



National Drug Control Budget

FY 2014 Funding Highlights

April 2013

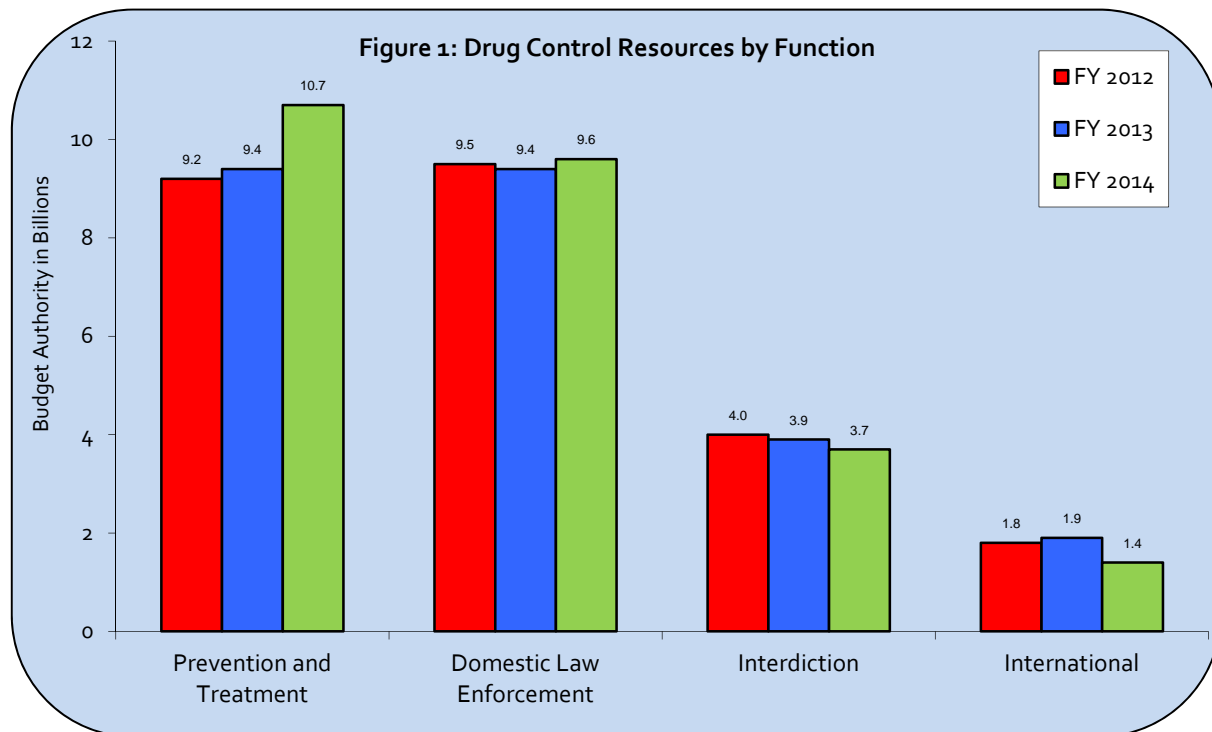
Overview

In support of the 2013 *National Drug Control Strategy (Strategy)*, the President requests \$25.4 billion in Fiscal Year (FY) 2014 to reduce drug use and its consequences in the United States. This represents an increase of \$0.9 billion (3.7%) over the FY 2012 final level of \$24.5 billion.

The President's 2013 *National Drug Control Strategy* will articulate the Administration's vision for a 21st century drug policy that is based on science and evidence, encompassing prevention, early intervention, treatment, recovery, criminal justice reform, effective law enforcement, and international cooperation. Efforts provided by Federal funding include:

- preventing illicit drug use and addiction before their onset;
- bringing more Americans in need of treatment into contact with the appropriate level of care;
- protecting public safety while also ensuring that drug-involved offenders have the opportunity to end their drug use and rebuild their lives;
- countering drug production and trafficking within the United States;
- implementing new strategies to secure our borders against illicit drug flows;
- working with our international partners to reduce drug production and trafficking, strengthen rule of law and support alternative livelihoods in source countries.

The budget will continue to support a balanced approach that brings all sectors of society together in a national effort to improve public health and public safety.



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.

Consistent with the restructuring of the drug control budget in FY 2012, the FY 2014 request includes a program new to the National Drug Control Budget. The new program, which will be reflected in the *National Drug Control Strategy, FY 2014 Budget and Performance Summary*, is the Department of Justice's Byrne Memorial Justice Assistance Grant program. This program, which now has a reasonable methodology to estimate drug control funding, provides critical assistance to state and local law enforcement in addressing community problems with narcotics and much needed support for their local efforts to reduce substance abuse.

Highlights of the FY 2014 Budget by Function

Prevention

Federal resources totaling \$1.4 billion support education and outreach programs that are intended to discourage the use of controlled substances, while encouraging community outreach efforts focused on getting those who have begun to use illicit drugs to cease their use. This represents a 5 percent increase (\$69.6 million) over the FY 2012 level; the major efforts are highlighted below:

Drug Free Communities Support Program (DFC)

Office of National Drug Control Policy: \$85.7 million

The DFC 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 local communities across the United States, Territories and Protectorates. For FY 2014, \$76.8 million will fund grants made directly to approximately 605 community-based coalitions (including 139 new grants) 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.

Education's Prevention Efforts

Department of Education: \$137.1 million

The Department of Education is proposing new programming to serve students and teachers. New for FY 2014, the Department of Education proposes to scale up the implementation of evidence-based multi-tiered decision-making frameworks to improve student academic and behavior outcomes. These frameworks guide the selection, integration, and implementation of the best evidence-based behavioral practices for improving school climate and behavioral outcomes for all students. There is evidence that youth risk factors are reduced in schools where these frameworks are implemented well; and that reduced risk factors are correlated with reduced drug use, among other improved behaviors.

Substance Abuse Prevention and Treatment Block Grant

Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA): \$364.0 million

Twenty percent of the \$1.82 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 abuse 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.

Drugged Driving

Department of Transportation, National Highway Traffic Safety Administration (NHTSA): \$2.2 million
NHTSA's FY 2014 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, and complete a new roadside survey on the prevalence of drug use by drivers by FY 2015.

Strategic Prevention Framework (SPF)

Department of Health and Human Services - SAMHSA: \$109.8 million

SAMHSA's Strategic Prevention Framework-State Incentive Grants (SPF SIG) to states, tribes, and territories uses a public health approach that supports the delivery of effective programs, policies and practices to prevent substance use disorders. The Partnerships for Success (PFS) program builds on the success of the SPF SIG program, focusing on implementing the SPF to strengthen prevention capacity and infrastructure at the state, territorial, and community levels; preventing the onset and reducing the progression of substance abuse; and leveraging, redirecting, and aligning statewide funding streams and resources to focus on promoting evidence-based substance abuse prevention. In FY 2014, SAMHSA requests \$36.7 million to implement a new cohort of PFS grants, awarding up to 32 grants.

Anti-Doping Activities/World Anti-Doping Agency (WADA) Dues

Office of National Drug Control Policy: \$9.7 million

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 aim to promote an increased awareness in the U.S. and internationally of the health and ethical dangers of illicit drug use and doping in sport. 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

The FY 2014 Budget proposes \$9.3 billion in Federal funds for early intervention, treatment and recovery services. These services focus on assisting individuals with substance use disorders to become free from the health consequences of the use of illicit drugs, including abuse of prescription drugs. This represents an increase of 18 percent (\$1,413.3 million) over the FY 2012 level. The major efforts are highlighted below:

Medicare & Medicaid funded substance abuse treatment services

Department of Health and Human Services, Centers for Medicare & Medicaid Services: \$4,670.0 million

Substance abuse treatment most often is paid for by two or more public and private sources (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 abuse treatment services. Medicare supports treatment for substance abuse in both inpatient and outpatient settings. These programs are increasing in size and scope, with the expansion of populations and/or services covered.

Substance Abuse Prevention and Treatment Block Grant

Department of Health and Human Services - SAMHSA: \$1,455.9 million

This formula-based funding to states support the provision of substance abuse 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. Individuals who are in need of such services and have no or limited health insurance coverage for substance use disorder treatment and recovery support services rely on services funded by the block grant. The grant also allows states to provide a range of clinical and recovery support services to clients during treatment and recovery. It also supports planning, coordination, needs assessment, quality assurance, and has set asides for HIV, program development and evaluation. Approximately 80% of this \$1.82 Billion program is estimated for these treatment and these other services.

Drug Courts

Department of Health and Human Services - SAMHSA: \$41.3 million

Department of Justice - Office of Justice Programs: \$44.0 million

Drug Courts help reduce recidivism and substance abuse among offenders and improve an offender's likelihood of successful rehabilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, appropriate sanctions, and other rehabilitation services. HHS and DoJ work together to enhance court services, coordination, and the substance abuse treatment capacity of adult drug courts. Within the Department of Justice, Drug Courts are proposed to be funded within the \$44.0 million Problem Solving Justice Grants program, which funds a variety of problem-solving approaches to Justice, including specialty courts.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Department of Health and Human Services - SAMHSA: \$30.0 million

The SBIRT program provides grants to health care providers to intervene early in the disease process before individuals achieve dependency and to motivate the addicted client to engage in substance abuse treatment. Since the beginning of this program, more than 1.4 million individuals have been screened, with 19 percent requiring a brief intervention, brief treatment, or referral to specialty treatment programs. In FY 2014, more than 140,000 individuals are estimated to be served by the program. The request will support 41 grants (25 continuations and 16 new) and one contracts. 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.

Access to Recovery (ATR)

Department of Health and Human Services - SAMHSA: \$65.0 million

State and tribal ATR grants will support the provision of treatment and recovery support services to those with substance use disorders. SAMHSA plans to award 19, three-year grants of \$3.2 million. ATR will continue to utilize a voucher-based payment mechanism to ensure free and genuine client choice and the expansion of both traditional and faith-based service providers. The majority of services provided are expected to be recovery support in nature and not generally supported through insurance mechanisms. ATR grant funds will also support creating linkages with state health information exchanges to ensure coordination and non-duplication of services, and will increase the availability of and access to training and certification programs for non-traditional providers, such as faith-based and peer providers.

Homeless Assistance Grants - Continuum of Care

Department of Housing and Urban Development: \$570.0 million

The President's *Strategy* calls for Federal support to reducing barriers to recovery from substance abuse addiction. Lack of housing is a known barrier to sustained recovery for those with substance abuse disorders. For persons in recovery, structured and supportive housing promotes healthy recovery outcomes. The 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 are designed to provide housing and supportive services on a long-term basis.

Offender Re-entry Program/Prisoner Re-entry Initiative

Department of Health and Human Services - SAMHSA: \$11.9 million

Department of Justice – Office of Justice Programs: \$59.5 million

Re-entry grants from HHS and DoJ provide substance abuse screening, assessment, and comprehensive 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 (BOP) Drug Treatment Efforts

Department of Justice, Bureau of Prisons: \$109.9 million

As forty percent of inmates entering BOP are diagnosed with a substance use disorder, BOP continues to develop evidence based treatment practices to manage and treat drug-using offenders. The Bureau's strategy includes early identification through a psychology screening, drug education, non-residential drug abuse treatment, intensive residential drug abuse treatment (RDAP) and community transition treatment. In coordination with the National Institute on Drug Abuse, BOP conducted a rigorous 3 year outcome study of the residential drug abuse treatment program beginning in 1991. The results indicated that male participants are 16 percent less likely to recidivate and 15 percent less likely to experience substance abuse 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.

Substance Abuse treatment for Veterans

Department of Veterans Affairs: \$687.4 million

The Veterans Health Administration (VHA) operates a national network of substance abuse treatment programs located in the Department's medical centers, residential rehabilitation facilities, and outpatient clinics. The goal of the programs is to provide effective, safe, efficient, recovery-oriented, and compassionate care for Veterans with substance abuse disorders and mental illness, who are vulnerable to these disorders, and who are in continuing care to sustain recovery.

Domestic Law Enforcement

Nearly \$9.6 billion in FY 2014 Federal resources are requested to support domestic law enforcement efforts (including state and local assistance, as well as Federal investigation, prosecution, and corrections), an increase of \$123.4 million (1.3%) over the FY 2012 level. The major efforts are highlighted below.

High Intensity Drug Trafficking Areas (HIDTA) Program

Office of National Drug Control Policy: \$193.4 million

The HIDTA program principally supports the enforcement aspect of the National Drug Control *Strategy* by providing assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions of the United States. The HIDTA program currently includes 28 regional HIDTAs, which comprise approximately 16 percent of all counties in the United States and 60 percent of the U.S. population. As such, the program provides resources to these agencies in each HIDTA region to carry out activities that address the specific drug threats of that region. The HIDTA program plays a key role in helping to keep communities safe, and supports a place-based policy designed to increase the impact of government dollars by leveraging place-conscious planning and place-based programming. It is a regional program, locally managed, and tied to a national mission. It principally supports drug supply reduction by bringing together and providing assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug trafficking regions

of the United States. However, in line with the President's *Strategy*, individual HIDTAs are also increasingly involved in prevention initiatives at the local or regional level.

Prescription Drug Monitoring Program (PDMP)

Department of Justice: \$7.0 million

The PDMP program boosts the capacity of regulatory agencies and health care providers to collect and analyze controlled substance prescription data. The program provides grant funding to states for PDMP planning, implementation, training and technical assistance to states, and technical support regarding electronic interstate data sharing.

Corrections

Department of Justice/Federal Judiciary: \$4,577.4 million

As a consequence of illegal drug use, the Bureau of Prisons, the U.S. Marshals Service - Federal Prisoner Detention, and the Federal Judiciary 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.

National Guard Counternarcotics Support

Department of Defense: \$109.6 million

The National Guard provides counternarcotics support to Federal, state and local law enforcement in all fifty states and four territories. Utilizing unique military skills and capabilities, Guardsmen provide support including criminal analysis and investigative case support, linguist and translator support, eradication support, training, reconnaissance and observation, and civil operations.

Federal Law Enforcement Training Center (FLETC)

Department of Homeland Security: \$48.8 million

FLETC is an interagency law enforcement training facility to more than 90 Federal agencies and provides training and technical assistance to state, local, tribal, territorial, and international law enforcement entities. FLETC provides training programs in support of drug enforcement activities, focusing on advanced programs that teach and reinforce law enforcement skills of investigation. These training programs with a drug nexus equip law enforcement officers and agents with the specialized skills needed to support successful drug investigations.

Drug Enforcement Administration's (DEA) Domestic Efforts

Department of Justice: \$1,607.3 million

DEA's Domestic Enforcement efforts comprise the majority of DEA's support for the *Strategy*. DEA supports an aggressive and balanced domestic enforcement program. The agency takes 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.

Interdiction

The Federal budget request for interdiction efforts, which include intercepting and ultimately disrupting shipments of illegal drugs and their precursors, as well as the proceeds, totals \$3.7 billion in FY 2014, a decrease of \$331.5 million (-8.2%) over the FY 2012 level. The major efforts are highlighted below.

Customs and Border Protection (CBP)

Department of Homeland Security: \$2,344.6 million

CBP uses its wide range of resources and ground, air and maritime assets to interdict and disrupt the flow of narcotics and other contraband across our Nation's borders. CBP also supports disrupting and dismantling criminal organizations that move drugs, weapons and illicit proceeds into and out of the United States. CBP's narcotics interdiction efforts are flexible so that it can successfully counter the constantly shifting narcotics threat at and between the ports of entry.

United States Coast Guard (USCG)

Department of Homeland Security: \$1,127.8 million

As part of its larger mission to ensure maritime security, the USCG's drug interdiction goal is to reduce the flow of illegal drugs entering the United States by denying smugglers access to maritime routes. The USCG maintains an interdiction presence based on the availability of assets and risk-based prioritization of missions. USCG continues to strengthen ties with partner nations to increase their willingness and ability to reduce the trafficking of illicit drugs within their sovereign boundaries.

Department of Defense Drug Interdiction

Department of Defense: \$471.2 million

The Department of Defense (DoD) serves as the lead agency of the Federal Government for the detection and monitoring of aerial and maritime transit of illegal drugs into the United States. It fulfills this mission through the maritime and air assets it provides, its intelligence collection capabilities, as well as its operation of Joint Interagency Task Forces South and West, which work to detect, monitor, and disrupt the flow of illicit traffic to the United States.

International

The profits from illicit drug trafficking are 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. The FY 2014 Budget requests over \$1.4 billion to provide a wide range of drug-control activities primarily focused on or conducted in areas outside of the United States, a decrease of \$378.7 million (-20.7%) from the FY 2012 level. These programs help facilitate the disruption or dismantlement of the most significant international drug organizations, and increase the demand reduction and drug enforcement capabilities of partner nations. The major efforts are highlighted below.

DEA's International Efforts

Department of Justice: \$417.7 million

DEA's International Enforcement program seeks to disrupt or dismantle the most significant international drug and precursor chemical trafficking organizations around the world. Working with the Department of State and U.S. Ambassadors, 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.

Caribbean Basin Security Initiative (CBSI)

Department of State/INL: \$10.1 million

CBSI joins the United States with Caribbean nations to collaborate on regional security issues, including the reduction of illicit trafficking. Funding supports building the capacity and the professionalization of partner nation law enforcement agencies. The goal is to improve regional cooperation and capacity in order to address drug traffickers who seek to capitalize on weak institutions and porous borders.

Central America Regional Security Initiative (CARSI)

Department of State/INL: \$34.8 million

CARSI is designed to stop the flow of narcotics, arms, weapons, and bulk cash generated by illicit drug sales, and to confront gangs and criminal organizations throughout Central America. The Initiative provides assistance to partner nations in a range of areas, including 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. CARSI will provide for a safer and more secure region, as well as prevent the entry and spread of illicit drugs, violence, and transnational threats to countries throughout the region and to the United States.

United States Agency for International Development (USAID)

Department of State: \$134.6 million

USAID's Alternative Development (AD) programs support the objectives of the President's *Strategy* by helping partner nations develop economic alternatives to narcotics production. These AD programs 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.

DoD International Counternarcotics Efforts

Department of Defense: \$350.9 million

DoD works to address a broad array of security threats associated with illicit drug trafficking. Working with U.S. partner nations, DoD CN efforts provide training, equipment and infrastructure required to build their capacity to address traffickers, allowing them to gain control of their borders and ungoverned spaces. Because final decisions about the pace of the drawdown in Afghanistan have not yet been made, the Budget does not include Department of Defense's 2014 expected Overseas Contingency Operations (OCO)

funding request. The Administration will submit a Budget amendment to Congress updating the DOD OCO request after a determination has been made on required force levels in Afghanistan.

Performance Measurement

Performance measurement is an important tool for ONDCP in its oversight of Federal agencies – it enables ONDCP to assess the extent to which the *Strategy's* Goals and Objectives are met, and the contributions of drug control agencies. Two laws serve as key foundations for ONDCP's performance efforts -- the Office of National Drug Control Policy Reauthorization Act of 2006 (P.L. 109-469) and the Government Performance and Results Modernization Act of 2010 (GPRMA).

ONDCP tracks and reports on progress of the *Strategy* as reflected in performance measures and targets established for the *Strategy's* Goals and Objectives. Assessing the contributions of drug control Agencies in achieving the Goals and Objectives of the *Strategy* draws upon GPRMA data and other agency information. For assessing interagency progress, the key mechanism is the Performance Reporting System (PRS) which was designed to appraise the performance of the large and complex interagency Federal effort set forth in the *Strategy*. The PRS was developed through an extensive interagency process that brought together Federal partners with expertise in the areas of drug control policy, programs, and data.

The PRS monitors key performance measures to inform ONDCP on interagency progress towards the *Strategy's* 2 Goals and 7 Objectives. The PRS design report was published in April 2012 and is available online at http://www.whitehouse.gov/sites/default/files/ondcp/prs_2012.pdf. The first PRS assessment report will be published in 2013 and will address progress to date. This information will be used to inform budget formulation and resource allocation, *Strategy* implementation, policymaking, and planning.

Table 1: Federal Drug Control Spending by Function

FY 2012 - FY 2014
(Budget Authority in Millions)

| | FY 2012 Final | FY 2013 Annualized CR | FY 2014 Request | FY12-FY14 Change Dollars | Change Percent |
|--------------------------|-------------------|-----------------------------|--------------------|--------------------------------|-------------------|
| Function | | | | | |
| Treatment | 7,848.3 | 8,082.4 | 9,261.6 | +1,413.3 | +18.0% |
| Percent | 32.0% | 32.9% | 36.5% | | |
| Prevention | 1,339.2 | 1,289.5 | 1,408.7 | +69.6 | +5.2% |
| Percent | 5.5% | 5.3% | 5.5% | | |
| Domestic Law Enforcement | 9,439.5 | 9,348.8 | 9,562.9 | +123.4 | +1.3% |
| Percent | 38.5% | 38.1% | 37.7% | | |
| Interdiction | 4,036.5 | 3,869.7 | 3,705.0 | -331.5 | -8.2% |
| Percent | 16.5% | 15.8% | 14.6% | | |
| International | 1,833.7 | 1,946.0 | 1,455.0 | -378.7 | -20.7% |
| Percent | 7.5% | 7.9% | 5.7% | | |
| Total | \$24,497.2 | \$24,536.4 | \$25,393.2 | +\$896.1 | +3.7% |
| Supply/Demand | | | | | |
| Demand Reduction | 9,187.4 | 9,371.9 | 10,670.3 | +1,482.9 | +16.1% |
| Percent | 37.5% | 38.2% | 42.0% | | |
| Supply Reduction | 15,309.7 | 15,164.5 | 14,722.9 | -577.0 | -3.8% |
| Percent | 62.5% | 61.8% | 58.0% | | |
| Total | \$24,497.2 | \$24,536.4 | \$25,393.2 | +\$896.1 | +3.7% |

Note: Detail may not add due to rounding.

Table 2: Federal Drug Control Spending by Agency

(Budget Authority in Millions)¹

| | FY2012 Final | FY2013 CR | FY2014 Request |
|--|-----------------|----------------|-------------------|
| Department of Agriculture | | | |
| U.S. Forest Service | 15.2 | 15.2 | 13.2 |
| Court Services and Offender Supervision Agency for the District of Columbia | 56.3 | 57.5 | 60.6 |
| Department of Defense | | | |
| Drug Interdiction and Counterdrug Activities ² /OPTEMPO | 1,775.1 | 1,632.5 | 1,084.0 |
| Defense Health Program | <u>94.4</u> | <u>108.2</u> | <u>119.7</u> |
| Total DoD | 1,869.4 | 1,740.7 | 1,203.6 |
| Department of Education | 63.7 | 58.9 | 137.1 |
| Federal Judiciary | 1,118.1 | 1,125.4 | 1,153.2 |
| Department of Health and Human Services | | | |
| Administration for Children and Families | 20.0 | 20.0 | 20.0 |
| Centers for Medicare & Medicaid Services ³ | 3,500.0 | 3,720.0 | 4,670.0 |
| Health Resources and Services Administration | 17.8 | 17.9 | 18.2 |
| Indian Health Service | 98.0 | 96.4 | 112.4 |
| National Institute on Alcohol Abuse and Alcoholism | 61.6 | 62.0 | 62.2 |
| National Institute on Drug Abuse | 1,051.4 | 1,058.6 | 1,071.6 |
| Substance Abuse and Mental Health Services Administration ⁴ | <u>2,479.3</u> | <u>2,447.0</u> | <u>2,415.8</u> |
| Total HHS | 7,228.2 | 7,421.9 | 8,370.2 |
| Department of Homeland Security | | | |
| Customs and Border Protection | 2,280.3 | 2,280.3 | 2,344.6 |
| Federal Law Enforcement Training Center | 48.5 | 48.7 | 48.8 |
| Immigration and Customs Enforcement | 523.5 | 523.5 | 485.0 |
| United States Coast Guard ⁵ | 1,332.5 | 1,253.3 | 1,127.8 |
| Office of Counternarcotics Enforcement | <u>1.8</u> | <u>1.8</u> | <u>0.0</u> |
| Total DHS | 4,186.6 | 4,107.6 | 4,006.2 |
| Department of Housing and Urban Development | | | |
| Community Planning and Development | 446.0 | 446.0 | 570.0 |
| Department of the Interior | | | |
| Bureau of Indian Affairs | 10.0 | 9.5 | 9.5 |
| Bureau of Land Management | 5.1 | 5.1 | 5.1 |
| National Park Service | <u>3.3</u> | <u>3.3</u> | <u>3.3</u> |
| Total Interior | 18.4 | 17.9 | 17.9 |

| | FY2012 Final | FY2013 CR | FY2014 Request |
|---|-----------------|-----------------|-------------------|
| Department of Justice | | | |
| Assets Forfeiture Fund | 230.3 | 232.8 | 244.5 |
| Bureau of Prisons | 3,396.9 | 3,377.7 | 3,517.7 |
| Criminal Division | 39.6 | 41.0 | 40.2 |
| Drug Enforcement Administration | 2,357.0 | 2,400.4 | 2,428.9 |
| Organized Crime Drug Enforcement Task Force Program | 527.5 | 530.7 | 523.0 |
| Office of Justice Programs | 243.4 | 237.5 | 380.9 |
| National Drug Intelligence Center | 20.0 | 20.1 | 0.0 |
| U.S. Attorneys | 78.8 | 75.0 | 76.4 |
| U.S. Marshals Service | 248.8 | 250.5 | 251.5 |
| U.S. Marshals Service - Federal Prisoner Detention | 580.1 | 580.1 | 656.3 |
| Total Justice | 7,722.5 | 7,746.0 | 8,119.3 |
| Department of Labor | | | |
| Employment and Training Administration | 6.6 | 6.6 | 6.6 |
| Office of National Drug Control Policy | | | |
| High Intensity Drug Trafficking Areas | 238.5 | 240.0 | 193.4 |
| Other Federal Drug Control Programs | 105.6 | 106.2 | 95.4 |
| Salaries and Expenses | <u>24.5</u> | <u>24.7</u> | <u>22.6</u> |
| Total ONDCP | 368.6 | 370.8 | 311.4 |
| Department of State | | | |
| Bureau of International Narcotics and Law Enforcement Affairs | 494.6 | 494.6 | 510.5 |
| United States Agency for International Development | <u>173.7</u> | <u>173.7</u> | <u>134.6</u> |
| Total State | 668.3 | 668.3 | 645.1 |
| Department of Transportation | | | |
| Federal Aviation Administration | 28.7 | 27.6 | 28.1 |
| National Highway Traffic Safety Administration | <u>2.7</u> | <u>2.7</u> | <u>2.2</u> |
| Total Transportation | 31.4 | 30.3 | 30.3 |
| Department of the Treasury | | | |
| Internal Revenue Service | 60.3 | 60.3 | 60.9 |
| Department of Veterans Affairs | | | |
| Veterans Health Administration ⁷ | 637.8 | 663.0 | 687.4 |
| | 24,497.2 | 24,536.4 | 25,393.2 |

¹Detail may not add due to rounding.

²As the Overseas Contingency Operations (OCO) amounts have not yet been finalized, this amount includes FY 2014 base budget resources only.

³The estimates for the Centers for Medicare & Medicaid Services (CMS) reflect Medicaid and Medicare benefit outlays for substance abuse treatment; they do not reflect budget authority. The estimates were developed by the CMS Office of the Actuary.

⁴Includes budget authority and funding through evaluation set-aside authorized by Section 241 of the Public Health Service (PHS) Act.

⁵The USCG budgets by appropriation rather than individual missions. The USCG projects resource allocations by mission through use of an activity-based costing system. Actual allocations will vary depending upon operational environment and mission need.

⁶State Department amounts include funding appropriated or requested for overseas contingency operations.

⁷VA Medical Care receives advance appropriations; FY 2014 funding was provided in the Consolidated and Further Continuing Appropriations Act, 2013 (Public Law 113-6).