dangers of alcohol, drug and tobacco use; abuse and prevention awareness activities; development of programs to prevent alcohol, drug and tobacco use and abuse among the student population; development and coordination of community resources to educate students on substance use and abuse; and identification of and provision of counseling services

to students with substance abuse problems and arrangement of appropriate treatment. In addition, the budget includes 100 percent of the cost of drug testing each individual student, and each individual student is tested upon entry.

## **BUDGET SUMMARY**

In FY 2016, the Jobs Corps program requests \$5.2 million for drug control activities, no change from the FY 2015 enacted level.

### **Job Corps**

**FY 2016 Request: \$5.2 million**

**(No change from the FY 2015 enacted level)**

Costs associated with Job Corps' Trainee Employment Assistance Program include salaries of the counselors and the cost of administering drug testing. The approximate cost of this portion of the program is \$4.5 million per year for the Trainee Employment Assistance Program counselors. The Job Corps spends an additional \$0.7 million on drug testing supplies and evaluations.

## **PERFORMANCE**

The Job Corps program performance is outcome oriented, primarily focused on ETA's GPRMA and other agency goals. These goals measure students' credential attainment and post-program placement in jobs, advanced training, or the military. They do not include specific measures related to drug education program success.

The table below includes Job Corps performance measures, targets, and achievements related to drug prevention, education, and employability for the most recent program year for which data are available.

<b>Job Corps</b>		
<b>Selected Measures of Performance</b>	<b>2013* Target</b>	<b>2013* Achieved</b>
» Percent of students tested for drugs upon entry	100%	100%
» Percent of students placed in employment, military, or higher education at exit	74%	76.6%

\*Base on Program Year of July 1 through June 30.

In Program Year 2013, the Office of Job Corps provided training to both students and staff on drug-related requirements in the workplace, including employer drug testing policies and the effects of drug and alcohol use on employability. Job Corps continues to include this training as part of its career readiness curriculum for all students.

Job Corps continues to support its drug prevention and education activities throughout the program. In 2013, these activities included conducting numerous group presentations on drug prevention at all centers and individual interactions with students who initially tested positive

for drug use upon entry. These drug testing and other activities are repeated across all Job Corps centers as a critical component of preparing students for 21<sup>st</sup> Century jobs. Office of Job Corps succeeded in drug testing 100 percent of students upon program entry and exceeded its placement targets for students employed, in the military, or pursuing higher education upon exit (76.6 percent) in Program Year 2013.



# OFFICE OF NATIONAL DRUG CONTROL POLICY





# OFFICE OF NATIONAL DRUG CONTROL POLICY

## High Intensity Drug Trafficking Areas

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Intelligence	\$62.989	\$64.719	\$50.937
Interdiction	19.404	19.937	15.691
Investigations	141.701	145.965	113.570
Prevention	2.281	2.383	2.383
Prosecution	5.379	5.527	4.350
Research and Development	2.700	2.700	2.700
Treatment	4.068	3.769	3.769
<b>Total Drug Resources by Function</b>	<b>\$238.522</b>	<b>\$245.000</b>	<b>\$193.400</b>
<b>Drug Resources by Decision Unit</b>			
High Intensity Drug Trafficking Areas	\$238.522	\$245.000	\$193.400
<b>Total Drug Resources by Decision Unit</b>	<b>\$238.522</b>	<b>\$245.000</b>	<b>\$193.400</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	0	0	0
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.2	\$0.2	\$0.2
Drug Resources Percentage	100.0%	100.0%	100.0%

### Program Summary

#### MISSION

The HIDTA program was established by the Anti-Drug Abuse Act of 1988 and reauthorized in the Office of National Drug Control Policy Reauthorization Act of 2006 (P.L. 109-469). The mission of the program is to disrupt the market for illegal drugs in the United States by assisting Federal, state, local, and tribal law enforcement entities participating in the HIDTA program to dismantle and disrupt drug trafficking organizations in critical drug trafficking regions of the United States.

#### METHODOLOGY

All HIDTA resources are scored as a part of the National Drug Control Budget.

## **BUDGET SUMMARY**

In FY 2016, ONDCP requests \$193.4 million, a decrease of \$51.6 million from the FY 2015 enacted level.

### **High Intensity Drug Trafficking Areas Program**

**FY 2016 Request: \$193.4 million**

**(\$51.6 million below the FY 2015 enacted level)**

The FY 2016 request will provide assistance to Federal, state, and local agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. A central feature of the HIDTA program is the discretion granted to HIDTA Executive Boards to design a strategy to respond to the specific drug trafficking threats found in each HIDTA region and to develop initiatives to implement the strategy. This flexibility allows each HIDTA Executive Board to tailor its strategy and initiatives to local conditions expediting a more focused response to changes in those conditions.

Law enforcement agencies have substantial experience in implementing problem-oriented policing strategies and are well positioned to promote and participate in community-based drug prevention and treatment programs. To that end, ONDCP requests language to remove the program cap on prevention spending and to modify the restrictions currently in place for drug treatment programs. This change will enable HDTAs to place more emphasis on expanding prevention efforts and to support initiatives that provide access to treatment for substance use disorders as part of a diversion or other alternative sentencing or community reentry program.

## **PERFORMANCE**

Information regarding the FY 2013 performance of the HIDTA Program is based on program documents and other information. Since ONDCP is part of the Executive Office of the President, it does not meet the definition of “agency” under the GPRMA. Accordingly, HIDTA establishes measures and targets for internal management but does not report them as is required for agencies subject to the GPRMA.

### **HIDTA Initiatives**

Program achievements for 2014 will be available in the summer of 2015, after data have been fully collected and analyzed. In 2013, HIDTA initiatives identified 9,035 Drug Trafficking Organizations operating in their areas of responsibility and reported disrupting or dismantling 3,136. Nearly two-thirds (63 percent) of the disrupted and dismantled drug trafficking organizations were identified to be part of multi-state or international operations. In the process, HIDTA initiatives removed significant quantities of drugs from the market (see table below) and seized over \$780.0 million in cash and \$349.3 million in non-cash assets from drug traffickers (\$1.1 billion total). Performance Management Process (PMP) data further indicate that 44 percent of HDTAs were extremely effective achieving an average cost per drug trafficking organization disruption or dismantlement below the program average of \$69,000.

Drugs Removed from the Marketplace by HIDTA Initiatives in 2013	
Drug Type	Kilograms Seized
Marijuana	1,499,840
Marijuana Plants-Outdoors <sup>23</sup>	1,305,711
Marijuana Plants- Indoors	108,188
Cocaine Powder	50,161
Crack Cocaine	172
Methamphetamine	7,575
Crystal Methamphetamine (Ice)	7,464
Heroin	3,187

Source: Office of National Drug Control Policy, HIDTA Performance Management Process (PMP) Database, data retrieved November 13, 2014.

## Training

In 2013, 741,188 training hours were provided to 68,414 students across the 28 HIDTAs. Results of 6 month follow-up surveys indicate that 97 percent of respondents found that the course they followed improved their counterdrug knowledge, skills, and abilities; and 90 percent have applied course material since completing the training.

## Intelligence and Information Sharing

Each HIDTA has at least one Investigative Support Center (ISC) designed to develop intelligence, share information, and provide deconfliction and technical support to enforcement initiatives. In 2013, HIDTAs budgets supported 59 operational intelligence and information sharing initiatives (32 primary ISCs and 27 ancillary intelligence and information sharing efforts). Each ISC capitalizes on the combined resources of the Federal, state, local, and tribal law enforcement communities associated with its HIDTA. In 2013, HIDTA ISCs processed a total of 254,303 event deconfliction<sup>24</sup> requests submitted by law enforcement agencies. More than 1.2 million case/subject/target deconfliction<sup>25</sup> requests were processed and 58,849 investigative leads were referred to other HIDTA ISCs and law enforcement agencies and 27,575 cases were

<sup>23</sup> As reported in the HIDTA PMP database, 1 marijuana plant is equivalent to 0.45 kilogram.

<sup>24</sup> Event deconfliction is the process of determining whether multiple law enforcement agencies are conducting an enforcement action (e.g., a raid, undercover operation, surveillance, or other high risk activity) in close proximity to one another during a specified time period. When certain elements are matched, it is referred to as a positive hit. The process includes notifying each agency of the conflict.

<sup>25</sup> Case/subject/target deconfliction is the process of determining when multiple law enforcement agencies are investigating the same person, place, or thing. Elements of an investigation are compared and the number of matches is reported as a positive hit to verify the deconfliction. The deconfliction process includes notifying each agency of the potential conflict.

provided analytical support. ISCs distributed 369 intelligence products (threat assessments and information bulletins) to other law enforcement agencies.

### **Prevention Efforts**

ONDCP and HIDTA seek a balanced and comprehensive approach to effectively solving drug-related threats through implementing problem-oriented policing strategies as well as actively promoting and participating in regional drug prevention programs. In 2013, there were 20 regional HIDTA programs supporting prevention initiatives across the country, including the 5 SWB HIDTA regions.

### **Tribal Affairs**

Drug trafficking is a significant problem in Indian Country, and ONDCP has made it a priority to collaborate with tribal leadership and enhance law enforcement and prevention responses. There are currently seven HIDTA programs collaborating in enforcement operations and training with Tribal Nations located in the states of Arizona, Nevada, New Mexico, New York, Oklahoma, Oregon, and Washington.

### **National Methamphetamine and Pharmaceuticals Initiative (NMPI)**

In 2013, the NMPI brought together Federal, state, local, and tribal law enforcement, and international partners such as Mexico, and Canada to create a uniform strategy aimed at restricting the availability of essential chemicals and other raw materials and equipment used in the clandestine manufacture of methamphetamine, and disrupting drug trafficking organizations involved in the distribution of methamphetamine or the diversion of prescription drugs. The NMPI also monitored programs that impact the diversion of pharmaceutical products and, working with state and local leaders, explored policy, regulatory, and enforcement options to reduce domestic methamphetamine production.

### **National Marijuana Initiative (NMI)**

In 2013, the NMI continued to support the *Strategy*, in particular the effort led by the Public Lands Drug Control Committee to eliminate marijuana production on our public lands. The NMI supported Operation Safe Counties, a joint effort led by the Central Valley California HIDTA, the DEA, and the Office of the U.S. Attorney for the Eastern District of California. The operation concentrated marijuana eradication and investigative efforts in three California counties (Humboldt, Shasta, and Trinity) to deter, disrupt, and dismantle trafficking organizations running large-scale marijuana grows on public and private lands.

# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Other Federal Drug Control Programs

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$92.000	\$93.500	\$85.676
Research and Development	11.994	12.250	9.760
Treatment	1.400	1.400	0.000
<b>Total Drug Resources by Function</b>	<b>105.394</b>	<b>107.150</b>	<b>95.436</b>
<b>Drug Resources by Decision Unit</b>			
Drug-Free Communities	\$92.000	\$93.500	\$85.676
Anti-Doping Activities	8.750	9.000	7.700
World Anti-Doping Agency Dues	1.994	2.000	2.060
Section 1105 of P.L. 109-469	1.250	1.250	0.000
Drug Court Training and Technical Assistance	1.400	1.400	0.000
<b>Total Drug Resources by Decision Unit</b>	<b>105.394</b>	<b>107.150</b>	<b>95.436</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	1	1	1
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.1	\$0.1	\$0.1
Drug Resources Percentage	100.0%	100.0%	100.0%

### Program Summary

#### MISSION

The Anti-Drug Abuse Act of 1988, as amended, and the Office of National Drug Control Policy (ONDCP) Reauthorization Act of 2006, established this account to be administered by the Director of ONDCP. The funds appropriated to the program support high-priority drug control programs and may be transferred to drug control agencies.

#### METHODOLOGY

All ONDCP Other Federal Drug Control Programs (OFDCP) resources are scored as a part of the National Drug Control Budget.

## **BUDGET SUMMARY**

In FY 2016, ONDCP requests \$95.4 million for the OFDCP, a decrease of \$11.7 million from the FY 2015 enacted level. OFDCP has three decision units: Drug-Free Communities (DFC), Anti-Doping Activities, and World Anti-Doping Agency (WADA).

### **Drug-Free Communities**

**FY 2016 Request: \$85.7 million**

**(\$7.8 below the FY 2015 enacted level)**

The FY 2016 request of \$85.7 million will support the development of community DFCs throughout the United States. The program provides up to \$125,000 per year in grant funding to local drug-free community coalitions that must be matched at a minimum 1:1 ratio by local communities. These grants are awarded through peer-reviewed annual competitions. Community coalitions strive to increase community involvement and effectiveness in carrying out a wide array of drug prevention strategies, initiatives, and activities.

### **Anti-Doping Activities**

**FY 2016 Request: \$7.7 million**

**(\$1.3 million below the FY 2015 enacted level)**

The FY 2016 request of \$7.7 million will continue efforts to educate athletes on the dangers of drug use and eliminate doping in amateur athletic competitions recognized by the United States Olympic Committee. Specifically, these funds support athlete drug testing programs, research initiatives, educational programs, and efforts to inform athletes of the rules governing the use of prohibited substances outlined in the World Anti-Doping Code. In addition, funds will support legal efforts to enforce compliance with the Code and adjudicate athlete appeals involving doping violations.

### **World Anti-Doping Agency Dues**

**FY 2016 Request: \$2.1 million**

**(\$60,000 above the FY 2015 enacted level)**

The FY 2016 request of \$2.0 million will support WADA's mission to address performance enhancing and illicit drug use in Olympic sports. The organization is jointly funded by national governments and the international sporting movement. The United States continues to play a leadership role in WADA's development by serving on the Agency's governing Executive Committee and Foundation Board.

## **PERFORMANCE**

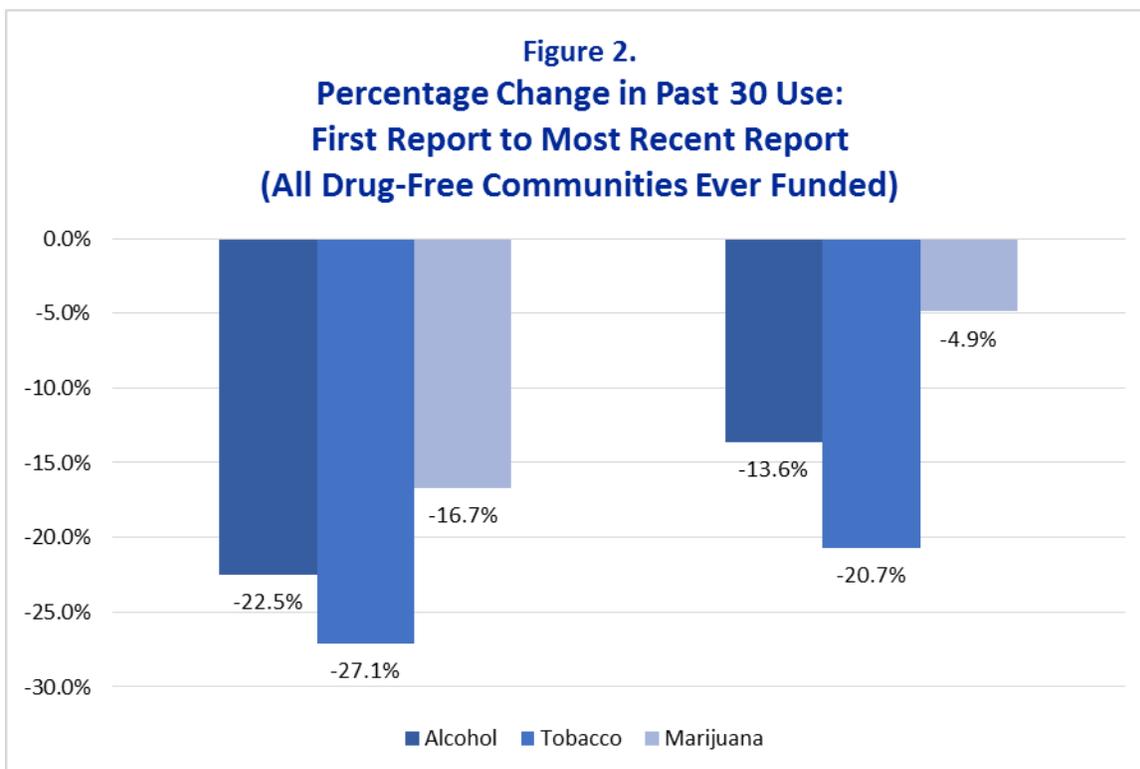
### **Drug-Free Communities (DFC) Support Program**

Information regarding the 2013 performance of the DFC Program is based on biannual progress reports with qualitative and quantitative data and grantee site visits. Since ONDCP is part of the Executive Office of the President and does not meet the definition of "agency" under the GPRMA, the DFC Program establishes measures and targets for internal management, but does not report them as required for agencies subject to the GPRMA.

The DFC Program provides funding to community coalitions to establish and strengthen collaboration among communities to support the efforts of community coalitions working to prevent youth substance use. Grants awarded through the DFC program are intended to support established community-based coalitions capable of effecting community-level change through the implementation of evidence-based practices, policies, and procedures. At the end of the FY 2014 funding cycle, the DFC Program provided grants to 680 community coalitions across the country. Of these, 197 were new DFC grantees and 463 were continuation grantees (within a single five-year cycle).

In addition, 3 new DFC Mentoring grants and 17 DFC Mentoring Program continuation grants were awarded in FY 2014. The goal of the DFC Mentoring Program is to assist newly forming substance abuse prevention coalitions in becoming eligible to apply for DFC funding. The DFC Mentoring coalitions must be current DFC grantees and may receive funding for a period of up to two years.

Figure 2 displays DFC Program results from January 2002 – July 2013. Depicted are changes to past 30-day alcohol, tobacco, and marijuana use among middle and high school (6<sup>th</sup>-12<sup>th</sup>) aged youth served by DFC grantees. The results are in alignment with DFC’s previous performance measures which included: past 30-day use, age of onset, perception of risk or harm of use, and perception of parental disapproval.



To summarize, across time and DFC coalitions, the prevalence of past 30-day use at the most recent assessment was found to be less than that reported at intake for all assessed substances and school levels.

- 23% reduction of middle school alcohol use;
- 27% reduction of middle school tobacco use;
- 17% reduction of middle school marijuana use;
- 14% reduction of high school alcohol use;
- 21% reduction of high school tobacco use; and
- 5% reduction of high school marijuana use.

# OFFICE OF NATIONAL DRUG CONTROL POLICY

## Salaries and Expenses

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Interdiction	\$4.709	\$4.688	\$4.150
International	4.709	4.688	4.150
Investigations	2.867	2.853	2.525
Prevention	3.799	3.782	3.348
State and Local Assistance	2.867	2.854	2.526
Treatment	3.799	3.782	3.348
<b>Total Drug Resources by Function</b>	<b>\$22.750</b>	<b>\$22.647</b>	<b>\$20.047</b>
<b>Drug Resources by Decision Unit</b>			
Operations	\$22.750	\$22.647	\$20.047
<b>Total Drug Resources by Decision Unit</b>	<b>\$22.750</b>	<b>\$22.647</b>	<b>\$20.047</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	94	94	84
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.02	\$0.02	\$0.02
Drug Resources Percentage	100.0%	100.0%	100.0%

### Program Summary

#### MISSION

The Office of National Drug Control Policy (ONDCP), established by the Anti-Drug Abuse Act of 1988, and reauthorized by the ONDCP Reauthorization Act of 2006, is charged with developing policies, objectives, and priorities for the National Drug Control Program. ONDCP seeks to foster healthy individuals and safe communities by effectively leading the Nation's effort to reduce drug use and its consequences. ONDCP's responsibilities include developing the *Strategy*, the consolidated National Drug Control Budget, and the associated *Budget and Performance Summary*. ONDCP also provides oversight of major programs such as the DFC Support Program and the HIDTA program.

#### METHODOLOGY

All ONDCP resources are scored as a part of the National Drug Control Budget.

## **BUDGET SUMMARY**

In FY 2016, ONDCP requests \$20.0 million, a decrease of \$2.6 million the FY 2015 enacted level.

### **Operations**

**FY 2016 Request: \$20.0 million**

**(\$2.6 million below the FY 2015 enacted level)**

The FY 2016 request will enable ONDCP to carry out its responsibilities of advising the President on national and international drug control policies and strategies and ensure the effective coordination of anti-drug programs among National Drug Control Program agencies.

# DEPARTMENT OF STATE





# DEPARTMENT OF STATE

## Bureau of International Narcotics and Law Enforcement Affairs

### Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Actual	FY 2015 Estimate	FY 2016 Request
<b>Drug Resources by Function</b>			
International	\$449.623	\$432.457	\$434.662
<b>Total Drug Resources by Function</b>	<b>\$449.623</b>	<b>\$432.457</b>	<b>\$434.662</b>
<b>Drug Resources by Decision Unit</b>			
International Narcotics Control & Law Enforcement	\$449.623	\$432.457	\$434.662
<b>Total Drug Resources by Decision Unit</b>	<b>\$449.623</b>	<b>\$432.457</b>	<b>\$434.662</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	106	110	116
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$1.4	\$1.2	\$1.2
Drug Resources Percentage	33.3%	33.4%	36.4%

### Program Summary

#### MISSION

The Bureau of International Narcotics and Law Enforcement Affairs (INL) is dedicated to strengthening criminal justice systems, countering the flow of illegal narcotics, and minimizing transnational crime. Functioning democratic criminal justice systems strengthen international law enforcement and judicial effectiveness, bolster cooperation in legal affairs, and support the rule of law and respect for human rights. Strong criminal justice systems are also essential to counternarcotics efforts and minimizing transnational crime. In addition to traditional counternarcotics activities, such as disrupting the overseas production and trafficking of illicit drugs, INL supports the development of capable police and competent judicial officials. In order for counternarcotics efforts to be sustainable, strong criminal justice systems must be developed. Similarly, minimizing transnational crime requires both specialized assistance and the overall development of criminal justice systems.

INL initiatives are designed to reduce international crime and drug trafficking and to minimize the impact of these illicit activities on the United States and its international partners. To support this, INL develops, implements, and monitors U.S. Government international counternarcotics control strategies and foreign assistance programs that support the President's *Strategy*. INL programs are designed to advance international cooperation in order

to reduce the foreign production and trafficking of illicit coca, opium poppy, marijuana, and other illegal drugs. INL commodity, technical assistance, and capacity building programs improve foreign government institutional capabilities to implement their own comprehensive national drug control plans that will reduce trafficking in illicit drugs and money laundering activities. Training and assistance also support prevention and treatment programs and projects designed to increase public awareness of the drug threat to strengthen the international coalition against drug trafficking. An interregional aviation program supports drug crop eradication, surveillance, and counterdrug enforcement operations.

Projects funded by INL are also directed at improving foreign law enforcement and intelligence gathering capabilities; enhancing the effectiveness of criminal justice sectors to allow foreign governments to increase drug shipment interdictions; effectively investigate, prosecute, and convict major narcotics criminals; and break up major drug trafficking organizations. INL also provides technical assistance to U.S. Federal law enforcement authorities working overseas in order to enhance their programs. INL is responsible for foreign policy formulation and coordination and advancing diplomatic initiatives in counternarcotics in the international arena.

## **METHODOLOGY**

INL receives appropriated foreign assistance funds from the International Narcotics Control and Law Enforcement account. In preparing the annual foreign assistance budget request, the Department allocates all funding according to the Foreign Assistance Standardized Program Structure. INL allocates International Narcotics Control and Law Enforcement resources to achieve Peace and Security and Governing Justly and Democratically program objectives. Within the Peace and Security objective, International Narcotics Control and Law Enforcement resources support Stabilization Operations and Security Sector Reform, Counternarcotics, and Transnational Crime program areas. INL scores all funding allocated to the Counternarcotics program area as drug control funding.

## **BUDGET SUMMARY**

In FY 2016, INL requests \$434.7 million for drug control activities, an increase of \$2.2 million above the FY 2015 enacted level.

### **International Narcotics Control & Law Enforcement**

**FY 2016 Request: \$434.7 million**

**(\$2.2 million above the FY 2015 enacted level)**

In FY 2016, \$434.7 million is requested for International Narcotics Control and Law Enforcement funding to reduce international crime and drug trafficking and to minimize the impact of these illicit activities on the United States and its international partners.

### **Afghanistan**

***FY 2016 Request: \$124.0 million***

***(\$26.3 million below the FY 2015 enacted level)***

Funding supports programs in the areas of supply reduction, alternative development, interdiction, demand reduction, public awareness, capacity building, and aviation. Programs focus on building sustainable interdiction and law enforcement capacity. Funding also supports Afghan government efforts to reduce the supply of illicit opium poppy and cannabis crops in efforts to promote stabilization and reduce the insurgency's profit from illicit crops. Afghanistan also receives demand reduction support to address the domestic market for Afghan opiates.

### **Colombia**

***FY 2016 Request: \$95.4 million***

***(\$4.0 million below the FY 2015 enacted level)***

Support to the Government of Colombia will aid in implementing its National Consolidation Plan to address the relationship between security, counternarcotics programs, and economic development. Funding supports eradication and interdiction programs to coordinate with alternative development efforts. U.S. programs also continue to enhance the Colombia National Police's capability to maintain a security presence in former conflict and drug trafficking regions, while also expanding access to state institutions and services in these areas.

### **Caribbean Basin Security Initiative**

***FY 2016 Request: \$8.0 million***

***(\$0.1 million below the FY 2015 enacted level)***

Funding supports efforts to address the production and trafficking of drugs throughout the Caribbean Basin with training, equipment, and operation support for vetted units to enhance law enforcement officials' ability to interdict illicit drugs. Funds also support host nation interdiction capacity, enhance regional cooperation in interdiction efforts, and provide alternatives to criminal activities through support of rehabilitation efforts.

### **Central America Regional Security Initiative**

***FY 2016 Request: \$45.2 million***

***(\$25.0 million above the FY 2015 enacted level)***

The Central America Regional Security Initiative provides assistance in a range of areas that include direct law enforcement cooperation, assistance for law enforcement and justice sector capacity building, and prevention programs aimed at addressing the root causes of crime and violence. In the area of counternarcotics, funds will address international drug trafficking in Central America.

### **Mexico**

***FY 2016 Request: \$37.5 million***

***(\$3.6 million above the FY 2015 enacted level)***

Funding will continue supporting counternarcotics, law enforcement, and demand reduction programs in an effort to dismantle drug trafficking and other criminal organizations.

## **Pakistan**

***FY 2016 Request: \$11.5 million***

***(No change from the FY 2015 enacted level)***

Funding will continue to support efforts to decrease the trafficking, cultivation, and abuse of narcotics in Pakistan. INL's agricultural programs in Pakistan will continue to improve the economic potential of current and former poppy growing lands. Funding will also provide administrative and operational support to Government of Pakistan law enforcement agencies with counternarcotics mandates. Demand reduction funding will continue support for residential and outpatient drug treatment facilities and public information campaigns to address the dangers of drug use. Funding will also provide for the continued training of drug treatment professionals throughout Pakistan.

## **Peru**

***FY 2016 Request: \$35.0 million***

***(\$0.6 million below the FY 2015 enacted level)***

The request will support programs that enhance the capabilities of the Peruvian Government to eradicate coca and provide security for eradication teams and interdiction in coca cultivation and narcotics trafficking zones. Counternarcotics assistance will also help the GOP to publicize links between drug production and common crime, providing so that Peruvians understand that their quality of life is degraded by drug trafficking.

## **Centrally-Managed Programs**

### **Interregional Aviation Support (IAS)**

***FY 2016 Request: \$34.9 million***

***(No change from the FY 2015 enacted level)***

The FY 2016 drug control request will support the IAS program, which provides centralized core-level services necessary to operate the Air Wing's fleet of fixed- and rotary-wing aircrafts supporting INL's aviation activities worldwide. This base of support is essential for sustaining logistical systems, depot-level maintenance, and the safe and professional operational employment of INL air assets.

### **Critical Flight Safety Program**

***FY 2016 Request: \$7.0 million***

***(\$1.0 million above the FY 2015 enacted level)***

The request will support the ongoing life cycle fleet management. The program was established to address the declining condition of aged aircrafts (primarily former military aircrafts for which there was no commercial or military support available) in order to ensure safety and airworthiness, extend service life, and maximize reliability and availability of aircraft to perform essential missions.

### **Drug Awareness and Demand Reduction**

***FY 2016 Request: \$12.5 million***

***(No change from the FY 2015 enacted level)***

The request will allow INL to work with Community Anti-Drug Coalitions of America to facilitate development of community drug-free coalitions. The Demand Reduction program objectives are to reduce drug use, crime, and related violence, and to significantly delay the onset of use in targeted country populations.

### **International Organizations**

***FY 2016 Request: \$3.4 million***

***(No change from the FY 2015 enacted level)***

The drug control request will continue to support the United Nations Office of Drugs and Crime (UNODC) and Organization of American States/Inter American Drug Abuse Control Commission (CICAD) and promote compliance with the international drug control treaties. These programs strengthen foreign governments' judicial and law enforcement capacity so they can address drug trafficking and transnational crime groups directly, disrupting their organizations, arresting their leaders, and seizing their assets.

### **Other**

***FY 2016 Request: \$20.3 million***

***(\$3.6 million above the FY 2015 enacted level)***

The funding supports drug control activities in other DOS Bureau Operating Units

## **PERFORMANCE**

Information regarding the performance of drug control efforts of State Department programs is based on data articulated in U.S. embassy reports for the 2014 *International Narcotics Control Strategy Report*, annual surveys produced by UNODC, and each U.S. embassy's 2014 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System.

<b>Bureau of International Narcotics and Law Enforcement Affairs</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
<b>Andean Programs</b>		
» Number of Hectares of coca eradicated in Colombia and Peru	99,000	98,499
<b>Assistance to Rebuilding Countries</b>		
» Reduce cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces (PFP)	17 (PFP)	15 (PFP)
» Reduce cultivation of opium poppy in Afghanistan with Provinces Reducing Cultivation (PRC)	5 (PRC)	7 (PRC)
<b>Demand Reduction</b>		
» Percentage of female target population that have not used drugs after treatment in Afghanistan	15%	45%

## **Andean Programs**

The long term goals of U.S.-supported programs in Colombia and Peru are to reduce the flow of drugs to the United States, address instability in the region, and strengthen the ability of the Governments of Colombia and Peru to investigate, prosecute, and dismantle major transnational criminal organizations. Among other efforts, INL also accomplishes this through support for interdiction, programs to reduce the demand for illicit drugs, programs to strengthen the rule of law, and in 2014 aerial (in Colombia) and manual (in Colombia and Peru) eradication.

Eradication is one component of the U.S. government's counternarcotics strategy in the Andean region and is aggregated by calendar year rather than by fiscal year. The 2014 target was for eradication of 99,000 hectares in Colombia and Peru. In 2014, the Department supported efforts nearing its target of 99,000 for 2014 eradicating 98,499 hectares through aerial and manual eradication techniques. Colombia eradicated 67,294 hectares and Peru eradicated 31,205 hectares.

Cocaine production potential in Colombia has decreased dramatically, 65 percent from 2001 to 2014, although increases in 2013 and 2014 may signal the reversal of that trend. The coca that remains is increasingly deconcentrated - meaning plots are not only located further from each other, but also are smaller (less than one hectare, on average) and harder to reach efficiently. Over 57 percent of coca is grown in areas where eradication is not allowed, such as indigenous zones and national parks. The Colombian government's manual eradication program, supported by INL did not reach its target in 2014. Similar to 2013, major factors that contributed to falling short of the 2014 goal include political decisions to enter into agreements with local communities that resulted in the protection of areas of high density coca cultivation from eradication, local protests that blocked access to coca cultivations, the unavailability of security for manual eradicators, and security threats by IEDs and illegal armed groups. Two rounds of presidential elections in 2014 also diverted much needed police resources and attention from manual eradication. These factors have the potential to be mitigated in 2015 through possible program modifications, but the Colombian government's decision to discontinue aerial eradication in 2015 will complicate efforts to control coca cultivation; therefore, manual eradication efforts should be bolstered to compensate for the cessation of aerial eradication.

## **Assistance to Rebuilding Countries**

The purpose of the Afghanistan counternarcotics program is to build the capacity of the Afghan government to reduce illicit crop cultivation, drug trafficking, and drug consumption, in order to disrupt a key source of funding to the insurgency and promote security and governance during and beyond the transition in Afghanistan. The FY 2014 target of the program was 17 of Afghanistan's 34 provinces designated as Poppy-Free Provinces (PFP), defined as provinces with less than 100 hectares (ha) of illicit opium poppy cultivation, and 5 Provinces Reducing

Cultivation (PRC), defined as provinces which reduce annual poppy cultivation by 10 percent or more that do not reach the 100 ha mark. According to the UN Office on Drugs and Crime's (UNODC) Afghanistan Opium Survey report released in November 2014, the number of poppy-free provinces in Afghanistan in 2014 was 15, the same as it was for the 2013 levels and did not reach the target. In addition, 7 provinces reduced illicit cultivation by more than 10 percent in 2014 exceeding the target of 5.

The UNODC estimates that Afghanistan cultivated 224,000 ha of opium poppy in 2014, a seven percent increase from the 209,000 ha cultivated in 2013. Poppy cultivation increased in 2014 for several reasons, including lack of security in parts of Afghanistan, political uncertainty during an election year, and economic insecurity exacerbated by the delay in the signing of the Bilateral Security Agreement. UNODC also estimates that potential Afghan opium production rose from 5,500 MT to 6,400 MT (a 17 percent increase) over the same period, as production normalized following a year of low production in 2013.

### **Demand Reduction**

Demand Reduction support continues to be an important part of the counternarcotics programs worldwide with particular emphasis in Afghanistan and Mexico.

### **Afghanistan**

In Afghanistan, drug consumption represents a threat to the future of Afghanistan. Afghanistan faces a significantly high rate of domestic illicit narcotic use, with urban drug use rates at 5.3 percent. This figure offers a conservative national prevalence rate of 1.3 to 1.6 million users in the country as a whole. A rural drug use survey will be released in 2015, noting significantly higher rates of drug use in rural Afghan communities. When combined with the urban survey, the data will provide the most accurate estimate of drug prevalence to date, indicating that Afghanistan has one of the world's highest drug use rates, with double-digit prevalence. Drug consumption represents a threat to the future of Afghanistan, draining human capital, placing a burden on civil society and social services. Addressing drug use in Afghanistan also serves a counter-insurgency mission by denying revenue to the insurgents and safeguarding a vulnerable segment of the population that is prone to exploitation. Drug demand reduction programs also rescue the vital human capital that will be needed to build a self-sustained public and private sector for generations to come.

INL met or exceeded most FY 2014 Drug Demand Reduction goals in Afghanistan. A September 2012 outcome evaluation for the INL-funded Afghanistan demand reduction program measured effectiveness of treatment (clients who are drug-free one year-post treatment). The evaluation reported opiate (opium, heroin) drug use in the targeted seven pilot drug treatment centers serving 504 patients in Afghanistan was reduced 45 percent among women, while men reduced such use at a lower level (23 percent). Equally important, following treatment, serious crimes decreased 40 percent (robbery, arson, violence against others), reports of non-serious criminal activity decreased 48 percent (forgery, theft, buying/selling stolen property), and arrests six-months, post treatment decreased by 46 percent. In addition, 82 percent of all patients

completed the full treatment cycle (i.e., 45-day inpatient and one-year outpatient). Finally, suicide attempts by female clients decreased 63 percent post treatment. It should be noted that the 2012 evaluation results are the best measure for Afghanistan demand reduction because outcome evaluations take over two years to complete since clients are tracked from initiation through treatment and then one year post-treatment. INL is scheduled to begin another evaluation in CY 2015.

A transition plan is currently underway in partnership with the Afghan Ministry of Counter Narcotics and Ministry of Public Health to increase involvement and collaboration between Afghan government and civil society partners in drug treatment and demand reduction. While INL and international organization partners will remain actively engaged, the transition plan will redefine primary activities and roles to ensure long-term sustainability of treatment programs and preserving clinical staff knowledge. Through the transition plan, the Ministry of Counter Narcotics will assume responsibility for the strategic development of drug demand reduction policy and the Ministry of Public Health will take the programmatic lead in service delivery. In FY2013, 13 INL supported NGO stakeholders have graduated or transitioned out of INL funding as part of this plan. On January 1, 2015, 11 INL-supported drug treatment centers transitioned to the Ministry of Public Health and staff salaries from all 76 INL-funded programs were incorporated into the national government's list of personnel.

## **Mexico**

The United States maintains a strong, long-standing bilateral relationship with Mexico on drug demand reduction. The two countries are working closely to implement programs that aim to expand drug treatment courts, increase the number of community anti-drug coalitions, and train diagnostic and treatment professionals.

In FY 2014, Mexico focused on expanding drug treatment courts. The Government of Mexico, in coordination with the CICAD and with financial and technical assistance from INL under the Merida Initiative, is now entering a second phase of expanding drug treatment courts. Drug Treatment Courts are a model that combines judicial oversight with medical treatment and has been proven to lower incarceration rates and reduce recidivism amongst convicted criminals with drug addictions. The United States provided \$2.5 million in funding to CICAD for a two-year program to establish new Drug Treatment Courts with trained professional teams of judges, prosecutors, public defenders, law enforcement personnel, and addiction treatment specialists. There are currently nine drug treatment courts operational in Mexico located in five different states.

The United States also continues to support anti-drug community coalition-building, which brings together parents, teachers, clergy, coaches, local authorities, and others, to raise substance abuse awareness. In 2014, the United States has expanded such coalitions from the initial cities of Ciudad Juárez, Tijuana, Nogales, and Agua Prieta to the states of Baja California, Sonora, Chihuahua, Nuevo Leon, Durango, Tamaulipas, and the State of Mexico. Twenty two coalitions are currently operational in Mexico conducting a variety of prevention activities.

The United States also continued to fund a second phase of the substance abuse counselor training program using a new standardized curriculum developed by CICAD for Mexico. This second phase is training approximately 3,000 such counselors; 600 of which have already been trained and evaluated by the Government of Mexico.



**DEPARTMENT OF STATE**  
United States Agency for International Development

## Resource Summary

	Budget Authority (in Millions)		
	FY 2014 Actual	FY 2015 Enacted	FY 2016 Request <sup>1</sup>
<b>Drug Resources by Function</b>			
International	\$97.935	\$122.871	\$135.155
<b>Total Drug Resources by Function</b>	<b>\$97.935</b>	<b>\$122.871</b>	<b>\$135.155</b>
<b>Drug Resources by Decision Unit</b>			
Development Assistance	\$12.029	\$37.000	\$0.000
Economic Support Fund	\$85.906	85.871	135.155
<b>Total Drug Resources by Decision Unit</b>	<b>\$97.935</b>	<b>\$122.871</b>	<b>\$135.155</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	13	13	13
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$7.1	\$7.3	\$9.1
USAID Drug Resources Percentage (ESF & DA accounts only)	1.4%	1.7%	1.5%

<sup>1</sup>The FY 2016 request doesn't include a revised amount for the Development Assistance decision unit that totals \$1.0 million.

## Program Summary

### MISSION

The United States Agency for International Development (USAID) is the agency responsible for implementing most of the economic and development foreign assistance provided by the U.S. Government. It receives overall foreign policy guidance from the U.S. Secretary of State. USAID advances U.S. foreign policy objectives by supporting economic growth, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance. USAID's Alternative Development programs support U.S. counternarcotics objectives by helping countries develop economically viable alternatives to narcotics production. Specifically, USAID implements alternative livelihoods programs that focus on licit job creation, improving commercial agricultural production and market linkages in drug production-prone areas and offering farmers incentives to discontinue planting poppy and other illicit crops. USAID also works to improve transportation systems, develop agricultural processing facilities and storage networks, and expand irrigation in targeted areas to create and grow a viable agri-business industry.

## **METHODOLOGY**

USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. In preparing the annual foreign assistance budget request, the USAID and the Department of State allocate all funding according to the Foreign Assistance Standardized Program Structure.

## **BUDGET SUMMARY**

In FY 2016, USAID requests \$135.2 million for drug control activities, an increase of \$12.3 million above the FY 2015 level.

### **Economic Support Funds / Development Assistance**

**FY 2016 Request: \$135.2 million**

**(\$12.3 million above the FY 2015 enacted level)**

#### **Afghanistan**

Promoting alternative livelihoods as part of a comprehensive counternarcotics strategy remains an important objective of U.S. agricultural assistance in Afghanistan. USAID programs will continue to focus on developing high value agricultural production and food security through alternative development program efforts to expand market access, promote efficient use of water, and improve rural service provisions. These efforts will reduce Afghan farmers' dependency on illicit opium production by expanding the range of available licit crop choices.

#### **Andean Region**

In Colombia, funding will support the Government of Colombia's National Territorial Consolidation Plan, which aims to permanently reduce coca production by expanding the civilian state presence in municipalities historically under the influence of insurgent groups and illegal economic activity. Consolidation will include security improvements, long-term licit economic opportunities, and improved functioning of municipal governments to make services more accessible to neglected populations.

In Peru, funding will support increased coordination with police to increase security in an effort to facilitate the growth of coca-free economies. In addition, funding will support the Government of Peru's efforts to eradicate coca and provide alternative livelihoods and social development through expanded alternative development programs. USAID will continue to provide technical assistance to farmers and cooperatives to expand cultivation and increase the productivity and quality of licit crops.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of USAID is based on data reported in each U.S. embassy's 2014 Performance Plan and Report, as entered into the Foreign Affairs Coordination and Tracking System and other program information. The table and accompanying text represent highlights of their achievements during FY 2014.

United States Agency for International Development		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Hectares of alternative crops targeted by USG programs under cultivation in Afghanistan.	2,000	742
» Number of households benefitted by agriculture and alternative development interventions in targeted areas in Afghanistan.	11,500	25,316
» Net (total) increase in private sector employment for farms and agribusinesses (full-time equivalent-FTE) by USG-sponsored alternative development or alternative livelihood or agricultural activities in Afghanistan.	2,500	6,809
» Number of individuals who have received USG supported short-term agricultural sector productivity training or food security training in Afghanistan.	10,120	25,802
» Number of hectares of drug crops eradicated in USG-assisted areas (Colombia)	135,000	66,000
» Total public investment in consolidation zones (USD million) (Colombia)	291	421
» Number of rural households benefiting directly from USG interventions (Colombia)	12,000	20,572
» Number of full-time equivalent (FTE) jobs created by USG sponsored alternative development or alternative livelihood activities (Peru)	14,000	24,862
» Hectares of alternative crops targeted by USG programs under cultivation (Peru)	35,000	52,743
» Number of families benefiting from alternative development (AD) activities in the Andean region	22,750	34,258

### **Afghanistan**

In FY 2014, U.S. Government alternative development programs in Afghanistan continued to focus on licit income generation and job creation by improving commercial agriculture, specifically in poppy production-prone areas. In FY 2014, 742 hectares of licit alternative crops targeted by U.S. government programs were under cultivation in Afghanistan with 25,316 households benefiting from agriculture and alternative livelihood interventions. This represented a 220 percent increase over the target number of households (11,500) as the targets for Kandahar Food Zone (KFZ) were not included at the time of planning and reporting last year, a grant agreement from the Incentives Driving Economic Alternatives for the North, East, and West (IDEA-NEW) program focusing on this intervention area and executed after the planning and reporting last year resulted in higher than planned results, and Regional Agricultural Development Program - South (RADP South) experienced an unexpected village level demand that resulted in higher than targeted figures for this indicator. The reduced

number of hectares of targeted alternative crops did not meet its targets. This target was missed as a result of an extended delay in the vetting of several sub-contractors that are key to implementation that caused a delay in program startup. The prolonged vetting process made it impossible to sign contracts with the respective companies for timely implementation. These delays significantly affected the agricultural portfolio's overall performance this fiscal year, including the activities this indicator tracks. The number of new direct jobs (measured as full-time equivalent) created by USG-sponsored alternative development totaled 6,809, exceeding the target of 2,500.

### **Colombia**

U.S. government programs in Colombia work with the government and civil society partners to address increasing domestic drug consumption and raise the profile of drug prevention and treatment efforts, and to support Colombia's strict anti-money laundering/counter-terrorist financing regime. In tandem with eradication and interdiction efforts, these programs work to maintain pressure on coca farmers, narcotics producers, and traffickers, reduce cultivation and production, disrupt criminal networks, and keep drugs out of the U.S. and volatile transit zones.

USAID did not meet its target for FY 2014 for the number of hectares of drug crops eradicated in USG-assisted areas in Colombia. Aerial eradication operations were suspended from October 20, 2013 – February 15, 2014 to implement additional security measures and manual eradication was hampered by security concerns and the electoral cycle, which diverted police resources.

Colombia continues to make advances in combating the drug trade. USAID met its target for FY 2014 in Colombia for the total public investment in consolidation zones. Implementation of any peace accord will require the Colombian government to devote significant resources to enhance government presence, improve security, increase public services, build infrastructure, and generate additional economic opportunities in regions historically influenced by terrorist and criminal elements. If an agreement is achieved, it will present new opportunities, approaches, tools, and resources to counter narcotics, rural security, and economic development, as well as challenges in the implementation of the peace agreement.

Rural communities, particularly historically conflict-prone municipalities where USAID focuses, suffer disproportionately from the effects of limited state presence. USAID exceeded its target of 12,000 in FY 2014 with 20,572 rural households benefiting directly from USG interventions in Colombia. The GoC's National Planning Department's (NPD) 2014 ranking of the public administration capacity of the country's municipalities reflected the heightened capacity of USAID-supported municipalities. The Municipal Performance Index (MPI), which assesses public administration quality based on efficiency, efficacy, enforcement, and performance, further shows that key USAID-supported municipalities in conflictive parts of the country substantially improved their ability to execute their administrative functions over the past year. For example, Riohacha, an Afro-Colombian and indigenous municipality with more than 250,000 inhabitants, improved its ranking from 763 in 2012 to 212 in 2014. Another dramatic

example is San Juan de Arama, which improved from 1,008 in 2012 to 439 in 2014. Furthermore, there is evidence of a positive overall trend among the broader set of 58 “Consolidation” municipalities, of which USAID focuses on 40. According to the MPI, these 58 municipalities demonstrated an average increase in performance from a 54.9 rating to 63.6 since 2011 when USAID began providing support, with the best performance taking place in 40 USAID-support municipalities.

### ***Peru***

USAID works primarily with the Government of Peru and its counternarcotics agency (DEVIDA), to increase agricultural alternatives to illicit coca production and improve state services to rural populations in former coca-growing regions of Peru. USAID’s AD Program, in collaboration with the GOP, planted more than 73,000 hectares (ha) of cacao, coffee, and oil palm in Peru’s San Martín, Huánuco, and Ucayali regions since 2002 and provided substantial support for institutional and community development generally. The AD successes in the San Martín region established the initial foundations for competitive value chains around cacao and coffee in the Amazon Basin. Current projects are designed to improve AD value chains with a focus on cacao and coffee by pursuing high value and fast growing markets while promoting economies of scale and enhanced domestic and international competitiveness.

In FY 2014, USAID created nearly 25,000 new jobs and assisted over 34,258 families, reaching farmers on over 52,000 ha of alternative crops, 13,722 of which were newly planted. USAID also completed 14 technology centers (“telecentros”) as part of USAID’s Digital Inclusion Program, bringing the total completed to 29 out of 30 planned centers. USAID finalized direct agreements with two large coffee cooperatives for the first time, signed a major Development Credit Authority program with local lenders, and made significant progress in advancing Peru’s entry into the world chocolate market. For the first time, and perhaps most importantly, DEVIDA began to directly implement an integrated AD strategy, taking advantage of new legislation that allows DEVIDA to finance individual producers, which was approved in late 2013 with strong USAID support.



**DEPARTMENT OF TRANSPORTATION**





**DEPARTMENT OF TRANSPORTATION**  
Federal Aviation Administration

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Intelligence	\$11.450	\$11.775	\$12.500
Investigations	0.820	0.820	0.820
Prevention	14.620	16.600	16.600
State and Local Assistance	1.300	1.465	1.550
<b>Total Drug Resources by Function</b>	<b>\$28.190</b>	<b>\$30.660</b>	<b>\$31.470</b>
<b>Drug Resources by Decision Unit</b>			
Air Traffic Organization	\$10.150	\$10.310	\$10.950
Aviation Safety/Aerospace Medicine	15.440	17.420	17.420
Security and Hazardous Materials Safety	2.600	2.930	3.100
<b>Total Drug Resources by Decision Unit</b>	<b>\$28.190</b>	<b>\$30.660</b>	<b>\$31.470</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	166	169	170
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$15.8	\$15.8	\$15.8
Drug Resources Percentage	0.2%	0.2%	0.2%

**Program Summary**

**MISSION**

The mission of the FAA is to provide the safest, most efficient aerospace system in the world. The Air Traffic Organization monitors the Air Defense Identification Zone, an area of airspace within which the identification, location, and control of aircrafts is required in the interest of national security. The Office of Aerospace Medicine supports drug-related activities within the FAA and in the Aviation Industry through its mission to reduce drug use and its consequences throughout the national aerospace. The Office of Security and Hazardous Materials' Law Enforcement Assistance Program provides an extensive support function that includes technical and administrative assistance on a timely and continuous basis to all Federal, state, and local law enforcement agencies (LEA) engaged in drug interdiction efforts.

## **METHODOLOGY**

There are no single identifiable line items within the Air Traffic Organization, Office of Aerospace Medicine, or Office of Security and Hazardous Materials appropriations that fund drug control efforts. The Air Traffic Organization drug funding is determined by estimating the costs associated with the time air traffic controllers spend on drug interdiction activities. All Office of Aerospace Medicine operations, capital improvements and acquisitions, and program training activities are funded out of the associated appropriations as part of operation costs. The drug-scored Office of Security and Hazardous Materials funding is an estimate of support provided to law enforcement agencies to assist in the interdiction of dangerous drugs and narcotics into the United States.

## **BUDGET SUMMARY**

In FY 2016, FAA requests \$31.5 million for drug control activities, an increase of \$0.8 million above the FY 2015 enacted level.

### **Air Traffic Organization**

**FY 2016 Request: \$11.0 million  
(\$0.6 million above the FY 2015 enacted level)**

Air traffic controllers staffing Air Route Traffic Control Centers monitor the Air Defense Identification Zone to detect possible suspicious aircraft movement. The Air Defense Identification Zone refers to airspace, over land or water, within which aircraft must readily provide their identification and location in the interest of national security. Typically, an aircraft entering the Air Defense Identification Zone is required to radio its planned course, destination, and any additional details about its trip through the Air Defense Identification Zone to the appropriate authorities. Air traffic controllers staffing Air Route Traffic Control Centers, DEA, and USCG all monitor the Air Defense Identification Zone for possible suspicious aircraft movement. Upon detection and identification of suspicious movement, Air Route Traffic Control Center controllers support DEA/USCG interdiction efforts by providing radar vectors to track aircraft of interest time of arrival, traffic advisory information, and last known positions to intercept aircraft. Additionally, Air Route Traffic Control Center staff supports DEA and USCG during training exercises and preplanned interdiction efforts through the establishment of temporary flight restriction areas, often on a real-time basis.

The request reflects an adjustment to the calculation of average salaries for air traffic controllers in the air route facility environment. Cost estimates are solely attributed to personnel costs for air traffic controllers at Air Route Traffic Control Center facilities.

## **Aviation Safety/Aerospace Medicine**

**FY 2016 Request: \$17.4 million**

**(No change from the FY 2015 enacted level)**

The Aviation Industry Substance Abuse Program mandates the implementation of the FAA's drug testing regulation (14 CFR part 120) requiring employers (i.e., air carriers, air traffic control towers and air tour operators) to drug test employees working directly or by contract (including subcontract at any tier) in a safety-sensitive position. The safety-sensitive positions include flight crew, flight attendants, flight instructors, maintenance or preventive maintenance, air traffic controllers, aviation screeners, ground security coordinators, and aircraft dispatchers.

Ensuring compliance with the drug testing regulation is the primary objective of the Office of Aerospace Medicine's Industry Program Office. The safety of the traveling public and integrity of the compliance process form the foundation of the program. The Office of Aerospace Medicine's Industry Program Office conducts inspections of employer programs, as well as investigations of airmen or employee violations. Violations include refusal to submit to testing or a failure to complete the return-to-duty procedures established by the Department of Transportation's Procedural Regulation, 49 CFR part 40, following a positive drug test result. The positions and associated funding are required to ensure that compliance efforts continue, primarily in the form of conducting onsite inspections and/or investigations of employees and employers, as well as analyzing statistical testing reports submitted by the air carriers and contractors.

The Office of Aerospace Medicine's Internal FAA Program is responsible for randomly testing FAA employees in positions characterized as "Testing Designated Positions," safety/security critical for drug and/or alcohol use. The program consists of the following tests: pre-employment, random, reasonable suspicion, post-accident, follow-up and voluntary. There are two contractors who provide services on a per sample basis (Forensic Drug and Alcohol Testing and ALERE Laboratory). The five drugs the agency tests for are amphetamines, cannabinoids (marijuana), cocaine, opiates, and PCP. The positions and associated funding are required to ensure compliance with drug testing mandated by Executive Order 12564 dated September 15, 1986, and implemented by the Department of Transportation Order 3910.1D, Drug and Alcohol-Free Departmental Workplace.

The Office of Aerospace Medicine is made up of three units. The Special Investigations & Enforcement Branch investigates complaints about rule violations and allegations of industry employee refusals to test and investigates alcohol or drug rule violations by FAR PART 67 medical certificate holders (\$0.8 million). The Aviation Industry Substance Abuse Program unit is responsible for ensuring that industry implements and maintains drug programs in accordance with 14 CFR PART 121 and PART 135 (\$11.6 million). The Internal Substance Abuse Program unit's objective is to randomly test FAA employees in safety and security critical positions (\$5.0 million). No plans are in place to enhance, adjust, or reduce these Office of Aerospace Medicine units. The request will allow the FAA to continue to support efforts to reduce drug use and its consequences throughout the national aerospace.

## **Security and Hazardous Materials Safety**

**FY 2016 Request: \$3.1 million**

**(\$0.2 million above the FY 2015 enacted level)**

FAA Special Agents who assist law enforcement agencies in drug interdiction have access to FAA data not otherwise available that is critical to the development of intelligence on U.S. certificated airmen and aircraft involved in illegal drug trafficking. The information provided to law enforcement agencies assists them in the arrest and conviction of airmen or seizure of aircraft. Due to the joint work with law enforcement agencies, FAA becomes aware of investigations and information that enable/support initiation of FAA regulatory enforcement investigations on airmen and aircraft suspected of drug trafficking. In many cases, these investigations result in revocation of airmen certificates and/or deregistration of aircraft, thereby increasing the safety of the National Airspace System. The El Paso Intelligence Center uses FAA air traffic information/systems to track and assist Federal, state, and local law enforcement agencies in interdicting and seizing assets involved in counternarcotics activities. In addition, FAA LEA Program Special Agents provide support to law enforcement agencies on other national security issues.

In December 2012, the Office of Security and Hazardous Materials enacted policy guidance for the identification of exact matches of prison inmate information with airmen in the FAA Airmen Registry. A Memorandum of Understanding was signed with the BOP to provide access to information on inmates incarcerated for certain drug-related offenses. Policies were reestablished to request similar inmate information from state agencies. FAA now has agreements in place with 30 states to provide the same type of information. As a result, FAA LEA Program Special Agents are now conducting regulatory investigations into airmen who were convicted of drug-related offenses and thus in violation of certain United States Code Statutes and Federal Aviation Regulations.

The number of LEA Program Special Agents is projected to remain constant in FY 2016 with a total of 20 FTEs. It reflects the continued need for increased FTE levels enacted from FY 2013 to FY 2014 based on the volume of prison match information from January 1, 2007 – January 1, 2009. During that time frame, there were 14 LEA Program Special Agents, whose primary focus was to provide immediate and timely support to Law Enforcement conducting active criminal investigations involving the use, sale, and/or transportation of drugs by airman/aircraft. They were unable to process the volume of information received from the BOP/state prisons and open regulatory investigation in all instances where there appeared to be an exact match between information provided to FAA. The Office of Security and Hazardous Materials continues to support the DEA, CBP, ICE, and other law enforcement agencies with their efforts to interdict narcotics smuggling in the Southwest border region.

## **PERFORMANCE**

Information regarding the FY 2014 performance of the drug control efforts of the FAA is based on business plan objectives established by individual lines of business and staff offices within

the agency. The table includes selected performance measures, targets, and achievements for FAA drug control activities.

<b>Federal Aviation Administration</b>		
<b>Selected Measures of Performance</b>	<b>FY 2014 Target</b>	<b>FY 2014 Achieved</b>
» Aviation Industry random testing of safety-sensitive employees	< 1% for Drugs < 0.5% for Alcohol	0.45% for Drugs 0.13% for Alcohol
» Schedule and inspect a minimum number of regulated aviation industry drug and alcohol testing programs for compliance pursuant to 14 CFR Part 120 and 49 CFR Part 40	1,650	1,646
» Initiate regulatory investigations on 95% of all airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement	95%	100%
» Initiate regulatory investigations on 95% of all aircraft involved in illegal activity within 30 days of knowledge of that activity	95%	100%
» The Law Enforcement Assistance Unit will ensure initial response to inquiries from Federal, state, law enforcement, ASH headquarters, and field elements within 24 to 48 hours of requests	95%	100%
» Provide assistance and briefings to other agencies as requested	95%	100%

### **Air Defense Identification Zone**

The Air Defense Identification Zone activity directly supports the *Strategy's* goal of reducing the trafficking of illicit drugs. The agency is working to develop a performance metric in support of this activity.

### **Drug Testing of Safety-Sensitive Employees**

Pursuant to 14 CFR § 120.109(b), the FAA Administrator's decision on whether to change the minimum annual random drug testing rate is based on the reported random drug test positive rate for the entire aviation industry. If the reported random drug test positive rate is less than 1.00%, the Administrator may continue the minimum random drug testing rate at 25%. Similarly, 14 CFR §120.217(c), requires the decision on the minimum annual random alcohol testing rate to be based on the random alcohol test violation rate. If the violation rate remains less than 0.50%, the Administrator may continue the minimum random alcohol testing rate at 10%. In calendar year 2014, the latest available data, FAA exceeded their target with 0.45 percent of those persons randomly selected tested positive for drugs, while 0.13 percent tested positive for alcohol, much less than their respective one and on-half percent thresholds.

For FY 2015 and FY 2016, it is expected that the violation rates for both drugs and alcohol will remain low enough to enable the Administrator to continue the current minimum random testing programs.

### **Law Enforcement Assistance Program**

In FY 2014, FAA LEA Program Special Agents responded to 5,755 requests from law enforcement and other agencies for information regarding 10,519 airmen/aircraft in support of criminal investigations. Partnering with law enforcement is beneficial for both FAA and the agencies supported. As a result of the partnership, LEAs are able to identify and act against individuals involved in criminal activities that affect the safety and security of the National Airspace System. Additionally, due to that partnership, FAA is informed of activities involving airmen/aircraft that are contrary to statutory and regulatory requirements and is able to take regulatory actions against them including suspension/revocation of airmen/aircraft certificates and civil penalties.

In FY 2014, FAA LEA Program Special Agents initiated 58 investigations based on 58 notifications (100%) regarding airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement.<sup>26</sup>

FAA also met their target to initiated regulatory investigations 100% of the time by initiating regulatory investigations on the four aircraft identified by other U.S. government agencies within 30 days of knowledge of that activity.<sup>27</sup>

The Law Enforcement Assistance Unit met their target to ensure initial response to inquiries from Federal, state, law enforcement, ASH headquarters, and field elements within 24 to 48 hours of requests. All of the 1,438 were responded to within 24 hours.<sup>28</sup>

FAA met its target to provide assistance and briefings to other agencies as requested. In particular, LEA Program Special Agents across the country provided training to Federal, state, and local law enforcement agencies on familiarity and knowledge of aircraft operations and the aviation environment and pertinent aviation laws and regulations. Assistance was geared to support in the interdiction of general aviation involved in narcotics smuggling and other related criminal activity.

---

<sup>26</sup> FAA's Investigations Tracking System (ITS) and Enforcement Information System (EIS) are FAA's system for tracking investigations and information about enforcement actions for statutory or regulatory violations.

<sup>27</sup> The sources from this information are ITS and EIS.

<sup>28</sup> The source for this information is ITS.

**DEPARTMENT OF TRANSPORTATION**  
National Highway Traffic Safety Administration

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Prevention	\$1.488	\$1.488	\$1.488
Research	1.200	0.750	0.750
<b>Total Drug Resources by Function</b>	<b>\$2.688</b>	<b>\$2.238</b>	<b>\$2.238</b>
<b>Drug Resources by Decision Unit</b>			
Drug-Impaired Driving Prevention	\$1.488	\$1.488	\$1.488
Drug-Impaired Driving Research	1.200	0.750	0.750
<b>Total Drug Resources by Decision Unit</b>	<b>\$2.688</b>	<b>\$2.238</b>	<b>\$2.238</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	2	2	2
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$0.8	\$0.8	\$0.9
Drug Resources Percentage	0.3%	0.3%	0.2%

**Program Summary**

**MISSION**

The National Highway Traffic Safety Administration’s (NHTSA) mission is to save lives, prevent injuries, and reduce economic costs due to road traffic crashes through education, research, safety standards, and enforcement activity. The Drug-Impaired Driving Program and Drug-Impaired Driving Research contribute to this mission by supporting a range of initiatives intended to reduce drugged driving.

**METHODOLOGY**

The drug control budget estimates for NHTSA are based on an annual review of the resources necessary to maintain and improve the programs and research that support efforts to reduce drugged driving through law enforcement, research, training, and education. NHTSA funds drug-impaired driving research out of its core budget to conduct research and evaluation.

**BUDGET SUMMARY**

In FY 2016, NHTSA requests \$2.2 million for drug control activities, no change from the FY 2015 enacted level.

## **Drug-Impaired Driving Prevention**

**FY 2016 Request: \$1.5 million**

**(No change from the FY 2015 enacted level)**

The FY 2016 request for the Drug Impaired Driving Prevention decision unit is described in the activities below.

### **Data Collection**

**FY 2016 Request: \$0.3 million**

**(No change from the FY 2015 enacted level)**

In FY 2016, NHTSA will use \$0.3 million to support existing data collection efforts to determine the extent of the drug-impaired driving problem and to better develop programs and potential countermeasures to address this problem. NHTSA will continue its work on the National Sobriety Testing Resource Center and Drug Recognition Evaluator Program Data Collection website to increase the speed and ease of use and provide improved outputs to better understand the nature of drug-impaired driving. The internet-based system is accessible to law enforcement, toxicologists, prosecutors, NHTSA, and Highway Safety Offices to enter, review, collate, and access data relating to drug-impaired driving arrests.

### **Training**

**FY 2016 Request: \$1.0 million**

**(No change from the FY 2015 enacted level)**

In FY 2016, NHTSA will use \$1.0 million to deliver law enforcement training in the area of drug-impaired driving. This includes updating the Drug Evaluation and Classification training program for law enforcement officers. NHTSA will also promote and facilitate the adoption of the Advanced Roadside Impaired Driving Enforcement curriculum as an intermediate level of training to enhance law enforcement officers' ability to identify potentially drug-impaired drivers. NHTSA will continue efforts to increase the use of Standardized Field Sobriety Test training and provide training for prosecutors and judicial education within states in support of alcohol and drug-impaired driving enforcement and adjudication.

### **Public Information and Outreach**

**FY 2015 Request: \$0.2 million**

**(No change from the FY 2015 enacted level)**

In FY 2015, NHTSA will use \$0.2 million to support public information and outreach efforts. NHTSA will continue to partner with the International Association of Chiefs of Police and the National Sheriffs' Association to support standardized impaired-driving messages. NHTSA will also enhance and update the model driver education curriculum to include additional content on drugged driving.

## Drug Impaired Driving Research

FY 2016 Request: \$0.8 million

(No change from the FY 2015 enacted level)

In FY 2015, NHTSA anticipates spending \$0.8 million from the Highway Safety Research budget to continue conducting research designed to reduce the incidence of drug-impaired driving. This will include completing a study of oral fluid drug screening devices for onsite law enforcement use, a preliminary stage to enable initiating an evaluation of an Administrative License Revocation program for drug-impaired drivers. NHTSA will also continue a study of the effects of legalization of recreational marijuana use in Washington State on drug use by drivers.

### PERFORMANCE

NHTSA's Drug Impaired Driving Program performance measures are based on agency GPRMA strategic objectives, agency and department priorities, and study data. These measures reflect critical milestones in the development of improved methods to train law enforcement in detecting drug impaired drivers and in developing valid and reliable measures of the drug impaired driving problem by increasing the agency's understanding of the extent of drug use among drivers and the role of drugs in crash causation. The strategic objective calls for efforts to Collect Further Data on Drugged Driving and increased training to law enforcement to identifying drugged drivers.

National Highway Traffic Safety Administration		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Complete data collection, analysis, and prepare a final report on a Case Control Study of the Crash Risk of Drug Impaired Driving.	Complete data analysis, risk estimation and prepare report.	Data analysis completed and report drafted.

The measure for FY 2014 reflects a milestone in research designed to elucidate the role of drug use in increasing crash risk.

In FY 2013, NHTSA completed data analysis on a landmark case control study designed to estimate the crash risk of drug impaired driving. NHTSA investigated over 3,000 crashes and obtained data on drug use by the crash-involved drivers over a 20-month period. One week later, at the same location (day of week, time of day, and direction of travel) NHTSA obtained similar data on drug use by over 6,000 control drivers (non-crash involved). This information was used to determine whether specific drugs increased the risk of crash involvement. Such a carefully controlled study had never been conducted. In FY 2014, NHTSA completed the data analysis and drafted the report for this study. The initial findings were published in a NHTSA Research Note in February 2015.

NHTSA is working with the NIDA and ONDCP on a study of driver impairment using the National Advanced Driving Simulator to assess the effects of inhaled cannabis, both alone and with alcohol, on driving performance.

DEPARTMENT OF THE TREASURY





**DEPARTMENT OF THE TREASURY**  
Internal Revenue Service

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 <sup>1</sup> Request
<b>Drug Resources by Function</b>			
Investigations	\$60.257	\$60.257	\$100.671
<b>Total Drug Resources by Function</b>	<b>\$60.257</b>	<b>\$60.257</b>	<b>\$100.671</b>
<b>Drug Resources by Decision Unit</b>			
Criminal Investigations	\$60.257	\$60.257	\$100.671
<b>Total Drug Resources by Decision Unit</b>	<b>\$60.257</b>	<b>\$60.257</b>	<b>\$100.671</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	329	329	523
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$11.3	\$10.9	\$12.9
Drug Resources Percentage	0.5%	0.6%	0.8%

<sup>1</sup>The FY 2016 request includes \$57.493 million in post sequestration operations level, \$0.650 million to maintain currently levels, and \$42.5 million (and 194 FTE) for the Enhance Investigations of Transnational Organized Crime (TOC) initiative.

**Program Summary**

**MISSION**

The mission of the Internal Revenue Service (IRS) Criminal Investigation (CI) Division is to serve the American public by investigating potential criminal violations of the Internal Revenue Code and related financial crimes in a manner that fosters confidence in the tax system and compliance with the law.

IRS CI supports the overall IRS mission by investigating criminal violations under its jurisdiction through three programs: the Legal Income Source Program, the Illegal Income Source Program, and the Narcotics Program. IRS CI focuses its counternarcotics resources to target the Transnational Criminal Organizations involved in illegal drug trafficking to reduce or eliminate the financial gains (profits) of major narcotics trafficking and money laundering organizations using unique financial investigative expertise and statutory jurisdiction.

The CI Narcotics Program supports the *Strategy*, the President’s *Strategy to Combat Transnational Organized Crime*, the *National Money Laundering Strategy*, and plays a key role in multiple initiatives that are part of the highly visible *National Southwest Border Counternarcotics Strategy*. IRS CI continues to support multi-agency task forces, including

OCDETF, OCDETF Fusion Center, HIDTAs, the High Risk Money Laundering and Financial Crimes Areas, DEA Special Operations Division, and the El Paso Intelligence Center.

## **METHODOLOGY**

The Narcotics Program's drug control funding is calculated by the share of full-time equivalent (FTE) staff performing counterdrug efforts against the entire IRS CI budget request.

## **BUDGET SUMMARY**

In FY 2016, IRS CI requests \$100.7 million for drug control activities, an increase of \$40.4 million above the FY 2015 enacted level.

### **Criminal Investigations**

**FY 2016 Request: \$100.7 million**

**(\$40.4 million above the FY 2015 enacted level)**

The criminal provisions of the Internal Revenue Code (Title 26), the Bank Secrecy Act (Title 31), and the Money Laundering Control Act are particularly useful in the financial investigation and prosecution of major narcotics traffickers and money launderers and the seizure and forfeiture of their profits. IRS CI is a participating member of the OCDETF Program, established by the Department of Justice in 1982. By primarily focusing on those sophisticated cases that meet OCDETF designation standards, IRS CI makes a significant contribution to many important investigations while maximizing the use of its resources.

With the globalization of the U.S. economy and the increasing use of electronic funds transfers, investigations have become more international in scope. IRS CI's international strategy places special agents in strategic foreign posts to facilitate the development and use of information obtained in host nations in support of its investigations. Such information is especially crucial to the success of high level narcotics and money laundering investigations.

The FY 2016 request will allow IRS CI to continue to support investigations of illegal activities, including support for a new initiative, *Enhance Investigations of Transnational Organized Crime (TOC)*, to hire new CI staff to address the growth in financial criminal activity of a global nature, focusing on money laundering and drug trafficking. TOC refers to associations of individuals who operate in multiple countries for the purpose of obtaining power, influence, and financial gains, wholly or in part by illegal means, while protecting their activities through a pattern of corruption that often funds terrorist activities. The threat of TOC has become more severe because criminal networks are using increasingly sophisticated tactics that exploit the borderless, interconnected nature of the global economy.

IRS CI is recognized throughout the law enforcement community for its expertise in the investigation, disruption, and dismantling of sophisticated narcotics and money laundering networks. While other Federal agencies have investigative jurisdiction for money laundering violations, the IRS is the only agency that can investigate both money laundering violations and violations of the Internal Revenue Code simultaneously. This initiative will allow the IRS to

dedicate resources to this emerging and significant threat to the Nation’s economic interests, which could cause significant damage to the global financial system.

## PERFORMANCE

Information regarding the performance of the drug control efforts of IRS Criminal Investigation (IRS CI) is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*. The table and accompanying text represent IRS CI counter-narcotics related achievements during FY 2014.

In September 2014, IRS CI changed its Narcotics Accounting Methodology to report resources applied to all narcotic investigations effective FY 2014 and forward. Prior to FY 2014, the performance measures included OCDETF only investigations. The FY 2014 selected measures achieved are comprised of all narcotic investigations (OCDETF, HIDTA-OCDETF, Terrorism-OCDETF, HIDTA and Narcotics-Other) that IRS CI is involved in which more accurately accounts for its counter-narcotics related performance.

Internal Revenue Service		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
» Number of Narcotics Investigations Completed	680	862
» Number of Convictions	410	584
» Conviction Rate*	85%	90.8%

\* The conviction rate is the percent of adjudicated criminal cases that result in convictions.

The performance measures achieved for FY 2014 reflect the change in Narcotics Accounting Methodology which was approved by ONDCP on September 19, 2014. The methodology used to calculate the FY 2014 target measures was limited to resources applied to OCDETF investigations and omitted resources applied to narcotics investigations that were classified under non-OCDETF sub-programs. Inclusion of the non-OCDETF narcotics sub-programs, under the new Narcotics Accounting Methodology, more accurately reflects the resources currently being committed by IRS CI to support the *Strategy*.

The performance measure “Number of Narcotics Investigations Completed” provides the total number of narcotics investigations completed. The total number of Subject Criminal Investigations (SCI) completed during the fiscal year includes those resulting in a prosecution recommendation to the DOJ, discontinuance due to lack of evidence, or a finding that the allegation was invalid (or other reasons). This measure assists in evaluating IRS CI’s success in targeting, disrupting and dismantling Transnational Criminal Organizations involved in drug trafficking and money laundering in the United States and abroad. In FY 2014, IRS CI completed 862 investigations, exceeding its target of 680 investigations.

IRS CI conducts extensive financial investigations to support an interagency approach to targeting, disrupting and dismantling Transnational Criminal Organizations involved in

laundering illicit proceeds of drug trafficking. The performance measure “Number of Convictions” represents the number of adjudicated cases that result in a guilty plea, nolo-contendere, guilty conviction by judge, or guilty conviction by jury. In FY 2014, IRS CI obtained convictions on 584 individuals, exceeding its target of 410 convictions. IRS CI also obtained convictions in 90.8% of its adjudicated investigations, exceeding its targeted 85% conviction rate.

As a result of meeting these targets, the various multi-agency narcotics/money laundering investigations conducted by IRS CI during FY 2014 resulted in the seizure of more than \$300 million (USD) in cash and other assets.

# DEPARTMENT OF VETERANS AFFAIRS





**DEPARTMENT OF VETERANS AFFAIRS**  
Veterans Health Administration

**Resource Summary**

	Budget Authority (in Millions)		
	FY 2014 Final	FY 2015 Enacted	FY 2016 Request
<b>Drug Resources by Function</b>			
Treatment	\$646.550	\$664.007	\$687.991
Research and Development	23.664	20.000	20.000
<b>Total Drug Resources by Function</b>	<b>\$670.214</b>	<b>\$684.007</b>	<b>\$707.991</b>
<b>Drug Resources by Decision Unit</b>			
Medical Care	\$646.550	\$664.007	\$687.991
Research and Development	23.664	20.000	20.000
<b>Total Drug Resources by Decision Unit</b>	<b>\$670.214</b>	<b>\$684.007</b>	<b>\$707.991</b>
<b>Drug Resources Personnel Summary</b>			
Total FTEs (direct only)	3,056	3,056	3,056
<b>Drug Resources as a Percent of Budget</b>			
Total Agency Budget (in Billions)	\$58.3	\$59.7	\$62.6
Drug Resources Percentage	1.1%	1.1%	1.1%

**Program Summary**

**MISSION**

The Veterans Health Administration's (VHA) mission statement is "Honor America's Veterans by providing exceptional care that improves their health and well-being." Care for veterans with mental illnesses and substance use disorders is an important part of overall health care. The goal of VHA's Office of Mental Health Services is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with substance use disorders and mental illness for those who are vulnerable to substance use disorders and those who are in continuing care to sustain recovery.

**METHODOLOGY**

Costs that are scored as drug-related include those associated with any treatment when a primary diagnosis of drug use disorder is documented, including treatment administered in a general medical or general mental health setting. Estimates are based on specific patient encounters and include all inpatient and outpatient episodes of care either provided by VHA staff or purchased in the community. All encounters have an associated diagnosis. The primary diagnosis is considered the reason the patient is being treated and is used to determine

whether the treatment provided is drug use disorder treatment and which type of drug use disorder. It should be noted that prescriptions and lab tests do not have linkages to a specific diagnosis and are not included in the report.

The cost of the VHA provided services is assigned through the Decision Support System management cost accounting system and is based on the products (services) generated by producing departments. Every product is valued and assigned a cost. Costs are assigned to patients based on the products utilized during their care. The national data extracts reflect the cost of care at a specific patient (encounter) level. Data from the FEE System is brought into Decision Support System to reflect the payments made to non-Department of Veterans Affairs (VA) providers. The Decision Support System costs and FEE payments are expenditures. These expenditure costs are modified to reflect full VHA obligations.

As noted above, all the products are accumulated to an encounter. The Decision Support System extracts show the cost of the encounter by medical department and the cost by three cost categories: Variable Direct, Fixed Direct and Fixed Indirect. All the costs, including the fixed costs, from all of the medical departments are included in the cost calculation. However, full-time equivalent is not reflected in these extracts.

## **BUDGET SUMMARY**

In FY 2016, VHA requests \$708.0 million for drug control activities, an increase of \$24.0 million above the FY 2015 enacted level.

### **Medical Care**

**FY 2016 Request: \$688.0 million  
(\$24.0 million above the FY 2015 enacted level)**

The Uniform Mental Health Services Handbook specifies substance use disorder services that must be made available to all veterans in need of them. The handbook commits VA to providing substance use disorder treatment services to every eligible veteran regardless of where he or she lives. To further enhance access to treatment, clinics offering these services must offer extended clinic hours during the week or on weekends. In FY 2014, VHA provided services to 131,915 patients with a primary drug use disorder diagnosis. Of these, 33 percent used cocaine, 25 percent used opioids, and 37 percent used cannabis. Eighty percent had co-existing psychiatric diagnoses. (These categories are not mutually exclusive.)

VHA continues to improve service delivery and efficiency by integrating services for mental health disorders, including substance use disorders, into primary care settings. Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn and veterans from other eras are served in primary care teams (Patient Aligned Care Teams) that have co-located mental health staff to identify and address potential mental health needs. Secondary prevention services include diagnosis and assessment of possible drug use disorders in patients presenting medical problems that suggest elevated risk of substance use disorders (e.g. treatment for Hepatitis C).

VA continues to pursue a comprehensive strategy to promote safe prescribing of opioids when indicated for effective pain management. The purpose of the Opioid Safety Initiative is to ensure pain management is addressed thoughtfully, compassionately, and safely. Based on comparisons of national data between the quarter beginning in July 2012 and the quarter ending in September 2014, several aspects of the Opioid Safety Initiative have begun to show positive results. Despite an increase in the number of veterans who were dispensed any medication from a VA pharmacy, 38,408 fewer veterans were on long-term opioids, and 20,533 fewer veterans received opioid and benzodiazepine medications. There has been an increase in the number of veterans (by 63,962) on long-term opioid therapy who have had at least one urine drug screen. The average dose of selected opioids has begun to decline slightly in VA, demonstrating that prescribing and consumption behaviors are changing.

Ongoing national requirements for the initiative were clarified by the Under Secretary in April 2014. Nine overarching goals were identified: 1) Educate prescribers of opioid medication regarding effective use of urine drug screening, 2) Increase the use of urine drug screening, 3) Facilitate use of state prescription drug monitoring databases, 4) Establish safe and effective tapering programs for the combination of benzodiazepines and opioids, 5) Develop tools to identify higher risk patients, 6) Improve prescribing practices around long-acting opioid formulations, 7) Review treatment plans for patients on high doses of opioids, 8) Offer Complementary and Alternative Medicine modalities for chronic pain at all facilities and 9) Develop new models of mental health and primary care collaboration to manage opioid and benzodiazepine prescribing in patients with chronic pain.

Additional developments to promote opioid safety are a requirement for signed informed consent with standardized patient education for those on opioid analgesics for more than 90 days and national guidance supporting opioid overdose education and naloxone distribution including availability by prescription of standardized intranasal and intramuscular naloxone overdose prevention kits through the Centralized Mail Outpatient Pharmacy.

Most veterans with substance use disorders are treated in outpatient programs. Outpatient detoxification is available for patients who are medically stable and who have sufficient social support systems to monitor their status. Standard outpatient programs typically treat patients one or two hours per session and patients are generally seen once or twice a week. Intensive substance use disorder outpatient programs provide at least three hours of service per day and patients attend three or more days per week.

VHA is steadily expanding the availability of opioid agonist treatment for opioid-dependent veterans. In FY 2014, evidence-based MAT for opioid dependence, including office-based treatment with buprenorphine, was provided to patients at all but seven VA Medical Centers (over 95 percent). Including Community-Based Outpatient Clinics separate from the medical centers, over 300 total sites of service provided at least some buprenorphine. VA operates federally-regulated opioid treatment programs that can provide methadone maintenance on-

site at 31 larger urban locations, and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing these services through community-based licensed opioid treatment programs.

In light of the frequent co-occurrence of substance use disorders with post-traumatic stress disorder, VHA has also assigned a substance use disorder specialist to each of its hospital-level post-traumatic stress disorder services or teams. The staff person is an integral member of the post-traumatic stress disorder clinical services team and works to integrate substance use disorder care with all other aspects of post-traumatic stress disorder-related care. Among the specialists' responsibilities are identification and treatment of veterans with co-occurring substance use disorder and post-traumatic stress disorder. Specialists also promote preventive services for veterans with post-traumatic stress disorder who are at risk for developing a substance use disorder.

VA is setting the standard for a new and emerging health care profession, known as "Peer Specialists." As of September 2014, VHA had hired 970 Peer Specialists and Peer Apprentices, exceeding the hiring goal set in the President's August 31, 2012 Executive Order aimed at improving access to mental health services for veterans, service members, and military families. Through the development of position descriptions that clearly outline the job duties of both Peer Specialists and Peer Support Assistants, certification of training requirements for both positions and consistently-defined, job-specific competencies, Peer Specialists, and Peer Support Assistants are poised to provide a unique set of services to veterans seeking care for mental health and substance use disorders.

VHA provides two types of 24-hour care to patients with particularly severe or acute substance use disorders. These include care in Residential Rehabilitation Treatment Programs and inpatient withdrawal management and stabilization in numerous medical and general mental health units. VHA offers care in Residential Rehabilitation Treatment Programs to veterans with a range of mental health concerns. Although many of these programs are designated as "Substance Abuse Residential Rehabilitation Treatment Programs" and focus primarily on substance use disorder services, in FY 2013, 87 percent of all Residential Rehabilitation Treatment Programs patients had any substance use disorder diagnoses that were addressed as part of the rehabilitation plan.

Programs to end homelessness among veterans have substance use disorder specialists to support the HUD – VA Supportive Housing program. In addition, there are substance use disorder specialists working in Health Care for Homeless Veterans programs. These specialists emphasize early identification of substance use disorders as a risk for maintaining permanent housing, promote engagement or re-engagement in specialty care programs, and serve as linkages between homeless and substance use disorder programs.

The Uniform Mental Health Services Handbook affirmed that "Police encounters and pre-trial court proceedings are often missed opportunities to connect veterans with VA mental health

services as a negotiated alternative to incarceration or other criminal sanctions.” VA medical centers provide outreach to justice-involved veterans in the communities they serve. All VA medical centers have at least one designated Veterans Justice Outreach Specialist (172 total full-time). Most of these are centrally-funded positions, dedicated to serving justice-involved veterans on a full-time basis.

In communities where justice programs relevant to veterans exist (veterans courts, drug courts, mental health courts, and police crisis intervention teams), VA has taken the initiative in building working relationships to ensure that eligible justice-involved veterans get needed care. In communities where no such programs exist, VA has reached out to potential justice system partners (judges, prosecutors, police, and jail administrators) to connect eligible justice-involved veterans with needed VA services including addiction treatment. The National Association of Drug Court Professionals currently recognizes approximately 150 operational Veterans Treatment Courts with more planned. Its definition of a Veterans Treatment Courts includes linkage to VHA treatment services. In communities without Veterans Treatment Courts, VA medical centers have established relationships with a range of justice system and community partners, including police and sheriffs’ departments, local jail administrators, judges, prosecutors, public defenders, probation officers, and community mental health providers.

## **Research and Development**

**FY 2016 Request: \$20.0 million**

**(No change from the FY 2015 enacted level)**

VHA research supports generation of new knowledge to improve prevention, diagnosis, and treatment of substance use disorders and alcohol abuse, as well as to heighten effectiveness, efficiency, accessibility, and quality of veterans’ health care.

Research and Development currently has ongoing projects on drug and alcohol abuse. Topics of investigation range from access to treatments and outcomes for veterans with substance use disorders to alcoholism and brain functions to development of novel medication strategies for opiate abuse to gender differences in post-deployment addictive behaviors among returning veterans.

## **PERFORMANCE**

Information regarding the performance of the drug control efforts of VHA is based on agency GPRMA documents and other information that measures the agency’s contribution to the *Strategy*, and are maintained by the VHA Office of Analytics and Business Intelligence. VHA reports performance for two separate drug-related initiatives: treatment and research and development. The table and accompanying text represent VHA’s drug-related achievements during FY 2014.

Veterans Health Administration		
Selected Measures of Performance	FY 2014 Target	FY 2014 Achieved
<b>Treatment</b>		
» Abstinence from drug use at follow-up in a substance use disorder specialty treatment population	N/A	Baseline 85%
<b>Research and Development</b>		
» Number of research studies related to substance use disorders	5	32
» Number of research studies related to alcohol use disorders	5	67
» Number of research studies related to both substance use disorders and alcohol use disorders	N/A	25

### Treatment

During FY 2014, VHA continued implementation of clinical symptom monitoring using the Brief Addiction Monitor that transmits responses to the national database. The Brief Addiction Monitor assists substance use disorder specialty care clinicians in initial treatment planning and monitoring the progress of patients while they are receiving care for a substance use disorder. This also serves as a basis for giving feedback to enhance each patient’s motivation for change and informing clinical decisions, such as the intensity of care required for the patient. In addition to items addressing risk and protective factors for recovery, the Brief Addiction Monitor assesses self-reported substance use in the prior 30 days, which includes the use of any illicit and non-prescribed drugs, as well as specific substances.

The VHA has supplemented its current suite of internal indicators of substance use disorder care processes using administrative data related to a patient reported outcome measure derived from the Brief Addiction Monitor: abstinence from drug use at follow-up in a substance use disorder specialty treatment population. During the first three quarters of FY 2014 (allowing time for follow-up assessment during Quarter 4), VHA substance use disorder specialty outpatient programs assessed self-reported abstinence among 3,219 veterans with substance use disorder diagnoses documented at admission. Among the veterans who remained engaged in care and were reassessed 30-90 days after admission, 85 percent reported abstinence from drugs during the previous 30 days. Over 7,700 veterans were assessed at the beginning of substance use disorder specialty care during the 4<sup>th</sup> quarter of FY 2014.

### Research and Development

The dollars VHA invests in research helps aid efforts to improve substance use disorder prevention, diagnosis, and treatment while improving the effectiveness, efficiency, accessibility, and quality of veterans’ health care.

In FY 2014, VHA exceeded targets for the numbers of studies relevant to substance use (32) or alcohol use (67) disorders. Multiple publications were released by VHA-funded researchers related to these studies. One study highlighted the value of screening for alcohol use disorders among veterans as it relates to identifying those in need of more than brief treatment interventions (Williams et al., 2014).<sup>29</sup> The results of another study suggest that genotyping may be able to explain differences in individual treatment responses to Disulfiram and Naltrexone (medications for alcohol dependence that reduce dopamine release or create unpleasant physical symptoms when taken with alcohol) among individuals with co-occurring alcohol dependence and other Axis I disorders (Arias et al., 2014).<sup>30</sup> Other VHA-funded researchers found the assessment and strengthening of coping skills as part of the, “Seeking Safety” treatment protocol to be effective for veterans with comorbid Post-traumatic Stress Disorder and alcohol use disorders (Boden et al., 2014).<sup>31</sup> A final research highlight of FY 2014 was a trial study that examined alcohol care management within the VA and demonstrated that effective treatment could be delivered within both primary care and specialty addiction clinic settings (Oslin & Lynch, 2014).<sup>32</sup>

---

<sup>29</sup> Williams, E., Rubinsky, A., Lapham, G., Chavez, S., Rittmueller, E., Grossbard, J., Kivlahan, D., & Bradley, K. (2014). Prevalence of clinically recognized alcohol and other substance use disorders among VA outpatients with unhealthy alcohol use identified by routine alcohol screening. *Drug and Alcohol Dependence*, 135, 95-103.

<sup>30</sup> Arias, A., Gelernter, J., Gueorguieva, R., Ralevski, E., & Petrakis, I. (2014). Pharmacogenetics of naltrexone and disulfiram in alcohol dependent, dually diagnosed veterans. *American Journal of Addictions*, 23(3), 288-293.

<sup>31</sup> Boden, M., Kimerling, R., Kulkarni, M., Bonn-Miller, M., Weaver, C., & Trafton, J. (2014). Coping among military veterans with PTSD in substance use disorder treatment. *Journal of Substance Abuse Treatment*, 47(2), 160-167.

<sup>32</sup> Oslin, D. & Lynch, K. (2014). A randomized clinical trial of alcohol care management delivered in Department of Veterans Affairs' primary care clinics versus specialty addiction treatment. *Journal of General Internal Medicine*, 29(1), 162-168.



## ACRONYMS

<b>ACF</b>	Administration for Children and Families
<b>ATF</b>	Alcohol, Tobacco, Firearms and Explosives
<b>AI/AN</b>	American Indian and Alaska Native
<b>AOR</b>	Area of Responsibility
<b>AFP</b>	Asset Forfeiture Program
<b>AFF</b>	Assets Forfeiture Fund
<b>BCSC</b>	Bulk Cash Smuggling Center
<b>BIA</b>	Bureau of Indian Affairs
<b>BLM</b>	Bureau of Land Management
<b>BOP</b>	Bureau of Prisons
<b>CMS</b>	Center for Medicare and Medicaid Services
<b>CollegeAIM</b>	College Alcohol Intervention Matrix
<b>CSTC-A</b>	Combined Security Transition Command-Afghanistan
<b>C4ISR</b>	Command, Control, Computers, Communications, Intelligence, Surveillance, and Reconnaissance
<b>CDEWS</b>	Community Drug Early Warning System
<b>CSP</b>	Community Supervision Program
<b>CTS</b>	Community Treatment Services
<b>CPOTs</b>	Consolidated Priority Organization Targets
<b>CoC</b>	Continuum of Care
<b>CSOSA</b>	Court Services and Offender Supervision Agency
<b>CQM</b>	Clinical Quality Measures
<b>CRM</b>	Criminal Division
<b>CI</b>	Criminal Investigation
<b>CJ-DATS</b>	Criminal Justice-Drug Abuse Treatment Studies
<b>CBP</b>	Customs and Border Protection
<b>DHP</b>	Defense Health Program
<b>DOJ</b>	Department of Justice
<b>DOA</b>	Department of Agriculture
<b>DOD</b>	Department of Defense
<b>DOE</b>	Department of Education
<b>DHS</b>	Department of Homeland Security
<b>DOL</b>	Department of Labor
<b>DOS</b>	Department of State
<b>DOT</b>	Department of Transportation
<b>DEA</b>	Drug Enforcement Administration

<b>DFC</b>	Drug Free Communities
<b>DLEAs</b>	Drug Law Enforcement Agencies
<b>DTOs</b>	Drug Trafficking Organizations
<b>FRC</b>	Fast Response Cutters
<b>FAA</b>	Federal Aviation Administration
<b>FBI</b>	Federal Bureau of Investigation
<b>FLETC</b>	Federal Law Enforcement Training Center
<b>FNO</b>	Foreign National law enforcement Officers
<b>GAO</b>	Government Accountability Office
<b>GOC</b>	Government of Colombia
<b>GPRMA</b>	Government Performance and Results Act Modernization Act
<b>HHS</b>	Health and Human Services
<b>HRSA</b>	Health Resources and Services Administration
<b>HIDTA</b>	High Intensity Drug Trafficking Areas
<b>HIV-STIC</b>	HIV Services and Treatment Implementation in Corrections
<b>HOPE</b>	HOPE Opportunity Probation with Enforcement
<b>HUD</b>	Housing and Urban Development
<b>ICE</b>	Immigration and Customs Enforcement
<b>IDEA-NEW</b>	Incentives Driving Economic Alternatives for the North, East, and West
<b>IMARS</b>	Incident Management Analysis and Reporting System
<b>IRS</b>	Internal Revenue Service
<b>INL</b>	International Narcotics and Law Enforcement Affairs
<b>ISC</b>	Investigative Support Center
<b>JIAT-S</b>	Joint Interagency Task Force - South
<b>JIAT-W</b>	Joint Interagency Task Force - West
<b>JAG</b>	Justice Assistance Grant Program
<b>JPATS</b>	Justice Prisoner and Alien Transportation System
<b>KFZ</b>	Kandahar Food Zone
<b>LEA</b>	Law Enforcement Agencies
<b>LEI</b>	Law Enforcement Investigations
<b>MATICCE</b>	Medication-Assisted Treatment Implementation in Community Correctional Environments
<b>MEC</b>	Medium Endurance Cutters
<b>MRS</b>	Medium-Range Surveillance
<b>MT</b>	Metric Tons
<b>MHS</b>	Military Health Systems
<b>MDP</b>	Ministerial Development Plans
<b>MET</b>	Mobile Enforcement Teams
<b>MPI</b>	Municipal Performance Index
<b>MLAT</b>	Mutual Legal Assistance Treaties

<b>NCANDA</b>	National Consortium on Alcohol and Neurodevelopment in Adolescence
<b>NFS</b>	National Forest Service
<b>NGB</b>	National Guard Bureau
<b>NHTSA</b>	National Highway Traffic Safety Administration
<b>NIH</b>	National Institutes of Health
<b>NIAAA</b>	National Institute on Alcohol Abuse and Alcoholism
<b>NIDA</b>	National Institute on Drug Abuse
<b>NLETS</b>	National Law Enforcement Telecommunication Systems
<b>NMI</b>	National Marijuana Initiative
<b>NMPI</b>	National Methamphetamine and Pharmaceuticals Initiative
<b>NOMs</b>	National Outcome Measures
<b>NPS</b>	National Park Service
<b>NDP</b>	National Planning Department
<b>NSC</b>	National Security Cutter
<b>NTM-A</b>	NATO Training Mission - Afghanistan
<b>NAVAIR</b>	Naval Air Systems Command
<b>NMMS</b>	Non-Medical Marijuana States
<b>NATO</b>	North Atlantic Treaty Organization
<b>OAM</b>	Office of Air and Marine
<b>OFO</b>	Office of Field Operations
<b>OIA</b>	Office of International Affairs
<b>OJC</b>	Office of Job Corps
<b>OJP</b>	Office of Justice Programs
<b>OJS</b>	Office of Justice Services
<b>ONDCP</b>	Office of National Drug Control Policy
<b>OPC</b>	Offshore Patrol Cutter
<b>OE</b>	Operating Expenses
<b>OCDETF</b>	Organized Crime Drug Enforcement Task Force
<b>OFDCP</b>	Other Federal Drug Control Programs
<b>PMP</b>	Performance Management Process
<b>PRS</b>	Performance Reporting System
<b>PFP</b>	Poppy-Free Provinces
<b>POEs</b>	Ports of Entry
<b>PDA</b>	Post Delivery Activities
<b>PMDP</b>	Prescription Drug Monitoring Program
<b>PDMP</b>	Prescription Drug Monitoring Program
<b>PSA</b>	Pretrial Services Agency
<b>PCASI</b>	Primary Care and Addiction Services Integration
<b>PSC</b>	Private Sector Care
<b>PRC</b>	Provinces Reducing Cultivation

<b>RICO</b>	Racketeer Influenced and Corrupt Organization
<b>RADP-South</b>	Regional Agricultural Development Program - South
<b>RDT&amp;E</b>	Research, Development, Test, & Evaluation
<b>RT</b>	Reserve Training
<b>RDAP</b>	Residential Drug Abuse Program
<b>RDAP</b>	Residential Drug Abuse Treatment
<b>SDFSC</b>	Safe and Drug-Free Schools and Communities
<b>SERV</b>	School Emergency Response to Violence
<b>SRO</b>	School Resource Officer
<b>SRO</b>	Scientific Research Outcome
<b>SBIRT</b>	Screening, Brief Intervention, and Referral to Treatment
<b>STOP Act</b>	Sober Truth on Preventing Underage Drinking Act
<b>SWB</b>	Southwest Border
<b>SOD</b>	Special Operations Division
<b>SIG</b>	State Incentive Grants
<b>SAA</b>	Substance Abuse Administering Agencies
<b>SPF</b>	Strategic Prevention Framework
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>TTU</b>	Trade Transparency Unit
<b>TDAT</b>	Transitional Drug Abuse Treatment
<b>TOC</b>	Transnational Organized Crime
<b>USFS</b>	U.S Forest Service
<b>USSOUTHCOM</b>	U.S Southern Command
<b>USAO</b>	U.S. Attorney's Office
<b>USMS</b>	U.S. Marshals Service
<b>USNORTHCOM</b>	U.S. Northern Command
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>USBP</b>	United States Border Patrol
<b>USAID</b>	United States Agency for International Development
<b>USCG</b>	United States Coast Guard
<b>VA</b>	Veterans Affairs
<b>VHA</b>	Veterans Health Administrations
<b>VWS</b>	Victim/Witness Services
<b>VCCLEA</b>	Violent Crime Control and Law Enforcement Act
<b>WebBGAS</b>	Web Block Grant Application System
<b>WADA</b>	World Anti-Doping Agency