

2021 COMPLIANCE REVIEW REPORT

Office of National Drug Control Policy

MARCH 2021

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Introduction

Background

This Summary presents for Congress the *2021 Compliance Review Report*. This report consists of Detailed Accounting Reports (DAR), Performance Summary Reports (PSR), and Budget Formulation Compliance Reports (BFCR) prepared by the National Drug Control Program agencies.

The DAR is required pursuant to 21 U.S.C. § 1704(d)(1)-(2):

Not later than February 1 of each year, in accordance with guidance issued by the [Director](#), the head of each National Drug Control Program Agency shall submit to the [Director](#) a detailed accounting of all funds expended [Office of National Drug Control Policy (ONDCP) guidance refers to this as a Detailed Accounting Report(DAR)] by the agency for [National Drug Control Program](#) activities during the previous fiscal year and shall ensure such detailed accounting is authenticated for the previous fiscal year by the Inspector General for such [agency](#) prior to the submission to the [Director](#) as frequently as determined by the Inspector General but not less frequently than every 3 years” and “The Director shall submit to Congress not later than April 1 of each year the information submitted to the Director under paragraph (1).

The Director of the Office of National Drug Control Policy is also authorized under 21 U.S.C. § 1703(d)(7) to “monitor implementation of the National Drug Control Program, including – (A) conducting program and performance audits and evaluations; and (B) requesting assistance from the Inspector General of the relevant agency in such audits and evaluations....”

In assessing reliability, ONDCP anticipates each Office of Inspector General (OIG) will conduct an attestation review consistent with the *Statements for Standards of Attestation Engagements*, promulgated by the American Institute of Certified Public Accountants.^[1] An attestation review is more limited in scope than a standard financial audit, the purpose of which is to express an opinion on management’s assertions. The objective of an attestation review is to evaluate an entity’s financial reporting and to provide negative assurance. Negative assurance, based on the criteria established by ONDCP guidance, indicates that nothing came to the attention of the OIG that would cause them to believe an agency’s submission was presented other than fairly in all material respects.

ONDCP guidance^[2] permits an agency to request an “Unreasonable Burden Exception,” if the drug-related obligation is less than \$50 million. An agency or bureau included in the National Drug Control Budget with prior year drug-related obligations of less than \$50 million may submit an Alternative DAR and PSR and BFCR. An agency or bureau submitting an Alternative DAS shall provide the drug control funding obligations information required under Section 7.a. and the assertions required under Section 7.b of the ONDCP Circular: National Drug Control Program Agency Compliance Reviews. An agency or bureau submitting an Alternative PSR shall provide the performance reporting information required under Section 6.a. and Section 8.a. and the assertions required under Section 6.b and Section 8.b of the ONDCP Circular: National Drug Control Program Agency Compliance Reviews.

[1] Consistent with the requirements of 21 U.S.C. § 1704(d)(1), the Inspector General shall determine the frequency with which to conduct an attestation review of accounting reports, but such reviews shall be conducted not less frequently than every 3 years.

[2] ONDCP Circular: National Drug Control Program Agency Compliance Reviews. October 22, 2019

For this reporting period, and consistent with 21 U.S.C. § 1704(d)(1), the OIGs from Education, Health and Human Services, Justice, Treasury and Transportation elected to conduct an attestation review for the fiscal year ending September 30, 2020.

Department Compliance and Attestation Reviews

The following Departments and agencies did not fully comply with 21 U.S.C. § 1704(d)(1) and ONDCP guidance. ONDCP will work with the identified agencies in fulfilling the requirements of the Circular for the FY 2021 reports.

- Department of State Bureau of International Narcotics and Law Enforcement Affairs provided all requested documentation, but the Department of State Inspector General (IG) was unable to gather sufficient data as to render an opinion. With the submission of the requested documentation, they have been assessed a rating of “pass.”
- Department of Transportation Federal Aviation Administration did not provide a Summer Budget Letter, as required. The IG did not receive reporting information on time due to COVID-19 issues and were unable to authenticate some reports. With the submission of all other required information, they have been assessed a rating of “pass.”
- The Department of the Treasury IRS summer budget was not submitted to ONDCP at the same time as that budget request was submitted to its superiors, in accordance with 21 U.S.C. § 1703(c)(1)(A). For this reason, they have been assessed a rating of “fail.”

Note that ONDCP has begun working with agencies that were recently designated by ONDCP as National Drug Control Program Agencies. Their data are not included in this report since ONDCP is still in the process of working with them to define their drug budget methodology and discussing required annual reporting, however our intent is to incorporate their drug related information in next year’s edition of this publication. These new agencies include: AmeriCorps, United States Postal Inspection Service, the Food and Drug Administration at HHS, the Bureau of Alcohol, Tobacco and Firearms and Explosives and the Federal Bureau of Investigations at DOJ; the Office of Financial Assets Control and FINCEN at Treasury; the Defense Security and Cooperation Agency; and the Science and Technology Directorate at DHS.

Provided below are a summary table and synopses of each agency’s report. Together these sections describe each agency’s compliance with 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). Where there were compliance issues or material weaknesses identified, ONDCP will work with the agency to address prior to the submission of the FY 2021 reports.

FY 2020 SUMMARY TABLE OF AGENCY COMPLIANCE

| | Budget Formulation Compliance Report | | | | Detailed Accounting Report | | | | | Performance Summary Report | | | |
|---|---|---------------------------------------|--|--------------------------------|--|---------------------------------------|--|------------------------------------|--------------------------------|---|---------------------------------------|--|--------------------------------|
| | Provided Required Formulation Information | Provided Signed Management Assertions | OIG/ Indep. Auditor Attestation Review/ Findings | Compliance with ONDCP Circular | Provided Required Accounting Information | Provided Signed Management Assertions | OIG/ Indep. Auditor Attestation Review/ Findings | Material Weakness Identified | Compliance with ONDCP Circular | Provided Required Performance Information | Provided Signed Management Assertions | OIG/ Indep. Auditor Attestation Review/ Findings | Compliance with ONDCP Circular |
| | Yes/No | Yes/No | N.R. or N.A. or Yes | Pass/Fail | Yes/No | Yes/No | N.R. or N.A. or Yes | Yes/No with footnote 4 as relevant | Pass/Fail | Yes/No | Yes/No | N.R. or N.A. or Yes | Compliance with ONDCP Circular |
| Agriculture | | | | | | | | | | | | | |
| United States Forest Service | Yes | Yes | N.R. | Pass | Yes | Yes | N.R. | No | Pass | Yes | Yes | N.R. | Pass |
| Office of Rural Development | Yes | Yes | N.R. | Pass | Yes | Yes | N.R. | No | Pass | Yes | Yes | N.R. | Pass |
| Corporation for National and Community Service | | | | | | | | | | | | | |
| Newly designated agency not submitting this cycle | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Court Services and Offender Supervision Agency | | | | | | | | | | | | | |
| Community Supervision and Pretrial Services | Yes | Yes | N.A. | Pass | No | No | N.A. | No | Pass | No | No | N.A. | Pass |
| Defense | | | | | | | | | | | | | |
| Drug Interdiction and Counterdrug Activities | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | N.A. | Pass |
| Defense Security Cooperation Agency | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Health Affairs | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | No | Pass |
| Education | | | | | | | | | | | | | |
| Office of Safe and Drug-Free Schools | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Health and Human Services | | | | | | | | | | | | | |
| Administration for Children and Families | Yes | Yes | N.R. | Pass | Yes | Yes | N.R. | No | Pass | Yes | Yes | N.R. | Pass |
| Centers for Disease Control and Prevention | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Centers for Medicaid and Medicare Services | Yes | Yes | N.R. | Pass | Yes | Yes | N.R. | Yes | Pass | Yes | Yes | N.R. | Pass |
| Food and Drug Administration* | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| Health Resources Service Administration | Yes | Yes | Yes | Pass | Yes | Yes | Yes | Yes | Pass | Yes | Yes | Yes | Pass |
| Indian Health Service | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| National Institute on Alcohol Abuse and Alcoholism | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| National Institute on Drug Abuse | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Substance Abuse and Mental Health Services | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Homeland Security | | | | | | | | | | | | | |
| Customs and Border Protection | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | NA | Pass |
| Federal Emergency Management Agency | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | NA | Pass |
| Federal Law Enforcement Training Center | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | NA | Pass |
| Immigration and Customs Enforcement | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | No | NA | Pass |
| Science and Technology Directorate | Yes | No | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | N/A | Pass |
| United States Coast Guard | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | N/A | Pass |
| Housing and Urban Development | | | | | | | | | | | | | |
| Office of Special Needs Assistance Programs | Yes | Yes | N.R. | Pass | Yes | Yes | N.R. | No | Pass | Yes | Yes | N.R. | Pass |
| Interior | | | | | | | | | | | | | |
| Bureau of Indian Affairs | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | N.A. | Pass |
| Bureau of Land Management | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | N.A. | Pass |
| National Park Service | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | N.A. | Pass |

FY 2020 SUMMARY TABLE OF AGENCY COMPLIANCE (continued)

| | Budget Formulation Compliance Report | | | | Detailed Accounting Report | | | | | Performance Summary Report | | | |
|---|---|---------------------------------------|--|--------------------------------|--|---------------------------------------|--|------------------------------------|--------------------------------|---|---------------------------------------|--|--------------------------------|
| | Provided Required Formulation Information | Provided Signed Management Assertions | OIG/ Indep. Auditor Attestation Review/ Findings | Compliance with ONDCP Circular | Provided Required Accounting Information | Provided Signed Management Assertions | OIG/ Indep. Auditor Attestation Review/ Findings | Material Weakness Identified | Compliance with ONDCP Circular | Provided Required Performance Information | Provided Signed Management Assertions | OIG/ Indep. Auditor Attestation Review/ Findings | Compliance with ONDCP Circular |
| | Yes/No | Yes/No | N.R. or N.A. or Yes | Pass/Fail | Yes/No | Yes/No | N.R. or N.A. or Yes | Yes/No with footnote 4 as relevant | Pass/Fail | Yes/No | Yes/No | N.R. or N.A. or Yes | Compliance with ONDCP Circular |
| Justice | | | | | | | | | | | | | |
| Asset Forfeiture Fund | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Criminal Division | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Drug Enforcement Administration | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Federal Bureau of Prisons | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Office of Justice Programs | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Offices of the United States Attorneys | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Organized Crime Drug Enforcement Task Force | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| United States Marshals Service | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Labor | | | | | | | | | | | | | |
| Employment and Training Administration | Yes | Yes | N.R. | Pass | Yes | Yes | N.R. | No | Pass | Yes | Yes | N.R. | Pass |
| Office of Workers' Compensation Programs | Yes | Yes | N.R. | Pass | Yes | Yes | N.R. | No | Pass | Yes | Yes | N.R. | Pass |
| State | | | | | | | | | | | | | |
| International Narcotics and Law Enforcement Affairs | Yes | Yes | No | Pass | Yes | Yes | No | No | Pass | Yes | Yes | No | Pass |
| United States Agency for International Development | Yes | Yes | N.R. | Pass | Yes | Yes | N.A. | No | Pass | Yes | Yes | Yes | Pass |
| Transportation | | | | | | | | | | | | | |
| Federal Aviation Administration | No | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | No | Yes | Pass |
| National Highway Traffic Safety Administration | Yes | Yes | Yes | Pass | Yes | Yes | Yes | No | Pass | Yes | Yes | Yes | Pass |
| Treasury | | | | | | | | | | | | | |
| Internal Revenue Service | Yes | Yes | N.R. | Fail | Yes | Yes | N.R. | No | Pass | Yes | Yes | N.R. | Pass |
| U.S. Postal Inspection Service | | | | | | | | | | | | | |
| Newly designated agency not submitting this cycle | | | | | | | | | | | | | |
| Veterans Affairs | | | | | | | | | | | | | |
| Veterans Health Administration | Yes | Yes | N.R. | Pass | Yes | Yes | N.R. | Yes | Pass | Yes | Yes | NR | Pass |

¹ Pass/Fail. Each individual report (i.e., Budget Formulation Report, Detailed Accounting Report, and Performance Summary Report) is assessed separately. For a report to be assessed as a "pass" all required elements for each report must be provided. If an element is missing it will result in assessment of "fail."

² N.R. - Not Required/Provided. Per ONDCP Circular: National Drug Control Program Agency Compliance Reviews, the Inspector General shall determine the frequency with which to conduct an attestation review of accounting reports, but such reviews shall be conducted not less frequently than every 3 years.

³ N.A. - Not Applicable. CSOSA does not have an IG component or function to review and express a conclusion on the reliability of the accounting and performance assertions made in its report. ONDCP granted CSOSA's exception request for the FY 2020 reporting period.

⁴ No Material Weakness Identified. This category includes circumstances where Agency level audits found materials weaknesses in accounting procedures; however, they did not impact the accurate reporting of drug control funding and/or there were no material weaknesses regarding drug control reporting.

⁵ This Agency has been included in the drug control budget for FY 2021, but has no input to the FY 2020 Report.

Summary of Agency Reports

Department of Agriculture

The Department of Agriculture's (USDA) U.S. Forest Service (USFS) submitted to ONDCP all FY 2020 information in a single document (Tab A) as part of its requirement under 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). The funding levels for USFS fell below the reporting threshold of \$50 million; therefore, ONDCP granted the exception that allowed their submissions to consist of a limited report that includes a table of FY 2019 drug-related obligations. USFS is assessed a rating of "pass."

USDA's Office of Rural Development (ORD) also submitted all the required reports and documentation. ONDCP appreciates the increased collaboration with ORD over the past year and looks forward to continuing to work together to ensure as much relevant information about ORD's important anti-drug work serving regions of the country severely impacted by the drug overdose crisis is shared with ONDCP.

Court Services and Offender Supervision Agency

The Court Services and Offender Supervision Agency (CSOSA) FY 2020 BFCR, DAR and PSR (Tab B) was granted an exception from certain provisions relating to review of their report by an IG, as required under 21 U.S.C. § 1704(d)(1), because CSOSA does not have an OIG component or function to review and express a conclusion on the reliability of the accounting and performance assertions made in its report. The agency includes descriptions, tables with FY 2020 obligations and relevant performance information. CSOSA complied with ONDCP guidance. CSOSA reports FY 2020 enacted reprogramming. CSOSA is assessed a rating of "pass."

Department of Defense

The Department of Defense's (DoD) accounting of FY 2020 drug control obligations (Tab C) fully complied with 21 U.S.C. § 1704(d)(7). The Deputy Assistant Secretary of Defense for Counternarcotics and Global Threats (DASD CN>) received a rating of "pass." The Defense Health Agency received a rating of "pass."

Department of Education

The Department of Education's (Education) accounting of FY 2020 drug control obligations (Tab D) satisfies requirements established by 21 U.S.C. § 1704(d)(1). Education submitted components required in the BFCR, DAR and PSR reports (with appropriate disclosures) by the agency for National Drug Control Program activities during fiscal year 2020. The Department disclosed to ONDCP that they did not prepare or submit a summer budget due to internal departmental factors. Education is assessed a rating of "pass".

Department of Health and Human Services

The Department of Health and Human Services' (HHS) FY 2020 drug control obligations accounting submission (Tab E) includes separate reports for the Administration for Children and Families (ACF),

Centers for Disease Control and Prevention (CDC), Centers for Medicaid and Medicare Services (CMS), the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), the National Institutes of Health's (NIH) National Institute on Alcohol Abuse and Alcoholism (NIAAA) and National Institute on Drug Abuse (NIDA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). The Centers for Medicare & Medicaid Services (CMS) reports actuarial outlay estimates for this mandatory spending program rather than budget authority and therefore expenditures are calculated under a different time schedule than discretionary funding. In accordance with 21 U.S.C. § 1704(d)(1), the OIG has notified HHS that they have chosen not to authenticate the material noted for fiscal year ending September 30, 2020 for ACF and CMS. Information is provided below with regard to each HHS agency.

ACF: The Department Health and Human Services Administration on Children and Families (ACF) provided the information for an alternative FY 2020 DAR as required by 21 U.S.C. § 1704(d)(1), and for the PSR required by 21 U.S.C. § 1703(d)(7). ACF is assessed a rating of "pass."

CDC: The HHS OIG identified no material weaknesses in the BFCR, DAR or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). CDC is assessed a rating of "pass."

CMS: CMS submitted an FY 2020 BFCR and DAR to ONDCP as part of its requirement under 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7).. Note that in CMS reporting to ONDCP, grants to States for Medicare and Medicaid programs are not included; that CMS reports actuarial outlay estimates for drug-related mandatory spending program rather than budget authority and therefore expenditures are calculated under a different time schedule than discretionary funding; and, that CMS utilized an alternative approach to performance management which ONDCP accepts as meeting the requirements of the PSR. CMS is assessed a rating of "pass."

HRSA: The HHS OIG identified that HRSA incorrectly asserted that its reported drug obligations were actual obligations when they were estimates. HRSA assures that future reports will accurately reflect either actual or estimated obligations, as described in the methodology. The OIG is satisfied that except for this deviation, there are no material weaknesses in the BFCR, DAR or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). HRSA is assessed a rating of "pass."

IHS: The HHS OIG identified no material weaknesses in the BFCR, DAR or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). IHS is assessed a rating of "pass."

NIAAA: The HHS OIG identified no material weaknesses in the BFCR, DAR or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). NIAAA is assessed a rating of "pass."

NIDA: The HHS OIG identified no material weaknesses in the BFCR, DAR or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). NIDA is assessed a rating of "pass."

SAMHSA: The HHS OIG identified no material weaknesses in the BFCR, DAR or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). SAMHSA is assessed a rating of “pass.”

Department of Homeland Security

The Department of Homeland Security’s (DHS) DAR (Tab F) includes separate reporting for Customs and Border Protection (CBP), the Federal Emergency Management Agency (FEMA), the Federal Law Enforcement Training Centers (FLETC), U.S. Immigration and Customs Enforcement (ICE), and the United States Coast Guard (USCG).

CBP: The FY 2020 BFCR, DAR and PSR was submitted as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). CBP is assessed as a “pass.”

FEMA: The FY 2020 BFCR, DAR and PSR was submitted as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). FEMA is assessed as a “pass.”

FLETC: FLETC provided the information for an alternative FY 2020 DAR as required by 21 U.S.C. § 1704(d)(1), and for the PSR required by 21 U.S.C. § 1703(d)(7). FLETC is assessed a rating of “pass.”

ICE: The FY 2020 BFCR, DAR and PSR was submitted as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). ICE is assessed a rating of “pass.”

USCG: USCG submitted a FY 2020 BFCR, DAR and PSR report as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). The USCG is assessed as a “pass.”

Department of Housing and Urban Development

The Department of Housing and Urban Development’s (HUD’s) Office of Special Needs Assistance submitted all the components of an FY 2020 BFR, DAR and PSR as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). The reports complied with established guidance. ONDCP has asked HUD to develop specific targets associated with their 3 existing measures, all of which utilize the number of program participants in HUD’s Continuum of Care: Homeless Assistance Grants. HUD is assessed a rating of “pass”.

Department of the Interior

DOI’s BFCR, DAR and PSR (Tab H) includes separate reports for the Bureau of Indian Affairs (BIA), the Bureau of Land Management (BLM) and the National Park Service (NPS). The funding level for these bureaus’ FY 2020 drug-related activities falls below the reporting threshold of \$50 million, and the submissions included reports that provided selected information of FY 2020 drug-related obligations and performance measures.

BIA: BIA provided an alternative report as its prior year obligations for drug control activities fell below \$50 million.

BLM: BLM provided an alternative report as its prior year obligations for drug control activities fall below \$50 million.

NPS: NPS submitted an alternative DAR since its prior year obligations for drug control activities fall below the ONDCP Circular's threshold of \$50 million.

Department of Justice

The Department of Justice's (DOJ) BFCR, DAR and PSR (Tab I) includes separate reports for the Assets Forfeiture Fund (AFF), Criminal Division (CRM), Drug Enforcement Administration (DEA), Federal Bureau of Prisons (BOP), Office of Justice Programs (OJP), Offices of the United States Attorneys (USA), Organized Crime Drug Enforcement Task Forces (OCDETF), and the United States Marshals Service (USMS).

AFF: The DOJ OIG identified no material weaknesses in the BFCR, DAR, or the PSR for the fiscal year ended September 30, 2020, and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). AFF is assessed a rating of "pass."

CRM: The DOJ OIG identified no material weaknesses in the BFCR, DAR, or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). CRM is assessed a rating of "pass."

DEA: The DOJ OIG identified no material weaknesses in the BFCR, DAR, or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). DEA is assessed a rating of "pass."

BOP: The DOJ OIG identified no material weaknesses in the BFCR, DAR, or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). BOP is assessed a rating of "pass."

OJP: The DOJ OIG identified no material weaknesses in the BFCR, DAR, or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). OJP is assessed a rating of "pass."

USA: The DOJ OIG identified no material weaknesses in the BFCR, DAR, or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). USA is assessed a rating of "pass."

OCDETF: The DOJ OIG identified no material weaknesses in the BFCR, DAR, or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). OCDETF is assessed a rating of "pass."

USMS: The DOJ OIG identified no material weaknesses in the BFCR, DAR, or the PSR for the fiscal year ended September 30, 2020 and found them to satisfy all requirements established by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). USMS is assessed a rating of “pass.”

Department of Labor

The Department of Labor’s Employment and Training Administration (ETA) and Office of Workers’ Compensation Programs (OWCP) submitted to ONDCP all the components of FY 2020 BFR, DAR and PSR documents (Tab J) as part of its requirement under 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). The funding levels for ETA’s and OWCP’s FY 2019 DAR fell below the reporting threshold of \$50 million; therefore, ONDCP granted the exception that allowed the submissions to consist of a limited report that includes a table of FY 2020 drug-related obligations. Report was comprehensive, complete and provided in a timely fashion. The success of the department in far surpassing its performance targets suggests that new, more ambitious targets should be identified for FY 2021. ETA and OWCP are assessed a rating of “Pass.”

Department of State and Other International Programs

Department of State Bureau of International Narcotics and Law Enforcement (INL) and the United States Agency for International Development (USAID) each provided a BFR, DAR and PSR (Tab K).

INL: INL submitted FY 2020 BFCR, DAR and PSR as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). While responsive information was provided, the submission did not fully comply with reporting requirements in that the Department did not have an IG review and attestation. ONDCP will work with INL in complying with the requirements of the Circular for the FY 2021 Accounting and Performance Report. INL was assessed as a "pass".

USAID: The FY 2020 BFCR, DAR and PSR was submitted as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). USAID was assessed as a “pass.”

Department of Transportation

The Department of Transportation’s DAR includes separate reports (Tab L) for the Federal Aviation Administration (FAA) and the National Highway Traffic Safety Administration (NHTSA).

FAA: The FY 2020 BFCR, DAR and PSR was submitted as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). The FAA failed to provide a Summer Budget letter submission and the Department’s IG was unable to attest to their submission, however all other materials were provided to satisfy the submission. ONDCP will work with the Department to ensure compliance with all requirements for next year. FAA was assessed as a “pass.”

NHTSA: The FY 2020 BFCR, DAR and PSR was submitted as required by 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). NHTSA was assessed as a “pass.”

Department of the Treasury

The Department of the Treasury's Internal Revenue Service (IRS) submitted the BFCR, DAR, and PSR for FY 2020 (Tab M) to ONDCP as part of its requirement under 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). Consistent with the requirements of 21 U.S.C. § 1704(d)(1), the Inspector General opted to not conduct an attestation review for FY 2020. For the BFCR, IRS noted that the summer drug budget was not provided to ONDCP at the same time the budget request was submitted to agency superiors, and while no changes were made to budget levels editorial changes were made. ONDCP will work together with IRS to ensure that all requirements are met for next year's report. IRS is assessed a rating of "fail."

Department of Veterans Affairs

The Department of Veterans Affairs (VA), Veterans Health Administration's (VHA) submitted an FY 2020 BFCR, DAR and a PSR (Tab N) to ONDCP as part of its requirement under 21 U.S.C. § 1704(d)(1) and 21 U.S.C. § 1703(d)(7). Consistent with the requirements of 21 U.S.C. § 1704(d)(1), the IG opted to not conduct an attestation review for FY 2020. A Department wide audit found material weaknesses for VA overall regarding noncompliance with laws and regulations. It does not appear that this finding has an impact on drug control budget reporting. The VHA is assessed a rating of "pass."

Tab A

DEPARTMENT OF AGRICULTURE



Drug Control Funding Obligations

| Drug Resources by Function | FY2018 Actual | FY2019 Actual | FY 2020 Actual | FY 2021 Estimate |
|---|-----------------|-----------------|-----------------|------------------|
| Investigations | \$11.223 | \$12.000 | \$12.000 | \$12.000 |
| Intelligence | 0.199 | 0.200 | 0.200 | 0.200 |
| State and Local Assistance | 0.600 | .600 | .600 | .600 |
| Research and Development | 0.000 | 0.000 | 0.000 | 0.000 |
| Prosecution | 0.199 | .200 | .200 | .200 |
| Prevention | 0.000 | 0.000 | 0.000 | 0.000 |
| Total | \$12.217 | \$13.000 | \$13.000 | \$13.000 |
| Drug Resources by Decision Unit | | | | |
| Detection and Monitoring | 0.000 | 0.000 | 0.000 | 0.000 |
| Law Enforcement Agency Support | \$12.217 | \$13.000 | \$13.000 | \$13.000 |
| Demand Reduction | 0.00 | 0.000 | 0.000 | 0.000 |
| Total | \$12.217 | \$13.000 | \$13.000 | \$13.000 |
| Drug Resources Personnel Summary | | | | |
| Total FTEs | 56 | 56 | 56 | 56 |
| Information | | | | |
| Total Agency Budget in Billions | \$5.9 | \$4.6 | \$5.5 | \$5.3 |
| Drug Resources as a Percentage | 0.3% | 0.3% | 0.2% | 0.2% |

Budget Authority in Millions

PROGRAM SUMMARY

MISSION

The mission of the USDA, Forest Service is to sustain the health, diversity, and productivity of National Forest System lands to meet the needs of present and future generations. In support of this mission, the Forest Service Law Enforcement and Investigations (LEI) program's basic function is to provide public and employee safety, resource protection, enforcement of U.S. Criminal Law, and enforcement expertise to agency managers. The Forest Service manages 193 million acres in 44 States, the Virgin Islands, and Puerto Rico, encompassing 154 national forests and 20 national grasslands primarily in rural areas of the United States and its territories.

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

DRUG METHODOLOGY

The Forest Service budget structure includes an LEI budget line item within the Forest Service's National Forest Systems appropriation. Within the LEI budget line item, funds planned for use for drug enforcement activities are apportioned based on an analysis of the overall law enforcement workload and activities. Calculations based on the total work time LEI staff spend on drug related duties are quantified as a percentage of the total LEI operations appropriation to obtain an estimate of funds planned or used for drug control activities. The calculations are considered estimates and may not reflect actual funds spent on drug related activities. However, they do serve as a valuable indicator of funding priorities and work emphasis on drug operations in support of the *Strategy*. (See Management Assertion Number 5).

In this reporting period there were no Methodology modifications from prior years. (See Management Assertion Number 5)

Material Weakness or Findings

There were no material weaknesses or findings and funding and spending estimates are consistent with the drug/funding methodology established. (See Management Assertion Number 5).

Reprogramming or Transfers

LEI is a budget line item within the National Forest System appropriation. Funds allocated for drug enforcement activities are apportioned on an as-needed basis, using on an evolving analysis of workload. As such no reprogramming or transfers were made.

Other Disclosures

LEI is a small directorate within a larger complex land management agency; the Forest Service commits approximately \$13.0 million for drug control and enforcement activities, approximately 0.2 percent of the agency's overall budget. LEI currently has approximately 600 personnel actively engaged in drug control, eradication, investigation and interdiction in addition to normal mission activities and any further accounting would be overly burdensome on our limited resources (See Management Assertion Number 5).

BUDGET SUMMARY

The FY 2021 estimated obligations are \$13.0 million and is commensurate with the FY 2020 funding level.

Law Enforcement Agency Support

Forest Service drug-related activities are directed to mitigate threats to the forest, visitors, and employees. LEI accomplishes this mission by detecting, investigating, eradicating, and targeting enforcement measures that provide the greatest impact based on resource availability. Since Transnational Criminal Organizations (TCO) conduct the vast majority of marijuana cultivation on National Forest System lands LEI partners with other Federal, State and local cooperators to investigate, disrupt, and dismantle these organizations. LEI continues to partner with the U.S. Department of Justice through local U.S. Attorney's Offices to coordinate and support prosecutorial efforts. Additionally, LEI continues to partner with the Office of National Drug Control Policy and various High Intensity Drug Trafficking Area (HIDTA) programs to efficiently combat illicit drug production on National Forest System lands and participates in Organized Crime Drug Enforcement Task Force (OCDETF) investigations through assigned personnel. The Forest Service also continues to work with our Federal partners to reduce cross-border smuggling activities on National Forest System lands to ensure the safety and security of the visiting public and employees on those lands contiguous with the international border.

Over the past six years an alarming trend has developed in TCO marijuana cultivation operations. These organizations are smuggling into the United States banned and or restricted pesticides for use in their marijuana growing operations. This trend was observed initially as occurring in a few sparse marijuana grow sites where LEI personnel would infrequently discover small quantities of these banned or restricted substances. As of 2020 these hazardous materials are ubiquitous in marijuana grow sites within California and have also been discovered on public lands outside of California as well.

As these hazardous materials became more prevalent in marijuana growing operations, LEI began a concentrated effort to rehabilitate and recover these sites. Continuing in FY 2021, LEI will further concentrate on the reclamation of these sites by engaging in targeted reclamation and rehabilitation based on resource availability.

Performance Introduction

The information and analysis in this summary report reflect data and outcomes based on analysis of counterdrug activities of Forest Service LEI. This analysis includes measures derived from the number of marijuana plants eradicated, drug case investigations, marijuana cultivation sites dismantled and rehabilitated, and percentage of drug related incidents per 100,000 forest visitors. Also, included in this summary are performance measures, targets, and achievements for the years 2017 through 2020 and the targets for 2021, as described in the following tables. These measures provide meaningful assessments of performance related to marijuana control activities on National Forest System lands conducted by LEI. Data compiled and reported in this summary is from LEI's Law Enforcement and

Investigations Management Attainment Reporting System (LEIMARS), internal evaluations, and other agency information.

Performance Measures:

Drug Cases Referred for Adjudication

| Percent of Drug Cases Referred for Adjudication | | | | | |
|---|------|------|------|------|------|
| Fiscal Year | 2017 | 2018 | 2019 | 2020 | 2021 |
| Target | 30.0 | 31.0 | 32.0 | 33.0 | 32.0 |
| Actual | 34.9 | 38.3 | 25.3 | 25.8 | n/a |

Description

Drug Cases Referred for Adjudication quantifies the percentage of assigned drug cases referred for prosecution that resulted in sanctions against defendants. Sanctions can be restitution, fines or imprisonment or any combination thereof. This serves as an indicator of successful investigations and reflects significant effort expended by LEI to combat illicit drug production and associated unlawful occupancy of public lands. Efforts and initiatives to *Eradicate Marijuana Cultivation* are a priority of the *Disrupt Domestic Drug Trafficking and Production* section of the National Drug Control Strategy.

FY 2020 Performance Targets

For FY 2020, LEI previously established a benchmark of 33 percent of drug cases referred for adjudication.

FY 2020 Actual Performance Results

In FY 2020, LEI arrested 98 persons and opened 44 marijuana cultivation investigations resulting in 30 closed/referred cases for prosecution. LEI further closed 96 prior year(s) cases, some of these long-term investigations exceeding five-years resulting in a 23 percent closure/referred for prosecution rate for continued cases.

LEI estimates approximately 25.8 percent of assigned drug cases referred for adjudication in FY 2020 resulted in sanctions against the defendant, and the identified target for FY 2020 was 33 percent. LEI believes that this downturn for FY 2020 in statistical information is due to a variety of factors. Factors such as historic wildfires in California and the Western states, combined with operational impacts related to the COVID-19 pandemic hindered counterdrug operations nationally across all reporting segments. Another ongoing factor involves the movement of cultivation onto private lands due to under regulated growing operations in California’s “legal” marijuana trade.

Marijuana Plants Eradicated

| Marijuana Plants Eradicated | | | | | |
|-----------------------------|-----------|---------|---------|---------|---------|
| Fiscal Year | 2017 | 2018 | 2019 | 2020 | 2021 |
| Target | * | 750,000 | 650,000 | 650,000 | 650,000 |
| Actual | 1,487,509 | 526,330 | 353,057 | 344,568 | n/a |

*New performance measure- no target established.

Description

Marijuana plant eradication is the removal and or destruction of marijuana plants accomplished by a variety of means such as the physical removal of the plants from National Forest System lands or the cutting and destruction of plants in place as appropriate.

FY 2020 Performance Targets

For FY 2020, the target of 650,000 plants eradicated was not achieved.

FY 2020 Actual Performance Results

In FY 2020, 344,568 marijuana plants were eradicated from National Forest System lands compared to 353,057 eradicated in FY 2019 and below the target of 650,000. This represents an approximate 2.4 percent decrease in eradicated plants from FY 2019. LEI believes several factors contributed to this decrease. The Forest Service faced

unprecedented wildfires in the West and Northwestern States in 2020. Supporting a wildland fire suppression effort in the midst of a national pandemic created operational challenges unlike previous years. In spite of those challenges, LEI continued to perform its counterdrug mission with positive results.

Additionally, some marijuana growers have moved from National Forest System land to private lands due to increased law enforcement pressure over the past several years and “legalization” has created a situation where can be advantageous to grow on private lands due to lack of regulatory enforcement, easy access to domestic or municipal water sources in drought prone California, and ease of “farm” to market access in more readily realized close to market centers as opposed to the more difficult and remote locations of grows located on National Forest System lands. LEI has also seen a reduction in its ability to effectively utilize State and local cooperators in combating marijuana cultivation due to the need for State and local resources to address regulatory concerns related to “legal” growing activities on private lands. The reduction of these resources negatively impacts LEI’s ability to detect and interdict marijuana growing operations on National Forest System lands.

Legalization in the various States and an increasing market demand for marijuana create a situation in which as municipalities begin to regulate “legalized” marijuana, production of this illicit crop will in turn increase on National Forest System lands. In Southern California, where counties are stepping up regulatory enforcement of marijuana growing on private lands, there is anecdotal evidence to support this theory, as more marijuana was eradicated in the southern part of the State in FY 2020 than the central and northern areas, where there is less regulatory enforcement.

LEI also seized 17,695 pounds of processed marijuana during FY 2020 enforcement and investigations operations. This represents significant investigative and enforcement work related to marijuana production on National Forest System lands but not necessarily seized at marijuana grow site operations.

Marijuana Cultivation Sites Dismantled

| Marijuana Cultivation Sites Dismantled | | | | | |
|--|------|------|------|------|------|
| Fiscal Year | 2017 | 2018 | 2019 | 2020 | 2021 |
| Target | * | 275 | 300 | 275 | 300 |
| Actual | 293 | 183 | 240 | 287 | n/a |

*New performance measure- no target established.

Description

A dismantled cultivation site is defined as the removal of marijuana plants and infrastructure necessary to maintain marijuana cultivation. A reclamation of a cultivation site includes dismantling and removing all hazardous materials from marijuana cultivation sites and the restoration of the site to a natural state.

FY 2020 Performance Targets

For FY 2020, the target of 275 cultivation sites dismantled was surpassed, with 287 total sites dismantled.

FY 2020 Actual Performance Results

In FY 2020, LEI dismantled 287 marijuana cultivation sites and reclaimed 89 of those on National Forest System lands, a 20 percent increase over FY 2019 and above the target of 275. LEI prioritized dismantling and reclaiming sites in early FY 2020 before COVID and extreme wildland fire activity caused operational difficulties. Several of the reclaimed sites were holdovers from prior years that had not been previously reclaimed for various reasons, including resource availability.

Reclamation and cleanup efforts in which LEI lead or participated resulted in the removal of 45.32 tons of trash, an approximate 84 percent increase over 2019; 460.24 miles of irrigation pipe, an approximate 75 percent increase over FY 2019; 12.28 tons of chemical fertilizers, an approximate 36.37 percent decrease over FY 2019; and approximately 19.66 gallons of restricted or banned use poisons, an approximate 217.6 percent increase over 2019. LEI’s reclamation and cleanup operations also dismantled 192 man-made dams/reservoirs and removed 254 propane tanks and 47 car batteries.

A significant trend that has continued in illegal marijuana cultivation on National Forest System lands is the routine use of banned pesticides in the carbamate class, in particular Carbofuran (tradename Furadan). These poisons

indiscriminately kill wildlife and pose a significant threat to the safety of law enforcement and other personnel at grow sites. The presence of these and other highly toxic chemicals also severely limit LEI’s ability to raid and rehabilitate these sites. In FY 2020, LEI encountered hazardous materials in nearly every illegal site in California. In some instances, the contamination levels were so extensive that LEI ceased eradication and rehabilitation efforts to reassess and consult hazardous materials professionals. In a few instances, there were a number of LEI personnel exposed to these chemicals, resulting in referrals for medical treatment.

Percent of Drug Related Incidents on National Forest System Lands per 100,000 Visitors

| Percent of Drug Related Incidents on National Forest System Lands | | | | | |
|---|------|--------------|--------------|---------------|--------------|
| Fiscal Year | 2017 | 2018 | 2019 | 2020 | 2021 |
| Target | * | 0.019 | 0.018 | 0.017 | 0.017 |
| Actual | .033 | 0.10 | 0.049 | 0.0012 | n/a |

*New performance measure- no target established.

FY 2020 Performance Targets

For FY 2020, the target of 0.017 was not met.

FY 2020 Actual Performance Results

In FY 2020, there were 0.0012 percent drug related incidents on National Forest System lands per 100,000 forest visitors compared to 0.049 percent in FY 2019. This statistical decrease is consistent with challenges related to the COVID-19 pandemic and State legalization of marijuana, as well as the substantial increase in the number of visitors to National Forest System lands. With more visitors to National Forest System lands, LEI was required to increase the amount of time and energy spent dealing with common visitor issues and other public safety incidents. Additionally, large numbers of enforcement and investigation personnel were tasked with providing support to unprecedented wildland fire suppression and evacuation efforts in the West and Northwest.

Quality of Performance Data

This performance data is derived from the Law Enforcement and Investigations Management Attainment Reporting System (LEIMARS), internal evaluations, and other agency information. The LEIMARS system encompasses data provided by field agents and cooperators and produces quantitative reports from case information entered into the case tracking system and controlled substance activity report section. LEI conducts multiple samples and maintains strict reporting requirements to ensure the data is reliable and accurate.

Additional Information

The above data represents significant and measurable impacts to National Forest System lands, LEI operations and State and local cooperators. Based on resource availability LEI will continue to provide personnel, support, and leadership necessary to protect natural resources from the harmful effects of drug production and trafficking on public lands. LEI continues to support the *National Drug Control Strategy* and will to the best of its ability continue as stewards of the land to protect these lands for current users and for future generations.

Management Assertions

1. Performance reporting system is appropriate and applied.

LEI utilizes a system of records known as LEIMARS to capture statistical information accurately and the system was applied properly to generate the performance data. The performance measures identified and the approved methodology for determining data and actual performance are appropriate and correctly applied.

Obligations by Budget Decision Unit

LEI believes based on a review of the data submitted in this report that obligations reported by budget decision unit are the actual obligations and expenditures depicted in the table on page two. The obligations are consistent with the approved drug methodology on budget formulation and represent best estimates of planned and or actual expenditures.

2. Explanations for not meeting performance targets are reasonable.

LEI exceeded a number of prior year data points in the area of reclamation. However, in several instances, LEI did not meet the expected targets as established. It is LEI's assessment that the challenges of supporting an unprecedented fire season on National Forests in the Western and Northwest, along with the operational adjustments related to the COVID-19 pandemic, created workforce capacity issues unlike any previous year. Performing the mission-essential function of protecting lives and facilities with finite resources created performance gaps in other areas.

3. Methodology to establish performance targets is reasonable and applied.

The methodology described to establish current and future performance targets is reasonable.

Drug Methodology

The approved methodology utilized to create this report is believed to be as accurate as is possible based on the following:

Data derived from the LEIMARS is the best source of statistical data currently available to the Forest Service. Data derived from this system along with field reporting is utilized to assess and distribute law enforcement resources as efficiently as is practical. Law enforcement activity including drug control and enforcement is a constantly evolving situation requiring significant flexibility.

Financial Systems LEI tracks as accurately as is possible expenditures and believes that the appropriations and expenditures reflected in the table are as accurate as is possible based on LEI's review and availability of resources. The expenditures represented in the tables are all consistent with the approved drug methodology.

Methodology Modifications LEI did not make any modifications to methodology for reporting drug control resources from the previous year's reporting.

4. Adequate performance measures exist for all significant drug control activities.

LEI established performance measures to provide a methodology for assessing performance related to all significant drug control activities conducted by the Forest Service.

Material Weakness or Findings

There were no material weaknesses or other findings. The agency annual audit assurance review did not uncover any material weaknesses or findings in agency financial or reporting systems. (See Management Assertion Number 5)

5. General.

Reprogramming or Transfers

LEI is a budget line item within the National Forest System appropriation. Funds allocated for drug enforcement activities are apportioned on an as needed basis based on an evolving analysis of the workload. As such no reprogramming or transfers were made.

Fund Control LEI believes that the data presented are associated with obligations against a financial plan that complies with all Fund Control Notices issued by the Director under 21 U.S.C. § 1703(f) and Section 9 of the ONDCP Circular, Budget Execution. The funding estimates and expenditures are consistent with the approved drug methodology and budget formulation.

ONDCP Circular: National Drug Control Program Agency Compliance Review. An agency or bureau included in the National Drug Control Budget with prior year drug-related obligations of less than \$50 million may submit Alternative Budget Formulation Compliance, Detailed Accounting, and Performance Summary reports. Due to the Forest Service's total request – allocation of \$14.8 million, a more in-depth analysis beyond this document creates an unreasonable burden and hereby submits this report and analysis.

Timeliness. The U.S. Forest Service affirms the accuracy of the information contained in the transmittal letter.

Bureau-Level Request. The funding request in this represents the funding levels in the budget submission made by the agency to the Department without alteration or adjustment by any official at the Department.

/s/ Tracy S. Perry

TRACY S. PERRY
Director
U.S. Forest Service
Law Enforcement and Investigation

January 26, 2021

Date

Budget Formulation Compliance Report: Assertions

Timeliness of Summer Budget Submission – The ONDCP budget request was submitted to ONDCP on June 6, 2019. The 2020 Rural Development Budget and Performance submission requested funding to support this effort in the 2020 President’s budget. The Rural Development affirms the accuracy of the information contained in the submission.

(2) Funding Levels Represent Bureau-Level Request – The funding request in this represents the funding levels by unit in the budget submission made by the agency to the Department without alteration or adjustment by any official at the Department.

Jeffrey S. Macheliski
Associate CFO – Budget and Policy

Detailed Accounting Report: Assertions

(1) Obligations by Budget Decision Unit – The account information has been collected thru the Rural Development Financial system. The FY 2018 Farm Bill (FB) set 20 percent from the discretionary appropriations for the Distance Learning and Telemedicine grant account funding for substance use disorder. Annually the account sets in the financial system this set aside. Rural Development has not received any direct funding for this purpose in the 2020 annual appropriations.

(2) Drug Methodology –The drug methodology agreed with ONDCP was applied The FB authorizes the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine program to support substance use disorder treatment services. In addition, the FB has authorized prioritizing the selection of projects for Community Facilities direct loans or grants that will allow states, counties, tribes, and other applicants to prevent and treat opioid abuse and to support people in recovery. The FB provides authority for setting priority points to applicants who intend to provide substance use disorder prevention services, treatment services, and/or recovery services with their projects and employ staff that have appropriate expertise and training in how to identify and treat individuals with substance use disorders.

(a) Data – The funding set aside made available by the 2018 FB is set in the accounting system by using funding codes that the program staff uses. The methodology described about is based on these funding codes defining the nature of the funding set aside and the obligations incurred against it.

(b) Financial Systems – The methodology should describe above describes the relationship of decision units reported to ONDCP and the programs/activities as reported in the financial system. This data represent the obligations related to the 2018 FB 20 percent set aside.

(3) Application of Drug Methodology- The drug methodology disclosed Section 7.a.(2) was the actual methodology used to generate the table required by section 7.a.(1). Calculations are well documented to independently reproduce these data. Also, calculations provide a means to ensure consistency of data between reporting years.

(4) **Material Weaknesses or Other Findings** – There are not material weakness or other findings. Rural Development has not completed A-123 or internal compliance review on this specific program but the budget and obligations would be included in the overall testing of the budget authority and obligations if the program(s) were sampled.

(5) **Methodology Modifications** – There was not modification on the methodology from prior year.

(6) **Reprogramming or Transfers** – There were not reprogramming or transfers affecting this funding.

(7) **Fund Control Notices:** RD believes that the data presented are associated with obligations against a financial plan that complies with all Fund Control Notices issued by the Director under 21 U.S.C. § 1703(f) and Section 9 of the ONDCP Circular, Budget Execution. The funding estimates and expenditures are consistent with the approved drug methodology and budget formulation.

Jeffrey S. Machelski
Associate CFO – Budget and Policy

Performance Summary Report: Assertions

(1) **Performance reporting system is appropriate and applied** – Rural Development uses the financial system for reporting obligations. Information regarding the number of grants provided as they related to the drug control RD efforts is based on agency GPRMA documents and other information that measure the agency's contribution to the *Strategy*. Fiscal year 2018 was the first year that Rural Development got appropriations in support of the Opioids crisis and that is only for the Distance Learning and Telemedicine grant program. RD has not developed performance specifically for drug control efforts. Targets are set based on the number of applications that were funded in prior year and the estimated available funding for the upcoming year.

(2) **Explanations for not meeting performance targets are reasonable** – RD has met the target for the Distance Learning and telemedicine (DLT) program. The only program with a statutory set aside for substance use disorder.

(3) **Methodology to establish performance targets is reasonable and consistently applied** – Setting the target is consistently applied for the DLT program.

(4) **Adequate performance measures exist for all significant drug control activities:** RD DLT program is the only program with statutory set aside to support this effort. Targets are set up based on prior obligations and well as availability of the funding. The 2018 FB established the statutory set aside of 20 percent of the funding made available for the DLT program thru the annual appropriations will be in support of substance use disorder. Annual appropriations has not provided direct funding for this effort.

Jeffrey S. Machelski
Associate CFO – Budget and Policy

DEPARTMENT OF AGRICULTURE – RURAL DEVELOPMENT MISSION AREA PERFORMANCE SUMMARY AND ACCOUNTING REPORT

MISSION

The mission of USDA's Office of Rural Development (RD) is to facilitate rural prosperity and economic development and to deliver programs efficiently, effectively, with integrity, and with a focus on customer service. RD programs are administered through the following three services:

- 1. Rural Business-Cooperative Service (RBS):**
Seventeen RBS programs provide loans, grants, and loan guarantees for purposes that include, but are not limited to: supporting business growth and development, improving the effectiveness of programs servicing cooperatives, and assisting with creating wealth and supporting rural America.
- 2. Rural Housing Service (RHS):**
Eighteen RHS programs provide loans, grants, and loan guarantees for purposes that include, but are not limited to: building or improving essential community facilities, providing affordable rental housing for very-low to moderate-income residents, and enabling low- and moderate-income applicants to purchase their own homes.
- 3. Rural Utilities Service (RUS):**
Twenty-five RUS programs provide loans, grants, and loan guarantees for purposes that include, but are not limited to, developing or improving infrastructure such as solid waste and storm drainage facilities, maintenance, expansion, and modernization of rural electric infrastructure, and establishing or improving rural Broadband connectivity.

BACKGROUND

The Department has been called upon by the Administration to help carry out its efforts to reduce the abuse and misuse of opioids in rural America, to expand the availability of quality treatment services, and to bring rural partners together to tackle the Nation's opioid epidemic. The Department's Rural Development mission area has been and continues to be a partner in this effort by using five of its programs to fund opioid-related projects in rural areas of America. Those programs are:

- 1. RHS: [Community Facilities \(CF\) Program](#):** Provides funding to construct, expand, or improve essential community facilities such as, but not limited to: hospitals, medical clinics, fire and rescue stations, public buildings, and other community-based initiatives.
- 2. RUS: [Distance Learning and Telemedicine \(DLT\) Program](#):** Funds are provided to help rural communities overcome the effects of remoteness and low population density by linking teachers and medical service providers in one area to students and patients in another.
- 3. RUS: [DLT Opioid Epidemic](#):** Funds are provided to help strengthen local capacity to address opioid prevention, treatment, and recovery.
In the Consolidated Appropriations Act of 2018, ([Pub. L. 115-141, §775](#)), Congress appropriated \$20 million "...to remain available until expended, for an additional amount for

DEPARTMENT OF AGRICULTURE – RURAL DEVELOPMENT MISSION AREA PERFORMANCE SUMMARY AND ACCOUNTING REPORT

telemedicine and distance learning services in rural areas, as authorized by 7 U.S.C 950aaa et seq., to help address the opioid epidemic in rural America...”

4. **RUS: Solid Waste Management Grant Program (SWMGP)**: This program reduces or eliminates pollution of water resources by providing funding for organizations that provide technical assistance or training to improve the planning and management of solid waste sites.
5. **RHS/CF: Tribal College Initiative Grants**: This program provides funding to 1994 Land Grant Institutions (Tribal Colleges) for infrastructure improvements, development of essential community facilities, and to purchase equipment. Eligible projects include, but are not limited to, education and cultural projects and education equipment.

The RD Mission Area may fund opioid/substance abuse projects with funding from other programs.

UNREASONABLE BURDEN EXCEPTION

The Rural Development Chief Financial Officer is requesting an unreasonable burden exception. Rural Development does not receive an annual appropriation for Drug Control programs. RD is attesting that full compliance with this ONDCP Circular; National Drug Control Program Agency Compliance Reviews would constitute an unreasonable reporting burden. RD prior year obligations are less than \$50 million.

Associated Chief Financial Officer, Office of Budget and Policy

Jeffrey S. Machelski

Associate CFO – Budget and Policy

PROGRAM PERFORMANCE/DATA

Information regarding the performance/target of the drug control efforts of RD mission area is based on agency GPRMA documents and other information that measure the agency’s contribution to this effort. In Fiscal Year 2018, the annual appropriation provided funding in the Distance Learning and Telemedicine program account in support of the Opioids crisis. Since then, RD has not received funding for this effort in the annual appropriations.

METHODOLOGY

The 2018 Farm Bill (FB) authorizes the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine program to support substance use disorder treatment services. In addition, the FB has authorized prioritizing the selection of projects for Community Facilities direct loans or grants that will allow states, counties, tribes, and other applicants to prevent and treat opioid abuse and to support people in recovery. The FB provides authority to

DEPARTMENT OF AGRICULTURE – RURAL DEVELOPMENT MISSION AREA PERFORMANCE SUMMARY AND ACCOUNTING REPORT

setting priority points to applicants who intend to provide substance use disorder prevention services, treatment services, and/or recovery services with their projects and employ staff that have appropriate expertise and training in how to identify and treat individuals with substance use disorders.

The table below provides data on the obligations attributed to projects that support the treatment and/or prevention of OUD in prior year, and the target for the current year. RD has not developed performance measures specifically for drug control efforts. RD tracks the number of applications funded in prior years and the estimated available funding in the current year to create the target.

Selected Measures of Program Targets (Dollars in Millions)

| Selected Targets | FY18 Achieved | FY19 Achieved | FY20 Achieved | FY21 Target |
|---|---------------|---------------|---------------|-------------|
| DLT-Funded projects that supported treatment and/or prevention of OUD | 37 | 51 | 35 | 40 |

SUCCESS STORIES

The Department’s efforts to align RD programs with projects that address opioid and substance use disorders are illustrated by the following FY20 projects in Kentucky and Louisiana.

KENTUCKY

- **\$698,222 DLT Grant**

Provides telehealth options – Whitley, Laurel, Knox and Clay Counties:

This investment will increase access to substance use disorder and opioid use disorder services in Whitley, Laurel, Knox and Clay counties. Deploying telehealth options is critical to extend services to address the continuous challenge of substance use that many rural communities face. When the three-year project is complete, it will have created a telehealth infrastructure across all four of the sites in southeastern Kentucky. This will be valuable in the effort to reduce barriers to accessing care and improving outcomes for the SUD/ODU patient population.

- **\$468,483 DLT Grant**

Regional Telemedicine network – will serve 16 counties:

This investment will establish a regional telemedicine network with a hub site at Bluegrass Care Navigators headquarters in Lexington, Kentucky. Three hub/end-user sites will also be established to more effectively and efficiently meet the needs of seriously and terminally ill patients across 16 counties in southeastern Kentucky. The regional telemedicine hub/end-user sites will serve two primary functions. As end-user sites, the facilities contain designated virtual conference rooms to facilitate critically important continuing education and professional development for clinicians. This will ensure the adoption of best clinical practices. In addition, the regional hub sites will

DEPARTMENT OF AGRICULTURE – RURAL DEVELOPMENT MISSION AREA PERFORMANCE SUMMARY AND ACCOUNTING REPORT

provide clinicians with a specialized workspace and telemedicine equipment for conducting important high-quality virtual visits.

- **\$1,000,000 DLT Grant**

Regional Telemedicine network – will serve 20 counties:

This investment will use Mountain Comprehensive Care Center's existing network infrastructure and will replace aging software and hardware to upgrade to a new Health Insurance Portability and Accountability Act compliant video- and audio-conferencing system. This project will take place in 20 counties across 36 sites in eastern, central and western Kentucky that are either owned or leased by MCCC. Each site can serve as both a hub and end-user site. Sites without adequate screens and software in their conference rooms will be provided the necessary equipment that is compatible with the new system. Sites will also receive upgraded telephones and laptop setups that will integrate within the new system. Both end-user prescribers and clinicians will utilize the new conferencing equipment.

LOUISIANA

- **\$113,727 DLT Opioids Grant**

Project will serve four parishes:

This Rural Development investment will establish a telemedicine network across four Louisiana parishes. The project is expected to help to overcome the distance barriers for remotely located patients. The services available through the network will include mental health, developmental health, substance abuse treatment and/or counseling for children, adolescents, veterans and active military personnel.

- **\$997,627 DLT Substance Use Disorder Grant**

Project will serve 12 counties in rural Louisiana:

This Rural Development investment will assist the Rural Access to Education (RATE) to provide training and education through a distance learning network. The project aims to address the opioid epidemic decimating 12 counties in rural Louisiana.

DETAILED ACCOUNTING REPORT

RD has not received direct appropriations for opioids/substance abuse since FY 2018.

The FB authorizes the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine program to support substance use disorder treatment services. In addition, the FB has authorized prioritizing the selection of projects for Community Facilities direct loans or grants that will allow states, counties, tribes, and other applicants to prevent and treat opioid abuse and to support people in recovery. The table below shows the actual obligations related to opioids/substance abused project.

**DEPARTMENT OF AGRICULTURE – RURAL DEVELOPMENT MISSION AREA
PERFORMANCE SUMMARY AND ACCOUNTING REPORT**

| | Budget Authority (\$ in Millions) | | | |
|--|-----------------------------------|---------------------|-------------------|-------------------|
| | FY 2019 Actual | FY 2020 Estimate | FY 2020 Actual | FY 2021 Budget |
| Drug Resources by Function | | | | |
| Prevention | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Treatment | \$16.00 | \$9.40 | \$21.28 | \$6.20 |
| Total Drug Resources by Function | \$16.00 | \$9.40 | \$21.28 | \$6.20 |
| Drug Resources by Decision Unit | | | | |
| Distance Learning and Telemedicine Program | \$16.00 | \$9.40 | \$21.28 | \$6.20 |
| Total Drug Resources by Decision Unit | \$16.00 | \$9.40 | \$21.28 | \$6.20 |
| Drug Resources Personnel Summary | | | | |
| Total FTEs (direct only) | NA | NA | NA | NA |
| Drug Resources as a Percent of Budget | | | | |
| Total Agency Budget (in Billions) | \$40.21 | \$40.47 | \$39.30 | \$39.77 |
| Drug Resources Percentage | 0.04% | 0.02% | 0.05% | 0.02% |

METHODOLOGY

The FB authorizes the Secretary to use 20 percent of the funding provided for the Distance Learning and Telemedicine program to support substance use disorder treatment services. In addition, the FB has authorized prioritizing the selection of projects for Community Facilities direct loans or grants that will allow states, counties, tribes, and other applicants to prevent and treat opioid abuse and to support people in recovery. The FB provides authority to provide priority points to applicants who intend to provide substance use disorder prevention services, treatment services, and/or recovery services with their projects and employ staff that have appropriate expertise and training in how to identify and treat individuals with substance use disorders.

**DEPARTMENT OF AGRICULTURE – RURAL DEVELOPMENT MISSION AREA
PERFORMANCE SUMMARY AND ACCOUNTING REPORT**

| RD FY 2020 Opioid Related Obligations | | | |
|---------------------------------------|-------------------------------------|---------------------|--------------|
| Agency | Program Area | Obligation Amount | Obligation # |
| RUS | DLT Grants - Substance Use Disorder | \$9,376,335 | 16 |
| RUS | DLT Opioid Grants | \$11,905,895 | 19 |
| Total | | \$21,282,230 | 35 |

Tab B



CSOSA

OFFICE OF THE DIRECTOR

January 28, 2021

Jon Rice
Deputy Director, Office of Performance and
Budget Office of National Drug Control
Policy
750 17th Street, NW
Washington, DC 20503

Dear Mr. Rice:

The Court Services and Offender Supervision Agency (CSOSA) is required by Office of National Drug Control Policy (ONDCP) Circular 'National Drug Control Program Agency Compliance Reviews', dated October 22, 2019, to present information and assertions concerning the budget formulation and accounting of funds expended on ONDCP activities and performance associated with these activities.

CSOSA is a relatively small Federal Agency comprised of two components: the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA). CSOSA plays a unique, front-line role in the day-to-day public safety of everyone who lives, visits or works in the District of Columbia. CSP is responsible for supervision of offenders on probation, parole or supervised release, as well as monitoring Civil Protection Orders and deferred sentencing agreements; PSA is responsible for supervising pretrial defendants. CSOSA appropriated resources support ONDCP Prevention and Treatment drug control functions through our offender and defendant drug testing and substance abuse treatment activities.

The purpose of this report is to present CSP and PSA assertions concerning FY 2020 drug resource budgeting, accounting and related performance information and my qualified authentication of these assertions. CSOSA does not have an Inspector General (IG) component or function to review and express a conclusion on the reliability of the accounting and performance assertions made in this report. Therefore, CSOSA requests a waiver for the IG authentication requirements outlined in the Circular.

To the best of my knowledge the budget formulation, accounting and performance assertions presented by CSOSA are accurate and complete.

Sincerely,

RICHARD
TISCHNER

Digitally signed by
RICHARD TISCHNER
Date: 2021.01.28 14:46:49
-05'00'

Richard S. Tischner
Director

Enclosures

CSOSA Community Supervision Program Budget and Accounting Submission /
Assertions; dated January 28, 2021

CSOSA Community Supervision Program Performance Reporting Submission /
Assertions; dated February 1, 2021

CSOSA Pretrial Services Agency for the District of Columbia Budget,
Accounting and Performance Reporting Submission / Assertions; dated February
1, 2021

January 28, 2021

Jon Rice
Deputy Director, Office of Performance and
Budget Office of National Drug Control
Policy
750 17th Street, NW
Washington, DC 20503

Dear Mr. Rice:

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular *National Drug Control Program Agency Compliance Reviews*, I make the following assertions regarding budget formulation and accounting and budget formulation for the Court Services and Offender Supervision Agency's (CSOSA's) Community Supervision Program (CSP). CSP is one of two programs (Decision Units) within the CSOSA appropriation.

Detailed Accounting Report

Drug Control Obligations by Decision Unit and Function:

I assert that FY 2020 drug budget obligations reported by CSP to ONDCP as part of CSOSA's forthcoming FY 2022 Budget and Performance Summary are derived from actual obligations from CSP's accounting system of record (Oracle Federal Financials), consistent with the drug budget methodology discussed below.

FY 2022 Drug Budget Summary (FY 2020 Actual Resources)

| | Budget Authority (in Millions) FY 2020 Actual |
|--------------------------------------|--|
| Community Supervision Program | |
| Prevention | \$7.406 |
| Treatment | \$28.129 |
| TOTAL | \$35.535 |

Drug Control Methodology:

The CSOSA appropriation does not have specific line items or programs for drug control activities. CSP's offender drug testing and treatment support activities correlate with ONDCP's Prevention and Treatment functions, respectively.

CSP allocates appropriated resources to each of the four (4) Strategic Goals contained in the Agency's FY 2018-2022 Strategic Plan. Resources are allocated using actual and planned obligations posted to specific accounting parameters in the Agency's financial management system, Oracle Federal Financials. Resources are allocated to each Strategic Goal using a cost allocation methodology including both direct (e.g., direct staff, direct contracts) and indirect (e.g., rent, management) methods. Indirect resources are allocated based on direct labor.

CSP's Drug Budget methodology (effective with the FY 2021 budget cycle) determines Drug Prevention and Treatment resources by allocating portions of Strategic Goal 1 (Reduce Recidivism) and Strategic Goal 3 (Accountability) resources. Strategic Goals 1 and 3 contain offender assessment, compliance and intervention resources that support CSP's Drug Budget functions as outlined below:

Strategic Goal 1: Reduce Recidivism By Targeting Criminogenic Risk and Needs Using Innovative and Evidence-Based Strategies.

Strategic Objective 1.1: Assess offender risk and needs using valid and reliable instruments.

Strategic Objective 1.2: Address offenders' criminogenic needs through evidence-based interventions.

Strategic Goal 3: Strengthen and Promote Accountability by Ensuring Offender Compliance and Cultivating a Culture of Continuous Measurement and Improvement.

Strategic Objective 3.1: Promote offender compliance on supervision by informing of them of release conditions, holding them accountable for noncompliance and incentivizing consistently compliant behavior.

Strategic Objective 3.2: Offenders are supervised at the proper level and receive appropriate interventions.

Strategic Objective 3.3: Ensure interventions for addressing criminogenic need are appropriate and effective.

Strategic Objective 3.4: Offenders fulfill conditions of release, engage in Agency interventions and successfully complete supervision.

Drug Budget Function - Prevention (Drug Testing): 10 percent of CSP resources allocated to Strategic Goal 3 to account for offender Drug Testing (Prevention) resources.

Rationale: CSP estimates that 10 percent of resources allocated to Strategic Goal 3 are related to obtaining and testing offender drug samples.

Drug Budget Function - Treatment: 20 percent of CSP resources allocated to Strategic Goal 1 plus 30 percent of resources allocated to Strategic Goal 3 to account for offender substance abuse Treatment resources.

Rationale:

- CSP estimates that 20 percent of resources allocated to Strategic Goal 1 are related to ensuring the Agency has the appropriate interventions in place to address offender needs, that treatment resources are directed towards the highest-risk offenders, and that offenders demonstrate positive behavioral changes.
- CSP estimates that 30 percent of resources allocated to Strategic Goal 3 are related to offenders receiving interventions for prioritized substance use needs and that offenders remain engaged in substance-abuse treatment programs.

I assert that the drug methodology, financial systems and data used to calculate obligations of prior year (FY 2020) Drug Budget resources by function were reasonable and accurate in accordance with Section 7 of the ONCDP Circular: Budget Formulation. I also assert that the above methodology was actually applied to actual financial data from the Agency's financial system.

Material Weaknesses and Other Findings:

CSOSA received an "unmodified" (clean) opinion on our FY 2020 financial statements by our independent auditing firm Harper, Rains, Knight & Company dated November 18, 2020. The independent auditor identified no material control weaknesses as part of the FY 2020 audit.

Reprogrammings or Transfers:

CSOSA's FY 2020 Enacted (P.L. 116-93 dated 12/20/2019) contains re-programming criteria and thresholds. In FY 2020 there were no reprogrammings

or transfers that met or exceeded those contained in FY 2020 Enacted or affected ONDCP Prevention or Treatment resources.

Fund Control Notices:

CSOSA did not receive a Funds Control Notice from the ONDCP Director for FY 2020 appropriated resources.

Budget Formulation Compliance Report

CSOSA (CSP/PSA) is a small agency without bureaus or sub-components. Therefore, CSP does not typically develop or submit an ONDCP summer drug budget.

I assert that drug budget obligations reported by CSP in the fall drug budget submitted to ONDCP on September 14, 2020 are derived from actual obligations from CSP's accounting system of record (Oracle Federal Financials), consistent with the drug budget methodology discussed above. CSOSA's FY 2022 fall drug budget was submitted to ONDCP on time. Further, I assert that the fall drug budget resources reported to ONDCP correspond to resources reported to OMB as part of CSP's FY 2022 budget request on September 14, 2020.

CSP Fall Drug Budget (September 14, 2020)

| | Budget Authority (in Millions) | | |
|--------------------------------------|--------------------------------|-----------------|--|
| | FY 2020 Enacted | FY 2021 PB | |
| Community Supervision Program | | | |
| Prevention | \$7.811 | \$7.807 | |
| Treatment | \$29.774 | \$28.390 | |
| TOTAL | \$37.585 | \$36.197 | |

Please let me know if you need additional information.

Sincerely,

**PAUL
GIRARDO**

Paul Girardo
Chief Financial Officer

Digitally signed by PAUL
GIRARDO
Date: 2021.01.28 12:28:39
-05'00'



CSOSA

MEMORANDUM

TO: Jon Rice
Deputy Director, Office of Performance and Budget
Office of National Drug Control Policy

FROM: David Huffer, PhD
Associate Director, Office of Research and Evaluation
Court Services and Offender Supervision Agency

DATE: February 1, 2021

SUBJECT: CSP Performance Summary Report and Assertions

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 comprises two components: the Community Supervision Program (CSP) and the Pretrial Services Agency for the District of Columbia (PSA).

CSOSA's CSP supervises individuals released by the U.S. Parole Commission on parole or supervised release, those sentenced to probation by the Superior Court of the District of Columbia, as well as a small set of deferred sentencing agreement and civil protection order cases.

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 clients are a high risk to public safety, have significant needs, and face many challenges to successfully completing supervision. Among these challenges is illicit substance use. In FY 2020, approximately 85 percent of the offenders beginning CSP supervision self-reported a history of illicit substance use.

CSP monitors offenders' compliance with the releasing authorities' requirements to abstain from drug use and assesses the clients' needs for substance abuse treatment. 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 monitored or warrant status, case transfer from DC to another jurisdiction, rearrests, and admission to substance abuse 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.

CSP temporarily discontinued offender drug testing in March 2020 due to the COVID-19 pandemic. Prior to the temporary suspension, CSP tested samples from 4,034 unique offenders in March 2020. When drug testing operations resumed in August 2020, testing was limited to only the highest-risk offenders. Of the 442 offenders tested for illicit substances in September 2020, 50 percent tested positive for one or more of 11 tested substances.¹

Because drug testing and treatment are at the core of CSP's approach to addressing client needs regarding illicit substance use, several performance goals have been set forth in CSOSA's Strategic Plan to address these items. Figure 1 shows CSP's progress towards achieving these goals during FYs 2018 through 2020.² The blue bars depict progress on the targets for each goal in relation to the red target line. The shades of gray represent areas of low, medium and high performance.

¹ The Pretrial Services Agency (PSA) tests samples obtained by CSP from offenders. Each sample may be tested for up to eleven substances [Marijuana, PCP, Opiates, Methadone, Cocaine, Amphetamines, Alcohol, Creatinine, Heroin, Ethyl Glucuronide (Etg), and Synthetic Cannabinoids].

² Operational adjustments required amid the COVID-19 pandemic (e.g., suspended drug testing operations, limited availability of treatment) resulted in decreases in the number of cases eligible for each of the performance measures in FY 2020. CSP expects to increase the number of cases served as operations return to normal.

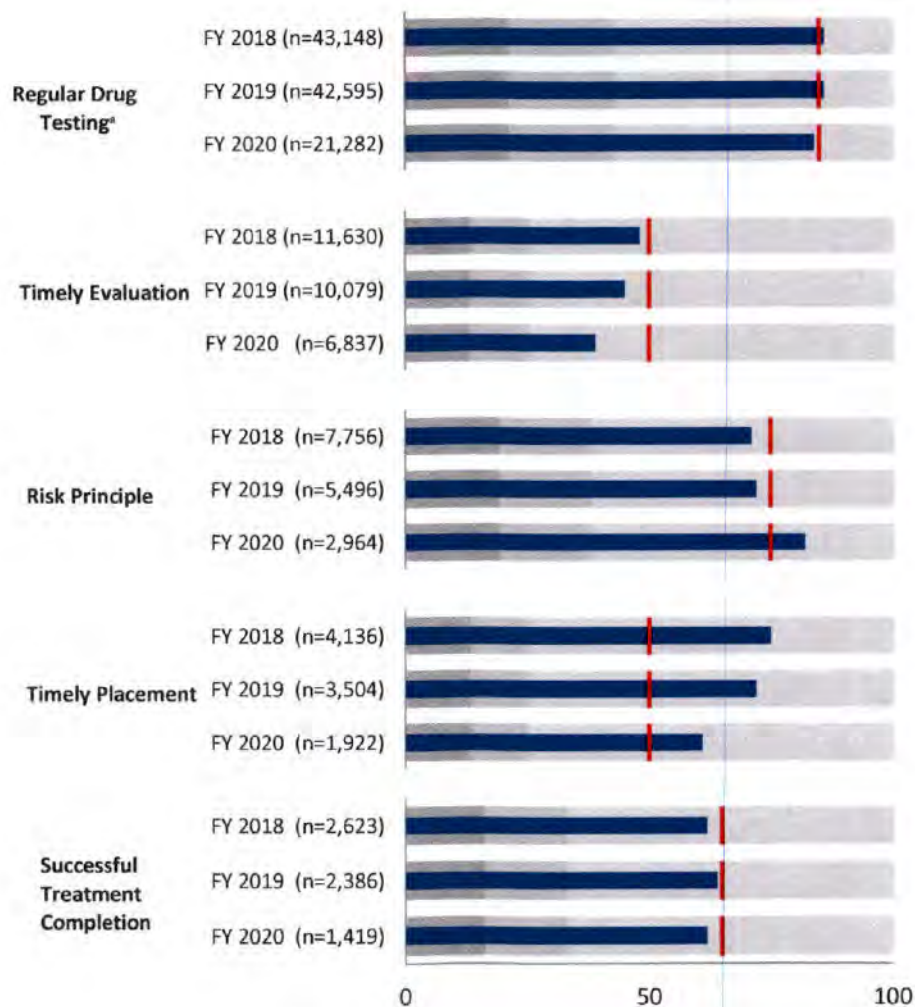


Figure 1. CSP performance on goals related to drug testing and treatment, FYs 2017–2019. Overall, estimates for these goals include substance abuse treatment and treatment readiness programs, as well as programs for other supportive services. Detailed data on the substance abuse and treatment readiness programs included in each goal are displayed in Appendix A.

^a Performance is reflected through the second quarter of FY 2020 since drug testing operations were suspended in March 2020 amid the COVID-19 pandemic

CSP places certain substance abusing offenders into treatment on a risk-based, priority basis. In addition to offering a variety of in-house and outpatient services, CSOSA’s Re-entry and Sanctions Center (RSC) provides high-risk offenders and pretrial defendants with an intensive assessment and treatment readiness program (28 days for men; 42 days for women) in a residential setting. It is particularly suited for offenders/defendants with persistent substance abuse, long periods of incarceration and little outside support.

Due to limited resources, CSP attempts to focus its programs on the offenders who have the highest needs and present the highest risks. In FY 2020, despite challenges and constraints placed on resources amid the COVID-19 pandemic, CSP ensured that available resources were reserved for those at the highest risk to public safety. Seventy-eight percent of substance abuse treatment and treatment readiness placements were made for offenders supervised at the highest risk levels (maximum and intensive; see Appendix A, Figure 2, Risk Principle).

Once offenders are referred for substance abuse treatment or treatment readiness by their community supervision officers, they are evaluated by treatment staff to determine whether programming [or placement] is appropriate. If deemed appropriate for intervention, it is imperative that offenders are placed in treatment and support services in a timely manner. Two performance goals are used to monitor the timeliness in which evaluations and treatment placements occur. In FY 2020, 49 percent of offenders referred to substance abuse treatment or treatment readiness programs received a formal evaluation of need in a timely manner, and 66 percent of treatment placements were made in a timely fashion (see Appendix A, Figure 2, Timely Evaluation and Timely Placement). It is expected that the COVID-19 pandemic impacted CSP's performance, as staff adjusted to new techniques using tools to conduct virtual evaluations and dealt with the uncertainty of available resources. CSP has been working through challenges so we can best serve our population and ensure they have access to the resources they need.

CSP also monitors offenders' completion of treatment. Sixty percent of the offenders who started substance abuse treatment or treatment readiness programs satisfactorily completed their programs during FY 2020 (see Appendix A, Figure 2, Successful Treatment Completion). Of the high-risk offenders who were discharged from the RSC in FY 2020, 64 percent satisfactorily completed the program³ (see Appendix A, Figure 2, Successful Treatment Completion). Relatively low treatment completion rates for offenders participating in transitional housing and, to a lesser extent, aftercare and outpatient treatment contributed to CSP not meeting its FY 2020 performance target (see Appendix A, Figure 2, Successful Treatment Completion [SA Tx modality]).

CSP is committed to making evidence-based decisions regarding its programs and, in FY 2019, completed an evaluation of the RSC and our substance abuse treatment programs. Findings revealed that offenders going through both the RSC pre-treatment and subsequent substance abuse treatment programs were more likely to have no positive drug tests during the follow-up period relative to a non-treatment comparison group. CSP also monitors the needs of its offender population to ensure programming is available to address those needs. In addition

³ Pretrial defendants excluded from reporting

to substance abuse, many offenders present with mental health and cognitive disorders. As a result, in FY 2019, CSOSA deployed a new Extended Stay unit to provide longer-term support to defendants and offenders. And, in FY 2020, continued to restructure the RSC from a treatment-readiness program to a treatment program in FY 2020. Specifically, RSC services were expanded to include additional cognitive behavioral therapy and interventions for our highest risk offenders. While RSC operations were suspended in March 2020 as a result of the COVID-19 pandemic, CSP placed applicable offenders into contract residential treatment and/or increased supervision oversight. CSOSA expects to resume programming at the RSC once it is safe.

Assertions

I make the following assertions regarding the Performance Summary Report for the Court Services and Offender Supervision Agency (CSOSA):

Performance reporting system is appropriate and applied

I assert the CSOSA has a system to capture performance information accurately and that system was properly applied to generate the performance data in accordance with the criteria listed in Section 7c of the Circular.

Explanations for not meeting performance targets are reasonable

I assert the explanation provided for failing to meet the performance targets and the recommendations concerning plans and schedules for meeting future targets or for revising targets or eliminating performance measures are reasonable in accordance with the criteria in Section 7c of the Circular.

Methodology to establish performance targets is reasonable and consistently applied

I assert the methodology described above to establish performance targets for the current year is reasonable and consistently applied given past performance and available resources in accordance with Section 7c of the Circular.

Adequate performance measures exist for all significant drug control activities

I assert that the CSOSA has established at least one acceptable performance measure for each Drug Control Budget Decision Unit identified in reports required by section 6a(1)(A) and that each performance measure reflects the intended purpose of the relevant National Drug Control Program activity.

APPENDIX A

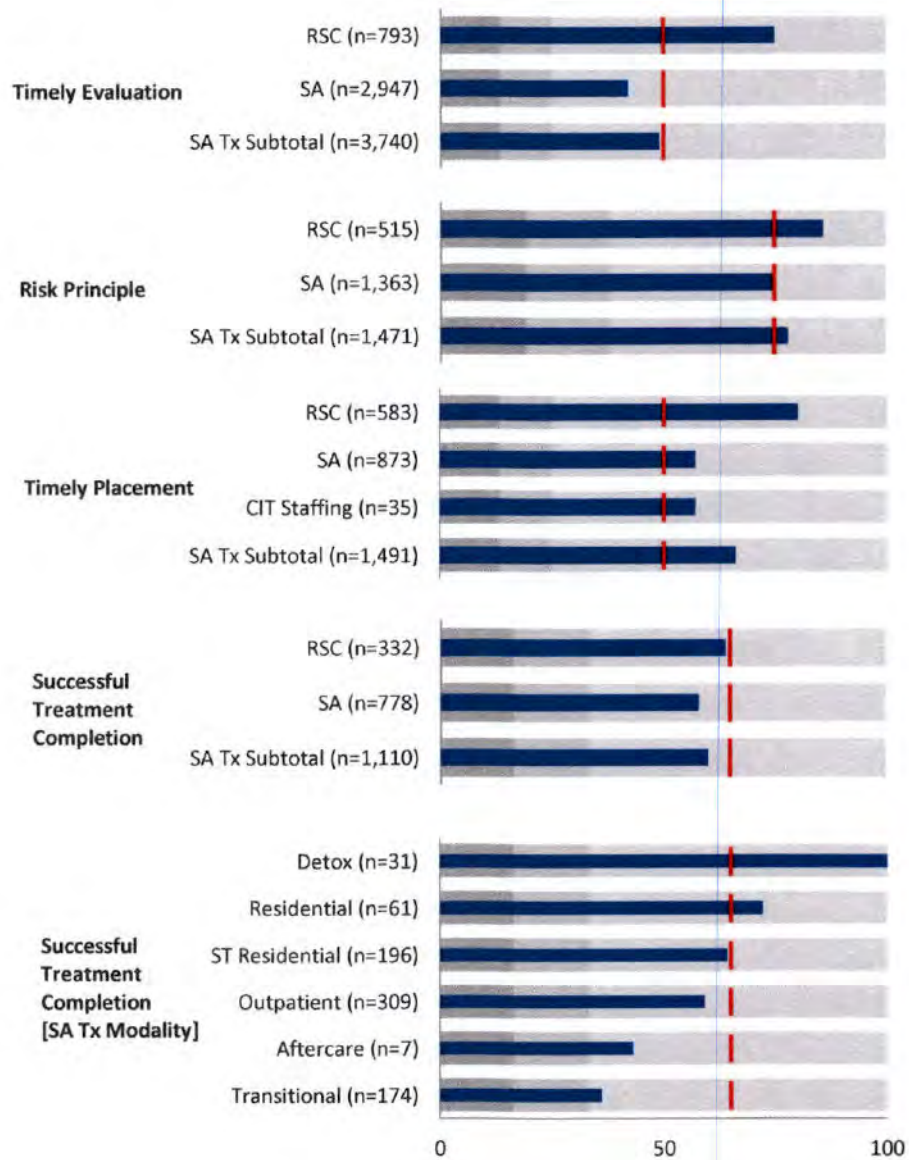


Figure 2. CSP performance on goals related to drug testing and treatment, by treatment type and drug treatment modality, FY 2020.



PRETRIAL SERVICES AGENCY *for the* DISTRICT OF COLUMBIA

OFFICE OF FINANCE AND ADMINISTRATION

February 1, 2021

Jon Rice
Deputy Director, Office of Performance and Budget
Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20503

Dear Mr. Rice:

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular *National Drug Control Program Agency Compliance Reviews*, I make the following assertions regarding the annual accounting of drug control resources and the Performance Summary Report for the Pretrial Services Agency for the District of Columbia (PSA) for fiscal year 2020. Full compliance with this Circular constitutes an unreasonable reporting burden for PSA.

PSA is an independent agency within the Court Services and Offender Supervision Agency (CSOSA) and is one of two programs (Decision Units) within the CSOSA appropriation.

PSA assists judicial officers in both the Superior Court of the District of Columbia and the United States 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 and/or sentencing.

During its more than 50 years of service to the Nation's Capital, PSA has earned a national reputation as a leader in the pretrial justice field. PSA employs proven, evidence-based practices to help judicial officers in the city's local and Federal courts make appropriate and effective bail decisions. The result for the District of Columbia community is smarter use of jail resources, enhanced public safety, and a fairer and more effective system of release and detention.

DETAILED ACCOUNTING SUBMISSION

Table of Prior Year Drug Control Obligations

PSA has two program areas related to its drug control mission - drug testing and substance use disorder¹ treatment. PSA's Drug Testing and Compliance Unit (DTCU) is responsible for the collection of urine and oral fluid samples and the Office of Forensic Toxicology Services (OFTS) provides forensic toxicology drug testing and analysis. Treatment services are provided by, or coordinated through, PSA's Treatment Program.

The CSOSA appropriation does not have specific line items or programs for drug control activities. PSA's drug testing and treatment activities correlate with ONDCP's prevention and treatment drug control functions, respectively. The following table highlights the FY 2020 drug control budgetary resources by drug control function.

| | FY 2020 Actuals (in millions) |
|--|--------------------------------------|
| Drug Resources by Drug Control Function | |
| Prevention | \$12.270 |
| Treatment | \$6.252 |
| Total Drug Resources by Function | \$18.522 |
| Drug Resources Personnel Summary | |
| Total FTEs (direct only) | 115 |

Substance use disorders must be addressed to mitigate risk to public safety in the District of Columbia and to the personal safety of the defendants. 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 substance use disorder treatment, and predicting future criminality.

PSA's Treatment Program includes the Superior Court Drug Intervention Program (Drug Court), the Specialized Supervision Unit (SSU), the Sanction Based Treatment Track (SBTT) and the Social Services and Assessment Center (SSAC). PSA's specialized treatment and supervision units offer defendants access to various levels of care, modalities, and interventions. Each unit provides centralized case management for defendants, with 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.

¹American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Substance use disorder in DSM-5 combines DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe. www.dsm5.org.

Drug Methodology

The major cost elements for the drug testing program include labor expenses for DTCU and OFTS staff, recurring expenses for reagents and other laboratory supplies and materials, rent expenses for the OFTS, 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.

The basis for allocating PSA's budgetary resources is derived from PSA's Strategic Plan framework reported in the performance budget. PSA drug control resources are allocated based on percentage of time spent performing activities associated with the following FY 2020 Strategic Goals:

Strategic Goal 1: Judicial Concurrence with PSA Recommendations. Rate at which judicial officers impose release conditions consistent with PSA's recommendations at initial appearance.

Strategic Goal 2: Continued Pretrial Release: Percentage of defendants on pretrial release who remain on release for the duration of the pretrial period.

Strategic Goal 3: Minimize Rearrest. Percentage of supervised defendants who are not arrested for a new, papered offense during the pretrial period.

Strategic Goal 4: Maximize Court Appearance. Percentage of defendants on pretrial release who make all-schedule court appearances during the pendency of their cases.

Material Weaknesses or Other Findings

CSOSA received an unmodified (clean) opinion on the FY 2020 financial statements.

Assertions

The obligations reported are the actual obligations from the Agency's accounting system of record consistent with the methodology discussed above.

The drug methodology used to calculate FY 2020 obligations is reasonable and accurate.

PERFORMANCE SUMMARY REPORT

Performance Reporting

Drug use is a proven contributor to pretrial misconduct. For example, in FY 2020, the rearrest rate for drug-using defendants was double that of non-users (18% vs. 9%). Defendants with substance use disorders pose even greater risk of criminality. Targeting drug-use reduction has been a successful strategy in minimizing risk within this population.

In response to the President's priorities to address drug addiction and opioid abuse, over the past few years, PSA studied the trends in fentanyl use among the DC criminal justice population. Universal testing of fentanyl, and other opioids, will provide data that can be used to support the following; aid future decision-making on curbing use within the general population, provide appropriate treatment protocols for the supervised population, assist with keeping the community safe, and demonstrate reasonable efforts in supporting the nation-wide call to abate opioid abuse.




PSA planned to expand its substance use testing panel to include universal fentanyl testing in April 2020; but delayed this testing due to temporarily suspending PSA's laboratory testing operations in response to the COVID-19 pandemic. However, PSA is ready to implement fentanyl screening upon the Agency's return to normal operations.

PSA responds to drug use by screening defendants for substance use disorder history during the risk assessment screening and interview process, and formulating release recommendations to ensure defendants receive appropriate substance abuse interventions while on pretrial release. Due to COVID-19, substance use disorder assessments were suspended in March 2020. In FY 2020, PSA conducted 859 substance use disorder assessments and 336 alcohol use assessments for defendants under pretrial supervision.

When necessary, PSA provides appropriate substance use disorder treatment to enhance supervision compliance. 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's Superior Court Drug Intervention Program (Drug Court) and other sanction-based treatment programs use research-supported techniques as a mechanism for enhancing community safety.

For certain categories of defendants, PSA provides both close supervision and on-site treatment. For others, PSA places defendants into contracted sanction-based treatment services (medical and social detoxification, residential, intensive outpatient services, transitional) while continuing to provide supervision. Treatment providers utilize a full spectrum of interventions consistent with best practices to mitigate substance abuse. If sanction-based treatment is not available or is not ordered by the court, PSA provides supervision and refers defendants to community-based providers, as available. Community services are limited, however, and are not optimal for high risk defendants who require close monitoring.

FY 2020 Metric and Actual Performance Results: One of PSA's strategic objectives is to reduce drug usage among the defendants placed in treatment. Due to COVID-19, in March 2020, placement into substance use disorder treatment was suspended. Although substance use disorder treatment placement is voluntary, PSA placed 33 percent of eligible defendants in treatment in FY 2020. Among defendants placed in a sanction-based treatment program, 85 percent had a reduction in drug use (refer to table below).

| Drug-Related Agency Performance Indicators | | | | | | | |
|--|---|----------------|----------------|----------------|----------------|---|---------------------|
| Performance Indicator Area | Indicator Description | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Actual | FY 2018-2022 Target |
| Strategic Objective 3.2.1 | Substance Use Disorder Assessments | 92% | 93% | 91% | 96% | 95%  | 95% |
| Strategic Objective 3.2.2 | Placement into Substance Use Disorder Treatment | 49% | 53% | 55% | 50% | 33%  | 50% |
| Strategic Objective 3.2.3 | Reduction in Drug Use | 84% | 85% | 82% | 85% | 85%  | 74% |

*Due to COVID-19 and the interruption in PSA's normal operations, data covers October 2019 through March 2020.

Quality of Performance Data

Drug test data is recorded in and extracted from PSA's *Pretrial Real-time Information System Manager* (PRISM) client management system. PSA's Office of Policy, Planning and Analysis follows a rigorous multi-level review process to validate the programming language and coding used to extract PRISM information each fiscal year, and PSA management approves the performance.

Assertions

The methodology used to establish the performance target for the current year is reasonable, given past performance and available resources.

PSA has established several acceptable performance measures for which a significant amount of obligations was incurred in FY 2020.

If you have any questions concerning this report, please contact Juan Cristiani at juan.cristiani@psa.gov or 202-220-5341

Sincerely,

Jerri L Calhoun
Jerri Calhoun

Tab C



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
2500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-2500

FEB 01 2021

Mr. Scott Chronister
Office of Performance and Budget
Office of National Drug Control Policy
9th Floor
1800 G Street, NW
Washington, DC 20503

Dear Mr. Chronister:

This letter and accompanying enclosures serve as the Department of Defense's (DoD) Detailed Accounting Submission for Fiscal Year 2020. Aggregate obligations for the Drug Interdiction and Counter-Drug Activities Budget Decision Unit may be found at TAB A. Data was derived from detailed obligations reports generated by applicable Military Department and Defense Agency accounting systems of record and are consistent with the application of the National Drug Control Budget Methodology at TAB B.

This previously-approved methodology remains reasonable and accurate. It is supported by official data from reliable DoD financial systems of record and fairly presents, in all material respects, aggregate obligations by drug control function as reported at TAB A. Zero modifications have been made to the ONDCP approved methodology since our previous year's report.

We have identified no material weaknesses, other known weaknesses, including those identified in the Department's Annual Statement of Assurance, or any other findings by independent sources. The obligations data presented is associated with a financial plan that properly reflects all changes made during the fiscal year. ONDCP did not issue DoD any Fund Control Notices. My point of contact for this action is Mr. Michael Golden, (703) 614-8845, michael.c.golden2.civ@mail.mil.

Joseph J. McMenamin
Acting Deputy Assistant Secretary of Defense
for Counternarcotics and Global Threats

Enclosures:
As stated

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**Department of Defense
Drug Interdiction and Counter-Drug Activities Decision Unit Obligations**

Funded Program

\$ in Thousands

| | | |
|---|-------------|------------------|
| FY 2020 Appropriated | | 1,046,159 |
| Transfer from other DoD: Southern Border barrier projects | + 3,831,000 | |
| Transfer to Opioid Commission | - 5,000 | |
| Transfer to Defense Working Capital Fund - Army | - 68,357 | |
| FY 2020 Actual | | 4,803,802 |

Obligations by ONDCP Drug Control Function

\$ in Thousands

| | | |
|--|--------|------------------|
| Intelligence | | 132,597 |
| Intelligence: Domestic Law Enforcement | 9,400 | |
| Intelligence: Interdiction | 49,284 | |
| Intelligence: International | 73,913 | |
| Interdiction¹ | | 4,065,898 |
| International | | 94,185 |
| Prevention | | 115,285 |
| State and Local Assistance | | 206,505 |
| FY 2020 Total Obligations² | | 4,614,470 |

¹ Includes \$3,778,701 thousand in U.S. Army Corps of Engineers obligations for Southwest Border barrier construction and project oversight in support of the Department of Homeland Security.

² Represents a 96.1% overall obligation rate based on an adjusted FY 2021 budget of \$4,803,802 thousand. As of September 30, 2020, obligation rates for individual appropriations were as follows:

- FY 2020 Military Pay: 92.1%
- FY 2020 Operations & Maintenance: 97.2%
- FY 2020/2022 (multiyear) Procurement: 2.6%
- FY 2020/2021 (multiyear) Research, Development, Test & Evaluation: 0.0%

FY 2020 Drug Resources Personnel Summary

FTE

| | |
|--|-------|
| Authorized Full Time Equivalent (FTE) Civilian Positions | 1,528 |
|--|-------|

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TAB A

National Drug Control Budget Methodology

Drug Interdiction and Counterdrug Activities, Defense

The purpose of this document is to explain the methodology used to express funding levels and calculate obligations for prior year Department of Defense (DoD) budgetary resources in terms of the drug control functions identified in the National Drug Control Budget. As background, the majority of DoD counterdrug activities are funded from a transfer appropriation and account both titled *Drug Interdiction and Counterdrug Activities, Defense*. Funds appropriated to this account are subsequently transferred by DoD to the various Military Departments and Defense Agencies for program execution. As designed, the transfer account supports centralized oversight and decentralized program management and execution.

The account is structured into projects, each identified by a unique Project Code. A Project Code may identify a discrete function, or may represent the aggregate of similar activities executed by the various geographic combatant commands. However, although the entirety of the account supports DoD counterdrug-related activities, the account is not structured by the drug control functions of the National Drug Control Budget. In order to reasonably and fairly quantify the account's financial commitment to the drug control functions, each Project Code is statistically weighed among the functions, either in its entirety or proportionally, using an interactive financial management database. This methodology provides a reasonable basis for consistently estimating DoD counterdrug program support to the National Drug Control Budget functions.

The Military Departments and Defense Agencies use accounting systems of record for tracking obligations of funds transferred from the *Drug Interdiction and Counterdrug Activities, Defense* appropriation. These accounting systems do not interface directly with the counterdrug financial management database; the Military Departments and Defense Agencies manually enter obligations by Project Code into this database on a quarterly basis. At the end of each fiscal year, the Military Departments and Defense Agencies submit detailed transaction listings of actual Service/Agency obligations, which are compared to the aggregate data contained within the counterdrug database. The aggregate data is then compiled into a single obligations report by drug control function, using the methodology described above. The report further informs the DoD Detailed Accounting Submission and Annual Statement of Assurance provided to the Office of National Drug Control Policy.



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

2500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-2500

SPECIAL OPERATIONS/
LOW-INTENSITY CONFLICT

JAN 29 2021

Regina M. LaBelle
Acting Director
Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20503

Dear Ms. LaBelle:

As required by "ONDCP Circular: National Drug Control Program Agency Compliance Reviews", October 22, 2019, please find enclosed the Counternarcotics and Global Threats (CNGT) Performance Summary Report (PSR) for Fiscal Year (FY) 2020.

- Our performance reporting system is appropriate and applied.
- Explanations for not meeting performance targets are reasonable.
- The methodology used to establish performance targets is reasonable and consistently applied.
- At least one acceptable performance measure for each Drug Control Budget Decision Unit is provided.

My point of contact for this action is Mr. Christopher M. Fleming, 703-693-7379, (christopher.m.fleming4.ctr@mail.mil).

A handwritten signature in black ink, appearing to read "J. McMennamin".

Joseph J. McMennamin
Acting Deputy Assistant Secretary of Defense
for Counternarcotics and Global Threats

Attachment:
As stated



Fiscal Year 2020 Counterdrug Performance Summary Report

U.S. Department of Defense

Activities Funded by the Drug Interdiction and Counter-Drug
Activities Appropriation & Military Services Operations Tempo

UNCLASSIFIED

January 29, 2021

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EXECUTIVE SUMMARY

The Department of Defense (DoD) counterdrug (CD) programs cited within this report support the National Drug Control Strategy (NDCS) and the National Strategy to Combat Transnational Organized Crime. Program oversight is provided by the Deputy Assistant Secretary of Defense for Counternarcotics and Global Threats (DASD (CN>)) in cooperation with the Office of Drug Demand Reduction (DDR) within the Office of the Undersecretary of Defense for Personnel and Readiness. Programs administered by DASD (CN>) support the detection and monitoring of aerial and maritime drug threats bound for the United States, U.S. and international partner operations and information sharing, and the conduct of global intelligence and counter threat finance analyses. DDR oversees drug testing and prevention programs.

This Performance Summary Report (PSR) encapsulates five quantitative measures of DoD CD program performance. Four pertain to programs funded by the Drug Interdiction and Counter-Drug Activities, Defense appropriation. Of these, two pertain to physical drug and precursor seizures in particular geographical areas: the Western Hemisphere Transit Zone (WHTZ), and the Indian Ocean. The other two measures highlight drug testing program results for U.S. Armed Services members and DoD civilians administrated by DDR. The final measure tabulates aerial and maritime operating tempo (OPTEMPO) contributions funded by the U.S. Armed Services in support of CD operations. All five measures align with NDCS lines of effort; two with *Prevention*; three with *Reduce Availability*.

Looking at Fiscal Year (FY) 2020 results holistically, three takeaways emerge relevant to achievement of NDCS goals. First, U.S. and partner nation physical drug and precursor seizures in the WHTZ and Indian Ocean denied approximately \$6.7 billion in revenue to illicit drug traffickers in FY 2020, the majority of which were the result of WHTZ seizures. Second, less than one percent of the DoD military and civilian workforce tested positive for illicit drug use, with both groups registering slight reductions from FY 2019. Lastly, military ship steaming hours quadrupled in FY 2020 as compared to the previous fiscal year. The increase was largely the result of presidentially directed “enhanced counter drug operations” that began April 6, 2020 in the U.S. Southern Command area of responsibility. The deterrence effect that resulted from the increase in DoD regional presence offers one explanation for the decreased volume of illegal drugs seized during this period. COVID-19 was another contributing factor that negatively impacted U.S. and partner nations’ interdiction and boarding operations, and likely influenced the logistics operations of global illicit trafficking organizations.

ALIGNMENT WITH THE NATIONAL DRUG CONTROL STRATEGY

National Drug Control Strategy (NDCS) Lines of Effort (LOE)

Budget Decision Units (BDU)

| | Prevention | Treatment and Recovery | Reduce Availability |
|---|---|-------------------------------|--|
| (1) Drug Interdiction and Counterdrug Activities | <p><u>Measure:</u> DoD military personnel testing positive for drug use</p> <p><u>Measure:</u> DoD civilian personnel testing positive for drug use</p> | | <p><u>Measure:</u> Percentage of detected global illicit trafficking events successfully handed off to interdiction assets by JIATF-S</p> <p><u>Measure:</u> Indian Ocean Heroin Removal by Combined Task Force-150*</p> |
| (2) Counterdrug OPTEMPO | | | <p><u>Measure:</u> Aircraft and ship OPTEMPO hours executed by the U.S. Armed Forces in support of global counterdrug operations</p> |

*These operations had been previously identified under the Overseas Contingency Operations (OCO) BDU which is no longer active.

MEASURING PERFORMANCE

The Department of Defense delivers global support to the nation's CD and countering transnational organized crime (CTOC) efforts via programs focused on detecting and monitoring (D&M) aerial and maritime drug threats bound for the United States, by supporting U.S. and international partner operations and information sharing, conducting global intelligence and counter threat finance analyses, and by encouraging a drug-free workplace through drug demand reduction (DDR) programs. Measures of performance assigned to these activities are used by decision makers to:

- Measure actual results for comparison to annual goals and progress toward strategic objectives.
- Guide the allocation of budgetary resources during the annual planning, programming, budgeting, and execution process.
- Provide management and oversight of DoD CD and CTOC programs.
- Facilitate communications and engagements with internal and external stakeholders.

DEFINING MEASURES OF SUCCESS

Performance measurement programs administered by CN> and DDR help ensure that component and subcomponent goals, objectives, programs, and activities support the following strategic and program management imperatives to:

- **Align programs and initiatives with strategic goals and objectives:** Geographic Combatant Commands, Military Departments, and Defense Agencies are responsible for developing, managing and reporting on programs funded by the *Drug Interdiction and Counterdrug Activities, Defense* appropriation through an established performance measurement program and associated metrics.
- **Link program performance to management and resource decision-making:** Performance metrics provide stakeholders with key output and outcome data which is used to evaluate the performance of programs and supporting organizations. By accurately measuring performance, leaders and managers can make more informed program and resource decisions.
- **Frame stakeholder expectations:** DoD CD and related counter-illicit trafficking programs often support and enable related missions performed by U.S. interagency and international partners. Performance metrics help DoD to frame expectations for the execution of programs and activities in support of common objectives.

SUPPORTING PROGRAM MANAGEMENT

When successfully implemented, performance measurement programs ensure component and subcomponent goals, objectives, programs, and activities align with and support DoD CD program objectives, while also providing insight and traceability for:

- **Mission Execution:** Effective metrics support mission execution by defining the parameters of mission success and by measuring progress toward objectives. Once programs reach the execution stage, properly developed output and outcome metrics will help keep programs on course to achieve desired end states.
- **Strategic Integration:** In addition to supporting mission execution at the tactical and operation levels, performance metrics support CD objectives identified in component Theater Campaign Plans (TCP) and similar operational-level documents.
- **Operational Effectiveness:** Metrics support program efficiency by helping identify initiatives and activities with the highest return on investment (most effective at achieving program objectives at lowest cost). Components employ metrics to inform program reviews, guide procurement decisions, and identify opportunities for process improvement.
- **Reporting:** DoD employs metrics to catalogue and report component performance toward the achievement of program goals.

PERFORMANCE TARGETS

Target setting is a management process delegated to CD program managers who are most knowledgeable about specific CD activities and associated performance information. Obtaining performance targets from those who are most closely involved with the CD activity leads to more informed and realistic targets. Once targets are set, they are not changed for a period of time but remain flexible as more information is received and as circumstances change. When setting performance targets, CD program managers review trends and history and consider variations in performance, peaks, troughs, and seasonal, economic, and political factors. Other factors considered include changing political leadership as well as new authorities and modifications to existing authorities.

PERFORMANCE RESULTS AND DISCUSSION

BUDGET DECISION UNIT – 1 – DRUG INTERDICTION AND COUNTERDRUG ACTIVITIES

~ WESTERN HEMISPHERE ~

Measure: Percentage of total global illicit trafficking events, as estimated by interagency and international intelligence activities, detected and successfully handed-off to interdiction and apprehension assets by Joint Interagency Task Force-South (JIATF-S).

| Measure | Fiscal Year | | | | | | |
|--|-------------|-------|-------|-------|--------|-------|--------|
| | 2016 | 2017 | 2018 | 2019 | 2020 T | 2020 | 2021 T |
| Critical Movement Alerts (CMA) ¹ | 8,008 | 7,859 | 8,522 | 7,713 | | 8,454 | |
| Drug Movement Alerts (DMA) ² | 6,489 | 7,646 | 8,172 | 7,278 | | 7,481 | |
| Consolidated Counterdrug Database Events ³ | 4,575 | 4,251 | 3,854 | 3,056 | | 2,658 | |
| Targeted Consolidated Counterdrug Data Base (CCDB) Events ⁴ | 1,186 | 1,071 | 793 | 590 | | 853 | |
| Detected CCDB Events ⁵ | 451 | 410 | 357 | 306 | | 278 | |
| Seized or Disrupted CCDB Events | 322 | 309 | 245 | 221 | | 188 | |
| Percentage of Detected Events Successfully Handed-off to Interdiction and Apprehension Resources | 71% | 75% | 69% | 72% | 80% | 68% | 80% |

JIATF-S data derived from a combination of JIATF-S HELIOS database; and the Consolidated Counter Drug Database (CCDB) which is hosted and maintained by the Defense Intelligence Agency (DIA).

¹ CMAs comprised of initial intelligence submissions through JIATF-S tactical analyst teams or liaison officers and include DMA's and other illicit trafficking events. [Data source: JIATF-S HELIOS]

² DMAs capture impending or ongoing drug trafficking movements (conveyance, location, drug type, date and time). [Data source: JIATF-S HELIOS]

³ CCDB events are those JIATF-S maritime DMAs that meet interagency agreed upon criteria in CCDB User's Manual. [Data source: CCDB]

⁴ Illicit trafficking events targeted by JIATF-S aviation and maritime resources. [Data source: CCDB]

⁵ Illicit trafficking events detected by JIATF-S aviation and maritime resources. [Data source: CCDB]

⁶ 2016 to 2019 data is derived from the FY19 PSR. As interagency participants receive updates to events captured in CCDB, small changes to values reflected in this PSR may result.

Purpose: This measure is the primary gauge for assessing the Department's performance as the single lead agency of the Federal Government for detecting and monitoring (D&M) aerial and maritime transit of illicit drugs into the United States through the Western Hemisphere Transit Zone (WHTZ). The WHTZ includes the Caribbean Sea, the Gulf of Mexico, and the eastern Pacific Ocean.

U.S. Southern Command's (USOUTHCOM) JIATF-S facilitates drug interdiction by leveraging cued intelligence and other sources. The task force detects, monitors, and then hands-off potential targets to U.S. and international law enforcement agencies that possess the authorities to conduct subsequent interdiction and apprehension (I&A).

Agency Management Use: Management uses this measure to assess the efficiency and effectiveness of JIATF-S D&M operations and program activities. It is also used to inform policy and resource decisions at every management level, to include Program Objective Memoranda (POM) and annual budget requests.

2020 National Drug Control Strategy (NDCS) Alignment: The activity represented by this performance measure aligns with the NDCS *'Reducing the Availability of Illicit Drugs in the United States'* line of effort.

FY 2020 Result: In FY 2020, JIATF-S logged 8,454 Critical Movement Alerts (CMAs) comprised of initial intelligence submissions, of which 7,481 were Drug Movement Alerts (DMAs), a subset of CMAs that capture an impending or ongoing illicit drug movement. During quarterly Consolidated Counterdrug Data Base (CCDB) vetting conferences, each interagency partner-submitted event is examined to ensure strict adherence to agreed-upon criteria as defined in the CCDB User's Manual. This refinement process resulted in the designation of 2,658 validated JIATF-S maritime events for FY 2020.

Of the 2,658 JIATF-S CCDB maritime events, JIATF-S was able to target 853 (32%). *Target* in this context, is the act of trying to locate an illicit conveyance with resources such as, aircraft, ships, helicopters, etc. The remaining 1,805 events (68%) were not targeted primarily due to weaknesses or shortfalls in targeting information and shortages in air and maritime detection and interdiction resources.

Of the 853 targeted events, 278 (33%) were detected by U.S. or partner nation (PN) D&M assets. Of these, 188 were successfully handed-off to U.S. or PN law enforcement I&A assets. This resulted in a success rate of 68% for disruptions once the illicit target was detected, falling short of the 80% success rate target.

The 80% FY 2020 target was set as an incremental increase towards a goal of 100% (the target is reviewed on an annual basis). Many variables affect the actual hand-off success percentage, but each year U.S. and PNs strive to become more efficient and effective by increasing capabilities, capacities, and competencies with assets/resources, command and control, information sharing, and technological advancements to enable better "detection" to "hand-off" successes.

JIATF-S serves as a critical force multiplier for U.S. law enforcement agencies for evidence collection, grand jury proceedings, indictments, and extraditions leading to the interdiction or arrest of key drug trafficking organization (DTO) members, Consolidated Priority Organization Targets (CPOT), and the disruption of prioritized transnational threat networks. Below is a summary of FY 2020 law enforcement statistics as compared to FY 2019 for drug seizures where JIATF-S provided assistance:

- Arrests/Detainees: 707, decreased by 5%
- Conveyances (vessels and aircraft): 200, decreased by 12%
- Cocaine: 255.8 MT, decreased by 9% (\$6.6B loss to traffickers)

- Marijuana: 39 MT, increased by 63% (\$429M loss to traffickers)
- Heroin: 0 KG

Explanation for not meeting FY 2020 target (if applicable): The ultimate hand-off success percentage is driven by many factors including U.S. and PN end-game capabilities, environmental conditions, trafficker adaptations and the target’s ability to outrun “blue forces,” to name a few.

Corrective actions to implement in FY 2021 (if applicable): Although the availability of law enforcement I&A assets is beyond DoD’s purview, USSOUTHCOM has taken steps to extend the range and time-on-station of supporting aerial D&M assets by deploying a total of four purpose-modified De Havilland DASH-8 ‘PALE ALE’ Maritime Patrol Aircraft (MPA) in recent years. In the maritime domain, USSOUTHCOM continues to develop tactics, techniques, and procedures for its Multi-Mission Support Vessel (MMSV) to thwart a thinking adversary. The MMSV extends friendly forces’ time-on-station, and adds the D&M capability of sea-based unmanned aerial systems.

Data Source: JIATF-S data is derived from the JIATF-S HELIOS database and the CCDB hosted and maintained by DIA.

Procedures to Ensure Data Quality: Beginning in FY 2010, JIATF-S developed drug interdiction continuum indicators to assess its caseload, operational efficacy, and utilization of detection and monitoring (D&M) resources. In FY 2015, it refined and realigned its metrics to reflect updated CCDB event criteria.

All event-based CCDB data entered by JIATF-S and its U.S. interagency and international partners is reviewed and validated quarterly via a joint interagency vetting process. This data is the best available authoritative source for estimating known illicit drug flow (or Primary Movement) in the Western Hemisphere. Validated CCDB event data is deemed to be “high confidence” (accurate, complete, and unbiased in presentation and substance as possible).

Target Methodology: The 80% FY 2021 target was set as an incremental increase towards a goal of 100% (the target is reviewed on an annual basis). As mentioned previously, many variables affect the hand-off percentage, but each year U.S. and PNs strive to become more efficient and effective by increasing capabilities, capacities, and competencies with respect to operational assets, command and control, information sharing, and technology advancements.

~ DRUG DEMAND REDUCTION ~

Measure: DoD military personnel positive test rate for drug use.

| Measure | Fiscal Year | | | | | | | |
|--|-------------|-------|-------|--------|--------|--------|-----------|--------|
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 T | 2020 | 2021 T |
| | 0.84% | 0.85% | 0.88% | 0.84 % | 0.90 % | < 2.0% | 0.87 % | < 2.0% |
| FY20 Unique military members testing positive ¹ | | | | | | | 10,942 | |
| FY20 Unique military members tested ¹ | | | | | | | 1,254,222 | |

Source: Defense Manpower Data Center FY 2020 Drug Testing Metrics; U.S. Army Medical Information Technology Center. ¹FY 2020 based on estimated 4th quarter testing and reduced relative to prior fiscal years, due to COVID-19. FY 2015-2019 rates are based on finalized annual data.

Measure: DoD civilian personnel positive test rate for drug use.

| Measure | Fiscal Year | | | | | | | |
|--|-------------|-------|-------|-------|-------|--------|--------|--------|
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 T | 2020 | 2021 T |
| | 0.34% | 0.30% | 0.33% | 0.41% | 0.45% | < 1.0% | 0.40% | < 1.0% |
| FY20 Unique civilian members testing positive ² | | | | | | | 294 | |
| FY20 Unique civilian members tested ² | | | | | | | 73,946 | |

Source: Pembroke Occupational Health, Inc. ²All results based on finalized annual data, and reduced relative to prior years due to COVID-19.

Purpose: These two measures provide a direct indication of the percentage of U.S. Armed Service members and DoD civilian employees who have engaged in unauthorized drug use.

Since drug use is incompatible with DoD military and public service, the Department of Defense (DoD) Drug Demand Reduction Program (DDRP) was mandated in 1981 and given the mission to deter DoD personnel from abusing illicit drugs or misusing prescription drugs. Program components include compulsory random drug testing with punitive consequences and anti-drug education and outreach programs.

Agency Management Use: DDR management uses this measure to monitor performance against established positive testing rate targets that support maintenance of the health and well-being of DoD civilian and military work forces. It also supports budget formulation and resource allocation decision-making.

2020 National Drug Control Strategy (NDCS) Alignment: The activities represented by these performance measures align with the NDCS *Prevention* line of effort, found on page six of the document.

FY 2020 Result: DoD is on track to keep the illicit drug positive rate below 2% for military personnel and below 1% for civilian personnel.

Explanation for not meeting performance target (if applicable): N/A

Corrective actions to implement in FY 2021 (if applicable): N/A

Data sources:

DMDC: The Defense Manpower Data Center (DMDC) Personnel Data Repository includes data from the Active Component Personnel Master File, the Reserve Components Personnel Data System, and the Military Drug Test File. The Active Component Personnel Master File provides an inventory of all individuals assigned to an Active Component (excluding Active Duty Reservists for training) at any given point in time for the Army, Navy, Marine Corps, and Air Force. It provides a standardized and centralized database of all personnel, past and present, of the AC. File sources are from various personnel centers; their requirement to submit data to DMDC is covered under DoDI 1336.05, "Automated Extract of Active Duty Military Personnel Records."

USAMITC: The Laboratory Information Management System is a central data repository located in San Antonio, TX, at the U.S. Army Medical Information and Technology Center. Examples of data fields in the system include donor identification, collection specimen number, collection unit, collection date, laboratory screening test results, laboratory confirmation test results, and final test results. Specimens are included in this statistical report based on the date that drug-testing laboratory results were reported, not the date of collection.

Pembroke: A commercial, vendor-owned database called eScreen Drug Testing System is used to collect and consolidate drug-testing data for DoD civilians subject to workplace drug testing. Summary data is provided to DDR for compliance monitoring.

Procedures to ensure data quality: The DoD DDRP policy for military service members is promulgated in DoD Instruction 1010.01 with detailed guidance concerning drug testing procedures contained in DoD Instruction 1010.16. The DoD DDRP policy for civilian personnel is contained in DoD Instruction 1010.09.

All drug testing data entered into the DMDC database is reviewed and verified by each Service and Component quarterly. Department of Defense Instruction (DoDI) 1010.16 requires all Services to develop and manage a medical review process (MRP) to review all drug positive results for prescription drugs. In addition, DoDI 1010.16 requires the military drug testing laboratories to have robust internal and external quality assurance programs to ensure the quality and accuracy of all analytical results. DoDI 1010.09 requires all DoD Components to use the U.S. Army Fort Meade Forensic Toxicology Drug Testing Laboratory (FTDTL) for DoD civilian personnel.

Target methodology: DoD policy requires 100% random urine drug testing for every Service member annually. Given the success of DoD's civilian drug testing program, the random testing rate for civilians in testing-designated positions will be 50% of the workforce per year. The effectiveness of this program is measured by monitoring the prevalence of drug use from drug testing statistics published annually with a 2% or less urine drug positive rate for military personnel, and a 1% urine drug positive rate for DoD civilians in Testing Designated Positions.

These goals were established in response to Office of the Undersecretary of Defense OUSD (P&R) Memorandum, “Well-Being of the Force Indicators,” dated 3 March 2008. Goals were set at values substantially lower than what was reported in DoD Surveys of Health Related Behavior Among Military Personnel. Annual statistical reports track testing and positive rates by Military component. These reports are sent to the National Guard Bureau, Military Departments, and Director, Joint Staff for awareness and to address any focus areas.

~Indian Ocean~

Measure: Combined Task Force -150 (CTF-150) Indian Ocean Heroin Removals

| Measure | Fiscal Year | | | | | | |
|--|-------------|----------|----------|----------|----------|----------|----------|
| | 2016 | 2017 | 2018 | 2019 | 2020 T | 2020 | 2021 T |
| CTF-150 heroin removals that were cued by the Regional Narcotics Interagency Fusion Cell | 2,172 kg | 1,542 kg | 3,510 kg | 3,059 kg | 4,800 kg | 4,054 kg | 4,800 kg |

Purpose: This is an outcome indicator of maritime operations conducted by Combined Task Force-150 (CTF-150) in the Indian Ocean that were cued to targets by the Regional Narcotics Interagency Fusion Cell (RNIFC). Co-located with U.S. Naval Forces Central Command in Bahrain, RNIFC analyzes, fuses, develops and disseminates military intelligence and law enforcement information to assist in the targeting of narcotics trafficking, transnational criminal organization networks, and other transnational threats.

Agency Management Use: USCENTCOM and CN> management use this measure to assess the efficiency and effectiveness of RNIFC operations and program activities. It supports budget formulation and resource allocation decisions, as well as facilitates discussion among management to help ensure RNIFC’s focus and performance are commensurate with DoD’s investment.

2020 National Drug Control Strategy (NDCS) Alignment: The activity this performance measure represents aligns with the *‘Reducing the Availability of Illicit Drugs in the United States’* NDCS line of effort.

FY 2020 Result: In FY 2020, the RNIFC provided information and Contacts of Interests (CoI) to regional law enforcement partners and Combined Task Force-150 (CTF-150) that resulted in 8 Indian Ocean maritime narcotics seizures. Approximately 4,054 kilograms of heroin were confiscated, exploited for intelligence, and destroyed.

In addition to heroin, CTF-150 ships confiscated and destroyed approximately 13,832 kg of hashish, 2,620.8 kg of methamphetamines, 62 kg of cocaine and 579 kg of other narcotics substances.

Explanation for not meeting performance target: COVID-19 precautions significantly limited CoI boardings. CTF-150 viewed interactions with suspect dhow crews originating from Iran’s Makran Coast as a potential health hazard since Iran was, like many other countries, experiencing a COVID-19 pandemic surge. Maritime assets conducted only 8 targeted boardings/narcotics seizures compared to 36 in FY 2019. Only 18 *flag verification* boardings were executed compared with 75 in FY 2019. No boardings were conducted in the final two quarters of FY 2020. Despite COVID-19 constraints, RNIFC–initiated FY 2020 seizures resulted in more heroin interdicted than in

FY 2019. DoD views the increase as reflective of improvements in counter-drug intelligence analysis capabilities.

Corrective actions to implement in FY 2021 (if applicable): CENTCOM estimates that COVID-19 constraints will continue to impact operations. Some CTF-150 Maritime platforms have adopted strategies to protect against COVID infection, and may be more willing to conduct boardings. COVID concerns remain forefront for US and partner forces in the CENTCOM AOR and will likely continue to limit the number of boardings and maritime interdictions.

Data Source: RNIFC data is derived from the Consolidated Counterdrug Database (CCDB). The CCDB is hosted and maintained by the Defense Intelligence Agency (DIA).

Procedures to ensure data quality: As with JIATF-S, each CTF-150 CCDB interdiction event is reviewed and validated through a quarterly interagency vetting process. CCDB event-based estimates are the best available authoritative source for estimating known illicit-drug flow (or Primary Movement) through the Indian Ocean. Validated CCDB event data is deemed “high confidence” (accurate, complete and unbiased in presentation and substance as possible).

FY 2021 target methodology: The RNIFC target of 4,800 kg for heroin interdictions, first set in FY 2019, and used again in FY 2020, will remain the benchmark for FY 2021. Factors that RNIFC controls that support this target include an improved focus on targeting via collaboration with DEA Kabul to further illuminate the drug trafficking networks and vulnerabilities at their sources. Further, the development of a Land Based Coordinators Toolkit and Source of Supply analysis tools will provide better information to regional law enforcement partners to conduct I&A operations.

Two of the most important uncontrollable factors for FY 2021 include: 1) Whether ships assigned to CTF-150 will continue to be stationed in the traditional heroin smuggling routes off the East Coast of Africa, or utilized elsewhere due to more pressing global security concerns; and 2) Whether COVID-19 restrictions will continue the negatively impact the ability for CTF-150 to conduct boardings.

BUDGET DECISION UNIT – 2 – COUNTERDRUG OPERATIONS TEMPO (OPTEMPO)

~ U.S. ARMED SERVICES GLOBAL COUNTERDRUG OPTEMPO SUPPORT ~

Measure: Aircraft and ship OPTEMPO hours executed by the U.S. Armed Forces in support of global CD operations.

| Measure | Fiscal Year | | | | | | |
|---|---------------|---------------|---------------|---------------|------------------|---------------|------------------|
| | 2016 | 2017 | 2018 | 2019 | 2020 T | 2020 | 2021T |
| Total OPTEMPO Hours | 34,487 | 31,150 | 24,913 | 22,824 | 28,556 | 42,351 | 31,145 |
| Military Aircraft Flying Hours | 26,783 | 23,038 | 21,253 | 16,224 | 22,189 | 15,231 | 20,506 |
| Military Ship Steaming Hours (U.S. Navy) | 7,704 | 8,112 | 3,660 | 6,600 | 6,367 | 27,120 | 10,639 |
| Total OPTEMPO Expenditures (\$M) ¹ | \$101.1 | \$93.6 | \$93.7 | \$67.9 | N/A ² | \$103.7 | N/A ² |

Source: Resource Managers for the Army, Navy, Air Force, and National Guard upload data from respective Military Service systems of record to the DASD (CN>) Resources Website. ¹OPTEMPO hours multiplied by aircraft/ship cost-per-hour. ²Targets (goals) for expenditures are not set. Expenditures are a result (lag indicator) of OPTEMPO hours executed (lead indicator).

Purpose: This measure supports the analysis of operational trends by tracking multiyear U.S. Armed Forces CD OPTEMPO hours in support of U.S. and partner nation law enforcement CD operations.

Beginning in FY 2018, DASD (CN>) began coordinating with the Military Services to report data for aircraft flight and ship steaming hours in support of global CD operations to assist the Office of National Drug Control Policy (ONDCP) in obtaining a more complete accounting of total DoD OPTEMPO provided in support of National Drug Control Strategy goals.

Combatant Commanders must balance support to CD operations with other critical national defense priorities. Unlike other DoD CD activities that are financed via the Drug Interdiction and Counterdrug Activities, Defense appropriation, OPTEMPO support is funded and managed by the individual Military Services, and subject to DoD Global Force Management Allocation Plan (GFMAP) asset allocation decisions. Similarly, National Guard aviation assets are subject to Adjutants Generals' state priorities as well as Federal mobilization requirements.

Agency Management Use: CN> serves as the Department's single point-of-contact responsible for consolidating and reporting global U.S. Armed Services CD OPTEMPO execution to DoD leadership and ONDCP. This measure is used by management to analyze trends in Military Service operational support provided to DoD's aerial and maritime drug detection and monitoring (D&M) mission. This measure may also be used to assess the efficacy of investing in alternative aerial and maritime platforms and to

support the establishment of cooperative arrangements between U.S. Armed Forces and partner nations for the conduct of CD operations.

2020 National Drug Control Strategy (NDCS) Alignment: This performance measure aligns with the *'Reducing the Availability of Illicit Drugs in the United States'* NDCS line of effort.

FY 2020 Result: Combined CD OPTEMPO hours exceeded the FY 2020 target by more than 48%. Military ship steaming hours exceeded the target by more than 400% primarily due to an April 6, 2020 order by President Trump and Secretary of Defense Esper to increase DoD assets in the U.S. Southern Command AOR to support enhanced CD operations in the Latin America/Caribbean region.

| OPTEMPO Hours Detail by DoD Component | Flying/Steaming Hours by Fiscal Year | | |
|---------------------------------------|--------------------------------------|---------------|---------------|
| | 2019 | 2020 | Δ 2019-20 |
| Air National Guard Flight Hours | 1,856 | 1,428 | (428) |
| Army National Guard Flight Hours | 11,065 | 9,796 | (1,269) |
| Air Force Flight Hours | 647 | 632 | (15) |
| Air Force Reserve Flight Hours | 825 | 379 | (446) |
| Army Flight Hours | 360 | 393 | 33 |
| Navy Flight Hours | 1,471 | 2,603 | 1,132 |
| Navy Steaming Hours | 6,600 | 27,120 | 20,520 |
| TOTAL Hours | 22,824 | 42,351 | 19,527 |

| OPTEMPO Cost Detail by DoD Component | \$ in Millions by Fiscal Year | | |
|---------------------------------------|-------------------------------|----------------|---------------|
| | 2019 | 2020 | Δ 2019-20 |
| Air National Guard Flying Hour Costs | 3.473 | 3.789 | .316 |
| Army National Guard Flying Hour Costs | 32.296 | 22.778 | (9.518) |
| Air Force Flying Hour Costs | 8.240 | 9.936 | 1.696 |
| Air Force Reserve Flying Hour Costs | 7.500 | 5.492 | (2.008) |
| Army Flying Hour Costs | 1.306 | 2.138 | .832 |
| Navy Flying Hour Costs | 13.705 | 20.738 | 7.033 |
| Navy Steaming Hour Costs | 1.368 | 38.856 | 37.488 |
| TOTAL Costs | 67.888 | 103.727 | 35.839 |

Source: DoD OPTEMPO Data Source Systems of Record (see Data Sources).

Explanation for not meeting performance target (if applicable): N/A

Corrective actions to implement in FY 2021 (if applicable): N/A

Data sources:

OPTEMPO Data Source Systems of Record

| Military Service | Funding Data | Flight/Steaming Hours Data |
|---------------------|---|--|
| U.S. National Guard | FY20 DoD Fixed Wing and Helicopter Reimbursement Rates (DoD, O&M) | Full-Time Support Management Control System (FTSMCS) |
| US Air Force | FY20 DoD Fixed Wing and Helicopter Reimbursement Rates (DoD, O&M) | Commander's Resource Integration System (CRIS) |
| U.S. Army | FY20 DoD Fixed Wing and Helicopter Reimbursement Rates (DoD, O&M) | Centralized Aviation Flight Records System (CAFRS) |

| | | |
|-----------|--|---|
| U.S. Navy | FY20 DoD Fixed Wing and Helicopter Reimbursement Rates (DoD, O&M) Budget Operating Target (OPTAR) Reports (BOR) | Aviation Storekeeper Information Tracking (ASKIT) Global Force Mapping Allocation Plan (GFMAP) |
|-----------|--|---|

Procedures to ensure data quality: This performance measure entails six different systems of record from four Military Service Components. There is an assumption that DoD Components have established acceptable data assurance standards for agency systems of record that produce the data CD Service managers then enter into to the CN> resources intranet database. In addition to inputting the initial data, CD Service managers are required to review the data in this report, confirm its accuracy prior to final publication, and provide a signed certification memorandum reviewed by DASD CNGT and DoDIG.

FY 2021 Target Methodology: CD OPTEMPO hour targets are calculated using a five-year moving average of historical results.



DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

MEMORANDUM TO: ASSOCIATE DIRECTOR FOR PERFORMANCE & BUDGET
Office of National Drug Control Policy

THROUGH: DARRELL LANDREUX
Deputy Assistant Secretary of Defense (Health Resource
Management & Policy)
Department of Defense (Health Affairs)

FROM: VIRGIL L. SCOTT
Acting Deputy Assistant Director, Financial Operations
Defense Health Agency

SUBJECT: Defense Health Agency Annual Accounting of Drug Control Funds Report

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, I make the following assertions regarding the attached annual accounting of drug control funds.

OBLIGATIONS BY BUDGET DECISION UNIT

I assert that obligations reported by budget decision unit are actual obligations from our agencies accounting system.

DRUG METHODOLOGY

I assert that the drug methodology used to calculate obligations of resources was reasonable and accurate in accordance with the criteria listed in Section 7b(4) of the Circular: National Drug Control Agency Compliance Review.

APPLICATION OF DRUG METHODOLOGY

I assert the drug methodology disclosed in this report was the actual methodology used to generate the table required by Section 7a of the Circular: National Drug Control Agency Compliance Review.

MATERIAL WEAKNESS OR OTHER FINDINGS

I assert no known material weakness or other findings were found in collection of FY2020 obligations data.

METHODOLOGY MODIFICATIONS

I assert no modifications were made to the drug methodology used for reporting.

REPROGRAMMING OR TRANSFERS

I assert DHP had no reportable reprogramming or transfer in FY 2020 related to drug-control obligations.

FUND CONTROL NOTICES

I assert the data presented are associated with obligations, which complied fully with all ONDCP Budget Circulars.

Virgil L. Scott
Col, USAF
Acting, Deputy Assistant Director
and Chief Financial Officer (J-8)

FY 2020 Detailed Accounting Report, National Drug Control Activities, Defense Health Agency

OBLIGATIONS TABLE

| Resource Summary | Dollars in Millions | |
|---|---------------------|-------------------|
| | FY 2020 Enacted | FY 2020 Obligated |
| Drug Resources by Function | | |
| Treatment (includes Pharmaceuticals) ¹ | \$78.349 | \$62.815 |
| Research and Development ² | \$21.417 | \$19.938 |
| Total Drug Resources by Function | \$99.766 | \$82.753 |
| Drug Resources by Decision Unit | | |
| Defense Health Program | \$99.766 | \$82.753 |
| Total Drug Resources by Decision Unit | \$99.766 | \$82.753 |
| Drug Resource Personnel Summary | | |
| Total FTEs (direct only) | | |
| Drug Resources as a Percent of Budget | | |
| Total Agency Budget (in Billions) ³ | \$37.8 | \$37.8 |
| Drug resources Percentage | 0.2% | 0.2% |

¹ Treatment and Pharmaceuticals obligation totals were impacted by CoVID during FY20.

² Research and Development Funds are multi-year appropriation. Total represents amount obligated as of 31 Dec 20

³ Total Agency Budget represents Defense Health program appropriated funding only and excludes Medicare Eligible Retiree Health Care Fund (MERHCF)

METHODOLOGY

HEALTHCARE. The TRICARE Encounter Data Operational Data Store (TEDODS) served as the data source for the purchased care information. The Medical Data Repository (MDR) served as the data source for the direct care information. The International Classification of Disease (ICD) 10 coding system provided the structure to capture and compile the healthcare information from both the TEDODS and MDR. This approach captured all purchased care and direct care encounters with a primary ICD-10 diagnosis codes or inpatient procedure codes (HCPCS) related to drug abuse treatment. For purchased care records, the data extract captured the TRICARE “government paid” amounts from the pertinent healthcare claims. Direct care encounter records included various estimated cost components.

PHARMACY. The Pharmacy Data Transaction System (PDTS) data embedded in the MDR served as the data source for the pharmacy cost component. The absence of ICD-10 drug abuse treatment specific pharmaceutical codes complicates the identification of these cost within the available pharmacy data. To address this complication, the costs of pharmaceuticals specifically associated with and prescribed for drug abuse treatment. The DHA compiled the list of drug abuse treatment specific pharmaceuticals (National Drug Control (NDC) Number) based on a

review of public, private, and federal literature related to drug abuse treatment. The list includes medications approved by FDA for drug abuse treatment.

HEALTHCARE AND PHARMACY EXCLUSIONS. Excluded from healthcare and pharmacy are costs associated with Medicare eligible beneficiaries and beneficiaries enrolled in the US Family Health Plan (USFHP) program are excluded from both the healthcare and pharmacy cost components.

RESEARCH. With the exception of Congressionally-directed research activities, the DHP appropriation does not have specific budget line items designated for drug control research activities. As a result, the costs for research represent funds provided for specific projects related to drug abuse, to include advanced development research efforts.

METHODOLOGY MODIFICATION

None

MATERIAL WEAKNESS OR OTHER FINDINGS

None

REPROGRAMMING OR TRANSFERS

None

OTHER DISCLOSURES

None

Performance Summary Report

8. a. Performance Reporting

The following is a summary report on the progress that the Defense Health Agency has made in supporting National Drug Control Strategy Goal 4. “to increase the mandatory prescriber education and continuing training on best practices and current clinical guidelines.” To help meet this strategic goal the Defense Health Agency collaborated with the Office of National Drug Control Policy (ONDCP) and Substance Abuse and Mental Health Services Administration (SAMHSA) to design and implement Buprenorphine Waiver Training (BWT). This training is offered internal to DoD staff and provides licensed physicians (MDs and DOs), with the appropriate knowledge and training hours needed to apply for a Drug Enforcement Agency (DEA) waiver that would then be used to write prescriptions for Medication Assisted Therapy (MAT). This would expand DoD capability to meet the treatment needs of Active-Duty Service Members and their families by providing training in evidence-based MAT care to DoD providers.

(8.a.1) Performance Measures To help measure help measure performance on this goal, an overall raw number count of providers completing training metric was chosen and has regularly been reported.

(8.a.2) Prior Years Performance For the years since the training has been available and for which completion data have been counted, the following are prior year’s performance: For CY-17 through CY-19 DoD has trained 318 DoD prescribers (124, 91, and 103, respectively).

(8.a.3) Current Years Performance For this CY-20, there were 57 DoD prescribers who completed training.

(8.a.4) Quality of Performance Data As data are captured and reported only upon completion of the training, and training is only offered through a rigorous application process, the quality of the count data is estimated to be high.

8. b. Performance Reporting Assertions

(8.b.1-4) I assert that for the raw count numbers provided above in section 8.a are appropriate and applied consistently, that no explanations for not meeting performance targets are necessary and that this metric is adequate for informing this drug control strategy.

8. c. Criteria

(8.c.1-3) The data reported in 8.a are the most current, reliable and recently available. As raw count data they are not subject to a method requiring an estimate.



Mary Markivich, PsyD

MAJ, USA

Clinical Psychologist

Executive Director, Addictive Substance Misuse Advisory Committee

Chief, Behavioral Health Specialty Care

Psychological Health Center of Excellence, Research and Development (J-9) Defense Health Agency

Tab D



**UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF FINANCE AND OPERATIONS**

January 28, 2021

Ms. Sandra D. Bruce
Acting Inspector General
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202-1510

Dear Ms. Bruce:

This letter constitutes the Department's Budget Formulation Compliance Report for calendar year 2020, in response to section 6 of the Office of National Drug Control Policy (ONDCP) Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019.

The Circular instructs that this Compliance Report include (1) information on the Department's summer budget formulation (in this case, for fiscal year 2022); and (2) assertions by the Department relating to that summer budget formulation.

More specifically, the ONDCP Circular presupposes the Department engaged in an agency-wide budget formulation process for fiscal year 2022 during the summer of calendar year 2020, and expects the Department, in this Compliance Report, to (1) include a copy of the transmittal letter and resource summary table from the Office of Elementary and Secondary Education's (OESE) fiscal year 2022 budget request for drug control programs submitted to ONDCP this summer; and (2) make assertions to OIG for the purpose of OIG expressing a conclusion about the reliability of those assertions regarding (a) the timeliness of OESE's budget submission to ONDCP, and (b) the funding request in that submission representing the budget submission made by OESE to the Department without alternation or adjustment by any official at the Department.

However, the Department in fact did not carry out an internal budget formulation process for fiscal year 2022 under which OESE developed or submitted a budget request to ONDCP in summer of 2020. Consequently, OESE did not submit such a request to ONDCP and, thus, the assertions required by the ONDCP Circular are not applicable.

Fortunately, ONDCP Circular (in section 6(b)(1)), in tandem with the ONDCP Circular *Budget Formulation* dated October 22, 2019 (in section 9(a)(1)), accommodates the above circumstances. In combination, the two Circulars indicate that for agencies with no budget data applicable for the summer budget submission, the agency (1) notify ONDCP by July 15th that the agency budget formulation process does not include the submission of any agency budget proposal, budget formulation data, or other pre-decisional budget information to the agency for review or adjudication prior to development of the OMB-level fall budget submission; and (2) in this Compliance Report, include an assertion to affirm that is the case.

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Page 2 – Ms. Sandra D. Bruce

The Department notified ONDCP by e-mail on May 13, 2020 (copy enclosed) that for the above reasons ONDCP would not be receiving a summer drug control budget request from the Department for the fiscal year 2022 formulation cycle. And for purposes of this Compliance Report we reaffirm that assertion, inclusive of the assertion that the Department's fiscal year 2022 budget formulation process did not include the submission by OESE of any budget proposal, budget formulation data, or other pre-decisional budget information to the agency for review or adjudication prior to development of the Department's OMB-level fall budget submission.

Please provide me with the conclusion of your review in writing, and I will transmit it to ONDCP along with this Compliance Report. As you know, ONDCP requests these documents by February 1, 2021, if possible. Please do not hesitate to contact me if you have any questions about the enclosed information.

Sincerely,

Larry Kean
Director, Budget Service

DEPARTMENT OF EDUCATION



DETAILED ACCOUNTING OF FISCAL YEAR 2020 DRUG CONTROL FUNDS

IN SUPPORT OF THE
NATIONAL DRUG CONTROL STRATEGY
AS REQUIRED BY SECTION 705(d) OF THE OFFICE OF NATIONAL
DRUG CONTROL POLICY REAUTHORIZATION ACT OF 1998
(21 U.S.C. 1704(d))

JANUARY 28, 2021

DEPARTMENT OF EDUCATION
DETAILED ACCOUNTING OF FISCAL YEAR 2020 DRUG CONTROL FUNDS

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**UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF FINANCE AND OPERATIONS**

January 28, 2021

Ms. Sandra D. Bruce
Acting Inspector General
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202-1510

Dear Ms. Bruce:

As required by section 705(d) of the Office of National Drug Control Policy (ONDCP) Reauthorization Act of 1998 (21 U.S.C. 1704(d)), enclosed please find a detailed accounting of all fiscal year 2020 Department of Education drug control funds for your authentication, in accordance with the guidelines in ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019.

Consistent with the instructions in the ONDCP Circular, please provide your authentication to me in writing, and I will transmit it to ONDCP along with the enclosed accounting of funds. As you know, ONDCP requests these documents by February 1, 2021, if possible. Please do not hesitate to contact me if you have any questions about the enclosed information.

Sincerely,

Larry Kean
Director, Budget Service

Enclosure

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TABLE OF PRIOR-YEAR DRUG CONTROL OBLIGATIONS

Fiscal Year 2020 Obligations
(in millions)

Drug Resources by Function

| | |
|------------|----------|
| Prevention | \$58.294 |
| Total | 58.294 |

Drug Resources by Decision Unit

| | |
|-----------------------------------|----------|
| School Safety National Activities | \$58.294 |
| Total | 58.294 |

PROGRAM DESCRIPTION

A subset of projects funded under School Safety National Activities, which is a broad discretionary authority under Title IV, Part F, Section 4631 of the Elementary and Secondary Education Act (ESEA), as amended, comprise the only Department of Education activities included in the national drug control budget in fiscal year 2020. School Safety National Activities support a range of strategies to assist State and local efforts to improve students' safety and well-being.

Activities supported under School Safety National Activities that have a clear drug control nexus, and for which funds are thereby included in this accounting of drug control funds, include (1) 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 evidence-based behavioral practices for improving school climate and behavioral outcomes for all students; and (2) dissemination, outreach, and other technical assistance activities that support and improve drug and violence prevention efforts.

In addition to activities that include drug prevention, School Safety National Activities carried out by the Department in 2020 also included: (1) Project SERV (School Emergency Response to Violence), which provides education-related services to LEAs and institutions of higher education (IHEs) in which the learning environment has been disrupted due to a violent or traumatic crisis; (2) Project Prevent grants to LEAs to help schools in communities with pervasive violence break the cycle of violence; (3) School Emergency Management Activities, such as Grants to States for Emergency Management and the Department's Readiness and Emergency Management for Schools Technical Assistance Center, which helps schools, school districts, and IHEs in the development and implementation of high-quality emergency operations plans; (4) Mental Health Service Professional Demonstration Grants and School-Based Mental Health Services grants, which help increase the number of counselors and other mental health professionals to provide services to students in high-need school districts; and (5) a small number of miscellaneous other school safety activities. Although the Department obligated funds for all five of these activities in fiscal year 2020, funds for these five components of School Safety National Activities are not included in the ONDCP drug budget and, therefore, they are not included in this obligations report.

DISCLOSURES

Drug Methodology

This accounting submission includes all fiscal year 2020 obligations of funds under School Safety National Activities, with the exception of activities that have no clear drug control nexus. Accordingly, the amounts in the enclosed table of prior-year drug control obligations include all funding for School Safety National Activities, with the exclusion of obligations of funds for (1) Project SERV; (2) Project Prevent; (3) School Emergency Management Activities; (4) Mental Health Service Professional Demonstration Grants and School-Based Mental Health Services grants; and (5) miscellaneous other school safety activities.

Obligations by Drug Control Function

All obligations of funds for the School Safety National Activities program shown in the table on page 2 of this report fall under the ONDCP drug control function category of prevention.

Obligations by Budget Decision Unit

All obligations of drug control funds in the table on page 2 of this report are displayed using the School Safety National Activities program as the budget decision unit.

Methodology Modifications

The Department does not have any drug control budget methodological modifications to disclose.

Material Weaknesses or Other Findings

The Department does not have any material weaknesses or other findings to disclose that affect the presentation of fiscal year 2020 drug-related obligations in this report. Limitations that affect the presentation of drug-related obligations in this report are explained in the disclosures below.

Reprogrammings or Transfers

There were no reprogrammings or transfers of drug-related budgetary resources in the Department of Education in fiscal year 2020.

Other Disclosures

The Department acknowledges the following limitation in the methodology described above for deriving the obligations of fiscal year 2020 drug control funds attributable to the School Safety National Activities program: Not all obligations of funds included in the resource summary of this report support drug prevention activities — some of these funds support violence prevention and school safety activities that have no drug control-related nexus.

ASSERTIONS

Obligations by Decision Unit

The fiscal year 2020 obligations of drug control funds shown in this report for the School Safety National Activities drug budget decision unit are the actual 2020 obligations of funds from the Department's accounting system of record for the School Safety National Activities program.

Drug Methodology

The methodology used to calculate the fiscal year 2020 obligations of drug prevention funds presented in this report is reasonable and accurate, because: (1) the methodology captures all of the obligations of funds under the School Safety National Activities program that reasonably have a drug control-related nexus, and (2) these obligations of funds largely correspond to the display of resources for the School Safety National Activities program in the Department's budget justifications to Congress that accompany the President's budget.

Data

No workload or other statistical information was applied in the methodology used to generate the fiscal year 2020 obligations of drug control funds presented in the table on page 2 of this report. Where assumptions based on professional judgment were used as part of the drug methodology, the association between these assumptions and the drug control obligations being estimated is thoroughly explained and documented in the drug methodology disclosure and in the other disclosures on page 3 of this accounting report.

Financial Systems

Financial systems supporting the drug methodology yield data that fairly present, in all material respects, aggregate obligations from which the drug-related obligation estimates are derived.

Application of Drug Methodology

The methodology disclosed in the narrative of this report was the actual methodology used to generate the fiscal year 2020 obligations of drug control funds presented in the table on page 2.

Material Weaknesses or Other Findings

There are no material weaknesses or other findings by independent sources, or other known weaknesses, that affect the presentation of fiscal year 2020 drug-related obligations in this report. The limitation of the methodology described above for deriving the obligations of fiscal year 2020 drug control funds in this report is disclosed on page 3.

Methodology Modifications

The Department did not make any modifications in the methodology it used to calculate its drug control obligations between fiscal year 2019 and fiscal year 2020.

Reprogrammings or Transfers

There were no reprogrammings or transfers of Department of Education drug control funds in fiscal year 2020. However, subsequent to the Department submitting its fiscal year 2020 financial plan to ONDCP, the Department reallocated various small amounts of funds across activities within School Safety National Activities. As a result of these reallocations the Department's drug control budgetary resources decreased by \$465,457, from \$58,759,118 (as estimated in the financial plan) to the final amount of \$58,293,661.

Fund Control Notices

The Director of ONDCP has never issued to the Department of Education any Fund Control Notices under 21 U.S.C. 1703(f) or the applicable ONDCP Circular, *Budget Execution*. Therefore, the required assertion that the data presented in this report accurately reflect obligations of drug control funds that comply with all such Fund Control Notices is not applicable.

U.S. Department of Education



Performance Summary Report

Fiscal Year 2020

In Support of the

National Drug Control Strategy

February 17, 2021

U.S. Department of Education
Performance Summary Report for Fiscal Year 2020

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UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION

February 17, 2021

Ms. Sandra D. Bruce
Acting Inspector General
U.S. Department of Education
400 Maryland Avenue, S.W.
Washington, DC 20202-1510

Dear Ms. Bruce:

As required by ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, enclosed please find detailed information about performance-related measures for a key drug control program administered by the U.S. Department of Education, in accordance with the guidelines in the circular dated October 22, 2019. This information covers the School Safety National Activities program, which is the Drug Control Budget Decision Unit under which budgetary resources for the Department of Education (ED) are included in the *National Drug Control Budget*.

Consistent with the instructions in the ONDCP Circular, please provide your authentication to me in writing and I will transmit it to ONDCP along with the enclosed Performance Summary Report. Please do not hesitate to contact me if you have any questions about the enclosed information.

Sincerely,

Paul Kesner
Director
Office of Safe and Supportive Schools

www.ed.gov
400 MARYLAND AVE., SW, WASHINGTON, DC 20202

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FY 2020 Performance Summary Information

School Climate Transformation Grant – Local Educational Agency Grants Program 2014 Cohort

In FY 2014, the Department made the first round of awards under the School Climate Transformation Grant – Local Educational Agency (LEA) program to 71 school districts in 23 states, Washington, D.C., and the U.S. Virgin Islands. The funds are being used to develop, enhance, and expand systems of support for implementing evidence-based, multi-tiered behavioral frameworks for improving behavioral outcomes and learning conditions for students. The goals of the program are to connect children, youths, and families to appropriate services and supports; improve conditions for learning and behavioral outcomes for school-aged youths; and increase awareness of and the ability to respond to mental-health issues among school-aged youths.

School districts used these funds to implement models for reform and evidence-based practices that address the school-to-prison pipeline—the unfortunate and often unintentional policies and practices that push our nation’s schoolchildren, especially those who are most at-risk, out of classrooms and into the juvenile and criminal justice systems. The grants provided funding for up to five years, for a total of nearly \$180 million. The final year of a five-year funding cycle was made to these grantees in FY 2018.

Drug prevention was an allowable activity. Indeed, grantees were encouraged, as part of their local needs-assessment, to measure student drug use along with other relevant issues and problems. The local needs-assessment was also used by grantees to help identify and select the most appropriate evidence-based practices. If the needs-assessment indicated that drug abuse was an issue for students, drug abuse prevention should have been addressed as part of implementation of a multi-tiered behavioral framework.

The Department developed a variety of measures to assess the performance of the 2014 cohort of School Climate Transformation Grants to LEAs, including (1) measures related to increasing the capacity of LEAs to implement a multi-tiered, decision-making framework to improve behavioral and learning outcomes and (2) measures to demonstrate the progress of LEAs in achieving these outcomes as evidenced by decreasing student disciplinary actions and increased student attendance. Among those measures, the two discussed below are the most directly related to the drug prevention function of this program.

Final performance data for the 2014 cohort of grants would have been included in the Department’s FY 2019 Performance Summary Report, but the grants were on no-cost extensions as of a year ago had not yet submitted their final performance reports. Due to COVID-19, the grantees are operating under further

No-Cost Extensions. For that reason, as explained below, data for two of the measures in this section of the Report are based on only 50 of the 70 grantees.

Measure 1: 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.

Table 1

| Year | Number Target | Number Actual | Percentage Target | Percentage Actual |
|-------------|----------------------|----------------------|--------------------------|--------------------------|
| 2015 | | | | |
| 2016 | | 524 | | 51% |
| 2017 | 540 | 698 | 53% | 59% |
| 2018 | 719 | 781 | 61% | 53% |
| 2019 | 804 | 516 | 63% | 44% |

The Measure. ED established several GPRA performance measures for assessing the effectiveness of the FY 2014 cohort of School Climate Transformation Grants to LEAs. Two measures were related to addressing the goals of the National Drug Control Strategy. This measure was one of the two selected for that purpose.

It is expected that grantees may show progress in meeting this measure due to improvement in school climate that results in a decrease in actual student use of drugs or alcohol, and as a result these students do not face disciplinary action for such use. Alternatively, grantees may show progress because they change their disciplinary approach to student drug or alcohol use and take a more supportive disciplinary approach to addressing the behavior, rather than relying on suspensions and expulsions.

FY 2019 Performance Results

FY 2019 was the final performance period for the FY 2014 cohort. Of the 70 grantees, in fiscal year (FY) 2020, 20 grantees requested and were approved for No-Cost Extensions under the Department’s Administrative Relief for discretionary grantees impacted by the Coronavirus disease - 2019 (COVID-19) offer. This relief, which was offered to grantees affected by the loss of operational capacity and increased costs due to the COVID-19 crisis, allows grantees until December 31, 2021 to submit their final performance reports. The 2019 actuals in Table 1 are preliminary data for the final year(s) of these projects based on final reports from 50 of the 70 grantees. More complete data should be available later this year and may be included in the Department’s FY 2021 Performance Summary Report. Worsening performance in the FY 2019 performance period (both when actual data are compared to FY 2018 actual data

and to falling short of FY 2019 targets) is almost certainly due to the COVID-19 crisis.

FY 2020 Performance Target. Targets for FY 2020 are not applicable, because FY 2019 was the final performance period for these grants.

Tables 2, 3, and 4

Grantees are not required to collect and report to the Department disaggregated data corresponding to suspensions and expulsions that are related to possession or use of alcohol or drugs only, but some grantees voluntarily report such information. Accordingly, for such grantees, beginning with the FY 2016 baseline data available for this performance measure, the Department is reporting this more detailed data in the tables below. Because grantees were not required to collect or report these data, no targets were set for these additional measures.

Table 2: Number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol only. Out of a total of 70 grantees, 31 grantees reported these data measures for FY 2016; 6 grantees reported data for FY 2017; none reported data for FY 2018; and to date, none reported data for the final FY 2019 performance period. Because grantees were not required to collect or report these data, no targets were set for these additional measures. If any grantees report additional data on this measure by the end of calendar year 2021, such data may be included in the Department’s FY 2021 Performance Summary Report.

| Cohort | FY2014 Actual | FY2015 Actual | FY2016 Actual | FY2017 Actual | FY2018 Actual | FY2019 Actual |
|--------|---------------|---------------|---------------|---------------|---------------|---------------|
| 2014 | n/a | n/a | 184 40% | 17 41% | | |

Table 3: Number and percentage of schools that reported an annual decrease in suspensions and expulsions related to possession or use of other drugs only. Out of a total of 70 grantees, 32 grantees reported data for FY 2016, 8 grantees reported data for FY 2017; none reported data for FY 2018; and to date, none reported data for the final FY 2019 performance period. If any grantees report additional data on this measure by the end of calendar year 2021, such data may be included in the Department’s FY 2021 Performance Summary Report.

| Cohort | FY2014 Actual | FY2015 Actual | FY2016 Actual | FY2017 Actual | FY2018 Actual | FY2019 Actual |
|--------|---------------|---------------|---------------|---------------|---------------|---------------|
| 2014 | n/a | n/a | 204 41% | 19 20% | | |

Table 4: Number and percentage of schools that reported an annual decrease in suspensions and expulsions related to possession or use of alcohol and/or other drugs. Out of a total of 70 grantees, 41 grantees reported data for FY 2016; 21 grantees reported data for FY 2017; none reported data for FY 2018; and to date, none reported data for the final FY 2019 performance period. If any grantees report additional data on this measure by the end of calendar year 2021, such data may be included in the Department’s FY 2021 Performance Summary Report.

| Cohort | FY2014 Actual | FY2015 Actual | FY2016 Actual | FY2017 Actual | FY2018 Actual | FY2019 Actual |
|--------|---------------|---------------|---------------|---------------|---------------|---------------|
| 2014 | n/a | n/a | 269 44% | 201 46% | | |

Measure 2: The number and percentage of schools annually that are implementing the multi-tiered behavioral framework (MTBF) with fidelity.

Table 5

| Year | Number Target | Number Actual | Percentage Target | Percentage Actual |
|------|---------------|---------------|-------------------|-------------------|
| 2015 | | 512 | | 45% |
| 2016 | 589 | 584 | 52% | 55% |
| 2017 | 677 | 814 | 60% | 65% |
| 2018 | 936 | 920 | 69% | 64% |
| 2019 | 1,077 | 572 | 79% | 68% |

The Measure. ED established several GPRA performance measures for assessing the effectiveness of the FY 2014 cohort of School Climate Transformation Grants to LEAs. Two measures were related to addressing the goals of the National Drug Control Strategy. This measure was one of the two selected for that purpose.

Although schools have long attempted to address issues of student disruptive and problem behavior (including substance use, violence, and bullying), most of our Nation’s schools have not implemented comprehensive, effective supports that address the full range of students’ social, emotional, and behavioral needs. Research demonstrates that the implementation of an evidence-based, multi-tiered behavioral framework, such as Positive Behavioral Interventions and Supports (PBIS), can help improve overall school climate and safety. A key aspect of this multi-tiered approach is providing differing levels of support and interventions to students based on their needs. Certain supports involve the whole school (e.g., consistent rules, consequences, and reinforcement of appropriate behavior), with more intensive supports for groups of students

exhibiting at-risk behavior, and individualized services for students who continue to exhibit troubling behavior.

This second measure supports the drug prevention function of this program because a school that is implementing a multi-tiered behavioral framework with fidelity can be expected to be a school where any prevention program(s) – including drug prevention program(s) – selected for implementation is (1) an evidence-based program and (2) has an improved chance of being implemented more effectively. This measure is designed to inform whether the LEA School Climate Transformation Grants result in such increased capacity.

FY 2019 Performance Results.

Of the 70 grantees, in FY 2020, 20 grantees requested and were approved for a No-Cost Extension under the Department's Administrative Relief for discretionary grantees impacted by the Coronavirus disease - 2019 (COVID-19) offer. This relief, which was offered to grantees affected by the loss of operational capacity and increased costs due to the COVID-19 crisis, allows grantees until December 31, 2021 to submit their final performance reports. The FY 2019 actuals in Table 5 reflect preliminary performance data based on the 50 grantees that have submitted final performance reports. More complete data should be available later this year and may be included in the Department's FY 2021 Performance Summary Report. Worsening performance in FY 2019 (both when actual data are compared to FY 2018 actual data and to falling short of FY 2019 targets) is almost certainly due to the COVID-19 crisis. Regardless, there was one improvement among the metrics for this performance measure. The percentage of schools implementing the multi-tiered behavioral framework (MTBF) with fidelity increased from 64 percent to 68 percent between FY 2018 and FY 2019.

FY 2020 Performance Target. Targets for FY 2020 are not applicable, because FY 2019 was the final performance period for these grants.

Methodology. These measures constitute the Department's indicators of success for the School Climate Transformation Grant – Local Educational Agency Grants program 2014 cohort. Consequently, we advised applicants for a grant under this program to give consideration to these measures in conceptualizing the approach and evaluation for their proposed program. Each grantee is required to provide, in its annual performance and final reports, data about progress in meeting these measures.

To receive funds after the initial year of a multi-year award, grantees must submit an annual continuation performance report that describes the progress the project has made toward meeting the predefined benchmarks and milestones. This performance report also provides program staff with data related to the GPRA measures established for the program.

Authorized representatives for the grant site sign the annual performance report and, in doing so, certify that to the best of their knowledge and belief, all data in the performance report are true and correct and that the report fully discloses all known weaknesses concerning the accuracy, reliability, and completeness of the data included. Generally, the Department relies on the certification concerning data supplied by grantees and will not conduct further reviews unless data quality concerns arise.

The ED-funded Technical Assistance Center on Positive Behavioral Interventions and Supports (www.pbis.org) is providing training and technical assistance to grantees on data collection.

FY 2020 Performance Summary Information

School Climate Transformation Grant – Local Educational Agency Grants Program 2019 Cohort

In FY 2019, the Department made a new round of awards under the School Climate Transformation Grant – Local Educational Agency (LEA) program to 69 school districts. The grants provide funding for up to five years, for a total of nearly \$218 million. The funds are being used to develop, enhance, or expand systems of support for, and technical assistance to, schools implementing a multi-tiered system of support for improving school climate. The goals of the program are to connect children, youth, and families to appropriate services and supports; improve conditions for learning and behavioral outcomes for school-aged youth; and increase awareness of and the ability to respond to mental-health issues among school-aged youth.

The Department established several GPRA performance measures for assessing the effectiveness of the FY 2019 cohort of the School Climate Transformation Grants to LEAs program. Four of the measures relate to addressing the goals of the National Drug Control Strategy.

Measure 1. The number and percentage of schools annually that are implementing a multi-tiered system of support framework with fidelity.

Table 1

| Year | Number Target | Number Actual | Percentage Target | Percentage Actual |
|------|---------------|---------------|-------------------|-------------------|
| 2020 | | 305 | | 45% |
| 2021 | 314 | | 48% | |

The Measure:

Similar to Measure 2 for the 2014 SCTG-LEA cohort, this measure supports the drug prevention function of this program because a school that is implementing a multi-tiered system of support framework with fidelity can be expected to be a school where any prevention program(s) – including drug prevention program(s) – selected for implementation is (1) an evidence-based program and (2) has an improved chance of being implemented more effectively. This measure is designed to inform whether the LEA School Climate Transformation Grant results in an increased capacity.

FY 2020 Performance Results. FY 2020 performance data have been received from 56 of the 69 grantees and have been aggregated; 13 grantees did not submit data due to the loss of operational capacity and impacts from the COVID-19 pandemic. As shown in Table 1 above, the 56 grantees reported that 305

schools, or 45 percent of those participating, implemented the multi-tiered behavioral framework with fidelity. More complete data should be available later this year; if so, it will be included in the Department’s FY 2021 Performance Summary Report.

FY 2021 Performance Target. The FY 2021 performance targets for the number and percentage of schools annually that are implementing the multi-tiered behavioral framework with fidelity are set at 314 and 48 percent, respectively. These targets represent an annual increase of 3 percent and 3 percentage points, respectively.

Measure 2. The number and percentage of schools annually that are implementing opioid abuse prevention and mitigation strategies.

Table 2

| Year | Number Target | Number Actual | Percentage Target | Percentage Actual |
|-------------|----------------------|----------------------|--------------------------|--------------------------|
| 2020 | | 196 | | 42% |
| 2021 | 202 | | 45% | |

The Measure: Measure 2 addresses the opioid crisis and its devastation on families and communities across the United States, and the belief that schools can play an important role in both preventing opioid abuse and addressing the mental health and other needs of students affected by the epidemic. Accordingly, in the FY 2019 competition for School Climate Transformation Grants to LEAs, the Department included a competitive preference priority for applicants that proposed to implement opioid abuse prevention and/or mitigation strategies. Sixty-eight of the 69 grantees addressed this priority. Measure 2 is designed to drill down below the grantee (i.e., LEA) level to determine how many (and what percentage of) schools served by the grant are implementing opioid abuse prevention and mitigation strategies.

FY 2020 Performance Results. FY 2020 performance data have been received from 48 of the 69 grantees and have been aggregated. Of the 69 grantees, 21 grantees did not submit data due to the loss of operational capacity and impacts from the COVID-19 pandemic. As shown in Table 2 above, the 48 grantees reported that 196 schools, or 42 percent of those participating, implemented opioid abuse prevention and mitigation strategies. More complete data should be available later this year; if so, it will be included in the Department’s FY 2021 Performance Summary Report.

FY 2021 Performance Target. The FY 2021 performance targets for the number and percentage of schools annually that are implementing opioid abuse prevention and mitigation strategies are set at 202 and 45 percent, respectively.

These targets represent an annual increase 3 percent and of 3 percentage points, respectively.

Measure 3. The number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of alcohol.

Table 3

| Year | Number Target | Number Actual | Percentage Target | Percentage Actual |
|------|---------------|---------------|-------------------|-------------------|
| 2020 | | 281 | | 61% |
| 2021 | 289 | | 64% | |

The Measure: Similar to the FY 2014 cohort measure for the School Climate Transformation Grants to LEAs, it is expected that grantees may show progress in meeting this measure due to improvement in school climate that results in a decrease in actual student use of alcohol, and as a result these students do not face disciplinary actions for such use. Alternatively, grantees may show progress within their disciplinary approach to student alcohol use and take a more supportive disciplinary approach to addressing the behavior, rather than relying on suspensions and expulsions.

FY 2020 Performance Results. FY 2020 performance data have been received from 49 of the 69 grantees and have been aggregated. Of the 69 grantees, 20 grantees did not submit data due to the loss of operational capacity and impacts from the COVID-19 pandemic, and/or unavailable baseline data. As shown in Table 3 above, the 49 grantees reported that 281 schools, or 61 percent of those participating, had an annual decrease in suspensions and expulsions related to possession or use of alcohol. If more complete data should become available later this year, they will be included in the Department’s FY 2021 Performance Summary Report.

FY 2021 Performance Target. The FY 2021 performance targets for the number and percentage of schools annually that report an annual decrease in suspensions and expulsions related to possession or use of alcohol are set at 289 and 64 percent, respectively. These targets represent an annual increase of 3 percent and 3 percentage points, respectively.

Measure 4. The number and percentage of schools that report an annual decrease in suspensions and expulsions related to possession or use of other drugs.

Table 4

| Year | Number Target | Number Actual | Percentage Target | Percentage Actual |
|-------------|----------------------|----------------------|--------------------------|--------------------------|
| 2020 | | 288 | | 57% |
| 2021 | 297 | | 60% | |

The Measure: Similar to the FY 2014 cohort measure for the School Climate Transformation Grants to LEAs, it is expected that grantees may show progress in meeting this measure due to improvement in school climate that results in a decrease in actual students' use of drugs, and as a result, these students do not face disciplinary actions for such use. Alternatively, grantees may show progress within their disciplinary approach to student drug use and take a more supportive disciplinary approach to addressing the behavior, rather than relying on suspensions and expulsions.

FY 2020 Performance Results. FY 2020 performance data have been received from 49 of the 69 grantees and have been aggregated. Of the 69 grantees, 20 grantees did not submit data due to the loss of operational capacity and impacts from the COVID-19 pandemic, and/or unavailable baseline data. As shown in Table 4 above, the 49 grantees reported that 288 schools, or 57 percent of those participating, had an annual decrease in suspensions and expulsions related to possession or use of other drugs. If more complete data should become available later this year, they will be included in the Department's FY 2021 Performance Summary Report.

FY 2021 Performance Target. The FY 2021 performance targets for the number and percentage of schools annually that report an annual decrease in suspensions and expulsions related to possession or use of other drugs are set at 297 and 60 percent, respectively. These targets represent an annual increase of 3 percent and 3 percentage points, respectively.

Methodology. These measures constitute the Department's indicators of success for the School Climate Transformation Grant – Local Educational Agency program FY 2019 cohort. Consequently, applicants for a grant under this program were advised to give careful consideration to these measures in conceptualizing the approach, and the evaluation of, their proposed program. Each grantee is required to provide, in its annual performance and final reports, data about progress in meeting these measures.

To receive funds after the initial year of a multi-year award, grantees must submit an annual performance report that describes the progress the project has made toward meeting the predefined benchmarks and milestones. This performance report also provides program staff with data related to the GPRA measures established for the program.

Authorized representatives for the grant site sign the annual performance report and, in doing so, certify that to the best of the signer's knowledge and belief, all data in the performance report were true and correct and that the report fully disclosed all known weaknesses concerning the accuracy, reliability, and completeness of the data included. Generally, the Department relies on the certification concerning data supplied by grantees and will not conduct further reviews, unless data quality concerns arise. The ED-funded Technical Assistance Center on Positive Behavioral Interventions and Supports (www.pbis.org) provides on-going training and technical assistance on data collection.

Assertions

Performance Reporting System

The Department of Education has a system in place to capture performance information accurately and that system was properly applied to generate the performance data in this report. In instances in which data are supplied by grantees as part of required periodic performance reports, the data that are supplied are accurately reflected in this report.

Data related to the drug control programs included in this Performance Summary Report for Fiscal Year 2020 are recorded in the Department of Education's software for recording performance data and are an integral part of our budget and management processes.

Explanations for Not Meeting Performance Targets

The explanations provided for not meeting performance targets are reasonable given past experience, available information, and available resources. No recommendations for plans to revise performance targets are needed, because the only targets not met were for the last performance period for the applicable grants.

Methodology for Establishing Performance Targets

The methodology described to establish performance targets for FY 2021 is reasonable given past performance, current circumstances, and available resources. It should be noted that 100 percent of the grantees were affected by unanticipated school closures and restructuring instruction because of the COVID-19 pandemic. The Department has set FY 2021 targets anticipating a relatively small improvement in performance over FY 2020 based on reasonable expectations of grantees' continued progress, with possible modifications, and due to delays in FY 2020 activities.

Performance Measures for Significant Drug Control Activities

The Department of Education has established at least one acceptable performance measure for the Drug Control Decision Unit identified in its Detailed Accounting of Fiscal Year 2020 Drug Control Funds.

Criteria for Assertions

Data

No workload or participant data support the assertions provided in this report. Sources of quantitative data used in the report are well documented. These data are the most recently available and are identified by the year in which the data was collected.

Other Estimation Methods

No estimation methods other than professional judgment were used to make the required assertions. When professional judgment was used, the objectivity and strength of those judgments were explained and documented. Professional judgment was used to establish targets for programs until data from at least one grant cohort were available to provide additional information needed to set more accurate targets. We routinely re-evaluate targets set using professional judgment as additional information about actual performance on measures becomes available.

Reporting Systems

Reporting systems that support the above assertions are current, reliable, and an integral part of the Department of Education's budget and management processes. Data collected and reported for the measures discussed in this report are stored, or will be stored, in the Department of Education's PPI-JIRA (Program Performance Information) system. Data from PPI-JIRA are used in developing annual budget requests and justifications.

Tab E



ADMINISTRATION FOR
CHILDREN & FAMILIES

330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

MEMORANDUM TO: Associate Director for Performance and Budget
Office of National Drug Control Policy

THROUGH: Sheila Conley
Deputy Assistant Secretary For Finance and Deputy Chief Financial Officer
Department of Health and Human Services

FROM: Amanda Barlow
Director
Office of Legislative Affairs and Budget

Amanda E.
Barlow -S

Digitally signed by Amanda E.
Barlow -S
Date: 2021.03.17 13:24:53
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SUBJECT: Administration for Children and Families Detailed Accounting
Submission for Fiscal Year 2020

DATE: March 17, 2021

In accordance with the Office of National Drug Control Policy Circular: Accounting of Drug Control Funding and Performance Summary issued October 22, 2019, the Administration for Children and Families (ACF) Fiscal Year 2020 Drug Control Obligation Summary is enclosed. Since ACF's obligations for drug-related activities falls below the reporting threshold of \$50 million, we attest that full compliance with the ONDCP Circular would constitute an unreasonable reporting burden.

**Department of Health and Human Services
Administration for Children and Families
Detailed Accounting Submission**

Within the Promoting Safe and Stable Families (PSSF) program, the Regional Partnership Grants (RPG) are competitive grants for regional organizational partnerships to provide services and activities to children and families impacted by a parent's or caretaker's substance abuse.

| Resource Summary | FY 2020 Obligations *(\$ in millions) |
|--|---|
| Drug Resources by Function | |
| Regional Partnership Grants | \$30 |
| Total, Drug Resources by Function | \$30 |
| Drug Resources by Decision Unit | |
| Administration for Children Youth and Families | \$30 |
| Total, Drug Resources by Decision Unit | \$30 |

1. Methodology: There is \$30 million allocated for RPG as part of the larger PSSF program, and costs specific to drug prevention are not tracked separately within the RPG program. Funds are competitively awarded to jurisdictions that provide, through interagency collaboration and integration of programs and services, activities and services that are designed to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in out-of-home placements or are at risk of being placed in out-of-home placements as a result of a parent's or caretaker's substance misuse.
2. Drug Methodology: Providing the total obligation funded to the RPG program is the only method to estimate drug prevention for the larger PSSF program. ACF obligated \$30 million, which is \$20 million from the mandatory fund and \$10 million from the discretionary fund to support the RPG program to provide general technical assistance and evaluation services to jurisdictions, as well as services and activities to children and families impacted by a parent's or caretaker's substance abuse. Grantees select a range of services and activities that increase the well-being, permanency, and safety of children who are in or at risk of being placed in an out-of-home placement due to parental substance misuse. Examples of those services and activities may include substance abuse treatment for parents as well as other social service activities that improve parenting capacity and family functioning.

Regional Partnerships Grants Obligations FY 2020

| | |
|-------------------------------|---------------------|
| Grants/Contracts | \$14,137,615 |
| Salaries & Benefits | \$395,331 |
| IAs | \$4,265,162 |
| 5% Competitive RPG Set-Aside | \$500,000 |
| Secretary Transfer | \$0 |
| Lapsed Mandatory | \$21,893 |
| Lapsed Discretionary | \$0 |
| Sequestration | \$1,179,999 |
| Competitive RPG Discretionary | \$9,500,000 |
| Total | \$30,000,000 |

3. Methodology Modifications: None.
4. Material Weaknesses or Other Findings: None.
5. Reprogramming or Transfers: None.
6. Other Disclosure: None

B. Assertions:

1. Obligations by Budget Decision Unit –ACF asserts that the obligations reported in the table above are by the budget decision unit and are the actual obligations from the RPG/ACF accounting system of record.
2. Drug Methodology – N/A
 - a) Data – N/A
 - b) Financial Systems – N/A
3. Application of Drug Methodology –ACF asserts that the drug methodology disclosed in Section 7.a.(2) was the actual methodology used to generate the table required by Section 7.a.(1).
4. Material Weaknesses or Other Findings –None.
5. Methodology Modifications – None.
6. Reprogrammings or Transfers – None.
7. Fund Control Notices – ACF asserts that the data presented above are associated with obligations against a financial plan that fully complied with all Fund Control Notices issued by the Director under 21 U.S.C. § 1703(f) and Section 9 of the ONDCP Circular, Budget Execution.

Amanda E. Barlow -S Digitally signed by
Amanda E. Barlow -S
Date: 2021.03.17
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Amanda Barlow
Director
Office of Legislation Affairs and Budget

Performance Summary Report:

1. Information regarding the performance of the drug control efforts of ACF is based on agency Government Performance and Results Modernization Act (GPRMA) documents and other agency information that measures the agency’s contribution to the FY 2018-2022 HHS Strategic Plan. The table and accompanying text represent highlights of its achievements and includes performance data through FY 2019, the most recent year for which data are available. Since funding for RPG is part of the larger PSSF program, ACF considers those activities to be part of the larger program performance goals, which includes the key measure in the table below.

2. Prior Years Performance Targets and Results:

| Measure | FY | Target | Result |
|---|-----------|---------------|----------------------------|
| <u>7P1</u> : Of all children who exit foster care in less than 24 months, maintain the percentage who exit to permanency (reunification, living with relative, guardianship or adoption). (<i>PSSF, Guardianship Assistance</i>) (<i>Outcome</i>) | 2019 | 93.1% | 92.2% (Target Not Met) |
| | 2018 | 92.4% | 92.9% (Target Exceeded) |
| | 2017 | 92.2% | 92.2% (Target Met) |
| | 2016 | 92.1% | 92.0% (Target Not Met) |

The FY 2016 result of 92.0 percent reflected improved performance over the FY 2015 result of 91.9 percent but fell just short of the target of 92.1 percent. In FY 2017, performance increased to 92.2 percent, meeting the set target of 92.2 percent, and the FY 2018 target of 92.4 percent was exceeded with a result of 92.9 percent. In FY 2019, performance declined to 92.2 percent, missing the target of 93.1 percent. ACF will continue to support state agencies as they work to move children to permanent homes.

3. Current and Future Year Performance Targets:

| Measure | FY | Target | Result |
|---|-----------|---------------------|---------------|
| <u>7P1</u> : Of all children who exit foster care in less than 24 months, maintain the percentage who exit to permanency (reunification, living with relative, guardianship or adoption). (<i>PSSF, Guardianship Assistance</i>) (<i>Outcome</i>) | 2022 | Prior Result +0.2PP | Oct-23 |
| | 2021 | Prior Result +0.2PP | Oct-22 |
| | 2020 | 92.4% | Oct-21 |

ACF will continue to support state agencies as they work to move children to permanent homes and anticipates that, despite small annual fluctuations, the performance will continue to improve by 0.2 percentage points over the previous year’s performance through FY 2022.

4. Quality of Performance Data: States report child welfare data to ACF through the Adoption and Foster Care Analysis Reporting System (AFCARS). All state semi-annual AFCARS data submissions undergo extensive edit-checks for validity. The results of the AFCARS edit-checks for each of the six-month data submissions are automatically generated and sent back to each state, to help the state to improve data quality. Many states submit revised data to ensure that accurate data are submitted, often for more than one prior submission period. ACF has conducted AFCARS compliance reviews in all states. All states reviewed were required to undertake a comprehensive AFCARS Improvement Plan (AIP). To speed improvement in these data, the agency provides technical assistance to states to improve reporting to AFCARS, improve statewide information systems, and to make better use of their data. All of these activities should continue to generate additional improvements in the data over the next few years.

Assertions:

1. Performance reporting system is appropriate and applied. Yes - see response number four (4) Quality of Performance Data above.
2. Explanations for not meeting performance targets are reasonable. Yes – see narrative response number two (2) Prior Years Performance Targets and Results above.
3. Methodology to establish performance targets is reasonable and consistently applied. Yes – future performance targets take into account most recent performance in order to account for trend data.
4. Adequate performance measures exist for all significant drug control activities. Yes – as noted previously, ACF considers the drug control activities to be part of the larger program performance goal 7P1, which is a key measure for the Promoting Safe and Stable Families program area.



Naomi Goldstein
Deputy Assistant Secretary
for Planning, Research, and Evaluation



ADMINISTRATION FOR
CHILDREN & FAMILIES

TO: Director
Office of National Drug Control Policy

FROM: Amanda Barlow
Director
Office of Legislative Affairs and Budget
Administration for Children and Families

SUBJECT: FY 2020 Assertions Budget formulation Report

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Memo, and the ONDCP National Drug Control Program Agency Compliance Review Circular, I make the following assertion regarding the attached ACF's FY 2022 HHS-J submitted to ONDCP over the summer, and the assertions that:

- The summer Budget Formulation was provided to ONDCP at the same time as that budget request is submitted to the Department.
- The funding request provided to ONDCP represented the funding levels in the budget submission to the Department.

| Resource Summary | FY 2020 Enacted | FY 2021 Budget | FY 2021 Initiative Level | FY 2022 | | |
|--|-----------------|-----------------|--------------------------|---------|--|--|
| | | | | | | |
| Drug Resources by Decision Unit and Function | | | | | | |
| Regional Partnership Grants | | | | | | |
| Prevention | \$30,000 | \$60,000 | \$60,000 | | | |
| Total Funding | \$30,000 | \$60,000 | \$60,000 | | | |
| Drug Resources Personnel Summary | | | | | | |
| Total FTEs (direct only) | 2 | 2 | 2 | | | |
| Drug Resources as a Percent of Budget | | | | | | |
| Total Agency Budget | \$60,000 | \$55,000 | \$55,000 | | | |
| Drug Resources Percentage | 0.00% | 0.00% | 0.00% | | | |

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.

The Promoting Safe and Stable Families (PSSF) appropriation provides funding for the PSSF program, the Personal Responsibility Education Program (PREP), and Title V Sexual Risk Avoidance Education (SRAE) (originally authorized as Abstinence Education). The appropriation for the PSSF program includes both mandatory and discretionary budget authority.

The Social Security Act of 1935 (P.L. 74-271) authorized the first federal grants for child welfare. In 1993, the Omnibus Budget Reconciliation Act (P.L. 103-66) created the Family Preservation and Family Support Services Program, which became Promoting Safe and Stable Families, under title IV-B-2 of the Social Security Act, with passage of the Adoption and Safe Families Act of 1997 (P.L. 105-89). The Family First Prevention Services Act (FFPSA) (P.L. 115-123) amended and reauthorized the program through FY 2021.

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 PSSF program was established by the Child and Family Services Improvement Act of 2006 (Public Law 109-288). In 2011, 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). In 2018, these grants were renamed Targeted Grants to Implement IV-E Prevention Services, and Improve the Well-Being of, and Improve the Permanency Outcomes for, Children Affected by Heroin, Opioids,

and other Substance Abuse and reauthorized through FY 2021 as part of the Bipartisan Budget Act of 2018 (Pub. L. 115-123). Grants funded under this program support regional partnerships in establishing or enhancing a collaborative infrastructure to build a region's capacity to meet a broad range of needs for families affected by substance use disorders and involved with or at risk for involvement with the child welfare system.

Program Description and Accomplishments

On the mandatory side, there are \$20 million in funds reserved for the Regional Partnership Grants (RPG) Program to provide services and activities to benefit children and families affected by a parent's or caretaker's substance abuse, including opioid addiction, who come to the attention of or at risk for becoming involved with the child welfare system. In FY 2018 and FY 2019, the RPG Program received an additional \$20 million appropriation above the authorized funding level.

In September 2017, ACF awarded 17 grants in 17 states to improve the well-being of families and children affected by substance abuse and to build on the evaluation findings from previous RPG projects. Results from previous RPG projects demonstrate that the majority of children at risk of removal remained in their parent's custody following enrollment into RPG services. The rates of placement into permanent settings, including reunification with their parent(s), increased significantly in the year following RPG enrollment, among the subset of youth who were in an out-of-home placement. In addition, the overall rates of child maltreatment decreased substantially in the year after enrollment in the RPG program.

In addition to the funding authorized in Title IV-B, subpart 2, of the Social Security Act, the FY 2018, FY 2019, and FY 2020 appropriations included additional discretionary funds for special initiatives. The FY 2018 and FY 2019 appropriations bills included an additional \$20 million in discretionary funding to increase funding for RPGs. Using the additional discretionary funds provided in those appropriations, ACF awarded 10 three-year RPG projects in FY 2018 and 8 five-year RPG projects in FY 2019. The FY 2020 Appropriations Act included an additional \$10 million for the RPG program. The FY 2020 appropriations will be for funding 24-month supplemental extensions of RPG projects funded in FY 2018. The purpose of this supplemental funding is to enhance the specific, well-defined program services and activities underway with a particular emphasis on activities for continuous data-informed partnerships; to institutionalize program strategies and evaluation activities; and to plan for the sustainability of the project.

Budget Summary

The FY 2022 request for the PSSF program on the mandatory side, is [REDACTED], to continue the success of earlier RPGs and will support state efforts to reduce foster care placements due to parental substance use. Adult substance use disorders, including opioid use disorder, remain a major and growing factor for involvement in the child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of substance use disorders, including opioid addiction, and child welfare involvement.

Performance Analysis

Information regarding the performance of the drug control efforts of ACF is based on agency Government Performance and Results Modernization Act (GPRMA) documents and other agency information that measures the agency's contribution to the FY 2018 – 2022 HHS Strategic Plan. The table and

accompanying text represent highlights of its achievements and includes performance measures and targets for FY 2018, the latest year for which data are available.

| Administration for Children and Families | | |
|---|-----------------------|-----------------------|
| Selected Measure of Performance | FY 2018 Target | FY 2018 Actual |
| » 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) | 92.4% | 92.9% |

Since funding for RPG is part of the larger PSSF 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 2018, ACF placed 92.9 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 through FY 2022 are to improve by at least 0.2 percentage points over the previous year's actual result.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



January 8, 2021

TO: Debra Houry, MD, MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

Christa Capozzola
Chief Financial Officer
Centers for Disease Control and Prevention

FROM: Amy J. Frontz
Deputy Inspector General for Audit Services

Amy Frontz

Digitally signed by
AMY FRONTZ
Date: 2021.01.08
10:23:44 -05'00'

SUBJECT: Independent Attestation Review: Centers for Disease Control and Prevention
2020 Detailed Accounting Report, Performance Summary Report for National
Drug Control Activities, Budget Formulation Compliance Report, and
Accompanying Required Assertions (A-03-21-00355)

This report provides the results of our review of the attached Centers for Disease Control and Prevention (CDC) Office of National Drug Control Policy (ONDCP) Detailed Accounting Report, which includes the table of Drug Control Obligations, related disclosures, and management's assertions for the fiscal year ended September 30, 2020. We also reviewed the Performance Summary Report, which includes management's assertions and related performance information for the fiscal year ended September 30, 2020. Lastly, we reviewed the Budget Formulation Compliance Report, which includes budget formulation information for the fiscal year ending September 30, 2022¹, and the Chief Financial Officer's or accountable senior executive's assertions relating to the budget formulation information. CDC management is responsible for, and submitted, the Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report, which were prepared in accordance with the ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019 (ONDCP Compliance Reviews Circular). It is our responsibility to express a conclusion about the reliability of management's assertions based on our review.

We performed this review as required by 21 U.S.C. § 1704(d)(1) and as authorized by 21 U.S.C. § 1703(d)(7) and in compliance with the ONDCP Compliance Reviews Circular.

¹ Although CDC's Budget Performance Compliance Report was provided to ONDCP as of FY20, the budget figures reflect the FY22 funding request.

We conducted our review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements, as described in the U.S. Government Accountability Office (GAO) publication, *Government Auditing Standards* (July 2018). Those standards require that we plan and perform the review to obtain limited assurance about whether any material modifications should be made to management's assertions to be in accordance with the criteria. A review is substantially less in scope than an examination, the objective of which is to obtain reasonable assurance and express an opinion about whether management's assertions are in accordance with the criteria in all material respects. Accordingly, we do not express such an opinion. We believe that our review provides a reasonable basis for our conclusion.

Based on our review, we are not aware of any material modifications that should be made to CDC's Detailed Accounting Report and Performance Summary Report for fiscal year 2020 and CDC's Budget Formulation Compliance Report for fiscal year 2022 for them to be in accordance with the ONDCP Compliance Reviews Circular.

CDC's Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report assertions² are included as Attachments A, B, and C, respectively.

Although this report is an unrestricted public document, the information it contains is intended solely for the information and use of Congress, ONDCP, and CDC. It is not intended to be, and should not be, used by anyone other than those specified parties. If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Carla J. Lewis, Assistant Inspector General for Audit Services, at (202) 205-9125 or at Carla.Lewis@oig.hhs.gov. Please refer to report number A-03-21-00355 in all correspondence.

Attachments

² Only the Budget Formulation report assertions are included as Attachment C since the report contains prospective information.



November 20, 2020

To: Director
Office of National Drug Control Policy

From: Chief Financial Officer
Centers for Disease Control and Prevention

Subject: CDC Detailed Accounting Report for FY 2020

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached Detailed Accounting Report for the Centers for Disease Control and Prevention (CDC).

Obligations by Budget Decision Unit

I assert that obligations reported by budget decision unit are the actual obligations derived from CDC's accounting system of record for these budget decision units.

Drug Methodology

I assert that the drug methodology used to calculate obligations of prior-year budgetary resources by function for CDC was reasonable and accurate in accordance with the criteria listed in Section 7.b.(2) of the Circular. In accordance with these criteria, I have documented/identified data that support the drug methodology, explained and documented other estimation methods (the assumptions for which are subjected to periodic review) and determined that the financial systems supporting the drug methodology yield data that present fairly, in all material respects, aggregate obligations from which drug-related obligation estimates are derived.

Application of Drug Methodology

I assert that the drug methodology disclosed in this section was the actual methodology used to generate the table required by Section 7.a.(1) of the Circular.

Material Weaknesses or Other Findings

I assert that there are no material weaknesses or other findings from previous year's reporting.

Methodology Modifications

I assert that no modifications were made to the methodology for reporting drug control resources from the previous year's reporting.

Reprogramming or Transfers

I assert that the data presented are associated with obligations against CDC's financial plan. The data presented are associated with budget activity lines defined in the FY 2020 Congressional Conference Report, along with funds received from ONDCP in support of the Drug Free Communities Program. CDC did not reprogram or transfer any FY 2020 appropriated funds included in its drug control budget. Prior year balances from the Prevention and Public Health Fund (PPHF) which remain available until expended were carried over in support of the FY 2020 Opioid Overdose Prevention and Surveillance program.

Funds Control Notices

CDC was not issued a Fund Control Notice by the Director under 21 U.S.C. § 1703(f) as described in Section 9 of the ONDCP Circular, *Budget Execution*, dated October 22, 2019.



Christa Capozzola

Attachment: FY 2020 CDC Detailed Accounting Report

FY 2020 CDC DETAILED ACCOUNTING REPORT

Drug Resources by Decision Unit Table

| FY 2020 Drug Resources by Decision Unit | FY 2020 Resources | FY 2020 Obligations |
|---|--------------------------|----------------------------|
| Opioid Overdose Prevention and Surveillance | \$475,579,000 | \$475,564,089 |
| Prescription Drug Overdose (PDO) - Carryover from PPHF prior year balances ¹ | N/A | \$39 |
| Drug Free Communities Program ² | \$50,302,616 | \$49,937,707 |
| Total | \$525,881,616 | \$525,501,835 |

¹ In FY 2016, Prevention and Public Health Fund (PPHF) prior year balances from FY 2010-2013 were reallocated to support the PDQ Program. In FY 2020, the carryover amount of these balances remained available for obligation and are not included in the above FY 2020 Resources column.

² Drug Free Communities Program funding was provided to CDC via Expenditure Transfer and Interagency Agreement.

Drug Resources Table by Function Table

| FY 2020 Drug Resources by Budget Function | FY 2020 Resources | FY 2020 Obligations |
|--|--------------------------|----------------------------|
| Prevention | \$525,881,616 | \$525,502,789 |
| Total Drug Resources | \$525,881,616 | \$525,501,835 |

Methodology

The CDC methodology for determining the drug control budget was established using the amounts appropriated for the Opioid Overdose Prevention and Surveillance program, which totaled \$475,579,000, under P.L. 116-94, Further Consolidated Appropriations Act, 2020, & Continuing Resolution, 2020. In addition to the appropriated amounts, CDC administers the Drug Free Communities Program funds, provided by ONDCP through transfer to CDC.

CDC plays a critical role in opioid overdose prevention by strengthening surveillance, helping providers improve prescribing practices, and working to identify and scale up effective interventions. CDC's funding initiatives work to build state, local and tribal capacity and equip public health officials with resources to combat the epidemic. CDC uses data to drive action to prevent and address opioid overdoses, as well as other negative health effects of this epidemic.

Methodology Modifications

N/A

Material Weakness or Other Findings

N/A

Reprogramming or Transfers

N/A

Other Disclosures

N/A



November 20, 2020

TO: Director
Office of National Drug Control Policy

FROM: Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

SUBJECT: Assertions Concerning Performance Summary Report

In accordance with the requirements of the Office of National Drug Control Policy Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached Performance Summary Report for National Drug Control Activities:

Performance Reporting System is Appropriate and Applied

For the data reported in the 2020 Performance Summary Report, I assert that CDC has systems to capture performance information accurately and that these systems were properly applied to generate the performance data presented in the attached report.

Explanations for Not Meeting Performance Targets are Reasonable

While opioid overdose deaths decline, IMF (illicitly manufactured fentanyl) deaths continue to increase and involve more drugs. Gladden 2019, shows a small 4.6% decrease in opioid overdose deaths from July—December 2017 to January—June 2018 in 25 states. However, increases in IMF overdose deaths involving multiple drugs almost negated decreases in fentanyl analog deaths and prescription opioid-involved overdose deaths. In contrast to the decreases in opioid overdose, opioid deaths involving IMF increased by 11.1%. The report also shows increases in IMF deaths co-occurring with multiple opioids, benzodiazepines, cocaine, and methamphetamines; these increases almost negated declines in other types of opioid overdose deaths. In the evolving drug epidemic, synthetic opioids and polysubstance use continue to drive the trend in overdose deaths.

Gladden RM, O'Donnell J, Mattson CL, Seth P. Changes in Opioid-Involved Overdose Deaths by Opioid Type and Presence of Benzodiazepines, Cocaine, and Methamphetamine — 25 States, July–December 2017 to January–June 2018. MMWR Morb Mortal Wkly Rep 2019;68:737–744. DOI: <http://dx.doi.org/10.15585/mmwr.mm6834a2external> icon

Methodology to Establish Performance Targets is Reasonable and Consistently Applied

I assert that the methodology used to establish performance targets presented in the attached report is reasonable given past performance and available resources.

Adequate Performance Measures Exist for All Significant Drug Control Activities

I assert that performance measures exist for all significant drug control activities.



Debra Houry, MD, MPH

Director

National Center for Injury Prevention and Control

Attachment: FY 2020 Performance Summary Report for National Drug Control Activities

FY 2020 Performance Summary Report for National Drug Control Activities

Decision Unit 1: Prescription Drug Overdose

Reduce the age-adjusted annual rate of overdose deaths involving opioids per 100,000 population among the states funded through Prescription Drug Overdose: Prevention for States (PfS) program.

| 2014 ¹ Historical Actual | 2015 ² Historical Actual | 2016 ³ Actual | 2017 Target | 2017 Actual | 2018 Target | 2018 Actual | 2019 Target | 2020 Target | 2021 Target ⁴ |
|---|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------|
| 13.3 per 100,000 residents | 11.8 per 100,000 residents | 15.0 per 100,000 residents | 11.8 per 100,000 residents | 16.8 per 100,000 residents | 11.8 per 100,000 residents | 16.2 per 100,000 residents | 10.8 per 100,000 residents | 10.8 per 100,000 residents | Measure Discontinued |

¹ 2014 data were calculated based on data from five states (KY, OK, UT, WV, and TN) funded under a previous CDC program (Prescription Drug Overdose: Prevention Boost) and reflect age-adjusted rates of overdose deaths involving all opioid analgesics per 100,000 residents.

² FY 2015, CDC initiated a new program—Prevention for States (PfS), which funded a total of 29 state health departments. The baseline using 2015 was generated using the 29 PfS states as the denominator and the 2016 Actual and Target Measures for outlying years were calculated using the 29 PfS states, as opposed to the 5 states used in years prior.

³ A new baseline and subsequent years' targets were calculated using a broader drug overdose death category to better represent the opioids recently associated with drug overdose mortality (including prescription, heroin, and synthetic other than methadone) in recognition of the evolving nature of the opioid overdose epidemic in the United States.

⁴ CDC will replace measure because the overdose death data do not distinguish between discrete types of opioids, using a measure that does will better guide prevention activities.

New measure: Reduce the age-adjusted annual rate of overdose deaths involving natural and semisynthetic opioids (e.g., oxycodone, hydrocodone) or methadone as a contributing cause of death among states funded through CDC's multi-state surveillance and prevention cooperative agreement (per 100,000 residents)

| 2017 Historical Actual | 2018 Historical Actual | 2019 Historical Actual | 2020 Target | 2021 Target |
|-------------------------------|------------------------------|---------------------------|-------------------------------|----------------------------------|
| 4.40 per 100,000 residents | 4.9 per 100,000 residents | TBD | 3.91 per 100,000 residents | 3.74 per 100,000 residents |

New measure: Reduce age-adjusted annual rate of overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) among states funded through CDC's multi-state surveillance and prevention cooperative agreement (per 100,00 residents)

| 2017 Historical Actual | 2018 Historical Actual | 2019 Historical Actual | 2020 Target | 2021 Target |
|------------------------------|-------------------------------|---------------------------|-------------------------------|----------------------------------|
| 9.0 per 100,000 residents | 11.2 per 100,000 residents | TBD | 7.99 per 100,000 residents | 7.65 per 100,000 residents |

Performance Measures—The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are

appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

CDC has been tracking the rise of opioid overdose deaths and using the data to inform prevention activities to curb this alarming epidemic. Over 450,000 people have died from overdoses involving opioids – prescription or illicit in the United States from 1999 through 2018.

In response to this growing public health crisis, CDC launched its Overdose Prevention in States (OPIS) effort in FY 2016 as means to equip states with resources and expertise needed to reverse this epidemic. As a part of OPIS, CDC's Prescription Drug Overdose Prevention for States (PfS) program funded 29 state health departments to advance and evaluate comprehensive state-level interventions for preventing opioid-related overdose, misuse, and abuse.

CDC has tailored its response as the epidemic continues to evolve. In FY 2019, CDC released its new Notice of Funding Opportunity, Overdose Data to Action (OD2A). This program funds 47 states, Washington, D.C., 16 localities, and two territories to advance the understanding of the opioid overdose epidemic and to scale-up prevention and response activities which builds on previous surveillance efforts to foster an interdisciplinary, comprehensive and cohesive public health approach to the complex and changing nature of the opioid overdose epidemic. In FY 2022, CDC will continue to support recipients along the trajectory of moving from data to action, building upon work completed through OD2A.

Currently, CDC is measuring progress in reducing overdose deaths involving all opioids among the states funded specifically for PfS for the award made in FY 2016. CDC updated its measures to ensure that the denominators adequately capture states funded through CDC's multi-state surveillance and prevention cooperative agreement. Since 2016, as the epidemic has evolved, CDC has scaled its programs from an initial cohort of states to a program with a national scope. The updated language allows CDC to consistently report outcomes based on the denominator of funded states. For FY 2022, CDC's measure of natural and semi-synthetic opioid overdose deaths was replaced with a new measure that captures methadone and thus better captures overdoses related to prescription opioids. This update allows CDC to better guide prevention activities related to safer prescribing. In FY 2018, the age-adjusted annual rate of opioid deaths involving prescription opioids was 4.9 per 100,000 residents among states funded for the PfS program.

Prior Years Performance Targets and Results—For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded

it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

See charts above for targets and actuals. CDC did not meet its most recent (FY18) target to reduce the age-adjusted annual rate of overdose deaths involving opioids per 100,000 population among the states funded through Prescription Drug Overdose: Prevention for States (PfS) program. We believe this is related to the growing issue of polysubstance use which means that an opioid-involved overdose often occurs in combination with exposure to other opioids and/or other non-opioid substances. Some examples of polysubstance exposures found in combination in overdose deaths include: illicitly-manufactured fentanyl (IMF) and heroin; illicitly-manufactured fentanyl and cocaine; heroin and methamphetamine; and prescription or illicit opioids and benzodiazepines. The overdose epidemic has grown increasingly complex by co-involvement of prescription and illicit drugs. For example, synthetic opioids (primarily IMF) were involved in 23.7% of deaths involving prescription opioids, 37.4% involving heroin, and 40.3% involving cocaine.

CDC will continue to strengthen surveillance activities, identify interventions, and implement prevention programs that address the evolving nature of the epidemic. In an example of the success of CDC's current opioid programs, the Forest County Potawatomi Community in Wisconsin created a media campaign targeting the stigma associated with opioid use disorder within Native American culture. In collaboration with the Tribe's Executive Council, the campaign kick-off engaged community members, law enforcement, media, and over 90 tribal youth. The media campaign "blitz" featured a television ad running 62 times per week during peak programming, and print media (billboards) displaying images of tribal members. Since the launch of the campaign, Forest County Potawatomi Community has experienced no deaths by overdose, as well as an increase in community members seeking inpatient treatment, medication-assisted treatment, and residence in transitional living homes.

CDC has also replaced the measure because the overdose death data do not distinguish between discrete types of opioids; using a measure that does will better guide prevention activities.

Current Year Performance Targets—Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.

See target charts on first page of report. Targets were set based upon an understanding of scientific findings and current and planned CDC-funded state-level activities to address and prevent opioid overdoses.

Quality of Performance Data—The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.

These data are from CDC's National Center for Health Statistics' National Vital Statistics System (NVSS). NVSS data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital

events including deaths.

The age-adjusted rates of overdose deaths involving opioids per 100,000 are based on death certificate data captured in NVSS.

- Numerator=Annual number of drug poisoning deaths (also referred to as drug overdose deaths) involving opioids among funded states
- Denominator=Bridged-race population estimates for funded states (produced by U.S. Census Bureau in collaboration with NCHS)



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

November 20, 2020

To: Director
Office of National Drug Control Policy

From: Chief Financial Officer
Centers for Disease Control and Prevention

Subject: CDC Budget Formulation Compliance Report for FY 2020

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached Budget Formulation Compliance Report for the Centers for Disease Control and Prevention (CDC).

Timeliness of Summer Budget Submission

I assert that the summer drug budget submitted to ONDCP under the cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular, *Budget Formulation*, Section 9.a.(1) was provided to ONDCP at the same time as the budget request was submitted to our superiors in accordance with 21 U.S.C. § 1703(c)(1)(A).

Funding Levels Represent Bureau-Level Request

I assert that the funding request in the submission provided in Section 6.a.(2) of the Circular represent the funding levels in the budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.

Christa Capozzola

Attachment: FY 2020 CDC Drug Budget Formulation Compliance Report



November 20, 2020

To: Director
Office of National Drug Control Policy

From: Chief Financial Officer
Centers for Disease Control and Prevention

Subject: CDC Budget Formulation Compliance Report for FY 2020

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached Budget Formulation Compliance Report for the Centers for Disease Control and Prevention (CDC).

Timeliness of Summer Budget Submission

I assert that the summer drug budget submitted to ONDCP under the cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular, *Budget Formulation*, Section 9.a.(1) was provided to ONDCP at the same time as the budget request was submitted to our superiors in accordance with 21 U.S.C. § 1703(c)(1)(A).

Funding Levels Represent Bureau-Level Request

I assert that the funding request in the submission provided in Section 6.a.(2) of the Circular represent the funding levels in the budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.

Christa Capozzola

Attachment: FY 2020 CDC Drug Budget Formulation Compliance Report

FY 2020 CDC DRUG BUDGET FORMULATION COMPLIANCE REPORT

RESOURCE SUMMARY

| (in Millions) | | | | | |
|--|--------------------|----------------------------------|--|--|--|
| | FY 2020 Enacted | FY 2021 President's Budget | | | |
| Drug Resources by Function | | | | | |
| Prevention | \$475.579 | \$475.579 | | | |
| Total Drug Resources by Function | \$475.579 | \$475.579 | | | |
| Drug Resources by Decision Unit | | | | | |
| Opioid Abuse and Overdose Prevention | \$475.579 | \$475.579 | | | |
| Drug-Free Communities | N/A | \$100.000 | | | |
| Total Drug Resources by Decision Unit | \$475.579 | \$575.579 | | | |
| Drug Resources Personnel Summary | | | | | |
| Total FTEs (Direct Only) ¹ | 138 | 178 | | | |
| Drug Resources as a Percent of Budget | | | | | |
| Total Agency Budget ^{2,3} | \$7,694.199 | \$8,329.102 | | | |
| Drug Resources Percentage | 6.18% | 6.91% | | | |

¹ Includes vacancies.

² Excludes ATSDR and mandatory programs.

³ Includes funding from the Prevention and Public Health Fund, PHS Evaluation and NEF Direct Transfers.

Program Summary

The Centers for Disease Control and Prevention (CDC) serves as the Nation's public health agency and exercises its expertise to improve the health of the people of the United States. CDC plays a critical role in preventing drug overdose, misuse, and related harms by strengthening public health interventions. CDC's funding initiatives equip state and local health departments and communities with resources to combat drug overdose, misuse, and related harms. CDC uses data to drive action—preventing and addressing the negative health effects of this epidemic.

CDC has tailored its response as the epidemic continues to evolve by strengthening surveillance, prevention, and response efforts. For example, CDC is improving the timeliness and comprehensiveness of fatal and non-fatal drug overdose; collaborating with public safety entities; and strengthening public health strategies to link individuals with substance use to care and treatment. Two out of three drug overdose deaths in 2018 involved an opioid, but polysubstance use is driving an increasingly complex epidemic. For example, among synthetic opioid-involved overdose deaths in 2016, almost 80 percent involved another drug. CDC is strengthening efforts related to preventing overdose related to illicit opioids, methamphetamine, cocaine, other psychostimulants, and polysubstance use and abuse. CDC has also initiated efforts at the community and local levels to empower consumers to make safe choices and made efforts to reach vulnerable populations (e.g., tribes and rural communities).



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mailstop C3-01-24
Baltimore, Maryland 21244-1850

Office of Financial Management

MEMORANDUM

DATE: March 4, 2021

TO: **Director**
Office of National Drug Control Policy (ONDCP)

FROM: **Megan Worstell**
Director, Office of Financial Management and Chief Financial Officer
Centers for Medicare & Medicaid Services

SUBJECT: **ONDCP Circular: National Drug Control Program Agency Compliance Reviews** *(Revised Memo from October 30, 2020 Sections 6-8)*

In accordance with the requirements of the ONDCP Circular: National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, CMS is making the following ONDCP “technical edits” based on comments received from ONDCP to our compliance memo submitted to Department of Health and Human Services dated October 30, 2020. We are including the Budget Formulation Compliance Report (Section 6), providing section numbers in the assertions for the Detailed Accounting Report (Section 7) and removing reference to Grant Tracking. In addition, we are including a separate Performance Summary Report (Section 8). We have also included in the revised compliance report exhibits as required in all sections.

Section 6 – Budget Formulation Compliance Report

In accordance with the requirements of the ONDCP Circular: National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, CMS is making the following assertions regarding the attached under Section 6 of the Budget Formulation Compliance Report:

Timeliness of Summer Budget Submission

CMS asserts that the FY 2022 summer drug budget (See Attachment A) submitted to ONDCP under the cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular: Budget Formulation, Section 9.a.(1) was provided to ONDCP at the same time as the budget request was submitted to our superiors in accordance with 21 U.S.C. § 1703 (c)(1)(A).

Funding Levels Represent Actuary Estimates Based on Current Law

CMS asserts that we do not receive specific ONDCP appropriation funding for drug control activities. Therefore, our estimates are not based on obligations, but are based on estimates of the Medicare and Medicaid current law benefit costs, which are conducted by the CMS Office of the Actuary (OACT). Our submission provided in Section 6.a. (2) of this circular represent the budget estimates made by CMS to the Department without alteration or adjustment by any official at the Department.

Section 7 – Detailed Accounting Report

In accordance with the requirements of the ONDCP Circular: National Drug Control Program Agency Compliance Reviews dated October 22, 2019; CMS is making the following assertions under Section 7, Detailed Accounting Report requirements of attached annual accounting of drug control funds:

Obligations by Budget Decision Unit

CMS asserts that we do not receive specific ONDCP appropriation funding for drug control activities. Our estimates are not based on obligations, but are based on estimates of the Medicare and Medicaid current law benefit costs, which are conducted by the CMS OACT. (See Attachment B)

Drug Methodology

CMS asserts that the drug methodology used to calculate our total agency estimates reflects only Medicare and Medicaid current law benefit costs of prior-year budgetary resources by function for CMS was reasonable and accurate in accordance with the criteria listed in Section 6.b.(2) of the Circular. In accordance with these criteria, CMS has documented/identified data that support the drug methodology, explained and documented other estimation methods (the assumptions for which are subjected to periodic review) and determined that the methodology, yield data that present fairly, in all material aspects, estimates based on current law from which the drug estimates are derived. (See Attachment C)

Application of Drug Methodology

CMS asserts that the drug methodology disclosed in Attachment C was the actual methodology used to generate the tables and narratives required by Section 6.a.

Material Weaknesses or Other Findings

CMS asserts there have been no material weaknesses or findings from previous years reporting. Please refer to the [FY 2020 CMS Financial Report](#) on the Independent Auditor's Financial Statement Opinion and Laws and Regulation Letters.

Methodology Modifications

CMS asserts there are no modifications for reporting drug control resources from the previous year's reporting.

Reprogrammings or Transfers

CMS asserts that there have been no reprogramming or transfers, since we do not receive specific ONDCP appropriation funding for drug control activities.

Fund Control Notices

CMS asserts that we do not receive specific ONDCP appropriation funding for drug control activities. Therefore, our estimates are not based on obligations, but are based on estimates of the Medicare and Medicaid current law benefit costs, which are conducted by the CMS OACT.

Section 8 – Performance Summary Report

In accordance with the requirements of the ONDCP Circular: National Drug Control Program Agency Compliance Review, dated October 22, 2019, CMS makes the following assertions under Section 8, Performance Summary Report for the National Drug Control Activities:

CMS' approach to drug control budget estimates is different from other agencies, since CMS does not receive specific ONDCP appropriation funding for drug control activities. As such, CMS does not feature specific performance measures related to drug control activities in the CMS budget justification. The performance section of our drug control chapter reflects the scope of substance use disorder activities and interventions supported by our mandatory program spending and does not correlate with any specific measures, targets or results. Please refer to our published [FY 2021 CMS Congressional Justification](#).

Performance Reporting Systems

CMS asserts that we do not feature specific performance measures, targets or results related to drug control activities in the CMS budget justification since CMS does not receive specific ONDCP appropriation funding for drug control activities. As such, the performance section of our drug control chapter reflects the scope of substance use disorder activities and interventions supported by our mandatory program spending.

Explanations for Performance Targets

See Performance Reporting Systems explanation above.

Methodology to Establish Performance Targets

See Performance Reporting Systems explanation above.

Performance Measures Exist for All Significant Drug Control Activities

See Performance Reporting Systems explanation above.

Sign and Date:

Megan Worstell -S Digitally signed by Megan
Worstell -S
Date: 2021.03.04 15:02:39 -05'00'

Megan Worstell

Director, Office of Financial Management and Chief Financial Officer
Centers for Medicare & Medicaid Services

Attachments

- Attachment A - FY 2022 CMS HHS-J Summer Budget Submission
- Attachment B - FY 2020 Drug Control Resource Table
- Attachment C - FY 2020 Drug Control Methodology

Attachment A
FY 2022 CMS HHS-J Summer Submission



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mailstop C3-01-24
Baltimore, Maryland 21244-1850

DATE: June 2, 2020

TO: **Richard Baum**
Senior Policy Analyst
Office of National Drug Control Policy

FROM: **Robert Storey**
Director, Division of Budget Formulation and Presentation
Centers for Medicare & Medicaid Services

SUBJECT: Drug Control Policy Circular: Budget Formulation

In accordance with the requirements of the *Office of National Drug Control Policy (ONDCP) Circular: Budget Formulation*, dated October 22, 2019, the Centers for Medicare & Medicaid Services (CMS) is providing this memorandum in response to this requirement.

Executive Summary

CMS does not receive specific Office of National Drug Control Policy (ONDCP) appropriation funding for drug control activities that ties directly to specific account structures or performance measures. Our estimates of the Medicare and Medicaid current law benefit costs are conducted by the CMS Office of the Actuary (OACT). The performance section of our drug control chapter reflects the scope of substance use disorder activities and interventions supported by our mandatory program spending and does not correlate with any specific measures, targets or results. In reviewing the budget formulation circular issued and based on the unique characteristics of CMS, the *Attachment C: Alignment of Budget Submission to Drug Control Funding Priorities* is not applicable. With this memorandum, we have included *Attachment A: FY 2022 CMS DCP Health and Human Services Justification (HHS-J)*.

Drug Control Program
Department of Health and Human Services
Centers for Medicare & Medicaid Services (CMS)

(Dollars in millions except where indicated otherwise)

| Resource Summary ¹ | FY 2020 Enacted (Outlays) | FY 2021 Budget (Outlays) | FY 2022 Budget (Outlays) |
|--|---------------------------------|--------------------------------|--------------------------------|
| Drug Resources by Decision Unit and Function | | | |
| Medicaid Treatment | \$5,640.000 | \$5,880.000 | |
| Total Decision Unit #1 Medicaid | \$5,640.000 | \$5,880.000 | |
| Medicare Treatment | \$2,910.000 | \$3,140.000 | |
| Total Decision Unit #2 Medicare | \$2,910.000 | \$3,140.000 | |
| Total Funding | \$8,550.000 | \$9,020.000 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | -- | -- | -- |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) ² | \$1,260.5 | \$1,335.7 | |
| Drug Resources Percentage | 0.7% | 0.7% | |

Program Summary

Mission

As an effective steward of public funds, 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 a lower cost. Through its coverage of drug treatment services included within Medicare and Medicaid benefit payments, CMS helps support the goals of the Office of National Drug Control Policy (ONDCP) by providing substance use disorder treatment to eligible beneficiaries.

¹ This information is taken from the CMS FY 2021 Justification of Estimates for Appropriation Committees. Updated estimates for FY 2022 will be available in early January 2021.

² 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 net outlays of Medical Assistance Payments (MAP) benefit grants and the Vaccines for Children Program, administered by the Centers for Disease Control and Prevention. The Medicare total reflects gross benefit outlays.

Methodology

Medicaid

These projections were based on data from the Medicaid Analytic eXtract (MAX) for 2007 through 2012, based on expenditures for claims with substance use disorders as a primary diagnosis. Managed care expenditures were estimated based on the ratio of substance use disorder expenditures to all expenditures for fee-for-service by eligibility group. The estimates were trended forward to Fiscal Year (FY) 2018 using the growth rate of expenditures by state and eligibility category from the CMS-64, MAX data, and estimates consistent with the President's Budget. The annual growth rates were adjusted by comparing the rate of substance use disorder expenditure growth from 2007-2011 to all service expenditure growth and adjusting the growth rate proportionately.

Medicare

The estimates of Medicare spending for the treatment of substance use disorder are based on the FY 2021 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 2018, using the primary diagnosis code³ included on the claims. The historical trend was used to make projections into the future. These projections are very similar to those for the 2021 President's Budget and vary only slightly due to changes in the baseline.

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 use disorder 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 Medicare Part D 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 use disorder are often also used to treat other conditions.

Budget Summary

The total FY 2022 drug control outlay estimate for CMS is [REDACTED]. This estimate reflects Medicaid and Medicare (excluding Part D) benefit outlays for substance use disorder treatment. [REDACTED]

³ Based on the International Classification of Diseases (ICD) coding system. The applicable ICD-9 codes for substance abuse include a subset of the 291, 292, 303, 304, and 305 category of codes, and also ICD-9 code 7903. The applicable ICD-10 codes for substance abuse include a subset of the F10, F11, F12, F13, F14, F15, F16, F17, F18, and F19, and R78 ICD-10 category of codes.

Medicaid

FY 2022 outlay estimate: [REDACTED]

Medicaid is a means-tested health care entitlement program financed by states and the federal government. Medicaid mandatory services include substance use disorder services for detoxification and treatment for substance use disorder needs identified as part of early and periodic screening, and diagnostic and treatment services for individuals under 21 years of age. Additional Medicaid substance use disorder treatment services may be provided as optional services. The *Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act* also requires states to cover medication-assisted treatment (MAT) from FY 2020 – FY 2025.

Medicare

FY 2022 outlay estimate: [REDACTED]

Medicare provides coverage of hospital, physician, skilled nursing facility, home health care, and other medical care services, as well as prescription drug coverage, to Americans age 65 and older and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare substance use disorder treatment benefit payments are made by Medicare Part A and Medicare Part B. This benefit outlays total includes the estimated impact for services provided to beneficiaries enrolled in Medicare Advantage. As noted above, Medicare Part D prescription drug spending is not counted in these estimates.

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.

As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid epidemic. The [CMS Roadmap to Address the Opioid Crisis](#) established a framework with three key areas to guide the Agency’s efforts in alignment with the [National Drug Control Strategy](#): preventing opioid misuse and abuse; expanding access to treatment for opioid use disorder (OUD); and using data to target prevention and treatment efforts and to identify fraud and abuse. CMS is taking a number of steps to identify and stop inappropriate prescribing to help prevent the development of new cases of OUD that originate from opioid prescriptions, while balancing the need for continued access to prescription opioids to support appropriate, individualized pain management.

CMS provides interactive online [Opioid Prescribing Mapping Tools](#) for Medicare Part D which allows the public to search de-identified opioid prescription claims data at the state, county, and ZIP code levels, and Medicaid data at the state level. These tools allow users to see both the number and percentage of opioid claims, and helps users understand how this critical issue

impacts communities nationwide.

In addition, in conjunction with the Department of Health and Human Services (HHS), CMS continues to focus on Agency Priority Goals (APG) such as the *Reducing Opioid Morbidity and Mortality*. Additional information can be found on [Performance.gov](https://www.performance.gov).

Medicare Part B

In 2020, CMS implemented Section 2005 of the SUPPORT Act, which created a new Medicare benefit for OUD treatment services furnished by opioid treatment programs, including Medication-Assisted Treatment (MAT) with methadone. CMS implemented this benefit with flexibility for the delivery of OUD treatment counseling and therapy services using two-way interactive audio-video communication technology as clinically appropriate. CMS also implemented new Medicare policies to expand treatment options for beneficiaries with OUD: a set of bundled episodes of care for management and counseling for OUD in a doctor's office that are payable under the Physician Fee Schedule (PFS).

Medicare Part D

CMS has incrementally adopted successful opioid policies in the Part D program to address opioid overutilization, while preventing the interruption of medically necessary drug therapy. Part D sponsors are now expected to implement improved opioid safety alerts at the point of service that alert a pharmacist of possible overutilization. CMS expects all Part D sponsors to limit initial opioid prescription fills for the treatment of acute pain to no more than a seven days' supply, consistent with the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, to reduce the potential for chronic opioid misuse or abuse. CMS' Overutilization Monitoring System uses administrative data to identify potentially at-risk beneficiaries who meet certain clinical guidelines in quarterly reports to Part D plans. Part D plans may adopt drug management programs to address potential overutilization of frequently abused drugs by identified beneficiaries. If deemed necessary, a sponsor could limit at-risk beneficiaries' access to coverage for such drugs through pharmacy lock-in, prescriber lock-in, and/or a beneficiary-specific point-of-sale (POS) claim edit.

To increase access to MAT, which include a broad range of medications adjunctive to counseling and behavioral therapies to treat substance use disorders (SUD), CMS requires that Medicare Part D formularies include covered Medicare Part D drugs used for MAT. In 2020, all plans will have at least one MAT product on a non-branded tier.

Medicaid

The Federal government establishes general guidelines for state Medicaid programs, while states have significant authority to design, implement and administer their own programs. CMS works to ensure that states have the tools they need and to share best practices to improve care for individuals with OUD. States have long been required to develop a [Drug Utilization Review \(DUR\) program](#) aimed, in part, at reducing inappropriate prescribing of outpatient prescription drugs covered under the State's Medicaid Program. The Medicaid DUR Program promotes

patient safety through state-administered utilization management tools and systems that interface with the claims processing systems. In addition, pursuant to section 1010 of the SUPPORT Act, CMS has provided [additional guidance](#) to states seeking to promote non-opioid options for chronic pain management.

While Medicaid programs vary by state, all 50 states currently offer some form of MAT. To further expand coverage, Section 5022 of the SUPPORT Act makes behavioral health a mandatory benefit for children and pregnant women covered under the Children's Health Insurance Program (CHIP), requiring that child health and pregnancy-related assistance include coverage of services necessary to prevent, diagnose, and treat substance use disorders. In addition, CMS issued guidance on best practices in Medicaid for covering MAT in a joint informational bulletin with Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the National Institute on Drug Abuse.

CMS uses its demonstration authority under Section 1115 of the Social Security Act to provide a streamlined process for states interested in increasing access to the full continuum of care for beneficiaries with SUD. This opportunity allows coverage of services to Medicaid beneficiaries who are short-term residents in an institution for mental diseases (IMD), provided that coverage is part of a state's comprehensive OUD/SUD strategy. Over half of states have an approved SUD demonstration in place.

Models

Through the CMS Innovation Center's Maternal Opioid Misuse (MOM) Model, CMS awarded grants to states that are designed to address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with SUD. The primary goals of the model are to improve quality of care and reduce costs for pregnant and postpartum women with OUD and their infants. Furthermore, CMS also entered into cooperative agreements with states for the Integrated Care for Kids (InCK) Model. The InCK model aims to improve child health, reduce avoidable inpatient stays and out-of-home placement, and create sustainable payment models to coordinate physical and behavioral health care.

Attachment B
FY 2020 Drug Control Resource Table

CENTERS FOR MEDICARE AND MEDICAID SERVICES
FY 2020 Drug Control Enacted Outlays

(Dollars in millions except where indicated otherwise)

| | |
|---|------------------|
| <u>Drug Resources by Decision Unit and Function</u> ⁴ | |
| Medicaid | |
| Treatment..... | \$5,640.0 |
| Total Medicaid..... | \$5,640.0 |
| Medicare | |
| Treatment..... | \$2,910.0 |
| Total Medicare..... | \$2,910.0 |
| Total Funding..... | \$8,550.0 |
| Drug Resources Personnel Summary | |
| <i>Total Full Time Equivalents (FTEs).....</i> | <i>0</i> |
| Drug Resources as a Percent of Budget | |
| Total Agency Budget (in billions ⁵)..... | \$1,260.5 |
| Drug Resources Percentage..... | 0.7% |

⁴ Drug Resources by Decision Unit and Function table comes from the [FY 2021 CMS Congressional Justification](#).

⁵ 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 net outlays of Medical Assistance Payments benefit grants and the Vaccines for Children Program, administered by the Centers for Disease Control and Prevention. The Medicare total reflects gross benefit outlays.

Attachment C

FY 2020 Drug Control Methodology

1) **Drug Methodology** – The Fiscal Year (FY) 2020 Drug Control budgetary resources are derived from the Medicare and Medicaid current law benefit costs by the CMS Office of the Actuary. See detail below how Medicaid and Medicare methodology is determined.

a. **FY 2020 Outlays/Enacted by Budget Decision Unit** – CMS distributes drug control treatment into two functions:

- Medicaid – Treatment
- Medicare – Treatment

Medicaid Treatment:

Included in this Drug Control Accounting report for FY 2020 are estimated Medicaid outlays, rather than obligations, since CMS receives no direct funding from ONDCP. Based on the Medicaid Methodology stated below, OACT projected \$5,640.0 million in estimated outlays in Medicaid treatment costs based on the methodology below.

Medicaid Methodology

These Medicaid projections were based on data from the Medicaid Analytic eXtract (MAX) for 2007 through 2012, based on expenditures for claims with substance use disorders as a primary diagnosis. Managed care expenditures were estimated based on the ratio of substance use disorder expenditures to all expenditures for fee-for-service by eligibility group. The estimates were trended forward to Fiscal Year (FY) 2018 using the growth rate of expenditures by state and eligibility category from the CMS-64, MAX data, and estimates consistent with the President’s Budget. The annual growth rates were adjusted by comparing the rate of substance use disorder expenditure growth from 2007-2011 to all service expenditure growth and adjusting the growth rate proportionately.

Medicare Treatment:

Included in this Drug Control Accounting report for FY 2020 are estimated Medicare outlays, rather than obligations, since CMS receives no direct funding from ONDCP. Based on the Medicare Methodology stated below, OACT projected \$2,910.0 million in estimated outlays in Medicare treatment costs based on the methodology below.

Medicare Methodology

The estimates of Medicare spending for the treatment of substance use disorder are based on the FY 2021 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 2018, using the primary diagnosis code⁶ included on the claims. The historical trend was used to make

⁶ Based on the International Classification of Diseases (ICD) coding system. The applicable ICD-9 codes for substance abuse include a subset of the 291, 292, 303, 304, and 305 category of codes, and also ICD-9 code 7903. The applicable ICD-10 codes for substance abuse include a subset of the F10, F11, F12, F13, F14, F15, F16, F17, F18, and F19, and R78 ICD-10 category of codes.

projections into the future. These projections are very similar to those for the 2020 President's Budget and vary only slightly due to changes in the baseline.

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 use disorder 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 Medicare Part D 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 use disorder are often also used to treat other conditions.

2) Methodology Modifications – None

3) Reprogramming or Transfers – CMS does not receive direct appropriations from the ONDCP and have no reprogramming or transfers that would be applicable.

4) Other Disclosures – None



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mailstop C3-01-24
Baltimore, Maryland 21244-1850

**Office of Financial
Management**

MEMORANDUM

DATE: October 30, 2020

TO: **Richard J. Baum**
Performance Budget Coordinator
Office of National Drug Control Policy

FROM: **Megan Worstell**
Director and Chief Financial Officer
Office of Financial Management
Centers for Medicare & Medicaid Services

SUBJECT: Drug Control Agency Compliance

In accordance with the requirements of the *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, the Centers for Medicare & Medicaid Services (CMS) is providing this memorandum in response.

Obligations by Budget Decision Unit

CMS does not receive specific Office of National Drug Control Policy (ONDCP) appropriation funding for drug control activities. Therefore, our estimates are not based on obligations, but are based on estimates of the Medicare and Medicaid current law benefit costs, which are conducted by the CMS Office of the Actuary (OACT). In addition, CMS does not have any grant programs scored in the National Drug Control Program budget; therefore, there are no applicable programs listed on grants.gov. The performance information for the CMS programs identified in the methodology agreed to by ONDCP are available in the CMS Congressional Justification and in the ONDCP National Drug Control Strategy.

Drug Methodology

Medicare

Medicare provides coverage for hospital, physician, skilled nursing facility, home health care, and other medical care services, as well as Medicare Part D prescription drug coverage, to eligible Americans. Medicare benefits are permanently authorized with Medicare substance use disorder treatment benefit payments being made by Medicare Part A and Medicare Part B. This benefit outlay total includes the estimated impact for services provided to beneficiaries enrolled in Medicare Advantage (Part C). Medicare Part D prescription drug spending is not counted in these estimates.

Medicaid

Medicaid is a means-tested health care entitlement program financed by the States and the Federal Government. Medicaid mandatory services include substance use disorder services for detoxification and treatment for substance use disorder needs when identified as part of early and periodic screening, as well as diagnostic and treatment services for individuals under age 21 years of age. Additional Medicaid substance use disorder treatment services may be provided as optional services. The recently enacted *Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act* also requires States to cover medication-assisted treatments from FY 2020 – FY 2025. (See Exhibit A)

Application of Drug Methodology

CMS asserts that the drug methodology disclosed in Exhibit A was the actual methodology used to generate the tables and narratives required by Section 6a.

Material Weaknesses or Other Findings

CMS asserts there have been no material weaknesses or findings or other findings by independent sources, or other known weaknesses, including those identified in the CMS's Annual Statement of Assurance under Office of Management and Budget (OMB) Circular A-123, Appendix A and the Federal Managers Financial Integrity Act (FMFIA), which may affect the presentation of prior year drug-related estimates. Please refer to the [FY 2019 CMS Financial Report](#) on the Independent Auditor's Financial Statement Opinion and Laws and Regulation Letters.

Methodology Modifications

CMS asserts no modifications were made to ONDCP methodology for reporting drug control resources from the previous year's reporting.

Reprogrammings or Transfers

CMS asserts the drug activity data presented are associated from mandatory spending estimates based on the Medicare and Medicaid current law benefit costs.

Fund Control Notices

CMS asserts that drug activity data presented are associated from mandatory spending estimates based on the Medicare and Medicaid current law benefit costs and not obligations.

Performance Summary Report

CMS’ approach to drug control budget estimates is different from other agencies, since CMS does not receive specific discretionary appropriation funding for drug control activities. As such, CMS does not feature specific performance measures related to drug control activities in the CMS budget justification. The performance section of our drug control chapter reflects the scope of substance use disorder activities and interventions supported by our mandatory program spending and does not correlate with any specific measures, targets or results. (See Exhibit A).

Signed:

Date:

Megan Worstell
Director and Chief Financial Officer
Office of Financial Management
Centers for Medicare & Medicaid Services

**Drug Control Program
Department of Health and Human Services
Centers for Medicare & Medicaid Services (CMS)**

(Dollars in millions except where indicated otherwise)

| Resource Summary ¹ | FY 2020 Enacted (Outlays) | FY 2021 Budget (Outlays) | [REDACTED] |
|--|---------------------------------|--------------------------------|------------|
| Drug Resources by Decision Unit and Function | | | |
| Medicaid Treatment | \$5,640.000 | \$5,880.000 | [REDACTED] |
| Total Decision Unit #1 Medicaid | \$5,640.000 | \$5,880.000 | [REDACTED] |
| Medicare Treatment | \$2,910.000 | \$3,140.000 | [REDACTED] |
| Total Decision Unit #2 Medicare | \$2,910.000 | \$3,140.000 | [REDACTED] |
| Total Funding | \$8,550.000 | \$9,020.000 | [REDACTED] |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | -- | -- | -- |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) ² | \$1,260.5 | \$1,335.7 | [REDACTED] |
| Drug Resources Percentage | 0.7% | 0.7% | [REDACTED] |

Program Summary

Mission

As an effective steward of public funds, 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 a lower cost. Through its coverage of drug treatment services included within Medicare and Medicaid benefit payments, CMS helps support the goals of the Office of National Drug Control Policy (ONDCP) by providing substance use disorder treatment to eligible beneficiaries.

¹ This information is taken from the CMS FY 2021 Justification of Estimates for Appropriation Committees. Updated estimates for FY 2022 will be available in early January 2021.

² 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 net outlays of Medical Assistance Payments (MAP) benefit grants and the Vaccines for Children Program, administered by the Centers for Disease Control and Prevention. The Medicare total reflects gross benefit outlays.

Methodology

Medicaid

These projections were based on data from the Medicaid Analytic eXtract (MAX) for 2007 through 2012, based on expenditures for claims with substance use disorders as a primary diagnosis. Managed care expenditures were estimated based on the ratio of substance use disorder expenditures to all expenditures for fee-for-service by eligibility group. The estimates were trended forward to Fiscal Year (FY) 2018 using the growth rate of expenditures by state and eligibility category from the CMS-64, MAX data, and estimates consistent with the President's Budget. The annual growth rates were adjusted by comparing the rate of substance use disorder expenditure growth from 2007-2011 to all service expenditure growth and adjusting the growth rate proportionately.

Medicare

The estimates of Medicare spending for the treatment of substance use disorder are based on the FY 2021 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 2018, using the primary diagnosis code³ included on the claims. The historical trend was used to make projections into the future. These projections are very similar to those for the 2021 President's Budget and vary only slightly due to changes in the baseline.

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 use disorder 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 Medicare Part D 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 use disorder are often also used to treat other conditions.

Budget Summary

The total FY 2022 drug control outlay estimate for CMS is [REDACTED]. This estimate reflects Medicaid and Medicare (excluding Part D) benefit outlays for substance use disorder treatment. Overall, year-to-year projected growth in substance use disorder spending is a function of estimated overall growth in Medicare and Medicaid spending.

Medicaid

FY 2022 outlay estimate: [REDACTED]

Medicaid is a means-tested health care entitlement program financed by states and the federal government. Medicaid mandatory services include substance use disorder services for detoxification and treatment for substance use disorder needs identified as part of early

³ Based on the International Classification of Diseases (ICD) coding system. The applicable ICD-9 codes for substance abuse include a subset of the 291, 292, 303, 304, and 305 category of codes, and also ICD-9 code 7903. The applicable ICD-10 codes for substance abuse include a subset of the F10, F11, F12, F13, F14, F15, F16, F17, F18, and F19, and R78 ICD-10 category of codes.

and periodic screening, and diagnostic and treatment services for individuals under 21 years of age. Additional Medicaid substance use disorder treatment services may be provided as optional services. The *Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act* also requires states to cover medication-assisted treatment (MAT) from FY 2020 – FY 2025.

Medicare

FY 2022 outlay estimate: [REDACTED]

Medicare provides coverage of hospital, physician, skilled nursing facility, home health care, and other medical care services, as well as prescription drug coverage, to Americans age 65 and older and to disabled persons, including those with end-stage renal disease. Medicare benefits are permanently authorized. Medicare substance use disorder treatment benefit payments are made by Medicare Part A and Medicare Part B. This benefit outlays total includes the estimated impact for services provided to beneficiaries enrolled in Medicare Advantage. As noted above, Medicare Part D prescription drug spending is not counted in these estimates.

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.

As one of the largest payers of healthcare services, CMS has a vital role in addressing the opioid epidemic. The [CMS Roadmap to Address the Opioid Crisis](#) established a framework with three key areas to guide the Agency's efforts in alignment with the [National Drug Control Strategy](#): preventing opioid misuse and abuse; expanding access to treatment for opioid use disorder (OUD); and using data to target prevention and treatment efforts and to identify fraud and abuse. CMS is taking a number of steps to identify and stop inappropriate prescribing to help prevent the development of new cases of OUD that originate from opioid prescriptions, while balancing the need for continued access to prescription opioids to support appropriate, individualized pain management.

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In addition, in conjunction with the Department of Health and Human Services (HHS), CMS continues to focus on Agency Priority Goals (APG) such as the *Reducing Opioid Morbidity and Mortality*. Additional information can be found on [Performance.gov](#).

Medicare Part B

In 2020, CMS implemented Section 2005 of the SUPPORT Act, which created a new Medicare benefit for OUD treatment services furnished by opioid treatment programs,

including Medication-Assisted Treatment (MAT) with methadone. CMS implemented this benefit with flexibility for the delivery of OUD treatment counseling and therapy services using two-way interactive audio-video communication technology as clinically appropriate. CMS also implemented new Medicare policies to expand treatment options for beneficiaries with OUD: a set of bundled episodes of care for management and counseling for OUD in a doctor's office that are payable under the Physician Fee Schedule (PFS).

Medicare Part D

CMS has incrementally adopted successful opioid policies in the Part D program to address opioid overutilization, while preventing the interruption of medically necessary drug therapy. Part D sponsors are now expected to implement improved opioid safety alerts at the point of service that alert a pharmacist of possible overutilization. CMS expects all Part D sponsors to limit initial opioid prescription fills for the treatment of acute pain to no more than a seven days' supply, consistent with the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain, to reduce the potential for chronic opioid misuse or abuse. CMS' Overutilization Monitoring System uses administrative data to identify potentially at-risk beneficiaries who meet certain clinical guidelines in quarterly reports to Part D plans. Part D plans may adopt drug management programs to address potential overutilization of frequently abused drugs by identified beneficiaries. If deemed necessary, a sponsor could limit at-risk beneficiaries' access to coverage for such drugs through pharmacy lock-in, prescriber lock-in, and/or a beneficiary-specific point-of-sale (POS) claim edit.

To increase access to MAT, which include a broad range of medications adjunctive to counseling and behavioral therapies to treat substance use disorders (SUD), CMS requires that Medicare Part D formularies include covered Medicare Part D drugs used for MAT. In 2020, all plans will have at least one MAT product on a non-branded tier.

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The Federal government establishes general guidelines for state Medicaid programs, while states have significant authority to design, implement and administer their own programs. CMS works to ensure that states have the tools they need and to share best practices to improve care for individuals with OUD. States have long been required to develop a [Drug Utilization Review \(DUR\) program](#) aimed, in part, at reducing inappropriate prescribing of outpatient prescription drugs covered under the State's Medicaid Program. The Medicaid DUR Program promotes patient safety through state-administered utilization management tools and systems that interface with the claims processing systems. In addition, pursuant to section 1010 of the SUPPORT Act, CMS has provided [additional guidance](#) to states seeking to promote non-opioid options for chronic pain management.

While Medicaid programs vary by state, all 50 states currently offer some form of MAT. To further expand coverage, Section 5022 of the SUPPORT Act makes behavioral health a mandatory benefit for children and pregnant women covered under the Children's Health Insurance Program (CHIP), requiring that child health and pregnancy-related assistance include coverage of services necessary to prevent, diagnose, and treat substance use disorders. In addition, CMS issued guidance on best practices in Medicaid for covering MAT in a joint informational bulletin with Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the National Institute on Drug Abuse.

CMS uses its demonstration authority under Section 1115 of the Social Security Act to provide a streamlined process for states interested in increasing access to the full continuum of care for beneficiaries with SUD. This opportunity allows coverage of services to Medicaid beneficiaries who are short-term residents in an institution for mental diseases (IMD), provided that coverage is part of a state's comprehensive OUD/SUD strategy. Over half of states have an approved SUD demonstration in place.

Models

Through the CMS Innovation Center's Maternal Opioid Misuse (MOM) Model, CMS awarded grants to states that are designed to address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with SUD. The primary goals of the model are to improve quality of care and reduce costs for pregnant and postpartum women with OUD and their infants. Furthermore, CMS also entered into cooperative agreements with states for the Integrated Care for Kids (InCK) Model. The InCK model aims to improve child health, reduce avoidable inpatient stays and out-of-home placement, and create sustainable payment models to coordinate physical and behavioral health care.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



January 12, 2021

TO: Elizabeth DeVoss
Acting Chief Financial Officer
Health Resources and Services Administration

FROM: Amy J. Frontz
Deputy Inspector General for Audit Services

Amy Frontz

Digitally signed by
AMY FRONTZ
Date: 2021.01.12
07:44:42 -05'00'

SUBJECT: Independent Attestation Review: Health Resources and Services Administration Fiscal Year 2020 Detailed Accounting Report, Performance Summary Report for National Drug Control Activities, Budget Formulation Compliance Report, and Accompanying Required Assertions (A-03-21-00354)

This report provides the results of our review of the attached Health Resources and Services Administration (HRSA) Office of National Drug Control Policy (ONDCP) Detailed Accounting Report, which includes the table of Drug Control Obligations, related disclosures, and management's assertions for the fiscal year ended September 30, 2020. We also reviewed the Performance Summary Report, which includes management's assertions and related performance information for the fiscal year ended September 30, 2020. Lastly, we reviewed the Budget Formulation Compliance Report, which includes budget formulation information for the fiscal year ending September 30, 2022, and the Chief Financial Officer's or accountable senior executive's assertions relating to the budget formulation information. HRSA management is responsible for, and submitted, the Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report, which were prepared in accordance with the ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019 (ONDCP Compliance Reviews Circular). It is our responsibility to express a conclusion about the reliability of management's assertions based on our review.

We performed this review as required by 21 U.S.C. § 1704(d)(1) and as authorized by 21 U.S.C. § 1703(d)(7) and in compliance with the ONDCP Compliance Reviews Circular.

We conducted our review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements, as described in the U.S. Government Accountability Office (GAO) publication, *Government Auditing Standards* (July 2018). Those standards require that we plan and perform the review to obtain limited assurance about whether any material modifications should be made to management's assertions to be in accordance with the criteria. A review is substantially less in

scope than an examination, the objective of which is to obtain reasonable assurance and express an opinion about whether management's assertions are in accordance with the criteria in all material respects. Accordingly, we do not express such an opinion. We believe that our review provides a reasonable basis for our conclusion.

The ONDCP Compliance Reviews Circular related to the Detailed Accounting Report, section 7b(1), requires that HRSA include an assertion that obligations reported by budget decision units are either: (1) actual obligations derived from the bureau's accounting system of record or (2) consistent with the application of the approved methodology for calculating drug control funding against the bureau's accounting system of record. HRSA did not indicate in its assertion that it reported both actual and estimated obligations. Although HRSA asserted that the obligations reported by its budget decision unit were actual obligations, we noted that HRSA has two budget decision units and only one reported actual obligations. HRSA reported actual obligations for its Federal Office of Rural Health Policy (FORHP) and reported estimated obligations for its Bureau of Primary Health Care (BPHC). Due to the methodology described in the report, obligations for BPHC are estimates. HRSA should have indicated the reported obligations were estimated obligations, consistent with the ONDCP Compliance Reviews Circular, which allows reporting of estimated obligations. HRSA told us that it will ensure future reports accurately reflect either actual or estimated obligations, as described in the methodology.

Our review identified that HRSA incorrectly asserted that its reported drug obligations were only actual obligations. This resulted in a deviation from the ONDCP Compliance Reviews Circular.

Based on our review, except for the matter described in the preceding paragraphs, we are not aware of any other material modifications that should be made to HRSA's Detailed Accounting Report and Performance Summary Report for fiscal year 2020 and HRSA's Budget Formulation Compliance Report for fiscal year 2022 for them to be in accordance with the ONDCP Compliance Reviews Circular.

HRSA's Detailed Accounting Report, combined Performance Summary Report, and Budget Formulation Compliance Report assertions¹ are included as Attachments A, B, and C, respectively.

Although this report is an unrestricted public document, the information it contains is intended solely for the information and use of Congress, ONDCP, and HRSA. It is not intended to be, and should not be, used by anyone other than those specified parties. If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Carla J. Lewis, Assistant Inspector General for Audit Services, at (202) 205-9125 or at Carla.Lewis@oig.hhs.gov. Please refer to report number A-03-21-00354 in all correspondence.

Attachments

¹ Only the Budget Formulation report assertions are included as Attachment C since the report contains prospective information.

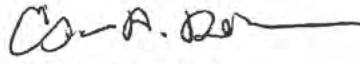


DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857

MEMORANDUM TO: Director
Office of National Drug Control Policy

FROM: Elizabeth DeVoss
Chief Financial Officer 
Health Resources and Services Administration

DATE: October 20, 2020

SUBJECT: Health Resources and Services Administration
Detailed Accounting Report for FY 2020

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached Detailed Accounting Report:

Obligations by Budget Decision Unit

I assert that obligations reported by budget decision unit are actual obligations from HRSA's financial accounting system for the budget decision unit.

Drug Methodology

I assert that the drug methodology used to calculate obligations of budget resources was reasonable and accurate in accordance with the criteria listed in Section 7.b.(2) of the Circular. In accordance with these criteria, I have documented data, which support the drug methodology, explained and documented estimation methods and determined that the financial and programmatic systems supporting the drug methodology yield data that present fairly, in all material respects, aggregate obligations from which drug-related obligation estimates are derived.

Application of Drug Methodology

I assert that the drug methodology disclosed in this report was the actual methodology used to generate the table required by Section 7.a.(1) of the Circular.

Material Weakness or Other Findings

I assert that all material weaknesses or other findings by independent sources, or other known weaknesses, including those identified in HRSA's Annual Statement of Assurance, which may affect the presentation of prior year drug-related obligations as required by Section 7.a.(4) of the Circular have been disclosed.

Methodology Modifications

I assert that no modifications were made to the methodology for reporting drug control resources from the previous year's reporting.

Reprogramming or Transfers

I assert that the data presented are associated with obligations against HRSA's financial plan. HRSA has no reportable reprogrammings or transfers in FY 2020 related to drug-control obligations.

Fund Control Notices

I assert that the data presented are associated with obligations against HRSA's financial plan, which complied fully with all Fund Control Notices issued by the Director under 21 U.S.C. § 1703(f) and Section 9 of the ONDCP Circular, *Budget Execution*.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Detailed Accounting Report

Resource Summary

| | Budget Authority (in millions) | |
|--|--------------------------------|--------------------|
| | FY 2020 Appropriated | FY 2020 Enacted |
| Prevention | \$109.500 | \$109.300 |
| Treatment | \$545.500 | \$543.700 |
| Total Drug Resources by Function | \$655.000 | \$653.000 |
| Bureau of Primary Health Care | \$545.000 | \$543.000 |
| Federal Office of Rural Health Policy | \$110.000 | \$110.000 |
| Total Drug Resources by Decision Unit | \$655.000 | \$653.000 |
| Total FTEs (direct only) | -- | -- |
| Total Agency Budget (in Billions) | \$11.9 | \$11.9 |
| Drug Resources percentage | 5.5% | 5.5% |

METHODOLOGY

BPHC

For each of fiscal years 2016 – 2019, HRSA provided new annual ongoing grant funding supporting SUD/MH service expansion in health centers totaling \$545 million projected to remain in Health Center Program base continuation funding in subsequent fiscal years.

Subsequently in FY 2020, HRSA found that 36 health centers were unable to demonstrate sufficient progress to merit continuing their AIMS awards, resulting in a \$2 million total reduction in drug control funding. For FY 2021, HRSA found that 63 health centers were unable to demonstrate sufficient progress to merit continuing their SUD-MH awards, resulting in a \$3 million total reduction in drug control funding. All of this targeted supplemental funding is scored as drug control funding.

FORHP

The allocation of funds for the Rural Community Opioid Response Program (RCORP) is through competitive grants and cooperative agreements. The entirety of these programs is scored as drug control funding.

METHODOLOGY MODIFICATIONS

N/A

MATERIAL WEAKNESSES OR OTHER FINDINGS

N/A

REPROGRAMMINGS OR TRANSFERS

N/A

OTHER DISCLOSURES

N/A



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857

MEMORANDUM TO: Director
Office of National Drug Control Policy

FROM: Elizabeth DeVoss
Chief Financial Officer
Health Resources and Services Administration

DATE: October 20, 2020

SUBJECT: Health Resources and Services Administration
Performance Summary Report for FY 2020

A handwritten signature in black ink, appearing to read "Elizabeth DeVoss", written over the printed name in the "FROM:" field.

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached Performance Summary Report:

Performance Reporting System is Appropriate and Applied

For the data reported in the 2020 Performance Summary Report, I assert that HRSA has a system to capture performance information accurately and that system was properly applied to generate the performance data.

Explanations for Not Meeting Performance Targets are Reasonable

I assert that all targets were met and that this section is not applicable.

Methodology to Establish Performance Targets is Reasonable and Consistently Applied

I assert that the methodology used to establish performance targets presented in this report is reasonable given past performance and available resources.

Adequate Performance Measures Exist for all Significant Drug Control Activities

I assert that adequate performance measures exist for all significant drug control activities.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Performance Summary Report

PERFORMANCE

Information regarding HRSA's Health Center Program's performance is based on the UDS. The table and accompanying text represent highlights of their achievements for the latest year for which data are available.

| Health Resources and Services Administration | | | | | | | | | | | | |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-----------------------|----------------|---------------------|
| Selected Measures of Performance | FY 2016 Target | FY 2016 Result | FY 2017 Target | FY 2017 Result | FY 2018 Target | FY 2018 Result | FY 2019 Target | FY 2019 Result | FY 2020 Target | FY 2020 Result | FY 2021 Target | Data Source |
| » Number of Health Center Program grantees providing substance use disorder (SUD) counseling and treatment services | 300 | 401 | 425 | 491 | 515 | 688 | 760 | 865 | 865 | Available August 2021 | 865 | Uniform Data System |
| » Number of Health Center Program grantees providing SBIRT services | 260 | 488 | 525 | 548 | 580 | 665 | 730 | 802 | 802 | Available August 2021 | 802 | Uniform Data System |

The Health Center Program Uniform Data System (UDS) tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. UDS data are collected annually from grantees and reported at the grantee, state, and national levels. In the annual UDS report, Table 5 – Staffing and Utilization, each health center reports on the number of FTEs, patients and patient visits supported by their Health Center Program grant, separated into clinical service categories, including substance use disorder services. A total of 1,385 health centers reported in the 2019 UDS. In a query of the 2019 UDS, a total of 865 health centers reported FTEs, patients and/or patient visits in the substance use disorder (SUD) category, exceeding the program target.

Also in the annual UDS report, Table 6A – Selected Diagnoses and Services Rendered, each health center reports on the number of patients and patient visits supported by their Health Center Program grant, separated into clinical service categories, including Screening, Brief Intervention, and Referral to Treatment (SBIRT) services. In a query of the 2019 UDS, a total of 802 health centers reported patients and/or patient visits in the SBIRT category, exceeding the program target.

The FY 2020 and FY 2021 performance targets for the two Health Center Program performance measures were set using a methodology based on the number of health centers providing SUD services and SBIRT services. The target for health centers providing SUD services was set at 865 for each of the respective target years, which is a maintenance level from the FY 2019 actual results. Additionally, the target for health centers providing SBIRT services was set at 802 for each of the respective target years, which is a maintenance level from the FY 2019 actual results. These projections reflect no additional Health Center Program awards targeting SUD or SBIRT services provided in FY 2020 and the level of program appropriations projected for FY 2021.

The Rural Communities Opioid Response Program's goal is to reduce the morbidity and mortality associated with opioid overdoses in rural communities through the strengthening of the organizational and infrastructural capacity of multi-sector consortiums. HRSA has developed OMB-approved performance measures to support this large-scale initiative, and data collection and analysis of the first reporting period (September 1, 2019 to February 29, 2020) began in spring 2020 and will be completed by fall 2020.

QUALITY OF PERFORMANCE DATA

BPHC requires that recipients submit an annual UDS Report on a standardized (calendar) year. Because of the importance of accuracy in these data, all reports are subjected to an intensive editing process. This process, conducted under contract, involves substantial computer editing plus the use of highly skilled, highly experienced, reviewers who are familiar with health center operations, and business and information technology practices. Reviewers receive annual training.

Editing takes place at three distinct points in the overall process:

1. **At recipient, prior to submission.** As the recipients enter data into the Electronic Handbooks (EHB), they are informed prior to their submission of the data to BPHC, of any of slightly over 1,000 errors, which might be detected. This process generally results in all of the mathematical errors and most of the logic errors being corrected prior to submission. In addition, the EHB system checks to determine that all required information has been submitted. Missing tables and, especially, missing sub-tables relating to individual programs, are identified and recipients are contacted to obtain the missing information. These submissions are held until complete.
2. **By Reviewers.** Once submitted, the EHB system forwards the reports to reviewers for actual review, and correction (as needed).

3. **Quality Control.** After the reviews, the reports are forwarded to quality control for quality assurance reviews as the final step.




DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857

MEMORANDUM TO: Director
Office of National Drug Control Policy

FROM: Elizabeth DeVoss
Chief Financial Officer 
Health Resources and Services Administration

DATE: October 20, 2020

SUBJECT: Health Resources and Services Administration
Budget Formulation Compliance Report for FY 2022

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached Budget Formulation Compliance Report:

Timeliness of Summer Budget Submission

I assert that the summer drug budget submitted to ONDCP under the cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular: Budget Formulation, Section 9.a.(1) was provided to ONDCP at the same time as the budget request was submitted to our superiors in accordance with 21 U.S.C. § 1703(c)(1)(A).

Funding Levels Represent Bureau-Level Request

I assert that the funding request in the submission provided in Section 6.a.(2) of this circular represent the funding levels in the budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



January 8, 2021

TO: RADM Michael Weahkee
Director
Indian Health Service

FROM: Amy J. Frontz
Deputy Inspector General for Audit Services

Amy Frontz

Digitally signed by
AMY FRONTZ
Date: 2021.01.08
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SUBJECT: Independent Attestation Review: Indian Health Service Fiscal Year 2020 Detailed Accounting Report, Performance Summary Report for National Drug Control Activities, Budget Formulation Compliance Report, and Accompanying Required Assertions (A-03-21-00351)

This report provides the results of our review of the attached Indian Health Service (IHS) Office of National Drug Control Policy (ONDCP) Detailed Accounting Report, which includes the table of Drug Control Obligations, related disclosures, and management's assertions for the fiscal year ended September 30, 2020. We also reviewed the Performance Summary Report, which includes management's assertions and related performance information for the fiscal year ended September 30, 2020. Lastly, we reviewed the Budget Formulation Compliance Report, which includes budget formulation information for the fiscal year ending September 30, 2022, and the Chief Financial Officer's or accountable senior executive's assertions relating to the budget formulation information. IHS management is responsible for, and submitted, the Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report, which were prepared in accordance with the ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019 (ONDCP Compliance Reviews Circular). It is our responsibility to express a conclusion about the reliability of management's assertions based on our review.

We performed this review as required by 21 U.S.C. § 1704(d)(1) and as authorized by 21 U.S.C. § 1703(d)(7) and in compliance with the ONDCP Compliance Reviews Circular.

We conducted our review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements, as described in the U.S. Government Accountability Office (GAO) publication, *Government Auditing Standards* (July 2018). Those standards require that we plan and perform the review to obtain limited assurance about whether any material modifications should be made to management's assertions to be in accordance with the criteria. A review is substantially less in

scope than an examination, the objective of which is to obtain reasonable assurance and express an opinion about whether management's assertions are in accordance with the criteria in all material respects. Accordingly, we do not express such an opinion. We believe that our review provides a reasonable basis for our conclusion.

Based on our review, we are not aware of any material modifications that should be made to IHS's Detailed Accounting Report and Performance Summary Report for fiscal year 2020 and IHS's Budget Formulation Compliance Report for fiscal year 2022 for them to be in accordance with the ONDCP Compliance Reviews Circular.

IHS's Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report assertions¹ are included as Attachments A, B, and C, respectively.

Although this report is an unrestricted public document, the information it contains is intended solely for the information and use of Congress, ONDCP, and IHS. It is not intended to be, and should not be, used by anyone other than those specified parties. If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Carla J. Lewis, Assistant Inspector General for Audit Services, at (202) 205-9125 or at Carla.Lewis@oig.hhs.gov. Please refer to report number A-03-21-00351 in all correspondence.

Attachments

¹ Only the Budget Formulation report assertions are included as Attachment C since the report contains prospective information.



MEMORANDUM TO: Director
Office of National Drug Control Policy

THROUGH: Richard Baum
Senior Policy Advisor
Office of National Drug Control Policy

FROM: Jillian Curtis
Chief Financial Officer
Indian Health Service

SUBJECT: FY 2020 Assertions Concerning Drug Control Accounting

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular *National Drug Control Program Agency Compliance Reviews*, I make the following assertions regarding the attached annual accounting of drug control funds for the Indian Health Service (IHS):

Obligations by Budget Decision Unit

I assert that obligations reported by budget decision unit are the actual obligations from the Unified Financial Management System (UFMS), the agency's accounting system of record for these budget decision units, consistent with the drug budget methodology discussed below.

Drug Methodology

I assert that the drug methodology used to calculate obligations of prior year budgetary resources by function for all Areas and Operating Offices was reasonable and accurate in accordance with the criteria listed in Section 7a(1) of the Circular. In accordance with these criteria, I have documented/identified data which support the drug methodology, explained and documented other estimation methods (the assumptions for which are subjected to periodic review) and determined that the financial systems supporting the drug methodology yield data that present fairly, in all material respect, aggregate obligations from which drug-related obligation estimates are derived.

The IHS methodology for estimating the drug control budget was established using the amounts appropriated for the Alcohol and Substance Abuse Prevention programs authorized under Public Law (P.L.) 102-573, the Indian Health Amendments of 1992. See attached table "Alcoholism and Substance Abuse Treatment and Prevention Program authorized under P.L. 102-573" for list of programs. This table reflects

estimated amounts. When originally authorized and appropriated, the funds were allocated to Tribes in their Indian Self-Determination contracts and compacts by specific programs. However, when the programs were reauthorized and captured under P.L. 102-573, some IHS Area offices allocated the funds in lump sum while others maintained the specific program breakout. Therefore, at the current time precise amounts of funding for each program are not available. The table is maintained to estimate current funding level and is the basis of the drug budget control methodology. Excluded is the amount for the Adult Treatment programs, which represents the original authorization for IHS to provide alcohol treatment services. The focus on alcoholism treatment is the reason for the exclusion.

Drug Resources by Decision Unit: The IHS drug control funds are appropriated in two budget line items: 1) Alcohol and Substance Abuse (ASA), and 2) Urban Indian Health Programs (UIHP). The ASA funds are primarily allocated to Tribes under their Indian Self-Determination contracts and compacts, where they manage the programs and have authority to reallocate funds to address local priorities. The portion of the alcohol fund included in the drug control budget methodology is as described above, i.e., the entire budget excluding the amount for adult treatment. The UIHP funds are allocated through contracts and grants to 501(c)(3) organizations. The portion of UIHP funds included in the drug control budget methodology is for the National Institute on Alcohol Abuse and Alcoholism programs transferred to the IHS under the UIHP budget.

Drug Resources by Function: Under the methodology, two programs through FY 2007 were identified as Prevention programs, Community Education and Training and Wellness Beyond Abstinence. In FY 2008, one half of the new funds appropriated for Methamphetamine and Suicide prevention and treatment were also included in the Prevention function; these funds are now referred to in the table as substance abuse prevention and treatment. The treatment function comprises the remaining program excluding adult treatment. In addition, the amount of UIHP funds is included under the treatment function.

Application of Drug Methodology

I assert that the drug methodology disclosed in this section was the actual methodology used to generate the table required by Section 7a(2) of the Circular.

Reprogramming or Transfers

The IHS did not execute a reprogramming impacting either the Alcohol and Substance Abuse funding line, nor the Urban Indian Health funding line with funds appropriated in FY 2020.

Funds Control Notices

IHS was not issued any Fund Control Notices by the Director under 21 U.S.C. 1703 (f) and Section 9 of the ONDCP Circular *Budget Execution*, dated October 22, 2019.

Page 3 – Director, Office of National Drug Control Policy

Jillian Curtis

Attachments:

1. Table – Alcoholism and Substance Abuse Treatment and Prevention Program
Authorized Under P.L. 102-573
2. Table – FY 2020 Drug Control Obligations

The first table attached to this report is necessary for understanding the IHS drug control budget methodology. The table titled “Alcoholism and Substance Abuse Treatment and Prevention Program Authorized Under P.L. 102-573” shows the ASA budget line item broken out by the activities originally authorized in P.L. 100-690 and later included under P.L. 102-573. This table also includes the funding within the UIHP budget line item that supports alcohol and substance abuse treatment services. However, funds are not appropriated or accounted for by these specific categories, but rather as the lump sum funds of ASA, Urban Health, and the Prescription Drug Monitoring Program. The second table shows the obligations of these funds as required by the ONDCP Circular *National Drug Control Program Agency Compliance Reviews*.

Indian Health Service
Alcoholism and Substance Abuse Treatment
and Prevention Program

Authorized under P.L. 102-573
(Dollars in Thousands)

| Amount of Funds | FY 2018 Final | FY 2019 Final | FY 2020 Enacted | Drug Control & Moyer Reports |
|---|------------------|------------------|--------------------|---------------------------------|
| ALCOHOL & SUBSTANCE ABUSE | | | | |
| Adult Treatment..... | \$114,708 | \$120,615 | \$116,506 | Excluded* |
| Regional Treatment Centers | \$23,689 | \$24,909 | \$24,060 | Treatment |
| Community Education & Training..... | \$10,652 | \$11,200 | \$10,819 | Prevention |
| Community Rehabilitation/ Aftercare..... | \$34,601 | \$36,383 | \$35,143 | Treatment |
| Gila River..... | \$235 | \$278 | \$269 | Treatment |
| Contract Health Service..... | \$12,180 | \$12,808 | \$12,371 | Treatment |
| Navajo Rehab. Program.... | \$469 | \$493 | \$476 | Treatment |
| Urban Clinical Services..... | \$999 | \$1,050 | \$1,014 | Treatment |
| Wellness Beyond Abstinence..... | \$1,151 | \$1,210 | \$1,169 | Prevention |
| Substance Abuse Prev & Treatment 3/..... | \$25,475 | \$25,475 | \$43,775 | 50/50 Tx & Prev |
| Total..... | \$224,188 | \$234,421 | \$245,603 | |
| URBAN HEALTH PROGRAM 1/ | | | | |
| Amount of Funds | FY 2018 Final | FY 2019 Final | FY 2020 Enacted | |
| Expand Urban Programs.... | \$3,575 | \$3,641 | \$3,647 | Treatment |
| INDIAN HEALTH FACILITIES 2/ | | | | |
| Amount of Funds | FY 2018 Final | FY 2019 Final | FY 2020 Enacted | |
| Construction..... | \$0 | \$0 | \$0 | |
| Alcohol/Substance Abuse | \$224,188 | \$234,421 | \$245,603 | |
| Urban Health Program | 3,575 | 3,641 | 3,647 | |
| Facilities Construction | 0 | 0 | 0 | |
| GRAND TOTAL..... | \$227,763 | \$238,062 | \$249,250 | |

1/ The Urban Program was funded under P.L. 100-690, and is now funded under P.L. 102-573.

2/ These funds are included in the Outpatient Sub-sub-activity.

3/ Numbers revised to include Generation Indigenous, the Opioid initiative, and the YRTC Pilot Project - x year/no year funding starting FY 2020.

*Adult Treatment funds are excluded from the ONDCP Drug Control Budget and Moyer Anti-Drug Abuse methodologies because this program reflects the original authorized program for IHS with the sole focus of alcoholism treatment services for adults. This determination was made in consultation with ONDCP when the drug control budget was initially developed in the early 1990s.

INDIAN HEALTH SERVICE
FY 2020 Drug Control Obligations

| | Enacted | Obligated |
|--|----------------|------------------|
| Drug Resources by Function | | |
| Prevention | \$33,875 | \$23,132 |
| Treatment | \$98,869 | \$77,341 |
| Construction | \$0 | \$0 |
| | <hr/> | <hr/> |
| | \$132,744 | \$100,473 |
| Drug Resources by Decision Unit | | |
| Alcohol and Substance Abuse | \$129,097 | \$96,826 |
| Urban Indian Health Program | \$3,647 | \$3,647 |
| Facilities Construction | \$0 | \$0 |
| | <hr/> | <hr/> |
| | \$132,744 | \$100,473 |



TO: Director
Office of National Drug Control Policy

Through: Norris Cochran
Deputy Assistant Secretary, Office of Budget, ASFR

From: Chief Medical Officer
Indian Health Service

Subject: Assertions Concerning FY 2020 Performance Summary Report

In accordance with the requirement of the Office of National Drug Control Policy Circular, "National Drug Control Program Agency Compliance Reviews," I make the following assertions regarding the attached FY 2020 Performance Summary Report for National Drug Control Activities:

Performance Reporting System

I assert that the Indian Health Service (IHS) has a system to capture performance information accurately and that this system was properly applied to generate the performance data presented in the attached report.

Explanations for Not Meeting Performance Targets

I assert that the explanations offered in the attached report for failing to meet a performance target are reasonable and that any recommendations concerning plans and schedules for meeting future targets or for revision of eliminating performance targets are reasonable.

Methodology to Establish Performance Targets

I assert that the methodology used to establish performance targets presented in the attached report is reasonable given past performance and available resources.

Performance Measures Exist for All Significant Drug Control Activities

I assert that adequate performance measures exist for all significant drug control activities. Beginning in FY 2018, IHS reports three measures for drug control activities.

Michael E. Toedt -S Digitally signed by Michael E. Toedt -S
Date: 2020.12.22 15:00:03 -05'00'

RADM Michael Toedt, M.D., F.A.A.F.P.
Assistant Surgeon General, U.S. Public Health Service

Attachment: FY 2020 Performance Summary Report, National Drug Control Activities,
Indian Health Service (IHS)

FY 2020 Performance Summary Report National Drug Control Activities – Indian Health Service (IHS)

Decision Unit 1: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS

Measure 1: Improvement/Accreditation: Accreditation Rate for Youth Regional Treatment Centers (YRTCs) in operation 18 months or more.

| YRTC Accreditation Table 1: Measure 1 | | | | | | |
|---------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| 90% | 90% | 100% | 100% | 100% | 100% | 100% |

- (1) Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (1): The YRTC Accreditation measures reflects an evaluation of the quality of care associated with accreditation status by either the Joint Commission or the Commission on Accreditation of Rehabilitation Facilities (CARF). This is accomplished in part by working to ensure that 100 percent of YRTCs achieve and maintain accreditation status. Accreditation status serves as evidence that the centers commit to quality improvement, monitor the results of services, and meet rigorous person-centered standards that emphasize an integrated and individualized approach to services provided to American Indian and Alaska Native (AI/AN) youth who enter residential treatment for alcohol and substance abuse. Agency management uses the performance measure as a tool to monitor the commitment to quality services provided by the centers.

- (2) Prior Years Performance Targets and Results -** For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

The 100 percent accreditation performance measure was met in FY 2020.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The FY 2021 performance target for the YRTCs remains unchanged at 100 percent for accreditation status. The methodology used to establish the fiscal year target is 100 percent of YRTCs achieving and maintaining accreditation as a reflection of the quality of care associated with accreditation status. The methodology used to determine the actual results at the end of the fiscal year is the number of accredited YRTCs as the numerator and the total number of YRTCs as the denominator. In FY 2020, the number of federally-operated YRTC facilities representing the numerator and denominator was six.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

Annually, the IHS Office of Clinical and Preventive Services (OCPS), Division of Behavioral Health (DBH) requires all YRTCs to verify their current accreditation certification status by forwarding a copy of this documentation to Agency Headquarters in Rockville, Maryland. Using verified program documents, this methodology ensures that standards for continued accreditation are continually being met and deficiencies are addressed. To ensure data for this performance measure are accurate, complete, and unbiased, the IHS DBH collects, evaluates, and monitors individual program files for each YRTC.

Decision Unit 2: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS**Measure 2: Universal Alcohol Screening: 9 through 75 years of age**

| Universal Alcohol Screening Table 2: Measure 2 | | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| FY 2015 Actual | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Actual | FY 2020 Target |
| N/A | N/A | 68.0%* | Retired** | N/A | N/A | N/A |

* New measure reported in FY 2017 with a baseline result of 68.0 percent.

**Measure retired after FY 2017 due to changes to the logic and reporting from a new system, the Integrated Data Collection System Data Mart (IDCS DM).

| Universal Alcohol Screening Table 2: Measure 2 | | | | | | |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| N/A | N/A | 40.9%* | 40.7% | 42.4% | TBD | 39.0% |

*New measure reflects measure logic change to screen patients 9 through 75 years and reporting from the IDCS DM.

- (1) Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (2): The FY 2017 measure, Universal Alcohol Screening, reported alcohol screening among patients ages 12 through 75 years of age. In FY 2018, this measure changed to expand screening among patients ages 9 through 75 years, in an effort to align ages with measure No. (3) Screening, Brief Intervention, and Referral to Treatment (SBIRT). Screening is an effective tool in identifying risky alcohol use and the updated screening criteria and measures will have a far-reaching positive impact on the overall health of AI/AN communities.

- (2) Prior Years Performance Targets and Results -** For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

Beginning in FY 2018, the new Universal Alcohol Screening measure reflects updated screening ages of patients ages 9 through 75 years and reporting from IHS's Integrated Data Collection System Data Mart (IDCS DM). The FY 2020 target was 42.4 percent. Final result for FY 2020 IHS Measure No. (2) Universal Alcohol Screening will be available by December 31, 2020.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The FY 2021 target for Universal Alcohol Screening is 39.0 percent. The target is based on consideration of prior year performance and projected funding for the IHS Alcohol and Substance Abuse program. The FY 2020 result will be reported from the IDCS DM.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

The FY 2018 result reflects the first year of reporting from the IDCS DM. The measure reflects the Annual IHS User Population Estimates in the denominator and is produced by the NDW Workload/Userpop Mart.

The IDCS DM enables full I/T/U participation, produces on-demand results, and reduces the amount of time to access data results. The data source for the IDCS DM is the IHS's National Data Warehouse (NDW) that was instituted in 2006. The IDCS DM contains a mirrored subset of NDW data. It uses the Annual IHS User Population Estimates as its denominators for many of IHS's clinical GPRA and GPRAMA performance measures.

The NDW built various reports that provide metadata feedback to sites that submit data export files consisting of patient demographics and patient workload. Some acknowledgement reports address the completeness of the NDW data while other error reports identify specific errors in an export file. Source data files are accepted "as is". The NDW relies on the facility to ensure the quality of the data that is being transmitted. It verifies the integrity of the data after it is loaded; that is, the data received is represented accurately in the NDW.

Completeness

The NDW addresses file completeness by sending automated reports that track data exports as they are received and loaded into the NDW, as described in the NDW Export Tracking Data Mart User Guide

(https://www.ihs.gov/sites/npirs/themes/responsive2017/display_objects/documents/Data_TC/NDW_ExportTracking_DataMart_UG.pdf) 1) The NDW Data Transmission Log Report is an acknowledgement notification email that the file was received. 2) If

errors are detected in the export file, an acknowledgement notification describes why the file was rejected, and 3) NDW Post Data Load Report provides a summary of the encounters and patient registration status (added, changed, deleted, rejected) as well as any error descriptions. If the individual facility corrects the identified errors, registrations and/or visits, they are included in the next NDW export as modifications. They will be processed and uploaded by the NDW.

Data Verification

The NDW performs scheduled data integrity checks on samples to ensure the NDW is storing data as it is received from the sites. This is to verify that the data received and processed in the NDW accurately reflects the storage of data transmitted from the source system.

The NDW Data Quality Mart provides user population and workload reports that can provide information about possible issues in the “quality” of the received data. The NDW Data Quality Mart User Guide

(https://www.ihs.gov/sites/npirs/themes/responsive2017/display_objects/documents/Data_TC/NDW_DataQualityMart_UG.pdf) describes web-based reports that provide a quantified picture of problems with their data, as well as enough detail to allow record level identification of problematic data. Any detail displayed is within the boundaries of currently required laws and regulations, such as the Health Insurance Portability and Accountability Act (HIPAA). The reports highlight missing data elements that were not uploaded into the NDW. When a site fixes those data elements and re-exports, the data can then be uploaded into the NDW as modifications.

Decision Unit 3: Office of Clinical and Preventive Services, Division of Behavioral Health, IHS**Measure 3: Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

| SBIRT Table 3: Measure 3 | | | | | | |
|--------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| FY 2015 Actual | FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Actual | FY 2020 Target |
| N/A | N/A | 3.0%* | Retired** | N/A | N/A | N/A |

* New measure reported in FY 2017 with a baseline result of 3.0 percent.

** Measure retired after FY 2017 due to changes to the logic and reporting from a new system, the Integrated Data Collection System Data Mart (IDCS DM).

| SBIRT Table 3: Measure 3 | | | | | | |
|--------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| FY 2016 Actual | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| N/A | N/A | 11.8%* | 14.9% | 12.2% | TBD | 14.3% |

* New measure reflects measure logic change to screen patients 9 through 75 years and reporting from the IDCS DM.

- (1) Performance Measures-** The report must describe the performance measures used by the agency to assess the National Drug Control Program activities it carried out in the most recently completed fiscal year and provide a clear justification for why those measures are appropriate for the associated National Drug Control Program activities. The performance report must explain how the measures: clearly reflect the purpose and activities of the agency; enable assessment of agency contribution to the National Drug Control Strategy; are outcome-oriented; and are used in agency management. The description must include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to those activities.

Measure No. (3): The SBIRT measure will assess patient for risky alcohol use and the level of intervention type needed. Interventions will include either a brief intervention/brief negotiated interview or a referral for brief treatment or more intensive treatment among patients ages 9 through 75 years of age. Screenings will be documented within the local facility Electronic Health Record. The SBIRT model will be used in primary care and emergency departments as a way to integrate behavioral health into care. Research shows that early intervention among risky alcohol drinking patterns can deter more significant issues later in life. By identifying risky drinking patterns early on, IHS will be able to provide services that will reduce the long term effects of alcohol use and associated medical complications for the AI/AN population.

- (2) Prior Years Performance Targets and Results -** For each performance measure, the report must provide actual performance information for the previous four fiscal years and compare the results of the most recently completed fiscal year with the projected (target) levels of performance established for the measures in the agency's annual performance budget for that year. If any performance target for the most recently completed fiscal year was not met, the report must explain why that target was not met and describe the agency's plans and schedules for meeting future targets. Alternatively, if the agency has concluded it is not possible

to achieve the established target with available resources, the report should include recommendations concerning revising or eliminating the target.

Beginning in FY 2018, the new SBIRT measure reflects reporting from IHS's IDCS DM. The FY 2020 target was 12.2 percent. Final result for FY 2020 IHS Measure No. (3) Screening, Brief Intervention, and Referral to Treatment (SBIRT) will be available by December 31, 2020.

- (3) Current Year Performance Targets - Each report must specify the performance targets established for National Drug Control Program activities in the agency's performance budget for the current fiscal year and describe the methodology used to establish those targets.**

The FY 2021 target for the SBIRT is 14.3 percent. The target is based on consideration of prior year performance and projected funding for the IHS Alcohol and Substance Abuse program. The FY 2020 result will be reported from the IDCS DM.

- (4) Quality of Performance Data- The agency must state the procedures used to ensure that the performance data described in this report are accurate, complete, and unbiased in presentation and substance. Agency performance measures must be supported by data sources that are directly pertinent to the drug control activities being assessed and ideally allow documentation of small but significant changes.**

As a clinical measure, the SBIRT measure is subject to the same processes described for the Universal Alcohol screening measure using the IDCS DM. Please refer to Universal Alcohol screening measure Quality of Performance Data section for further detail.



November 13, 2020

TO: Director
Office of National Drug Control Policy

FROM: Jillian Curtis Jillian Curtis -S Digitally signed by Jillian Curtis -S
Date: 2020.11.13 13:39:14 -05'00'
Chief Financial Officer
Indian Health Service

SUBJECT: Indian Health Service Budget Formulation Compliance Report for FY 2022

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, I make the following assertions regarding the attached Budget Formulation Compliance Report:

Timeliness of Summer Budget Submission

I assert that the summer drug budget submitted to ONDCP under the cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular: Budget Formulation, Section 9.a.(1) was provided to ONDCP at the same time as the budget request was submitted to our superiors in accordance with 21 U.S.C. § 1703(c)(1)(A).

Funding Levels Represent Bureau-Level Request

I assert that the funding request in the submission provided in Section 6.a.(2) of this circular represent the funding levels in the budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



January 8, 2021

TO: James M. Anderson, M.D., Ph.D.
Director
Division of Program Coordination, Planning, and Strategic Initiatives
National Institutes of Health

Nathaniel Davis
Budget Officer
National Institute on Drug Abuse
National Institutes of Health

Judit O'Connor
Chief Financial Officer
National Institute on Alcohol Abuse and Alcoholism
National Institutes of Health

FROM: Amy J. Frontz
Deputy Inspector General for Audit Services

Amy Frontz

Digitally signed by AMY
FRONTZ
Date: 2021.01.08
07:56:35 -05'00'

SUBJECT: Independent Attestation Review: National Institutes of Health Fiscal Year 2020 Detailed Accounting Report, Performance Summary Report for National Drug Control Activities, Budget Formulation Compliance Report, and Accompanying Required Assertions (A-03-21-00352)

This report provides the results of our review of the attached National Institutes of Health (NIH) Office of National Drug Control Policy (ONDCP):

- Detailed Accounting Reports, which include the tables of Drug Control Obligations, related disclosures, and management's assertions for the fiscal year ended September 30, 2020, submitted by NIH's National Institute on Drug Abuse (NIDA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA), respectively;

- Performance Summary Report, which includes management’s assertions and related performance information for the fiscal year ended September 30, 2020, submitted by NIH for NIDA and NIAAA, collectively; and
- Budget Formulation Compliance Reports, which includes budget formulation information for the fiscal year ending September 30, 2022¹, and the Chief Financial Officer’s or accountable senior executive’s assertions relating to the budget formulation information.

NIH management is responsible for, and submitted, the Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report, which were prepared in accordance with the ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019 (ONDCP Circular). It is our responsibility to express a conclusion about the reliability of management’s assertions based on our review.

We performed this review as required by 21 U.S.C. § 1704(d)(1) and as authorized by 21 U.S.C. § 1703(d)(7) and in compliance with the ONDCP Circular.

We conducted our review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements, as described in the U.S. Government Accountability Office (GAO) publication, *Government Auditing Standards* (July 2018). Those standards require that we plan and perform the review to obtain limited assurance about whether any material modifications should be made to management’s assertions to be in accordance with the criteria. A review is substantially less in scope than an examination, the objective of which is to obtain reasonable assurance and express an opinion about whether management’s assertions are in accordance with the criteria in all material respects. Accordingly, we do not express such an opinion. We believe that our review provides a reasonable basis for our conclusion.

Based on our review, we are not aware of any material modifications that should be made to NIH’s Detailed Accounting Reports and Performance Summary Report for fiscal year 2020 and NIH’s Budget Formulation Compliance Reports for fiscal year 2022 for them to be in accordance with the ONDCP Circular.

NIDA’s and NIAAA’s Detailed Accounting Reports, NIH’s combined Performance Summary Report, and NIDA’s and NIAAA’s Budget Formulation Report assertions² are included as Attachments A, B, and C, respectively.

Although this report is an unrestricted public document, the information it contains is intended solely for the information and use of Congress, ONDCP, and NIH. It is not intended

¹ Although NIAAA’s Budget Formulation Compliance Report was provided to ONDCP as of FY20, the budget figures reflect the FY22 funding request.

² Only the Budget Formulation report assertions are included as Attachment C since the report contains prospective information.

to be, and should not be, used by anyone other than those specified parties. If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Carla J. Lewis, Assistant Inspector General for Audit Services, at (202) 205-9125 or at Carla.Lewis@oig.hhs.gov. Please refer to report number A-03-21-00352 in all correspondence.

Attachments



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
National Institutes of Health

National Institute on Alcohol
Abuse and Alcoholism 5635
Fishers Lane
Bethesda, MD 20892-9304

December 14, 2020

MEMORANDUM TO: Director Office of National Drug Control Policy

THROUGH: Sheila Conley
Deputy Assistant Secretary of Finance
Department of Health and Human Services

FROM: Judit O'Connor
Chief, Financial Management Branch
National Institute on Alcohol Abuse and Alcoholism

Judit
O'Connor -S

Digitally signed by
Judit O'Connor -S
Date: 2020.12.14
11:41:37 -05'00'

SUBJECT: Assertions Concerning Drug Control Accounting

In accordance with the requirements of the Office of National Drug Control Policy Circular "National Drug Control Program Agency Compliance Reviews," I make the following assertions regarding the attached annual accounting of drug control funds:

Obligations by Budget Decision Unit

I assert that obligations reported by budget decision unit are the actual obligations from the National Institutes of Health (NIH) financial accounting system for this budget decision unit after using the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) internal system to reconcile the NIH accounting system during the year.

Methodology

I assert that the methodology used to calculate obligations of prior year budgetary resources by function for the institute was reasonable and accurate in accordance with the criteria listed in Section 7 of the Circular. Obligations of prior year underage drinking control budgetary resources are calculated as follows:

The NIAAA prevention and treatment components of its underage drinking research are included in the ONDCP drug control budget. Underage drinking research is defined as research that focuses on alcohol misuse and alcohol use disorder in minors (youth under the legal drinking age of 21). It includes all alcohol related research involving youth, including behavioral research, screening and intervention studies, and longitudinal studies, with the exception of research on

fetal alcohol spectrum disorders resulting from alcohol use by the mother during pregnancy. Beginning with the reporting of FY 2010 actual obligations, NIAAA’s methodology for developing budget numbers uses the NIH research categorization and disease coding (RCDC) 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. Contract expenditures supporting underage prevention activities are also included. This subset makes up the NIAAA ONDCP drug control budget. Prior to FY 2010, there was no validated fingerprint for underage drinking, and the NIAAA methodology was completely dependent upon a manual review by program officers.

Application of Methodology

I assert that the drug methodology described in this section was the actual methodology used to generate the table required by Section 7 of the Circular.

Reprogramming or Transfers

I assert that NIAAA did not reprogram or transfer any funds included in its drug control budget.

Fund Control Notices

I assert that the obligation data presented are associated against a financial plan that complied fully with all Fund Control Notices issued by the Director under 21 U.S.C. 1703(f) and with ONDCP Circular *Budget Execution*, dated October 22, 2019.

**NATIONAL INSTITUTES OF HEALTH
NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM FY 2020 ACTUAL OBLIGATIONS
(Dollars in Thousands)**

| | FY 2020 Actual |
|--|-----------------------|
| Drug Resources by Decision Unit: | |
| National Institute on Alcohol Abuse and Alcoholism | <u>\$60,591</u> |
| Total Drug Resources by Decision Unit | <u>\$60,591</u> |
| | |
| Drug Resources by Function: | |
| Research and Development: Prevention | \$51,145 |
| Research and Development: Treatment | <u>\$9,446</u> |
| Total Drug Resources by Function | <u>\$60,591</u> |

ATTACHMENT

Exhibit A

- (1) **Drug Methodology** – Actual obligations of prior year drug control budgetary resources are derived from the NIH research categorization and disease coding (RCDC) fingerprint for underage drinking and a manual review to identify projects related to prevention and treatment.
 - (a) **Obligations by Budget Decision Unit** – NIAAA’s budget decision units have been defined by ONDCP Circular, Budget Formulation, dated October 22nd, 2019. NIAAA reports only a portion of the budget dedicated to treatment and prevention to ONDCP. This unit is referred to as:
 - National Institute on Alcohol Abuse and Alcoholism
 - (b) **Obligations by Drug Control Function** – NIAAA distributes drug control funding into two functions, prevention and treatment:
 - Research and Development Prevention
 - Research and Development Treatment
- (2) **Methodology Modifications** – none
- (3) **Material Weaknesses or Other Findings** – none
- (4) **Reprogrammings or Transfers** - none
- (5) **Other Disclosures** - none



National Institutes of Health
National Institute on Drug Abuse
Bethesda, Maryland 20892

MEMORANDUM TO: Director
Office of National Drug Control Policy

THROUGH: Sheila Conley
Deputy Assistant Secretary of Finance
Department of Health and Human Services

FROM: Nathaniel Davis Nathaniel M.
Chief Financial Officer Davis -S
National Institute on Drug Abuse

Digitally signed by Nathaniel
M. Davis -S
Date: 2020.12.03 10:39:02
-05'00'

SUBJECT: Assertions Concerning Drug Control Accounting

In accordance with the requirements of the Office of National Drug Control Policy Circular “National Drug Control Program Agency Compliance Reviews,” I make the following assertions regarding the attached annual accounting of drug control funds:

Obligations by Budget Decision Unit

I assert that obligations reported by budget decision unit are the actual obligations from the NIH financial accounting system for this budget decision unit after using National Institute on Drug Abuse’s (NIDA) internal system to reconcile the NIH accounting system during the year.

Drug Methodology

I assert that the drug methodology used to calculate obligations of prior year budget resources by function for the institute was reasonable and accurate in accordance with the criteria listed in Section 7 of the Circular. In accordance with these criteria, I have documented data which support the drug methodology, explained and documented other estimation methods (the assumptions for which are subject to periodic review) and determined that the financial systems supporting the drug methodology yield data that present fairly, in all material respects, aggregate obligations from which drug-related obligation estimates are derived (See Exhibit A).

Obligations of prior year drug control budgetary resources are calculated as follows:

FY 2020 actual obligations were determined by identifying NIDA support for projects that address drug prevention and treatment. Projects for inclusion in the ONDCP budget are identified from the NIDA coding system and database known as the “NEPS” system (NIDA Extramural Project System). Data are entered into this system by program staff. NIDA does not need to make any assumptions or estimates to isolate its total drug control obligations as the total appropriation is drug control.

As the supporter of most of the world’s research on drug abuse and addiction, NIDA provides a

strong science base for our Nation's efforts to reduce the abuse of drugs and their consequences. NIDA's comprehensive research portfolio addresses a broad range of drug abuse and addiction issues, ranging from the support of fundamental neurobiology to community-based research. As our Nation looks for science-based approaches to enhance its prevention and treatment efforts, NIDA's broad portfolio and its continuing efforts to work with other Agencies and NIH Institutes on a variety of transdisciplinary issues will provide the tools necessary to move these efforts forward. Research serves as the cornerstone of NIDA's efforts to disseminate research information and educate health professionals and the public, especially our Nation's youth, about the factors influencing drug use, its consequences, and about science-based and tested treatment and prevention techniques. These research and dissemination efforts to develop, test, and disseminate information on the basis of addiction, its consequences, and enhanced therapeutic techniques support the ONDCP Goal 3 (treatment). Efforts to enhance the science base and disseminate information on the factors that inhibit and facilitate drug use and its progression to addiction and other health consequences, and on science-based approaches for prevention interventions support the ONDCP Goal 1 (prevention).

NIDA obligations are allocated between prevention and treatment research based on the professional judgment of scientific program officials on specific grant and contract projects. These scientists review the grant application, project purpose and methodology, and/or progress report to determine whether the project meets NIDA's criteria for categorization as prevention or as treatment research. Projects are coded and entered into the NEPS system prior to funding.

NIDA's FY 2020 Enacted budget from the FY 2021 President's Budget (PB) was \$1,457,724,000. In December of 2019, NIDA received the FY 2020 Enacted budget of \$1,462,016,000 (\$1,195,695,000 for direct and \$266,321,000 for research relating to the Opioid Crisis) which was an increase of \$4,292,000 above the FY 2020 CJ. There was an HIV/AIDS transfer in the amount of \$4,292,000. NIDA obligated \$1,457,682,887 of the Annual Appropriation and \$41,113 lapsed.

Application of Drug Methodology

I assert that the drug methodology described in the preceding section was the actual methodology used to generate the table required by Section 7 of the Circular. NIDA has not modified its drug methodology from the previous year. Any differences between NIDA's actual obligations and the National Drug Control Strategy Budget summary number for FY 2020 are described above for the FY 2020 column of the FY 2021 PB.

Material Weaknesses or Other Findings

I assert that that all material weaknesses or other findings by independent sources, which may affect the presentation of prior year drug-related obligations as required by Section 7.a.(4) have been disclosed.

Methodology Modifications

I assert that no modifications were made to methodology for reporting drug control resources

from the previous year's reporting.

Reprogrammings or Transfers

I assert that the data presented are associated with obligations against a financial plan that, if revised during the fiscal year, properly reflects those changes, including ONDCP's approval of all reprogrammings or transfers affecting drug-related resources that individually or in aggregate for the fiscal year exceed \$5 million or 10 percent of a specific program or account included in the National Drug Control Budget (21 U.S.C. § 1703(c)(4)(A)).

Fund Control Notices

I assert that that the data presented are associated with obligations against a financial plan that fully complied with all Fund Control Notices issued by the Director under 21 U.S.C. § 1703(f) and Section 9 of the ONDCP Circular, Budget Execution.

Exhibit A

- (1) **Drug Methodology** – Actual obligations of prior year drug control budgetary resources are derived from the NIDA Extramural Project System (NEPS) and the NIH nVision Balance of Accounts Report.
 - (a) **Obligations by Budget Decision Unit** – NIDA’s budget decision units have been defined by ONDCP Circular, Budget Formulation, dated October 22th, 2019. NIDA reports its entire budget to ONDCP. This unit is referred to as:
 - National Institute on Drug Abuse
 - (b) **Obligations by Drug Control Function** – NIDA distributes drug control funding into two functions, prevention and treatment:
 - Research and Development Prevention
 - Research and Development Treatment
- (2) **Methodology Modifications** – none
- (3) **Material Weaknesses or Other Findings** – none
- (4) **Reprogrammings or Transfers** - The obligation data presented are associated against a financial plan that, if revised during the fiscal year, properly reflects those changes, including ONDCP’s approval of reprogrammings or transfers affecting drug-related resources in excess of \$1 million that occurred during the fiscal year.
- (5) **Other Disclosures** - none

**NATIONAL INSTITUTES OF HEALTH
NATIONAL INSTITUTE ON DRUG ABUSE
FY 2020 Actual Obligations
(Dollars in Thousands)**

I. RESOURCE SUMMARY - ANNUAL APPROP

| | FY 2020 Actual |
|---|---------------------------|
| Drug Resources by Decision Unit: | |
| National Institute on Drug Abuse | 1,457,683 |
| Total | 1,457,683 |
| Drug Resources by Function: | |
| Research and Development Prevention | 483,158 |
| Research and Development Treatment | 974,525 |
| Total | 1,457,683 |

**Differences Between (1) Actual Obligations and (2) the FY 20 Column of the FY
21 CJ and the National Drug Control Strategy Budget Summary
(Dollars in Thousands)**

| | |
|---|------------------|
| Total 2020 Column of the FY 2021 CJ; National Drug Control Strategy | 1,457,724 |
| Adjustment for Enacted FY 2020 Budget | 5,206 |
| Permissive Transfer | -914 |
| HIV/AIDS Transfer | -4,292 |
| Lapse of Funds | -41 |
| Total Annual Obligations | 1,457,683 |

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse

Amounts Available for Obligation¹

(Dollars in Thousands)

| Source of Funding | FY 2019 Final | FY 2020 Enacted | FY 2021 President's Budget |
|---|----------------------|------------------------|-----------------------------------|
| Appropriation | \$1,419,844 | \$1,462,016 | \$1,431,770 |
| Mandatory Appropriation: (non-add) | | | |
| <i>Type 1 Diabetes</i> | (0) | (0) | (0) |
| <i>Other Mandatory financing</i> | (0) | (0) | (0) |
| Rescission | 0 | 0 | 0 |
| Sequestration | 0 | 0 | 0 |
| Secretary's Transfer | -3,249 | 0 | 0 |
| Subtotal, adjusted appropriation | \$1,416,595 | \$1,462,016 | \$1,431,770 |
| OAR HIV/AIDS Transfers | -8,379 | -4,292 | 0 |
| HEAL Transfer from NINDS | 0 | 0 | 0 |
| Subtotal, adjusted budget authority | \$1,408,216 | \$1,457,724 | \$1,431,770 |
| Unobligated balance, start of year ² | 213,124 | 0 | 0 |
| Unobligated balance, end of year | 0 | 0 | 0 |
| Subtotal, adjusted budget authority | \$1,621,340 | \$1,457,724 | \$1,431,770 |
| Unobligated balance lapsing | -6 | 0 | 0 |
| Total obligations | \$1,621,334 | \$1,457,724 | \$1,431,770 |

¹ Excludes the following amounts (in thousands) for reimbursable activities carried out by this account:

FY 2019 - \$16,549 FY 2020 - \$12,931 FY 2021 - \$12,850

² Reflects HEAL Initiative funding not obligated in FY 2018, and carried over into FY 2019.

FY 20 Appropriations Language:

<http://docs.house.gov/billsthisweek/20191216/BILLS-116HR1865SA-RCP116-44.PDF>

NIH starts on page 69, NIDA on 72:

NATIONAL INSTITUTE ON DRUG ABUSE

For carrying out section 301 and title IV of the PHS 16 Act with respect to drug abuse,
\$1,462,016,000.

Current Congressional Justification: http://officeofbudget.od.nih.gov/insti_center_subs.html



DATE: November 25, 2020

MEMORANDUM TO: Associate Director for Performance and Budget
Office of National Drug Control Policy

THROUGH: Office of the Assistant Secretary for Financial Resources
Department of Health and Human Services

FROM: Director, Division of Program Coordination,
Planning, and Strategic Initiatives (DPCPSI), NIH

SUBJECT: Assertions Concerning Performance Summary Report

In accordance with the requirements of the Office of National Drug Control Policy circular “National Drug Control Program Agency Compliance Reviews,” I make the following assertions regarding the attached Performance Summary Report:

Performance Reporting System

I assert that NIH has a system to capture performance information accurately and that this system was properly applied to generate the performance data presented in the attached report.

Explanations for Not Meeting Performance Targets

I assert that explanations offered in the attached report for failing to meet a performance target are reasonable and that any recommendations concerning plans and schedules for meeting future targets or for revising or eliminating performance targets are reasonable.

Methodology to Establish Performance Targets

I assert that the methodology used to establish performance targets presented in the attached report is reasonable given past performance and available resources.

Performance Measures Exist for All Significant Drug Control Activities

I assert that adequate performance measures exist for all significant drug control activities.

James M. Anderson -S
Digitally signed by James M. Anderson -S
Date: 2020.11.25 17:29:52 -05'00'

James M. Anderson, MD, PhD
Director, DPCPSI

FY 2020 Performance Summary Report for National Drug Control Activities

Decision Unit 1: National Institute on Drug Abuse (NIDA)

Prevention

Measure SRO-5.2: By 2025, develop or evaluate the efficacy or effectiveness of new or adapted prevention interventions for substance use disorders (SUD).

NIDA began reporting on this measure in FY 2020.

Table 1: NIDA Annual Targets

| SRO-5.15* | | | SRO-5.2 | | |
|---|---|---|---|---|---|
| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| The efficacy or effectiveness of three interventions to prevent substance use and other risk behaviors in “high risk” youth and young adult populations was tested. | The effect of an intervention to prevent prescription drug abuse in youth and young adult populations was tested, and several ongoing studies are assessing the efficacy or effectiveness of strategies to prevent prescription drug abuse in this target population. | NIDA supported at least three projects focused on developing, tailoring and/or adapting interventions to prevent prescription drug misuse and/or OUD in older adolescent and young adult populations. | Conduct 3-5 pilot studies to test the efficacy of promising prevention interventions for SUD. | Nine prevention pilot studies were conducted as part of the HEAL. | Launch 1-2 clinical trials, based on pilot study results, to test the effects of a prevention intervention for opioid use disorder. |

*NIDA’s contribution to SRO-5.15 (By 2025, develop, refine, and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and substance use disorders and their consequences in underage populations) ended in FY 2019 as planned.

(1) Describe the measure. In doing so, provide an explanation of how the measure (1) reflects the purpose of the program, (2) contributes to the *National Drug Control Strategy*, and (3) is used by management of the program. This description should include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to the agency’s drug control activities.

NIH’s growing knowledge about substance use and addiction (including tobacco, alcohol, illicit, and nonmedical prescription drug use) is helping to inform the development of prevention strategies that are evidence-based and rooted in a growing understanding of the biological (e.g., genetics, neurobiology), psychosocial (e.g., support systems, stress resilience), and environmental (e.g., socioeconomic, cultural) factors that influence risk for substance use and related disorders. NIH-supported research is building the scientific knowledge base to advance the development of effective, tailored prevention strategies for youth.

NIH’s prevention portfolio encompasses a broad range of research to increase our understanding of the factors that enhance or mitigate an individual’s propensity to initiate drug use or to escalate from use to substance use disorders (SUD) across different developmental stages.

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Understanding the mechanisms through which these factors influence substance use and addiction across individuals is critical for designing more effective prevention strategies. SRO-5.2 focuses on developing or evaluating the efficacy or effectiveness of new or adapted prevention interventions for substance use disorders (SUD) and contributes to the objective of “Enhancing Research and the Development of Evidence-Based Prevention Programs” in the [2020 National Drug Control Strategy](#). NIDA’s prevention efforts, in particular, advance the goal of supporting the research and development of innovative technologies and additional therapies to prevent addiction.

Preventing the initiation of substance use and minimizing the risks of harmful consequences of substance use is an essential part of addressing SUD. To this end, NIDA funds a portfolio of prevention research to understand and intervene upon mechanisms that underlie risk and resilience for addiction and common comorbidities. NIDA’s prevention research portfolios encompass a broad range of research on how biological, psychosocial, and environmental factors operate to enhance or mitigate an individual’s propensity to initiate substance use or to escalate from use to misuse to SUD across different developmental stages. This information, along with rapidly growing knowledge about substance use and addiction (including tobacco, alcohol, illicit, and nonmedical prescription drug use), is helping to inform the development of prevention strategies that are evidence-based and rooted in a growing understanding of the biological (e.g., genetics, neurobiology), psychosocial (e.g., support systems, stress resilience), and environmental (e.g., socioeconomic, cultural) risk and protective factors. NIH-supported research is building the scientific knowledge base needed to advance our goal of developing effective and efficient prevention strategies.

As such factors are identified, NIDA also supports research to develop and test innovative prevention interventions that target underlying risk and protective factors, as well as strategies for effectively and sustainably implementing evidence-based prevention interventions. One example is a multi-site collaborative project between NIDA, CDC, SAMHSA and the Appalachian Regional Commission that works with communities to reduce opioid use and its consequences, with the goals of increasing uptake of evidence-based practices, including medication-assisted treatment (MAT), HIV/hepatitis C screening, and overdose prevention.

A robust evidence base exists for a variety of prevention interventions, including:

- School-based models, such as Life Skills Training, that help students develop social, emotional, cognitive, and substance refusal skills;
- Family-based models, such as Strong African American Families, that provide parents with tools and practices that help their children learn problem-solving and self-regulation skills to support healthy social and emotional development; and
- Implementation frameworks, such as Communities That Care that engages a coalition of local community organizations and leaders to identify and intervene on local risk and protective factors.

These prevention models have proven effective, but more research is required to determine whether new interventions are required to impact targets specific to the prevention of non-medical use of opioids and opioid use disorder (OUD), particularly during the transition from adolescence to young adulthood initiation of opioid misuse. In response to this need, NIDA’s

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Division of Epidemiology, Services, and Prevention Research (DESPR) is supporting a series of studies to develop and test effective strategies to prevent opioid misuse and OUD among older adolescents and young adults. The focus of these studies is on strategies within settings that can identify and reach at-risk individuals and populations, such as health care, justice, school, and child welfare systems.

In addition to opioid-focused efforts, DESPR supports research on integrating prevention and treatment services into healthcare and community systems to reduce the burden of drug problems across the lifespan. DESPR supports prevention specific portfolios of research and training grants that span efficacy, effectiveness and services-related questions. Within DESPR, the Prevention Research Branch (PRB) cultivates research to understand mechanisms of action of effective prevention approaches, to develop preventive interventions for understudied populations, and to address emerging public health crises. In addition to opioid related research, PRB funds research to develop and test interventions to address factors underlying risk for substance misuse while also enhancing protective factors.

(2) Provide narrative that examines the FY 2020 actual performance results with the FY 2020 target, as well as prior year actuals. If the performance target was not achieved for FY 2020, the agency should explain why this is the case. If the agency has concluded it is not possible to achieve the established target with available resources, the agency should include recommendations on revising or eliminating the target.

The FY 2020 target was met. NIDA funded nine prevention pilot studies that were conducted in FY 2020, under the auspices of the Helping to End Addiction Long-term (HEALSM) Initiative. These grants used the two-phase, milestone-based UG3-UH3 grant mechanism, which allows for grants that successfully complete pilot-study progress milestones to apply to advance into larger clinical studies. Of those nine pilot studies, seven completed their pilots and were eligible for transition. (Two of the studies had planned for two-year pilot phases, so were not eligible for transition.) Three of the seven transitioning studies are highlighted as examples below.

One transitioning study involves modifying an existing alcohol and drug prevention intervention designed for American Indian/Alaska Native youth to be appropriate for opioid prevention in young adults¹. The study conducted focus groups to determine how best to engage the target population, adapted and enhanced the intervention to specifically address opioid use, and pilot-tested the intervention. The scaled-up study will test the intervention in larger groups over a 12-month period, examine the mechanisms by which it produces change, and explore approaches to making it sustainable over time.

Another transitioning study is focused on preventing OUD among adolescents/young adults ages 18-24 years experiencing homelessness, and explores whether providing housing in addition to opioid and related risk reduction services could improve outcomes². The pilot study demonstrated feasibility of recruitment, locating housing and placement into housing, and

¹ UH3 DA050235-01: Development and Implementation of a Culturally Centered Opioid Prevention Intervention for American Indian/Alaska Native Young Adults in California

² UH3 DA050174-02: Prevention of OUD: The HOME (Housing, Opportunities, Motivation and Engagement) Randomized Trial

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delivery of prevention services through strengths-based outreach and advocacy. Partnerships with community-based homeless youth service providers and landlords have been established for the post-pilot phase, housing has been identified, and Institutional Review Board (IRB) approval has been obtained. The scaled-up study will compare individuals randomly assigned to receive housing alongside opioid and related risk prevention services to individuals who receive those services alone.

A third study developed a plan to leverage technology that is appealing to adolescents and young adults to facilitate delivery of an emergency department-based intervention via health coaches. In their transitioning pilot, researchers were able to adapt promising health coach-delivered interventions³ and pilot test feasibility/acceptability in adolescents and young adults, as well as actively engage hospital administration leadership in the study. As the project transitions to the next phase, it will begin testing the intervention in a sample of over 1,000 adolescents and young adults in emergency department settings.

(3) The agency should describe the performance target for FY 2021 and how the agency plans to meet this target. If the target in FY 2020 was not achieved, this explanation should detail how the agency plans to overcome prior year challenges to meet targets in FY 2021.

The FY 2021 target is to launch 1-2 clinical trials, based on pilot study results, to test the effects of a prevention intervention for opioid use disorder. As stated above, of the nine pilot studies funded in FY 2020, seven reached their milestones and were eligible for transition into clinical trials, with others likely to do so in the next year. NIDA awarded these transition grants at the end of FY 2020, and expects the relevant trials to begin in FY 2021, which should allow the target to be met.

(4) The agency should describe the procedures used to ensure performance data for this measure are accurate, complete, and unbiased in presentation and substance. The agency should also describe the methodology used to establish targets and actuals, as well as the data source(s) used to collect information.

Data Accuracy, Completeness and Unbiased Presentation

The research field is guided by standard scientific methodologies, policies, and protocols. The scientific process also has several benchmarks within it to ensure scientific integrity. For instance, research designs, such as qualitative, quantitative, and mixed methods, have each been tested, with evidence-based strategies established to guide the implementation of all scientific research studies. In these processes, data collection, security, management, and structures are clearly defined to ensure optimum analyses.

Data analyses are guided by statistical methodologies, a mathematical science used to test assumptions. In addition, NIH has incorporated standardized policies and procedures for making funding announcements, assessing meritorious science, monitoring progress of grantees and scientists in achieving the expected outcomes, and assessing performance at the project's

³ UH3 DA050173-01: Optimized Interventions to Prevent Opioid Use Disorder among Adolescents and Young Adults in the Emergency Department

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conclusion. Researchers are also expected to publish findings in peer-reviewed journals, which offer another layer of assessment and validation of the findings. In addition, all studies involving human subjects must receive Institutional Review Board (IRB) clearance, yet another form of review that ensures the relevance of the study and the safety of the subjects. NIH's research activities implement and practice all scientifically relevant procedures to ensure data quality and to substantiate findings.

In implementing scientific research, NIH uses established tools to develop and oversee programs and improve their performance, proactively monitoring grants, contracts, and cooperative agreements and assess their performance. The following briefly describes the NIH scientific process, which has been assessed by outside entities and is regarded as premier.

Assessment to fund meritorious science (peer review). NIH uses rigorous assessment to determine scientific merit and make funding decisions based on the best science. In general, project plans presented in competing grant applications and contract proposals are subject to three levels of review focused on the strength and innovation of the proposed research, the qualifications of the investigator(s), and the adequacy of the applicant's resources:

- The first level of review, called peer review, ensures that the most meritorious science, as determined by the scientific field's experts, is identified for funding. NIH has over 11,000 external experts participating in peer review panels, each of whom is nationally recognized for his or her area of expertise. The applications are systematically reviewed and scored to inform funding decisions. NIH is one of the few Federal agencies with a legislative requirement for peer review.
- The second level of review is by the Institute's National Advisory Council, which is comprised of eminent scientists along with members of the general public. The Council serves as a useful resource to keep each Institute abreast of emerging research needs and opportunities, and to advise the Institute on the overall merit and priority of grant applications in advancing the research. All members of Council are appointed by the HHS Secretary.
- The third level of review is by the Institute Director, with input from Institute staff who have relevant expertise. The Director makes the final decision on whether an application will receive funding.

These layers of expert review assessing scientific methodologies and relevance to the field enable funding of the most promising research to advance the field. Consequently, funding decisions made at the agency level are conducted in a consistent, merit-based fashion, guided by scientific methodologies and relevance.

Performance monitoring of grants and contracts. Once an award is made, additional NIH policies and guidelines are implemented to ensure oversight of the proposed project aims and program goals. The [NIH Grants Policy Statement](#) provides the standardized protocols for monitoring performance-based grants and contracts. Although there are many procedures, a few significant items include the timely submission of progress and final reports. These are assessed by NIH project officers and grants management staff to determine adherence to the approved scientific research plan and to appropriate cost principles and legislative compliance. Project

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officers may work closely with principal investigators to facilitate adherence, address barriers, and ensure quality programmatic achievements.

As a standard performance-based practice, the approved scientific aims and objectives formulate the terms and conditions of each grant award and become the focus of scientific monitoring. The NIH Grants Policy Statement, referenced as a term of every award, states the specific administrative requirements for project monitoring and enforcement actions when a grantee fails to comply with the terms and conditions of the award. NIH staff monitor scientific progress against the approved aims and scope of the project, as well as administrative and fiscal compliance through review of periodic progress reports, publications, correspondence, conference calls, site visits, expenditure data, audit reports (both annual institutional financial reports and project-specific reports), and conference proceedings. When a grantee fails to comply with the terms and conditions of an award, enforcement actions are applied. These may include modification of the terms of award, suspension, withholding support, and termination.

A further checkpoint for programmatic assessment occurs when the applicant requests renewal support of continuation research. A peer review group again assesses the merits of future research plans in light of the progress made during the previous project period, and any problems in grantee performance are addressed and resolved prior to further funding. This process further demonstrates use of assessments to improve performance.

Review of manuscripts. Ultimately, the outcomes of any scientific research are judged based on published results in a peer-reviewed journal. The peer-review publication process is another point at which the quality and innovation of the science undergoes a rigorous evaluation. For most scientific journals, submitted manuscripts are assigned to a staff editor with knowledge of the field discussed in the manuscript. The editor or an editorial board will determine whether the manuscript is of sufficient quality to disseminate for external review and whether it would be of interest to their readership. Research papers that are selected for in-depth review are evaluated by at least two outside referees with knowledge in the relevant field. Papers generally cannot be resubmitted over a disagreement about novelty, interest, or relative merit. If a paper is rejected on the basis of serious reviewer error, the journal may consider a resubmission.

Methodology Used to Establish Targets/Actuals

The targets are established based on the state of the science in a particular field and knowledge of the scientific process by which advances are made. NIDA supports a robust portfolio on implementation science research to better understand the factors that influence successful dissemination and implementation of tested and efficacious interventions in real world settings. The targets are established based on where the field stands in this process and on the next logical scientific step for moving the field forward.

Data Sources

Each grantee provides an annual progress report that outlines past-year project accomplishments, including information on patients recruited, providers trained, patents filed, manuscripts

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published, and other supporting documentation, depending on the goals of the study. This information allows NIH to evaluate progress achieved or to make course corrections as needed.

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Treatment

Measure SRO-4.9: By 2023, evaluate the efficacy of new or refined interventions to treat opioid use disorders (OUD).

NIDA began reporting on this measure in FY 2019.

Table 2: NIDA Annual Targets

| SRO-7.3* | | SRO-4.9 | | | |
|--|---|---|---|---|---|
| FY 2017 Actual | FY 2018 Actual | FY19 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| Research testing the feasibility and efficacy of 3 technology-based strategies to improve substance use disorder treatments and adherence was conducted, including research in 2 different care delivery settings. | Research testing the feasibility and efficacy of 2 technology-based strategies to improve substance use disorder treatments and adherence was conducted, including (1) reSET-O which is under expedited review by FDA and (2) a web-delivered cognitive behavior therapy for veterans who screen positive for PTSD and SUD. | A pre-clinical study of a novel opiate withdrawal therapy was conducted, and a clinical trial of a therapy for both opioid withdrawal and associated insomnia was also conducted. | Conduct one pre-clinical and one clinical study of a longer acting formulation of a medication for the treatment of OUD or opioid overdose. | NIDA conducted a pre-clinical development study of a novel long-acting formulation of nalmefene for treating OUD, and a clinical study of a novel long-acting implant that delivers naltrexone, an effective treatment for OUD. | Conduct a Phase I clinical trial of an anti-opioid vaccine and a new medication to treat OUD. |

*SRO-7.3 (By 2020, develop and/or evaluate two treatment interventions using health information technology (HIT) to improve patient identification, treatment delivery and adherence for substance use disorders and related health consequences) was replaced by SRO-4.9 in FY 2019 to reflect the Institute's enhanced focus on finding new or improved strategies for treating OUD.

(1) Describe the measure. In doing so, provide an explanation of how the measure (1) reflects the purpose of the program, (2) contributes to the *National Drug Control Strategy*, and (3) is used by management of the program. This description should include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to the agency's drug control activities.

Opioid misuse, addiction, and overdose is an ongoing and rapidly evolving public health crisis. Millions of Americans have an OUD, and millions more suffer from chronic pain. There are multiple factors that contribute to poor treatment uptake for OUD, and NIDA is taking a multi-pronged approach to mitigate these factors. NIDA is playing a major role in the HEAL Initiative, launched in April 2018 to provide scientific solutions to the national opioid overdose crisis, including improved treatment strategies for pain as well as OUD. This Congress-funded initiative brings new hope for people, families, and communities affected by this devastating crisis. This measure reflects NIDA's commitment to finding innovative solutions to this crisis, and contributed to the objectives of "Improving the Response to and Monitoring of Overdose" and "Enhancing Evidence-Based Addiction

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Treatment” in the [2020 Strategy](#).

(2) Provide narrative that examines the FY 2020 actual performance results with the FY 2020 target, as well as prior year actuals. If the performance target was not achieved for FY 2020, the agency should explain why this is the case. If the agency has concluded it is not possible to achieve the established target with available resources, the agency should include recommendations on revising or eliminating the target.

The FY 2020 target was met. NIDA funded⁴ the pre-clinical development of a new implant that will deliver nalmefene, a drug that blocks opioid signaling, over a six-month period. The goal is to advance this compound to be tested in humans for the prevention of relapse to opioid addiction in patients following opioid detoxification. This long-acting formulation will use the Proneura® technology that has been successful in an FDA-approved long-acting formulation of buprenorphine. This long-acting nalmefene is completing the necessary nonclinical safety, toxicology, pharmacokinetic and manufacturing activities to start studies in humans (clinical trials) and begin the process of applying for FDA approval.

In FY 2020, NIDA also funded⁵ a clinical trial to evaluate the safety and efficacy of GM0017, an implant that delivers the opioid antagonist naltrexone for six months. This compound is being developed for prevention of opioid relapse in individuals with OUD who have been detoxified. Recruitment for this study has been delayed due to COVID-19, but it is expected that clinical results will soon be presented to the FDA.

(3) The agency should describe the performance target for FY 2021 and how the agency plans to meet this target. If the target in FY 2020 was not achieved, this explanation should detail how the agency plans to overcome prior year challenges to meet targets in FY 2021.

The FY 2021 target is to conduct a Phase I clinical trial of an anti-opioid vaccine and a new medication to treat OUD. Based on its investments in focused medications development under the HEAL Initiative, NIDA expects that these trials will be conducted in FY 2021.

(4) The agency should describe the procedures used to ensure performance data for this measure are accurate, complete, and unbiased in presentation and substance. The agency should also describe the methodology used to establish targets and actuals, as well as the data source(s) used to collect information.

Data Accuracy, Completeness, and Unbiased Presentation

⁴ UG3DA047707 “Nalmefene Implant for the Long-Term Treatment of Opioid Use Disorder”
https://projectreporter.nih.gov/project_info_description.cfm?aid=9778798&icde=52216417

⁵ UG3DA047720 “Evaluation of Safety and Pharmacokinetics of Naltrexone Implant”
https://projectreporter.nih.gov/project_info_description.cfm?aid=9778810&icde=52216423&ddparam=&ddvalue=&ddsub=&cr=1&csb=default&cs=ASC&pball=

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As described above, the research field is guided by standard scientific methodologies, policies, and protocols to ensure the validity of its research results. NIH uses these established tools for program development; for actively monitoring grants, contracts, and cooperative agreements; and for assessing performance of grants and contracts in order to oversee the program and improve performance. These tools have been described in response to question 4 above.

Data Sources

For SRO-4.9's FY 2020 target, NIDA relied on annual progress reports provided by each grantee that outlined past-year project accomplishments, such as information on patients recruited, providers trained, patents filed, manuscripts published, and other supporting documentation. This information allowed NIH to evaluate progress achieved and to make course corrections when needed.

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Decision Unit 2: National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Prevention

Measure SRO-5.15: By 2025, develop, refine and evaluate evidence-based intervention strategies and promote their use to prevent substance misuse and substance use disorders and their consequences in underage populations.

Table 1: NIAAA Annual Targets

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|---|---|---|--|--|--|
| NIAAA promoted and disseminated <i>CollegeAIM</i> and initiated efforts to update <i>CollegeAIM</i> to reflect the latest evidence-based alcohol interventions. | Researchers supported by NIAAA developed and evaluated the effects of combined individual- and community-level interventions to reduce underage drinking by Native American youth on rural California reservations. | Researchers demonstrated the efficacy of interventions involving brief motivational interviewing and a supplemental activity for reducing alcohol misuse among college age individuals. | Develop a digital technology-based intervention to prevent or reduce alcohol misuse in underage individuals. | Researchers developed and tested three technology-based interventions to prevent and reduce underage drinking. | Disseminate information about evidence-based interventions for underage populations. |

(1) Describe the measure. In doing so, provide an explanation of how the measure (1) reflects the purpose of the program, (2) contributes to the *National Drug Control Strategy*, and (3) is used by management of the program. This description should include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to the agency's drug control activities.

Alcohol use is commonly initiated during adolescence, a developmental period characterized by complex social, physiological, behavioral, and neurobiological changes. Adolescents are especially vulnerable to the adverse consequences of alcohol use. The brain, particularly the frontal cortex, continues to develop throughout adolescence, reaching maturity around age 25. A growing body of evidence demonstrates that adolescent alcohol exposure can affect normal brain development, compromise short- and long-term cognitive functioning, and increase the likelihood of developing alcohol-related problems during adolescence and later in life.

Adolescent alcohol consumption also increases the risk for other adverse outcomes such as blackouts, physical and sexual assault, unsafe sexual behavior, alcohol overdose, injuries, and death. Given the pervasive use of alcohol among young people, the potential impact on their developmental trajectories, and the increased risk for alcohol use disorder (AUD) and other harmful consequences, effective strategies are needed to prevent the initiation and escalation of youth alcohol use and the associated adverse outcomes.

SRO-5.15 is focused on developing, evaluating, and promoting evidence-based intervention strategies to prevent substance misuse and substance use disorders and their consequences in underage populations. NIAAA's underage alcohol prevention efforts focus on risk assessment and screening, universal and selective prevention, and early intervention (i.e., before problems escalate and/or become chronic). NIAAA supports research on a range of preventive

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interventions at the individual-, school/college-, family-, community-, and policy-level in support of this effort. Many intervention strategies involve an educational component in which information about consequences of underage drinking is shared with participants, thereby contributing to the objective of “Enhancing Research and the Development of Evidence-Based Prevention Programs” in the [2020 Strategy](#).

(2) Provide narrative that examines the FY 2020 actual performance results with the FY 2020 target, as well as prior year actuals. If the performance target was not achieved for FY 2020, the agency should explain why this is the case. If the agency has concluded it is not possible to achieve the established target with available resources, the agency should include recommendations on revising or eliminating the target.

The FY 2020 target was met. NIAAA-funded researchers developed and evaluated digital technology-based interventions to prevent or reduce alcohol misuse among underage college and high school students.

Research indicates that perceived norms about alcohol use are a strong correlate of alcohol misuse that predict alcohol consumption over time. Perceived norms among college students tend to be exaggerated relative to actual drinking norms and may have adverse effects on both individuals and the community. NIAAA-supported researchers recently created a text messaging intervention for heavy drinking, underage college students that was designed to realign perceived drinking norms with actual drinking norms of their campus peers. Heavy drinking in the study was defined as more than four drinks per day or more than 14 drinks per week for males, and more than three drinks per day or more than seven drinks per week for females in the past 30 days. Participants were assigned to either an experimental or control condition. The experimental group received text messages containing information about campus-specific drinking norms while the control group received text messages containing unique facts unrelated to alcohol. Text messages were sent daily to participants over a period of 10 weeks. The intervention was shown to be effective at reducing peak alcohol consumption and alcohol-related consequences three months after the beginning of the study. These intervention effects, however, were not maintained another three months later. This study demonstrates the feasibility of text-based norms interventions in reducing alcohol use and its consequences around the time of engagement with the intervention.

In FY 2020, NIAAA also supported research to develop and test digital, school-based interventions aimed at preventing and reducing alcohol use among high school students. One ongoing study focuses on developing and testing the efficacy of an e-learning intervention to improve school staff’s knowledge, skills, and self-efficacy in supporting sexual minority youth and protecting them from bullying victimization. Prior research has demonstrated that sexual minority youth have an increased risk of future alcohol and other substance use and supportive school environments can help reduce substance use.

Another school-based study recently demonstrated that eCHECKUP TO GO is effective in reducing alcohol-related cognitive risk factors and alcohol use in both male and female high school seniors. eCHECKUP TO GO is a brief, web-based personalized feedback intervention designed to reduce alcohol use by targeting cognitive risk factors (e.g., perceived drinking norms

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among peers) and protective behavioral strategies (e.g., behaviors that minimize the risk of alcohol-related consequences).

In combination with the FY 2019 actual performance which demonstrated the efficacy of interventions designed to prevent alcohol misuse among college-age individuals, the digital interventions described above contribute to the Institute's goal of evaluating and promoting evidence-based intervention strategies to prevent substance misuse in underage populations.

References

- Carey KB, Merrill JE, Boyle HK, Barnett NP. Correcting exaggerated drinking norms with a mobile message delivery system: Selective prevention with heavy-drinking first-year college students. *Psychol Addict Behav.* 2020 May;34(3):454-464. doi: 10.1037/adb0000566.
- Doumas GM, Esp S, Turrisi R, Bond L, Flay B. Efficacy of the eCHECKUP TO GO for high school seniors: sex differences in risk factors, protective behavioral strategies, and alcohol use. *J Stud Alcohol Drugs.* 2020 Mar;81(2):135-143. doi: 10.15288/jsad.2020.81.135.
- Developing and piloting a school staff-based intervention to reduce alcohol and drug use among sexual minority youth. K01AA027564.
https://projectreporter.nih.gov/project_info_description.cfm?aid=9928861&icde=52127944

(3) The agency should describe the performance target for FY 2021 and how the agency plans to meet this target. If the target in FY 2020 was not achieved, this explanation should detail how the agency plans to overcome prior year challenges to meet targets in FY 2021.

The FY 2021 target is to disseminate information about evidence-based interventions for underage populations. Disseminating evidence-based information is a key component of NIAAA's mission and the Institute will pursue multiple strategies for sharing evidence-based information to prevent underage drinking in FY 2021.

(4) The agency should describe the procedures used to ensure performance data for this measure are accurate, complete, and unbiased in presentation and substance. The agency should also describe the methodology used to establish targets and actuals, as well as the data source(s) used to collect information.

Data Accuracy, Completeness and Unbiased Presentation

The field of alcohol research is guided by standard scientific methodologies, policies, and protocols to ensure the validity of its research results. Moreover, NIH has incorporated standardized policies and procedures for making funding announcements, identifying meritorious science, monitoring progress of grantees and scientists in achieving the expected outcomes, and assessing performance at the project's conclusion. Researchers are also expected to publish findings in peer-reviewed journals, which offer another layer of assessment and validation of the findings. In addition, all studies involving human subjects must receive Institutional Review Board (IRB) clearance, yet another form of assessment that ensures the relevance of the study

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and the safety of the subjects. NIH's research activities implement and practice all scientifically relevant procedures to ensure data quality and to substantiate findings.

In implementing scientific research, NIH uses established tools to develop and oversee programs and improve their performance, proactively monitoring grants, contracts, and cooperative agreements and assessing their individual performance. The following briefly describes the NIH scientific process, which has been assessed by outside entities and is regarded as premier.

Assessment to fund meritorious science (peer review). NIH uses state-of-the-art assessment to determine scientific merit and make funding decisions based on the best science. In general, project plans presented in competing grant applications and contract proposals are subject to three levels of review focused on the strength and innovation of the proposed research, the qualifications of the investigator(s), and the adequacy of the applicant's resources:

- The first level of review, called peer review, ensures that the most meritorious science, as determined by the scientific field's experts, is identified for funding. NIH has over 11,000 external experts participating in peer review panels, each of whom is nationally recognized for his or her area of expertise. The applications are systematically reviewed and scored to inform funding decisions. NIH is one of the few Federal agencies with a legislative requirement for peer review.
- The second level of review is by the Institute's National Advisory Council, which comprises eminent scientists along with members of the general public. The Council serves as a useful resource to keep each Institute abreast of emerging research needs and opportunities, and to advise the Institute on the overall merit and priority of grant applications in advancing the research. All members of Council are appointed by the HHS Secretary.
- The third level of review is by the Institute Director, with input from Institute staff who have relevant expertise. The Director makes the final decision on whether an application will receive funding.

These layers of expert review assessing scientific methodologies and relevance to the field enable funding of the most promising research to advance the field. Consequently, funding decisions made at the agency level are conducted in a consistent, merit-based fashion, guided by scientific methodologies and relevance.

Performance monitoring of research and development grants and contracts. Once an award is made, additional NIH policies and guidelines are implemented to ensure oversight of the proposed project aims and program goals. The [NIH Grants Policy Statement](#) provides the standardized protocols for monitoring performance-based grants and contracts. Although there are many procedures, a few significant items include the timely submission of progress and final reports. These are assessed by NIH program officials and grants management staff to determine adherence to the approved scientific research plan, appropriate cost principles, and legislative requirements. Program officials may work closely with principal investigators to facilitate adherence, address barriers, and ensure quality programmatic progress.

FY 2020 Performance Summary Report for National Drug Control Activities

As a standard performance-based practice, the approved scientific aims and objectives formulate the terms and conditions of each grant award and become the focus of scientific monitoring. The NIH Grants Policy Statement, referenced as a term of every award, states the specific administrative requirements for project monitoring and enforcement actions when a grantee fails to comply with the terms and conditions of the award. NIH staff monitor scientific progress against the approved aims and scope of the project, as well as administrative and fiscal compliance through review of periodic progress reports, publications, correspondence, conference calls, site visits, expenditure data, audit reports (both annual institutional financial reports and project specific reports), and conference proceedings. When a grantee fails to comply with the terms and conditions of an award, enforcement actions are applied. These may include modification to the terms of award, suspension, withholding of support, and termination.

A further checkpoint for programmatic assessment occurs when the applicant requests renewal support to continue a project. A peer review group again assesses the merits of future research plans in light of the progress made during the previous project period, and any problems in grantee performance are addressed and resolved prior to further funding. This process further demonstrates use of assessments to improve performance.

Review of manuscripts. Ultimately, the outcomes of any scientific research are judged based on published results in a peer-reviewed journal. The peer-review publication process is another point in which the quality and innovation of the science undergoes a rigorous evaluation. For most scientific journals, submitted manuscripts are assigned to a staff editor with knowledge of the field discussed in the manuscript. The editor or an editorial board will determine whether the manuscript is of sufficient quality to disseminate for external review and whether it would be of interest to their readership. Research papers that are selected for in-depth review are evaluated by at least two outside referees with knowledge in the relevant field.

Methodology Used to Establish Targets/Actuals

The targets have been established based on the existing protocols. As discussed above, these protocols undergo a rigorous review process to determine which research areas hold the most promise for filling gaps and should therefore be prioritized for testing. The target values are based on sound methodological procedures and related timelines set for each protocol. While these methodologies cannot precisely predict the course of a study, the likely path of implementation and timing is based on knowledge gained from earlier research and will be used to generate the targets for this measure.

Data Sources

Progress reports that outline project accomplishments allow NIH to evaluate progress achieved and/or to make course corrections as needed. Peer-reviewed publications are also used as indicators of performance.

FY 2020 Performance Summary Report for National Drug Control Activities

Treatment

Measure SRO-4.15: By 2021, evaluate three interventions for facilitating treatment of alcohol misuse in underage populations.

NIAAA began reporting on this measure in FY 2019.

Table 2: NIAAA Annual Targets

| SRO-8.7* | | SRO-4.15 | | | |
|---|---|---|--|--|--|
| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| NIAAA supported a multi-site, school-based study to evaluate <i>NIAAA's Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide</i> , and another study to evaluate a brief alcohol intervention for adolescents hospitalized for a suicide plan or attempt who report co-occurring alcohol use. | NIAAA-supported investigators published research findings from an evaluation of NIAAA's Youth Guide, and NIAAA staff disseminated information about studies evaluating the effectiveness of alcohol screening and brief intervention. | Researchers supported by NIAAA tested NIAAA's Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide's two-question screening tool to determine its predictive ability in identifying future risk for alcohol-related problems in an underage population. | Test a behavioral therapy for intervening with alcohol misuse in an underage population. | Researchers tested the effectiveness of multiple behavioral interventions for reducing alcohol use and other harmful behaviors in underaged incarcerated and homeless youth. | Test another behavioral therapy for intervening with alcohol misuse in an underage population. |

*NIAAA's contribution to SRO-8.7 (By 2018, identify three effective system interventions generating the implementation, sustainability and ongoing improvement of research-tested interventions across health systems) ended in 2018 as planned.

(1) Describe the measure. In doing so, provide an explanation of how the measure (1) reflects the purpose of the program, (2) contributes to the *National Drug Control Strategy*, and (3) is used by management of the program. This description should include sufficient detail to permit non-experts to understand what is being measured and why it is relevant to the agency's drug control activities.

NIAAA supports efforts to facilitate treatment of alcohol misuse in underage populations, from integration of alcohol screening and brief intervention for youth into routine healthcare to evaluation of interventions to reduce alcohol misuse in youth and adolescent populations. Research shows that while many youths are willing to discuss alcohol use with their doctors when assured of confidentiality, too few clinicians conduct alcohol screening with their young patients. Clinicians often cite insufficient time, unfamiliarity with screening tools, the need to triage competing problems, and uncertainty about how to manage a positive screen as barriers. NIAAA's *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide* was devised to help health care providers identify risk for alcohol use, current alcohol use, and alcohol use disorder (AUD) in children and adolescents. It includes a brief two-question screener

FY 2020 Performance Summary Report for National Drug Control Activities

and support materials about brief intervention and referral to treatment that are designed to help surmount common obstacles to youth alcohol screening in primary care. NIAAA is supporting research to evaluate the use of the *Guide* in primary care as well as in other settings and encourages new studies to improve the effectiveness and uptake of alcohol screening and brief intervention. NIAAA is also developing a resource that will contain information that every health professional should know about alcohol to help them better recognize its effects in their patients and deliver improved care for those whose drinking may be affecting their health.

SRO-4.15 is focused on the evaluation of treatment interventions for alcohol misuse in underage populations. This measure contributes to the objective of “Enhancing Evidence-Based Addiction Treatment” in the [2020 Strategy](#). The development of evidence-based interventions for alcohol-related problems is a major priority for NIAAA, and the Institute’s underage drinking portfolio includes research projects that are developing and testing behavioral and other therapies for intervening with underage drinking.

(2) Provide narrative that examines the FY 2020 actual performance results with the FY 2020 target, as well as prior year actuals. If the performance target was not achieved for FY 2020, the agency should explain why this is the case. If the agency has concluded it is not possible to achieve the established target with available resources, the agency should include recommendations on revising or eliminating the target.

The FY 2020 target was met. NIAAA-supported researchers evaluated a treatment invention in an underage, incarcerated population. Research suggests that combining evidence-based behavioral interventions – e.g., motivational interviewing plus cognitive behavior therapy (MI/CBT) – that focus on motivation, problem-solving, communication, mental health, and substance use may be useful in improving outcomes for incarcerated youth. In the current study, NIH-supported researchers conducted a randomized controlled clinical trial to evaluate the effectiveness of MI/CBT in mitigating alcohol and marijuana use and aggression among incarcerated youth. The control condition, RT/SET, was a combined intervention consisting of relaxation training (a mindfulness approach) and treatment as usual (substance-education and twelve step programming). Eligibility criteria included using alcohol or marijuana at least monthly; heavy drinking (defined as more than five standard drinks for boys, more than four standard drinks for girls) at least once; or alcohol or marijuana use in the four weeks before either the offense for which they were incarcerated, or before they were incarcerated. The researchers found RT/SET to be slightly more effective than MI/CBT in reducing percent of heavy drinking days and significantly more effective in reducing alcohol-related aggression after the youths’ release from incarceration. RT/SET and MI/CBT both reduced aggression after release but neither showed significant effects on marijuana-related behavioral outcomes. These results suggest that RT/SET may be a viable, lower-cost intervention for delivery in youth correctional settings; however, additional research on RT/SET is needed.

Homeless youth have high rates of alcohol and other substance use which is associated with unsafe sexual behavior. In FY 2020, NIAAA supported an ongoing study that is conducting a large-scale evaluation of AWARE, a brief motivational interviewing-informed group risk reduction intervention focused on reducing alcohol and other substance use and sexual risk

FY 2020 Performance Summary Report for National Drug Control Activities

behaviors among homeless individuals aged 18-25. AWARE is being evaluated in settings where homeless youth often seek health-related and other services.

NIAAA is making progress toward facilitating treatment for alcohol misuse in underage populations, from development and evaluation of screening and brief intervention tools (FY 2019 actual performance) to evaluation of treatment interventions that target alcohol and other substance use in vulnerable underage populations as described above.

References

- Stein LAR, Martin R, Clair-Michaud M, Lebeau R, Hurlbut W, Kahler CW, Monti PM, Rohsenow D. A randomized clinical trial of motivational interviewing plus skills training vs. Relaxation plus education and 12-Steps for substance using incarcerated youth: Effects on alcohol, marijuana and crimes of aggression. *Drug and Alcohol Dependence*. 2020 Feb 1;207:107774. doi: 10.1016/j.drugalcdep.2019.107774.
- Brief group MI intervention for AOD and sexual risk behavior in homeless youth. R01AA025641.
https://projectreporter.nih.gov/project_info_description.cfm?aid=9915820&icde=52125688

(3) The agency should describe the performance target for FY 2021 and how the agency plans to meet this target. If the target in FY 2020 was not achieved, this explanation should detail how the agency plans to overcome prior year challenges to meet targets in FY 2021.

The FY 2021 target is to test another behavioral therapy for intervening with alcohol misuse in an underage population. Behavioral interventions have the potential to reduce alcohol misuse and the associated consequences among youth and adolescents. NIAAA anticipates meeting this target as the Institute currently supports multiple projects that involve evaluating behavioral therapies, such as motivational interviewing, motivational enhancement, and cognitive-behavioral therapy, in adolescent populations.

(4) The agency should describe the procedures used to ensure performance data for this measure are accurate, complete, and unbiased in presentation and substance. The agency should also describe the methodology used to establish targets and actuals, as well as the data source(s) used to collect information.

Data Accuracy, Completeness and Unbiased Presentation

As described above, the field of alcohol research is guided by standard scientific methodologies, policies, and protocols to ensure the validity of its research results. NIH uses these established tools for program development; for actively monitoring grants, contracts, and cooperative agreements; and for assessing performance of grants and contracts in order to oversee programs and improve performance. These tools have been described in response to question 4 above.

Data Sources

FY 2020 Performance Summary Report for National Drug Control Activities

Progress reports that outline project accomplishments allow NIH to evaluate progress achieved and/or to make course corrections as needed. Peer-reviewed publications are also used as indicators of performance.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
National Institutes of Health

National Institute on Alcohol
Abuse and Alcoholism 5635
Fishers Lane
Bethesda, MD 20892-9304

December 15, 2020

MEMORANDUM TO: Director Office of National Drug Control Policy

THROUGH: Sheila Conley
Deputy Assistant Secretary of Finance
Department of Health and Human Services

FROM: Judit O'Connor
Chief, Financial Management Branch
National Institute on Alcohol Abuse and Alcoholism

Judit
O'Connor -S

Digitally signed by Judit
O'Connor -S
Date: 2020.12.15
10:10:27 -05'00'

SUBJECT: Budget Formulation Compliance Report for FY 2020

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached Budget Formulation Compliance Report:

Timeliness of Summer Budget Submission

I assert that the summer drug budget submitted to ONDCP under the cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular: Budget Formulation, Section 9.a.(1) was provided to ONDCP at the same time as the budget request was submitted to our superiors in accordance with 21 U.S.C. § 1703(c)(1)(A).

Funding Levels Represent Bureau-Level Request

I assert that the funding request in the submission provided in Section 6.a.(2) of this circular represent the funding levels in the budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.



National Institutes of Health
National Institute on Drug Abuse
Bethesda, Maryland 20892

MEMORANDUM TO: Director
Office of National Drug Control Policy

THROUGH: Sheila Conley
Deputy Assistant Secretary of Finance
Department of Health and Human Services

FROM: Nathaniel Davis
Chief Financial Officer
National Institute on Drug Abuse

Nathaniel M. Davis -S
Digitally signed by
Nathaniel M. Davis -S
Date: 2020.12.09
14:41:28 -05'00'

SUBJECT: National Institute on Drug Abuse
Budget Formulation Compliance Report for FY 2022

In accordance with the requirements of the Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, I make the following assertions regarding the attached Budget Formulation Compliance Report:

Timeliness of Summer Budget Submission

I assert that the summer drug budget in response to ONDCP Circular Budget formulation, Section 9.a.(1) was provided to the NIH Office of Budget who then provided it to ONDCP in accordance with 21 U.S.C. § 1703(c)(1)(A).

Funding Levels Represent Bureau-Level Request

I assert that the funding request in the submission provided to the NIH Office of Budget represents the funding levels in the budget submission made by the National Institute on Drug Abuse without alteration or adjustment by any official at the Department.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



January 15, 2021

TO: Krishnan Radhakrishnan
Director, Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration

Deepa Avula
Chief of Staff/Director
Office of Financial Resources
Substance Abuse and Mental Health Services Administration

FROM: Amy J. Frontz
Deputy Inspector General for Audit Services

Amy Frontz

Digitally signed by
AMY FRONTZ
Date: 2021.01.15
10:05:50 -05'00'

SUBJECT: Independent Attestation Review: Substance Abuse and Mental Health Services Administration Fiscal Year 2020 Detailed Accounting Report, Performance Summary Report for National Drug Control Activities, Budget Formulation Compliance Report, and Accompanying Required Assertions (A-03-21-00353)

This report provides the results of our review of the attached Substance Abuse and Mental Health Services Administration (SAMHSA) Office of National Drug Control Policy (ONDCP) Detailed Accounting Report, which includes the table of Drug Control Obligations, related disclosures, and management's assertions for the fiscal year ended September 30, 2020. We also reviewed the Performance Summary Report, which includes management's assertions and related performance information for the fiscal year ended September 30, 2020. Lastly, we reviewed the Budget Formulation Compliance Report, which includes budget formulation information for the fiscal year ending September 30, 2022, and the Chief Financial Officer's or accountable senior executive's assertions relating to the budget formulation information. SAMHSA management is responsible for, and submitted, the Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report, which were prepared in accordance with the ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019 (ONDCP Compliance Reviews Circular). It is our responsibility to express a conclusion about the reliability of management's assertions based on our review.

We performed this review as required by 21 U.S.C. § 1704(d)(1) and as authorized by 21 U.S.C. § 1703(d)(7) and in compliance with the ONDCP Compliance Reviews Circular.

We conducted our review in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements, as described in the U.S. Government Accountability Office (GAO) publication, *Government Auditing Standards* (July 2018). Those standards require that we plan and perform the review to obtain limited assurance about whether any material modifications should be made to management’s assertions to be in accordance with the criteria. A review is substantially less in scope than an examination, the objective of which is to obtain reasonable assurance and express an opinion about whether management’s assertions are in accordance with the criteria in all material respects. Accordingly, we do not express such an opinion. We believe that our review provides a reasonable basis for our conclusion.

Based on our review, we are not aware of any material modifications that should be made to SAMHSA’s Detailed Accounting Report and Performance Summary Report for fiscal year 2020 and SAMHSA’s Budget Formulation Compliance Report for fiscal year 2022 for them to be in accordance with the ONDCP Compliance Reviews Circular.

SAMHSA’s Detailed Accounting Report, Performance Summary Report, and Budget Formulation Compliance Report assertions¹ are included as Attachments A, B, and C, respectively.

Although this report is an unrestricted public document, the information it contains is intended solely for the information and use of Congress, ONDCP, and SAMHSA. It is not intended to be, and should not be, used by anyone other than those specified parties. If you have any questions or comments about this report, please do not hesitate to call me, or your staff may contact Carla J. Lewis, Assistant Inspector General for Audit Services, at (202) 205-9125 or at Carla.Lewis@oig.hhs.gov. Please refer to report number A-03-21-00353 in all correspondence.

Attachments

¹ Only the Budget Formulation report assertions are included as Attachment C since the report contains prospective information.

**SAMHSA**Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

DATE: December 14, 2020

TO: Director
Office of National Drug Control Policy (ONDCP)

THROUGH: Deputy Assistant Secretary for Finance
Department of Health and Human Services

FROM: Chief Financial Officer
Substance Abuse and Mental Health Services Administration

SUBJECT: Detailed Accounting Report

In accordance with the requirements of the *ONDCP Circular: National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I make the following assertions regarding the attached annual accounting of drug control funds:

Obligations by Budget Decision Unit

I assert that obligations reported by budget decision unit are the actual obligations from SAMHSA's accounting system of record for these budget decision units.

Drug Methodology

I assert that the drug methodology used to calculate obligations of prior-year budgetary resources by function for SAMHSA was reasonable and accurate in accordance with the criteria listed in Section 6b (2) of the Circular. In accordance with these criteria, I have documented/identified data that support the drug methodology, explained and documented other estimation methods (the assumptions for which are subjected to periodic review) and determined that the financial systems supporting the drug methodology yield data that present fairly, in all material respects, aggregate obligations from which drug-related obligation estimates are derived.

(See Exhibit A)

Application of Drug Methodology

I assert that the drug methodology disclosed in Exhibit A was the actual methodology used to generate the table required by Section 6a.

Material Weaknesses or Other Findings

I assert there are no material weaknesses or other findings from previous years reporting.

Methodology Modifications

I assert there are no methodology modifications for reporting drug control resources from previous year's reporting.

Reprogramming or Transfers

As of Oct 1, 2020, The Office of National Drug Control Policy Drug Free Communities Programs have been transferred to the Centers for Disease Control and are no longer managed by SAMHSA.

Fund Control Notices

I assert that the data presented are associated with obligations against SAMHSA's operating plan, which complied fully with all ONDCP Budget Circulars.

Deepa Avula
Chief Financial Officer

Attachments

- FY 2020 Drug Control Obligations
- FY 2020 Exhibit A – Drug Control Methodology

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
FY 2020 Drug Control Obligations
(Dollars in millions)

Drug Resources by Decision Unit and Function

| | |
|---|------------------|
| Programs of Regional and National Significance (PRNS) | |
| Prevention ¹ | 206.4 |
| Treatment ¹ | 1,979.60 |
| Total, PRNS | \$2,186.0 |
| Substance Abuse Prevention and Treatment Block Grant (SABG) | |
| Prevention ² | 371.6 |
| Treatment ² | 1,486.40 |
| Total, SABG | \$1,858.0 |
| Health Surveillance and Program Support (HSPS) | |
| Prevention ³ | 22.81 |
| Treatment ³ | 91.24 |
| Total, HSPS | \$114.1 |
| Total Funding | \$4,158.1 |
| Drug Resources Personnel Summary | |
| Total Full Time Equivalents (FTEs) ⁴ | 428 |
| Drug Resources as a Percent of Budget | |
| Total Agency Budget ⁵ (in billions) | \$5.9 |
| Drug Resources Percentage | 70.7% |
| Drug Free Communities Program ⁶ | \$18.5 |

Footnotes:

¹ PRNS obligations reflect direct obligations against SAMHSA budget authority. Reimbursable obligations are not included, as these funds would be reflected in the obligations of the agency providing the reimbursable funds to SAMHSA. Substance Abuse Treatment PRNS obligations include funds provided to SAMHSA from the PHS evaluation fund. Treatment include State Opioid Response Grants.

² Substance Abuse Prevention and Treatment Block Grant obligations include funds provided to SAMHSA from the PHS evaluation fund.

³ HSPS obligations reflect direct obligations against SAMHSA budget authority. Reimbursable obligations are not included, as these funds would be reflected in the obligations of the agency providing the reimbursable funds to SAMHSA. Substance funds to SAMHSA. HSPS obligations include funds provided to SAMHSA from the PHS evaluation fund.

⁴ SAMHSA's FY 2020 final FTE (606) * Drug Resources Percentage (70.7%) = 428 Drug Resources FTE.

⁵ Total Agency Budget does not include Drug Free Communities Program funding.

⁶ Drug Free Communities Program funding was provided to SAMHSA/Center of Substance Abuse Prevention (CSAP) via Interagency Agreements. This amount represents the final FY 2020 obligations.

Exhibit A

1) Drug Methodology - Actual obligations of drug control budgetary resources are derived from the SAMHSA Unified Financial Management System (UFMS), Program Support Center (PSC), Status of Funds by Allotment and Allowance Report.

- a. **Obligations by Budget Decision Unit** – SAMHSA’s budget decision units have been defined by ONDCP Circular, *Budget Formulation*, dated October 22nd, 2019. These units are:
- Programs of Regional and National Significance (PRNS)-Prevention (CSAP);
 - Programs of Regional and National Significance (PRNS)-Treatment (CSAT);
 - Substance Abuse Prevention and Treatment Block Grant-CSAT/CSAP; and
 - Health Surveillance and Program Support ¹ – SAMHSA.

Included in this Drug Control Accounting report for FY 2020 are 100 Percent of the actual obligations for these four budget decision units, minus reimbursements. Obligations against funds provided to SAMHSA from the PHS evaluation fund are included.

- b. **Obligations by Drug Control Function** – SAMHSA distributes drug control funding into two functions, prevention and treatment:

Prevention: This total reflects the sum of the actual obligations for

- CSAP’s PRNS direct funds, excluding reimbursable authority obligations;
- 20 percent of the actual obligations of the SABG funds, including obligations related to receipt of PHS evaluation funds;
- Of the portion from SAMHSA HSPS funds, including obligations related to receipt of PHS evaluation funds and Prevention and Prevention and Public Health Funds (PPHF), the assumptions are as follows:
 - Public Awareness and Support (PAS) funds were split 50/50 between Substance Abuse (SA) and Mental Health (MH) and 20 percent of the SA portion is considered Prevention;
 - PQIS funds were split between MH and SA, the same percentage split as between the MH and SA appropriations and 20 percent of the SA portion is considered Prevention;
 - Program Support funds were split between MH and SA, the same percentage split as between the MH and SA appropriations and 20 percent of the SA portion is considered Prevention;

¹ The HSPS appropriation funded activities are split between MH and SA as follows: Program Support, Health Surveillance, and Performance and Quality Information Systems (PQIS) are split the same percentage split as between MH and SA appropriations. PAS and Agency-wide are split 50/50 between MH and SA. The subsequent SA amounts are then divided into 20 percent for Prevention and 80 percent for Treatment

- Health Surveillance funds were split between MH and SA, the same percentage split as between the MH and SA appropriations and 20 percent of the SA portion is considered Prevention; and
- Behavioral Health Workforce Data and Development split 50/50 between SA and MH and 20 percent of the SA portion is considered Prevention.

Treatment: This total reflects the sum of the actual obligations for:

- CSAT's PRNS direct funds, excluding reimbursable authority obligations, but including obligations related to receipt of PHS Evaluation funds;
- 80 percent of the actual obligations of the SABG funds, including obligations related to receipt of PHS Evaluation funds; and,
- Of the portion from SAMHSA HSPS funds, including obligations related to receipt of PHS evaluation funds and PPHF, the assumptions are as follows:
 - PAS funds were split 50/50 between SA and MH and 80 percent of the SA portion is considered treatment
 - PQIS funds were split between MH and SA, the same percentage split as between the MH and SA appropriations and 80 percent of the SA portion is considered Treatment;
 - Program Support funds were split between MH and SA, the same percentage split as between the MH and SA appropriations and 80 percent of the SA portion is considered Treatment;
 - Health Surveillance Funds were split between MH and SA, the same percentage split as between the MH and SA appropriations and 80 percent of the SA portion is considered Treatment; and
 - Behavioral Health Workforce Data and Development split 50/50 between SA and MH and 80 percent of the SA portion is considered Treatment.

2) Methodology Modifications – None.

3) Reprogramming or Transfers - As of Oct 1, 2020, The Office of National Drug Control Policy Drug Free Communities Programs have been transferred to the Centers for Disease Control and are no longer managed by SAMHSA.

4) Other Disclosures – None.



Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



DATE: October 27, 2020

TO: Director
Office of National Drug Control Policy (ONDCP)

THROUGH: Deputy Assistant Secretary for Finance
Department of Health and Human Services

FROM: Chief Financial Officer
Substance Abuse and Mental Health Services Administration

SUBJECT: Assertions Concerning Performance Summary Report

Information regarding SAMHSA's drug control performance efforts is 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 in the summary reports include performance measures from the latest year for which data are available.

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.

In order to effectively manage SAMHSA's grant portfolio and provide timely, accurate information to stakeholders and to Congress, SAMHSA utilizes a unified data collection reporting system, SAMHSA's Performance Accountability and Reporting System (SPARS). SPARS provides unified data entry, data validation and verification, data management, data utilization, data analysis support, and automated reporting for discretionary grants.

In accordance with the requirements of the Office of National Drug Control Policy Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22nd, 2019, and consistent with the assertions made by Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) to the Office of Financial Resources (OFR), I make the following assertions regarding the attached Performance Summary Report for National Drug Control Activities:

Performance Reporting Systems

I assert that SAMHSA has systems to capture performance information accurately and that these systems were properly applied to generate the performance data presented in Exhibit A.

Explanations for Not Meeting Performance Targets

I assert that the explanations offered in the attached report for failing to meet a performance targets are reasonable and that any recommendations concerning plans and schedules for meeting future targets or for revising or eliminating performance targets are reasonable.

Methodology to Establish Performance Targets

I assert that the methodology used to establish performance targets presented in the attached report is reasonable given past performance and available resources.

Performance Measures Exist for All Significant Drug Control Activities

I assert that adequate performance measures exist for all significant drug control activities.

Deepa Avula
Chief Financial Officer

Attachment:

Exhibit A- FY 2020 Performance Summary Report for National Drug Control Activities

Exhibit A

FY 2020 Performance Summary Report
For
National Drug Control Activities

Decision Unit 1: Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

Measure 1: Percentage of clients reporting no drug use in the past month at discharge

Table 1: Measure 1

| FY 2013 Target | FY 2013 Actual | FY 2014 Target | FY 2014 Actual | FY 2015 Target | FY 2015 Actual | FY 2016 Target | FY 2016 Actual | FY 2017 Target | FY 2017 Actual | FY 2018 Target | FY 2018 Actual | FY 2019 Target | FY 2019 Actual |
|----------------|--------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 74.0% | 74.8% ¹ | 74.0% | 72.9% | 74.0% | 71.6% | 74.0% | 69.6% | 74.0% | 69.3% | 69.3% | 57.0% | 74.0% | 55.7% |

1. Measure 1 is the percent of clients in public substance abuse treatment programs who report no illegal drug use in the past month at discharge. The measure links directly to a key goal of the SAPTBG Program, which is to assist clients in achieving abstinence through effective substance abuse treatment. This measure reflects the program’s emphasis on reducing demand for illicit drugs by targeting chronic users. Project Officers monitor targets and data on a regular basis, which serve as a focus of discussion with the states, and aids in the management of the program.
2. The targets for FY 2016 through FY 2019 were not met. The results are being monitored closely to provide necessary technical assistance to states and jurisdictions as the impact of national policy changes is better understood. In particular, behavioral health worker shortages and shorter lengths of stay by clients in substance abuse treatment programs may be contributing factors to the decreasing proportion of clients reporting no drug use in the past month at discharge. The findings will increase our awareness of the opioid epidemic and the corresponding lagging response in the use of medicated assisted treatment (MAT) in response to the rising opioid use disorder (OUD) epidemic.
3. SAMHSA uses results from previous years as one factor in setting future targets. Changing economic conditions, the implementation of the Affordable Care Act, as well as Medicaid expansion may impact substance abuse treatment programs throughout the country. Fluctuations in outcomes and outputs are expected and SAMHSA continues to work with states to monitor progress and adapt to the needs of targeted groups. Technical assistance is provided as needed.
4. The data source for this measure is the **Treatment Episode Data Set (TEDS)** as collected by the Center for Behavioral Health Statistics and Quality. States are responsible for ensuring that each record contains the required key fields, that all fields contain valid codes, and that no duplicate records are submitted. States crosscheck data for consistency across data fields. The internal control program includes a rigorous quality control examination of the data as received from states. Data are examined to detect values that fall out of the expected range, based on the state’s historical trends. If outlier values are detected, the state is contacted and asked to validate the value or correct the error. Detailed instructions governing data collection, review, and cleaning are available at: http://www.dasis.samhsa.gov/dasis2/manuals/teds_adm_manual.pdf

¹ Revised slightly from what was previously reported as data was cleaned and updated.

Decision Unit 2: Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

Measure 2: 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)

Table 2: Measure 2

| FY 2013 Target | FY 2013 Actual | FY 2014 Target | FY 2014 Actual | FY 2015 Target | FY 2015 Actual | FY 2016 Target | FY 2016 Actual | FY 2017 Target | FY 2017 Actual | FY 2018 Target | FY 2018 Actual |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 47.1% | 19.6% | 47.1% | 35.3% | N/A* | N/A* | N/A* | N/A* | 35.0% | 37.3% | 37.3% | 33.3% |

*2015 and 2016 data not available due to break in trend with NSDUH data.

1. Measure 2 for Decision Unit 2 reflects the primary goal of the 20% Prevention Set-Aside of the SAPTBG grant program and supports the first goal of the National Drug Control Strategy: reducing the prevalence of drug use among 12-17 year olds. This measure represents the percentage of states that report improved rates for perceived risk, aggregated for alcohol, cigarettes, and marijuana. The measure of “perceived risk of harm from substance use” has been used to inform prevention policy and programming since the 1960s², as it remains a significant predictor of substance use behaviors³. For example, “Monitoring the Future,” tracks the trends in perceived risk with substance use since the 1970s⁴. This depicts a consistent pattern of a leading indicator. In addition, a longitudinal study conducted in Iceland found that levels of perceived risk of harm measured at age 14 significantly predicted substance use behaviors at ages 15, 17, and 22⁵. In brief, tracking and monitoring levels of “perceived risk of harm” remains important for informing prevention policy and programming as it can assist with understanding and predicting changes in the prevalence of substance use behaviors nationwide.

2. In FY 2014, 35.3% of states reported increased rates of moderate or great perceived risk of two or more substances. Although the actual did not meet the target in FY 2014, the perceived risk (actual) is higher than FY2012 or FY2013. Given that a break in trend occurred in the 2015 NSUDH data and estimates are generated from over a two-year period, CBHSQ has not been able to report data in recent years. Although data for FY 2018 suggests that targets for this measure are still not being met.

²Morgan, M., Hibell, B., Andersson, B., Bjarnasson, T., Kokkevi, A., & Narusk, A. (1999). The ESPAD Study: Implications for prevention. *Drugs: Education and Policy*, 6, No. 2.

³Elekes, Z., Miller, P., Chomynova, P. & Beck, F. (2009). Changes in perceived risk of different substance use by ranking order of drug attitudes in different ESPAD-countries. *Journal of Substance Use*, 14:197-210.

⁴ Johnson, L.D., O'Malley, P.M., Bachman, J.G. and Schulenberg, J.E. (2009) *Monitoring the Future national results of adolescent drug use: Overview of key findings 2008* (NIH Publication No. 09-7401), Bethesda MD: National Institute on Drug Abuse; p.12.

⁵ Adalbjarnardottir, S., Dofradottir, A. G., Thorolfsson, T. R., Gardarsdottir, K. L. (2003). Substance use and attitudes: A Longitudinal Study of Young People in Reykjavik from Age 14 to Age 22. Reykjavík: F'elagsv'isindastofnun H'ask'ola 'Islands.

3. The general trend of lower numbers associated with perceived risk (not meeting targets) may be associated with recent contextual factors, such as marijuana legalization and decriminalization. Future targets take into account this change in environment, which may be associated with lower rates of perceived risk.

The data trends for this measure are best understood by examining the measure definition. This measure is not the same as the average rate in those states. Rather, it is the *percentage of states* that improved from the previous year (using the composite perceived risk rate). A state is categorized as improved if it increases its rate of perceived risk on at least two of the three substances targeted (alcohol, cigarettes, & marijuana). If a state's rate of moderate or great perceived risk increased for only one of the substances, it is *not* counted as improved. For example, if a state's rate of perceived risk improved for cigarettes and alcohol, it would be counted as improved. Alternatively, if only one or none of the perceived risk rates increased, the state would not be counted as improved, even if all the rates were stable.

Another consideration is that state estimates are based on two years of pooled data. There is a one-year overlap, which decreases the ability to reflect annual change. Data for a particular fiscal year are reported in the following year. State estimates based on the National Survey on Drug Use and Health (NSDUH) results are reported annually during December.

4. Program changes during FY 2011 and FY 2012 resulted in a need to monitor the data so that future targets would align with expectations. This measure was initially dropped and then added back due to its important relationship to subsequent substance use. During this lapse, no targets were calculated for future years. Rather than reduce targets to align with the lowest (possibly aberrant) performance report, SAMHSA's Center for Substance Abuse Prevention closely monitored the data during FY 2011 – FY 2015. We anticipate future targets will be met as they better align with the changing environment due to marijuana laws. Right now, it is too early to know how the changing marijuana laws will impact future targets, so no changes are being proposed.

5. Data for levels of perceived risk of harm from substance use are obtained annually from the National Survey on Drug Use and Health (NSDUH). The NSDUH survey is sponsored by SAMHSA and serves as the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco use among individuals age 12 or older in the United States⁶. For purposes of measuring SAPTBG performance, a state has improved if levels of perceived risk of harm increase for at least two of the following substances: binge drinking, regular cigarette use, and/or regular marijuana use. Annual performance results are derived by using the following formula:

$$\frac{\text{Number of SAPTBG grantees improved}}{\text{Total Number of SAPTBG grantees}} = \text{Performance Result}$$

Decision Unit 3: Center for Substance Abuse Treatment (CSAT) Programs of Regional and National Significance (PRNS)

Measure 3: Percent of adults receiving services who had no involvement with the criminal justice system (no past month arrests)

Table 3: Measure 3

| FY 2015 Target | FY 2015 Actual | FY 2016 Target | FY 2016 Actual | FY 2017 Target | FY 2017 Actual | FY 2018 Target | FY 2018 Actual | FY 2019 Target | FY 2019 Actual | FY 2020 Target | FY 2020 Actual |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 93.0% | 96.7% | 93.0% | 97.9% | 97.5% | 97.6% | 97.5% | 98.0% | 92.0% | 95.5% | 95.5 | 98.2% |

1. Measure 3 is the percent of clients served by the capacity portion of the PRNS portfolio⁸ who report no past month arrests. The programs are designed to help clients receive a comprehensive array of services, which promote improved quality of life. This measure reflects success in increasing productivity and remaining free from criminal involvement.

2. This measure relates directly to and supports the national drug control strategy. The results are monitored routinely throughout the period of performance.

3. Programs included in this measure are HIV/AIDS Outreach, Pregnant Postpartum Women, Recovery Community Services Program, State Adolescent Treatment Enhancement and Dissemination (SAT-ED), Targeted Capacity Expansion (TCE), TCE/HIV, Targeted Capacity Expansion- Technology Assisted Care, and Crisis Support programs.

4. CSAT is able to ensure the accuracy and completeness of this measure as all data are submitted via the **SAMHSA Performance Accountability and Reporting System (SPARS)**, a web-based data entry and reporting system. The system has automated built-in checks designed to assure data quality. The SPARS online data entry system uses pre-programmed validation checks to make sure that data skip patterns on the paper collection tool are followed. These validation checks ensure that data reported through the online reports are reliable, clean, and free from errors. These processes reduce burden for data processing tasks associated with analytic datasets since the data being entered have already followed pre-defined validation checks.

Decision Unit 4: Center for Substance Abuse Prevention (CSAP) Programs of Regional and National Significations (PRNS)

Measure 4: Percent of program participants that rate the risk of harm from substance abuse as great (all ages)

Table 4: Measure 4

| FY 2015 Target | FY 2015 Actual | FY 2016 Target | FY 2016 Actual | FY 2017 Target | FY 2017 Actual | FY 2018 Target | FY 2018 Actual | FY 2019 Target | FY 2019 Actual | FY 2020 Target | FY 2020 Actual |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 88.0% | 90.6% | 93.0% | 89.4 | 88.0% | 84.7% | 84.7% | 76.7% | 76.7% | 68.7% | 68.7% | 60.8% |

1. Measure 4 for Decision Unit 4 reflects the goals of CSAP’s PRNS, as well as the National Drug Strategy. CSAP PRNS constitutes a number of discretionary grant programs, such as the Strategic Prevention Framework State Incentive Grants (SPF SIG), the Minority AIDS Initiative (MAI), the Sober Truth on Preventing Underage Drinking Act (STOP Act) grants program, and others. For this decision unit, performance on levels of perceived risk was selected to represent CSAP PRNS. The measure of “perceived risk of harm from substance use” has been used to inform prevention policy and programming since the 1960s⁹ as it remains a significant predictor of substance use behaviors. For example, “Monitoring the Future,” tracks the trends in perceived risk with substance use since the 1970s¹⁰. This depicts a consistent pattern of a leading indicator. In addition, a longitudinal study conducted in Iceland found that levels of perceived risk of harm measured at age 14 significantly predicted substance use behaviors at ages 15, 17, and 22.¹¹ Because it can assist in understanding and predicting changes in the prevalence of substance use behaviors nationwide, tracking and monitoring levels of “perceived risk of harm” remains important. It informs prevention policy and programming. Measure 4 has been revised to be consistent with the program’s current performance measurement efforts. It combines all ages and reports only those respondents perceiving great risk of harm.

In FY 2017, 84.7% of program participants rated the risk of substance abuse as great. This is slightly lower than the FY 2016 result of 89.4%. One possible explanation for the slight reduction in FY 2017 is the changing laws around marijuana use, which may be decreasing perceived risk. Previously, SAMHSA reported the percent of program participants (age 18 and up) who rate the risk of substance abuse as moderate or great, which measures increased levels of perceived moderate or great risk of harm from substance use. The percentage of MAI program participants perceiving moderate or great risk of harm from cigarette, alcohol, and marijuana use increased (among those with matched baseline and exit data) by almost ten percentage points between FY 2010 and FY 2013. Because this finding remained so high over three years, SAMHSA changed the measure and now reports only perceived great risk.

⁹ Bjarnason, T. & Jonsson, S. (2005). Contrast Effects in Perceived Risk of Substance Use. *Substance Use & Misuse*, 40:1733–1748.

¹⁰ Johnson, L.D., O’Malley, P.M., Bachman, J.G. and Schulenberg, J.E. (2009) Monitoring the Future national results of adolescent drug use: Overview of key findings 2008 (NIH Publication No. 09-7401), Bethesda MD: National Institute on Drug Abuse; p.12.

¹¹ Adalbjarnardottir, S., Dofradottir, A. G., Thorolfsson, T. R., Gardarsdottir, K. L. (2003). Substance use and attitudes: A Longitudinal Study of Young People in Reykjavik from Age 14 to Age 22. Reykjavík: F’elagsv’isindastofnun H’ask’ola’Island

2. Data are checked for completeness and accuracy using a set of uniform cleaning rules. Information about any data problems or questions is transmitted to the Contracting Officer's Representative, who works with the program Government Project Officers and grantees on a resolution. Grantees also receive instructions on the data collection protocols at grantee meetings and through survey administration guides. Other performance results reflect the proportion of matched baseline-exit surveys that show an increase in levels of perceived risk-of-harm for those engaging in at least one of the following behaviors: binge drinking, regular cigarette use and regular marijuana use. Starting in FY 2018 this data has been collected and stored within SPARS. The new instrument captures cigarette use under a broader measure of tobacco use. Therefore, data reported in 2018 and 2019 reflects those who report perceiving a great risk-of-harm in engaging in at least one of the following behaviors: binge drinking, regular tobacco use, or regular marijuana use.

3. The FY2018, FY2019, and FY2020 numbers are lower than previous years. As mentioned above, the survey instruments were updated including a change from a measure of cigarettes to a more general question about tobacco use. In recent years, there have also been tremendous changes in the status of marijuana with states making this substance legal potentially impacting the level of risk associated with its use.

**SAMHSA**Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

December 15, 2020

TO: Director
Office of National Drug Control Policy (ONDCP)

THROUGH: Deputy Assistant Secretary for Finance
Department of Health and Human Services

FROM: Chief Financial Officer
Substance Abuse and Mental Health Services Administration

SUBJECT: SAMHSA Budget Formulation Compliance Report for FY 2022

In accordance with the requirements of the ONDCP Circular: National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, I make the following assertions regarding the attached Budget Formulation Compliance Report:

Timeliness of Summer Budget Submission

I assert that the summer drug budget submitted to ONDCP under the cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular: Budget Formulation, Section 9.a.(1) was provided to ONDCP at the same time as the budget request was submitted to our superiors in accordance with 21 U.S.C. § 1703(c)(1)(A). (See Exhibit A)

Funding Levels Represent Bureau-Level Request

I assert that the funding request in the submission provided in Section 6.a.(2) of this circular represent the funding levels in the budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.

Deepa Avula
Chief Financial Officer

Attachment

- Exhibit A- FY 2022 Performance Budget Submission to DHHS



Substance Abuse and Mental Health
Services Administration

5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



December 15, 2020

TO: Director
Office of National Drug Control Policy (ONDCP)

THROUGH: Deputy Assistant Secretary for Finance
Department of Health and Human Services

FROM: Chief Financial Officer
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Deepa Avula
Chief Financial Officer

Attachment

- Exhibit A- FY 2022 Performance Budget Submission to DHHS

Information on Drug Control Agency Programs
(Dollars in millions)

| Resource Summary | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 | | |
|---|--------------------|----------------------------------|---------|--|--|
| | | | | | |
| Drug Resources by Decision Unit and Function | | | | | |
| Programs of Regional and National Significance | | | | | |
| Substance Abuse Prevention..... | \$206.47 | \$96.99 | | | |
| Substance Abuse Treatment..... | 479.68 | 364.68 | | | |
| Total Programs of Regional and National Significance..... | 686.15 | 461.66 | | | |
| State Opioid Response Grants..... | 1,500.00 | 1,585.00 | | | |
| Substance Abuse Prevention and Treatment Block Grant ¹ | | | | | |
| Prevention..... | 371.62 | 371.62 | | | |
| Treatment..... | 1,486.46 | 1,486.46 | | | |
| Total, Substance Abuse Prevention and Treatment Block Grant..... | 1,858.08 | 1,858.08 | | | |
| Health Surveillance and Program Support ² | | | | | |
| Prevention..... | 22.81 | 19.70 | | | |
| Treatment..... | 91.24 | 78.82 | | | |
| Total, Health Surveillance and Program Support..... | 114.05 | 98.52 | | | |
| Total Funding..... | 4,158.28 | 4,003.27 | | | |
| Drug Resources Personnel Summary | | | | | |
| Total FTEs | 428 | 429 | | | |
| Drug Resources as a Percent of Budget | | | | | |
| Total Agency Budget | 5,884.00 | 5,741.84 | | | |
| Drug Resources Percentage | 70.7% | 69.7% | | | |

¹The Substance Abuse Prevention and Treatment Block Grant is split 20% to the Prevention function and 80% to the Treatment function.

²The Health Surveillance and Program Support Appropriation funded activities are split between Mental Health and Substance Abuse as follows: The Drug Abuse Warning Network is allocated fully to substance abuse. Program Support, Health Surveillance and PQIS are split the same proportion as drug control to the overall SAMHSA budget as defined by the substance abuse portions divided by the mental health and substance abuse portions combined. Public Awareness and Support, Behavioral Health Workforce Data and Development and Data Request, TTA, Telehealth, and Publication User Fees are allocated 50% to drug control activities. The drug control total for HSPS after these calculations is

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Ty



U.S. Customs and
Border Protection

January 28, 2021

John Rice
Deputy Director
Office of Performance and Budget
Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20503

Dear Mr. Rice:

U.S. Customs and Border Protection (CBP) is required by the Office of National Drug Control Policy (ONDCP) Circular ‘National Drug Control Program Agency Compliance Reviews,’ dated October 22, 2019, to present information and assertions concerning the budget formulation and accounting of funds expended on ONDCP activities and performance associated with these activities.

Titles 8 U.S.C. and 19 U.S.C. authorize 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.

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, five organizations within CBP [Office of Field Operations (OFO), U.S. Border Patrol (USBP), Office of Training and Development (OTD), Office of Information and Technology (OIT), and Air and Marine Operations (AMO)] were provided with guidance on preparing estimates for the reporting of drug control funds.

As detailed in “ONDCP Circular: National Drug Control Program Agency Compliance Reviews October 22, 2019,” at least once every three years the ONDCP Budget Formulation, Detailed Accounting, and Performance Summary Reports must also be accompanied by an audit and authentications by the Department of Homeland Security (DHS) Office of Inspector General (OIG). The last time the DHS OIG performed such audit was for the *FY 2018 Compliance Review* – as such, no OIG audit or authentication will be required for the FY 2020 Reports

The purpose of this report is to present CBP assertions on budget formulation (the timeliness and accurate reporting of budget levels), assertions regarding detailed accounting, as well as assertions regarding performance, and my qualified authentication of these assertions.

I can attest to the following:

- 1) Timeliness and Accurate Reporting of Budget Levels:
 - a. DHS transmitted CBP's FY 2022 Summer Drug Budget by email on August 5, 2020.
 - b. CBP provided an FY 2022 Summer Budget Resource Summary Table to ONDCP.
 - c. The Summer Drug Budget submitted to ONDCP through the Department of Homeland Security, in response to ONDCP Circular Budget formulation, Section 9.a.(1) was provided to ONDCP at the same time as that budget request was submitted to Department superiors in accordance with 21 U.S.C § 1703(c)(1)(A).
 - d. The funding request in the submission provided in Section 6.a.(2) of this circular represent the funding levels in the budget submission made by CBP to DHS, without alteration or adjustment by any official at DHS.

- 2) Detailed Accounting: *Please see attached Detailed Accounting Submission with all necessary assertions and attestations.*

- 3) Performance: *See separate Performance Summary Report Assertion Letter.*

To the best of my knowledge, the budget formulation, accounting, and performance assertions presented by CBP are accurate and complete.

Sincerely,

Jose M. Fabre
Executive Director
Office of Finance, Budget Directorate

FY 2022 Summer Budget and Performance Summary
DEPARTMENT OF HOMELAND SECURITY
 U.S. Customs and Border Protection (CBP)

Resource Summary

| | Budget Authority (in Millions) | | |
|--|--------------------------------|----------------------------------|-----------------------------|
| | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Summer Budget |
| Drug Resources by Function | | | |
| Intelligence | \$477.383 | \$536.006 | |
| Interdiction | \$3,284.086 | \$2,911.635 | |
| Total Drug Resources by Function | \$3,761.469 | \$3,447.641 | |
| Drug Resources by Decision Unit | | | |
| Operations and Support | \$2,849.921 | \$3,092.642 | |
| <i>Border Security Operations</i> | \$683.357 | \$786.772 | |
| <i>Trade and Travel Operations</i> | \$1,411.442 | \$1,488.804 | |
| <i>Integrated Operations</i> | \$677.973 | \$762.927 | |
| <i>Mission Support</i> | \$77.149 | \$54.139 | |
| Procurement, Construction, and Improvements | \$911.548 | \$369.313 | |
| <i>Border Security Operations</i> | \$762.567 | \$301.472 | |
| <i>Trade and Travel Operations</i> | \$39.366 | --- | |
| <i>Integrated Operations</i> | \$109.615 | \$53.527 | |
| Total Drug Resources by Decision Unit | \$3,761.469 | \$3,447.641 | |

| | | | |
|--|--------|--------|--|
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 13,438 | 12,038 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions) | \$17.4 | \$18.2 | |
| Drug Resources Percentage | 21.8% | 19.2% | |

MISSION

Titles 8 U.S.C. and 19 U.S.C. authorize 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, five organizations within CBP (Office of Field Operations [OFO], U.S. Border Patrol [USBP], Office of Training and Development [OTD], Office of Information and Technology [OIT], and Air and Marine Operations [AMO]) 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 operational expertise, 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. OFO, USBP, OIT, OTD, and AMO attribute their resources to both intelligence and interdiction functions.

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 locations, 47 User Fee Facilities, and 19 Express Consignment Carrier Facilities. POEs welcome travelers and facilitate the flow of goods essential to our economy 24 hours a day, 7 days a week. OFO estimates that for FY 2022 there will be 3,316 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. As of November 2018, OFO had 506 canine teams, whose primary mission is drug detection.

U.S. Border Patrol

USBP is responsible for almost 6,000 miles of land borders between POEs with Canada and Mexico and nearly 2,000 miles of coastal waters surrounding the Florida Peninsula and Puerto Rico. In the FY 2022 Budget, USBP requests funding to hire and sustain up to 20,555 Border Patrol agents (funded within Operations and Support (O&S) – Border Security operations – US Border Patrol), assigned to the mission of detecting and apprehending illegal entrants between the POEs. These illegal entrants include aliens and drug smugglers, potential terrorists, wanted criminals, and persons seeking to avoid inspection at the designated POEs due to their undocumented status. It has been determined that 15 percent of the total agent time nationwide is related to drug activities, which equates to 3,083 Border Patrol Agent FTE. Of the 15 percent related to drug interdiction, 3.5 percent of these efforts are related to intelligence and 96.5 percent to drug interdiction. These activities include staffing a total of 36 permanent border traffic checkpoints nationwide (35 permanent checkpoints on the Southern border, 1 permanent checkpoint on the Northern border) and 182 tactical immigration checkpoints

including 972 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.

In addition to staffing and canine units, the USBP manages several programs focused on the acquisition and deployment of technology and tactical infrastructure to secure the Southern and Northern borders of the United States. Some examples of technology programs include the Remote Video Surveillance System program, Integrated Fixed Towers program, and Tactical Communications Modernization program. The Tactical Infrastructure program is responsible for the deployment and maintenance of infrastructure, including roads, fencing, lighting, and gates along the borders of the United States. These technology and infrastructure programs increase situational awareness and assist law enforcement personnel in identifying and resolving illegal activity. CBP estimates that 15 percent of the funding for these programs – both Procurement, Construction, and Improvements (PC&I) and O&S funding – supports drug interdiction activities.

CBP is the lead agency within the Department of Homeland Security (DHS) for the development, deployment, operations, and maintenance of border technology, tactical infrastructure, and border wall systems to secure America's borders. USBP also applies its 15 percent ratio of counter narcotics activity to all border technology, tactical infrastructure, and border wall system funding. In FY 2022, CBP is requesting \$2 billion in PC&I funding for the border wall construction.

Office of Training Development

OTD calculates the portion of its budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) 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 activities under interdiction and intelligence efforts for this report. If specific courses offered through the NTP 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, agents, and intelligence analysts. OTD's day-to-day operational resources (to include pay and general operating budgets) are attributed to drug enforcement activities at the same rate as the percentage of NTP course delivery costs attributable to drug enforcement activities for both interdiction and intelligence efforts, which are projected at 22.3% for interdiction and 0.42% for intelligence during FY 2022. These percentages vary during the year of execution depending upon the actual course delivery funding obligation rates.

Office of Information and Technology

OIT's budget supports the drug enforcement mission through the acquisition, support, and maintenance of technology and through mission-critical targeting application systems. OIT estimates that 10 percent each of Automated Targeting Systems (Passenger, Narcotics, and Anti-Terrorism) and (TECS) software applications, as well as 10 percent of data center operations costs are in support of the drug enforcement mission, aligned to both intelligence and interdiction functions.

Air and Marine Operations

AMO's core competencies are air and marine interdiction, air and marine law enforcement, and air domain security. In this capacity, AMO targets the conveyances that illegally transport narcotics, arms, and aliens across our borders and in the Source, Transit, and Arrival Zones. In FY 2019, AMO P-3 aircraft flew 5,946 hours in drug control efforts, which represent 82 percent of all AMO P-3 hours. These hours were in support of Joint Interagency Task Force-South (JIATF-S) in the Source and Transit zones. AMO P-3's participated in the interdiction of 239,381 pounds of cocaine in the Source and Transit zones. This equates to 41.3 pounds of cocaine for every counternarcotic hour flown. CBP continues to deploy surveillance technology tailored to the operational requirements along the highest trafficked areas of the southwest border.

Since September 11, 2001, AMO has steadily increased its support to counter-terrorism by developing a more cohesive and integrated response to national security needs, as well as placing more emphasis on illegal immigration. AMO is dedicating significant assets and personnel in support of U.S./Mexico interdiction initiatives, and in support of USBP in targeted southwest border areas that are frequent entry points for the smuggling of drugs and people into the United States.

Using flight hours spent performing drug-related activities, AMO has determined that 80 percent of the budget resources that support AMO are considered drug-related. Of the total flight hours flown by AMO, 21 percent were related to intelligence and 79 percent were related to interdiction in FY 2019.

The source data for the financial information/flight hour information is retrieved from Air and Marine's official system of record, TOMIS. TOMIS has undergone a verification and validation by DHS and has been referenced in several GAO and OIG reviews, which provides reliable source data for the drug methodology described above.

Also managed under AMO, the Tethered Aerostat Radar System (TARS) program is a national surveillance asset 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 United States.

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 through September 30, 2019.

| Customs and Border Protection | | |
|---|-----------------------|-------------------------|
| Selected Measures of Performance | FY 2019 Target | FY 2019 Achieved |
| » Amount of smuggled outbound currency seized at the ports of entry (in millions) | \$30.0M | \$32.4M |
| » Percentage of Joint Interagency Task Force-South (JIATF-S) annual mission hour objective achieved | 100% | 100% |
| » Rate of interdiction effectiveness along the Southwest border between ports of entry | 81.0% | 86.3% |
| » Percent of time TECS is available to end users | 99.0% | 99.9% |

Discussion

The measure "Amount of smuggled outbound currency seized at the POEs" 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 includes all POEs on both the southwest and northern borders and 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 POEs, a key outcome for the *Strategy*. This measure provides an indicator of success for CBP's Outbound Enforcement Program 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 measure "Percentage of JIATF-S Annual Mission Hour Objective Achieved" identifies the degree to which AMO meets its intended flight hours for JIATF-S in support of the *Strategy*, which is reported to DHS, ONDCP, and JIATF-S. AMO conducts extended border operations as part of CBP's layered approach to homeland security. AMO deploys assets in the source and transit zones through coordinated liaison with other U.S. agencies and international partners. The National Interdiction Command and Control Plan (NICCP) sets the overarching operational architecture for organizations involved in interdicting illicit drugs in keeping with the goals and objectives of the *Strategy*. In the source and transit zones, AMO coordinates with the larger law enforcement and interdiction community through its partnership with JIATF-S. JIATF-S is the tasking coordinator and controller for counter-drug missions within the transit and source zones. JIATF-S submits its resource allocation requirements through the NICCP. DHS responds to the requirements in a Statement of Intent, which details a baseline level of effort in terms of assets and resources. AMO typically supports JIATF-S requests with P-3 Airborne Early Warning and P-3 Long-Range Tracker aircraft, but has also supported JIATF-S with other aircraft, including its DHC-8 and C-12M fixed-wing aircraft, Black Hawk rotary-wing aircraft, and unmanned aircraft systems (UAS).

The measure "Rate of interdiction effectiveness (IER) on the Southwest border between the POEs" is the percent of detected illegal entrants who were apprehended or turned back after illegally entering the United States between the Southwest Border POEs. Border Patrol agents detect and intercept any combination of threats that present themselves along the borders including: terrorists, weapons of terrorism, smuggling of narcotics and other contraband, and people who illegally enter the United States. The interdiction of people frequently coincides with the interdiction of drugs in the border environment; therefore, the IER can be associated with effectiveness in resolving all cross-border entries, including those involving persons transporting narcotics. This measure assists in evaluating CBP's success in disrupting domestic drug trafficking between the land border POEs, a key outcome for the *Strategy*.

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 24/7/365 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 LEAs, access to the FBI's National Crime Information Center and the International Justice and Public Safety Network (Nlets).
- This system provides direct access to state motor vehicle departments. This measure

assists in evaluating CBP's success in improving information systems for Analysis, Assessment, and Local Management, a key outcome for the *Strategy*.

**U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. CUSTOMS AND BORDER PROTECTION
Detailed Accounting Submission of Fiscal Year 2020 Drug Control Funds**

DETAILED ACCOUNTING SUBMISSION

A. Table of Fiscal Year (FY) 2020 Drug Control Obligations

| Drug Resources by Budget Decision Unit | FY 2020 Final (\$ In Millions) |
|---|---|
| Operations and Support (O&S) | \$2,862.586 |
| Procurement, Construction, and Improvements (PC&I) | \$374.768 |
| Total Resources by Drug Control Unit | \$3,237.354 |
| Drug Resources by Drug Control Function | |
| Intelligence | |
| United States Border Patrol | \$20.974 |
| Office of Field Operations | \$298.185 |
| Office of Information and Technology | \$10.024 |
| Office of Training and Development | \$632 |
| Air and Marine Operations | \$160.956 |
| Intelligence - Total | \$490.771 |
| Interdiction | |
| United States Border Patrol | \$833.691 |
| Office of Field Operations | \$1,242.860 |
| Office of Information and Technology | \$6.645 |
| Office of Training and Development | \$39.753 |
| Air and Marine Operations | \$623.634 |
| Interdiction - Total | \$2,746.583 |
| Total Resources by Drug Control Function | \$3,237.354 |
| Total Obligations | \$3,237.354 |
| High Intensity Drug Trafficking Area (HIDTA) | \$0 |

Note: Drug resources broken down by unit and function as reflected in the budget structure enacted in the FY 2019 Department of Homeland Security (DHS) Appropriations Act (P.L. 115-141).

1. Drug Methodology

U.S. Customs and Border Protection (CBP) is a multi-mission agency that calculates obligations by budget decision unit and drug control function, pursuant to an approved drug control funds calculation methodology. There are six program offices within CBP that are tasked with drug-control responsibilities: the United States Border Patrol (USBP), the Offices of Field Operations (OFO), Information and Technology (OIT), Training and Development (OTD), Acquisition (OA), and Air and Marine (AMO). In conformity with the requirements of ONDCP Circular: *Accounting of Drug Control Funding and Performance Summary*, dated May 8, 2018, each program office has developed a drug methodology to estimate the percentage of its obligations related to drug enforcement. USBP, OFO, OIT,

and AMO attribute their resources to both intelligence and interdiction functions while OTD and OA attribute their resources solely to interdiction.

The Drug Control Obligations table is based on actual obligations for each decision unit and program office named above for FY 2018. The obligation reports are generated by data reported in CBP's Systems, Applications, and Products in Data Processing (SAP) system, which is a DHS-approved accounting system. SAP is a fully integrated Enterprise Resource Planning (ERP) system that CBP uses to record and report obligations. Each program office multiplies its drug control obligation percentages by its actual total obligations per SAP to estimate obligations related to drug enforcement activities. The drug methodology developed and applied by each program office is described below:

UNITED STATES BORDER PATROL (USBP)

The USBP is responsible for controlling 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. There were 19,740 Border Patrol agents, as of September 30, 2020, assigned to the mission of detecting and apprehending illegal entrants between the ports-of-entry. These illegal entries include aliens, drug smugglers, potential terrorists, wanted criminals, and persons seeking to avoid inspection at the designated ports of entry due to their undocumented status. It has been determined that 15 percent of USBP's activities are related to drug activities. This percentage was determined based on a historical study of the hours worked by agents, canine officers, and core personnel at various border check-points with narcotic-intensive activities. USBP resources come from (1) the Border Security Operations program, project, and activity (PPA) within CBP's Operations and Support (O&S) appropriation, and Border Security Assets and Infrastructure PPA within CBP's Procurement, Construction, and Improvements (PC&I) appropriation.

Of the 15 percent of obligations related to drug enforcement activities, USBP determined through the historical study referred to in the above paragraph that 3.5 percent of agents' efforts are related to intelligence and 96.5 percent are related to drug interdiction. Also, historically, the 15 percent of obligations are related to drug interdiction only. These activities include staffing permanent border traffic checkpoints nationwide, including 888 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.

This data comes from a historical study performed by USBP, which provides reliable source data for the drug methodology described above.

CBP is the lead agency within DHS for the development and deployment of border technology and tactical infrastructure to secure America's borders. Prior to FY 2017, CBP's Border Security Fencing, Infrastructure, and Technology (BSFIT) appropriation provided multi-year funding for the CBP program office, USBP, to develop and install technology and tactical infrastructure solutions, enabling a more effective and efficient method for controlling border security. While CBP still has multi-year funds available from previously enacted BSFIT appropriations, CBP transitioned to the DHS Common Appropriations Structure (CAS) beginning in FY 2017. Consequently, the BSFIT appropriation has been discontinued and counterdrug funding is now appropriated through CBPS O&S and PC&I appropriations. All anticipated and actual obligations

for drug control activities are now being accounted for through USBP. Obligations for FY 2020 BSFIT carryover funds were captured using the standard calculation of 15 percent of BSFIT obligations.

OFFICE OF FIELD OPERATIONS (OFO)

OFO estimates there were 3,316 CBP officer (CBPO) full-time equivalents related to drug enforcement on enforcement teams in FY 2020. Anti-Terrorism Contraband Enforcement Teams (A-TCET) work closely with the Passenger Enforcement Rover Team (PERT) and Passenger Analytical Unit (PAU) teams to coordinate all enforcement activities. Although the primary mission of A-TCET teams is anti-terrorism, they also focus on all types of contraband, including narcotics. CBP estimates that 69 percent of the A-TCET is devoted to drug enforcement. The smuggling methodologies and their indicators are similar for both narcotics and anti-terrorism activities. Of the funding that is devoted to enforcement teams, OFO estimates that 85 percent is dedicated to interdiction with 15 percent dedicated to intelligence.

OFO had 25,484 CBPOs in FY 2020, who, in addition to the interdiction of contraband and illegal drugs, enforce hundreds of laws and regulations on behalf of many other Federal Government agencies. The other Federal agencies include, for example, the U.S. Fish and Wildlife Service, Bureau of Alcohol, Tobacco, Firearms, and Explosives, and Bureau of Export Administration, among many others. CBP subject matter experts estimate that approximately 30 percent of these officers' time is devoted to drug-related activities. Of the funding that is devoted to general officer duties, OFO estimates that 80 percent is dedicated to interdiction with 20 percent dedicated to intelligence.

CBP uses a variety of Non-Intrusive Inspection (NII) systems and Radiation Detection Equipment (RDE) systems as part of its layered inspection strategy to achieve its primary mission of securing the Nation's borders and protecting America from the entry of dangerous people and goods. These systems are also used to facilitate the flow of legitimate trade and travel across U.S. borders. It is estimated that 77 percent of the funding for NII is associated with general contraband detection, which would include narcotics. Of the total funding that is devoted to NII, OFO estimates that 70 percent is dedicated to interdiction with 30 percent dedicated to intelligence.

Multiple types of NII and RDE systems are used to thoroughly and quickly inspect sea containers, rail cars, trucks, automobiles, pallets, and various packages and parcels for the presence of contraband without damaging the conveyance or its contents. These systems keep CBP officials from resorting to more intrusive and time-consuming manual inspections, such as unloading, drilling and dismantling.

The Administration has announced a National Health Emergency to combat the Opioid crisis. Seizures of illicit fentanyl have risen substantially in the last three years. Despite increased enforcement actions, there has been a dramatic and disturbing increase in overdose deaths attributable to illicit fentanyl and other synthetic drugs. In response to this rise, OFO has begun to procure, deploy, and train employees in an effort to improve the agency's capability to detect and interdict fentanyl and other opioids. Those resources were accounted for in this analysis. CBP has a limited number of narcotic detection devices deployed to its largest POE along the Southwest Border.

CBP also uses three types of canine teams: narcotics/human, drug, and currency. CBP has 506 canine officers in the field. Of the funding devoted to these canine teams, 100 percent of their time is devoted to drug interdiction. CBP has established and deployed a world-class detector dog program to augment existing technology while establishing cutting edge detection capabilities. CBPOs use specially trained detector dogs in interdiction and to support specialized programs aimed at combating the terrorist threat at the Nation's borders, international airports, and seaports.

This data comes from the Cost Management Information System (CMIS) and an internal CBP Canine Tracking System (Canine TS), which provide reliable source data for the drug methodology described above.

OFFICE OF INFORMATION AND TECHNOLOGY (OIT)

OIT's budget supports the drug enforcement mission through the acquisition, support, and maintenance of technology, and mission critical targeting application systems. Of OIT's spending, it is estimated that 10 percent of Automated Targeting Systems software application costs; TECS; and data center operations costs are in support of the drug mission. Of OIT's funding, it is estimated 40 percent is spent on drug interdiction and 60 percent is devoted to intelligence. The determinations surrounding the percentage of OIT spending that related to drug enforcement activities, specifically interdiction and intelligence, was determined through professional judgment, which provides reliable source data for the drug methodology described above.

OFFICE OF TRAINING AND DEVELOPMENT (OTD)

OTD calculates the portion of their budget attributable to drug control funding by issuing an annual data call for all projected National Training Plan (NTP) 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 task. If specific courses offered through the NTP 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. OTD's day-to-day operational resources are attributed to drug enforcement activities at the same rate as the NTP course delivery which is 18.25% for interdiction and 0.29% for intelligence for FY 2020. These percentages vary during the year of execution depending upon actual course delivery obligation rates.

AIR & MARINE OPERATIONS

AMO is a critical component of CBP's border security mission and the DHS risk-based and multi-layered approach to homeland security. AMO applies advanced capabilities and employs unique skill sets to protect the Nation's borders and preserve America's security interests.

AMO is the lead operational component within CBP responsible for air and maritime border security. AMO's mission areas include air, maritime, and land law enforcement; domain awareness; extended border and foreign operations; and contingency and national security operations. In this capacity, AMO targets the conveyances that illegally transport narcotics, arms,

and aliens across our borders and in the Source, Transit, and Arrival Zones. In FY 2020, AMO P-3 aircraft flew 5,786 hours in drug control efforts, which represent 79 percent of all AMO P-3 hours. These hours were in support of Joint Interagency Task Force-South (JIATF-S) in the Source and Transit zones. AMO P-3's participated in the interdiction of 111,134 pounds of cocaine in the Source and Transit zones. This equates to 19.2 pounds of cocaine for every counternarcotic hour flown.

AMO partners with USBP on land border security to provide close tactical ground support. Through operations such as wide-area surveillance, investigations, patrols and tactical response in diverse environments, AMO is effectively able to perform counter-narcotics, prevention of imported and exported illegal merchandise or contraband, and other anti-smuggling/trafficking missions.

AMO also operates the Air and Marine Operations Center (AMOC). The AMOC is a key element in CBP's counter-network strategy, responsible for assessing and countering terrorism, transnational organized crime, and other illegal activities. The AMOC advises, guides, and directs the operational employment of sensor technologies for DHS and CBP, managing the air and maritime domain awareness architecture. It integrates multiple sensor technologies, intelligence, law enforcement databases, open source information, and an extensive communications network. It monitors the airspace of major security events, and houses and collaborates with the Office of Intelligence via its Processing, Exploitation, and Dissemination cell that collects and analyzes multi-domain intelligence from a variety of sources, including CBP and USCG aircraft.

Using flight hours spent performing drug-related activities, AMO has determined that 80 percent of the budget resources that support AMO are considered drug-related. Of the total flight hours flown by AMO, 21 percent were related to intelligence and 79 percent were related to interdiction in FY 2020.

The source data for the financial information/flight hour information is retrieved from Air and Marine's official system of record, TOMIS. TOMIS has undergone a verification and validation by DHS and has been referenced in several GAO and OIG reviews, which provides reliable source data for the drug methodology described above.

2. Methodology Modifications

The drug control methodology for obligations used in FY 2020 remained the same as the methodology used in FY 2019 for the reported program offices.

3. Material Weaknesses or Other Findings

CBP contributed to the Departmental material weaknesses in Information Technology Controls and Financial Reporting. However, CBP's control deficiencies did not impair CBP's ability to report complete and accurate obligation data in the Table of FY 2020 Drug Control Obligations. While control deficiencies surrounding CBP's accounting system, SAP, was attributed to access controls, CBP had sufficient compensating controls to ensure accounting records were accurate.

CBP also contributed to the Department's significant deficiencies in Custodial Activities - Entry Processing, Refunds and Drawbacks, and Seized and Forfeited Property. The deficiencies are not relevant

with respect to information contained in this report, as there is not information presented that is reliant upon Property, Plant, and Equipment and Custodial Activities.

4. Reprogrammings or Transfers

During FY 2020, CBP had reprogrammings and transfers. In FY 2020, CBP determined one reprogramming request materially impacted CBP's drug-related obligations reported in the Table of FY 2020 Drug Control Obligations. The reprogramming in the amount of \$19.19M, entitled, "Technical Adjustment – Wireless Services Program Division," moved funding from the FY 2020 Operations & Support Appropriation, Mission Support, Enterprise Services PPA to the FY 2020 Operations & Support, Border Security Operations US Border Patrol Operations PPA, to transfer the Wireless Services Program Division from the Office of Information & Technology to USBP. There was no mission or policy impact as a result of this reprogramming.

5. Other Disclosures

There are no other disclosures that CBP has determined are necessary to clarify any issues regarding the data reported under ONDCP Circular: *Accounting of Drug Control Funding and Performance Summary*, dated May 8, 2018.

B. Assertions

1. Obligations by Budget Decision Unit

Not Applicable - As a multi-mission agency, CBP is exempt from reporting under this section as noted in the ONDCP Circular: *Accounting of Drug Control Funding and Performance Summary*, Section 6(b)(1), dated May 8, 2018.

2. Drug Methodology

CBP asserts that the methodology used to estimate drug enforcement related obligations is reasonable and accurate. The criteria associated with this assertion are as follows:

a. Data

The estimate of drug enforcement related obligations is based on the methodology described in section A.1 above. This drug methodology, and the systems used to support this methodology, such as TOMIS, CMIS, and the AMOC Integrated Information Database, present a fair and accurate picture of the CBP drug enforcement mission.

b. Financial Systems Security

CBP's financial system, SAP, yields data that fairly presents, in all material respects, aggregate obligations from which drug-related obligation estimates are derived.

As stated in the IT general and application control weaknesses noted in section A.3, CBP's financial systems issues related to SAP are based on access control and CBP has compensating controls to ensure CBP is capable of providing data that fairly represent, in all material respects, aggregate obligations. The drug methodology described in section A.1 above is used to estimate

what portion of these obligations may reasonably be considered to be associated with drug enforcement related activities.

3. Application of Drug Methodology

The methodology described in section A.1 above was used to generate the Table of FY 2020 Drug Control Obligations

4. Reprogrammings or Transfers

The data presented are associated with obligations against a financial plan that properly reflects all changes in drug-related budgetary resources that occurred during the fiscal year, including reprogrammings or transfers.

5. Fund Control Notices

The Director of National Drug Control Policy did not issue a Fund Control Notice for CBP for FY 2020.

U.S. Department of Homeland Security
U.S. Customs and Border Protection
Performance Summary Report
Fiscal Year 2020

This Performance Summary Report contains the performance measures aligned to drug control decision units as required by the Office of National Drug Control Policy (ONDCP) Circular: *Accounting of Drug Control Funding and Performance Summary*, dated May 8, 2018.

Office of Field Operations

Performance Measure – Amount of smuggled outbound currency seized at the ports of entry (in millions).

(1) Performance Measures

The performance measure “Amount of smuggled outbound currency seized at the ports of entry” 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 includes all ports of entry on both the southwest and northern borders and 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 *National Drug Control Strategy*. This measure is tracked by CBP’s Office of Field Operations (OFO).

This measure provides an indicator of success for CBP’s Outbound Enforcement Program (OEP) 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 OFO conducts risk-based Outbound operations at land border ports of entry and international airports, enabling CBP to enforce U.S. laws and regulations applying to the Outbound arena, including but not limited to immigration and drug laws. The OEP is part of CBP’s effort to effectively monitor and control the flow of goods and people leaving the United States. The goal of OEP is to keep the United States safe by preventing the illicit export of goods, ranging from firearms to components of weapons of mass destruction, by individuals seeking to circumvent U.S. export control laws. This goal was developed in recognition of the fact that such goods could potentially fall into the hands of terrorists or criminal elements. The program also seeks to disrupt criminal elements and terrorist organizations by interdicting the proceeds of criminal activity and arresting members of their organizations.

A number of presidential strategies, including the President’s National Export Initiative, the President’s Export Control Reform Initiative, the National Drug Control Strategy, and the National Southwest Border Counter Narcotics Strategy, designate outbound enforcement as a crucial component on the war on drugs. The total amount of illegal currency being smuggled out of the United States that was seized upon exit in FY 2020 was \$66.6 million. This money was potentially destined for criminal organizations.

(2) Prior Years Performance Targets and Results

| Fiscal Year: | FY 2016 | FY 2017 | FY 2018 | FY 2019 | FY 2020 |
|---------------------|----------------|----------------|----------------|----------------|----------------|
| Target: | \$30.0M | \$30.0M | \$30.0M | \$30.0M | \$30M |
| Actual: | \$28.9M | \$39.0M | \$38.7M | \$32.4M | \$66.6M |

The total number of individual seizures was somewhat lower, dropping from 983 in FY19 to 913 in FY20, however the average dollar value per seizure increased significantly from \$33,135 in FY19 to \$72,916 in FY20 due to an unusually large single seizure of \$32.4M.

In addition to regular risk-based outbound enforcement efforts, CBP also conducts limited special operations set up in support of collaborative enforcement efforts with the Drug Enforcement Agency (DEA) and Immigration and Customs Enforcement (ICE), as well as with other law enforcement agencies through the Border Enforcement Security Task Force.

(3) Current Year Performance Targets

Fiscal Year: FY 2021
Target: \$30.0M

CBP will continue to conduct risk-based Outbound enforcement operations to identify and seize currency being transported out of the country illegally and work with these law enforcement agencies and both local and international partners to identify and disrupt outbound smuggling activities.

Currently, CBP conducts limited risk-based Outbound enforcement operations based on the availability of CBP Officers and funding, examining only departing goods and travelers identified as high-risk based on CBP Officer assessment at the ports and/or automated system alerts triggered by available data. On-going CBP efforts at risk-based outbound enforcement and conducting limited special operations will continue in FY 2021, though availability of Officers may be impacted by assignments to POEs with major migrant activity or to coronavirus prevention or mitigation activity. The observed decrease in the total number of individual seizures during FY 2020 is not a significant indicator of any unusual fluctuation in seizure activity. CBP will retain the target of \$30.0M for FY 2021. CBP will consider revising the target in FY 2022 if the FY 2021 results more clearly establish a long-term trend.

(4) Quality of Performance Data

The data underlying this measure is accurate, complete and unbiased. This measure is calculated from outbound seizure-related enforcement action data entered into TECS, a computer-based tool used to support CBP operations, by the CBP Officer at the time the violation occurred. On a monthly basis, the detailed transaction data for each Field Office is compiled and extracted from TECS into BorderStat, the CBP system of record for capturing and reporting all enforcement and operations statistical data across its operational components. The extracted data is then summarized within the Operations Management Report module in BorderStat. The monthly

summary data is reviewed by OFO's Outbound Program Manager to verify accuracy and identify anomalies.

Air and Marine Operations

Performance Measure – Percentage of Joint Interagency Task Force-South (JIATF-S) annual mission hour objective achieved.¹

(1) Performance Measures

This performance metric is specific to CBP’s Air and Marine Operations (AMO). AMO conducts extended border operations as part of CBP’s layered approach to homeland security. AMO deploys assets in the source and transit zones through coordinated liaison with other U.S. agencies and international partners. The National Interdiction Command and Control Plan (NICCP) sets the overarching operational architecture for organizations involved in interdicting illicit drugs in keeping with the goals and objectives of the National Drug Control Strategy. In the source and transit zones, AMO coordinates with the larger law enforcement and interdiction community through its partnership with JIATF-S. JIATF-S is the tasking coordinator and controller for counter-drug missions within the transit² and source³ zones. JIATF-S submits its resource allocation requirements through the NICCP. The Department of Homeland Security (DHS) responds to the requirements in a Statement of Intent, which details a baseline level of effort in terms of assets and resources. AMO typically supports JIATF-S requests with P-3 Airborne Early Warning and P-3 Long-Range Tracker aircraft, but has also supported JIATF-S with other aircraft, including its DHC-8 and C-12M fixed-wing aircraft, Black Hawk rotary-wing aircraft, and unmanned aircraft systems (UAS).

As a result of the 2003 Presidential Determination Regarding U.S. Assistance to the Government of Colombia Airbridge Denial Program, AMO began receiving funding in FY 2005 to support JIATF-S as part of its base budget.

The performance measure “Percentage of JIATF-S Annual Mission Hour Objective Achieved” identifies the degree to which AMO meets its intended flight hours for JIATF-S in support of the National Drug Control Strategy, which is reported to DHS, ONDCP, and JIATF-S.

(2) Prior Years Performance Targets and Results

The Percentage of JIATF-S Annual Mission Hour Objective Achieved was initially introduced as a measure in FY 2011.

| Fiscal Year: | FY 2016 | FY 2017 | FY 2018 | FY 2019 | FY 2020 |
|---------------------|----------------|----------------|----------------|----------------|----------------|
| Target: | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Actual: | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

¹ Actual results are presented on a binary basis, where 0 percent represents that the target was not met and 100 percent represents that the target was either met or exceeded.

² The transit zone encompasses Central America, Mexico, the Caribbean Sea, the Gulf of Mexico, and the eastern Pacific Ocean.

³ The source zone includes the principal drug producing countries of Bolivia, Columbia, and Peru.

In its annual Statement of Intent, DHS responds to the requirements in the NICCP. The FY 2020 DHS Statement of Intent included CBP's objective to provide 5,500 flight hours for detection and monitoring activities with aircraft in support of JIATF-S operations. By the end of FY 2020, AMO flew a total of 6,245 hours in direct coordination with JIATF-S, of which 5,787 were flown by the P3 and 458 were flown by UAS. AMO met the augmented JIATF-S goal of 5,500 hours.

(3) Current Year Performance Targets

Fiscal Year: FY 2021

Target: Provide 100 percent of the 5,500 hours of JIATF-S support budgeted for the transit zone.

AMO submitted its input for the FY 2021 DHS Statement of Intent to the DHS Office of Policy. This input was based on current anticipated budgets, flight crew availability, and planning estimates involving maritime patrol aircraft flight hours in the transit zone.

The FY 2021 DHS Statement of Intent included CBP's objective to provide 5,500 flight hours in the transit zone with its P-3 and UAS.

(4) Quality of Performance Data

The data underlying this measure is accurate, complete and unbiased. AMO flight data is recorded using the Tasking, Operations, and Management Information System, which underwent a DHS verification and validation during FY 2016. The data from this system can be queried through any CBP computer with appropriate access. AMO ensures the data is complete and accurate through a quality assurance process, which includes annual reconciliation of data, and data entry error mitigation techniques established from the verification and validation assessment.

Office of Information and Technology

Performance Measure – Percent of time TECS is available to end users.

(1) Performance Measures

This performance metric is for Automation Modernization, part of the Air and Marine Interdiction, Operations, Maintenance, and Procurement budget decision unit. The metric is managed and measured by CBP’s Office of Information Technology (OIT). 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 24/7 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 National Crime Information Center and the National Law Enforcement Telecommunication Systems (NLETS). NLETS provides direct access to state motor vehicle departments. This measure assists in evaluating CBP’s success in improving information systems for Analysis, Assessment, and Local Management, a key outcome for the National Drug Control Strategy.

TECS availability is a collection of key performance indicators (KPI) gathered from off-the-shelf and custom monitoring tools. The tools monitor all components and sub-systems of three mission critical applications: Western Hemisphere Travel Initiative, Traveler Primary Air Client, and U.S. Pedestrian.

Synthetic transactions are performed on all three applications to simulate a user. The results of these transactions are measured against defined performance standards. Breaches of the performance standards are transmitted as alerts to the Technology Operations Center and the application development team for review and resolution.

TECS is deemed unavailable when all three applications are in a critical or unresponsive state simultaneously. Outages for systems maintenance are considered down time and affect TECS availability.

(2) Prior Years Performance Targets and Results

| Fiscal Year: | FY 2016 | FY 2017 | FY 2018 | FY 2019 | FY 2020 |
|---------------------|----------------|----------------|----------------|----------------|----------------|
| Target: | 99.0% | 99.0% | 99.0% | 99.0% | 99.0% |
| Actual: | 99.9% | 100.0% | 100.0% | 99.9% | 99.8% |

TECS surpassed its goal this year with an availability of 99.8 percent.

(3) Current Year Performance Targets

Fiscal Year: FY 2021

Target: 99.0%

The target is established based on the KPIs for the three applications that comprise the TECS Availability metric. Current trends and funding expectations point to a likelihood of achieving the FY 2021 target of 99.0 percent with no anticipated challenges to TECS system availability. This target is established via a negotiated contract with the TECS service provider.

(4) Quality of Performance Data

The data is accurate, complete, and unbiased. All data logged is reviewed for accuracy and comments are added by Computer Operations staff for the purpose of identifying discrepancies. Each business day, OIT Subject Matter Experts meet at the Significant Outages and Incidents meeting to review the Chief Information Officer Outage Report which is generated for the OIT Assistant Commissioner and other senior CBP management staff. The Subject Matter Experts review incidents and validate the information reported. The OIT Assistant Commissioner and senior CBP management review the report.

U.S. Border Patrol

Performance Measure – Rate of Interdiction Effectiveness along the Southwest Border between the ports of entry.

(1) Performance Measures

Since FY 2014, the United States Border Patrol (USBP) has focused on and measured improvement in its Interdiction Effectiveness Rate (IER) on the Southwest Border. The IER is the percent of detected illegal entrants who were apprehended under U.S.C. Title 8 (immigration law), encountered under U.S.C. Title 42 (expelled in the interest of public health), or turned back after illegally entering the U.S. between the Southwest Border ports of entry. The IER focuses on positive outcomes (apprehensions/encounters or turnbacks) of recent entrants made in the immediate border area. This measure assists in evaluating CBP's success in disrupting domestic drug trafficking between the land border ports of entry, a key outcome for the National Drug Control Strategy.

Border Patrol agents (BPAs) detect and intercept any combination of threats that present themselves along the borders including: terrorists, weapons of terrorism, smuggling of narcotics and other contraband, and people who illegally enter the United States. The interdiction of people frequently coincides with the interdiction of drugs in the border environment; therefore, the IER can be associated with effectiveness in resolving all cross-border entries, including those involving persons transporting narcotics. Annual results have fluctuated since introducing this measure in FY 2014. The percentage increased for the first three years, from 76 to 82.7 before falling short of the target at 78.9 in FY 2017. The FY 2018 result increased to 79.7 percent, still short of the target of 81 percent. In FY 2019, the result rose sharply to 86.3 percent as mass illegal migration activities pushed non-Mexican family units and unaccompanied children across the Southwest Border in large groups, which typically made little or no effort to evade detection or apprehension. U.S. Border Patrol interdicted 79.4 percent of known illegal entries on the Southwest Border in FY 2020, with entries declining by 40.7 percent when compared to the mass migration surge of FY 2019. Some of that decline can be attributed to a steep decline in quarters two and three as the COVID-19 pandemic evolved into a global-scale event.

The enforcement advantage gained from fencing, other infrastructure, and technology, such as sensors and cameras, allows agents to more effectively and efficiently detect, identify, and intercept threats. CBP's enforcement posture over the past several years since 9/11 has benefitted from a build-up in resources and capabilities, including manpower. This improved enforcement posture has coincided with an overall decrease in apprehensions since FY 2005, the year when data integrity improved due to new mandatory reporting requirements, and an improvement in the IER since it was tracked in FY 2013. During FY 2020, the USBP seized 257,173 pounds of marijuana along the Southwest Border, a decrease of 937,254 pounds when compared to the FY 2005 total.

As the COVID-19 pandemic manifested in FY 2020, the Administration's efforts and Title 42-related guidance to limit public-health risk resulted in changes to U.S. Border Patrol tactics and procedures. Those procedures included initial screening, biometric collection, and vetting to

determine whether the event supported apprehension under Title 8 of the U.S. Code (immigration law) or expulsion after the encounter from the United States under Title 42. Because of that, the data collected and included in the computation for the “Rate of interdiction effectiveness along the Southwest Border between ports of entry” now includes Title 8 Apprehensions, Title 42 Encounters, Turn-backs (TB), No Arrest (NA), and Got-Aways (GA), which together constitute entries. The scope includes all areas of the Southwest Border that are generally at or below the northern most checkpoint within a given area of responsibility, but excludes aliens who have been apprehended or encountered more than 30 days after entering illegally.

Terms – Apprehension: a deportable subject who, after making an illegal entry, is taken into custody and receives a consequence. Title 42 Encounter: An alien subject to the CDC Title 42 order who is encountered and processed under the CDC’s order. No Arrest: A subject who is the result of a USBP non-border-zone tracking action that does not result in an Apprehension or Encounter but is determined by agents to involve illicit cross-border activity. Got-Away: a subject who, after making an illegal entry, is not turned back or apprehended and is no longer being actively pursued by BPAs. Turnbacks: a subject who, after making an illegal entry into the United States, returns to the country from which he/she entered, not resulting in an apprehension or getaway.

(2) Prior Years Performance Targets and Results

| Fiscal Year: | FY 2016 | FY 2017 | FY 2018 | FY 2019 | FY 2020 |
|---------------------|----------------|----------------|----------------|----------------|----------------|
| Target: | 80.0% | 81.0% | 81.0% | 81.0% | 81.0% |
| Actual: | 82.7% | 78.9% | 79.7% | 86.3% | 79.4% |

This performance measure was initially introduced as a DHS strategic measure in FY 2014. The baseline data collection during FY 2013 coincided with an effort on part of the USBP to standardize the methods across Southwest Border sectors to record apprehensions, GA’s, and TB’s, the three key factors (until FY 2020) in the formula for calculating the IER. In FY 2020, Encounters under Title 42 entered the equation, as did No Arrests (to allow clarity in USBP data that does not alter the IER result).

This measure reports the percent of detected aliens the Border Patrol apprehended under Title 8, encountered under Title 42, or turned back after illegally entering the United States between the ports of entry on the Southwest Border. Despite continued staffing shortages, agents work at stations along the Southwest Border to increase Operational Control by performing mission-essential tasks to impede and deny illegal entrants; gain situational awareness of the operating environment; and apply timely law enforcement resolutions against those making entries illegally. With the COVID-19 pandemic reaching global proportions in late March 2020, and illegal entry events decreasing greatly for a few months, the USBP Interdiction Effectiveness Rate finished FY 2020 at 79.4 percent, with Title 42 actions constituting 30.2 percent of all USBP response efforts for the fiscal year.

(3) Current Year Performance Targets

Fiscal Year: FY 2021

Target: 81.0%

The USBP is working closely with CBP's Office of Human Resources Management to enhance recruiting efforts and assist in streamlining hiring of new agents. In addition, the implementation of USBP's Operational Control framework will allow leadership to ensure that Southwest Border commanders focus annual operational planning on efforts that support the framework with the intent of increasing Operational Control of the border, including interdiction effectiveness.

(4) Quality of Performance Data

Apprehension, Title 42 Encounter, TB, NA, and GA data is captured by Border Patrol agents (BPAs) at the station level and entered into the following systems:

- Apprehensions and Title 42 Encounters are entered into the e3 Processing (e3) system. All data entered via e3 resides in the Enforcement Integrated Database (EID), the official system of record, which is under the purview of USBP Headquarters' Statistics and Data Integrity (SDI) Unit. The physical database is owned and maintained by ICE.
- GA's, NA's, and TB's are entered into the Intelligent Computer Assisted Detection (ICAD) Tracking Sign-cutting and Modeling (TSM) application, which resides with the U.S. Border Patrol. TSM is under the purview of and is owned by USBP's SDI.

Apprehension and Title 42 Encounter data is entered into TSM, and eventually e3 as warranted, by BPA's at the station level as part of the standardized processing procedure. Agents use standard definitions for determining when to report a subject as a GA or TB. Some subjects can be observed directly as evading apprehension or turning back; others are acknowledged as a GA or TB after BPA's follow evidence that indicate entries have occurred, such as foot sign, sensor activations, interviews with apprehended subjects, camera views, communication between and among stations and sectors, and other information. Entry event-level data is entered continuously into TSM at the station level, and data integrity monitors (agents) are assigned to assure that any data irregularities are corrected (inaccurate geospatial input or adjudication of one event linking to another like a subject who got away in one event who was apprehended soon after in another event). Calculation of the measure is done by SDI and is: $(\text{Title 8 Apprehensions} + \text{Title 42 Encounters} + \text{TB}) / \text{Total Entries}$. Total entries is the sum of Apprehensions, Title 42 Encounters, TB's, GA's, and NA's.

Patrol Agents in Charge ensure all agents are aware of and use proper definitions for apprehensions, GA, and, NA, TB at their respective stations and ensure accurate documentation of subjects. In addition to the station-level data-integrity efforts, SDI validates data integrity through various data-quality reports. Data issues are corrected at the headquarters level or forwarded to the original inputting station for correction. All statistical information requested is routed through the USBP Headquarters SDI Unit to ensure accurate data analysis and output.



U.S. Customs and
Border Protection

January 27, 2021

MEMORANDUM FOR: Mr. Jon Rice
Deputy Director for the Office of Performance and Budget
Office of National Drug Control Strategy

FROM: Henry A. Moak, Jr.
Chief Accountability Officer
Office of Accountability

1/27/2021

X 

Signed by: HENRY A MOAK JR

SUBJECT: Management's Assertions for CBP's Performance Summary
Report to ONDCP

In compliance with the Office of National Drug Control Policy (ONDCP) Circular, *Accounting of Drug Control Funding and Performance Summary*, dated May 8, 2018, U.S. Customs and Border Protection (CBP) submits its Performance Summary Report to ONDCP. The report contains the results of CBP's Fiscal Year (FY) 2020 performance in support of the *National Drug Control Strategy*.

CBP makes the following assertions:

- (1) Performance reporting system is appropriate and applied – CBP uses TECS, TOMIS, e3 and TSM to capture performance information. Data within these systems is accurately maintained and reliable, and properly applied to generate the most recent performance data available for the FY 2020 performance period;
- (2) Explanations for not meeting performance targets are reasonable - Performance targets in FY 2020 were met for three of four measures and the explanation for not meeting one of the performance targets is reasonable;
- (3) Methodology to establish performance targets is reasonable and consistently applied. The methodology described for establishing performance measure targets is based on professional judgment of subject matter experts with many years of experience in the field. The methodology is reasonable given past performance and available resources;
- (4) Adequate performance measures exist for all significant drug control activities - CBP has established at least one performance measure for each Drug Control Decision

Unit, which considers the intended purpose of the National Drug Control Program Activity.

If you have any questions or would like additional information, please contact me at (202) 344-2571, or a member of your staff may contact Mr. James Andersen, Director, Performance Management and Analysis Division, at (202) 360-2594.

Attachments:



FEMA

January 29, 2021

MEMORANDUM FOR: Mr. Jon Rice
Deputy Director for the
Office of Performance Budget

FROM: Benjamin Moncarz
Chief Financial Officer (Acting)

SUBJECT: FY 2020 Budget Formulation, Detailed Accounting, and Performance
Summary Reports

In accordance with the Office of National Drug Control Policy Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, enclosed is the Federal Emergency Management Agency's ONDCP FY 2020 Budget Formulation Compliance Review and assertions.

DHS transmitted FEMA's unaltered and unadjusted FY 2022 Summer Drug Budget to ONDCP by email on July 14, 2020. The budget request included the Resource Summary table.

Once every three years the ONDCP Budget Formulation, Detailed Accounting, and Performance Summary Reports must also be accompanied by an audit and authentications by the DHS OIG. The last time the DHS OIG performed an audit was for the *FY 2018 Compliance Review* – as such, no OIG audit or authentications will be required for the FY 2020 Reports.

To the best of our knowledge the budget formulation, detailed accounting and performance measures, targets and results are accurate and complete.

If you require further assistance on this information, please contact Gail Shackelford at (202) 674-2632 or gail.shackelford@fema.dhs.gov.

Enclosures:
FY2020 Compliance Review
FY2022 Summer Budget Drug Exhibit

FY 2022 Summer Budget and Performance Summary

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency (FEMA)

Resource Summary

| | Budget Authority (in millions) | | |
|--|--------------------------------|--------------------|--|
| | FY 2020 Enacted | FY 2021 Enacted | FY 2022 Summer Budget ¹ |
| Drug Resources by Function | | | |
| Federal Assistance | \$90.000 | \$90.000 | TBD |
| Total Drug Resources by Function | \$90.000 | \$90.000 | TBD |
| Drug Resources by Decision Unit | | | |
| Operations & Support | \$90.000 | \$90.000 | TBD |
| Total Drug Resources by Decision Unit | \$90.000 | \$90.000 | TBD |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 0 | 0 | 0 |
| Drug Resources as a percent of Budget | | | |
| Total Agency Budget (in Billions) ² | \$4.368 | \$3.934 | \$TBD ³ |
| Drug Resources Percentage ⁴ | <.1% | <.1% | <.1% |

Program Summary

MISSION

The Federal Emergency Management Agency’s (FEMA) mission is to reduce the loss of life and property and protect communities nationwide from all hazards, including natural disasters, acts of terrorism, and other man-made disasters. FEMA leads and supports the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation.

METHODOLOGY

Operation Stonegarden (OPSG) grants are awarded by FEMA in coordination with CBP.

OPSG contributes to efforts to secure the United States borders along routes of ingress from international borders. OPSG supports a broad spectrum of border security activities performed by State, local and tribal LEAs through increased material, manpower readiness, and the number of “boots on the ground” to better secure our Nation’s borders. The funds awarded are used in

¹ Amount is notational and subject to change upon enacted legislation.

² Amount shown is FEMA net discretionary only.

³ This amount is based on DHS’ Fiscal Years 2021 – 2025 Fiscal Guidance.

⁴ The drug resources percentage is based on the CBP estimate of 15% of OPSG will benefit drug enforcement, not actual data.

intelligence informed operations, which may assist with counterdrug efforts. Due to the intricate nature of these operations, CBP is unable to demarcate the amount applied toward counterdrug operations; however, they estimate no more than 15 percent of OPSG funding and activity supports counter drug activities.

As OPSG is not specifically a drug enforcement grant program there is no statutory or programmatic requirement under OPSG to specifically delineate drug interdiction activities or expenditures. OPSG grant funds are primarily used for personnel costs, which are not reported by activity therefore the exact specific amount expended for drug enforcement cannot be determined.

The intent of OPSG is to enhance cooperation and coordination among Federal, state, and local LEAs in a joint mission to secure the U.S. borders along routes of ingress from international borders, to include travel corridors in states bordering Mexico and Canada, as well as in states and territories with international water borders. Recipients of OPSG funds are local units of government at the county level and federally recognized tribal governments. Recipients are in the states bordering Canada (including Alaska), southern states bordering Mexico, and states and territories with international water borders.

OPSG funds are used for operational overtime, equipment, mileage, fuel, and vehicle maintenance and for operational activities that will enhance border security and are coordinated directly with the CBP. Funds are allocated competitively to designated localities within U.S. Border States based on risk analysis and the anticipated feasibility and effectiveness of proposed investments by the applicants.

⁵ A FEMA does not specifically request the funding for Operation Stonegarden, the funds are historically appropriated by Congress. The amount is notational and subject to change upon enacted legislation.

PERFORMANCE

Highlights

OPSG funded patrols provide narcotics enforcement performance data in Daily Activity Reports. In calendar year (CY) 2020, they reported the following data on narcotics seizures:

| Type | CY 2020 Totals (Kgs.) | CY 2020 Totals (Lbs.) |
|---|----------------------------------|----------------------------------|
| Narcotics Cases | 2,387 | 2,387 |
| Cocaine | 621.17 | 1,369.45 |
| Heroin | 200.90 | 442.92 |
| Marijuana | 37,862.59 | 83,472.62 |
| Methamphetamine | 5,585.18 | 12,313.20 |
| Other Narcotic (i.e. Fentanyl, Ecstasy) | 3,867.06 | 8,525.40 |
| Total Seizure Weight | 48,136.91 (Kgs.) | 106,123.58 (Lbs.) |

OPIOIDS

No funding is used to support the President's opioid initiative at this time.



Homeland
Security

January 29, 2021

Mr. Jon Rice
Deputy Director
Office of Performance and Budget

Dear Mr. Rice,

In accordance with the Office of National Drug Control Policy Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, enclosed is the Federal Law Enforcement Training Centers' FY2020 Compliance Review. The submission consists of the mission, drug control methodology and assertions as required in accordance with the above Circular.

To the best of our knowledge the budget formulation, detailed accounting and performance measures, targets and results are accurate and complete.

If you require further assistance on this information, please contact Joshua Adams at (912) 554-4662.

Sincerely,

Sheronda DeRohn, CGFM
Budget Officer
Chief Financial Officer Directorate
Federal Law Enforcement Training Centers

FY 2022 Summer Budget and Performance Summary

DEPARTMENT OF HOMELAND SECURITY

Federal Law Enforcement Training Centers (FLETC)

Resource Summary

| | Budget Authority (in Millions) | | |
|--|--------------------------------|----------------------------------|-----------------------------|
| | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Summer Budget |
| Drug Resources by Function | | | |
| Investigations | \$52.131 | \$54.569 | |
| State & Local Assistance | \$1.629 | \$1.705 | |
| International | \$.543 | \$0.568 | |
| Total Drug Resources by Function | \$54.303 | \$56.843 | |
| Drug Resources by Decision Unit | | | |
| Operations & Support | \$54.303 | \$56.843 | |
| Total Drug Resources by Decision Unit | \$54.303 | \$56.843 | |

| | | | |
|--|-------|-------|-------|
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 219 | 213 | 213 |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions) | \$0.3 | \$0.3 | \$0.3 |
| Drug Resources Percentage | 15.5% | 17.2% | 17.9% |

Program Summary

MISSION

The Federal Law Enforcement Training Centers (FLETC) is an interagency law enforcement training institution that serves a leadership role as the Federal Government's principal provider of world-class, interagency law enforcement training to more than 95 Federal Participating 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. FLETC supports the *National Drug Control Strategy* by providing drug investigations training for law enforcement agents and officers.

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% support to drug enforcement activities. State, local and international training programs with a drug nexus are also considered to provide 100% support. FLETC drug enforcement training support is in the following three training functions: Investigations, 96 percent; State and Local Training and Assistance, 3 percent; and, International Training and Technical Assistance, 1 percent.

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

[REDACTED]

[REDACTED]

[REDACTED]

PERFORMANCE

The FY 2019 performance of FLETC’s drug support mission is based on agency Government Performance and Results Modernization Act documents and other agency information. The FY 2019 performance information for FLETC’s drug-related training is shown below.

| Component | | |
|---|----------------|------------------|
| Selected Measures of Performance | FY 2019 Target | FY 2019 Achieved |
| Percent of Partner Organizations that agree the FLETC counterdrug related training meets identified training needs. | 90% | 94% |

Discussion

FLETC supports the Strategy by providing drug investigations training for law enforcement agents and officers.

The officers and agents who 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 Participating Organizations. FLETC measures its success by assessing the satisfaction of its Participating Organizations with the requested training that FLETC provided.

In FY 2019, FLETC trained 67,810 students, equating to 174,081 student-weeks of training. The curriculum for about 20 percent of these students includes training in drug investigation activities.

In FY 2012, FLETC established a metric to more accurately reflect the satisfaction of Participating Organizations with the counterdrug-related training provided by FLETC to their officers and agents. In order to establish this 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 Participating Organizations to gauge their satisfaction with FLETC's drug control-related training to date. For FY 2019 the target was set to 90 percent. Results of the 2019 Participating Organization Satisfaction Survey that FLETC conducted indicate that 94 percent of Participating Organizations are satisfied with FLETC counterdrug-related training.

**U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Law Enforcement Training Centers (FLETC)**

2020

Prior Year Drug Control Obligations

| | | Obligations (in Millions) |
|--|--|---------------------------------|
| | | FY 2020 |
| Drug Resources by Function | | |
| Investigations | | \$45.608 |
| State & Local Assistance | | \$0.964 |
| International | | \$0.503 |
| Total Drug Resources by Function | | \$47.075 |
| Drug Resources by Decision Unit | | |
| Salaries & Expenses | | \$47.075 |
| Total Drug Resources by Decision Unit | | \$47.075 |
| Drug Resources Personnel Summary | | |
| Total FTEs (direct only) | | 172 |
| Drug Resources as a Percent of Budget | | |
| Total Agency Budget (in billions) | | \$ 0.300 |
| Drug Resources Percentage | | 13.4% |

The Drug Resources as a Percent of Budget is computed as follows:

| | | | |
|-------------|---------|------------------|-------|
| Obligations | | Budget Authority | |
| \$47.075 | FY 2020 | \$351.170 | 13.4% |

Program Summary

MISSION

The Federal Law Enforcement Training Centers (FLETC) is an interagency law enforcement training institution that serves a leadership role as the Federal Government's principal provider of world-class, interagency law enforcement training to more than 95 Federal Participating 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. FLETC supports the *National Drug Control Strategy* by providing drug investigations training for law enforcement agents and officers.

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% support to drug enforcement activities. State and local training programs with a drug nexus are also considered to provide 100% support. All international training has a drug nexus and is also considered to provide 100% support. FLETC drug enforcement training support is in the following three training functions: Investigations, 96%; State and Local Training and Assistance, 3%; and, International Training and Technical Assistance, 1%.

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

BUDGET SUMMARY

The FY2020 total drug resources were \$47.075 million, which is 13.4% of FLETC's total budget.

FLETC asserts that the methodology described above is the methodology utilized to prepare the Prior Year Drug Control Obligations Table.

FLETC has no methodology modifications, material weaknesses, reprogrammings or other disclosures.

ONDCP PERFORMANCE SUMMARY REPORT

FY 2020

Introduction

The Federal Law Enforcement Training Centers (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 95 Federal Participating Organizations, as well as training and technical assistance to state, local, tribal 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.

Performance Measures

The Office of National Drug Control Policy (ONDCP) Director's August 25, 2011 memo to the Secretary of the Department of Homeland Security requested FLETC develop a specific counterdrug performance measure to support the President's National Drug Control Strategy. In response, the following statement, "The FLETC's counterdrug-related basic skills training (i.e., Drug Recognition, Clandestine Laboratory Safety Awareness, Marijuana Cultivation Investigations, etc.) meets my agency's identified training needs," was added to the Participating Organization Satisfaction Survey beginning in FY 2012. The data collected for this statement will be used to support the President's National Drug Control Strategy by assessing Participating Organization satisfaction with counterdrug-related basic skills training the FLETC provides to their law enforcement officers and agents. FLETC Participating Organizations are Federal agencies involved in the enforcement of Federal law and have signed a Memorandum of Understanding (MOU) with the FLETC to participate in consolidated training and be given priority scheduling.

| Performance Measure | FY 2020 | |
|---|---------|-----|
| Outcome: Percent of Participating Organizations that agree the Federal Law Enforcement Training Centers counterdrug-related training meets identified training needs | Target | 90% |
| | Actual | 94% |

Prior to establishing a specific counterdrug performance measure, the FLETC utilized the performance measure below, which reflects the satisfaction of Participating Organizations with the training the FLETC provides to their officers/agents in order to effectively perform their law enforcement duties such as the prevention of the introduction of high-consequence weapons of mass destruction, terrorism, and other criminal activity against the U.S. and our citizens. The results of the measure provide on-going opportunities for improvements that are incorporated into the FLETC's training curricula, processes and procedures.

| Performance Measure | FY 2020 | |
|---|---------|------|
| Outcome: Percent of Participating Organizations satisfied with the training provided by the Federal Law Enforcement Training Centers | Target | 90% |
| | Actual | 100% |

1. Performance reporting systems are appropriate and applied

The FLETC POs are surveyed using the PO Satisfaction Survey. The survey was developed using contemporary survey methods comparable to those used by the military services and other major training organizations. Data is collected from mid-May through June. The measure uses an average of survey Statements 1 and 2. Statement 1 begins "The FLETC's basic" and Statement 2 begins "FLETC's advanced." Each statement ends with "training programs and courses of instruction address the right skills needed for my officers/agents to perform their law enforcement duties." The survey uses a modified six-point Likert scale. Program personnel import the survey data as saved by survey respondents from Vovici into the Statistical Package for the Social Sciences to generate descriptive statistics and then into Excel to generate data charts and tables. The percent is calculated as the average of the number of POs that responded "Strongly Agree" or "Agree" to Statements 1 and 2 divided by the number of POs that responded to each of the respective statements. POs that responded "Not Applicable" to either Statement were excluded from the calculations. Following release of the survey summary report, FLETC leaders conduct verbal sessions with Participating Organization key representatives to confirm and discuss their responses. Throughout the year other formal and informal inputs are solicited from the Participating Organization representatives by FLETC staff and used to validate the survey results. No known integrity problems exist.

2. Explanations for not meeting performance targets are reasonable

FLETC exceeded both performance targets.

3. Methodology to establish performance targets is reasonable and applied

The FLETC's ONDCP performance measure was developed and submitted for approval during FY 2012. In order to establish a performance goal (against which to set a baseline), the FLETC examined its actual and targeted historical performance for previously established training related measures. Additionally, informal discussions were held with a sampling of Participating Organizations to gauge their satisfaction with FLETC's drug control related training to date. When considered as a whole, these factors indicated that 81% was a realistic target to establish the baseline. As this performance measure matures, the target goals are evaluated and adjusted as necessary.

4. Adequate performance measures exist for all significant drug control activities

FLETC has one acceptable ONDCP specific performance measure.

Office of the Chief Financial Officer

U.S. Department of Homeland Security
500 12th Street, SW
Washington, D.C. 20536



U.S. Immigration
and Customs
Enforcement

January 25, 2021

Mr. Jon Rice
Deputy Director for the Office of Performance and Budget
U.S. Department of Homeland Security

Dear Mr. Rice,

In accordance with the Office of National Drug Control Policy Circular: *Agency Compliance Review*, dated October 22, 2019, enclosed is Immigration and Customs Enforcement's report of Detailed Accounting and Performance Summary. The last time the DHS OIG performed such an audit was for the *FY 2018 Compliance Review*. With respect to the Budget Formulation, DHS transmitted ICE's FY2022 Summer Budget by email on July 23, 2020 to ONDCP.

If you require further assistance on this information, please contact Jackie Shaw, Section Chief for HSI Budget at Jackie.Shaw@ice.dhs.gov or Kimberly Fleming, Budget Analyst for HSI Budget at Kimberly.Fleming@ice.dhs.gov.

Sincerely,

Kristi Crump, Assistant Budget Director-Program Operations
Office of Budget and Program Performance
U.S. Immigration and Customs Enforcement

FY 2022 Summer Budget and Performance Summary

DEPARTMENT OF HOMELAND SECURITY

Immigration and Customs Enforcement (ICE)

Resource Summary

| | Budget Authority (in Millions) | | |
|--|--------------------------------|----------------------------------|-----------------------------|
| | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Summer Budget |
| Drug Resources by Function | | | |
| Intelligence | \$43.947 | \$48.933 | |
| Investigations: Domestic | 550.463 | 619.707 | |
| Investigations: International | 11.538 | 14.936 | |
| Total Drug Resources by Function | \$605.948 | \$683.576 | |
| Drug Resources by Decision Unit | | | |
| Operations & Support | \$605.948 | \$683.576 | |
| <i>Intelligence</i> | 43.947 | 48.933 | |
| <i>Investigations: Domestic</i> | 550.463 | 619.707 | |
| <i>Investigations: International</i> | 11.538 | 14.936 | |
| Procurement, Construction, & Improvements | - | - | |
| Research & Development | - | - | |
| Total Drug Resources by Decision Unit | \$605.948 | \$683.576 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 2,653 | 2,738 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions) | \$8.3 | \$10.4 | |
| Drug Resources Percentage | 7.21% | 6.5% | |

Program Summary

MISSION

U.S. Immigration and Customs Enforcement (ICE), a multi-mission LEA, 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. This mission is executed through the enforcement of hundreds of federal statutes and focuses on smart immigration enforcement, preventing terrorism and combating the illegal movement of people and goods.

The Homeland Security Investigations (HSI) directorate is responsible for investigating a wide range of domestic and international activities arising from the illegal movement of people and goods into, within and out of the United States. ICE-HSI supports U.S. drug control policy, specifically Office of National Drug Control Policy initiatives, such as ‘Disrupt domestic drug trafficking and production’ and ‘Strengthen Law-Enforcement and International Partnerships to Reduce the Availability of Foreign-Produced Drugs in the United States’, and by supporting the overall ICE mandate to detect, disrupt, and dismantle smuggling organizations. The desired outcomes for the execution of DHS’ action items are disruption of domestic drug trafficking and production; strengthening of international partnerships; and reduction in the availability of foreign-produced drugs in the United States. Increased hours incurred on drug-related cases directly lead to increased detection, disruption and dismantlement of drug smuggling organizations.

METHODOLOGY

ICE’s approved drug methodology is based on investigative case hours recorded in the ICE Investigative Case Management System (ICM). ICE agents record the hours they work, categorized by the type of investigation in ICM. Following the close of the fiscal year, a report is produced that aggregates investigative case hours with a general drug case coding and a money laundering drug case coding. A second report is produced, 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 2019, 31.11 percent of case hours were drug-related for HSI Domestic Investigations, 10.36 percent for HSI International Investigations, and 46.70 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.

HSI utilizes the Significant Case Report (SCR) process to report on its impact on the mission. SCRs encompass the diverse categories investigated by HSI Special Agents, including illicit trade, travel, and finance (non-drug-related); illicit trade, travel, and finance (drug related); cyber; counter-terrorism; national security; worksite enforcement; gangs; and child exploitation. SCRs demonstrate how HSI investigations have disrupted and dismantled significant investigations of transnational criminal organizations. The primary measure that is derived from the SCR process for counternarcotics is the “Percentage of significant drug related, illicit trade, travel and finance investigations that result in a disruption or dismantlement of a criminal organization.” This measure is an aggregate of the number of disruptions or dismantlements, over the number

of approved significant drug related illicit trade, travel, and finance transnational criminal investigations. Drug-related illicit trade, travel, and finance investigations include the earning, laundering, moving, or preventing the movement of more than \$10 million annually in drug proceeds; investigations of Consolidated Priority Organization Targets; or investigations of Regional Priority Organization subjects.

BUDGET SUMMARY

In FY 2022, ICE requests [REDACTED] million for drug control activities, an [REDACTED] the FY 2021 President's Budget.

Operations and Support

[REDACTED]

The Operations and Support 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 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

[REDACTED]

HSI Intelligence collects, analyzes, and shares criminal analysis with law enforcement partners to support efforts to disrupt the flow of illicit drugs. HSI Intelligence collects and analyzes information and data from multiple-sources, develops the information to enable investigative and enforcement actions and inform decision makers, and disseminates criminal analysis to the appropriate fusion partners to coordinate and de-conflict intelligence and investigative actions.

Investigations

[REDACTED]

ICE Investigative activities protect the infrastructure and persons within the United States by applying a wide range of legal authorities that support the *Strategy's* goals and objectives to disrupt, dismantle, and destroy the pathways used by transnational criminal organizations to transport drugs and the proceeds of drug trafficking across our borders.

Domestic Investigations

[REDACTED]

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.

[REDACTED]

The requested resources will support investigative efforts, coordination with Federal, State, local, and foreign LEAs, and participation in task forces, such as the OCDETF and its Fusion Center (OFC), HIDTAs, Strike Force, the International Organized Crime Intelligence and Operations Center (IOC2) DEA Special Operations Division (SOD), and the BEST initiative to counter the flow of all illicit drugs into and out of the United States.

In further support of interagency collaboration, ICE will continue active participation in the DEA SOD, OFC and IOC2, which are interagency coordination centers consisting of representatives from multiple Federal agencies that include DEA, FBI, and the Internal Revenue Service. During ICE field investigations, these centers allow ICE to target the command and control of communication devices employed by criminal organizations operating across jurisdictional boundaries on a regional, national, and international level. These centers also allow ICE to deconflict and coordinate this information as well as investigative efforts among LEAs, foreign and domestic, to maximize efforts to disrupt and dismantle targeted organizations.

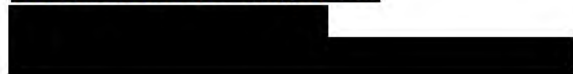
Implemented in FY 2006 and reinforced by the Border Enforcement Security Taskforce Act of 2012, the BEST initiative developed a comprehensive approach that identifies, disrupts, and dismantles criminal organizations posing significant threats to border security. The BEST teams incorporate personnel from ICE, CBP, USPS, DEA, ATF, FBI, Coast Guard, and the U.S. Attorney's Office (USAO), along with other key Federal, state, local, and foreign LEAs. In response to the Transnational Criminal Organizations (TCO) activities, HSI has assigned more than 1,500 special agents and almost 150 intelligence research specialists to Southwest Border Offices. Additionally, the BESTs have been designated by DHS as a response element to three "whole of government" initiatives to counter southbound firearms trafficking including DHS' Operation Without a Trace (WaT) targeting the command, control, finance and logistics networks used by the Sinaloa and CJNG drug cartels to procure and smuggle weapons from the U.S. to Mexico.

ICE will use the requested resources to continue funding operations such as the Bulk Cash Smuggling Center, which 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 Bulk Cash Smuggling Center is focused on disrupting facilitation pipelines used to move currency and other forms of value derived from illicit activities such as the smuggling of drugs, weapons, and contraband, as well as human trafficking and foreign political corruption. HSI has refined its ability to target money laundering and financial violations through the National Bulk Cash Smuggling Center which generates long-term, multi-jurisdictional bulk cash investigations.

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 (CPOTs) 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.

Additionally, the ICE HSI Trade Transparency Unit (TTU) and Money Laundering Coordination Center continues 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 established a TTU in Mexico City, Mexico, in 2008. The Mexico City TTU comprises 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.

International Investigations



With 80 offices in 53 countries around the world, including nine DOD liaison offices, ICE is the largest investigative component of the Department of Homeland Security. ICE 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 coordinates with DEA on its overseas narcotics investigations.

ICE supports the Strategy 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.

The Homeland Security Act of 2002 authorizes the deployment of DHS officers to diplomatic posts to perform visa security activities and provide advice and training to Department of State (DOS) consular officers. This critical mission is accomplished through ICE HSI's Visa Security Program (VSP). VSP operations are presently functioning at 38 diplomatic posts in 28 countries.

Through VSP, ICE HSI utilizes deployed special agents and the Pre-Adjudicated Threat Recognition Intelligence Operations Team (PATRIOT) to investigate suspect travelers during the visa application process. VSP PATRIOT, administered by HSI International Operations in collaboration with Customs and Border Protection (CBP), conducts centralized screening and vetting in the National Capital Region (NCR) in support of VSP operations. At post, deployed special agents utilize available investigative resources – to include but not limited to PATRIOT analysis, interviews at post, and liaison with host and domestic partners – to identify, exploit and disrupt the travel of suspect applicants. Investigative findings, including those linked to illicit drug activity, by the HSI special agents are then shared for utilization by both HSI and its law enforcement and intelligence community partners. These efforts allow the VSP to operate as a counterterrorism tool that disrupts and investigates the travel of illicit actors mitigating threats posed by transnational terrorist and criminal networks.

On September 27, 2011, U.S. Immigration and Customs Enforcement (ICE) HSI officially established the Transnational Criminal Investigative Unit (TCIU) Program. HSI TCIUs are comprised of foreign law enforcement officials, customs officers, immigration officers, and prosecutors who undergo a strict vetting process to ensure that shared information and operational activities are not compromised.

ICE HSI TCIUs facilitate information exchange and rapid bilateral investigation of weapons trafficking and counter-proliferation, money laundering and bulk cash smuggling, human smuggling and trafficking, narcotics trafficking, intellectual property rights violations, customs fraud, child exploitation, cyber-crime, and many of the other 400 violations of law within ICE HSI's investigative purview. There are over 400 foreign law enforcement officers that comprise the eleven TCIU countries and two International Taskforce units in 13 countries.

ICE HSI in collaboration with Customs and Border Protection (CBP) and the U.S. Department of Defense, developed and manages the Biometric Identification Transnational Migration Alert Program (BITMAP). BITMAP is a host-country-led initiative in which ICE HSI trains and equips TCIUs and partner nations to collect biometric and biographic data by targeting high risk

subjects utilizing illicit pathways and criminals convicted of serious crimes. Foreign partners share this data with HSI who then screen the data against U.S. Government databases. HSI currently conducts dedicated BITMAP operations in eighteen (18) countries.

ICE HSI BEST and HSI International Operations 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 in temporary assignment as subject matter experts 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 across 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.

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 2019.

| Immigration and Customs Enforcement | | |
|---|----------------|------------------|
| Selected Measures of Performance | FY 2018 Target | FY 2019 Achieved |
| » Percent of significant high-risk drug related illicit trade and finance investigations that result in a disruption or dismantlement | 15.2% | 8.6% |
| » Total illegal currency and monetary instruments seized (\$) from drug operations | N/A* | \$529.8 M |
| » Percent of Cocaine seizures considered high impact (lbs)* | N/A* | 53% |
| » Percent of Heroin seizures considered high impact (lbs)* | N/A* | 51% |
| » Percent of Marijuana seizures considered high impact (lbs)* | N/A* | 22% |
| » Percent of Fentanyl considered high impact (lbs)* | N/A* | 87% |
| » Percent of Methamphetamine seizures considered high impact (lbs)* | N/A* | 77% |

*ICE does not set targets for seized counternarcotic metrics.

Discussion

ICE established a new performance metric in FY 2013 to better reflect Law Enforcement efforts related to counternarcotics enforcement. The new performance metric is the percent of transnational 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 are 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. Agents submit enforcement actions that meet the definition of either a disruption or dismantlement, which are cases deemed high-impact or high-risk based on a pre-defined set of criteria and are reviewed by an SCR panel. The SCR panel reviews enforcement actions and examines each submission to ensure it meets the requirement of a disruption or dismantlement.

These investigations include HSI investigations directly related to the disruption and/or dismantlement of Consolidated Priority Organization Targets and Regional Priority Organization Targets in accordance with targets designated by the Organized Crime Drug Enforcement Task Force. Percentages are calculated by dividing drug-related enforcement actions (deemed a disruption or dismantlement) by the total number of enforcement actions within the domestic program.

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 2019, ICE seized \$529.8 million from currency and monetary instruments derived from drug operations. The seizure of currency and monetary instruments reduces the financial incentives for criminals

OPIOIDS

In the FY 2020 budget submission, ICE requested funding for Executive Order (EO) which was inclusive of Opioids. Summary of the enhancement below:

HSI (\$37.9M and 256 FTP): HSI plays a critical role in immigration enforcement and has prioritized worksite enforcement, gang investigations, and opioid misuse in accordance with EOs 13773, 13767, 13768, 13769, and 13776. Once trained, new HSI LEOs will expand efforts to combat the TCOs that attempt to illegally exploit America's trade, travel, and financial systems. HSI Intelligence EO hires (150 CIs and 106 support staff) will serve as a force multiplier; special agents can cover 24% more cases with investigative support and produce more criminal arrests. For example, investigative support for gang investigations increases the likelihood of a criminal arrest from 25% to 57%.

HSI seizures of illicit fentanyl and other opioids at International Mail Facilities (IMF) and Express Consignment Facilities (ECC) have decreased over the last two years. Though fentanyl seizures made at land border ports of entry along the southern border are higher in number and larger in volume, the fentanyl seizures from mail and ECC facilities are much higher in purity and are therefore much deadlier. Laboratory results of tested fentanyl has identified that the majority of illicit fentanyl seized in the international mail and ECC environments is shipped in

concentrations of over 90%, whereas the majority of fentanyl in the land border port of entry environment is seized in concentrations of less than 10% percent. Purchasers can also access open source and Dark Web marketplaces directly for fentanyl and other illicit opioids, where they can be easily purchased.

HSI BEST has been the primary vehicle used to carry out part of HSI's comprehensive, multi-layered strategy to address the national Opioid Epidemic. HSI has increased the number of BEST at Memphis, JFK, LAX and Northern Kentucky International Mail Facilities (IMF) and Express Consignment Courier (ECC) as part of HSI's comprehensive and multi-layered strategy to combat the Opioid Epidemic. This strategy facilitates the immediate application of investigative techniques on seized parcels, which aid in establishing probable cause needed to effect enforcement actions on individuals associated with fentanyl laden parcels. Consequentially, these seizures and arrests disrupt the movement of illicit opioids and opioid precursors transiting through the mail and express consignment shipments, and aid in the dismantling of distribution networks.

Recognizing that transactions conducted on the Dark Web often involve the utilization of cryptocurrency, in FY 2017, to combat the fentanyl crisis and related financial crimes, the ICE HSI Illicit Finance and Proceeds of Crime Unit and Computer Crimes Unit instituted the Illicit Digital Economy Program (IDEP). IDEP is a concerted effort in cryptocurrency and Dark Web training and outreach for our own internal investigators and analysts as well as federal, state, local, and international law enforcement partners to strengthen the global awareness and knowledge needed to combat the emerging threat. In FY 2018, IDEP conducted 87 presentations and trainings reaching approximately 5,166 law enforcement, government, and non-governmental attendees, and contributed to the initiation of approximately 268 ICE HSI led investigations, 246 arrests, 55 convictions, 145 indictments and seizure of \$23 million in cryptocurrency.

The Executive Order enhancement includes Opioids among several other major investigative case categories including worksite enforcement and gang investigations. In the event ICE received this EO enhancement, then ICE would continue to report on the drug budget using the current methodology.

U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Detailed Accounting Report of Drug Control Funding Fiscal Year 2020

A. Table of Prior Year FY 2020 Drug Control Obligations

Drug Resources by Budget Decision Unit and Function:

| | FY 2020 Final (In Millions) |
|---|--------------------------------|
| Drug Resource by Drug Control Function | |
| Domestic Investigations | \$531.354 |
| International Operations | \$10.269 |
| Intelligence: Domestic | \$60.510 |
| Intelligence: International | \$1.260 |
| Total | \$603.393 |
| Drug Resources by Budget Decision Unit | |
| Salaries and Expenses – Immigration Enforcement | \$0 |
| Total | \$603.393 |
| High Intensity Drug Trafficking Area (HIDTA) Transfer | \$3.413 |

HIDTA Funds represent total authorized and available during FY2020 (multi-year funds: FY19/20 and FY20/21)

1: Drug Methodology

U.S. Immigration and Customs Enforcement (ICE) is a multi-mission bureau, and obligations are reported pursuant to an approved drug methodology. ICE's Homeland Security Investigations (HSI) Domestic Investigations, International Operations (IO) and Office of Intelligence uphold U.S. drug control policy delegated amid the Office of National Drug Control Policy (ONDCP) initiatives, by fully supporting the overall ICE mandate to detect, disrupt, and dismantle smuggling organizations. Therefore, separate calculations are formulated to determine obligation data for the three ICE HSI sanctioned programs that undertake counter-narcotic investigative activity, presented in the table above. Thereafter, the following three (3) sections cover each program in detail.

Domestic Investigations

The methodology for HSI Domestic Investigations is based on investigative case hours recorded in ICE's automated Case Management System. ICE officers record the type of investigative work they perform in this system in the form of case hours. These case hours can then be aggregated to show

overall level of effort.

Following the close of the fiscal year, ICE uses Investigative Case Management (ICM) reports to identify and report the total investigative case hours coded as general narcotics cases or money-laundering narcotics cases. A second ICM report shows the total Domestic investigative case hours logged. The percentage of Domestic investigative case hours logged is derived by dividing the number of investigative case hours linked to drug-control activities by the total number of Domestic investigative case hours. This percentage may fluctuate from year to year. For FY 2020, the actual percentage for Domestic Investigations was 30.03 percent. To calculate a dollar amount of obligation, the percentage is applied to the FY 2020 enacted Domestic Investigations budget; excluding reimbursable authority. ICE uses the Federal Financial Management System (FFMS), ICE's general ledger system, to identify the obligations incurred.

International Operations (IO)

The methodology for IO is based on investigative case hours recorded in ICE's automated Case Management System. ICE officers record the type of work and related case hours they perform in this system, which interfaces with ICM. Following the close of the fiscal year, an ICM report is run to capture investigative case hours coded as general narcotics cases or money-laundering narcotics cases. A second report is run to capture all investigative case hours logged for international law enforcement operations. The international investigative case hours logged percentage is derived by dividing the number of investigative case hours linked to drug-control activities by the total number of International investigative case hours. For FY 2020, the actual percentage of hours that were general narcotics related was 9.22 percent. To calculate the dollar amount of obligations for the IO drug control function, the percentage is applied to the FY 2020 enacted IO budget, excluding reimbursable authority. The FFMS is the system used to generate the actual obligations incurred.

Office of Intelligence

ICE Criminal Analysts provide intelligence services for Domestic Investigations and IO to support criminal investigations aimed at disrupting and dismantling criminal organizations involved in transnational drug trade and associated money-laundering crimes. The methodology for the Office of Intelligence is based on intelligence case hours recorded in ICE's automated Case Management System. ICE Criminal Analysts record the type of work and related case hours they perform in this system, which interfaces with ICM. Following the close of the fiscal year, a report in ICM is run to capture investigative case hours coded as general-narcotics cases or money-laundering narcotics cases. A second report is generated capturing all investigative case hours logged. The intelligence investigative case hours percentage is derived by dividing the number of investigative case hours linked to drug-control activities by the total number of Intelligence investigative case hours logged for the Office of Intelligence. For FY 2020, 65.64 percent of the total case hours for the Office of Intelligence were in support of drug-control activities. To calculate the dollar amount of obligations for the Office of Intelligence drug control function, the percentage is applied to the FY 2020 enacted Intelligence budget, excluding reimbursable authority. The FFMS is the system used to

generate the actual obligations incurred.

The Office of Intelligence case hours recorded in ICM captures both domestic and international drug-related activity. The Office of Intelligence calculates the total percentage of case hours that support Domestic and International drug enforcement activity by adding the end of the year total number of Intelligence Domestic and Intelligence Office of International Operations drug-controlled investigative hours in ICM and dividing these totals by the total number of Domestic drug-controlled investigative hours and IO drug-controlled investigative hours. The resulting percentage is used to determine the amount that Intelligence does for international activities (2.04 percent) and domestic activities (97.96 percent) in FY 2020. The respective percentages are applied to the total Office of Intelligence drug-related obligations as determined above to identify the relative international and domestic obligations expended by the Office of Intelligence for drug-control activities.

2: Methodology Modifications

There were no modifications to the drug methodology from the previous year to report.

3: Material Weaknesses or Other Findings

In the Fiscal Year 2020 Department of Homeland Security (DHS or the Department) Consolidated Financial Statement Audit, ICE contributed to material weaknesses for Information Technology (IT) Controls and System Functionality and Financial Reporting. ICE continues to focus heavily on controls for all financial related systems, such as the systems used for financial management, invoice management, real property, time & attendance, bond management and procurement. ICE has completed a full assessment of application controls for all CFO designated systems, continues to execute corrective actions for existing weaknesses, is remediating new weaknesses identified and conduct routine verification and validation to ensure improvements are being sustained.

ICE recognizes weaknesses and will work to improve financial reporting related to manual footnote submissions, bond management, invoices, accounts payable accrual, validation and verification of undelivered orders, recording of obligations, PRISM to FFMS reconciliation, timely approval of Intra-governmental Payment and Collection transactions, and recording of seized or forfeited property. Additionally, ICE must continue to improve on entity level controls over performance reviews, personnel actions and time and attendance. While there were some Notices of Findings and Recommendations (NFR) related to the financial processes and systems, ICE continues to improve on financial reporting control deficiencies. The contributions to material weaknesses identified above, or the NFRs received for financial reporting, did not impair ICE's ability to report complete and accurate obligation data in the Table of Prior Year FY 2020 Drug Control Obligations.

4: Reprogrammings or Transfers

During FY 2020, ICE had no reprogrammings and transfers. As a component of DHS, ICE submits all reprogramming and transfer requests through the Department for approval, and the impact of these changes is assessed by the Department. In FY 2020, the Department determined there were no

reprogrammings or transfers that materially impacted ICE's drug-related obligations reported in the Table of Prior Year FY 2020 Drug Control Obligations.

5: Other Disclosures

There are no other disclosures ICE feels are necessary to clarify any issues regarding the data reported.

B. Assertions

1: Obligations by Budget Decision Unit

Not Applicable - As a multi-mission agency, ICE is exempt from reporting under this section as noted in the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019.

2: Drug Methodology

The methodology used to calculate obligations of budgetary resources by budget decision unit and function is reasonable and accurate regarding the workload data employed and the estimation methods used. The workload data derived from ICM, discussed in the methodology section above, is based on work performed between October 1, 2019 and September 30, 2020. There are no other estimation methods used. The financial system used to calculate the drug-related budget obligations is the FFMS, which is reliable and capable of yielding data that fairly presents, in all material respects, aggregate obligations.

3: Application of Drug Methodology

The methodology disclosed in Section A, Disclosure No. 1 was the actual methodology used to generate the Table of Prior Year FY 2020 Drug Control Obligations.

4: Reprogrammings or Transfers

The data presented are associated with obligations against a financial plan that properly reflects all changes in drug-related budgetary resources that occurred during the fiscal year, including reprogrammings or transfers. Although the Department determined there was no material impact to drug-related obligations, the ONDCP approved all reprogrammings or transfers in excess of \$1 million in FY 2020.

5: Fund Control Notices

No Fund Control Notice was issued, as defined by the ONDCP Director under 21 U.S.C. Section 1703(f) and Section 9 of the ONDCP Circular: *Budget Execution*, to ICE in FY 2020.

**U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement**

**Performance Summary Report of Drug Control Funds during
Fiscal Year (FY) 2020**

International Operations (IO)

Metric 1: Percentage of overseas investigative hours incurred on drug-related cases.

(1) Description

The performance metric for IO is the percentage of overseas investigative hours incurred on drug-related cases. This metric evaluates the percentage of Immigration and Customs Enforcement's (ICE) total overseas investigations that impact counter-narcotics enforcement.

ICE's Homeland Security Investigations (HSI) IO supports U.S. drug control policy, specifically Office of National Drug Control Policy (ONDCP) initiatives, such as 'Disrupt domestic drug trafficking and production' and 'Strengthen Law-Enforcement and International Partnerships to Reduce the Availability of Foreign-Produced Drugs in the United States', by supporting the overall ICE mandate to detect, disrupt, and dismantle smuggling organizations. The desired outcomes for the execution of DHS' action items are: disruption of domestic drug trafficking and production; and strengthening of international partnerships and reduction in the availability of foreign-produced drugs in the United States. Increased hours incurred on drug-related cases directly lead to increased detection, disruption and dismantlement of drug smuggling organizations. IO investigative resources are directed at organizations smuggling contraband (including narcotics) into the United States. The IO offices coordinate international investigation with foreign law enforcement counterparts and provide investigative support to HSI domestic offices in combatting transnational criminal operations and organizations. IO also partners with domestic ICE components and with U.S. law enforcement agencies overseas to leverage overseas resources, mitigating global narcotics threats to the United States. This includes utilizing investigative and intelligence techniques to support domestic cases and interagency cross-border initiatives.

This counter-narcotics performance metric is evaluated on a consistent basis for IO. In some cases, it is included in Senior Executive Service (SES) performance plans and may be tracked at a high managerial level by way of processes such as HSI Transparency/Results/Accountability/Knowledge-sharing (HSI TRAK), programmatic monitoring, financial monitoring, and quarterly expenditure reports.

(2) Prior and Current Year Performance Targets and Results

| Fiscal Year | Target | Year End Actual |
|--------------------|---------------|------------------------|
| 2016 | 7.50% | 7.50% |
| 2017 | 7.80% | 7.40% |
| 2018 | 7.49% | 9.84% |
| 2019 | 8.25% | 10.36% |
| 2020 | 9.20% | 9.22% |

In FY 2020, the IO actual percentage was 9.22 percent; therefore exceeding the FY 2020 target of 9.20 percent. To calculate the dollar amount of obligations for the IO drug control function, this percentage is applied to the FY 2020 enacted IO budget, excluding reimbursable authority.

It should be noted, during FY 2020, the actual IO percentage has been directly influenced by the pandemic and its effect on the ability of our foreign counterparts to conduct and support narcotics related operations and investigations. This action directly impacts the SCR process as well as the agency's ability to disrupt and dismantle transnational criminal organizations.

(3) Performance Target for FY 2020

The performance target for FY 2020 is 9.20 percent, a target based on the average three prior years' actual data per prior year's methodology. HSI notes the drug enforcement environment can change significantly in a short period of time due to changes in drug enforcement strategy, including legislation. Thus, incorporating historical data beyond the prior three years would result in a less realistic performance target. In establishing this performance metric, IO plans to have sufficient resources to support the same level of effort on drug-related investigations.

(4) Quality of Performance Data

The database used to obtain HSI IO's performance data is the ICE Investigative Case Management System (ICM), which is ICE's automated case management system that records investigative hours. International Operations relies on ICM to ensure the performance data is accurate, complete, and unbiased in presentation and substance. ICE also conducts quality control verification on all data received through ICM to ensure performance data is accurate, complete, and unbiased in presentation and substance. HSI has transitioned into the new web-based system (ICM) from Legacy TECS, which has created interface migration issues. The first release took place in the summer of 2016, when nearly 11,000 HSI users were migrated over to ICM. As a result, some of the data used in this metric of the report has been impacted by an immaterial amount.

Intelligence

Metric 2: Number of counter-narcotics intelligence requests satisfied.

(1) Description

This performance metric is calculated by the sum of the amount of Intelligence Information Reports (IIR) and Analytical Framework for Intelligence (AFI) products.

An IIR is a formal standardized method of disseminating raw unevaluated information, on behalf of the Department of Homeland Security (DHS) Intelligence Enterprise (IE) and other information providers, to elements of the Intelligence Community (IC) and the DHS IE, as appropriate. This is the primary vehicle through which the Reports Section shares this raw intelligence within ICE and throughout the DHS and the IC.

The AFI allows HSI Office of Intelligence (HSI Intel) to maintain visibility on all Intelligence products used by the HSI field offices and at HQ. This system allows HSI-Intel to run searches on specific mission areas, which include counter-narcotics and drug smuggling Intel-related products.

HSI Intel supports its HSI Special Agents, Intelligence Analysts, Mission Support Specialists and all other personnel who support intelligence operations and the IC by providing AFI and IIR products and services that inform customers and close existing “intelligence gaps.” Customer requirements are formally documented and captured within the Analytical Framework for Intelligence (AFI). Published Intelligence products, known as AFI products, are a detailed written analysis on an intelligence development that can be shared with the IC. Levied requirements are then determined either “satisfied” by Intelligence, or not. In the latter case, an intelligence gap remains. Satisfaction of customer requirements represents the “outcome” of Intelligence production in those satisfying customer requirements, closes the gap in customer information needs, and allows customers to make informed decisions about executing law enforcement actions.

This counter-narcotics performance metric is evaluated on a consistent basis for Intelligence, and is in some cases put into SES performance plans. It is also tracked at a high managerial level via processes, such as HSI TRAK, programmatic monitoring, financial monitoring, and quarterly expenditure reports.

(2) Prior and Current Year Performance Targets and Results

| Fiscal Year | Target | Year End Actual |
|--------------------|---------------|------------------------|
| 2016 | 431 | 275 |
| 2017 | 275 | 312 |
| 2018 | 312 | 283 |
| 2019 | 283 | 182 |
| 2020 | 182 | 241 |

In FY 2020, HSI Intel produced a total of 241 drug-related products; therefore exceeding the FY 2020 target of 182. Of the 241 drug-related products, a total of two hundred twenty-five (225) were IIR products and sixteen (16) were AFI products.

(3) Performance Target for FY 2020

The performance target for FY 2020 is 182 counter-narcotics intelligence requests satisfied. The target is based on the prior year actual data. Actual production efforts, whether for finished intelligence or IIRs, are driven by resources and prioritization. Current departmental and ICE priorities are counterterrorism, counterintelligence, human smuggling and cybercrime. The production of drug-related intelligence has declined since FY 2014 in counter-narcotics and may continue to decline pending the department’s priorities; however, ICE senior leadership has determined using the FY 2019 actual is reasonable, as it represents the current organizational priorities.

(4) Quality of Performance Data

Databases used to validate HSI Intel's performance data are the AFI and the HSI Intel's shared drive hosting the IIRs. AFI is a generation analytical system that is separately operated by customers. The capabilities of AFI are used to gather analysis that is critical to the IC through collaborative reporting. Intelligence conducts quality control verification on the AFI data and the shared drive hosting the IIRs to ensure the performance data is accurate and unbiased in presentation and substance. Furthermore, ICE HSI Intel is implementing metadata items within AFI that will group data distinctly into either HSI Domestic or HSI International, increasing the specificity of the data provided.

Domestic Investigations

Metric 3: Percentage of significant Homeland Security investigations that result in a disruption or dismantlement

(1) Description

ICE coordinated with the ONDCP and established new performance metrics in FY 2012 to better indicate the success of counter-narcotics enforcement across all investigative areas. This metric supports the National Counter Narcotics Strategy objectives and initiatives to disrupt and dismantle transnational and domestic drug-trafficking and money-laundering organizations. The new performance metric is "the percentage of significant, high risk transnational criminal investigations that result in a disruption or dismantlement."

This metric is incumbent on all investigative case categories and is not restricted to HSI counter-narcotic cases, contrasting from metric 4 (that is strictly involving ICM Categories directly related to drug activities/investigations). This measure is a precise result of all investigative cases in the seven ICM Categories: 1) Illicit Trade, Travel and Finance (non-drug-related), 2) Illicit Trade, Travel, and Finance (drug related), 3) Counter-proliferation, 4) National Security, 5) Transnational Gangs, 6) Transnational Crimes Against Children, and 7) Worksite Enforcement. These measures articulate the impact of HSI investigations and their final outcomes by demonstrating the impediment of crimes directly. This allows HSI to identify, categorize, and report significant investigations that target the greatest threats faced in the nation, while demonstrating HSI's commitment to disrupt and dismantle criminal activity.

The Significant Case Review (SCR) process and their subsequent performance measures exhibit how HSI enhances national security and public safety by focusing on these high-risk priority investigations. In an effort to ensure long-standing viability, HSI special agents submit enforcement actions that meet the definition of either a disruption or dismantlement that involve criminal investigations of cases deemed significant or high-risk based on a pre-defined set of criteria reviewed by the SCR panel. The SCR panel reviews enforcement actions and examines each submission of the criminal investigative elements that are being presented to ensure the submission meets the requirement of a disruption or

dismantlement. 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 so the organization is incapable of reconstituting itself.

The performance measures for HSI for FY 2020 were calculated using actual historical significant investigation performance results since program inception (FY 2011) using the following methodology:

1) The final calculation is derived by: Number of Unique SCRs with Type 2 and/or Type 3 Reports during the Reporting Period divided by the (Number of Approved and Open Type 1 SCRs at the Beginning of the Reporting Period + Number of Type 1 Reports Opened and Approved During the Reporting Period)¹

(2) Prior and Current Year Performance Targets and Results²

| Fiscal Year | Target | Year End Actual |
|--------------------|---------------|------------------------|
| 2015 | 18.00% | 15.83% |
| 2016 | 16.00% | 18.57% |
| 2017 | 15.90% | 22.91% |
| 2018 | 15.80% | 18.04% |
| 2019 | 15.90% | 15.15% |
| 2020 | 16.10% | 24.83% |

In FY 2020, the actual percentage for the reportable Government Performance and Results Act (GPRA) metric is 24.83 percent; therefore, exceeding the FY 2020 GPRA target of 16.10 percent.

It should be noted, during FY 2020, the actual percentage for the reportable GPRA metric has been directly influenced due to the pandemic events facing the United States. The United States Attorney’s Offices throughout the United States have limited the criminal proceeding including the arrests and indictments process due to Covid-19 exposures. This action directly impacts the SCR process as well as the agency’s ability to disrupt and dismantle transnational criminal organizations.

(3) Performance Target for FY 2020

The performance target for FY 2020 is 16.10 percent. Planning for responses to future criminal trends, while critical in assessing risk and threats, is difficult due to the inherent challenge of predicting future criminal activity. This makes the establishment of performance targets for enforcement statistics

¹ Type 1 (Significant) – Is the initial Significant Case Report (SCR)

Type 2 (Disruption) - SCR that indicates changes in organizational leadership or changes in methods of operation of the target organization.

Type 3 (Dismantlement) – SCR which indicates that the target organization’s leadership, network, and financial base are incapable of reconstituting itself.

² HSI discovered a coding error at the beginning of FY 2015 within the information system that pulls data from TECs. This forced a revalidation of data and a rethinking of how the data is pulled and verified. HSI has since used a corrected data coding and validation for FY 2015. HSI re-examined previous year’s data using the new coding and methodology and those actual results are: FY13 16.28%, FY14 47.16%. The prior year actual results in the table have not been modified, so as to remain comparable to previously issued reports.

extremely difficult. Due to the high number of unknown variables, the FY 2020 performance target was created using historical trends, future operational assumptions, attrition, and national security special event details.

(4) Quality of Performance Data

The database used to validate Domestic Investigations performance data is ICM. Domestic Investigations relies on ICM to ensure the performance data are accurate, complete, and unbiased in presentation and substance. ICE also conducts quality control verification on all data received through ICM to ensure performance data is accurate, complete, and unbiased in presentation and substance.

Due to the migration noted in Metric 1 Section 4, some of the data used in this metric of the report has been impacted by an immaterial amount.

Domestic Investigations

Metric 4: Percent of significant drug related illicit trade and illicit travel and finance investigations that result in a disruption or dismantlement

(1) Description

ICE coordinated with ONDCP and established performance metrics in FY 2012 to better indicate the success of counter-narcotics enforcement across all investigative areas. This is aligned with the 2016-2020 HSI Strategic Plan, Goal: *Protect the Homeland Against Illicit Trade, Travel and Finance, Objective 2.4: Disrupt and Dismantle Drug Trafficking Organizations*. The methodology used to calculate this measure remains consistent with the prior year. ICE supported ONDCP initiatives that include the National Counter Narcotics Strategy objectives, such as disrupting and dismantling transnational and domestic drug-trafficking and money-laundering organizations. The performance metric is “the percentage of significant high risk drug related illicit trade and illicit travel and finance investigations that result in a disruption or dismantlement.” Agents submit enforcement actions that meet the definition of either a disruption or dismantlement, which are cases deemed high-impact or high-risk based on a pre-defined set of criteria and are reviewed by an SCR panel. The SCR panel reviews enforcement actions and examines each submission to ensure it meets the requirement of a disruption or dismantlement.

While Metric 3 focuses on all seven types of ICM criminal investigations, this metric specifically relates to illicit trade, travel, and finance in investigations explicit to investigations in transnational criminal enterprises that focus on schemes involving import and/or export or other trade, travel, finance, or immigration violations. These investigations include HSI investigational actions directly related to the disruption and/or dismantlement of Consolidated Priority Organization Targets and Regional Priority Organization Targets in accordance with targets designated by the Organized Crime Drug Enforcement Task Force. Percentages are calculated by dividing drug-related enforcement actions (deemed a disruption or dismantlement) by the total number of enforcement actions within the domestic program.

(2) Prior and Current Year Performance Targets and Results³

| Fiscal Year | Target | Year End Actual |
|--------------------|---------------|------------------------|
| 2015 | 29.00% | 9.55% |
| 2016 | 15.00% | 19.03% |
| 2017 | 15.10% | 19.03% |
| 2018 | 15.20% | 9.91% |
| 2019 | 15.20% | 8.56% |
| 2020 | 15.50% | 10.96% |

In FY 2020, 10.96 percent of significant high-risk counter-narcotic, illicit trade, travel and finance investigations resulted in a disruption or dismantlement. Therefore, HSI did not meet the FY 2020 target of 15.50 percent.

It should be noted, during FY 2020, the actual percentage for the reportable GPRA metric has been directly influenced due to the COVID-19 pandemic. As a result, the United States criminal court system has deferred prosecutions, indictments and criminal proceedings negatively impacting HSI's enforcement efforts to disrupt and dismantle TCOs. HSI did not meet FY2020 reporting and will likely not meet FY2021 as this pandemic continues. In order to meet the FY2021 target, HSI will count subcategory 06E (Child exploitation enterprise) and 06F (RICO) towards its significant drug related, illicit trade, travel and finance investigations reporting metrics.

(3) Performance Target for FY 2020

The performance target for FY 2020 is 15.50 percent. Due to the high number of unknown variables, the FY 2020 performance target was created using historical trends, future operational assumptions, attrition, and national security special event details. In addition, this target was set before FY 2020 actuals were finalized with the assumption that the patterns will continue into the near future. In establishing this metric, Domestic Investigations plans to have sufficient resources to support the same level of effort on drug related investigations into FY 2020.

(4) Quality of Performance Data

The database used to validate Domestic Investigations performance data is ICM. As stated previously, Domestic Investigations relies on ICM to ensure the performance data are accurate, complete, and unbiased in presentation and substance. ICE also conducts quality control verification on all data

³ HSI discovered a coding error at the beginning of FY 2015 within the information system that pulls data from TECs. This forced a revalidation of data and a rethinking of how the data is pulled and verified. HSI has since used a corrected data coding and validation for FY 2015. HSI re-examined previous year's data using the new coding and methodology and those actual results are: FY13 16.28%, FY14 47.16%. The prior year actual results in the table have not been modified, so as to remain comparable to previously issued reports.

received through ICM to ensure performance data is accurate, complete, and unbiased in presentation and substance.

Due to the migration noted in Metric 1 Section 4, some of the data used in this metric of the report has been impacted by an immaterial amount.

Exhibit 1: Additional Drug Enforcement Statistics

Domestic Investigations keeps track of additional statistics to monitor their drug enforcement efforts. Domestic Investigations does not set targets for seizures and only provides year-end data. Note: “high impact” as discussed in Statistics 3 through 6 is defined as the weight limit for a seizure that would constitute a federal drug identification number from the El Paso Intelligence Center.

Statistic 1: Dollar value of real or other property seizures derived from/and/or used in drug operations.

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Actual |
|-------------------|-------------------|-------------------|-------------------|
| \$39.0 M | \$254.1 M | \$559.9 M | \$49.1 M |

Statistic 2: Dollar value of seized currency and monetary instruments from drug operations.

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Actual |
|-------------------|-------------------|-------------------|-------------------|
| \$434.6 M | \$434.6 M | \$529.8 M | \$216.3 M |

Statistic 3: Percentage of total cocaine seizures considered high impact.

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Actual |
|-------------------|-------------------|-------------------|-------------------|
| 53% | 50% | 53% | 52% |

Statistic 4: Percentage of total fentanyl seizures considered high impact.

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Actual |
|-------------------|-------------------|-------------------|-------------------|
| N/A | 90% | 87% | 88% |

Statistic 5: Percentage of heroin seizures considered high impact.

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Actual |
|-------------------|-------------------|-------------------|-------------------|
| 43% | 49% | 51% | 50% |

Statistic 5: Percentage of marijuana seizures considered high impact.

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Actual |
|-------------------|-------------------|-------------------|-------------------|
| 33% | 22% | 22% | 22% |

Statistic 6: Percentage of methamphetamine seizures considered high impact.

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Actual |
|-------------------|-------------------|-------------------|-------------------|
| 66% | 69% | 77% | 73% |



7110
Jan 28, 2021

James W. Carroll, Jr.
Director
Office of National Drug Control Policy
750 17th Street, NW
Washington, DC 20503

Dear Mr. Carroll,

The United States Coast Guard is required by the Office of National Drug Control Policy (ONDCP) Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, to present information and assertions used in budget formulation, account for funds expended on ONDCP activities, and the described levels of performance achieved in execution of these activities.

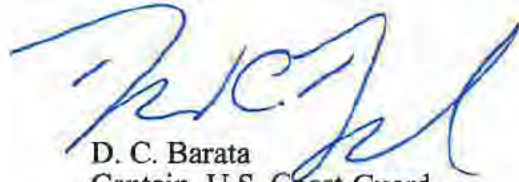
Enclosed are the Coast Guard's FY 2022 Summer Drug Budget, FY 2020 Detailed Accounting Report, and the FY 2020 Performance Summary Report.

In compliance with the ONDCP Circular: *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, I am writing to make the following assertions:

- The FY 2022 Summer Drug Budget was submitted to ONDCP on July 09, 2020, which contained an FY 2022 Summer Drug Budget Resource Summary Table.
- The DHS FY 2022 Summer Drug Budget and Resource Summary table were provided to ONDCP at the same time as that budget request was submitted to DHS.
- To the best of my knowledge, the Coast Guard provided the FY 2022 Summer Drug Budget submission to DHS without alteration or adjustment by any official at DHS.
- To the best of my knowledge, the drug control funding obligation assertions, budget formulation assertions, accounting assertions, and performance assertions detailed by the Coast Guard within each report and/or submission are accurate and complete.

If there are any questions, please contact my Drug Budget Coordinator, LCDR Ben Leuthold, (202) 372-2307.

Sincerely,



D. C. Barata
Captain, U.S. Coast Guard
Chief, Office of Budget and Programs

- Encl: (1) USCG FY 2022 Summer Budget Submission June, 2020
(2) USCG FY 2020 Detailed Accounting Report / Assertions
(3) USCG FY 2020 Performance Summary Report

Copy: DHS Budget Office

FY 2022 Summer Budget and Performance Summary

DEPARTMENT OF HOMELAND SECURITY

United States Coast Guard (USCG)

Resource Summary

| Budget Authority (in Millions) | | | |
|--|--------------------|----------------------------------|-----------------------------|
| | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Summer Budget |
| Drug Resources by Function | | | |
| Interdiction | \$1,836.079 | \$1,825.111 | [REDACTED] |
| Research and Development ¹ | \$0.676 | \$0.728 | [REDACTED] |
| Total Drug Resources by Function | \$1,836.755 | \$1,825.839 | [REDACTED] |
| Drug Resources by Decision Unit | | | |
| Operations & Support | \$1,265.298 | \$1,306.924 | [REDACTED] |
| Procurement, Construction, & Improvements | \$570.781 | \$518.187 | [REDACTED] |
| Research & Development ¹ | \$0.676 | \$0.728 | [REDACTED] |
| Total Drug Resources by Decision Unit | \$1,836.755 | \$1,825.839 | [REDACTED] |

| Drug Resources Personnel Summary | | | |
|--|--------|--------|------------|
| Total FTEs (direct only) | 7,508 | 7,611 | [REDACTED] |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions) | \$12.0 | \$12.3 | [REDACTED] |
| Drug Resources Percentage | 15.31% | 14.81% | [REDACTED] |

Note 1: As part of the Coast Guard's transition to the DHS Common Appropriations Structure (CAS), personnel and other overhead costs for the Research and Development appropriation were moved to the Operations and Support appropriation in FY 2020.

Program Summary

MISSION

The Coast Guard is America's principal Federal agency for maritime safety, security, and stewardship. It 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 the high seas. 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 Transnational Organized Crime (TOC) networks that directly threaten the National security of the United States, exploit U.S. citizens, and destabilize our Western Hemisphere neighbors. The Coast Guard addresses this objective through projection of an effective law enforcement presence 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 key objectives of the Coast Guard strategy are to:

- (1) Maintain an interdiction presence based on the availability of assets, 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 address 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, 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 Long Range Surveillance [LRS] aircraft). Established baselines of operational activity are used to further allocate those costs to the various missions.

Procurement, Construction & Improvements (PC&I)

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed PC&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 a PC&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 PC&I funding. Program changes in the PC&I account may vary significantly from year-to-year depending on the specific platforms or construction projects supported. PC&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, aircraft, shore facilities, and other equipment, such as computer systems.

Operations & Support (O&S)

O&S funds are used to operate assets and 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 O&S asset cost data and systematically allocate costs in the following manner:

- **Direct Costs:** Applied directly to the operating assets that perform missions.
- **Support Costs:** Applied to assets for which cost variability can be specifically linked to operating assets (based on 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 O&S 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 (R&D)

The Mission Cost Model is used to develop an allocation of costs by mission areas for proposed R&D projects. Allocation of drug interdiction funding is accomplished within the R&D appropriation by evaluating each project’s anticipated contribution to drug interdiction efforts based on subject matter expert professional judgment.

BUDGET SUMMARY

The Coast Guard’s [redacted] million for drug control activities, [redacted] [redacted] from the FY 2021 President’s Budget.

Procurement, Construction, and Improvements

[redacted]

The FY 2022 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 2022 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.

[redacted]

Operations and Support

[redacted]

In the FY 2022 budget, O&S will fund sustainment of operations and readiness investments from the FY 2021 budget, including military pay and allowances, new asset follow on costs, and depot level

maintenance for aging assets. These assets contribute significantly to the drug interdiction mission.

Research and Development

R&D funding allows the Coast Guard to sustain critical missions for the Department of Homeland Security. The requested R&D funding supports all 11 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 2022 resources will continue to support the development of technologies, such as opioid detection technology, unmanned aircraft, unmanned surface vessels, and unmanned subsurface vessels that give operational commanders a wider range of options to detect and/or stop fleeing vessels. Additional efforts in the FY 2022 budget request with impacts to the counter drug mission include enhanced Maritime Domain Awareness technology and an operational performance improvements modeling project to enhance the effectiveness of tactical force packages.

PERFORMANCE

Information regarding the performance of the drug control mission of the Coast Guard program is based on agency Government Performance and Results Act (GPRA) documents and Coast Guard data. The table and accompanying text represent highlights of their achievements in FY 2019.

| United States Coast Guard | | |
|---|----------------|------------------|
| Selected Measures of Performance | FY 2019 Target | FY 2019 Achieved |
| » Removal rate for cocaine from non-commercial vessels in Maritime Transit Zone | 10.0% | 9.3% |
| » Metric Tons (MT) of Cocaine Removed | 240.0 | 207.9 |

Discussion

The Coast Guard continues to use the Interagency Consolidated Counterdrug Database (CCDB) as its source for tracking cocaine movement estimates. The CCDB 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.

The Coast Guard’s target for FY 2020 is to remove ten percent of the known cocaine flow moving via non-commercial maritime means toward the United States, and to remove a total of 240MT of cocaine.

In FY 2019, the Coast Guard removed 207.9 metric tons of cocaine, a decrease of less than 1% from the prior year. The overall removal rate increased from FY 2018, increasing from 7.3% to 9.3%. Known cocaine flow through the transit zone via non-commercial means decreased by 23% to 2,226 metric tons in FY 2019, down from 2,892.4 metric tons in FY 2018. In FY19, the Coast Guard achieved its highest removal rate of non-commercial maritime cocaine since 2015, and removed the second highest amount of cocaine per interdiction since FY 2008.

FY 2019 Performance Highlights

- Self-propelled semi-submersible (SPSS) and Low Profile Vessels (LPV) are responsible for transporting some of the largest bulk-cocaine shipments in the Western Hemisphere Transit Zone. Despite being

nearly impossible to detect with radar and very difficult to observe visually, the Coast Guard stopped 24 of these specially-built trafficking vessels in Fiscal Year 2019, resulting in the removal of 53 metric tons of cocaine. This equates to preventing domestic drug dealers from distributing approximately 116.8 million doses on the streets of the United States.

- In June 2019, the newest National Security Cutter, CGC MUNRO, took part in a dramatic SPSS interdiction. Video footage of the Eastern Pacific interdiction prominently elevated public awareness of the enforcement challenges associated with trafficking threats. The story trended in news feeds for weeks, with 50 individual interviews, all illuminating Coast Guard efforts to stop the flow of illicit narcotics at sea where shipments are most vulnerable and represent the greatest value to drug cartels
- In addition to CGC MUNRO, CGC VALIANT, CGC MOHAWK, and Law Enforcement Detachment 405, while deployed aboard Her Majesty's Canadian Ship EDMONTON, also interdicted SPSS vessels in 2019. Together, the Coast Guard removed nearly 24 metric tons from these vessels. CGC VALIANT's 8,000 kilogram cocaine removal from an SPSS in September was the largest single interdiction removal in FY 2019. The removal equated to the interdiction of nine go-fasts and was the largest Coast Guard cocaine removal in four years.
- Drug Cartels use of a variety of hull designs to produce vessels capable of partial submersion or extremely low freeboard has increased in recent years. This is largely due to their ability to successfully evade detection, increase capability of smuggling large quantities of narcotics, and the relatively inexpensive construction cost in comparison with SPSS vessels. Low profile vessels averaged 1,142 kilograms of cocaine per interdiction in FY 2019. CGC TAMPA is credited with the largest cocaine removal from a low profile vessel in FY 2019, with their February interdiction off the Ecuadorian coast yielding 2,742 kilograms.
- The Coast Guard exercised the U.S. and Costa Rica Counter Drug Bilateral Agreement through a joint shiprider operation, Operation Crested Eagle. This operation spanned multiple exercises from December 2018 through August 2019, where the Costa Rica (CR) Maritime Interdiction Units, supported by USCG Deployable Specialized Forces, enhanced CR's ability to conduct interdiction operations, particularly from the newly acquired Libertadors (former USCG 110-foot patrol boats). This operation resulted in the seizure of over 6,804 kilograms of cocaine and apprehension of nearly 30 suspects.

OPIOIDS

Coast Guard counter-drug operations target contraband of all types and is pilot testing opioid detection technology to improve the chances of interdicting a broader spectrum of illicit substances. While the Coast Guard interdicted heroin in the maritime environment in FY 2019, the mission cost model does not separate operating funds by substance targeted.

**DEPARTMENT OF HOMELAND SECURITY
UNITED STATES COAST GUARD
Detailed Accounting Report of FY 2020 Drug Control Funds**

DETAILED ACCOUNTING REPORT

A. Table of FY 2020 Drug Control Obligations

| RESOURCE SUMMARY (Dollars in Millions) | | 2020 Actual |
|--|--|--------------------|
| Drug Resources by Drug Control Function: | | Obligations |
| • Interdiction | | \$1,789.736 |
| • Research and Development | | \$1.383 |
| Total Resources by Function | | \$1,791.119 |
| Drug Resources by Budget Decision Unit: | | |
| • Operations and Support (O&S) | | \$1,270.637 |
| • Procurement, Construction, & Improvements (PC&I) | | \$519.099 |
| • Research and Development (R&D) | | \$1.383 |
| Total Drug Control Obligations | | \$1,791.119 |

1. Drug Methodology

In fiscal year (FY) 2000, a methodology known as the Mission Cost Model (MCM) was developed to present the United States Coast Guard (Coast Guard) missions using activity-based cost accounting principles. The MCM is an estimate of operational mission costs allocated across the Coast Guard's 11 missions/programs consisting of: Drug Interdiction; Migrant Interdiction; Ports, Waterways and Coastal Security; Other Law Enforcement; Defense Readiness; Search and Rescue; Marine Safety; Ice Operations; Marine Environmental Protection; Living Marine Resources; and Aids to Navigation. The MCM output allocated to Drug Interdiction is allocated to the Office of National Drug Control Policy (ONDCP) Drug Control Function 'Interdiction' for all decision units with the exception of R&D. R&D is allocated to ONDCP Control Function 'Research and Development'. The information reported is timely and derived from an allocation process involving the Coast Guard's financial statement information and operational employment data. The operating hour allocation, or baseline, is developed and modified based upon budget line item requests and operational priorities.

The Coast Guard is required to report its drug control funding to ONDCP in three appropriations, categorically called decision units. The Coast Guard's drug control funding estimates are computed by examining the decision units that are comprised of: Operations and Support (O&S); Procurement, Construction, and Improvement (PC&I); and Research and Development (R&D). Each decision unit contains its own unique spending authority and methodology. For example, PC&I includes funding that remains available for obligation up to five years after appropriation, and R&D includes funding that

remains available for obligation up to three years after appropriation. Unless stipulated by law, O&S must be spent in the fiscal year it is appropriated. The mechanics of the MCM methodology used to derive the drug control information for each decision unit's drug control data is derived as follows.

Mission Cost Allocations

O&S funds are used to operate Coast Guard facilities, maintain capital equipment, improve management effectiveness, and recruit, train, sustain, and compensate an active duty military and civilian workforce. The Coast Guard tracks resource hours spent on each of its 11 statutory missions. Obligations within the drug interdiction program are derived by allocating a share of the actual obligations of assets and activities based upon the reported percentage of time aircraft, cutters, and boats spent conducting drug interdiction activities.

The two chief input drivers to the MCM are:

- *The Coast Guard's Expanse Allocation Model (EAM)* – The EAM model development, formerly known as the Standard Rate and User Fee Model, uses the SAS[®] Activity Based Model (ABM) and Enterprise Guide (EG) software solutions. The model inputs include expenditure data captured by the Coast Guard's three general ledgers: Core Accounting System (CAS), Naval and Electronics Supply System (NESSS), and Aircraft Logistics Information Management System (ALMIS). As such, this model calculates the total cost, including direct, support, and overhead, of operating the Coast Guard's assets, as well as missions or services that the Coast Guard performs but does not have related standard rates or user fees.
- *Abstract of Operations (AOPS) and ALMIS* – The Coast Guard tracks resource hours incurred on each of the 11 Coast Guard statutory missions using AOPS and ALMIS. This data is then used to determine the amount of time each asset class is employed in each Coast Guard mission as a ratio of total resource hours incurred on all missions.

Using financial data recorded in the three general ledgers (CAS, NESSS, and ALMIS) in combination with asset activity data recorded in AOPS and ALMIS, the Coast Guard allocates O&S costs to each of the 11 statutory missions. By design, the MCM is based on the O&S decision unit. PC&I and R&D decision units must be calculated separately, due to the structure of the PC&I and R&D decision units, which are presented as individual projects in the Coast Guard's budget submission. Within PC&I and R&D, individual projects are allocated to missions based on an established profile (largely based on utilization). The drug interdiction attributions of each of these projects are then combined to determine the total contribution to the drug interdiction mission.

The program percentages derived from the MCM are applied to O&S, PC&I and R&D decision units per the above methodology. Obligation data is derived from the final financial accounting Report on Budget Execution (SF-133).

As previously discussed, because the Coast Guard budgets through congressionally established appropriations (rather than individual missions), the organization must rely on information contained within the activity based MCM. The Coast Guard uses this MCM data to determine financial obligations specifically related to statutory missions, including Drug Interdiction. This appropriation structure supports multi-mission requirements by allowing the Service to surge and shift resources across all missions. This level of resource flexibility is critical to successful mission execution in the Coast Guard's

dynamic operational environment. However, such a structure makes it difficult to precisely determine the cost of a particular mission or the “level of effort” expended in carrying out in each mission. The MCM provides the Coast Guard with a reliable, repeatable system that forecasts future year spending and estimates previous year obligations by mission.

2. Methodology Modifications

The methodology described above is consistent with the previous year.

3. Material Weaknesses or Other Findings

There were no audits in FY 2020, however, using previous fiscal years as a reference, the Coast Guard continued to implement corrective action plans to remediate long-standing internal control deficiencies related to Financial Reporting, IT Controls, and System Functionality. Coast Guard control deficiencies that contributed to the department-level material weaknesses did not impair Coast Guard's ability to report complete and accurate obligation data in the Table of FY 2020 Drug Control Obligations. It should be noted that in FY 2021, the Coast Guard is transitioning to the Common Appropriation Structure, which may positively impact some previously noted weaknesses in IT Controls and System Functionality in follow on years.

4. Reprogramming or Transfers

As a component of DHS, Coast Guard submits all reprogramming and transfer requests through the Department for approval, and the impact of these changes to funding is assessed by the Department. In FY 2020, DHS determined there were no reprogramming or transfers that materially impacted Coast Guard’s drug-related obligations reported in the Table of FY 2020 Drug Control Obligations.

5. Other Disclosures

The following provides a synopsis of the Coast Guard’s FY 2020 Drug Control Funds reporting which describes:

- The agency’s overall mission and the role of drug interdiction efforts within the Coast Guard's multi-mission structure; and
- The Coast Guard’s Drug Budget Submission.

Coast Guard Mission

The Coast Guard is a military service with mandated national security and national defense responsibilities, and is the United States' leading maritime law enforcement agency with broad, multi-faceted jurisdictional authority. Due to the multi-mission nature of the Coast Guard and the necessity to allocate the effort of a finite amount of assets, there is a considerable degree of asset “cross-over” between missions. This cross-over contributes to the challenges the Coast Guard faces when reporting costs for its mission areas.

Coast Guard's Drug Budget Submission

In the annual National Drug Control Strategy (NDCS) Budget Summary, all agencies present their drug control resources broken out by function and decision unit. The presentation by decision unit is the one that corresponds most closely to the Coast Guard's congressional budget submissions and appropriations. It should be noted and emphasized the Coast Guard does not have a specific appropriation for drug interdiction activities. As such, there are no financial accounting lines for each of the Coast Guard's 11 statutory missions. All drug interdiction operations, capital improvements, reserve support, and research and development efforts are funded through general Coast Guard appropriations.

The Coast Guard's drug control budget is generally an accurate reflection of the Coast Guard's overall budget. The Coast Guard's O&S appropriation budget request is incremental, focusing on the changes from the prior year base brought forward. The Coast Guard continues to present supplementary budget information through the use of the MCM, which allocates base funding and incremental requests by mission.

This general purpose MCM serves as the basis for developing drug control budget estimates for the O&S and appropriations and provides allocation percentages used to develop the drug control estimates for the PC&I and R&D appropriations and the process is repeatable. Similarly, this is the same methodology used to complete our annual submission to the ONDCP for the NDCS Budget Summary.

Assertions

1) Obligations by Budget Decision Unit

Not Applicable. As a multi-mission agency, the Coast Guard is exempt from this reporting requirement, as noted in the ONDCP Circular: *Accounting of Drug Control Funding and Performance Summary*, Section 6(A)(1), dated May 8, 2019.

2) Drug Methodology

The methodology used to produce the drug interdiction funding in this report is reasonable and accurate. This methodology is consistently used by the Coast Guard to develop annual budget year submissions and mission related reports. The criteria associated to this assertion are as follows:

- a) Data – The percentage allocation results derived from its MCM methodology are based on the FY 2020 financial and AOPS/ALMIS data, as presented in the Coast Guard's FY 2020 OMB budget submission.
- b) Financial Systems – The MCM uses costs from three general ledgers. These include CAS, NESSS, and ALMIS. These financial systems yield data that fairly presents, in all material respects, aggregate obligations from which drug-related obligation estimates are derived.

3) Application of Drug Methodology

The methodology disclosed in this section was the actual methodology used to generate the drug control obligation funding table required by ONDCP Circular: *Accounting of Drug Control Funding*

and Performance Summary, issued May 8, 2019. Documentation on each decision unit is provided.

4) Material Weaknesses or Other Findings:

Material Weaknesses or Other Findings are noted in section three above.

5) Methodology Modifications:

The methodology described above is consistent with the previous year.

6) Reprogramming or Transfers

During FY 2020, the Coast Guard had no reports of transfers or reprogramming actions affecting drug related budget resources in excess of \$1 million.

7) Fund Control Notices

ONDCP did not issue the Coast Guard a Fund Control Notice for FY 2020

Drug Budget

United States Department of Homeland Security

United States Coast Guard

Performance Summary Report FY 2020

PERFORMANCE INFORMATION

NOTE: Although the United States Coast Guard (Coast Guard) is apportioned along budget decision unit lines (i.e., Procurement, Construction & Improvements (PC&I), Operations and Support (O&S), and Research and Development (R&D)), the Coast Guard does not manage performance along decision unit lines. This is impractical due to the multi-mission performance of our assets, which transcends budget decision units. Thus, the Coast Guard received permission from the Office of National Drug Control Policy (ONDCP) to present one metric for all four decision unit lines.

This section is based on Coast Guard data and DHS Government Performance and Results Act (GPRA) documents.

The Coast Guard's Drug Interdiction mission supports national and international strategies to deter and disrupt the market for illegal drugs, dismantle Transnational Criminal Organizations (TCOs), and prevent transnational threats from reaching the United States (U.S.). The Coast Guard is the lead federal agency for drug interdiction on the high seas, and shares the lead in U.S. territorial seas with U.S. Customs and Border Protection (CBP). In carrying out this mission, the Coast Guard coordinates with a variety of international and domestic partners including the U.S. Department of Defense (DoD), the Drug Enforcement Administration, and Immigration and Customs Enforcement. The objectives of the Coast Guard strategy are to: (1) maintain a strong interdiction presence to deny smugglers access to maritime routes and deter trafficking activity; (2) strengthen ties with source¹ and transit² zone nations to increase their willingness and ability to reduce the production and trafficking of illicit drugs within their sovereign boundaries, including territorial seas; and (3) support interagency and international efforts to combat drug smuggling through increased cooperation and coordination. Coast Guard operations align with the President's National Drug Control Strategy and ONDCP's National Interdiction Command and Control Plan, which target the flow of cocaine and other illicit drugs toward the U.S.

The Coast Guard's drug interdiction performance is best summarized by the program's performance measure, the Cocaine Removal Rate. This measure indicates how effective the program is at disrupting the flow of cocaine traveling via non-commercial maritime means toward the U.S. The more cocaine removed by the Coast Guard, the less cocaine available for consumption in the U.S.

Performance Measures

Table 1 represents the percent of cocaine removed (seized by the Coast Guard, and jettisoned, scuttled, or destroyed as a result of Coast Guard law enforcement action) in relation to the non-commercial maritime movement of cocaine.

Table 2 represents the non-commercial maritime cocaine flow and tonnage removed by the Coast Guard. The amount of cocaine removed by the Coast Guard is the sum of all cocaine that is

¹ The source zone includes the principal drug producing countries of Bolivia, Columbia, and Peru.

² The transit zone encompasses Central America, Mexico, the Caribbean Sea, the Gulf of Mexico, and the eastern Pacific Ocean.

physically seized by Coast Guard personnel and all cocaine lost by the TCOs due to direct Coast Guard actions. The latter amount is, at times, an intelligence based estimate of the quantity of cocaine onboard a given vessel that is burned, jettisoned, or scuttled in an attempt to destroy evidence when Coast Guard presence is detected. The estimated noncommercial maritime flow of cocaine towards the U.S. is extracted from the interagency validated Consolidated Counter Drug Database (CCDB).

NOTE: In accordance with ONDCP Circular: Accounting of Drug Control Funding and Performance Summary the below table presents the performance information for the previous four fiscal years (FY 2017 – 2020) compared to the target level. The table additionally presents the target established for the current fiscal year (FY 2021).

| Year: | FY 2017 | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
|---------|---------|---------|---------|---------|---------|
| Target: | 11.5% | 11.5% | 10.0% | 10.0% | 10.0% |
| Actual: | 8.2% | 7.3% | 9.3% | 7.4% | N/A |

Table 1: Performance Targets and Results (Cocaine Removal Rate)

| Year: | FY 2017 | FY 2018 | FY 2019 | FY 2020 |
|---------|---------|---------|---------|---------|
| Flow: | 2,738 | 2,827 | 3,056 | 1,964 |
| Actual: | 223.8 | 209.6 | 207.9 | 144.7 |

Table 2: Non-Commercial Maritime Cocaine Flow and Tonnage Removed (in Metric Tons)

According to the CCDB, the known cocaine flow through the transit zone via non-commercial means decreased from 3,056 metric tons in fiscal year 2019 to 1,964 in fiscal year 2020. Compared to fiscal year 2019, there was an overall decrease in average cocaine load size per drug removal from each type of interdicted conveyance.

The Coast Guard removed 144.7 metric tons of cocaine from the Transit Zone in fiscal year 2020 equating to a 7.4 percent removal rate for non-commercial maritime cocaine flow. Partner nations themselves contributed to a record 65 percent of JLATF-South supported cocaine removals in fiscal year 2020 (165 MT), surpassing the previous annual record by 20 percent. This highlights the effectiveness of the Coast Guard’s persistent engagement with foreign partners in strengthening regional maritime governance and enforcement capability.

Coast Guard Maritime Law Enforcement program managers monitor the cocaine removal rate in real time, watching for both changes in Coast Guard removals, as well as increases or decreases in flow. Changes are evaluated to develop strategies and tactics to increase the removal rate. Factors that can impact the Coast Guard’s removal rate and total known non-commercial maritime flow include, but are not limited to:

- The production capacity and supply of cocaine generated in source countries by TCOs, including efforts by source countries to eradicate cocaine at its source;

- Continuously changing modes, tactics and routes by TCOs (e.g. use of semi-submersible type vessels and logistic support vessels);
- The availability rate and allocation of the Coast Guard's cutter fleet to the counter narcotics mission;
- The availability of aviation assets from Customs and Border Patrol, DoD, and Allied nations to support Detection and Monitoring in the transit zone;
- The availability of USN or Allied surface assets with embarked USCG Law Enforcement Detachments to perform interdiction and apprehension activities;
- The availability, quality, and timeliness of tactical intelligence;
- The fielding of new capabilities (e.g. National Security Cutter, Fast Response Cutter, and Maritime Patrol Aircraft).

At least annually, the Coast Guard's Maritime Law Enforcement Program and the Office of Program, Analysis, and Evaluation review assumptions that factor into the establishment of out-year cocaine removal targets, making adjustments as necessary. Revisions to the targets are reported via the DHS' Future Year Homeland Security Program (FYHSP) database. The Maritime Law Enforcement Program last updated its out-year performance targets in March 2019 in conjunction with normal target setting timelines. Coast Guard's removal rate target for fiscal year 2020 was 10 percent and remains the same into fiscal year 2021. Due to increases in the capabilities provided by new Coast Guard assets and the improvement in intelligence and targeting, this is an aggressive, yet achievable performance target.

Ever shifting smuggling trends, changes in TCO tactics, and the unforeseen impacts of COVID-19 throughout the Western Hemisphere presented several notable differences to the counterdrug mission outcomes in fiscal year 2020. Despite reduced known drug flow across the transit zone, compared to fiscal year 2019, the Coast Guard increased cocaine removals in the Caribbean by 65 percent. The Coast Guard cocaine removals in the Caribbean during fiscal year 2020 were also the highest total volume removed in the last seven years. In the eastern Pacific, the number of interdictions containing both cocaine and marijuana tripled, and total volume of interdicted methamphetamines quadrupled, compared to fiscal year 2019.

Covid-19 Impacts

Against the backdrop of a global pandemic, the Coast Guard continued to maximize readiness, deliver mission success, and meet the needs of the American people. The adaptability and teamwork of the Coast Guard's dedicated workforce led to the interdiction of over 390,000 pounds of cocaine and other illicit drugs in fiscal year 2020. These interdictions deprived TCOs of more than \$5.6 billion in profits and resulted in the apprehension 456 suspected smugglers for U.S. and foreign prosecution. Interagency cooperation via the Maritime Operational Threat Response Plan to attain standing concurrences, as well as the implementation of COVID-19 measures during law enforcement operations, enabled continuous operations during the COVID-19 pandemic.

Enhanced Counter-Narcotics Operations

Beginning April 1st, 2020, U.S. Southern Command (SOUTHCOM) initiated enhanced counter-narcotics operations in the Western Hemisphere to disrupt the flow of illicit drugs in support of Presidential national security objectives. As a part of this effort, and in collaboration with DoD,

the Coast Guard surged resources that included flight deck equipped cutters, maritime patrol aircraft, and Deployable Specialized Forces comprised of Law Enforcement Detachments (LEDET) with precision marksmen, and Maritime Safety and Security Teams (MSST) with surface use of force-capable pursuit teams.

In support of the enhanced counter narcotics operation, the Coast Guard provided 643 more Maritime Patrol Aircraft (MPA) hours in fiscal year 2020 than in fiscal year 2019, and 347 more major cutter days in fiscal year 2020 compared to fiscal year 2019.

Quality of Performance Data

The Coast Guard continues to use the CCDB as its source for tracking cocaine movement estimates. The CCDB is the U.S. government's authoritative database for illicit drug movement in the Western Hemisphere. The Coast Guard and other federal government agencies use the CCDB to capture all known and suspected drug movement. During quarterly interagency conferences, CCDB partners develop and reconcile information about the quantity of cocaine flows and removals during drug interdiction operations. CCDB estimates permit the Coast Guard to objectively evaluate its performance.

Assertions

- 1) Performance reporting system is appropriate and applied.

The Coast Guard uses prescribed systems and business rules that capture and process performance data accurately and the same analysis parameters are reiterative from year to year.

- 2) Explanations for not meeting performance targets are reasonable.

The explanations for failing to meet the Coast Guard's performance goal are reasonable and correspond to available resources and the prevailing counter drug trends.

- 3) Methodology to establish performance targets is reasonable and consistently applied.

The methodology described above to establish performance targets for 2020 is reasonable given past performance and available resources.

- 4) Adequate performance measures exist for all significant drug control activities.

The Coast Guard received permission from the Office of National Drug Control Policy (ONDCP) to present one metric for all four decision unit lines; Removal rate for cocaine from non-commercial vessels in the maritime Transit Zone. This reflects the intended purpose of the Coast Guard Counter Drug mission.

Tab G



OFFICE OF COMMUNITY PLANNING
AND DEVELOPMENT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-7000

February 1, 2021

Mr. Jon Rice
Deputy Director
Office of National Drug Control Policy
Office of Performance and Budget

Dear Mr. Rice:

We are providing this letter in response to requirements pursuant to the Office of National Drug Control Circular: National Drug Control Program Agency Compliance Review (October 22, 2019).

The Department's Continuum of Care Homeless Assistance Grants program supports efforts to eliminate homelessness by financing local solutions that provide housing and supportive services on a short or long-term basis to those experiencing homelessness. While the Continuum of Care (COC) helps support recovery by providing housing resources, HUD does not have a specific appropriation for drug-related activities. Although a COC can utilize funds to help people with chronic substance abuse, they are not required to do so. HUD uses a methodology approved by ONDCP to estimate how many people may have been served with HUD funds based on application data.

We confirm, to the best of our knowledge and belief, the following representations and assertions as they pertain to HUD's fiscal year 2020 Budget Formulation Compliance, Detailed Accounting, and Performance Summary Report submission to ONDCP:

Written Assertion Requirements (ONDCP Regulations- Budget Formulation Compliance Submission)

1. The HUD FY 2022 Summer Drug Budget submission to ONDCP under cover letter provided in response to Section 6.a.(1) in response to ONDCP Circular: Budget Formulation, Section 9.a.(1) was provided to ONDCP at the same time as that budget request was submitted to the Office of Budget, Office of the Chief Financial Officer in accordance with 21 U.S.C. 1703(c)(1)(A).
2. The HUD FY 2022 Summer Drug Budget submission to ONDCP under cover letter provided in response to Section 6.a.(2) in response to ONDCP Circular: Budget Formulation, Section 9.a.(2) was provided to ONDCP at the same time as that budget request was submitted to the Office of Budget, Office of the Chief Financial Officer in accordance with 21 U.S.C. 1703(c)(1)(A).
3. The funding request in the submission provided in Section 6.a.(2) of the ONDCP Circular National Drug Control Program Agency Compliance Review represent the funding levels in the budget submission made by the Office of Community Planning and Development to the Office

of Budget, Office of the Chief Financial Officer without alteration or adjustment by any official at the Department.

Written Assertion Requirements (ONDCP Regulations- Detailed Accounting Submission)

1. The drug methodology used to calculate obligations of prior year budgetary resources by function for all bureaus and by budget decision unit is based on reliable data in which the data's availability, timeliness, and relevance were considered.
2. The financial systems supporting the drug methodology yield data that fairly present, in all material respects, aggregate obligations from which drug-related obligation estimates are derived.
3. The drug methodology described in the report was the actual methodology used to generate the required data table.
4. All material weaknesses, or other findings by independent sources, or other known weaknesses, including those identified in the Agency's Annual Statement of Assurance, which may affect the presentation of prior year drug-related obligations have been disclosed.
5. Any modifications made to the methodology for reporting drug control resources from the previous year's reporting, if reported, were approved by the ONDCP.
6. The data presented is associated with obligations against a financial plan that, if revised during the fiscal year, properly reflects those changes, including ONDCP's approval of reprogramming or transfers affecting drug-related resources in excess of \$5 million or 10 percent of a specific program or account included in the National Drug Control Budget.
7. The data presented is associated with obligation against a financial plan that fully complied with all Fund Control Notices issued by the Director under 21 USC 1703(f) and Section 9 of the ONDCP Circular, *Budget Execution*.

Written Assertion Requirements (ONDCP Regulations- Performance Summary Submission)

1. The Performance reporting system is appropriate and applied. The agency has a system to capture performance information accurately and the system is properly applied to generate the performance data. The reporting systems used are current, reliable, and an integral part of the agency's performance management processes.
2. Explanations for not meeting performance targets are reasonable, if applicable. Recommendations concerning plans and schedules for meeting future targets or for revising targets or eliminating performance measures is reasonable.

3. Methodology to establish performance targets is reasonable and consistently applied. The methodology described to establish performance targets for the current year is reasonable given past performance and available resources.
4. Adequate performance measures exist for all significant drug control activities. We have established at least one acceptable performance measure for each Drug Control Budget Decision Unit identified in reports required for which a significant amount of obligations (\$1,000,000 or 50% of the agency drug budget, whichever is less) were incurred in the previous fiscal year. Each performance measure reflects the intended purpose of the relevant National Drug Control Program activity.
5. The Chief Financial Officer included the OIG's attestation review notification letter in the Detailed Accounting and Performance Summary reports submitted to the ONDCP.

Sincerely,



Jemine A. Bryon
Deputy Assistant Secretary
Office of Special Needs

Attachment

cc: James A. Jemison II, Principal Deputy Assistant Secretary, CPD
George Tomchick, Deputy Chief Financial Officer, F
Doug Angradi I, Acting Director, CPD Budget, DOTB
Norman Suchar, Director, SNAPS, DNS
Tonya Proctor, Deputy Director, SNAPS, DNS
William Snow, Specialist, SNAPS, DNS
Danielle Palmer, Financial Operations Analyst, CFO Funds Control Assurance Div.
Emily M. Kornegay, Assistant CFO for Budget, FO
Mary Didier, Senior Budget Analyst, OCFO

| | | | | | | |
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| Internal HUD Distribution: | | | | | | |
| Chron, 7244 | | | | | | |
| Identification Lines: Jemine Letter – ONDCP requirement | | | | | | |
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| Correspondence Code | Originator DN | Concurrence | Concurrence | Concurrence | Concurrence | Concurrence |
| Name | Norm Suchar | | | | | |
| Date | | | | | | |

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Community Planning and Development

FY 2020 Budget Formulation Compliance Report

SUMMER BUDGET INFORMATION

HUD's Summer Drug Budget transmittal letter and resource summary table are found in the attached: Tab A

MANAGEMENT ASSERTIONS

The management assertions for HUD's accounting report are found in the attached: Tab B

--START NEW DOCUMENT--

Department of Housing and Urban Development
FY 2020 Detailed Accounting Report

Resource Summary

| | Budget Authority (in millions) |
|--|--------------------------------|
| | FY 2020 Enacted |
| Drug Resources by Function | |
| Treatment | \$558.000 |
| Total Drug Resources by Function | \$558.000 |
| Drug Resources by Decision Unit | |
| Continuum of Care: Homeless Assistance Grants | \$558.000 |
| Total Drug Resources by Function | \$558.000 |
| Drug Resources Personnel Summary | |
| Total FTEs (direct only) | --- |
| Drug Resources as a percent of Budget | |
| Total Agency Budget (in Billions) | \$56.5 |
| Drug Resources percentage | 1.0% |

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 or substance use issues, persons living with HIV/Acquired Immune Deficiency Syndrome (AIDS), and formerly incarcerated individuals. Recipients of resources provided by the Office of Special Needs Assistance Programs report to HUD annually how many people they intend to serve through the Continuum of Care (CoC) Program funding. The most recent CoC Competition data (from FY 2019) shows that 22.5 percent of clients served will receive substance use treatment.

MATERIAL WEAKNESSES OR OTHER FINDINGS

HUD has not identified any material weaknesses or other findings.

REPROGRAMMINGS OR TRANSFERS

HUD did not reprogram or transfer any drug control funds in fiscal year 2020.

OTHER DISCLOSURES

HUD has not identified any other disclosures relating to the fiscal year 2020 drug control funds.

MANAGEMENT ASSERTIONS

The management assertions for HUD's accounting report are found in the attached: Tab B

--START NEW DOCUMENT--

Department of Housing and Urban Development
FY 2020 Performance Summary Report

PERFORMANCE MEASURES & PRIOR YEARS PERFORMANCE TARGETS AND RESULTS

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.

| Office of Special Needs Assistance Programs | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Selected Measures of Performance | FY 2015 Achieved | FY 2016 Achieved | FY 2017 Achieved | FY 2018 Achieved | FY 2019 Achieved |
| » Percentage of participants exiting CoC-funded transitional housing, rapid rehousing, and supportive services only projects that move into permanent housing.* | 52.0% | 47.3% | 49.3% | 52.0% | 66.8% |
| » Percentage of participants in CoC-funded permanent supportive housing remaining in or exiting to permanent housing.* | 92.9% | 93.3% | 93.3% | 93.5% | 93.6% |
| » Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects. | 76,390 | 73,755 | 71,748 | 70,871 | 69,004 |

*This data is based on CoC Program Annual Performance Reports (APRs). APRs are for grants awarded in a fiscal year competition and are based on one year of performance for each of those grants. For instance, the grants awarded in fiscal year 2016 must begin operating sometime in calendar year 2017 and will report in the APR on 12 months of performance. This means that the earliest an FY 2016 grant could start is January 1, 2017, and the latest it could start is December 1, 2017 (we require all grants to begin operating by the beginning of the month). It means that the operating end date for a project could be from December 31, 2017, to November 30, 2018. On rare occasions a grant will be extended for an additional few months so the end date can be longer than the November 30, 2018, in these rare circumstances. For this report, the data under the fiscal year column is based on the grants awarded in the previous fiscal year, except for the data reported under the "FY 2017 Achieved" column is based on data from grants awarded prior to fiscal year 2016 CoC program competition. For example, the data reported under the "FY 2016 Achieved" column is based on data from grants awarded in the fiscal year 2015 CoC Program competition. Data from APRs for grants awarded in fiscal year 2017 will not be available until calendar year 2020.

In the first performance measure – exits from transitional housing, rapid rehousing, and supportive services only projects to permanent housing destinations – there was nearly a 15 percentage point increase between 2018 and 2019 from 52.0 percent to 66.8 percent. There was virtually no change during the same time period for the second measure (an increase from 93.5 percent in 2018 to 93.6 percent in 2019), which looks at the percent of persons served in CoC Program-funded permanent supportive housing projects that remain in or exit to

permanent housing. Both measures reflect the importance for persons who receive homeless services through HUD-funded programs to exit to a stable housing situation.

The final measure tracks the number of persons proposed to be served by HUD CoC-funded programs who enter with chronic substance abuse issues. There was a decrease of 1,867 persons projected to be served between 2018 and 2019.

QUALITY OF PERFORMANCE DATA

HUD recently updated its data collection efforts across CoCs to improve the ability for HUD and CoCs to understand performance across their entire CoC – not merely at the project level. HUD has collected data across the entire CoC for over three years now. This effort has improved the understanding of performance across an entire CoC and has resulted in higher data quality at the project level. CoCs are required to report their data quality information (such as, null and missing values in fields) to HUD and data quality benchmarks are included in the annual CoC Program competition to incentivize higher data quality. Also, for CoC-funded projects, HUD switched its data collection system to one that requires project recipients to upload their data from their local Homeless Management Information Systems (HMIS). Previously, project recipients manually entered their data into our reporting system which took time and allowed for more opportunities for error. Data quality is improved because the new upload process does not accept imported data that has obvious errors. If an import of data is not accepted, the system alerts the recipient to the specific areas of concern and the recipient is required to update their local HMIS information to ensure the data are accurate. HUD is confident that this process has forced recipients to clean up their data, resulting in better data at the CoC level and nationally.

MANAGEMENT ASSERTIONS

The management assertions on the performance information contained in this report can be found in Tab B.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT



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DRAFT

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of Community Planning and Development

Resource Summary

| | Budget Authority (in millions) | | | |
|---|--------------------------------|-------------------|-----|-----|
| | FY 2020 Enacted | FY 2021 Requested | | |
| Drug Resources by Function | | | | |
| Treatment | \$558.000 | \$559.350 | | |
| Total Drug Resources by Function | \$558.000 | \$559.350 | | |
| Drug Resources by Decision Unit | | | | |
| Continuum of Care: Homeless Assistance Grants | \$558.000 | \$559.350 | | |
| Total Drug Resources by Function | \$558.000 | \$559.350 | | |
| Drug Resources Personnel Summary | | | | |
| Total FTEs (direct only) | --- | --- | --- | --- |
| Drug Resources as a percent of Budget | | | | |
| Total Agency Budget (in Billions) | \$56.5 | \$47.9 | | |
| Drug Resources percentage | 1.0% | 1.2% | | |

Program Summary

MISSION

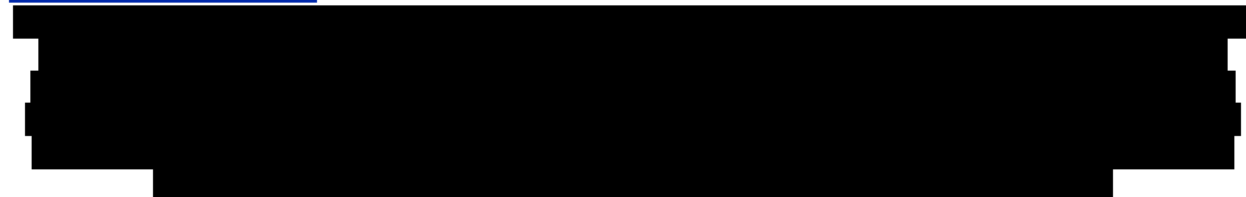
The President's *National Drug Control Strategy* calls for federal support for reducing barriers to recovery from substance use disorders. Lack of housing creates a sense of hopelessness for those using or struggling with a substance use disorder in recovery and presents a barrier to long-term good health. 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 obstacle for individuals released from prison or jail to overcome. Also, the *Strategy* identifies supportive environments and drug-free homes 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 or substance use issues, persons living with HIV/Acquired Immune Deficiency Syndrome (AIDS), and formerly incarcerated individuals. Recipients of resources provided by the Office of Special Needs Assistance

Programs report to HUD annually how many people they intend to serve through the Continuum of Care (CoC) Program funding. The most recent CoC Competition data (from FY 2019) shows that 22.5 percent of clients served will receive substance use treatment.

BUDGET SUMMARY



Continuum of Care Homeless Assistance Grants



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. This budget proposal includes a new program called the Housing Stabilization Demonstration Program which will provide additional assistance to provide stabilization services to individuals and families experiencing homelessness. HUD assumes this program will serve the same percent of people served in the CoC Program (22.5 percent per the FY2019 CoC Program Competition).

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 achievements during fiscal year 2019.

| Office of Special Needs Assistance Programs | | | | | |
|---|------------------|------------------|------------------|------------------|------------------|
| Selected Measures of Performance | FY 2015 Achieved | FY 2016 Achieved | FY 2017 Achieved | FY 2018 Achieved | FY 2019 Achieved |
| » Percentage of participants exiting CoC-funded transitional housing, rapid rehousing, and supportive | 52.0% | 47.3% | 49.3% | 52.0% | 66.8% |

| | | | | | |
|--|--------|--------|--------|--------|--------|
| services only projects that move into permanent housing.* | | | | | |
| » Percentage of participants in CoC-funded permanent supportive housing remaining in or exiting to permanent housing.* | 92.9% | 93.3% | 93.3% | 93.5% | 93.6% |
| » Projected number of participants who report substance abuse as a barrier to housing to be served in CoC-funded projects. | 76,390 | 73,755 | 71,748 | 70,871 | 69,004 |

*This data is based on CoC Program Annual Performance Reports (APRs). APRs are for grants awarded in a fiscal year competition and are based on one year of performance for each of those grants. For instance, the grants awarded in fiscal year 2016 must begin operating sometime in calendar year 2017 and will report in the APR on 12 months of performance. This means that the earliest an FY 2016 grant could start is January 1, 2017, and the latest it could start is December 1, 2017 (we require all grants to begin operating by the beginning of the month). It means that the operating end date for a project could be from December 31, 2017, to November 30, 2018. On rare occasions a grant will be extended for an additional few months so the end date can be longer than the November 30, 2018, in these rare circumstances. For this report, the data under the fiscal year column is based on the grants awarded in the previous fiscal year, except for the data reported under the “FY 2017 Achieved” column is based on data from grants awarded prior to fiscal year 2016 CoC program competition. For example, the data reported under the “FY 2016 Achieved” column is based on data from grants awarded in the fiscal year 2015 CoC Program competition. Data from APRs for grants awarded in fiscal year 2017 will not be available until calendar year 2020.

In the first performance measure – exits from transitional housing, rapid rehousing, and supportive services only projects to permanent housing destinations – there was nearly a 15 percentage point increase between 2018 and 2019 from 52.0 percent to 66.8 percent. There was virtually no change during the same time period for the second measure (an increase from 93.5 percent in 2018 to 93.6 percent in 2019), which looks at the percent of persons served in CoC Program-funded permanent supportive housing projects that remain in or exit to permanent housing. Both measures reflect the importance for persons who receive homeless services through HUD-funded programs to exit to a stable housing situation.

The final measure tracks the number of persons proposed to be served by HUD’s CoC-funded programs who enter with chronic substance abuse issues. There was a decrease of 1,867 persons projected to be served between 2018 and 2019.

Tab H



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
Washington, DC 20240

SENT VIA ELECTRONIC MAIL – NO HARD COPY TO FOLLOW

MEMORANDUM

To: Office of National Drug Control Policy (ONDCP) Performance Budget Coordinator

From: Director, Bureau of Indian Affairs, Office of Justice Services

Subject: ONDCP Summer Drug Budget and Performance Submission

In accordance with ONDCP Circular: Budget Formulation, October 22, 2019, the U.S. Department of the Interior, Bureau of Indian Affairs hereby submits the attached report relaying the BIA Summer Budget Request to the Department of the Interior.

The BIA budget does not include additional funding to increase the BIA's level of effort addressing the opioid epidemic as ONDCP recommended to Secretary Bernhardt in its transmittal letters accompanying 2022 ONDCP Formulation Guidance. When formulating its budget BIA protected the 2021 PB level of effort for BIA drug enforcement programs, but other priorities precluded proposing increases, including standing up the Task Force on Missing and Murdered American Indians and Alaska Natives established by President Trump in November 2019 through Executive Order 13898 which is a Tribal priority.

Please note, the amounts displayed were re-baselined as a result of Congressional language contained on page 58 of Senate Report 116-123 to the FY 2020 Department of the Interior appropriations bill. The language removed a previous Opioid Initiative designation on \$3.0 million that is recurring annual funding distributed to local BIA and tribally operated law enforcement agencies. Absent the designation, BIA cannot certify that the \$3.0 million is spent solely on drug enforcement activities, thus the amount is not reflected in the budget table.

If you have questions, please contact Charles Addington, Director, BIA - Office of Justice Services at (202) 208-5787.

Attachment

BIA: FY 2022 Summer Submission

| | Budget Authority (in Millions) | | | |
|--|--------------------------------|--------------------|-----------------------|-----------------------|
| | FY 2020 Final | FY 2021 Request | FY 2022 Scenario 1 | FY 2022 Scenario 2 |
| Drug Resources by Function | | | | |
| Intelligence | \$0.500 | \$0.500 | | |
| Investigations | 13.419 | 13.419 | | |
| Prevention | 1.000 | 1.000 | | |
| Total Drug Resources by Function | \$14.919 | \$14.919 | | |
| Drug Resources by Decision Unit | | | | |
| Drug Initiative | \$14.919 | \$14.919 | | |
| Total Drug Resources by Decision Unit | \$14.919 | \$14.919 | | |
| Drug Resources Personnel Summary | | | | |
| Total FTEs (direct only) | 78 | 78 | | |
| Drug Resources as a Percent of Budget | | | | |
| Total Agency Budget (in Billions) | \$3.0 | \$2.4 | | |
| Drug Resources Percentage | 0.3% | 0.3% | | |

The 2022 BIA budget proposal does not include additional funding to increase the BIA’s level of effort addressing the opioid epidemic as ONDCP recommended to Secretary Bernhardt in its transmittal letters accompanying 2022 ONDCP Formulation Guidance. When formulating its budget, BIA protected the 2021 PB level of effort for BIA drug enforcement programs, but other priorities precluded proposing increases, including standing up the Task Force on Missing and Murdered American Indians and Alaska Natives established by President Trump in November 2019 through Executive Order 13898 which is a Tribal priority.

In FY 2022, requested funding will support drug enforcement efforts to significantly reduce the availability of illicit drugs in the United States by disrupting their sale, and stopping their flow into the country through the mail and express courier environments, and across our borders. Requested resources will enable 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 will include eradicating illegal marijuana cultivations, conducting criminal investigations, surveilling criminals, infiltrating drug trafficking networks, and confiscating illegal drug supplies as part of coordinated efforts to disrupt and dismantle the illicit drug production infrastructure.

DEOs will continue supporting highly technical investigations, such as court ordered Title III wire intercepts, Organized Crime Drug Enforcement Task Forces (OCDETF) cases, Racketeer Influenced and Corrupt Organization (RICO) cases, High Intensity Drug Trafficking Area (HIDTA) cases, synthetic marijuana cases, and multi-jurisdictional cases. While conducting these activities, DEOs will focus on establishing and maintaining cooperative relationships with other

Federal, state, local, and tribal law enforcement organizations to ensure we are leveraging the full capabilities of multi-jurisdictional task force programs.

The amounts displayed above were re-baselined as a result of Congressional language contained on page 58 of Senate Report 116-123 to the FY 2020 Department of the Interior appropriations bill. The language removed a previous Opioid Initiative designation on \$3.0 million that is recurring annual funding distributed to local BIA and tribally operated law enforcement agencies. Absent the designation, BIA cannot certify that the \$3.0 million is spent solely on drug enforcement activities.

The BIA summer budgets did not include performance targets for budget year 2022. The following changes have been made to 2020 BIA drug performance measures, targets, or data since the previous budget submission to OMB: 2020 targets have been established for performance measures 1 and 4.

BIA ONDCP Performance Measures, Target and Actual, 2019-2020

| Performance Measure | 2019 Actual | 2020 Target | Change in 2020 Target from Previous Report? |
|---|------------------------|------------------------|--|
| 1 Number of Patrol Officers Receiving Drug Training | 598 | 625 | 2020 Target established |
| 2 Percent Increase in Drug Cases Worked | | | |
| Number of Drug Cases | 422 | 440 | No Change |
| Percent Increase Over Previous Year Actual | 16% | 4% | |
| 3 Increase in the Amount of Cases Closed by Arrest, Indictment or Referral | | | |
| Drug Cases Closed | 285 | 317 | No Change |
| Percent of All Drug Cases | 68% | 72% | |
| 4 Increase in the Amount of Drugs Seized | | | |
| Amount of drugs seized (lbs.) | 22,150 | 22,593 | 2020 Target established |
| Percent Increase Over Previous Year | -65% | 2% | |



United States Department of the Interior

BUREAU OF INDIAN AFFAIRS
Washington, DC 20240

FEBRUARY 9, 2021

SENT VIA ELECTRONIC MAIL – NO HARD COPY TO FOLLOW

MEMORANDUM

To: Director, Office of National Drug Control Policy

From: Director, Bureau of Indian Affairs, Office of Justice Services **JASON O'NEAL**

Subject: Office of National Drug Control Policy (ONDCP) 2020 Accounting and Performance Summary Report – Indian Affairs

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Date: 2021.02.09 10:41:17 -05'00'

In accordance with ONDCP Circular National Drug Control Program Agency Compliance Reviews, October 22, 2019 (the Circular), the U.S. Department of the Interior, Bureau of Indian Affairs hereby submits the attached Accounting and Performance Summary Report on BIA drug control activities for fiscal year 2020, the last completed fiscal year.

This submission follows the requirements for alternative reports allowed under the Unreasonable Burden Exception in Section 10 of the Circular. The Director, BIA - Office of Justice Services, attests that the Bureau's drug control obligations are under \$50 million, and full compliance with the Circular would constitute an unreasonable reporting burden. Pursuant to the Unreasonable Burden Exception, the alternative report meets the statutory requirement to provide an annual accounting of funding obligations and performance associated with BIA drug control activities.

If you have questions, please contact Jason O'Neal, Director, BIA - Office of Justice Services at (202) 208-5787.

Attachment

ONDCP 2020 Accounting Report – Bureau of Indian Affairs

Drug Control Funding Obligations

(1) Table of Prior Year Drug Control Obligations by Decision Unit and Drug Control Function

| Drug Control Funding Obligations - FY 2020 | | |
|--|---|--------------------|
| Drug Control Functions: | | (Thousands) |
| | Criminal Investigations and Police Services | 13,419 |
| | Special Initiatives | 1,000 |
| | Indian Police Academy (Training) | 500 |
| | Total All Functions | 14,919 |
| Budget Decision Unit: | | |
| | BIA Office of Justice Services | 14,919 |
| | Total All Decision Units | 14,919 |
| | Total Actual FTE (Direct ONLY) | 77 |

(2) Drug Methodology

BIA does not have a specific appropriation for drug control functions. The BIA uses a combination of unique Functional Areas and Cost Centers within the FBMS accounting system to track funds allocated to, and costs/expenditures of, this function. The BIA also includes drug control funding distributed and obligated to 44 tribes specifically for drug control activities.

(3) Methodology Modifications

NA

(4) Material Weaknesses or Other Findings

NA

(5) Reprogrammings or Transfers

NA

(6) Other Disclosures

NA

Assertions

(1) Obligations by Budget Decision Unit

The BIA uses a combination of unique Functional Areas and Cost Centers within the FBMS accounting system to track funds allocated to, and costs/expenditures of, this function. The BIA also includes drug control funding distributed and obligated to 44 tribes specifically for drug control activities.

(2) Drug Methodology

The BIA asserts that the drug methodology used to report obligations is based on reliable data.

- a) Data – The BIA utilizes an enterprise-wide system of records known as the Incident Management, Analysis and Reporting System (IMARS), which provides a unified system for Department of the Interior law enforcement agencies to manage law enforcement investigations, measure performance and meet reporting requirements. In concert with incident reporting, review, and data

validation requirements established through agency policy, IMARS provides the BIA with the ability to reliably capture and accurately report performance data. In addition, BIA collects and analyzes monthly drug and crime reports provided by each tribal and direct service law enforcement agency.

- b) Financial Systems – The BIA utilizes the FBMS financial system to determine spending by cost center for drug control efforts.

(3) Application of Drug Methodology

The BIA asserts that the drug methodology described above was the actual methodology used to generate the accounting table provided.

(4) Material Weaknesses or Other Findings

NA

(5) Methodology Modifications

NA

(6) Reprogrammings or Transfers

NA

(7) Fund Control Notices

The BIA asserts that the data presented are associated with obligations against a financial plan that fully complies with ONDCP requirements.

This submission follows the requirements for alternative reports allowed under the Unreasonable Burden Exception in Section 10 of the Circular. The Director, BIA - Office of Justice Services, attests that the Bureau's drug control obligations are under \$50 million, and full compliance with the Circular would constitute an unreasonable reporting burden. Pursuant to the Unreasonable Burden Exception, the alternative report meets the statutory requirement to provide an annual accounting of funding obligations and performance associated with BIA drug control activities.

JASON
O'NEAL

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O'NEAL
Date: 2021.02.09
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Director, BIA Office of Justice Services

2/9/2021

Date

ONDCP Performance Summary Review

Program

The Bureau of Indian Affairs (BIA), Office of Justice Services' (OJS), 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 Alaskan Natives.

The BIA, OJS strives to uphold tribal sovereignty and customs and provide for the safety of Indian communities by ensuring the protection of life and property, enforcing laws, maintaining justice and order, and by confining American Indian offenders in safe, secure, and humane environments. OJS directly operates or funds law enforcement, tribal courts, and detention facilities on Federal Indian lands.

Performance Introduction

In FY 2020, the BIA, OJS strengthened its response to an observed increase in drug activity on Indian lands throughout the United States. Information provided in this report reflects investigative activity on routine investigations, as well as complex, drug trafficking investigations. BIA Division of Drug Enforcement (DDE) agents have expanded their skillsets, through training and increased collaboration, leading to highly technical investigations, such as court ordered Title III wire intercept and Organized Crime Drug Enforcement Task Forces (OCDETF) cases.

In FY 2020 BIA Division of Drug Enforcement was impacted by the COVID-19 nationwide pandemic. This resulted in numerous reservation closures from April to September. This year, employees were quarantined for their health and the safety of others, sometimes multiple times for short periods. Federal and Tribal courts had also been impacted by the pandemic which resulted in modified schedules, delayed caseloads and stopped grand jury hearings. Most jurisdictions continue to limit the intake of prisoners for the safety of other inmates and staff. However, the Indian Police Academy modified the presentation mode of standard training and developed numerous virtual trainings for law enforcement. This resulted in some of the highest number of students who received training throughout the reporting year.

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 2020, Indian Country saw a 30% decrease drug cases worked and a 31% decrease in drug related arrests made, also DDE has decreased its performance on closure of drug related cases to 54%. The multi-year increases in the overall cases worked continued to demonstrate the successful partnerships formed by BIA OJS. The BIA DDE continued to provide technical assistance and training to Indian Country law enforcement.

Partnerships among DDE, DEA, FBI, BIA police and tribal officers have been particularly important. DDE 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. Though FY 2020 operations

were significantly affected by the COVID-19 pandemic, DDE’s drug investigative efforts and technical assistance provided to tribes have resulted in a clear growth trend in the number of annual drug cases worked in Indian Country over the past decade.

Methamphetamine, heroin, and prescription drugs continue to cause devastating effects on tribal families and communities. In FY 2020, DDE agents continued their involvement in drug trafficking conspiracy cases that resulted in numerous drug related arrests and exponential increases in seizure of methamphetamine and heroin across Indian Country. Specifically, in response to the increased availability of heroin to Indian Country communities, DDE agents expanded their efforts to identify and disrupt heroin trafficking organizations. DDE agents continued to focus on trafficking organizations that continue to be the largest supplier of methamphetamine throughout Indian Country. DDE agents also continued to work prescription drug cases and illegal drug trafficking along the US border.

Following a discussion of the budgeted drug related initiatives under OJS, this report details performance measures and achievements for the latest years for which data is available. Data was gathered and verified from the OJS crime statistics database, the Department of the Interior (DOI) Incident Management, Analysis, and Reporting System (IMARS), and the DDE case log.

| BIA Budget | FY 2018 ACTUAL | FY 2019 ACTUAL | FY 2020 ACTUAL | FY 2021 ACTUAL |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Function: Investigations | | | | |
| A0J30 Criminal Investigations and Police Services | \$15,716,000 | \$16,466,000 | \$13,419,000 | \$13,419,000 |
| A0J33 Special Initiatives (Victim Assistance) | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| Substance Abuse – Drug Initiative | 16,716,000 | 17,466,000 | 14,419,000 | 14,419,000 |
| Function: Education | | | | |
| A0J34 Indian Police Academy | 500,000 | 500,000 | 500,000 | 500,000 |
| TOTAL ALL Functions | \$17,216,000 | \$17,966,000 | \$14,919,000 | \$14,919,000 |
| Drug Resource Summary of Personnel | | | | |
| Total FTE Budgeted (Direct Only) | 78 | 78 | 78 | 78 |

BIA Drug Initiative

FY 2020 Enacted: \$14.919 million (Re-baselined - reflects level funding from FY 2019)
 The amounts displayed for fiscal years 2020 and beyond were re-baselined as a result of Congressional language contained on page 58 of Senate Report 116-123 to the FY 2020 Department of the Interior appropriations bill. The language removed a previous Opioid Initiative designation on \$3.0 million that is recurring annual funding distributed to local BIA and tribally operated law enforcement agencies. Absent the designation, BIA cannot certify that the \$3.0 million is spent solely on drug enforcement activities.

Drug-related activity in Indian country is a major contributor to violent crime and imposes serious health and economic difficulties on Indian communities. Methamphetamine, heroin and prescription drugs continue to cause devastating effects on tribal families and communities.

The Drug Initiative is funded within the Law Enforcement sub activity, which is comprised of eight

areas: 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. Within BIA's Law Enforcement sub activity, funding is provided for initiatives involving drug enforcement. 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.

In FY 2020, \$11.919 million supported drug enforcement efforts that allowed BIA Drug Enforcement Officer's (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; directing criminal surveillance operations; 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. Although FY 2020 increases were received for new agents, getting new agents hired and trained will take until late to FY 2021. New hires producing additional cases and seizures should be expected then.

During the year, \$1.0 million in funding continued to support the School Resource Officer (SRO) program, which has proven to be an important part of the OJS drug initiative. SROs 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. The SRO program allows interaction of officers and students in the student's environment, where these SROs play key roles in providing a visual deterrent to and identifying potential threats of school violence.

Another \$1.0 million was used to fund the Victim/Witness Services (VWS) program, which 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 2020 budget also provided \$500,000 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 \$500,000 of the Indian Police Academy (IPA) 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 BIA and Tribal officers.

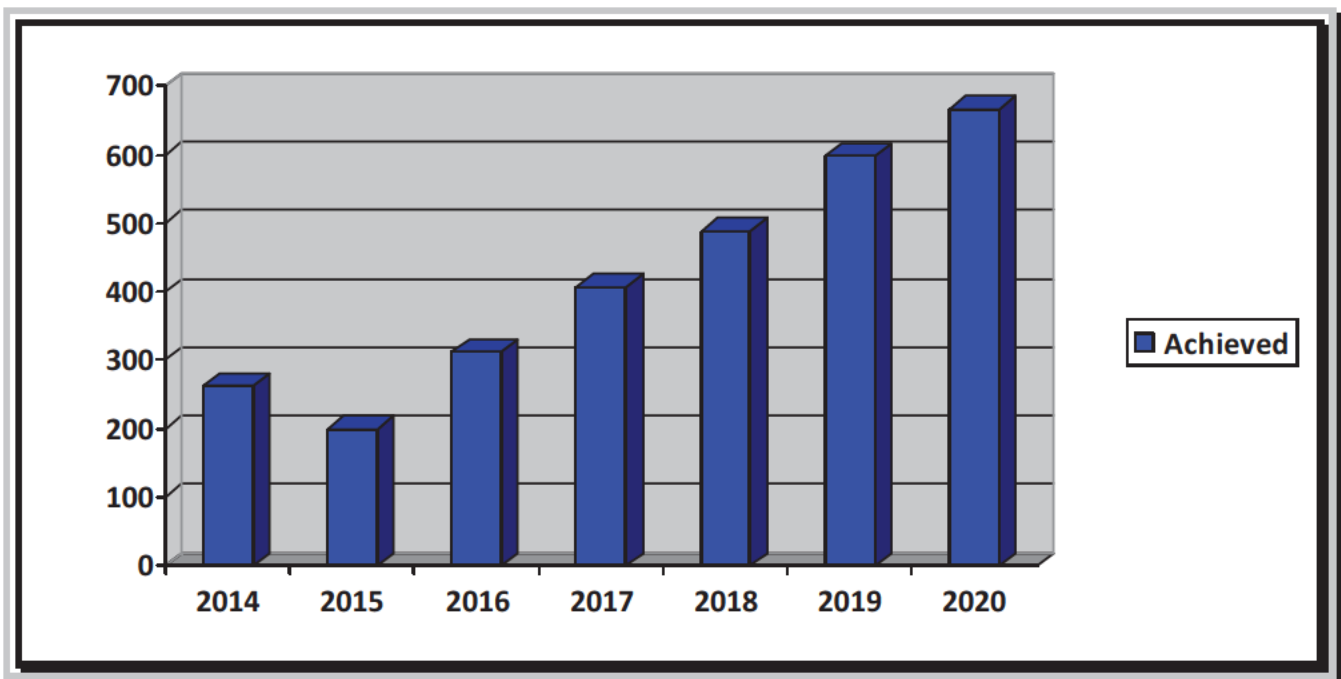
Performance Measure One: Number of Patrol Officers Receiving Drug Training

In FY 2020, a total of 667 law enforcement officers received drug training from BIA OJS, according to the BIA Indian Police Academy. This was a 12% increase over FY 2019 figures.

Seventy three (73) students graduated from the BIA Indian Country Police Officers Training Program, one hundred and one (101) students graduated from the BIA Indian Country Correctional Officer Training Program, nine (9) students graduated from the Basic Police Officer Bridge Training Program, which all includes an introduction to drug awareness and investigations. Nine (9) students graduated from FLETC’s Criminal Investigator Training Program and the DOI Investigator Training Program, which also included an introduction to drug awareness and investigations. An additional one hundred and thirty (130) students graduated from the Dangerous Drug Lab Recognition Training Program, BIA-DEA-DOJ illicit drug trafficking program. An additional three hundred and forty-five (345) students graduated from Opioid Drug Community Training attended by service providers and tribal community members throughout Indian Country at 33 locations.

In FY 2020, BIA continued its preparedness for the opioid epidemic devastating many communities throughout the country. DDE continues to work with the Indian Health Service (IHS) and the Indian Police Academy to train current BIA law enforcement instructors to be training instructors on the use of Naloxone. Naloxone, also known as “Narcan” among other names, is a medication used to reverse the effects of opioids especially in an overdose. Naloxone is most commonly administered by law enforcement through a spray into the nasal passages, which usually causes the drug to act within a minute, and last up to 45 minutes. Every BIA officer/agent is supplied with Naloxone to carry while on patrol in the tribal communities they serve.

| 2014 Achieved | 2015 Achieved | 2016 Achieved | 2017 Achieved | 2018 Achieved | 2019 Achieved | 2020 Achieved |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 263 | 200 | 312 | 407 | 489 | 598 | 667 |



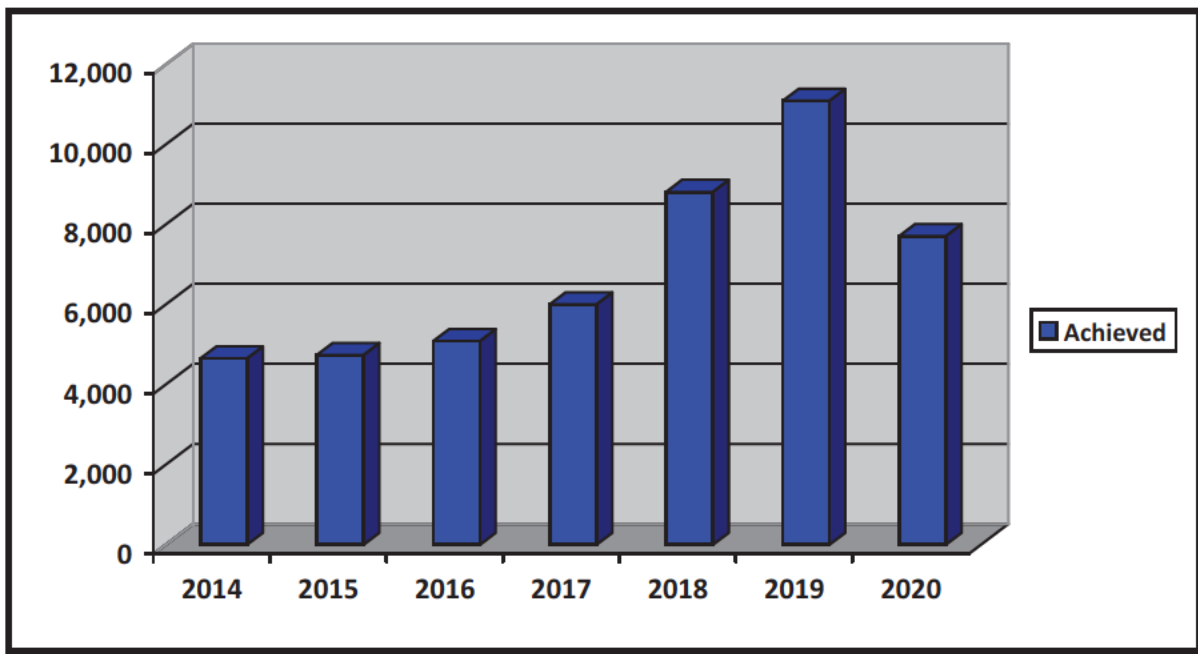
Performance Measure Two: Percent increase in drug cases worked

In FY 2020, there has been an overall **decrease** of approximately 30% in the number of drug cases across all Indian Country law enforcement programs.

The number of drug cases reported and tracked is gleaned from data provided on monthly drug statistical reports provided by BIA and tribal police programs, the DOI IMARS system, and the DDE case log. Data provided by BIA and tribal police programs are maintained by OJS for monthly and annual submissions.

Though the number of drug cases reported for FY 2020 reflects a downward trend, Indian Country continues to see disproportionately high use and distribution of illegal narcotics on reservations as compared to non-Indian areas. The following information documents the cases worked by all Indian Country law enforcement programs (BIA, DDE, and Tribal). These figures below demonstrate an overall decrease of approximately 30% drug cases worked in Indian Country in FY 2020.

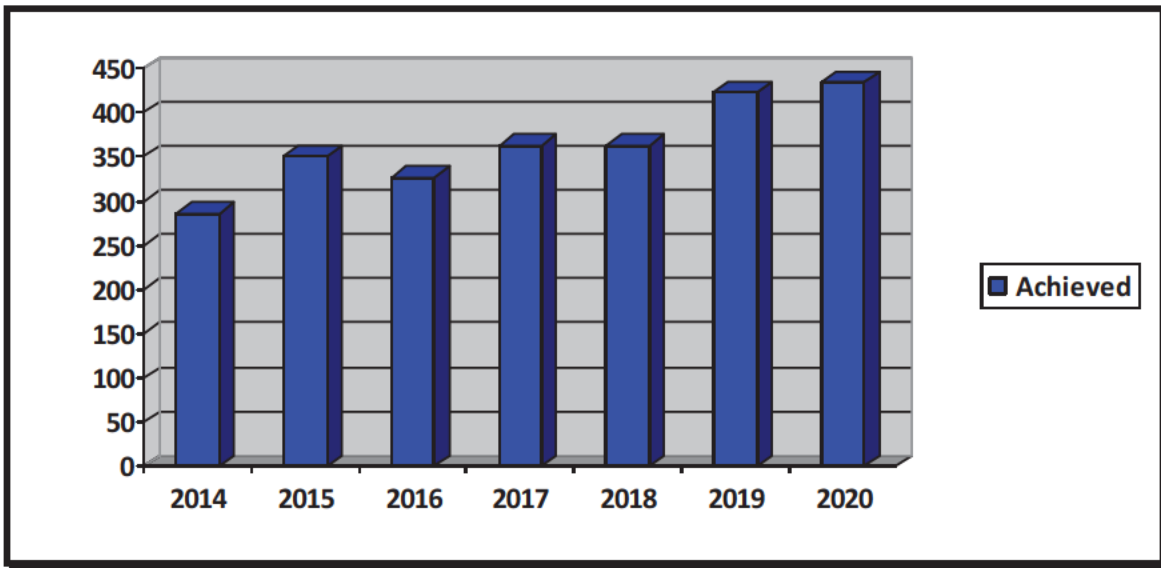
| 2014 Achieved | 2015 Achieved | 2016 Achieved | 2017 Achieved | 2018 Achieved | 2019 Achieved | 2020 Achieved | 2021 Proposed |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 3,364 | 4,750 | 5,093 | 6,013 | 8,821 | 11,098 | 7,720 | 8,000 |



The following information documents the cases worked as reported specifically by the BIA-DDE. These figures demonstrate an increase in cases worked in FY 2020.

DDE agents worked to identify and disrupt larger drug trafficking organizations targeting Indian Country communities. DDE’s continued focus on building partnerships in FY 2020 has provided additional support to field programs and has shown success as supported by the overall 2.8% increase in drug cases worked by BIA-DDE.

| 2014 Achieved | 2015 Achieved | 2016 Achieved | 2017 Achieved | 2018 Achieved | 2019 Achieved | 2020 Achieved | 2021 Proposed |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 289 | 350 | 327 | 363 | 363 | 422 | 434 | 440 |



Performance Measure Three: Increase in the amount of cases closed by arrest, indictment or referral.

In FY 2020, DDE achieved a 54% case closure rate.

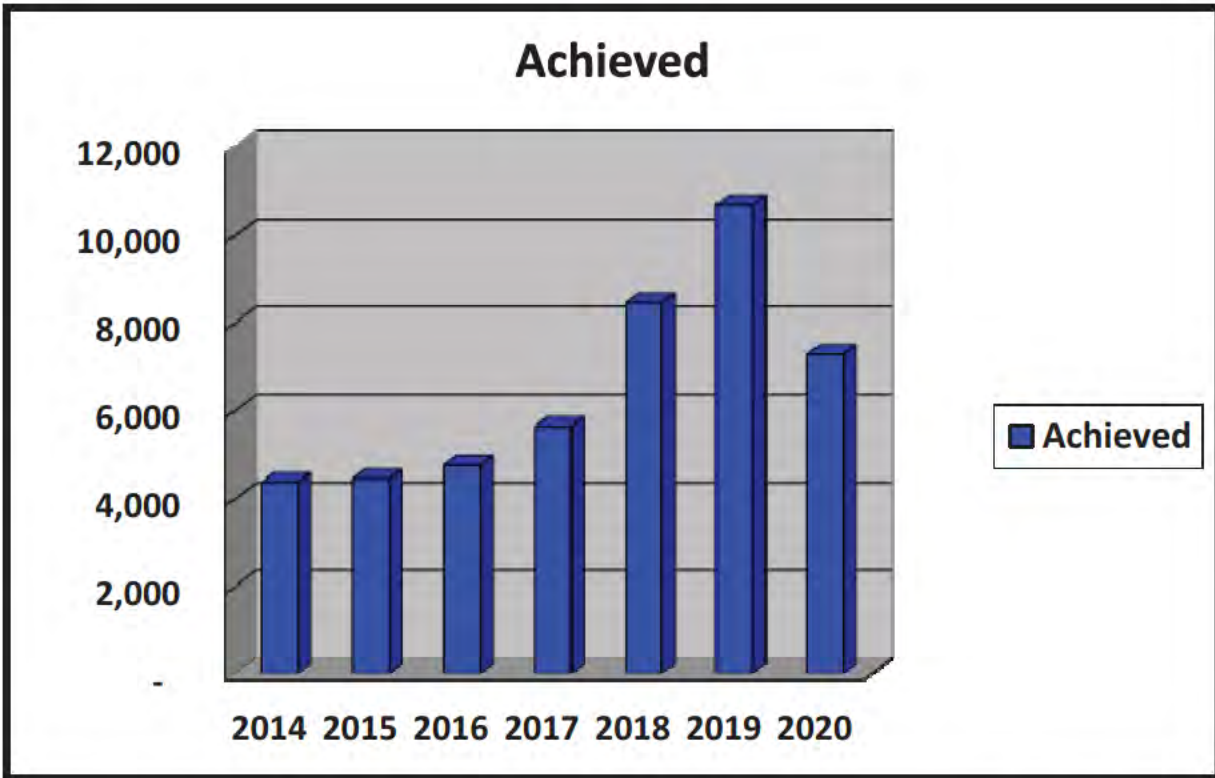
DDE opened 434 cases in FY 2020, 236 of which were closed by arrest, indictment, or referral to another agency; 197 cases remain open and under active investigation. All DDE investigations are conducted within reservation boundaries or upon trust/allotted lands and hold a direct nexus to Indian Country. Of the 434 cases opened, 418 investigations, or 96% of DDE investigations, occurred within reservation boundaries or upon trust/allotted lands. The remaining 4% of investigations held a direct nexus to Indian country.

| 2014 Achieved | 2015 Achieved | 2016 Achieved | 2017 Achieved | 2018 Achieved | 2019 Achieved | 2020 Achieved | 2021 Proposed |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 55% | 70% | 72% | 72% | 74% | 68% | 54% | 55% |

The following information documents the cases worked as reported by BIA Field Operations and tribal police departments. These figures demonstrate an overall decrease of approximately 31.8% in cases worked in FY 2020.

| 2014 Achieved | 2015 Achieved | 2016 Achieved | 2017 Achieved | 2018 Achieved | 2019 Achieved | 2020 Achieved | 2021 Proposed |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 4,374 | 4,457 | 4,766 | 5,650 | 8,458 | 10,676 | 7,286 | 7,560 |

(Total cases in IC 7,719 minus 433 DDE gives you FY2020)



** The preceding information was obtained from the monthly statistical reports and IMARS database.*

Information regarding the performance of the drug control efforts of BIA is based on agency 2010 Government Performance Results Modernization Act (GPRMA) documents and other information that measure the agency's contribution to the *Strategy*. The BIA OJS has historically experienced challenges gathering accurate data using systems developed by the BIA IT division or its contractors. To assist with data collection, in FY 2014, the BIA began using the newly developed IMARS system to capture crime data, which will include drug information for DDE.

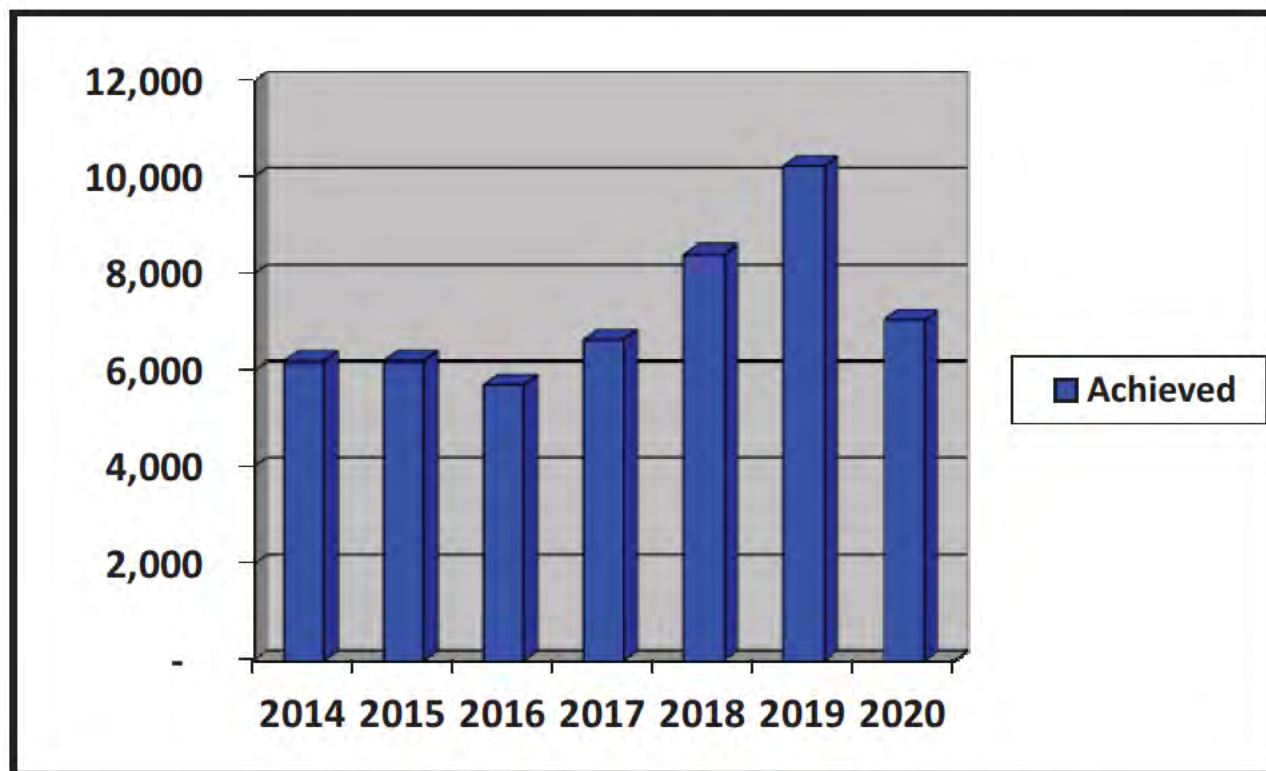
To show an accurate portrayal of the serious drug issues occurring throughout Indian Country, BIA relies heavily on tribal and BIA field programs to submit their monthly drug statistics to a BIA Program Analyst stationed in each BIA District Office. Historically, tribal and BIA field program monthly drug report submissions have been minimal in some regions, creating a disparity between what is being reported to BIA and the actual number of drug offenses occurring in Indian Country. The data discussed below were gathered and verified from the IMARS database and the DDE case log.

Percent increase in number of drug related arrests

DDE agents are responsible for managing drug investigations and providing direct technical assistance to tribal programs necessary to reduce the effects of drugs and drug-related crime in Indian Country.

Through this technical assistance, the BIA has formed partnerships with tribal law enforcement programs. Tribal drug-related arrests showed a **decrease** of 31% from the 2019 figures.

| 2014 Achieved | 2015 Achieved | 2016 Achieved | 2017 Achieved | 2018 Achieved | 2019 Achieved | 2020 Achieved | 2021 Proposed |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 6,193 | 6,198 | 5,723 | 6,647 | 8,417 | 10,241 | 7,066 | 7,322 |



** The preceding information was obtained from the monthly drug report.*

Performance Measure Four: Increase in the amount of drugs seized

The following information documents drug seizures accomplished by the combined efforts of DDE, BIA and tribal police programs. These figures submitted by the field programs demonstrate an overall decrease of approximately 24% in total drugs seized by BIA law enforcement programs in FY 2020.

Methamphetamine continues to be the most prevalent drug seized from drug operations in Indian Country. Field agents reported an increase in heroin being available in Indian Country and the abundance of methamphetamine being distributed by Mexican cartels has created lower pricing and an easier access to methamphetamines.

The below numbers depict the overall Indian Country drugs seized in FY 2020. The totals were derived from the OJS crime statistics database, which includes the monthly drug reports submitted by tribal programs, the DOI IMARS system, and the DDE case logs.

| Amount of Drugs Seized | | | | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 2014 Achieved | 2015 Achieved | 2016 Achieved | 2017 Achieved | 2018 Achieved | 2019 Achieved | 2020 Achieved |
| Cocaine Powder | 28.45 | 1.00 | 105.70 | 54.15 | 34.19 | 96.8 | 38.5 |
| Cocaine Crack | .541 | .758 | .375 | 0.60 | 110.56 | 1.0 | 1.4 |
| Heroin | 3.68 | 5.74 | 67.83 | 16.49 | 47.89 | 42.1 | 64.5 |
| MDMA (Ecstasy) | 1.29 | .002 | 29.16 | 0.29 | .33 | 7.7 | 2.6 |
| Meth Crystal | 19.80 | 64.90 | 64.21 | 56.13 | 248.21 | 72.6 | 336 |
| Meth Powder | 11.20 | 0 | 20.93 | 34.88 | 264.46 | 475.7 | 1,019.9 |
| Processed Marijuana | 14,883 | 1,725 | 2,173 | 6,223.89 | 19,413.62 | 5,460.9 | 4,413.5 |
| Prescription Drugs Seized | 101.03 | 96.58 | 96.21 | 8.0 | 53.66 | 106.2 | 12.3 |
| Other Drugs Seized | 84.86 | 72.29 | 70.78 | 409 | 227.63 | 15,220.6 | 125.2 |
| Marijuana (# Plants = lbs.) | 11,697 | 24,453 | 13,979 | 6,097 | 42,201 | 666.1 | 10,862.7 |
| <i>Totals in Pounds</i> | 26,830 | 26,419 | 16,607 | 12,900 | 62,601.49 | 22,149.6 | 16,876.6 |

MANAGEMENT ASSERTIONS

1. **Performance reporting systems are appropriate and applied -**

The DDE continues to experience challenges gathering accurate data from tribal field programs. Information gathered for this report and the subsequent verification process again highlighted the need for an automated data collection system. In FY 2015, BIA began utilizing the new DOI IMARS for all BIA direct service programs. This system allows BIA to collect and analyze crime statistics in an automated manner and is reducing our risk of human error by eliminating multiple entry of the same crime statistics.

2. **Explanations for not meeting performance targets are reasonable -**

This year was challenging for all law enforcement within Indian Country. This reporting year, BIA Division of Drug Enforcement was also impacted by the COVID-19 nationwide pandemic. This resulted in numerous tribes closing their reservation boundaries. Like nearly all federal agencies, this change affected how we conducted our daily business. We have seen staff quarantined for their health and the safety of others, in some cases multiple times for 14-day periods. Federal and Tribal courts were also impacted by the pandemic which resulted in modified schedules, delayed caseloads and stopped grand jury hearings. Most jurisdictions continue to limit the intake of prisoners for the safety of other inmates and staff.

3. **Methodology to establish performance targets is reasonable and applied -**

The targets were projected for FY 2020 based upon statistical data reviewed over the past four years in addition to the complexity of new drug trends identified within Indian Country.

4. **Adequate performance measures exist for all significant drug control activities-**

The agency has four (4) acceptable performance measures that adequately cover each of the decision units. Each measure considers the intended purpose of the ONDCP activity.

JASON
O'NEAL

Digitally signed by JASON
O'NEAL
Date: 2021.02.09
10:43:00 -05'00'

Director, BIA Office of Justice Services

2/9/2021

Date



United States Department of the Interior

BUREAU OF LAND MANAGEMENT
Office of Law Enforcement and Security
440 West 200 South, Suite 500
Salt Lake City, UT 84101



February 4, 2021

Memorandum

To: ONDCP Performance Budget Coordinator
Office of National Drug Control Policy

From: Cassie Sandberg *Cassie Sandberg*
Budget Officer, Office of Law Enforcement and Security

Subject: Fiscal Year 2022 Budget and Performance Submission

In accordance with ONDCP Circular: *Budget Formulation, October 22, 2019*, the United States Department of the Interior, Bureau of Land Management (BLM) is hereby submitting the attached Budget and Performance Submission for Fiscal Year 2022.

The FY 2022 submission has no significant changes from the FY 2021 request. In FY 2022, the BLM will continue to 1) direct significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California and Oregon; 2) direct funding to public lands in Idaho, Nevada, Utah and other States as needed to combat the expansion of marijuana cultivation activities in those areas; and 3) direct funding to public lands in Arizona, California, and New Mexico to address resource impacts and public safety concerns stemming from marijuana smuggling activities occurring along the Southwest Border.

If you have any questions, please contact Cassie Sandberg, OLES Budget Officer, at 801-539-4170.

Attachment

DEPARTMENT OF THE INTERIOR
 Bureau of Land Management
 FY 2022 Budget and Performance Summer Submission

Resource Summary

| | Budget Authority (in Millions) | | |
|--|--------------------------------|--------------------|------------------------------|
| | FY 2020 Enacted | FY 2021 Request | FY 2022 Target Request |
| Drug Resources by Budget Decision Unit and Function | | | |
| Resource Protection and Law Enforcement | | | |
| Interdiction | \$0.408 | \$0.408 | ■ |
| Investigations | 4.080 | 4.080 | ■ |
| State and Local Assistance | 0.612 | 0.612 | ■ |
| Total, Decision Unit | \$5.100 | \$5.100 | ■ |
| Total Funding | | | |
| | \$5.100 | \$5.100 | ■ |

| Drug Resources Personnel Summary | | | |
|---|----|----|---|
| Total FTEs (direct only) | 20 | 20 | ■ |

| Drug Resources as a Percent of Budget | | | |
|--|-------|-------|---|
| Total Agency Budget (in Billions) | \$1.1 | \$1.1 | ■ |
| Drug Resources Percentage | 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 Bureau’s appropriation for the Resource Protection and Law Enforcement subactivity includes \$5.1 million for drug enforcement. The BLM primarily uses these funds for the identification, investigation, and eradication of marijuana cultivation on public lands and

rehabilitation of the cultivation sites. Under its Government Performance and Results Act (GPRA) Performance 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

[REDACTED]. The budget directs resources to 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.

Resource Protection and Law Enforcement

[REDACTED]

Resource Protection and Law Enforcement Program strategies in support of the National Drug Control Strategy include:

- (1) directing significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California;
- (2) directing funding to public lands in Idaho, Oregon, 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 patrols 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

Introduction

Due to the fact there is currently no data on the total number of marijuana plants subject to seizure that are grown in the United States, the BLM has traditionally gauged 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, the BLM currently bases its out-year plant seizure target on the preceding fiscal year’s seizure level. Beginning in FY 2015, the Bureau has adjusted its out-year target to achieve a two percent improvement over the prior fiscal year’s seizure level.

Information regarding the performance of the Bureau’s 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 below table and associated text present activities and achievements during FY 2019 and FY 2020.

| Bureau of Land Management | | | | | |
|-------------------------------------|------------------|----------------------|------------------|----------------------|------------------|
| Selected Measure of Performance | FY 2019 Achieved | FY 2020 Target | FY 2020 Achieved | FY2021 Target | FY2022 Target |
| » Number of marijuana plants seized | 590,558 | 602,369 ¹ | 607,640 | 619,792 ² | TBD ³ |

¹ Target based on FY 2019 seizure level.

² Target based on 2% increase over FY 2020 seizure level.

³ Target will be based on 2% increase over FY 2021 seizure level.

Discussion

In the early 2000's the Bureau saw an annual reduction in the total number of marijuana plants seized each year. That downward trend reversed in FY 2013 as the Bureau experienced a twenty-five percent increase in the number of marijuana plants seized on public lands. After three consecutive yearly increases in seizures, there was a decline in 2016. However, the Bureau has seen an increase in the last three years, to include, in 2019, the largest increase more than doubling of the number of plants seized in 2018.

| Number of Marijuana Plants Seized on Public Lands | | | | | | |
|---|---------|---------|---------|---------|---------|---------|
| FY 2014 | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 | FY 2020 |
| 225,291 | 319,511 | 149,101 | 155,502 | 254,010 | 590,558 | 607,640 |

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 thought to be affecting large scale marijuana cultivation on public lands, to include:

- Increasingly effective utilization of multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.

- Active participation of BLM law enforcement personnel in Federal, State, and local task forces, including California and Oregon HIDTA task forces, DEA-led Organized Crime Drug Enforcement Task Forces, and a number of State and local task forces. The BLM is also an active participant on county-level interagency teams focused on marijuana investigations.
- Prosecution of individuals at all levels of multi-State drug trafficking organizations is disrupting organizational structures and reducing their cultivation and distribution capabilities.
- Shifting weather patterns are altering the length of the growing season and the availability of natural water sources.
- Several State medical marijuana laws provide for the lawful cultivation of marijuana on private lands. Quantities of this lawfully cultivated marijuana are known to be diverted to sale for non-medical use. This unlawful sale of legally cultivated marijuana, combined with the public's ability to lawfully cultivate marijuana for personal recreation and medicinal purposes, may be altering levels of market supply and demand, thereby prompting fluctuations in the quantity of marijuana being cultivated on public lands.



United States Department of the Interior

BUREAU OF LAND MANAGEMENT
Office of Law Enforcement and Security
760 Horizon Drive
Grand Junction, CO 81506



January 29, 2021

In Reply Refer To:
9260 (WO120) I

Memorandum

To: Director,
Office of National Drug Control Policy

From: Eric A. Kriley
Director, Office of Law Enforcement and Security

Subject: Fiscal Year 2020 Accounting and Performance Summary Report

In accordance with ONDCP Circular: *National Drug Control Program Agency Compliance Reviews, October 22, 2019* (the Circular), the United States Department of the Interior, Bureau of Land Management (BLM) is hereby submitting the attached Accounting and Performance Summary Report of fiscal year 2020 drug control activities. Per the Circular, this report is being submitted in lieu of the “Detailed Accounting Submission and Performance Summary Report” otherwise required for agencies with drug control obligations of \$50 million or greater.

The BLM, Director of the Office of Law Enforcement and Security (OLES) attests that the Bureau’s drug control obligations are under \$50 million, and full compliance with the Circular would constitute an unreasonable reporting burden. If you have any questions, please contact Shannon Tokos, Deputy Director OLES, at 970-244-3168.

Attachment

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Office of Law Enforcement and Security

- Accounting and Performance Summary Report Fiscal Year 2020 -

Mission

The overall mission of the 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, the primary goals of the Resource Protection and Law Enforcement program include 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.

Detailed Accounting Report

Drug Control Funding Obligations

The Bureau's appropriation for the Resource Protection and Law Enforcement subactivity includes \$5.1 million for drug enforcement.

| Table of Drug Control Funding Obligations – Fiscal Year 2020 | |
|---|--------------|
| Drug Control Functions: | |
| Interdiction | 408 |
| Investigations | 4,080 |
| State and Local Assistance | 612 |
| Total All Functions | 5,100 |
| Budget Decision Unit: | |
| Resource Protection and Law Enforcement | 5,100 |
| Total All Decision Units | 5,100 |

Drug Methodology

The BLM primarily focuses these funds for the identification, investigation, and eradication of marijuana cultivation on public lands, and the rehabilitation of cultivation sites.

Resource Protection and Law Enforcement Program strategies in support of the National Drug Control Strategy include:

- 1) directing significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California;

- 2) directing funding to public lands in Idaho, Oregon, 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, New Mexico, and California 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.

Methodology Modifications – N/A

Material Weaknesses or Other Findings – N/A

Reprogrammings or Transfers – N/A

Other Disclosures – N/A

Management Assertions

7.b Assertions

- (1) Obligations by Budget Decision Unit - Yes
- (2) Drug Methodology:
 - a) Data - Yes
 - b) Financial Systems - Yes
- (3) Application of Drug Methodology - Yes
- (4) Material Weaknesses or Other Findings – N/A
- (5) Methodology Modifications – N/A
- (6) Reprogrammings or Transfers – N/A
- (7) Fund Control Notices - Yes

Performance Summary

In FY 2020, the BLM maintained its drug enforcement efforts at the same level as FY 2019. These efforts included:

- 1) directing significant funding to address large scale marijuana cultivation activities by drug trafficking organizations on BLM-managed public lands in California;

- 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, California, 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 and smuggling 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.

The narrative below details FY 2020 performance data linked to marijuana seizures on public lands. This data was gathered and verified by the BLM, Office of Law Enforcement and Security (OLES) utilizing the Bureau’s law enforcement incident databases (e.g., IMARS) and associated law enforcement counterdrug activity reporting mechanisms (e.g., Significant Incident Reports).

Performance Data - Quality Assurance

Beginning in 1998, the BLM began utilizing an electronic incident reporting system (i.e., LAWNET) to document all public lands law enforcement incidents/activities; to include drug-related enforcement actions. In late 2011, the BLM migrated to the newly created Incident Management Analysis and Reporting System (IMARS) developed to provide a Department-wide information collection, analysis, and reporting system for incident information. In 2020, the BLM established the Investigative Case Management System (ICMS) for use by all BLM Special Agents for long-term cases. All these electronic reporting systems, in combination with incident reporting, review, and data validation requirements established through agency policy, afford the BLM the ability to reliably capture and accurately report performance data.

Performance Measure: *Quantity of Marijuana Seized*

| Number of Marijuana Plants Seized on Public Lands ¹ | | | | | | |
|--|------------------|------------------|------------------|------------------|----------------|------------------|
| FY 2015 Achieved | FY 2016 Achieved | FY 2017 Achieved | FY 2018 Achieved | FY 2019 Achieved | FY 2020 Target | FY 2020 Achieved |
| 319,511 | 149,101 | 155,502 | 254,010 | 590,558 | 602,369 | 607,640 |

¹Data gathered through the IMARS incident reporting systems.

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 thought to be affecting large scale marijuana cultivation on public lands, to include:

- Increasingly effective utilization of multi-agency investigation and eradication efforts targeting illegal activities at all levels of drug trafficking organizations.
- Active participation of BLM law enforcement personnel in federal, state, and local task forces, including California and Oregon HIDTA task forces, DEA-led Organized Crime Drug Enforcement Task Forces, and a number of state and local task forces. The BLM is also an active participant on county-level interagency teams focused on marijuana investigations.
- Prosecution of individuals at all levels of multi-state drug trafficking organizations is disrupting organizational structures and reducing their cultivation and distribution capabilities.
- Shifting weather patterns are altering the length of the growing season and the availability of natural water sources.
- Several states permit the lawful cultivation of marijuana on private lands for medicinal use. Quantities of this lawfully cultivated marijuana are known to be sold outside the legal medicinal market. This unlawful sale of legally cultivated marijuana may be altering levels of market supply and demand, thereby prompting fluctuations in the quantity of marijuana being cultivated on public lands. Similarly, an increase in the number of states that permit recreational use of marijuana may be creating a larger market and higher profit margins for marijuana cultivated at relatively low cost on public lands.

In addition to its direct marijuana cultivation interdiction efforts, the BLM also continues to place significant emphasis on deterring marijuana smuggling activities occurring on public lands situated within 100 miles of the Southwest Border. These smuggling activities, in addition to increasing the volume of marijuana trafficked within the U.S., are producing significant natural resource impacts and public safety concerns on public lands. These impacts are particularly prevalent within the Bureau’s Ironwood Forest and Sonoran Desert National Monuments.

In FY 2020 a total of 12,476 pounds of processed marijuana were seized on public lands. While several factors are likely influencing the seizure levels, the Bureau’s ongoing investment along the Southwest border is believed to be a significant factor in this success.

| Processed Marijuana (lbs) Seized on Public Lands² | | | | | |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| FY 2015 Achieved | FY 2016 Achieved | FY 2017 Achieved | FY 2018 Achieved | FY 2019 Achieved | FY 2020 Achieved |
| 22,586 | 16,724 | 6,187 | 26,765 | 16,702 | 12,476 |

²Data gathered through the IMARS incident reporting systems.

Management Assertions

Performance Reporting System is Appropriate and Applied

Since 1998, the BLM has utilized electronic incident reporting systems (i.e., LAWNET, IMARS, ICMS) to document all law enforcement incidents and activities on public lands, to include drug-related enforcement actions (e.g., marijuana cultivation incidents, marijuana plant seizures, processed marijuana seizures, etc.) These electronic reporting systems, in combination with incident reporting, review, and data validation requirements established through agency policy, afford the BLM the ability to reliably capture and accurately report performance data.

Methodology to Establish Performance Targets is Reasonable and Applied

Due to the fact there is currently no data on the total number of marijuana plants subject to seizure that are grown in the United States, in FY 2016 the ONDCP permitted the BLM to gauge 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 several years, and the number of variables believed to affect large scale public lands cultivation operations, the BLM set its FY 2020 target at 2% over on the preceding fiscal year’s seizure level.

Adequate Performance Measures Exist for All Significant Drug Control Activities

The BLM has traditionally utilized a single measure (i.e. marijuana seizures) to capture performance considered to be reflective of its respective National Drug Control Program activities. In light of the fact there is currently no data on the total number of marijuana plants subject to seizure that are grown in the United States, the ONDCP permits the BLM to gauge performance using a single measure, specifically “number of marijuana plants seized.”

In accordance with ONDCP Circular: “National Drug Control Program Agency Compliance Reviews, October 22, 2019”, the BLM is hereby submitting this alternative report of drug control funding and performance for FY 2020. Per the Circular, this report is being submitted in lieu of the standard “Detailed Accounting Submission and Performance Summary Report” otherwise required for agencies with drug control obligations of \$50 million or greater. The BLM, Director of the Office of Law Enforcement and Security attests that the Bureau’s drug control obligations are under \$50 million, and full compliance with the Circular would constitute an unreasonable reporting burden.

Eric A. Kriley
Director, Office of Law Enforcement and Security

ONDCP 2020 Accounting Report – National Park Service

FY 2020 RESOURCE SUMMARY

| Prior Year Drug Control Obligations and Staffing | | Amount |
|--|-----|-------------|
| *See detailed report below | | |
| | FTE | 27 |
| TOTAL OBLIGATIONS | | \$3,450,000 |

**Full compliance with this circular constitutes an unreasonable reporting burden. Obligations reported under this section constitute the statutorily required detailed accounting. The amounts in the table below reflect actual NPS expenditures.

| | | |
|-----------|--------------------------------------|------------|
| | Chief, Investigative Services Branch | 02/01/2021 |
| Signature | Title | Date |

Drug Control Funding Obligations

(1) Table of Prior Year Drug Control Obligations by Decision Unit and Drug Control Function

| NPS Summary | North Cascades NP | Point Reyes NS | Sequoia & Kings Canyon NP | Whiskey-town NRA | Santa Monica Mountains NRA | Redwood NP | Yosemite NP | Washington Support Office | Total |
|---------------------------|-------------------|----------------|---------------------------|------------------|----------------------------|------------|-------------|---------------------------|--------------|
| Investigations | 200 | 450 | 635 | 500 | 300 | 345 | 600 | 420 | 3,450 |
| Total Expenditures | 200 | 450 | 635 | 500 | 300 | 345 | 600 | 420 | 3,450 |
| Total FTE | 1.5 | 3.5 | 5 | 4 | 2.4 | 2.8 | 4.6 | 3.2 | 27 |

(2) Drug Methodology

NPS does not have a specific appropriation for drug control. The NPS cost management system verifies the location and actual use of funding that is directed to this function. The NPS utilizes these data, combined with annual financial/spending plans, to estimate the level of drug control funding.

(3) Methodology Modifications

NA

(4) Material Weaknesses or Other Findings

NA

(5) Reprogrammings or Transfers

NA

(6) Other Disclosures

NA

Assertions

(1) Obligations by Budget Decision Unit

The NPS cost management system verifies the location and actual use of funding that is directed to this function. The NPS utilizes these data, combined with annual financial/spending plans, to estimate the level of drug control funding.

(2) Drug Methodology

The NPS asserts that the drug methodology used to calculate obligations is based on reliable data.

- a) **Data** – The NPS utilizes an enterprise-wide system of records known as the Incident Management, Analysis and Reporting System (IMARS), which provides a unified system for Department of the Interior law enforcement agencies to manage law enforcement investigations, measure performance and meet reporting requirements. In concert with incident reporting, review, and data validation requirements established through agency policy, IMARS provides the NPS with the ability to reliably capture and accurately report performance data.
- b) **Financial Systems** – The NPS utilizes financial systems to determine park level spending on law enforcement efforts.

(3) Application of Drug Methodology

The NPS asserts that the drug methodology described above was the actual methodology used to generate the accounting table provided below.

(4) Material Weaknesses or Other Findings

NA

(5) Methodology Modifications

NA

(6) Reprogrammings or Transfers

NA

(7) Fund Control Notices

The NPS asserts that the data presented are associated with obligations against a financial plan that fully complies with ONDCP requirements.

Performance Reporting

(1) Performance Measures

Due to the fact there is currently no data on the total number of marijuana plants subject to seizure that are grown in the U.S., the NPS has traditionally utilized a single measure - “Number of marijuana plants seized in the Pacific West region” to capture performance considered to be reflective of its respective National Drug Control Program activities.

(2) Prior Year Performance Targets and Results

| National Park Service Visitor and Resource Protection Program | | |
|--|-------------------|---------------------|
| Selected Measure of Performance | FY 2019 Target | FY 2019 Achieved |
| » Number of marijuana plants seized in the Pacific West region | 8,412 | < 20 |

(3) Current Year Performance Targets

The NPS uses a three-year seizure average to determine its target due to the year-to-year fluctuation seen in public lands marijuana seizures and the number of variables believed to affect large scale public lands cultivation operations.

| National Park Service Visitor and Resource Protection Program | | |
|--|-------------------|---------------------|
| Selected Measure of Performance | FY 2020 Target | FY 2020 Achieved |
| » Number of marijuana plants seized in the Pacific West region | 3,942 | 28,028 |

(4) Quality of Performance Data

The NPS utilizes an enterprise-wide system of records known as the Incident Management, Analysis and Reporting System (IMARS), which provides a unified system for Department of the Interior law enforcement agencies to manage law enforcement investigations, measure performance and meet reporting requirements. In concert with incident reporting, review,

and data validation requirements established through agency policy, IMARS provides the NPS with the ability to reliably capture and accurately report performance data.

Performance Reporting – Assertions

(1) Performance reporting system is appropriate and applied

Yes

(2) Explanations for not meeting performance targets are reasonable

Yes

(3) Methodology to establish performance targets is reasonable and consistently applied

Yes

(4) Adequate performance measures exist for all significant drug control activities

Yes

SENT VIA ELECTRONIC MAIL – NO HARD COPY TO FOLLOW

MEMORANDUM

To: Office of National Drug Control Policy (ONDCP) Performance Budget
Coordinator

From: Chief, Investigative Services Branch -Law Enforcement, Security and Emergency
Services

Subject: ONDCP Summer Drug Budget and Performance Submission

In accordance with ONDCP Circular: Budget Formulation, October 22, 2019, the U.S. Department of the Interior, National Park Service hereby submits the attached Summer Budget Request to the Department of the Interior.

As ONDCP recommended to Secretary Bernhardt in its transmittal letters accompanying 2022 ONDCP Formulation Guidance, the National Park Service 2022 budget proposal sustains its current level of effort to protect our country's national parks from illegal drug production and trafficking.

If you have questions, please contact Hunter Bailey, Chief, Investigative Services Branch -Law Enforcement, Security and Emergency Services at (202) 354-1961.

**ONDCP 2022 Summer Drug Budget and
Performance Submission
National Park Service**

Resource Summary

| | Budget Authority (in Millions) | | |
|--|--------------------------------|--------------------|--------------------|
| | FY 2020 Enacted | FY 2021 Request | FY 2022 Request |
| Drug Resources by Function | | | |
| Investigations | \$3.450 | \$3.187 | |
| Total Drug Resources by Function | \$3.450 | \$3.187 | |
| Drug Resources by Decision Unit | | | |
| National Park Protection Subactivity | \$3.450 | \$3.187 | |
| Total Drug Resources by Decision Unit | \$3.450 | \$3.187 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 27 | 25 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions) | \$3.38 | \$2.80 | |
| Drug Resources Percentage | 0.1% | 0.1% | |

Support for Drug Control Funding Priorities

I. REDUCING THE AVAILABILITY OF ILLICIT DRUGS IN THE UNITED STATES

NPS Strategies:

A. Disrupting, Dismantling, and Defeating Drug Traffickers and Their Supply Chains, AND

B. Disrupting and Dismantling the Illicit Drug Production Infrastructure

As a result of the significant success in marijuana eradication on NPS lands over the past decade, Law Enforcement Rangers have shifted efforts towards more pro-active strategies with the goal of reducing available supply chains to market. The strategies outlined below continue to apply the pressure necessary to prevent the resurgence of activity and the reconstitution of historic sites, many of which have already received costly restorative treatments to return them to their natural state. The importance of maintaining the significant progress we have already achieved cannot be overstated, and the sustainable funding by ONDCP is critical to our continued success as a partner in the National Drug Control Program.

Prevention and Deterrence: with the goal of eliminating and preventing clandestine marijuana activities and operations, staff are implementing the following techniques activities: a) learning to integrate GIS and similar tools to identify areas that are likely suitable to support the needs of clandestine operations. This includes data sets such as climate and temperature, surrounding vegetation types and availability of

canopy, terrain and soil types, and availability of water sources. A concurrence of these desirable attributes supports a predictive analysis of where future grow sites may be suitable and/or attempted. b) leveraging recent wildland fire damage to identify previously undetected sites as well as learn and understand some of the historical patterns and infrastructure needs of the growers, and c) deploying resources as part of high visibility patrols to make it as difficult as possible to operate undetected.

Monitoring and Detection: with the goal of identifying clandestine activity and adjusting patrols and presence as an effective deterrent, staff are implementing the following techniques and activities: a) deployment of trail cameras and surveillance equipment on remote road and trail systems to monitor activity, b) performing water testing to look for dangerous chemical compounds that are consistent with fertilizer frequently used in grow operations. Based upon geography, staff can then work upstream of a positive test to identify the source of the contamination. c) frequent and high visibility patrols to monitor trends, suspicious persons, activity or vehicles, and overall reinforce the “ubiquitous ranger” concept.

Early Eradication: with the goal catching clandestine grow operations during their incipient stages and before sites have become well established, staff are implementing the following techniques and activities: a) eradicating sites early in the grow season while plants remain relatively small, sometimes when still in a “seedling” state. This not only prevents the possibility of mature plants, but also results in other positive benefits such as reducing damage to fragile soil and terrain types, less water consumption (waste) which threatens native vegetation and species, fewer resources required and less risk involved for plant removal, and improved time and cost of site restoration efforts. Rangers are not always able to intercept sites before they become well established, but through aggressive and pro-active techniques we have achieved a significant reduction in the overall number of mature plants indicating forward progress.

C. Interdicting the Flow of Drugs across the Physical Borders and into the United States

In Washington state, Law Enforcement Rangers continue to work effectively with a variety of state, local and federal partners including: Customs and Border Protection (Border Patrol, Office of Field Operations, Air and Marine Division), Homeland Security Investigations, Federal Bureau of Investigation, Drug Enforcement Agency, US Forest Service, Washington State Fish and Wildlife, Washington State Patrol, and local Sheriff’s departments to combat smuggling activities that occur along the International Border with Canada. The remote wilderness terrain of the North Cascades Complex makes this an ideal location for clandestine activities given the natural cover and concealment that is available. The efforts of all law enforcement agencies are amplified through joint information and intelligence sharing which guides and directs joint operations as well as organic missions on the ground. Rangers perform patrols by vehicle, vessel, air and on foot to combat both smuggling of methamphetamine moving south and cocaine moving north. In addition to smuggling, the area experiences illegal border crossings into the United States as well as some clandestine cultivation sites. Additional techniques and activities include maintaining remote camera and surveillance systems that monitor a network of high use smuggling areas and routes along the physical border.

Performance Reporting

(1) Performance Measures

Due to the fact there is currently no data on the total number of marijuana plants subject to seizure that are grown in the U.S., the NPS has traditionally utilized a single measure - “Number of marijuana plants seized in the Pacific West region” to capture performance considered to be reflective of its respective National Drug Control Program activities.

(2) Prior Year Performance Targets and Results

| National Park Service Visitor and Resource Protection Program | | |
|--|-------------------|---------------------|
| Selected Measure of Performance | FY 2019 Target | FY 2019 Achieved |
| » Number of marijuana plants seized in the Pacific West region | 8,412 | < 20 |

(3) Current Year Performance Targets

The NPS uses a three-year seizure average to determine its target due to the year-to-year fluctuation seen in public lands marijuana seizures and the number of variables believed to affect large scale public lands cultivation operations.

| National Park Service Visitor and Resource Protection Program | | |
|--|-------------------|---------------------|
| Selected Measure of Performance | FY 2020 Target | FY 2020 Achieved |
| » Number of marijuana plants seized in the Pacific West region | 3,942 | NA |

(4) Quality of Performance Data

The NPS utilizes an enterprise-wide system of records known as the Incident Management, Analysis and Reporting System (IMARS), which provides a unified system for Department of the Interior law enforcement agencies to manage law enforcement investigations, measure performance and meet reporting requirements. In concert with incident reporting, review, and data validation requirements established through agency policy, IMARS provides the NPS with the ability to reliably capture and accurately report performance data.

(5) FY 2022 Performance

There is no change from FY 2021.

Tab I



Review of the Accounting of Drug Control Funds and Related Performance Fiscal Year 2020



AUDIT DIVISION

21-033

FEBRUARY 2021

REDACTED FOR PUBLIC RELEASE

Redactions were made to the full version of this report because it contained pre-decisional federal budget information.



EXECUTIVE SUMMARY

Review of the U.S. Department of Justice's Accounting of Drug Control Funds and Related Performance Fiscal Year 2020

Objectives

Pursuant to 21 U.S.C. § 1704(d), as implemented by the Office of National Drug Control Policy (ONDCP) Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, the Department of Justice (Department) is required to submit to the Director of ONDCP a detailed accounting of all funds expended for National Drug Control Program activities during the previous fiscal year. Additionally, the Office of the Inspector General (OIG) is required to express a conclusion about the reliability of the Department's assertions related to its submission to the ONDCP.

Results in Brief

The OIG concluded that it is not aware of any material modifications that should be made to management's assertions for the fiscal year ended September 30, 2020.

Recommendations

No recommendations were provided in this report.

Review Results

The OIG performed an attestation review of the Department's assertions related to the Budget Formulation Compliance Submission, Detailed Accounting Submission, and the Performance Summary Submission for the fiscal year ended September 30, 2020. The review was performed in accordance with the attestation standards contained in Government Auditing Standards. The purpose of the review was to express a conclusion on management's assertions. Specifically, we:

- Performed inquiries of management to understand its processes used to prepare the reports.
- Evaluated the reasonableness of management's reports.
- Reviewed management's reports for incorrect or incomplete information from the requirements of the ONDCP circular.
- Performed sufficient verifications of reported information to support our conclusion on the reliability of management's assertions.

This report includes the Budget Formulation Compliance Reports, Detailed Accounting Reports, and the Performance Summary Reports of the Department's Assets Forfeiture Fund, Criminal Division, Drug Enforcement Administration, Federal Bureau of Prisons, Office of Justice Programs, Offices of the United States Attorneys, Organized Crime Drug Enforcement Task Forces Program, and United States Marshals Service. The Department of Justice components reviewed and reported approximately \$9.0 billion of drug control obligations and 27 related performance measures for fiscal year 2020.

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OFFICE OF THE INSPECTOR GENERAL'S INDEPENDENT REVIEW REPORT

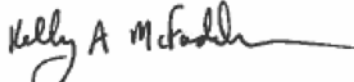
United States Acting Attorney General
U.S. Department of Justice

We have reviewed the U.S. Department of Justice's (Department) assertions related to the Budget Formulation Compliance Submission, Detailed Accounting Submission, and the Performance Summary Submission, as required by the Office of National Drug Control Policy (ONDCP) Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, and as otherwise agreed to with the ONDCP for the fiscal year ended September 30, 2020. The Department's management is responsible for its assertions. Our responsibility is to express a conclusion on management's assertions based on our review.

Our review was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and the standards applicable to attestation engagements contained in Government Auditing Standards issued by the Comptroller General of the United States. Those standards require us to plan and perform the review to obtain limited assurance about whether any material modifications should be made to management's assertions in order for them to be fairly stated. A review is substantially less in scope than an examination, the objective of which is to obtain reasonable assurance about whether management's assertions are fairly stated, in all material respects, in order to express an opinion. Accordingly, we do not express such an opinion. We believe that our review provides a reasonable basis for our conclusion.

Based on our review, we are not aware of any material modifications that should be made to management's assertions for the fiscal year ended September 30, 2020, in order for them to be in accordance with the ONDCP's Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, and as otherwise agreed to with the ONDCP.

This report is intended solely for the information and use of Department management, the ONDCP, and the U.S. Congress, and is not intended to be, and should not be, used by anyone other than the specified parties.

A handwritten signature in black ink that reads "Kelly A. McFadden". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kelly A. McFadden, CPA
Director, Financial Statement Audit Office
Office of the Inspector General
U.S. Department of Justice
Washington, D.C.

January 26, 2021

U.S. DEPARTMENT OF JUSTICE

BUDGET FORMULATION COMPLIANCE REPORTS





U.S. Department of Justice

Justice Management Division

Washington, D.C. 20530

**Budget Formulation Compliance Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the U.S. Department of Justice's (Department) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the Department's system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. The summer drug budget submitted to ONDCP in response to ONDCP Circular, Budget Formulation, Section 9.a.(1) was submitted to ONDCP via email on June 25, 2020, and the Department received the budget request from its components on June 18 – 22, 2020, in accordance with 21 U.S.C § 1703(c)(1)(A).
2. The funding request in the submission provided to ONDCP in the summer drug budget resource summary tables represent the funding levels in the budget request made by each component to the Department without alteration or adjustment by any official at the Department.

JOLENE
LAURIA

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JOLENE LAURIA
Date: 2021.01.26
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for/ Lee J. Lofthus
Assistant Attorney General for
Administration
Chief Financial Officer

Date

Department of Justice - Assets Forfeiture Fund
Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Spring Call |
|---|------------------------|-----------------------------------|----------------------------|
| Drug Resources by Decision Unit and Function | | | |
| <i>Asset Forfeiture</i> | | | |
| <i>Investigations</i> | \$148.534 | \$155.456 | |
| <i>State and local Assistance</i> | \$87.779 | \$87.779 | |
| Total, Asset Forfeiture | \$236.313 | \$243.235 | |
| Total Drug Funding | 236.313 | 243.235 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | - | - | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) | 2.344 | 1.317 | |
| Drug Resources Percentage | 10.1% | 18.5% | |

Department of Justice - Criminal Division
Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | FY 2021 President's Request | FY 2022 Spring Call |
|--|-----------------|-----------------------------|---------------------|
| Drug Resources by Function | | | |
| <i>Prosecution</i> | \$42.573 | \$44.795 | |
| Total Drug Resources by Funding | 42.573 | 44.795 | |
| Drug Resources by Decision Unit | | | |
| <i>Enforcing Federal Criminal Laws</i> | \$42.573 | \$44.795 | |
| Total Drug Resources by Funding | 42.573 | 44.795 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 163 | 177 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) | \$0.2 | \$0.2 | |
| Drug Resources Percentage | 21.8% | 22.9% | |

Department of Justice - Drug Enforcement Administration
Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | FY 2021 President's Request | FY 2022 Spring Call |
|---|---------------------|-----------------------------|---------------------|
| Drug Resources by Budget Decision Unit and Function: | | | |
| Decision Unit #1 Domestic Enforcement | | | |
| Investigations | \$1,654.984 | \$1,736.604 | |
| Intelligence: Domestic Law Enforcement | \$138.350 | \$145.172 | |
| Prevention | \$3.413 | \$3.582 | |
| Total, Decision Unit #1 | \$ 1,796.747 | \$ 1,885.358 | \$ |
| Decision Unit #2 International Enforcement | | | |
| International | \$442.508 | \$471.705 | |
| Intelligence: International | \$26.251 | \$27.982 | |
| Total, Decision Unit #2 | \$ 468.759 | \$ 499.687 | \$ |
| Decision Unit #3 State and Local Assistance | | | |
| State and Local Assistance | \$13.647 | \$13.760 | |
| Total, Decision Unit #3 | \$ 13.647 | \$ 13.760 | \$ |
| Decision Unit #4 Diversion Control Fee Account | | | |
| Investigations | \$400.921 | \$435.954 | |
| Intelligence: Domestic Law Enforcement | \$17.871 | \$19.433 | |
| Prevention | \$4.701 | \$5.112 | |
| Total, Decision Unit #4 | \$ 423.493 | \$ 460.499 | \$ |
| HIDTA (High Intensity Drug Trafficking Areas)* | | | |
| Intelligence: Domestic Law Enforcement | (67.123) | 67.123 | |
| Interdiction | (20.678) | 20.678 | |
| Investigations | (151.386) | 151.386 | |
| Prevention | (2.472) | 2.472 | |
| Prosecution | (5.732) | 5.732 | |
| Research and Development | (2.700) | 2.700 | |
| Treatment | (3.909) | 3.909 | |
| Total, HIDTA | (254.000) | 254.000 | |
| Total Funding | \$ 2,702.646 | \$ 3,113.304 | \$ |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 8,000 | 8,065 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions) | 2.7 | 3.1 | |
| Drug Resources Percentage | 100.0% | 100.0% | |

* In FY 2019 and FY 2020, this program was included in the Office of National Drug Control Policy's budget. The FY 2021 President's Budget proposes to transfer HIDTA to DEA.

Department of Justice - Federal Bureau of Prisons
Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | President's Budget | FY 2022 Spring Call |
|--|------------------------|---------------------------|----------------------------|
| Drug Resources by Decision Unit and Function | | | |
| <i>Decision Unit Inmate Care and Programs</i> | | | |
| <i>Corrections</i> | \$1,222.743 | \$1,197.297 | ■ |
| <i>Treatment</i> | \$123.717 | \$164.687 | ■ |
| Total, Decision Unit | \$1,346.460 | \$1,361.984 | ■ |
| <i>Decision Unit Institution Security & Administration</i> | | | |
| <i>Corrections</i> | \$1,552.771 | \$1,515.739 | ■ |
| Total, Decision Unit | \$1,552.771 | \$1,515.739 | ■ |
| <i>Decision Unit Contract Confinement</i> | | | |
| <i>Corrections</i> | \$413.194 | \$513.535 | ■ |
| <i>Treatment</i> | \$31.300 | \$30.026 | ■ |
| Total, Decision Unit | \$444.494 | \$543.561 | ■ |
| <i>Decision Unit Management and Administration</i> | | | |
| <i>Corrections</i> | \$117.665 | \$126.346 | ■ |
| Total, Decision Unit | \$117.665 | \$126.346 | ■ |
| <i>Decision Unit New Construction</i> | | | |
| <i>Corrections</i> | \$81.812 | \$0.000 | ■ |
| Total, Decision Unit | \$81.812 | \$0.000 | ■ |
| <i>Decision Unit M&R</i> | | | |
| <i>Corrections</i> | \$57.403 | \$44.953 | ■ |
| Total, Decision Unit | \$57.403 | \$44.953 | ■ |
| Total Drug Funding | 3,600.605 | 3,592.583 | ■ |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 16,051 | 16,308 | ■ |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) | 7.8 | 7.7 | ■ |
| Drug Resources Percentage | 46.2% | 46.7% | ■ |

Department of Justice - Office of Justice Programs
Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Spring Call |
|--|------------------|----------------------------|---------------------|
| Drug Resources by Decision Unit and Function | | | |
| <i>Regional Information Sharing System Program</i> ^{1/} | | | |
| State and Local Assistance | \$13.300 | \$3.500 | |
| Total, Regional Information Sharing System Program | \$13.300 | \$3.500 | |
| <i>Drug Court Program</i> | | | |
| Treatment | \$80.000 | \$77.000 | |
| Total, Drug Courts Program | \$80.000 | \$77.000 | |
| <i>Justice and Mental Health Collaboration</i> ^{2/} | | | |
| Treatment | \$4.950 | \$4.950 | |
| Total, Justice and Mental Health Collaboration | \$4.950 | \$4.950 | |
| <i>Residential Substance Abuse Treatment Program</i> | | | |
| Treatment | \$31.000 | \$30.000 | |
| Total, Residential Substance Abuse Treatment Program | \$31.000 | \$30.000 | |
| <i>Harold Rogers' Prescription Drug Monitoring Program</i> | | | |
| State and Local Assistance | \$31.000 | \$30.000 | |
| Total, Harold Rogers' Prescription Drug Monitoring Program | \$31.000 | \$30.000 | |
| <i>Second Chance Act Program</i> ^{3/} | | | |
| Treatment | \$27.172 | \$27.808 | |
| Total, Second Chance Act Program | \$27.172 | \$27.808 | |
| <i>Project Hope Opportunity Probation with Enforcement (HOPE)</i> | | | |
| State and Local Assistance | \$4.500 | \$0.000 | |
| Total, Project Hope | \$4.500 | \$0.000 | |
| <i>Byrne Criminal Justice Innovation Program</i> ^{4/} | | | |
| State and Local Assistance | \$5.100 | \$0.000 | |
| Total, Byrne Criminal Justice Innovation Program | \$5.100 | \$0.000 | |
| <i>Edward Byrne Memorial Justice Assistance Grant Program</i> ^{5/} | | | |
| State and Local Assistance | \$44.720 | \$41.170 | |
| Total, Edward Byrne Memorial Justice Assistance Grant Program | \$44.720 | \$41.170 | |
| <i>Veterans Treatment Courts Program</i> | | | |
| Treatment | \$23.000 | \$22.000 | |
| Total, Veterans Treatment Courts Program | \$23.000 | \$22.000 | |
| <i>Comprehensive Opioid Abuse Program</i> | | | |
| Treatment | \$180.000 | \$160.000 | |
| Total, Comprehensive Opioid Abuse Program | \$180.000 | \$160.000 | |
| <i>Tribal Set Aside - CTAS Purpose Area 3: Justice Systems and Alcohol and Substance Abuse</i> ^{6/} | | | |
| Treatment | \$14.450 | \$22.880 | |
| Total, Tribal Set Aside - CTAS Purpose Area 3 | \$14.450 | \$22.880 | |
| <i>Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program</i> ^{6/} | | | |
| Prevention | \$1.500 | \$1.435 | |
| Total, Tribal Set Aside - CTAS Purpose Area 9 | \$1.500 | \$1.435 | |

Department of Justice - Office of Justice Programs (Continued)
Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Spring Call |
|---|-----------------|----------------------------------|------------------------|
| <i>COPS Anti-Heroin Task Forces</i> | | | |
| <i>State and Local Assistance</i> | \$35.000 | \$0.000 | ■ |
| Total, COPS Anti-Heroin Task Forces | \$35.000 | \$0.000 | ■ |
| <i>COPS Anti-Methamphetamine Task Forces</i> | | | |
| <i>State and Local Assistance</i> | \$13.000 | \$0.000 | ■ |
| Total, COPS Anti-Methamphetamine Task Forces | \$13.000 | \$0.000 | ■ |
| <i>Forensic Support for Opioid and Synthetic Drug Investigations 7'</i> | | | |
| <i>State and Local Assistance</i> | \$17.000 | \$0.000 | ■ |
| Total, Forensic Support for Opioid and Synthetic Drug Investigations | \$17.000 | \$0.000 | ■ |
| <i>Opioid-Affected Youth Initiative 7'</i> | | | |
| <i>Prevention</i> | \$10.000 | \$9.000 | ■ |
| Total, Opioid-Affected Youth Initiative | \$10.000 | \$9.000 | ■ |
| <i>Mentoring for Youth Affected by the Opioid Crisis 7'</i> | | | |
| <i>Prevention</i> | \$16.000 | \$0.000 | ■ |
| Total, Mentoring for Youth Affected by the Opioid Crisis | \$16.000 | \$0.000 | ■ |
| <i>National Institute of Corrections 8'</i> | | | |
| <i>Treatment</i> | N/A | N/A | ■ |
| Total, National Institute of Corrections | N/A | N/A | ■ |
| Total Drug Funding | 551.692 | 429.743 | ■ |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 42 | 42 | ■ |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) | 2.316 | 1.850 | ■ |
| Drug Resources Percentage | 23.8% | 23.2% | ■ |

Department of Justice - Office of Justice Programs (Continued)

Dollars in Millions - TOTAL DRUG RESOURCES

OJP Footnotes:

^{1/} Amounts reported for the Regional Information Sharing System reflect 35 percent of total funding for this program as drug-related.

^{2/} Amounts shown for the Justice and Mental Health Collaboration reflect 15 percent of total funding for this program as drug-related.

^{3/} Funding for the Second Chance Act (SCA) Program is jointly managed by the Bureau of Justice Assistance (BJA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Funding for the Project Hope program, which is typically funded as a carve-out of the SCA Program, is subtracted from this total since it is shown on a separate line in the drug budget.

It is estimated that BJA will manage approximately 86% of total SCA funding and OJJDP will manage the remaining 14 percent in FY 2019 - FY 2021.

- Of the total SCA funding managed by BJA, 35 percent of this total is reported as drug-related in support of treatment activities.
- Of the total managed by OJJDP, 12 percent is reported as drug-related in support of treatment activities.

^{4/} OJP is proposing to consolidate the activities of the Byrne Criminal Justice Innovation (BCJI) Program into the Department's other violent crime reduction initiative in the FY 2021 budget request, thereby eliminating line item funding for this program. In FY 2019 and FY 2020, 30 percent of the funding for the BCJI Program is reported as drug-related consistent with prior years' drug budget submissions.

^{5/} Amounts reported for the Byrne Justice Assistance Grant Program reflect 10 percent of total funding for this program as drug-related. In the FY 2020 Enacted funding level for this program, the \$100 million provided for Presidential Nominating Convention Security is not counted as part of overall Justice Assistance Grants funding due to its specialized purpose.

^{6/} In FY 2019 and FY 2020, Congress appropriated funding for OJP's tribal programs instead of the requested tribal justice assistance set aside. The amounts shown for the Tribal Set Aside - CTAS Purpose Area 3 are based on estimates of how much funding from the Tribal Assistance appropriation will be used to support awards in this purpose area based on awards data from prior years. The amounts shown for Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program are based on the \$5 million in funding provided for the Tribal Youth Program as a carve-out of the Delinquency Prevention Program.

In FY 2021, the amounts shown for the Tribal Set Aside - CTAS Purpose Area 3 and Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program are based on estimates of how much funding the discretionary set aside that funds these programs will generate in each year. OJP estimates how much of the total set aside funding will go to these two purpose areas based on awards data from prior years.

Of the total funding estimated for Tribal Set Aside - CTAS Purpose Area 3, 80 percent is reflected as drug-related in support of treatment activities. Of the total funding estimated for Tribal Set Aside - CTAS Purpose Area 9, 30 percent is reflected as drug-related in support of prevention activities.

^{7/} These three programs were created as new funding carve-outs included under existing OJP programs in the Consolidated Appropriations Act, 2018 (Public Law 115-141). The FY 2021 President's Budget proposes to continue the Opioid-Affected Youth Initiative.

- The Forensic Support for Opioid and Synthetic Drug Investigations program is funded as a carve-out of Paul Coverdell Forensic Science Improvement Grants program. In FY 2019 and 2020, approximately 56.7 percent of the \$30 million appropriated for the Paul Coverdell program (or \$17 million) is scored as drug related and will be dedicated to the Forensic Support program, which will be focused on state and local assistance activities. OJP is requesting no funding for this carveout in FY 2021.

- The Opioid-Affected Youth Initiative is an appropriated carve-out under the Delinquency Prevention Program. In FY 2019, Congress provided \$8 million for this program, which is scored as 100 percent drug related, to support prevention activities. The FY 2020 Enacted budget provides \$10 million for this program. In the FY 2021 budget request, OJP is requesting \$9 million for this program.

- The Mentoring for Youth Affected by the Opioid Crisis program is funded as a carve-out of the Youth Mentoring program. In FY 2019, approximately 14.9 percent of the \$94 million appropriated for the Youth Mentoring program (or, \$14 million) is scored as drug related and will be dedicated to the Youth Affected by the Opioid Crisis program, which will be focused on prevention activities. In the FY 2020 Enacted budget, Congress provided \$16 million in funding for this carveout (16.5 percent of the \$97 million provided for Youth Mentoring). OJP is requesting no funding for this carveout in the FY 2021 President's Budget.

^{8/} The FY 2020 President's Budget proposed to transfer the programs and personnel of the National Institute of Corrections (NIC) to OJP; however, this proposal was not enacted. The FY 2021 President's Budget does not propose to transfer NIC programs or personnel to OJP.

Department of Justice - Offices of the United States Attorneys

Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | President's Budget | FY 2022 Spring Call |
|---|-----------------|--------------------|---------------------|
| Drug Resources by Decision Unit and Function | | | |
| <i>Criminal Decision Unit</i> | | | |
| <i>Prosecution</i> | 89.164 | 94.854 | |
| Total Drug Funding | 89.164 | 94.854 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 510 | 523 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) | 2.3 | 2.4 | |
| Drug Resources Percentage | 4.0% | 4.0% | |

Department of Justice - Organized Crime Drug Enforcement Task Forces Program

Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Spring Call |
|---|------------------------|-----------------------------------|----------------------------|
| Drug Resources by Decision Unit and Function | | | |
| <i>Investigations</i> | | | |
| <i>Investigations</i> | \$381.240 | \$406.584 | |
| Total, Investigations | \$381.240 | \$406.584 | |
| <i>Prosecutions</i> | | | |
| <i>Prosecutions</i> | \$169.218 | \$178.561 | |
| Total, Prosecutions | \$169.218 | \$178.561 | |
| Total Drug Funding | 550.458 | 585.145 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 2,785 | 2,792 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) | 0.6 | 0.6 | |
| Drug Resources Percentage | 100.0% | 100.0% | |

Department of Justice - U.S. Marshals Service
Dollars in Millions - TOTAL DRUG RESOURCES

| Resource Summary | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Spring Call |
|---|----------------------------|---|--------------------------------|
| Drug Resources by Decision Unit and Function | | | |
| <i>Salaries and Expenses</i> | | | |
| <i>Fugitive Apprehension</i> | | | |
| <i>International</i> | \$1.590 | \$1.853 | |
| <i>Investigative</i> | \$157.382 | \$183.476 | |
| Total, Fugitive Apprehension | \$158.972 | \$185.329 | |
| <i>Judicial and Courthouse Security</i> | | | |
| <i>Prosecutions</i> | \$79.548 | \$86.772 | |
| Total, Judicial and Courthouse Security | \$79.548 | \$86.772 | |
| <i>Prisoner Security and Transportation</i> | | | |
| <i>Prosecutions</i> | \$41.802 | \$45.529 | |
| Total, Prisoner Security and Transportation | \$41.802 | \$45.529 | |
| <i>Federal Prisoner Detention</i> | | | |
| <i>Detention Services</i> | | | |
| <i>Corrections</i> | \$595.351 | \$615.340 | |
| Total, Detention Services | \$595.351 | \$615.340 | |
| Total Drug Funding | 875.673 | 932.970 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 912 | 955 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) | 3.3 | 3.7 | |
| Drug Resources Percentage | 26.4% | 25.4% | |

U.S. DEPARTMENT OF JUSTICE

DETAILED ACCOUNTING REPORTS





U.S. Department of Justice
Justice Management Division
Asset Forfeiture Management Staff
145 N St., N.E., Suite 5W.511
Washington, D.C. 20530

**Detailed Accounting Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Assets Forfeiture Fund (AFF) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the AFF system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. The drug methodology used by the AFF to calculate obligations of budgetary resources by function and budget decision unit is reasonable and accurate in all material respects.
2. The drug methodology disclosed in this statement was the actual drug methodology used to generate the Table of Drug Control Obligations.
3. There were no material weaknesses or other findings by independent sources identified which may affect the presentation of drug-related obligations.
4. There were no modifications to the methodology used to report drug control resources.
5. The data presented are associated with obligations against a financial plan that did not require revision for reprogramming's or transfers during FY 2020.
6. AFF did not have any ONDCP Fund Control Notices issued in FY 2020.

Peter Maxey

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Maxey
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Peter M. Maxey, Director,
Asset Forfeiture Management Staff

Date

U.S. Department of Justice
Assets Forfeiture Fund
Detailed Accounting Submission
Table of Drug Control Obligations
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| | FY 2020 |
|---|---------------------------|
| | Actual Obligations |
| Drug Obligations by Budget Decision Unit and Function: | |
| Decision Unit: Asset Forfeiture | |
| Investigations | \$ 140.28 |
| State and Local Assistance | <u>86.86</u> |
| Total Asset Forfeiture | <u>\$ 227.14</u> |
| | |
| Total Drug Control Obligations | <u><u>\$ 227.14</u></u> |

**U.S. Department of Justice
Assets Forfeiture Fund
Detailed Accounting Submission
Related Disclosures
For Fiscal Year Ended September 30, 2020**

Disclosure 1: Drug Methodology

The Assets Forfeiture Fund (AFF) was established to be a repository of the proceeds of forfeiture and to provide funding to cover the costs associated with forfeiture. These costs include, but are not limited to; seizing, evaluating, maintaining, protecting, and disposing of an asset. Public Law 102-393, referred to as the 1993 Treasury Appropriations Act, amended title 28 U.S.C. 524 (c) and 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 Fund.” 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 Asset Forfeiture Program (AFP) monies, commonly referred to as Joint Law Enforcement Program Operations Expenses. All AFP funded drug investigative monies for the Drug Enforcement Administration (DEA) and Organized Crime Drug Enforcement Task Forces (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, and Case Related Expenses. The funding provided for these particular program expenses are identified below and aid in the process of perfecting forfeiture.

Joint Law Enforcement Operations – These expenses are for the various costs incurred by state and local law enforcement officers participating in joint law enforcement operations with a federal agency participating in the fund.

Investigative Costs Leading to Seizure – These expenses are for certain investigative techniques that are used for drug related seizures.

Awards Based on Forfeiture – These expenses are for the payment of awards for information or assistance leading to a civil or criminal forfeiture.

Contracts to Identify Assets – These expenses are incurred in the effort of identifying assets by accessing commercial database services. Also included in this section is the procurement of contractor assistance needed to trace the proceeds of crime into assets subject to forfeiture.

Special Contract Services – These expenses are for contract services that support services directly related to the processing, data entry, and accounting for forfeiture cases.

Case Related Expenses – These are expenses incurred in connection with normal forfeiture proceedings. They include fees, advertising costs, court reporting and deposition fees, expert

witness fees, courtroom exhibit costs, travel, and subsistence costs related to a specific proceeding. If the case involves real property, the costs to retain attorneys or other specialists under state real property law are also covered. In addition, the Deputy Attorney General may approve expenses for retention of foreign counsel.

All AFF accounting information is derived from the Unified Financial Management System. Obligations that are derived by this system reconcile with the enacted appropriations and carryover balance.

Disclosure 2: Methodology Modifications

There have been no changes to the drug methodology from the previous year. The drug methodology disclosed has been consistently applied from prior years.

Disclosure 3: Material Weaknesses or Other Findings

For the FY 2020 Financial Statements Audit, the Assets Forfeiture Fund (AFF)/Seized Asset Deposit Fund (SADF) received an unmodified audit opinion and no significant deficiencies or material weaknesses were identified in the *Independent Auditors' Report*.

Disclosure 4: Reprogramming's or Transfers

There were no reprogramming's or transfers that affected drug-related budgetary resources.



U.S. Department of Justice

Criminal Division

Office of Administration

Washington, D.C. 20530

**Detailed Accounting Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Criminal Division (CRM) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the CRM system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. The drug methodology used by the CRM to calculate obligations of budgetary resources by function and budget decision unit is reasonable and accurate in all material respects.
2. The drug methodology disclosed in this statement was the actual drug methodology used to generate the Table of Drug Control Obligations.
3. There were no material weaknesses or other findings by independent sources identified which may affect the presentation of drug-related obligations.
4. There were no modifications to the methodology used to report drug control resources.
5. The data presented are associated with obligations against a financial plan that did not require revision for reprogrammings or transfers during FY 2020.
6. CRM did not have any ONDCP Fund Control Notices issued in FY 2020.



Tracy Melton, Executive Officer

1/26/2021

Date

U.S. Department of Justice
Criminal Division
Detailed Accounting Report
Table of Drug Control Obligations
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| | FY 2020 |
|---|---------------------------|
| | Actual Obligations |
| Drug Obligations by Budget Decision Unit and Function: | |
| Decision Unit: Enforcing Federal Criminal Laws | |
| Prosecution | \$ 45.72 |
| Total Enforcing Federal Criminal Laws | \$ 45.72 |
| | |
| Total Drug Control Obligations | \$ 45.72 |

**U.S. Department of Justice
Criminal Division
Detailed Accounting Report
Related Disclosures
For Fiscal Year Ended September 30, 2020**

Disclosure 1: Drug Methodology

The Criminal Division (CRM) develops, enforces, and supervises the application of all Federal criminal laws except those specifically assigned to other divisions. In executing its mission, the CRM dedicates specific resources in support of the National Drug Control Strategy that focus on disrupting domestic drug trafficking and production and strengthening international partnerships. CRM's drug budget is the funding available for the Division's drug-related activities. The CRM Sections and Offices contributing to this budget are:

- Appellate Section (APP)
- Computer Crimes and Intellectual Property Section (CCIPS)
- Capital Case Section (CCS)
- International Criminal Investigative Training Assistance Program (ICITAP)
- Money Laundering and Asset Recovery Section (MLARS)
- Narcotic and Dangerous Drug Section (NDDS)
- Organized Crime and Gang Section (OCGS)
- Office of Enforcement Operations (OEO)
- Office of International Affairs (OIA)
- Office of Overseas Prosecutorial Development, Assistance and Training (OPDAT)
- Office of Policy and Legislation (OPL)
- Public Integrity Section (PIN)

Since CRM's accounting system, Department of Justice's (DOJ's) Unified Financial Management System (UFMS), does not track obligation and expenditure data by ONDCP's drug functions, CRM's drug resources figures are derived by estimating the level of involvement of each Division component in drug-related activities. Each component is required to estimate the percentage of work/time that is spent addressing drug-related issues. This percentage is then applied against each component's overall resources to develop an estimate of resources dedicated to drug-related activities. Component totals are then aggregated to determine the Division total. For FY 2020, the Division's drug resources as a percentage of its overall actual obligations were 23.4%.

Data – All accounting information for CRM is derived from DOJ's Unified Financial Management System (UFMS).

Financial Systems – UFMS is DOJ's financial system that provides CRM with obligation data. Obligations in this system can also be reconciled with the enacted appropriation.

Disclosure 2: Methodology Modifications

No modifications were made to the methodology from the prior year.

Disclosure 3: Material Weaknesses or Other Findings

The Criminal Division (CRM) is a component within the DOJ Offices, Boards and Divisions (OBDs). For FY 2020, the OBDs were included in the DOJ consolidated financial statements audit and the Criminal Division also received a separate internal audit performed by the Department. There were no significant deficiencies or material weaknesses related to the Criminal Division in either of these audits.

Disclosure 4: Reprogrammings or Transfers

No reprogrammings or transfers occurred that affected the CRM's drug-related budgetary resources.



U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

**Detailed Accounting Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Drug Enforcement Administration (DEA) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the DEA system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. Obligations reported by budget decision unit are the actual obligations from the DEA's accounting system of record for these budget decision units.
2. The drug methodology used by the DEA to calculate obligations of budgetary resources by function is reasonable and accurate in all material respects.
3. The drug methodology disclosed in this statement was the actual drug methodology used to generate the Table of Drug Control Obligations.
4. There were no material weaknesses or other findings by independent sources identified which may affect the presentation of drug-related obligations.
5. There were no modifications to the methodology used to report drug control resources.
6. The data presented are associated with obligations against a financial plan that was revised during the fiscal year to properly reflect the changes, including ONDCP's approval for reprogrammings and transfers affecting drug-related resources in excess of \$5 million or 10 percent of a specific program.
7. DEA did not have any ONDCP Fund Control Notices issued in FY 2020.

**JEFFREY
SUTTON**

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JEFFREY SUTTON
Date: 2021.01.26
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Jeffrey W. Sutton, Chief Financial Officer

Date

**U.S. Department of Justice
Drug Enforcement Administration
Detailed Accounting Report
Table of Drug Control Obligations
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)**

| | FY 2020 |
|---|---------------------------|
| | Actual Obligations |
| Drug Obligations by Budget Decision Unit and Function: | |
| Diversion Control Fee Account | |
| Intelligence | \$ 19.08 |
| Investigations | 490.61 |
| Prevention | 12.03 |
| Total Diversion Control Fee Account | \$ 521.72 |
| Domestic Enforcement | |
| Intelligence | \$ 155.43 |
| Investigations | 1,798.74 |
| Prevention | 4.89 |
| Total Domestic Enforcement | \$ 1,959.06 |
| International Enforcement | |
| Intelligence | \$ 27.18 |
| International | 450.15 |
| Prevention | .10 |
| Total International Enforcement | \$ 477.43 |
| State and Local Assistance | |
| State and Local Assistance | \$ 10.72 |
| Total State and Local Assistance | \$ 10.72 |
| Total Drug Control Obligations | \$ 2,968.93 |
| High-Intensity Drug Trafficking Area (HIDTA) Obligations | \$ 14.81 |

**U.S. Department of Justice
Drug Enforcement Administration
Detailed Accounting Report
Related Disclosures
For Fiscal Year Ended September 30, 2020**

Disclosure 1: Drug Methodology

The mission of the Drug Enforcement Administration (DEA) is to enforce the controlled substances laws and regulations of the United States and to bring to the criminal and civil justice system of the United States or any other competent jurisdiction, those organizations, and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets. In carrying out its mission, the DEA is the lead agency responsible for the development of the overall Federal drug enforcement strategy, programs, planning, and evaluation. The DEA's primary responsibilities include:

- Investigation and preparation for prosecution of major violators of controlled substances laws operating at interstate and international levels;
- Management of a national drug intelligence system in cooperation with Federal, state, local, and foreign officials to collect, analyze, and disseminate strategic and operational drug intelligence information;
- Seizure and forfeiture of assets derived from, traceable to, or intended to be used for illicit drug trafficking;
- Enforcement of the provisions of the Controlled Substances Act and the Chemical Diversion and Trafficking Act as they pertain to the manufacture, distribution, and dispensing of legally produced controlled substances and chemicals;
- Coordination and cooperation with Federal, state and local law enforcement officials on mutual drug enforcement efforts and enhancement of such efforts through exploitation of potential interstate and international investigations beyond local or limited Federal jurisdictions and resources;
- Coordination and cooperation with other Federal, state, and local agencies, and with foreign governments, in programs designed to reduce the availability of illicit abuse-type drugs on the United States market through non-enforcement methods such as crop eradication, crop substitution, and training of foreign officials;
- Responsibility, under the policy guidance of the Secretary of State and U.S. Ambassadors, for all programs associated with drug law enforcement counterparts in foreign countries;
- Liaison with the United Nations, Interpol, and other organizations on matters relating to international drug control programs; and

- Supporting and augmenting U.S. efforts against terrorism by denying drug trafficking and/or money laundering routes to foreign terrorist organizations, as well as the use of illicit drugs as barter for munitions to support terrorism.

The accompanying Table of Drug Control Obligations was prepared in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019 showing function and decision unit. The table represents obligations incurred by the DEA for drug control purposes and reflects one hundred percent of the DEA's mission.

Since the DEA's accounting system, the Unified Financial Management System (UFMS), does not track obligation and expenditure data by ONDCP's drug functions, the DEA uses Managerial Cost Accounting (MCA), a methodology approved by ONDCP to allocate obligations tracked in DEA's appropriated accounts and decision units to ONDCP's drug functions. The Salaries and Expense appropriated account is divided into three decision units, Domestic Enforcement, International Enforcement, and State and Local Assistance. The Diversion Control Fee Account (DCFA) is fee funded by Registrants and covers the full costs of DEA's Diversion Control Program's operations. Thus, the total DCFA cost is tracked and reported as a decision unit by itself to distinguish it from the appropriated S&E account. Although not appropriated funding, the DCFA as authorized by Congress is subject to all rules and limitations associated with Appropriations Law.

Data: *All accounting data for the DEA are maintained in UFMS. UFMS tracks obligation and expenditure data by a variety of attributes, including fund type, allowance center, decision unit and object class. One hundred percent of the DEA's efforts are related to drug enforcement.*

Financial Systems: *UFMS is the information system the DEA uses to track obligations and expenditures. Obligations derived from this system can also be reconciled against enacted appropriations and carryover balances.*

Managerial Cost Accounting: *The DEA uses allocation percentages generated by MCA to allocate resources associated with the DEA's four decision units to ONDCP's drug functions. The MCA model, using an activity-based costing methodology, provides the full cost of the DEA's mission outputs (performance costs). The table below shows the allocation percentages based on the DEA's MCA data.*

| The DEA Budget Decision Unit | Allocation | ONDCP Function |
|-------------------------------|------------|----------------------------|
| Diversion Control Fee Account | 3.66% | Intelligence |
| | 94.03% | Investigations |
| | 2.31% | Prevention |
| Domestic Enforcement | 91.82% | Investigations |
| | 7.93% | Intelligence |
| | 0.25% | Prevention |
| International Enforcement | 94.29% | International |
| | 5.69% | Intelligence |
| | 0.02% | Prevention |
| State and Local Assistance | 100.00% | State and Local Assistance |

Decision Units: One hundred percent of the DEA’s total obligations by decision unit are associated with drug enforcement. This total is reported and tracked in UFMS.

Full Time Equivalents (FTE): One hundred percent of the DEA FTEs are dedicated to drug enforcement efforts. The DEA’s Direct FTE total for FY 2020 including Salaries & Expenses (S&E) and Diversion Control Fee Account (DCFA) appropriations, was 7,956 through pay period 19, ending September 26, 2020.

Transfers and Reimbursements: High Intensity Drug Trafficking Area (HIDTA) transfers and reimbursable obligations are excluded from the DEA’s Table of Drug Control Obligations since they are reported by other sources.

Disclosure 2: Methodology Modifications

The DEA’s method for tracking drug enforcement resources has not been modified from the prior year methodology. The DEA uses current MCA data to allocate FY 2020 obligations from four decision units to ONDCP’s drug functions.

Disclosure 3: Material Weaknesses or Other Findings

DEA was included in the Department of Justice (DOJ) consolidated audit and did not receive a separate financial statements audit. The DOJ’s consolidated FY 2020 Independent Auditor’s Report revealed no material weaknesses or significant deficiencies.

Disclosure 4: Reprogrammings or Transfers

The DEA reprogrammed \$2.6 million from its State and Local Decision Unit to its Domestic Enforcement Decision Unit. Due to the ongoing pandemic, the DEA was forced to suspend all training activities at the DEA academy indefinitely. These reprogrammed funds will be used to cover an unanticipated shortfall in the Department of Homeland Security (DHS) physical security charges, which cover guard services in DEA facilities around the country. In FY 2020, the DHS changed its billing methodology but did not inform the DEA at the start of the fiscal

year. Due to changes, the DEA must allocate an additional \$4.2 million to fund the DHS security charges in FY 2020.

The DEA received four transfers during FY 2020 (see the attached Table of FY 2020 Reprogrammings and Transfers) with individual transfer amounts that matched or exceeded the \$5M or 10 percent of a specific program threshold. Two transfers were internal from DEA's prior year funded unobligated balances to DEA's S&E No Year account for a total of \$32M. DEA received one transfer from HIDTA that met the reporting threshold, in the amount of \$14,712,560 and the DEA received an interagency transfer from the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) in the amount of \$14.95M. DEA made one transfer out to the DOJ in the amount of \$10 million as a rescission. Transfers under the Drug Resources by Function section in the Table of FY 2020 Reprogrammings and Transfers are based on the same MCA allocation percentages as the Table of Drug Control Obligations.

U.S. Department of Justice
Drug Enforcement Administration
Detailed Accounting Report
Table of Reprogrammings and Transfers
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| Drug Resources by Budget Decision Unit and Function: | Reprogramming | Transfers-in | Transfers-out | Total |
|---|----------------------|---------------------|----------------------|------------------|
| Domestic Enforcement | | | | |
| Intelligence | \$ | 3.91 | 0.63 | \$ 4.54 |
| Investigations | 2.6 | 45.29 | 7.35 | \$ 55.24 |
| Prevention | | 0.12 | 0.02 | \$ 0.14 |
| Total Domestic Enforcement | <u>\$ 2.6</u> | <u>\$ 49.32</u> | <u>\$ 8.00</u> | <u>\$ 59.92</u> |
| International Enforcement | | | | |
| Intelligence | \$ | 0.70 | 0.11 | \$ 0.81 |
| International | | 11.63 | 1.89 | \$ 13.52 |
| Prevention | | 0.00 | - | \$ 0.00 |
| Total International Enforcement | <u>\$</u> | <u>12.33</u> | <u>\$ 2.00</u> | <u>\$ 14.33</u> |
| State and Local Assistance | | | | |
| State and Local Assistance | \$ | - | - | \$ (2.60) |
| Total State and Local Assistance | <u>\$ (2.6)</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ (2.60)</u> |
| Total | <u>\$ -</u> | <u>\$ 61.65</u> | <u>\$ 10.00</u> | <u>\$ 71.65</u> |
| High-Intensity Drug Trafficking Area (HIDTA) Transfers | | \$ 14.71 | \$ - | \$ 14.71 |



U.S. Department of Justice
Federal Bureau of Prisons

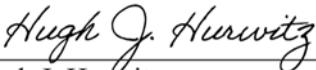
Central Office

Washington, DC 20534

**Detailed Accounting Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Federal Bureau of Prisons (BOP) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the BOP system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. The drug methodology used by the BOP to calculate obligations of budgetary resources by function and budget decision unit is reasonable and accurate in all material respects.
2. The drug methodology disclosed in this statement was the actual drug methodology used to generate the Table of Drug Control Obligations.
3. There were no material weaknesses or other findings by independent sources identified which may affect the presentation of drug-related obligations.
4. There were no modifications to the methodology used to report drug control resources.
5. The data presented are associated with obligations against a financial plan that was revised during the fiscal year to reflect the changes, including ONDCP's approval for reprogrammings and transfers affecting drug-related resources in excess of \$5 million.
6. BOP did not have any ONDCP Fund Control Notices issued in FY 2020.



Hugh J. Hurwitz,
Assistant Director
for Administration

January 26, 2021

Date

**U.S. Department of Justice
Federal Bureau of Prisons
Detailed Accounting Report
Table of Drug Control Obligations
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)**

**FY 2020
Actual Obligations**

Drug Obligations by Budget Decision Unit and Function:

| | |
|--|--------------------|
| Decision Unit #1: Inmate Care and Programs | |
| Treatment | \$ 89.36 |
| Corrections | \$ 1,308.05 |
| Total Inmate Care and Programs | \$ 1,397.41 |
| | |
| Decision Unit #2: Institution Security and Administration | |
| Corrections | \$ 1,599.17 |
| Total Institution Security and Administration | \$ 1,599.17 |
| | |
| Decision Unit #3: Contract Confinement | |
| Treatment | \$ 32.89 |
| Corrections | \$ 409.97 |
| Total Contract Confinement | \$ 442.86 |
| | |
| Decision Unit #4: Management and Administration | |
| Corrections | \$ 107.33 |
| Total Management and Administration | \$ 107.33 |
| | |
| Decision Unit #5: New Construction | |
| Corrections | \$ 0.76 |
| Total New Construction | \$ 0.76 |
| | |
| Decision Unit #6: Modernization and Repair | |
| Corrections | \$ 42.21 |
| Total Modernization and Repair | \$ 42.21 |
| | |
| Total Drug Control Obligations | \$ 3,589.74 |

**U.S. Department of Justice
Federal Bureau of Prisons
Detailed Accounting Report
Related Disclosures
For Fiscal Year Ended September 30, 2020**

Disclosure 1: Drug Methodology

The mission of the Federal Bureau of Prisons (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 which provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.

The BOP's drug resources are divided into two functions: 1) Treatment; and 2) Corrections.

Treatment Function Obligations are calculated by totaling, actual amount obligated (100%) for Drug Treatment Functions, which includes: Drug Program Screening and Assessment; Drug Abuse Education; Non-Residential Drug Abuse Treatment; Residential Drug Abuse Treatment; and Community Transitional Drug Abuse Treatment. The treatment obligations for Community Transitional Drug Treatment are captured in Contract Confinement Decision unit, where, as all other programs are included in Inmate Care and Program Decision Unit.

Correction Function Obligations are calculated by totaling, all BOP Direct Obligations, subtracting Treatment Functions obligations from it and applying drug percentage to these obligations. Drug percentage is the percentage of inmates sentenced for drug-related crimes (46.2%).

The Table of Drug Control Obligations was prepared in accordance with the Office of National Drug Control Policy (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019. The table represents obligations incurred by the BOP for drug control purposes. The amounts are net of all reimbursable agreements.

Data - All accounting information for the BOP is derived from the Department of Justice (DOJ) Financial Management Information System 2 (FMIS2).

Financial Systems - The FMIS2 is the DOJ financial system that provides BOP obligation data. Obligations in this system can also be reconciled with the enacted appropriation and carryover balances.

Disclosure 2: Methodology Modifications

The overall methodology to calculate drug control obligations has not been changed from the prior year (FY 2019).

Disclosure 3: Material Weaknesses or Other Findings

In FY 2020, there were no significant deficiencies or material weaknesses identified in OMB Circular A-123 testing or the *Independent Auditors' Report*.

Disclosure 4: Reprogrammings or Transfers

BOP's FY 2020 obligations include all approved transfers. For FY 2020, there was a one-time reprogramming action of S&E funds that shifts a total of \$40.0 million from the BOP's unobligated balance in the Institution Security & Administration Decision Unit (DU) to the Inmate Care & Programs DU (\$25 million) and to the Management & Administration DU (\$15 million) to cover current and projected Coronavirus Disease 2019 (COVID-19)-related expenses. (see the attached Table of Reprogrammings and Transfers).

Disclosure 5: Other Disclosures

The BOP allocates funds to the Public Health Service (PHS). The PHS provides a portion of the drug treatment for federal inmates. In FY 2020, \$446,070 was allocated from the BOP to PHS, and was designated and expended for current year obligations of PHS staff salaries, benefits, and applicable relocation expenses associated with three PHS Full Time Equivalents in relations to drug treatment. Therefore, the allocated obligations were included in BOP's Table of Drug Control Obligations.

U.S. Department of Justice
Federal Bureau of Prisons
Detailed Accounting Report
Table of Reprogrammings and Transfers
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| Drug Resources by Budget Decision Unit and Function: Decision Unit: Inmate Care and Programs | Reprogrammings | Transfers - in | Transfers - out | Total |
|---|----------------|-------------------|--------------------|------------|
| Corrections | \$ 11.55 | \$ 48.51 | \$ (48.51) | \$ 11.55 |
| Total Inmate Care and Programs | \$ 11.55 | \$ 48.51 | \$ (48.51) | \$ 0.00 |
| Decision Unit: Institution Security & Administration | | | | |
| Corrections | \$ (18.48) | \$ 0.00 | \$ 0.00 | \$ (18.48) |
| Total Institution Security & Administration | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Decision Unit: Contract Confinement | | | | |
| Corrections | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Total Contract Confinement | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Decision Unit: Management & Administration | | | | |
| Corrections | \$ 6.93 | \$ 0.00 | \$ 0.00 | \$ 6.93 |
| Total Management and Administration | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Total | \$ 0.00 | \$ 48.51 | \$ (48.51) | \$ 0.00 |



U.S. Department of Justice

Office of Justice Programs

Washington, D.C. 20531

**Detailed Accounting Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Office of Justice Programs (OJP) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, we assert that the OJP system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. Obligations reported by budget decision unit are the actual obligations from the OJP's accounting system of record for these budget decision units.
2. The drug methodology used by the OJP to calculate obligations of budgetary resources by function is reasonable and accurate in all material respects.
3. The drug methodology disclosed in this statement was the actual drug methodology used to generate the Table of Drug Control Obligations.
4. There were no material weaknesses or other findings by independent sources identified which may affect the presentation of drug-related obligations.
5. There were no modifications to the methodology used to report drug control resources.
6. The data presented are associated with obligations against a financial plan that was revised during the fiscal year to properly reflect the changes, including ONDCP's approval for reprogrammings or transfers affecting drug-related resources in excess of \$1 million.
7. OJP did not have any ONDCP Fund Control Notices issued in FY 2020.

**RACHEL
JOHNSON**

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Date: 2021.01.26 11:18:48
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Rachel Johnson, Acting Chief
Financial Officer

January 26, 2021

Date

U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Drug Control Obligations
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

FY 2020
Actual
Obligations ^{1/}

Drug Obligations by Budget Decision Unit and Function:

Decision Unit #1: Regional Information Sharing System Program

State and Local Assistance \$ 12.46

Total, Regional Information Sharing System Program \$ 12.46

Decision Unit #2: Drug Court Program

Treatment \$ 71.88

Total, Drug Court Program \$ 71.88

Decision Unit #3: Justice and Mental Health Collaborations

Treatment \$ 4.93

Total, Justice and Mental Health Collaborations \$ 4.93

Decision Unit #4: Residential Substance Abuse Treatment Program

Treatment \$ 28.93

Total, Residential Substance Abuse Treatment Program \$ 28.93

Decision Unit #5: Harold Rogers' Prescription Drug Monitoring Program

State and Local Assistance \$ 28.93

Total, Harold Rogers' Prescription Drug Monitoring Program \$ 28.93

Decision Unit #6: Second Chance Act Program

Treatment \$ 28.37

Total, Second Chance Act Program \$ 28.37

Decision Unit #7: Project Hope Opportunity Probation with Enforcement (HOPE)

State and Local Assistance \$ 3.56

Total, Project Hope \$ 3.56

U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Drug Control Obligations – Continued
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| | FY 2020 Actual Obligations ^{1/} |
|---|---|
| Drug Obligations by Budget Decision Unit and Function: | |
| Decision Unit #8: Byrne Criminal Justice Innovation Program | |
| State and Local Assistance | \$ 4.98 |
| Total, Byrne Criminal Justice Innovation Program | \$ 4.98 |
| Decision Unit #9: Edward Byrne Memorial Justice Assistance Grant Program | |
| State and Local Assistance | \$ 30.86 |
| Total, Edward Byrne Memorial Justice Assistance Grant Program | \$ 30.86 |
| Decision Unit #10: Tribal Youth Program ^{2/} | |
| Prevention | \$ 2.21 |
| Total, Tribal Youth Program | \$ 2.21 |
| Decision Unit #11: Veterans Treatment Courts Program | |
| Treatment | \$ 19.87 |
| Total, Veterans Treatment Courts Program | \$ 19.87 |
| Decision Unit #12: Comprehensive Opioid Abuse Program | |
| Treatment | \$ 160.72 |
| Total, Comprehensive Opioid Abuse Program | \$ 160.72 |
| Decision Unit #13: Tribal Courts Program ^{2/} | |
| Treatment | \$ 2.04 |
| Total, Tribal Courts Program | \$ 2.04 |
| Decision Unit #14: Indian Alcohol and Substance Abuse Program ^{2/} | |
| Prevention | \$ 17.61 |
| Total, Indian Alcohol and Substance Abuse Program | \$ 17.61 |
| Decision Unit #15: Forensic Support for Opioid and Synthetic Drug Investigations | |

**U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Drug Control Obligations – Continued
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)**

| | FY 2020 Actual Obligations ^{1/} |
|---|---|
| Drug Obligations by Budget Decision Unit and Function: | |
| State and Local Assistance | \$ 17.33 |
| Total, Forensic Support | \$ 17.33 |
| | |
| Decision Unit #16: Opioid-Affected Youth Initiative | |
| Prevention | \$ 9.35 |
| Total, Opioid-Affected Youth Initiative | \$ 9.35 |
| | |
| Decision Unit #17: Mentoring for Youth Affected by the Opioid Crisis | |
| Prevention | \$ 14.33 |
| Total, Mentoring for Youth Affected by the Opioid Crisis | \$ 14.33 |
| | |
| Total Drug Control Obligations ^{3/} | \$ 458.36 |

Notes:

^{1/} Actual obligations reflect direct program obligations plus estimated management and administration obligations.

^{2/} In FY 2020, Congress provided funding for OJP's tribal programs on the Tribal Assistance and Tribal Youth Program line items, rather than under the 7% discretionary tribal justice assistance set aside that was requested in the FY 2020 President's Budget. Therefore, OJP is reporting funding for programs supported by part of the funding provided by the Tribal Assistance line item under the Tribal Courts and Indian Alcohol and Substance Abuse programs. Funding for the Tribal Youth Program is appropriated to OJP as a carveout under the Delinquency Prevention Program.

^{3/} OJP is not reporting on the Enforcing Underage Drinking Laws program in this table, as there were no obligations for this program in FY 2020.

**U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Report
Related Disclosures
For Fiscal Year Ended September 30, 2020**

Disclosure 1: Drug Methodology

The mission of the Office of Justice Programs (OJP) is to provide leadership, resources and solutions for creating safe, just, and engaged communities. As such, OJP's resources are primarily targeted toward assisting state, local, and tribal governments. In executing its mission, OJP dedicates a significant level of resources to drug-related program activities, which focus on breaking the cycle of drug abuse and crime including: drug testing and treatment, provision of graduated sanctions, drug prevention and education, and research and statistics.

The Table of Drug Control Obligations was prepared in accordance with the Office of National Drug Control Policy (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019. The OJP obligations reported for the Fiscal Year (FY) 2020 attestation reflect a revised drug budget methodology established by OJP and ONDCP in January 2018. This methodology was implemented to better reflect OJP contributions to the ONDCP drug strategy.

OJP's Office of the Chief Financial Officer, Budget Formulation and Appropriations Division is responsible for the development and presentation of the annual OJP ONDCP Budget. OJP's FY 2020 drug obligations have a total of 18 decision units identified for the National Drug Control Budget. No new decision units were added to during FY 2020.

The following programs are not being reported, as Congress did not enact the set aside in FY 2020: (1) the 7 percent Tribal Set Aside Coordinated Tribal Assistance Solicitation (CTAS) Purpose Area 3: Justice Systems and Alcohol and Substance Abuse, and (2) the 7 percent Tribal Set Aside - CTAS Purpose Area 9: Tribal Youth Program.

The 18 decision units in FY 2020 include the following:

- Regional Information Sharing System Program
- Drug Court Program
- Justice and Mental Health Collaborations
- Residential Substance Abuse Treatment Program
- Harold Rogers' Prescription Drug Monitoring Program
- Second Chance Act Program
- Project HOPE
- Byrne Criminal Justice Innovation Program
- Edward Byrne Memorial Justice Assistance Grant Program
- Tribal Youth Program
- Veterans Treatment Courts Program
- Comprehensive Opioid Abuse Program
- Tribal Courts Program

- Indian Alcohol and Substance Abuse Program
- Enforcing Underage Drinking Laws Program
- Forensic Support for Opioid and Synthetic Drug Investigations
- Opioid-Affected Youth Initiative
- Mentoring for Youth Affected by the Opioid Crisis

Of the 18 decision units listed above, OJP is not reporting obligations for the Enforcing Underage Drinking Laws Program in FY 2020, as the program has not been funded since FY 2014; however, there are drug-related transfers and recoveries for this program which are being reported.

In determining the level of resources used in support of the remaining 17 active budget decision units, OJP used the following methodology:

Drug Program Obligations by Decision Unit

Data on obligations, as of September 30, 2020, were gathered from the Department of Justice’s (DOJ’s) Financial Management Information System 2 (FMIS2). The total obligations presented for OJP are net of funds obligated under the Crime Victims Fund and Public Safety Officers’ Benefits Program.

Management and Administration (M&A) Data

M&A funds are assessed at the programmatic level and obligations are obtained from FMIS2 (OJP’s Financial System). The obligation amounts were allocated to each decision unit by applying the relative percentage of Full-Time Equivalents (FTE) assigned to the 17 active drug related decision units to the total M&A obligations for OJP.

Overall, OJP program activities support the two goals of the National Drug Control Strategy to: (1) prevent drug use through education and evidence-based prevention programs; and (2) reduce barriers to evidence-based treatment and recovery support services to address addiction. Functionally, OJP program activities fall under the following functions: State and Local Assistance, Treatment, and Prevention. To determine the function amount, OJP used an allocation method that was derived from an annual analysis of each program’s mission and by surveying program officials. OJP then applied that function allocation percentage to the obligations associated with each decision unit line item.

The Table of Drug Control Obligations amounts were calculated as follows:

- | | |
|----------------|---|
| Function: | The appropriate drug-related percentage was applied to each decision unit line item and totaled by function. For FY 2020, the 17 active budget decision units had a function allocation of 100 percent. |
| Decision Unit: | In accordance with the ONDCP Circulars and OJP’s drug budget methodology, 100 percent of the actual obligations for 7 of the 17 active budget decision units are included in the Table of Drug Control Obligations. |

As specified in the current OJP drug budget methodology:

- Only 35 percent of the actual obligations for the Regional Information Sharing System Program are included;
- Only 15 percent of the actual obligations for Justice and Mental Health Collaborations are included;
- Only 35 percent of the actual obligations administered by the Bureau of Justice Assistance (BJA) and 12 percent of the actual obligations administered by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) under the Second Chance Act are included;
- Only 30 percent of the actual obligations for the Byrne Criminal Justice Innovation Program and Tribal Youth Program are included;
- Only 10 percent of the actual obligations for the Edward Byrne Memorial Justice Assistance Grants Program are included;
- Only 80 percent of the actual obligations for the Tribal Courts Program and Indian Alcohol and Substance Abuse Program are included;
- Only 57 percent of total actual obligations for the Paul Coverdell Forensic Science Improvement Grants Program are included to represent the activity under the Forensic Support for Opioid and Synthetic Drug Investigations decision unit; and
- Only 15 percent of total actual obligations for the Youth Mentoring Program are included to represent the activity under the Mentoring for Youth Affected by the Opioid Crisis decision unit.

Disclosure 2: Methodology Modifications

As noted above, OJP and ONDCP agreed to a revised drug budget methodology for OJP programs in January 2018. Since the implementation of this methodology in FY 2018, there have been no significant changes to OJP's methodology for reporting drug budget obligations.

Funding for OJP tribal programs in the FY 2020 attestation is reported under:

- The Tribal Courts and Indian Alcohol and Substance Abuse decision units (both of which are funded from the Tribal Assistance line item appropriation); and
- The Tribal Youth Program (which is funded as a carveout from the Delinquency Prevention Program line item appropriation).

Disclosure 3: Material Weaknesses or Other Findings

For FY 2020, OJP was included in the DOJ consolidated financial statements audit and did not receive a separate financial statements audit. The DOJ's consolidated FY 2020 *Independent Auditors' Report* revealed no material weaknesses or significant deficiencies directed at OJP. Additionally, the Department's assessment of risk and internal controls in FY 2020 conducted in

accordance with OMB Circular A-123 did not identify any findings which may materially affect the presentation of prior year drug-related obligations data.

Disclosure 4: Reprogrammings or Transfers

In accordance with the ONDCP's Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, OJP has provided the attached Table of Reprogrammings and Transfers. In FY 2020, for the reported decision units and programs, OJP had no reprogrammings, and \$58.8 million and \$117.6 million in drug-related transfers-in and transfers-out, respectively. The transfers-in amounts include OJP's FY 2020 prior-year recoveries associated with the reported budget decision units. The transfers-out amounts reflect the assessments for the 2.0 percent Research, Evaluation, and Statistics (RES) set aside and M&A assessments against OJP programs.

The RES 2.0 percent set-aside was directed by Congress for funds to be transferred to and merged with funds provided to the National Institute of Justice and the Bureau of Justice Statistics to be used for research, evaluation, or statistical purposes. In FY 2020, Congress provided OJP the authority to assess programs for administrative purposes.¹

Disclosure 5: Other Disclosures

In FY 2020, OJP's drug-related programs were supported by \$46.2 million in unobligated resources carried forward from previous fiscal years.

¹ See the Senate report language (S. Report 116-127) accompanying the 2020 Appropriations Act (P.L. 116-93), page 111: <https://www.congress.gov/116/crpt/srpt127/CRPT-116srpt127.pdf>.

U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Reprogrammings and Transfers
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| Drug Resources by Budget Decision Unit and Function: | Reprogrammings ^{1/} | Transfers-in ^{2/} | Transfers-out ^{3/} | Total |
|--|------------------------------|----------------------------|-----------------------------|-----------|
| Decision Unit #1: Regional Information Sharing System Program | | | | |
| State and Local Assistance | \$ - | \$ 35.67 | \$ (0.76) | \$ 34.91 |
| Total, Regional Information Sharing System Program | \$ - | \$ 35.67 | \$ (0.76) | \$ 34.91 |
| Decision Unit #2: Drug Court Program | | | | |
| Treatment | \$ - | \$ 2.66 | \$ (10.05) | \$ (7.39) |
| Total, Drug Court Program | \$ - | \$ 2.66 | \$ (10.05) | \$ (7.39) |
| Decision Unit #3: Justice and Mental Health Collaborations | | | | |
| Treatment | \$ - | \$ 1.25 | \$ (4.56) | \$ (3.31) |
| Total, Justice and Mental Health Collaborations | \$ - | \$ 1.25 | \$ (4.56) | \$ (3.31) |
| Decision Unit #4: Residential Substance Abuse Treatment Program | | | | |
| Treatment | \$ - | \$ 0.62 | \$ (2.73) | \$ (2.11) |
| Total, Residential Substance Abuse Treatment Program | \$ - | \$ 0.62 | \$ (2.73) | \$ (2.11) |

U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Reprogrammings and Transfers
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| Drug Resources by Budget Decision Unit and Function: | Reprogrammings ^{1/} | Transfers-in ^{2/} | Transfers-out ^{3/} | Total |
|---|------------------------------|----------------------------|-----------------------------|------------------|
| Decision Unit #5: Harold Rogers' Prescription Drug Monitoring Program | | | | |
| State and Local Assistance | \$ - | \$ 2.24 | \$ (2.73) | \$ (0.49) |
| Total, Harold Rogers' Prescription Drug Monitoring Program | <u>\$ -</u> | <u>\$ 2.24</u> | <u>\$ (2.73)</u> | <u>\$ (0.49)</u> |
| Decision Unit #6: Second Chance Act Program | | | | |
| Treatment | \$ - | \$ 2.72 | \$ (9.74) | \$ (7.02) |
| Total, Second Chance Act Program | <u>\$ -</u> | <u>\$ 2.72</u> | <u>\$ (9.74)</u> | <u>\$ (7.02)</u> |
| Decision Unit #7: Project Hope Opportunity Probation with Enforcement (HOPE) | | | | |
| State and Local Assistance | \$ - | \$ 0.49 | \$ (0.40) | \$ 0.09 |
| Total, Project Hope | <u>\$ -</u> | <u>\$ 0.49</u> | <u>\$ (0.40)</u> | <u>\$ 0.09</u> |
| Decision Unit #8: Byrne Criminal Justice Innovation Program | | | | |
| State and Local Assistance | \$ - | \$ 1.22 | \$ (1.50) | \$ (0.28) |
| Total, Byrne Criminal Justice Innovation Program | <u>\$ -</u> | <u>\$ 1.22</u> | <u>\$ (1.50)</u> | <u>\$ (0.28)</u> |

U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Reprogrammings and Transfers
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| Drug Resources by Budget Decision Unit and Function: | Reprogrammings ^{1/} | Transfers-in ^{2/} | Transfers-out ^{3/} | Total |
|---|------------------------------|----------------------------|-----------------------------|-------------------|
| Decision Unit #9: Edward Byrne Memorial Justice Assistance Grant Program | | | | |
| State and Local Assistance | \$ - | \$ 5.76 | \$ (58.11) | \$ (52.35) |
| Total, Edward Byrne Memorial Justice Assistance Grant Program | <u>\$ -</u> | <u>\$ 5.76</u> | <u>\$ (58.11)</u> | <u>\$ (52.35)</u> |
| Decision Unit #10: Tribal Youth Program ^{4/} | | | | |
| Prevention | \$ - | \$ 0.11 | \$ (0.44) | \$ (0.33) |
| Total, Tribal Youth Program | <u>\$ -</u> | <u>\$ 0.11</u> | <u>\$ (0.44)</u> | <u>\$ (0.33)</u> |
| Decision Unit #11: Veterans Treatment Courts Program | | | | |
| Treatment | \$ - | \$ 0.86 | \$ (2.03) | \$ (1.17) |
| Total, Veterans Treatment Courts Program | <u>\$ -</u> | <u>\$ 0.86</u> | <u>\$ (2.03)</u> | <u>\$ (1.17)</u> |
| Decision Unit #12: Comprehensive Opioid Abuse Program | | | | |
| Treatment | \$ - | \$ 1.17 | \$ (20.28) | \$ (19.11) |
| Total, Comprehensive Opioid Abuse Program | <u>\$ -</u> | <u>\$ 1.17</u> | <u>\$ (20.28)</u> | <u>\$ (19.11)</u> |

U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Reprogrammings and Transfers
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| Drug Resources by Budget Decision Unit and Function: | Reprogrammings ^{1/} | Transfers-in ^{2/} | Transfers-out ^{3/} | Total |
|--|------------------------------|----------------------------|-----------------------------|----------------|
| Decision Unit #13: Tribal Courts Program ^{4/} | | | | |
| Treatment | \$ - | \$ 0.54 | \$ - | \$ 0.54 |
| Total, Tribal Courts Program | \$ - | \$ 0.54 | \$ - | \$ 0.54 |
| Decision Unit #14: Indian Alcohol and Substance Abuse Program ^{4/} | | | | |
| Prevention | \$ - | \$ 2.19 | \$ - | \$ 2.19 |
| Total, Indian Alcohol and Substance Abuse Program | \$ - | \$ 2.19 | \$ - | \$ 2.19 |
| Decision Unit #15: Enforcing Underage Drinking Laws Program | | | | |
| Prevention | \$ - | \$ - | \$ - | \$ - |
| Total, Enforcing Underage Drinking Laws Program | \$ - | \$ - | \$ - | \$ - |

U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Reprogrammings and Transfers
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

| Drug Resources by Budget Decision Unit and Function: | Reprogrammings ^{1/} | Transfers-in ^{2/} | Transfers-out ^{3/} | Total |
|---|------------------------------|----------------------------|-----------------------------|-------------------|
| Decision Unit #16: Forensic Support for Opioid and Synthetic Drug Investigations | | | | |
| State and Local Assistance | \$ - | \$ 1.26 | \$ (3.38) | \$ (2.12) |
| Total, Forensic Support | \$ - | \$ 1.26 | \$ (3.38) | \$ (2.12) |
| Decision Unit #17: Opioid-Affected Youth Initiative | | | | |
| Prevention | \$ - | \$ - | \$ (0.88) | \$ (0.88) |
| Total, Opioid-Affected Youth Initiative | \$ - | \$ - | \$ (0.88) | \$ (0.88) |
| Decision Unit #18: Mentoring for Youth Affected by the Opioid Crisis | | | | |
| Prevention | \$ - | \$ - | \$ - | \$ - |
| Total, Mentoring for Youth Affected by the Opioid Crisis | \$ - | \$ - | \$ - | \$ - |
| Total | \$ - | \$ 58.76 | \$ (117.59) | \$ (58.83) |

**U.S. Department of Justice
Office of Justice Programs
Detailed Accounting Submission
Table of Reprogrammings and Transfers
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)**

Notes:

- ^{1/} There were no reprogrammings related to the programs displayed in this table in FY 2020.
- ^{2/} Transfers In reflect a Congressionally-directed \$35.41 million transfer from COPS to fund the Regional Information Sharing System program and \$380,000 from COPS and OVW to support training and technical assistance under OJP's Tribal Courts program.
- ^{3/} Amounts reported for Total Transfers Out in FY 2020 include all funding transferred out of OJP accounts as well as funding assessed from these programs to support the 2.0% Research, Evaluation, and Statistics set aside and OJP Management and Administration. In addition, this amount includes transfers out of OJP from six programs (Drug Courts, Justice and Mental Health Collaborations, Second Chance Act, Byrne Justice Assistance Grants, Comprehensive Opioid Abuse Program, and Forensic Support for Opioid and Synthetic Drug Investigations) that were made as part of a DOJ-wide effort to address a shortage of operational funding for the U.S. Marshals Service Federal Prisoner Detention Fund.
- ^{4/} In FY 2020, Congress provided funding for OJP's tribal programs on the Tribal Assistance and Tribal Youth Program line items, rather than under the 7% discretionary tribal justice assistance set aside that was requested in the FY 2019 President's Budget. Therefore, OJP is reporting funding for programs supported by part of the funding provided by the Tribal Assistance line item under the Tribal Courts and Indian Alcohol and Substance Abuse programs. Funding for the Tribal Youth Program is appropriated to OJP as a carveout under the Delinquency Prevention Program.



U.S. Department of Justice

Executive Office for United States Attorneys

Resource Management and Planning Staff

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**Detailed Accounting Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the United States Attorneys management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, we assert that the United States Attorneys' system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. The drug methodology used by the United States Attorneys to calculate obligations of budgetary resources by function and budget decision is reasonable and accurate in all material respects.
2. The drug methodology disclosed in this statement was the actual drug methodology used to generate the Table of Drug Control Obligations.
3. There were no material weaknesses or other findings by independent sources identified which may affect the presentation of drug-related obligations.
4. There were no modifications to the methodology used to report drug control resources.
5. The data presented are associated with obligations against a financial plan that did not require revision for reprogrammings or transfers during FY 2020.
6. The United States Attorneys did not have any ONDCP Fund Control Notices issued in FY 2020.

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Jonathan Pelletier
Chief Financial Officer

1/26/2021

Date

U.S. Department of Justice
United States Attorneys
Detailed Accounting Report
Table of Drug Control Obligations
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)

FY 2020
Actual Obligations

Drug Obligations by Budget Decision Unit and Function:

Decision Unit: Criminal

| | |
|--|-------------------|
| Prosecution | \$ 117.024 |
| Total Criminal Decision Unit | \$ 117.024 |
| | |
| Total Drug Control Obligations | \$ 117.024 |
| | |
| High-Intensity Drug Trafficking Area (HIDTA) Obligations | \$ 0.862 |

**U.S. Department of Justice
United States Attorneys
Detailed Accounting Report
Related Disclosures
For Fiscal Year Ended September 30, 2020**

Disclosure 1: Drug Methodology

The United States Attorneys 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 United States Attorneys' Offices (USAOs) is to prosecute violations of Federal drug trafficking, controlled substance, money laundering, and related Federal laws in order to deter continued illicit drug distribution and use in the United States. This mission includes utilizing the grand jury process to investigate and uncover criminal conduct and subsequently presenting the evidence in court as part of prosecution of individuals and organizations who violate Federal law. USAOs also work to dismantle criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds of illegal activities.

In addition to this traditional prosecutorial role, efforts to discourage illegal drug use and to prevent recidivism by convicted drug offenders also form important parts of the USAO's drug control mission. 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 that educate communities about the hazards of drug abuse.

The United States Attorneys community does not receive a specific appropriation for drug-related work in support of the National Drug Control Strategy. The United States Attorneys drug resources are part of, and included within, the United States Attorneys annual Salaries and Expenses (S&E) Appropriation. As a result of not having a specific line item for drug resources within our appropriation, the United States Attorneys have developed a drug budget methodology based on workload data. The number of work years dedicated to non-OCDETF drug related prosecutions is taken as a percentage of total workload. This percentage is then multiplied against total obligations to derive estimated drug related obligations.

Data – In FY 2020, all financial information for the United States Attorneys was derived from Department of Justice's (DOJ's) Unified Financial Management System (UFMS). Workload information was derived from the United States Attorneys' USA-5 Reporting System.

Financial Systems –UFMS is DOJ's financial system. Obligations in this system can also be reconciled with the enacted appropriation.

Disclosure 2: Methodology Modifications

No modifications were made to the drug methodology from prior years.

Disclosure 3: Material Weaknesses or Other Findings

The United States Attorneys community is a component within the DOJ Offices, Boards and Divisions (OBDs). For FY 2020, the OBDs were included in the DOJ consolidated audit and did not receive a separate financial statement audit. The fiscal year 2020 audit resulted in an unmodified opinion on the financial statements.

It is important to note that the Department implemented significant improvements to the financial statement compilation and review controls. These improvements resolved the material weakness identified in FY 2019. As a result, KPMG did not identify any material weaknesses and did not report any significant deficiencies in the FY 2020 Independent Auditors' Report. The audit required under Government Auditing Standards revealed no instances of non-compliance or other matters. KPMG subsequently conducted tests that disclosed no instances where the Department's financial management systems were substantially non-compliant with Federal Financial Management Improvement Act (FFMIA).

Disclosure 4: Reprogrammings or Transfers

There were no drug related reprogrammings or transfers that affected drug-related budgetary resources in FY 2020.



**Detailed Accounting Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Organized Crime Drug Enforcement Task Forces (OCDETF) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the OCDETF system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. Obligations reported by budget decision unit are the actual obligations from OCDETF's accounting system of record for these budget decision units.
2. The drug methodology used by OCDETF to calculate obligations of budgetary resources by function is reasonable and accurate in all material respects.
3. The drug methodology disclosed in this statement was the actual drug methodology used to generate the Table of Drug Control Obligations.
4. There were no material weaknesses or other findings by independent sources identified which may affect the presentation of drug-related obligations.
5. There were no modifications to the methodology used to report drug control resources.
6. The data presented are associated with obligations against a financial plan that did not require revision for reprogrammings or transfers during FY 2020.
7. OCDETF did not have any ONDCP Fund Control Notices issued in FY 2020.

SIMSHINDO
MSOLA

Digitally signed by SIMSHINDO
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Date: 2021.01.26 08:05:01 -05'00'

Simshindo Msola, Principal Associate
Director

Date

U.S. Department of Justice
Organized Crime Drug Enforcement Task Forces (OCDETF) Program
 Detailed Accounting Report
 Table of Drug Control Obligations
 For Fiscal Year Ended September 30, 2020

Dollars in Millions

| Drug Obligations by Decision Unit and Function | FY 2020 Actual Obligations | FY 2020 OCDETF Executive Office* | FY 2020 Carryover | Total FY 2020 Actual Obligations |
|--|----------------------------------|---|----------------------|---|
| Investigations: | | | | |
| Drug Enforcement Administration (DEA) | \$ 180.27 | 2.94 | 0.91 | 184.12 |
| Federal Bureau of Investigation (FBI) | 120.81 | 2.58 | | 123.39 |
| U.S. Marshals Service (USMS) | 10.51 | 0.22 | | 10.74 |
| Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) | 12.04 | 0.26 | | 12.30 |
| OCDETF Fusion Center (OFC) | 34.91 | 0.75 | | 35.66 |
| International Organized Crime Intelligence and Operations Center (IOC-2) | 5.99 | 0.13 | | 6.12 |
| National Emerging Threats | 1.68 | 0.04 | | 1.71 |
| Co-located Strike Forces Operations | 8.29 | 0.18 | | 8.46 |
| TOTAL INVESTIGATIVE DECISION UNIT | \$ 374.49 | 7.10 | 0.91 | \$ 382.50 |
| Prosecutions: | | | | |
| U.S. Attorneys (USAs) | \$ 163.06 | 2.54 | 0.00 | 165.60 |
| Criminal Division (CRM) | 2.63 | 0.04 | 0.00 | 2.67 |
| EXO Threat Response Unit (TRU) | 0.60 | 0.01 | 0.00 | 0.61 |
| TOTAL PROSECUTORIAL DECISION UNIT | \$ 166.29 | \$2.59 | 0.00 | \$ 168.88 |
| Total Drug Control Obligations | \$ 540.78 | 9.69 | 0.91 | \$ 551.38 |

(*Includes funding for the following agencies: HIS, \$0.50; USCG, \$1.45; IRS, \$0.23; all split among investigations)

**U.S. Department of Justice
Organized Crime Drug Enforcement Task Forces Program
Detailed Accounting Report
Related Disclosures
For Fiscal Year Ended September 30, 2020**

Disclosure 1: Drug Methodology

The Organized Crime Drug Enforcement Task Forces (OCDETF) Program is comprised of member agencies from three different Departments: the Department of Justice (DOJ), the Department of Treasury (Treasury), and the Department of Homeland Security (DHS). Beginning in FY 1998 and continuing through FY 2003, OCDETF member agencies were funded through separate appropriations. (Prior to the creation of DHS, which involved the transfer of the U.S. Coast Guard to DHS from the Department of Transportation, OCDETF was funded in DOJ, Treasury and Transportation appropriations.)

During FY 2004 and FY 2005, the DOJ's Interagency Crime and Drug Enforcement (ICDE) appropriation included funding to reimburse agencies in the DOJ, Treasury and DHS for their participation in the OCDETF Program. The availability of a consolidated budget has been critical to the OCDETF Program's ability both to ensure the proper and strategic use of OCDETF resources and to effectively monitor Program performance across all Departments and participating agencies. However, Congress repeatedly expressed concern with funding non-DOJ agencies via a DOJ appropriations account, and in FY 2005, Congress decreased base funding for non-DOJ program participants.

Recognizing that uncertainty surrounding funding levels for non-DOJ participants posed great difficulties for OCDETF in terms of program planning and administration, the Administration has not submitted a consolidated budget for the program since FY 2007. Instead, funding for the OCDETF Program's non-DOJ partners was requested through direct appropriations for Treasury and DHS. Currently, only DOJ OCDETF appropriated funding comes from the ICDE account.

The OCDETF Program is directly charged with carrying out the DOJ drug supply reduction strategy, and all of its activities are aimed at achieving a measurable reduction in the availability of drugs in this country. The disruption and dismantlement of drug trafficking networks operating regionally, nationally, and internationally is a critical component of the supply reduction effort. In particular, the OCDETF Program requires that in *each* OCDETF case, investigators identify and target the financial infrastructure that permits the drug organization to operate.

The Table of Drug Control Obligations was prepared in accordance with the Office of National Drug Control Policy (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019. The Table represents obligations from the ICDE account incurred by OCDETF for drug control purposes. All amounts are net of reimbursable agreements.

Data - All accounting information for the OCDETF Program is derived from the DOJ Unified Financial Management System (UFMS). ICDE resources are reported as 100 percent drug-related because the entire focus of the OCDETF Program is drug control.

Financial Systems - UFMS is the financial system used to provide all ICDE obligation data. Obligations that are derived by this system reconcile with the enacted appropriations and carryover balances.

The Administration's request for the OCDETF Program reflects a restructuring that collapses the OCDETF Program's four areas - Investigations, Drug Intelligence, Prosecution, and Administrative Support- into two decision units- Investigations and Prosecutions. Under this methodology, the Administrative Support of the OCDETF Executive Office is pro-rated among decision units based on the percentage of appropriated ICDE Program funding. Additionally, Drug Intelligence Costs is reported as part of the Investigations Decision Unit.

The OCDETF Program's Decision Units are divided according to the two major activities of the Task Force – Investigations and Prosecutions – and reflect the amount of reimbursable ICDE resources appropriated for each participating agency. With respect to the Table of Drug Control Obligations, the calculated amounts were derived from the UFMS system as follows:

- a. Investigations Function - This decision unit includes the reimbursable resources that support investigative activities of the following participating agencies: the Drug Enforcement Administration; Federal Bureau of Investigation; the Bureau of Alcohol, Tobacco, Firearms and Explosives; the U.S. Marshals Service; the OCDETF Fusion Center; and the International Organized Crime Intelligence and Operations Center. The methodology applies 100 percent of the resources that support the OCDETF Program's investigative activities.
- b. Prosecution Function - This decision unit includes the reimbursable prosecution resources for the following participating DOJ agencies: the U.S. Attorneys; the Criminal Division; and the OCDETF Executive Office Threat Response Unit. The methodology applies 100 percent of the OCDETF Program's Prosecution resources to the Prosecution Decision Unit.

Disclosure 2: Methodology Modifications

The overall methodology to calculate drug control obligations has not been modified from previous years.

Disclosure 3: Material Weaknesses or Other Findings

The OCDETF Program is a component within the DOJ Offices, Boards and Divisions (OBDs). For FY 2020, the OBDs were included in the DOJ consolidated audit and did not receive a separate financial statements audit. The DOJ's consolidated FY 2020 *Independent Auditors' Report* revealed no material weaknesses or significant deficiencies directed at OCDETF. Additionally, the Department's assessment of risk and internal control in FY 2020 conducted in accordance with OMB Circular A-123 did not identify any findings which may materially affect the presentation of prior year drug-related obligations data.

Disclosure 4: Reprogrammings or Transfers

There were no reprogrammings or transfers in FY 2020.



U.S. Department of Justice

United States Marshals Service

Financial Services Division

Washington, D.C. 20530-1000

**Detailed Accounting Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the United States Marshals Service (USMS) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the USMS system of accounting, use of estimates, and systems of internal controls provide reasonable assurance that:

1. The drug methodology used by the USMS to calculate obligations of budgetary resources by function and budget decision unit is reasonable and accurate in all material respects.
2. The drug methodology disclosed in this statement was the actual drug methodology used to generate the Table of Drug Control Obligations.
3. There were no material weaknesses or other findings by independent sources identified which may affect the presentation of drug-related obligations.
4. There were no modifications to the methodology used to report drug control resources.
5. The data presented are associated with obligations against a financial plan that did not require revision for reprogrammings or transfers during FY 2020.
6. The USMS did not have any ONDCP Fund Control Notices issued in FY 2020.

**HOLLEY
O'BRIEN**

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Holley O'Brien
Chief Financial Officer

01/26/2021

Date

**U.S. Department of Justice
United States Marshals Service
Detailed Accounting Report
Table of Drug Control Obligations
For Fiscal Year Ended September 30, 2020
(Dollars in Millions)**

| | FY 2020 Actual Obligations |
|---|---------------------------------------|
| Drug Obligations by Budget Decision Unit and Function: | |
| Decision Unit #1: Fugitive Apprehension | |
| International | \$ 1.41 |
| Investigations | \$ 139.95 |
| Total Fugitive Apprehension | \$ 141.36 |
| | |
| Decision Unit #2: Judicial & Courthouse Security | |
| Prosecution | \$ 102.68 |
| Total Judicial & Courthouse Security | \$ 102.68 |
| | |
| Decision Unit #3: Prisoner Security & Transportation | |
| Prosecution | \$ 53.96 |
| Total Prisoner Security & Transportation | \$ 53.96 |
| | |
| Decision Unit #4: Detention Services | |
| Corrections | \$ 744.18 |
| Total Detention Services | \$ 744.18 |
| | |
| Total Drug Control Obligations | \$ 1,042.18 |
| | |
| High-Intensity Drug Trafficking Area (HIDTA) Obligations | \$ 0.95 |
| Organized Crime Drug Enforcement Task Force (OCDETF) | \$ 10.90 |

- Report all decision units listed in the most recent National Drug Control Strategy Budget Summary

**U.S. Department of Justice
United States Marshals Service
Detailed Accounting Report
Related Disclosures
For Fiscal Year Ended September 30, 2020**

Disclosure 1: Drug Methodology

The USMS does not receive a specific appropriation for drug-related work in support of the National Drug Control Strategy. Therefore, the USMS uses drug-related workload data to develop drug control ratios for some decision units, and the average daily population (ADP) for drug offenses to determine the drug prisoner population cost for the Detention Services decision unit.

Three decision units, Fugitive Apprehension, Judicial & Courthouse Security, and Prisoner Security & Transportation, are calculated using drug-related workload ratios applied to the Salaries & Expenses (S&E) appropriation. For the Fugitive Apprehension decision unit, the USMS uses drug-related workload ratios based on the number of all warrants cleared, including felony offense classifications for Federal, state, and local warrants such as narcotics possession, manufacturing, and distribution. To calculate the drug-related workload percentage for this decision unit, the USMS divides the number of drug-related warrants cleared by the total number of warrants cleared. For the Judicial & Courthouse Security, and Prisoner Security & Transportation decision units, the USMS uses drug-related workload ratios based only on in custody, drug-related, primary Federal offenses, such as various narcotics possession, manufacturing, and distribution charges. Primary offense refers to the crime with which the accused is charged that usually carries the most severe sentence. To calculate the drug-related workload percentages for these two decision units, the USMS divides the number of drug-related offenses in custody by the total number of offenses in custody. The USMS derives its drug related obligations for these three decision units starting with the USMS S&E appropriation actual obligations at fiscal year-end as reported in the Standard Form-133, *Report on Budget Execution and Budgetary Resources*. The previously discussed drug workload ratios by decision unit are then applied to the total S&E annual appropriation to derive the drug-related obligations.

Detention services obligations are funded through the Federal Prisoner Detention (FPD) Appropriation. The USMS is responsible for Federal detention services relating to the housing and care of Federal detainees remanded to USMS custody, including detainees booked for drug offenses. The FPD appropriation funds the housing, transportation, medical care, and medical guard services for the detainees. FPD resources are expended from the time a prisoner is brought into USMS custody through termination of the criminal proceeding and/or commitment to the Bureau of Prisons. The FPD appropriation does not include specific resources dedicated to the housing and care of the drug prisoner population. Therefore, for the Detention Services decision unit, the methodology used to determine the cost associated with the drug prisoner population is to multiply the ADP for drug offenses by the per diem rate (housing cost per day), which is then multiplied by the number of days in the year.

Data – All accounting information for the USMS, to include S&E and FPD appropriations, is derived from the USMS Unified Financial Management System

(UFMS). The population counts and the daily rates paid for each detention facility housing USMS prisoners are maintained by the USMS in the Justice Detainee Information System (JDIS). The data describe the actual price charged by state, local, and private detention facility operators and is updated on an as needed, case-by-case basis when rate changes are implemented. In conjunction with daily reports of prisoners housed, a report is compiled describing the price paid for non-federal detention space on a weekly and monthly basis. Data are reported on both district and national levels. The daily population counts and corresponding per diem rate data capture actuals for the detention population count and for the expenditures to house the population.

Financial Systems – UFMS is the financial system that provides USMS with obligation data. Obligations in this system can also be reconciled with the enacted appropriation.

Disclosure 2: Methodology Modifications

The USMS drug budget methodology applied is consistent with the prior year and there were no modifications.

Disclosure 3: Material Weaknesses or Other Findings

For FY 2020, the USMS was included in the DOJ consolidated financial statements audit and did not receive a separate financial statements audit opinion. The DOJ's consolidated FY 2020 Independent Auditors' Report, which was performed in Accordance with *Government Auditing Standards*, revealed no material weaknesses, significant deficiencies, or other findings for the USMS. Additionally, the Department's review of the USMS internal controls as well as program activity for FY 2020 conducted in accordance with OMB Circular A- 123 did not identify any findings that adversely affected the functioning of existing controls, or the integrity of the data used in published financial reports.

Disclosure 4: Reprogrammings or Transfers

There were no reprogramming or transfers that directly affected drug-related budgetary resources.

Disclosure 5: Other Disclosures

None.

U.S. DEPARTMENT OF JUSTICE

PERFORMANCE SUMMARY REPORTS





U.S. Department of Justice
Justice Management Division
Asset Forfeiture Management Staff
145 N St., N.E., Suite 5W.511
Washington, D.C. 20530

**Performance Summary Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Assets Forfeiture Fund (AFF) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the AFF system of performance reporting provides reasonable assurance that:

1. The AFF uses Unified Financial Management System (UFMS), Production Business Objects, Production CATS, and SharePoint to capture performance information accurately and these systems were properly applied to generate the performance data.
2. The AFF met the reported performance targets for FY 2020.
3. The methodology described to establish performance targets for the current year is reasonable given past performance and available resources.
4. The AFF has established at least one acceptable performance measure for each budget decision unit, as agreed to by ONDCP, for which a significant amount of obligations (\$1 million or 50 percent of the agency drug budget, whichever is less) were incurred in the previous fiscal year. Each performance measure considers the intended purpose of the National Drug Control Program activity.

Peter Maxey

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Peter M. Maxey, Director
Asset Forfeiture Management Staff

Date

**U.S. Department of Justice
Assets Forfeiture Fund
Performance Summary Report
Related Performance Information
For Fiscal Year Ended September 30, 2020**

Performance Measure: Achieve Effective Funds Control as Corroborated by an Unmodified Opinion on the Assets Forfeiture Fund and Seized Asset Deposit Fund Annual Financial Statements.

The accomplishment of an unmodified audit opinion reflects favorably on the execution and oversight of the Assets Forfeiture Fund (AFF)/Seized Asset Deposit Fund (SADF) by the Asset Forfeiture Management Staff and all the agencies that participate in the Department’s Asset Forfeiture Program.

| | | | | | | |
|--|----------------|----------------|----------------|----------------|---------------|----------------|
| Decision Unit: Asset Forfeiture | | | | | | |
| Performance Report & Target | | | | | | |
| Performance Measure: | FY 2017 | FY 2018 | FY 2019 | FY 2020 | | FY 2021 |
| | Actual | Actual | Actual | Target | Actual | Target |
| Achieve effective funds control as corroborated by an unmodified opinion on the AFF/SADF financial statements. | 100% | 100% | 100% | 100% | 100% | 100% |

Data Validation and Verification

Due to the nature of this performance measure, the standard procedure is to undergo an extensive annual financial statements audit. The results of the audit will indicate if the measure has been met. An unmodified audit opinion will result in satisfying the performance measure; therefore a modified audit opinion (i.e., qualified, disclaimer, or adverse) would indicate that the performance measure has not been met.



U.S. Department of Justice

Criminal Division

Office of Administration

Washington, D.C. 20530

**Performance Summary Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Criminal Division (CRM) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the CRM system of performance reporting provides reasonable assurance that:

1. CRM uses the Automated Case Tracking System (ACTS), the Division's Performance Dashboard, and the Extradition and Mutual Legal Assistance Tracking System to capture performance information accurately and these systems were properly applied to generate the performance data.
2. Explanations offered for failing to meet a performance target and for any recommendations concerning plans and schedules for meeting future targets or for revising or eliminating performance targets is reasonable.
3. The methodology described to establish performance targets for the current year is reasonable given past performance and available resources.
4. CRM has established at least one acceptable performance measure for each budget decision unit, as agreed to by ONDCP, for which a significant amount of obligations (\$1 million or 50 percent of the agency drug budget, whichever is less) were incurred in the previous fiscal year. Each performance measure considers the intended purpose of the National Drug Control Program activity.



Tracy Melton, Executive Officer

1/26/2021

Date

**U.S. Department of Justice
Criminal Division
Performance Summary Report
Related Performance Information
For Fiscal Year Ended September 30, 2020**

Performance Measure 1: Number of New Drug-Related Investigative Matters and Cases

The Criminal Division’s Narcotic and Dangerous Drug Section (NDDS) investigates and prosecutes priority national and international drug trafficking groups, and other transnational criminal organizations. These efforts support the National Drug Control Program activities: Disrupt Domestic Drug Trafficking and Production, and Strengthen International Partnerships. The Division quantifies its new drug-related investigative matters and cases, which is a measure of the work achieved by NDDS during a fiscal year.

| Number of New Drug-Related Investigative Matters and Cases | | | | | |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| 39 | 36 | 34 | 30 | 30 | 27 |

In FY 2020, NDDS met its target for opening new drug-related investigative matters and cases. NDDS set its FY 2020 targets for new drug-related prosecutions and investigations based on historical trend analysis, while taking into account the available litigation resources.

For FY 2021, NDDS’ target for the number of new drug-related investigative matters and cases is 27. This target was set based on historical trend analysis, in addition to the assumption of staffing and resources similar to FY 2020.

Data Validation and Verification

All investigative matters and cases are entered and tracked in the Division’s Automated Case Tracking System (ACTS). System and policy requirements for tracking litigation data in ACTS are captured in its manual. The policy for data validation and verification is as follows: within ten business days following the close of the quarter, Sections Chiefs or their designee are required to validate in the Division’s Performance Dashboard confirming that their Section’s ACTS performance data are valid. A verification email is sent from the system to the Division’s Executive Officer.

Performance Measure 2: Number of OCDETF Title III Wiretaps Reviewed

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 Organized Crime Drug Enforcement Task Force (OCDETF) cases. These efforts support the National Drug Control Program activities: Disrupt Domestic

Drug Trafficking and Production, and Strengthen International Partnerships. The Division quantifies its 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.

| Number of OCDETF Title III Wiretaps Reviewed | | | | | |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| 2,382 | 2,138 | 2,220 | 2,225 | 1,714 | 2,000 |

In FY 2020, OEO reviewed a significant number of OCDETF wires. Of the total facilities reviewed by OEO during that time period, nearly 70% were for OCDETF investigations. Although in FY 2020 OEO reviewed approximately 23% fewer OCDETF Title III wiretaps than its projected target, this decrease is in line with the overall reduction of Title III applications submitted to OEO following the nationwide spread of COVID-19. OEO’s workload is wholly dependent on the needs of the field, therefore the effects of COVID-19 at the investigative level, including stay-at-home orders, temporary shutdowns, and social distancing measures, directly impacted the number of Title III wiretaps submitted. OEO expects that as federal prosecutors, agents, and the courts continue to adapt to the challenges posed by investigating and prosecuting criminal cases in the current environment, the number of submissions will start to return to pre-COVID-19 levels. Additionally, federal prosecutors and agents continued to face numerous challenges associated with new and emerging communications technologies, most notably end-to-end encryption. End-to-end encryption continued to have a significant impact on whether to pursue wiretaps and the implementation of Title III wiretaps in numerous investigations. Notwithstanding the challenges posed by end-to-end encryption and COVID-19, OEO remained flexible and responsive to the needs of the field. After COVID-19 restrictions and court closures commenced, OEO quickly provided extensive initial guidance to the field on several Title III issues impacted by these unprecedented conditions and worked closely with federal investigative agencies and prosecutors to respond and adapt to these challenges. OEO also expanded upon its outreach to the field in other areas, including continuing to increase its consultations with prosecutors on suppression motions and critical appellate matters involving wiretaps. Most notably, in response to COVID-19, OEO shifted to conducting virtual trainings on a regular basis in order to continue to meet the needs of the field, the vast majority of which were directly to OCDETF agents and prosecutors.

In FY 2021, OEO will continue its strong commitment to providing effective and targeted training and outreach, producing a robust review of Title III materials with efficient turnaround times, increasing the ability to provide support to the field for suppression motions and appellate matters, and keeping abreast of issues important to the preservation and successful use of this important investigative tool.

For FY 2021, OEO’s target for the number of OCDETF Title III wiretap reviews will be 2,000. This target was based on analysis of recently implemented Department initiatives and the resulting increase in staffing and resources in priority areas around the country, and consideration of the increasing challenges facing the field regarding emerging technologies and the lingering challenges posed by COVID-19. OEO also relied on a review of historical trends and the assumption that staffing and resources within OEO remain similar to FY 2020 levels.

Data Validation and Verification

The total number of OCDETF Title III wiretaps reviewed is entered each quarter in the Division’s Performance Dashboard. The policy for data validation and verification is as follows: within ten business days following the close of the quarter, Sections Chiefs or their designee are required to validate in the Division’s Performance Dashboard confirming that their Section's performance data are valid. A verification email is sent from the system to the Division’s Executive Officer.

Performance Measure 3: Number of Drug-Related Mutual Legal Assistance Treaties (MLAT) Requests Closed

The Criminal Division’s Office of International Affairs (OIA) secures the return of fugitives from abroad and obtains from foreign countries evidence and other assistance (e.g., freezing of accounts and forfeiture of funds) needed in criminal investigations and prosecutions. These efforts support the National Drug Control Program activities: Disrupt Domestic Drug Trafficking and Production, and Strengthen International Partnerships. The Division quantifies its drug-related MLAT requests closed, which is a measure of OIA’s drug-related work during a fiscal year.

| Number of Drug-Related Mutual Legal Assistance Treaties (MLAT) Requests Closed | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| 444 | 313 | 417 | N/A | 559 | N/A |

This measure cannot be targeted. This measure is a subset of an overall measure. The Division can target the entire measure, but is not able to target any specific subset of the measure.

Data Validation and Verification

All MLAT requests are tracked in OIA’s Extradition and Mutual Legal Assistance Tracking System, including drug-related requests. The total MLAT requests closed is entered each quarter in the Division’s Performance Dashboard. The policy for data validation and verification is as follows: within ten business days following the close of the quarter, Sections Chiefs or their designee are required to validate in the Division’s Performance Dashboard confirming that their Section's performance data are valid. A verification email is sent from the system to the Division’s Executive Officer.

Performance Measure 4: Number of Drug-Related Extradition Requests Closed

The Criminal Division’s Office of International Affairs (OIA) secures the return of fugitives from abroad, and obtains from foreign countries evidence and other assistance (e.g., freezing of accounts and forfeiture of funds) needed in criminal investigations and prosecutions. These efforts support the National Drug Control Program activities: Disrupt Domestic Drug Trafficking and Production, and Strengthen International Partnerships. The Division quantifies its drug-

related extradition requests closed, which is a measure of OIA’s drug-related work during a fiscal year.

| Number of Drug-Related Extradition Requests Closed | | | | | |
|---|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
| 449 ¹ | 409 | 318 | N/A | 329 | N/A |

This measure cannot be targeted. This measure is a subset of an overall measure. The Division can target the entire measure, but is not able to target any specific subset of the measure.

Data Validation and Verification

All extradition requests are tracked in OIA’s Extradition and Mutual Legal Assistance Tracking System, including drug-related requests. The total extradition requests closed is entered each quarter in the Division’s Performance Dashboard. The policy for data validation and verification is as follows: within ten business days following the close of the quarter, Sections Chiefs or their designee are required to validate in the Division’s Performance Dashboard confirming that their Section's performance data are valid. A verification email is sent from the system to the Division’s Executive Officer.

¹ The FY 2017 value was previously reported, in error, as 168, and has been updated to reflect the actual total of 449. The correct FY 2017 number was reflected in previously-submitted supporting document, but not updated in the FY 2017 Performance Summary Report table.



U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

**Performance Summary Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Drug Enforcement Administration (DEA) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the DEA system of performance reporting provides reasonable assurance that:

1. DEA uses Priority Target Activity Resource Reporting System and Controlled Substance Act Database to capture performance information accurately and these systems were properly applied to generate the performance data.
2. Explanations offered for failing to meet a performance target and for any recommendations concerning plans and schedules for meeting future targets or for revising or eliminating performance targets is reasonable.
3. The methodology described to establish performance targets for the current year is reasonable given past performance and available resources.
4. DEA has established at least one acceptable performance measure for each budget decision unit, as agreed to by ONDCP, for which a significant amount of obligations were incurred in the previous fiscal year. Each performance measure considers the intended purpose of the National Drug Control Program activity.

**JEFFREY
SUTTON**

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Jeffrey W. Sutton, Chief Financial Officer

Date

**U.S. Department of Justice
Drug Enforcement Administration
Performance Summary Report
Related Performance Information
For Fiscal Year Ended September 30, 2020**

Performance Measure 1: Number of Active International and Domestic PTOs Linked to CPOT Targets Disrupted or Dismantled

The Drug Enforcement Administration (DEA) is committed to bringing organizations involved in the growing, manufacturing, or distribution of controlled substances to the criminal and civil justice system of the U.S., or any other competent jurisdiction. To accomplish its mission, the DEA targets Priority Target Organizations (PTOs), which represent the major drug supply and money laundering organizations operating at the international, national, regional, and local levels that have a significant impact upon drug availability in the United States. Specifically, the DEA's PTO Program focuses on dismantling entire drug trafficking networks by targeting their leaders for arrest and prosecution, confiscating the profits that fund continuing drug operations, and eliminating international sources of supply. As entire drug trafficking networks from sources of supply to the distributors on the street are disrupted or dismantled, the availability of drugs within the United States will be reduced.

In its effort to target PTOs, the DEA is guided by key drug enforcement programs such as the Organized Crime Drug Enforcement Task Forces (OCDETF) program. The DEA, through the OCDETF program, targeted the drug trafficking organizations on the DOJ's FY 2020 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. The disruption or dismantlement of CPOT-linked organizations is primarily accomplished through multi-agency and multi-regional investigations directed by the DEA and the Federal Bureau of Investigation. These investigations focus on the development of intelligence-driven efforts to identify and target drug trafficking organizations that play a significant role in the production, transportation, distribution, and financial support of large-scale drug trafficking operations. The DEA's ultimate objective is to dismantle these organizations so that reestablishment of the same criminal organization is impossible.

Since the PTO Program is the DEA's flagship initiative for meeting its enforcement goals, including the enforcement goals of DEA's Diversion Control Program (DCP), the performance measures associated with this program are the most appropriate for assessing the DEA's National Drug Control Program activities. The performance measure, active international and domestic priority targets linked to CPOT targets disrupted or dismantled is the same measure included in the National Drug Control Budget Summary. DEA's resources are presented in the Table of Drug Control Obligations in the international and domestic enforcement decision units and Diversion Control Fee Account. Reimbursable resources from the OCDETF program contributed to these performance measures, but are not responsible for specifically identifiable performance.

Table 1: Measure 1

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|----------------|----------------|----------------|----------------|----------------|----------------|
| 203 | 157 | 139 | 195 | 226 | 210 |

In the first few years of the DEA's Priority Targeting Program, DEA repeatedly exceeded its annual targets for PTO disruptions¹ and dismantlements². Prior to FY 2005, DEA in conjunction with DOJ components reported its PTO disruptions and dismantlements for closed cases. Thereafter in FY 2007, DEA included PTOs disrupted pending dismantlements³ (Category D – PTOs) among its disruption statistics because these cases achieved significant enforcement milestones (arrests, seizures, etc.). However, internally, DEA has never included disruptions pending dismantlement in its year-end reporting. Therefore in FY 2015, in order to align DEA's external and internal reporting, DEA has decided to exclude disruptions pending dismantlement from its year-end accounting of disruptions and dismantlements.

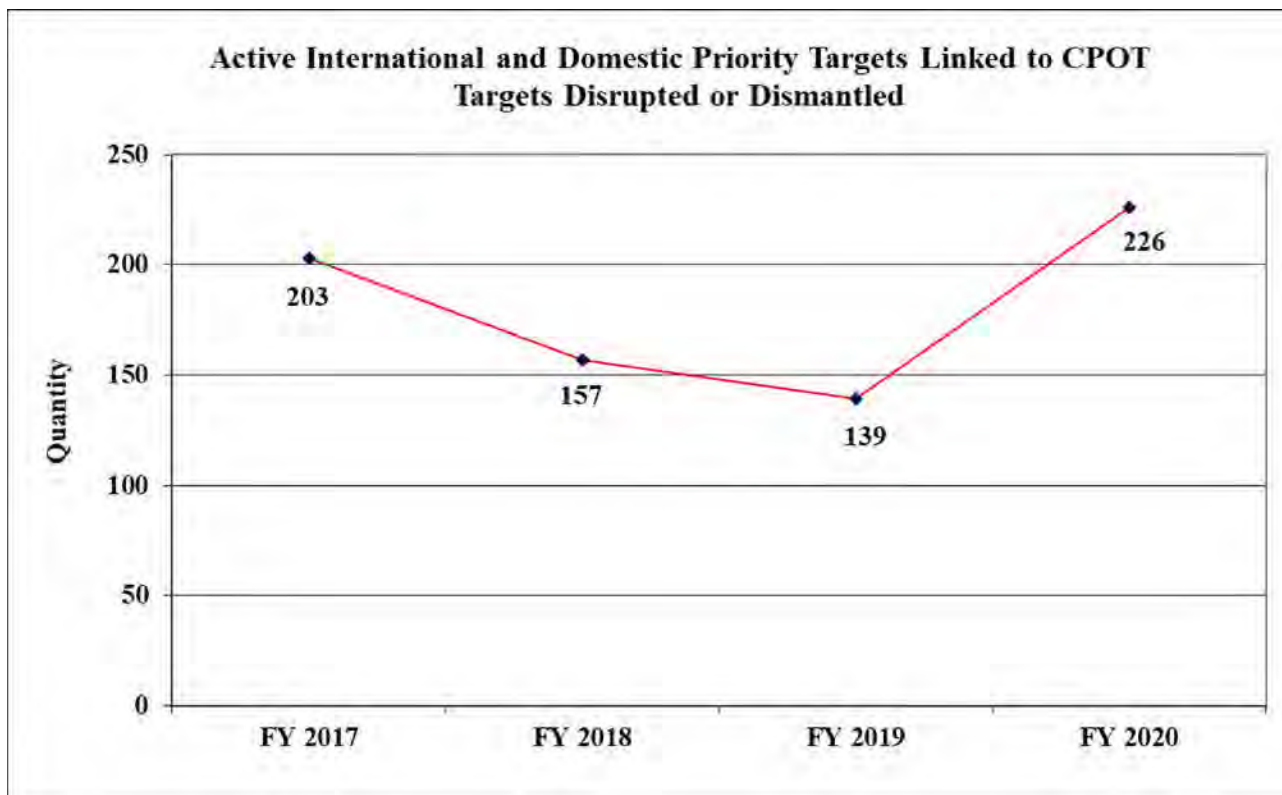
Due to this change, DEA restated its year-end disruption and dismantlement statistics for fiscal years 2011-2015 and adjusted its FY 2017-2020 targets accordingly. The impacts on performance from FY 2017 through FY 2020 are reflected in the graphs that follow (Dispositions of PTOs linked to CPOTs) and (Dispositions of PTOs not linked to CPOTs).

After excluding Category D PTO dispositions from its reporting protocols to better align with its internal reports from FY 2015 through FY 2019, DEA determined that reporting protocols implemented in FY 2015 underreported actual performance. As a result, in FY 2020, DEA reinstated its protocols for reporting Category D PTOs as a disruption. In addition, DEA also restored two more of its previous performance reporting procedures, and they were to: (1) Designate all OCDETF cases as PTO cases; and (2) Sustain prior PTO CPOT linkages, indefinitely.

¹ A disruption occurs when the normal and effective operation of a targeted organization is impeded, as indicated by changes in organizational leadership and/or changes in methods of operation, including financing, trafficking patterns, communications, or drug production.

² A dismantlement occurs when the organization's leadership, financial base, and supply network are destroyed, such that the organization is incapable of operating and/or reconstituting itself.

³ A disruption pending dismantlement occurs when the normal and effective operation of the targeted organization is impeded, as defined above, but the investigation continues toward the organization's complete evisceration such that it is incapable of operating and/or reconstituting itself.



As a result in FY 2020, DEA disrupted or dismantled 226 PTOs linked to CPOTs or 115.9 percent to target (n=195). DEA exceeded its FY 2020 target by 31 PTOs linked to CPOT dispositions.

DEA targets for the number of PTO Dispositions (CPOT-linked and Not CPOT-linked) reflect an optimal inventory of active investigations worked and disposed based on anticipated resources. Throughout the year the actual inventory of Active PTOs will fluctuate based on available resources and case complexity. This metric accounts for the aggregate performance of DEA against PTOs linked to CPOTs across its International and Domestic Areas of Responsibility (AOR a.k.a. Budget Decision Units). The Covid-19 pandemic has had an increasingly negative, but disparate effect on the performance of each of the aforementioned AORs. Nevertheless, buttressed by reinstated reporting policies, DEA has been able to refocus its investigative efforts, marginally increase the number of CPOT linked PTO dispositions, and thereby exceed its FY 2020 target. This highlights the agility and ability of DEA to adapt and perform under very extreme and adverse conditions. As such, DEA anticipates that it will continue to meet the target for this metric in FY 2021.

In support of PTO outcomes, the DEA's Threat Enforcement Planning Process (TEPP) continues to augment and refine DEA's drug control strategy and shifts agency performance from a quantitative based approach to a more, qualitative results oriented approach that focuses on outcomes. The purpose of the TEPP is to proactively manage enforcement efforts and resources, while identifying goals and reporting effectiveness. As such, TEPP establishes agency wide, national level threat priorities that guide field enforcement strategies and the allocation of limited

resources. Field offices, at the Division/Region level identify threats in their Area of Responsibility (AOR) that fall under DEA-wide National Level Threats, and document their efforts to mitigate those threats through enforcement planning, operations, and initiatives.

Still in its exploratory and deliberative phase, the FY 2020 TEPP identified four DEA-wide National Level Threats that are in alignment with the Departments FY 2018-2022 Strategic Plan and the President's Executive Orders:

- Transnational Criminal Organizations (organized crime/drug networks)
- Opioid Threats (e.g., Heroin, Fentanyl, controlled prescription drugs)
- Violent Domestic Drug Gangs (e.g., MS-13)
- Cyber Drug Threats

This comprehensive effort, rooted in performance-based management with tangible outcomes and resource efficiencies, is a testament to DEA's commitment to thwart drug-related threats that endanger the health and public safety of residents and communities throughout the United States. In FY 2020, DEA inaugurated a new era of coordinated enforcement and efficient resource management, supported by data analytics in a manner that adapts to new and evolving threats with an enhanced capability to report Agency-wide effectiveness in real time.

DEA routinely evaluates the performance of its programs as well as their functional capabilities to include its PTO case management and reporting system, PTARRS (Priority Target Activity Resource and Reporting System). This ongoing effort is designed to facilitate the seamless integration of newer technologies that enhance its enforcement capabilities and ensure that investigations are being re-aligned to include evolving constructs and performance measures that address the aforementioned threats to our nation.

Target Forecast Methodology

DEA's FY 2020 and FY 2021 targets for International and Domestic Dispositions for PTOs linked to CPOTs are 195 and 210, respectively. The targets were computed using a cascading algorithm that utilizes prior year PTO disposition distributions (FY 2014 through FY 2019), as well as the metrics that account for the overall inventory of potential PTO cases worked within the period of interest to include the current inventory of cases open and a projected estimate of new cases initiated during that same period. The final target estimates are correlated to and supported by a corresponding analysis of the work hours (Special Agent and Total Core) dedicated to PTOs as an aggregate and by subcategory – CPOT/Not, Disrupted/Dismantled [closed], Administratively Closed [closed] and Still Active [open].

Data Validation and Verification

PTOs identified by the DEA's domestic field divisions and foreign country offices are managed using the *Priority Target Activity Resource Reporting System (PTARRS)*, a database used to track designated PTOs. PTARRS outlines the organizational scope, operational lifecycle, work hours expended, and action plan towards disruption/dismantlement. The DEA's PTO Program focuses on dismantling entire drug trafficking networks by targeting their leaders for arrest and

prosecution, confiscating the profits that fund continuing drug operations, and eliminating international sources of supply. Once an investigation meets the criteria for a PTO, the investigation can be nominated as a PTO submission through PTARRS, the case is selected for nomination in IMPACT by the case agent or co-case agent. As part of the case management system, PTARRS provides its users with a means of electronically proposing, nominating, reviewing, editing and tracking PTO investigations. The roles in the electronic approval chain are as follows:

In the Field

- Special Agent – The Special Agent, Task Force Officer, or Diversion Investigator collects data on lead cases proposed as PTOs. They can create, edit, update, and propose a PTO record.
- Group Supervisor – The Group Supervisor/Country Attaché coordinates and plans the allocation of resources for a proposed PTO. The Group Supervisor/Country Attaché can create, edit, update, propose, resubmit, and approve a PTO record; however, they must be a co-agent of that particular case in order to edit and update.
- Resident Agent in Charge (RAC)/Diversion Program Manager (DPM) – The Resident Agent in Charge/Diversion Program Manager reviews the proposed PTO from the Special Agent/Group Supervisor.
- Assistant Special Agent in Charge – The Assistant Special Agent in Charge /Assistant Regional Director review the PTO proposed and approved by the Group Supervisor/Country Attaché/Resident Agent in Charge, ensuring that all the necessary information meets the criteria for a PTO. The Assistant Special Agent in Charge /Assistant Regional Director can also edit, update, resubmit, or approve a proposed PTO.
- Special Agent in Charge – The Special Agent in Charge /Regional Director reviews the proposed PTO from the Assistant Special Agent in Charge /Assistant Regional Director and is the approving authority for the PTO. The Special Agent in Charge /Regional Director can also edit, update, resubmit, or approve a proposed PTO.

PTARRS also offers these additional roles outside of the approval chain:

- Program Analyst – The division/region Program Analyst usually serves as the PTARRS Administrator for their respective office; however, each Special Agent in Charge/Regional Director can choose whom they want to serve in this position. The Program Analyst, or another person assigned the role, views the same PTO records displayed on the Special Agent in Charge/Regional Director’s “Work in Progress” screen and can edit their contents.
- Intelligence Research Specialist – an Intelligence Research Specialist can perform analysis (read-only) on all PTO records DEA-wide.

At Headquarters

- Operations Division (OC) – The Section Chief of the Data and Operational Accountability Section (OMD), or his designee, is the PTO Program Manager, and is responsible for the review of all newly approved PTO submissions and their assignment

to the applicable Office of Diversion Control Operations (DO), Diversion Control Division (DC) or The Office of Foreign Operations (OF) section. The PTO Program Manager may request that incomplete submissions be returned to the field for correction and resubmission. OMD is also responsible for tracking and reporting information in the PTO Program through PTARRS; and is the main point-of-contact for the PTO program and PTARRS related questions.

- OMD will assign PTO’s to the HQs section based on the nexus of the investigation to organizations located in specific geographic areas of the world, or to specific program areas. After assignment of a PTO, the appointed HQ section becomes the point-of-contact for that PTO and division/region personnel should advise appropriate HQ section personnel of all significant activities or requests for funding via Priority Target Funding Module in Concorde IMPACT/PTARRS during the course of the investigation. The Staff Coordinator (SC) assigned to the PTO will initiate a validation process to include a review for completeness and confirmation of all related linkages (e.g., CPOTs). In the unlikely event that the documentation submitted is insufficient to validate reported linkages; the SC will coordinate with the submitting office to obtain the required information.
- All PTO cases that are reported as disrupted or dismantled must be validated by OMD or the Organized Crime Drug Enforcement Task Force – OCDETF Section (OMO). OMD will validate all non-OCDETF related PTO cases (including those with a CPOT link) and OMO will validate all PTO CPOT-linked OCDETF related cases. The CPOT-linked OCDETF disruptions and dismantlements are reported to the Executive Office of OCDETF via memo by OMO.

Performance Measure 2: Number of Active International and Domestic PTOs Not Linked to CPOT Targets Disrupted or Dismantled

Although there is a primary emphasis on international and domestic PTOs linked to CPOT Targets, the PTOs not linked to CPOT targets disrupted or dismantled are just as important to DEA’s mission. Specifically, the DEA’s PTO Program focuses on dismantling entire drug trafficking networks by targeting their leaders for arrest and prosecution, confiscating the profits that fund continuing drug operations, and eliminating international sources of supply. As entire drug trafficking networks from sources of supply to the distributors on the street are disrupted or dismantled, the availability of drugs within the United States will be reduced. The performance measure, active international and domestic priority targets not linked to CPOT targets disrupted or dismantled, is the same measure included in the National Drug Control Budget Summary.

Table 2: Measure 2

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|----------------|----------------|----------------|----------------|----------------|----------------|
| 1,248 | 1,158 | 1,114 | 1,281 | 1,335 | 1,307 |

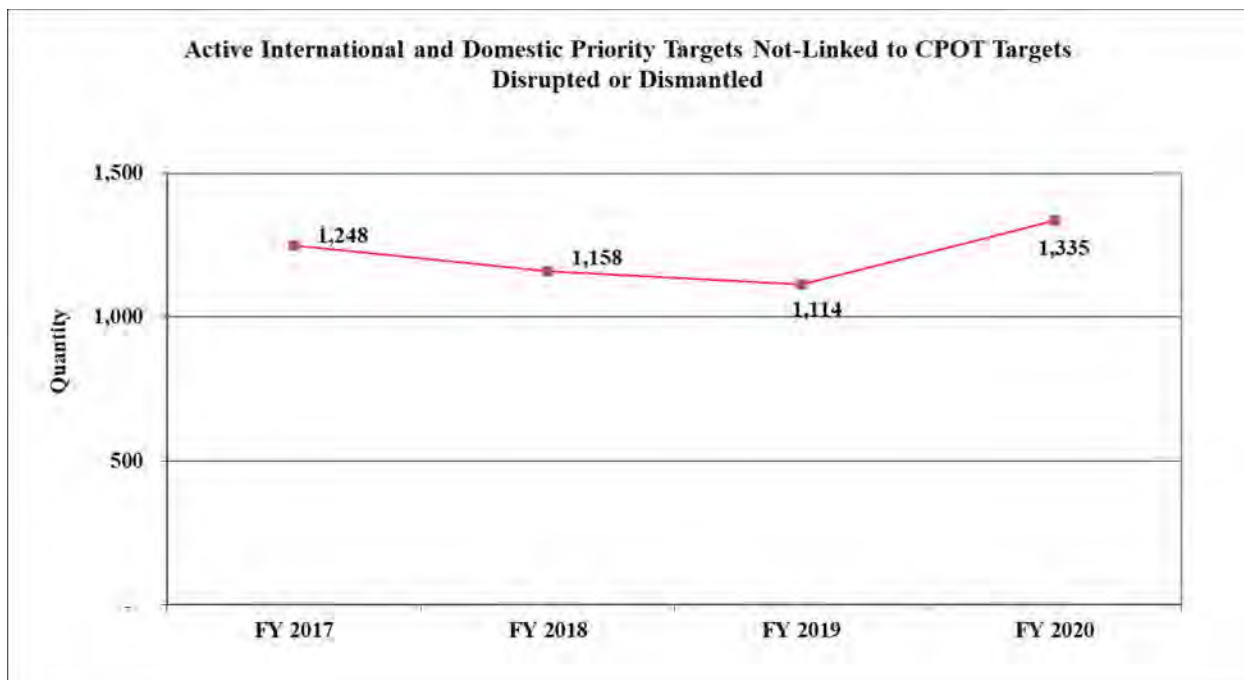
In the first few years of the DEA's Priority Targeting Program, DEA repeatedly exceeded its annual targets for PTO disruptions⁴ and dismantlements⁵. Prior to FY 2005, DEA in conjunction with DOJ components reported its PTO disruptions and dismantlements for closed cases. Thereafter in FY 2007, DEA included PTOs disrupted pending dismantlements (Category D – PTOs) among its disruption statistics because these cases achieved significant enforcement milestones (arrests, seizures, etc.). However, internally, DEA has never included disruptions pending dismantlement in its year-end reporting. Therefore in FY 2015, in order to align DEA's external and internal reporting, DEA has decided to exclude disruptions pending dismantlement from its year-end accounting of disruptions and dismantlements.

Due to this change, DEA restated its year-end disruption and dismantlement statistics for fiscal years 2011-2015 and adjusted its FY 2017-2020 targets accordingly. The impacts on performance from FY 2017 through FY 2020 are reflected in the graphs that follow (Dispositions of PTOs linked to CPOTs) and (Dispositions of PTOs not linked to CPOTs).

After excluding Category D PTO dispositions from its reporting protocols to better align with its internal reports from FY 2015 through FY 2019, DEA determined that reporting protocols implemented in FY 2015 underreported actual performance. As a result, in FY 2020, DEA reinstated its protocols for reporting Category D PTOs as a disruption. In addition, DEA also restored two more of its previous performance reporting procedures, and they were to: (1) Designate all OCDETF cases as PTO cases; and (2) Sustain prior PTO CPOT linkages, indefinitely.

⁴ A disruption occurs when the normal and effective operation of a targeted organization is impeded, as indicated by changes in organizational leadership and/or changes in methods of operation, including financing, trafficking patterns, communications, or drug production.

⁵ A dismantlement occurs when the organization's leadership, financial base, and supply network are destroyed, such that the organization is incapable of operating and/or reconstituting itself.



As of September 30, 2020, the DEA disrupted or dismantled 1,335 PTOs not linked to CPOTs or 104.2 percent to target (n=1,281). DEA exceeded its FY 2020 target by 54 PTOs linked to CPOT dispositions.

DEA targets for the number of PTO Dispositions (CPOT-linked and Not CPOT-linked) reflect an optimal inventory of active investigations worked and disposed based on anticipated resources. Throughout the year the actual inventory of Active PTOs will fluctuate based on available resources and case complexity. This metric accounts for the aggregate performance of DEA against PTOs not linked to CPOTs across its International and Domestic Areas of Responsibility (AOR a.k.a. Budget Decision Units). The Covid-19 pandemic has had an increasingly negative, but disparate effect on the performance of each of the aforementioned AORs. Nevertheless, buttressed by reinstated reporting policies, DEA has been able to refocus its investigative efforts, marginally increase the number of non-CPOT linked PTO dispositions, and thereby exceed its FY 2020 target. This highlights the agility and ability of DEA to adapt and perform under very extreme and adverse conditions. As such, DEA anticipates that it will continue to meet the target for this metric in FY 2021.

Accordingly and in support of PTO outcomes, the DEA's Threat Enforcement Planning Process (TEPP) continues to augment and refine DEA's drug control strategy and shifts agency performance from a quantitative based approach to a more, qualitative results oriented approach that focuses on outcomes. Details regarding TEPP have been enumerated in the narrative for Performance Measure 1 - Number of Active International and Domestic PTOs Linked to CPOT Targets Disrupted or Dismantled.

Target Forecast Methodology

DEA's FY 2020 and FY 2021 targets for International and Domestic Dispositions for PTOs not linked to CPOTs are 1,281 and 1,307, respectively. The targets were computed using a cascading algorithm that utilizes prior year PTO disposition distributions (FY 2014 through FY 2019), as well as the metrics that account for the overall inventory of potential PTO cases worked within the period of interest to include the current inventory of cases open and a projected estimate of new cases initiated during that same period. The final target estimates are correlated to and supported by a corresponding analysis of the work hours (Special Agent and Total Core) dedicated to PTOs as an aggregate and by subcategory – CPOT/Not, Disrupted/Dismantled [closed], Administratively Closed [closed] and Still Active [open].

Data Validation and Verification

Dispositions for International and Domestic PTOs linked and not linked to CPOTs are subject to the same data validation and verification criteria. Moreover, both are also documented, managed and reported utilizing the same case management system, PTARRS. The only distinction is captured by the CPOT variable field in which CPOT linkages are identified and coded “Yes” while Not CPOT linkages are identified and coded “No”.

Performance Measure 3: Number of DCP-related PTOs Disrupted/Dismantled

The Diversion Control Program (DCP), administered by DEA's Diversion Control Division, has been working diligently to address the growing problem of diversion and prescription drug abuse. Criminal entrepreneurs have, over the past few years, leveraged technology to advance their criminal schemes and reap huge profits while diverting millions of dosages of powerful pain relievers such as hydrocodone. One such method was the use of rogue Internet pharmacies. Investigations involving Internet pharmacies required the DEA to retool and retrain investigators. Most of these investigations involved several jurisdictions and involved voluminous amounts of electronic data. Compounding the problem was the fact that many of the laws under which investigators worked were written years prior to today's technological advances.

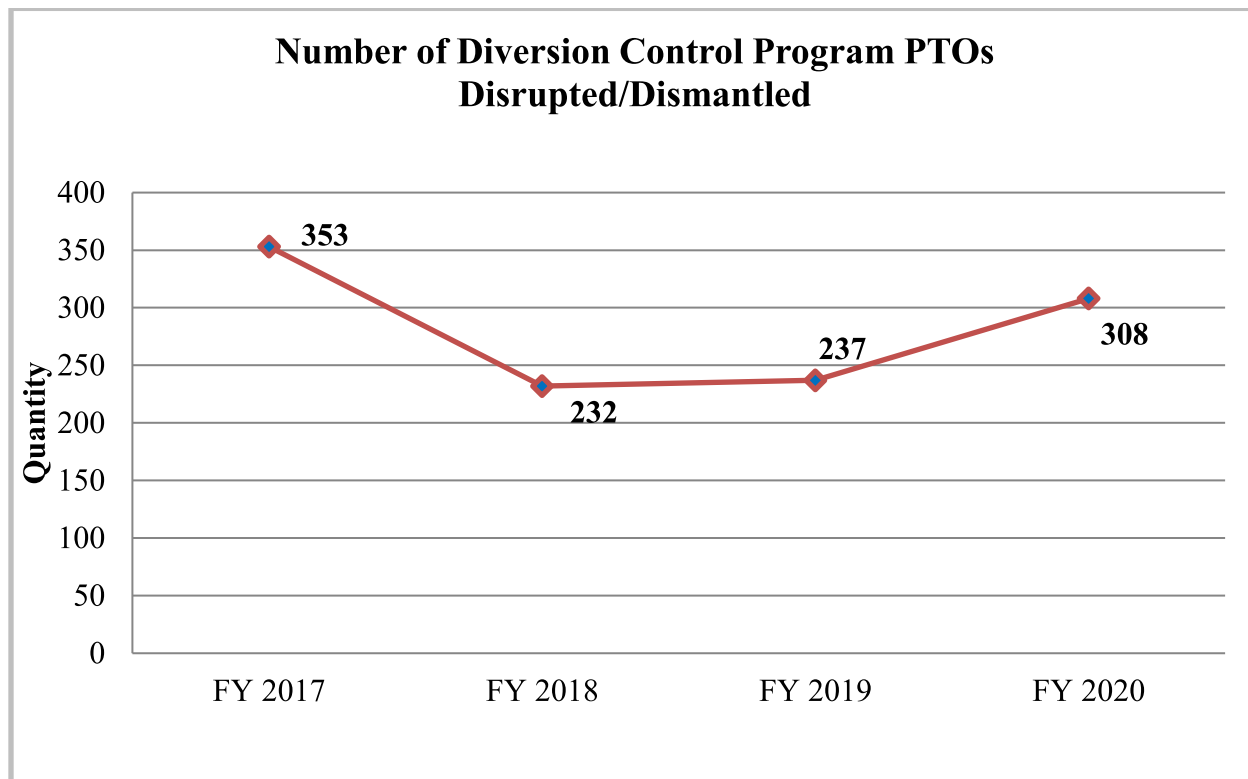
The DEA also developed and implemented the Distributor Initiative Program designed to educate and remind registrants of their regulatory and legal responsibilities. This program has been very successful and has moved the pharmaceutical industry to install new and enhanced measures to address their responsibilities and due diligence as registrants. Despite these efforts, the prescription drug abuse problem continues to be a major problem. Many state and local law enforcement agencies have devoted limited, if any resources, in the area of pharmaceutical diversion.

To effectively attack this problem, the DEA, beginning in FY 2009, began establishing Tactical Diversion Squads (TDS) across the United States to tackle the growing problem of diversion and prescription drug abuse. These TDS groups, which incorporate Special Agents, Diversion Investigators and state and local Task Force Officers, have begun to show very successful investigations. Some of these investigations have resulted in multi-million dollar seizures. Beginning in FY 2011, DEA reported its DCP PTOs separately under the Diversion Control Fee Account. As a participant in the PTO program, the DCP is required to report PTOs linked to CPOT and not linked to CPOT. However, with the nature of the DCP, CPOT linkages are a rare event. Beginning in FY 2010, with the creation of Tactical Diversion Squads (TDS) in every domestic field division, the DCP began focusing on the identification of PTOs and their eventual disruption and dismantlement. As the DCP continues to work to fully staff its TDS groups, PTO performance is expected to increase.

Table 3: Measure 3

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| 353 | 232 | 237 | 252 | 308 | 260 |

Consistent with DEA’s PTO Program policies, Diversion also excluded Category D PTO dispositions from its reporting protocols to better align with its internal reports from FY 2015 through FY 2019, until FY 2020 when DEA determined that reporting protocols implemented in FY 2015 underreported actual performance. As a result, in FY 2020, Diversion reinstated its protocols for reporting Category D PTOs as a disruption, and agency-wide, DEA restored two more of its previous PTO performance reporting procedures, and they were to: (1) Designate all OCDEF cases as PTO cases; and (2) Sustain prior PTO CPOT linkages, indefinitely.



In FY 2020, DEA disrupted or dismantled 308 DCP PTOs linked/not linked to CPOTs or 122.2 percent to target (n=252). DEA exceeded its FY 2020 target by 56 PTO dispositions.

Target Forecast Methodology

DEA's FY 2020 and FY 2021 targets for Diversion PTO Dispositions (CPOT linked or not) are 252 and 260, respectively. The targets were computed using a cascading algorithm that utilizes prior year PTO disposition distributions (FY 2014 through FY 2019), as well as the metrics that account for the overall inventory of potential cases worked within the period of interest to include the current inventory of cases open and a projected estimate of new cases initiated during that same period. The final target estimates were correlated to and supported by a corresponding analysis of the work hours (Special Agent and Total Core) dedicated to PTOs as an aggregate and by subcategory – CPOT/Not, Disrupted/Dismantled [closed], Administratively Closed [closed] and Still Active [open].

Data Validation and Verification

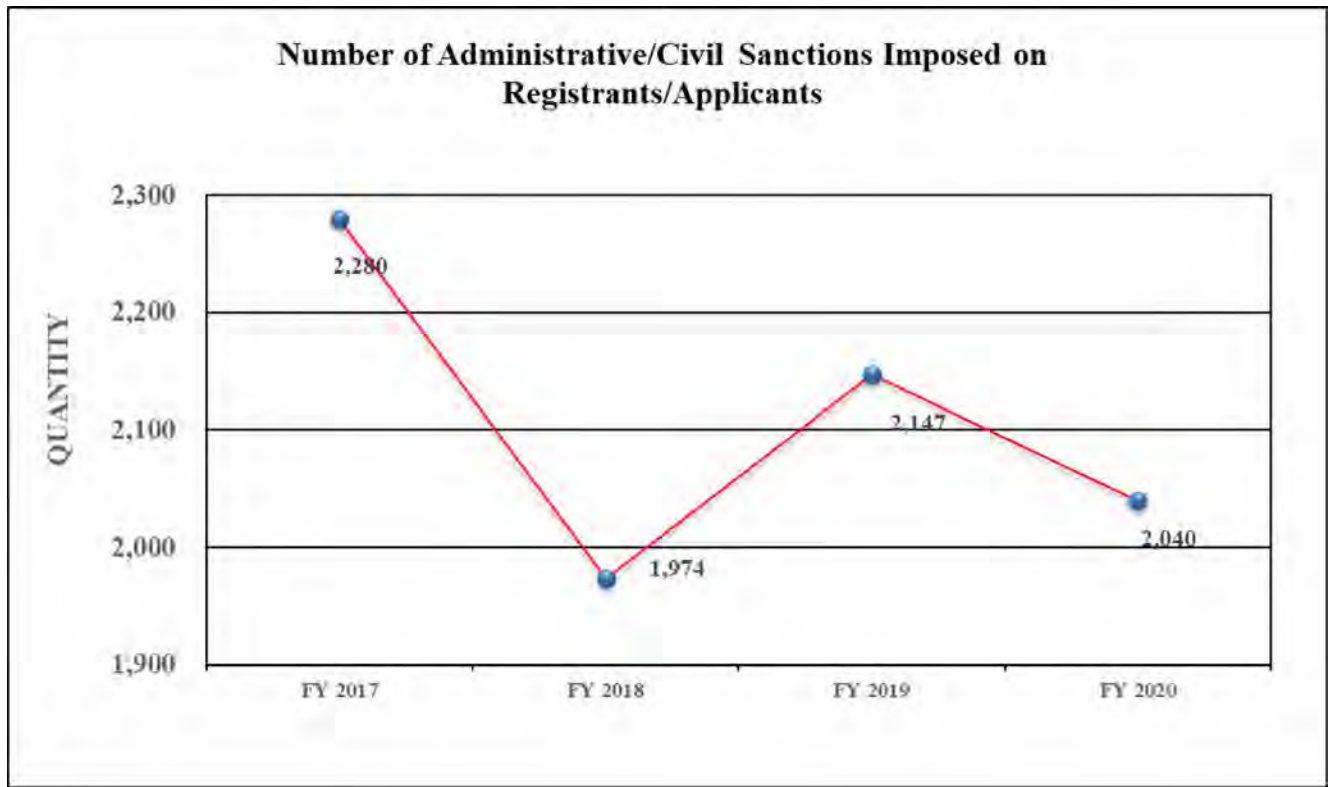
Dispositions for Diversion, International and Domestic PTOs linked and not linked to CPOTs are subject to the same data validation and verification criteria. Moreover, they are also well documented, managed and reported utilizing the same case management system, PTARRS. The only distinction is captured by the CPOT variable field in which CPOT linkages are identified and coded “Yes” while Not CPOT linkages are identified and coded “No”. Diversion cases are further identified by a 2000 series case file number and certain fee fundable GEO – Drug Enforcement Program (GDEP) drug codes.

Performance Measure 4: Number of Administrative/Civil Sanctions Levied on Registrants/Applicants

In addition to the DCP’s enforcement activities, a large component of the DCP is regulatory in nature. Specifically, DEA’s DCP is responsible for enforcing the Controlled Substances Act (CSA) and its regulations pertaining to pharmaceutical controlled substances and listed chemicals. The DCP actively monitors more than 1.8 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. The DCP implements an infrastructure of controls established through the CSA and ancillary regulations. This system balances the protection of public health and safety by preventing the diversion of controlled substances and listed chemicals while ensuring an adequate and uninterrupted supply for legitimate needs. Because of this regulatory component, an additional performance measure, the number of Administrative/Civil Sanctions Imposed on Registrants/Applicants, is included in this report, which is indicative of the overall regulatory activities supported by the DCP.

Table 4: Measure 4

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 2,280 | 1,974 | 2,147 | 2,095 | 2,040 | 2,095 |



In FY 2020, DCP levied 2,040 Administrative/Civil Sanctions on its registrants/applicants or 97.4 percent to target (n=2,095).

Diversion Investigators are engaging more with the registrant population during their scheduled investigations to correct minor regulatory violations onsite, instead of citing registrants with formal administrative sanctions. Moreover, because of the unique effort, technical challenges and complexities associated with Diversion investigations, the number of Administrative Sanctions levied will fluctuate from quarter to quarter. The Covid-19 pandemic impacted Diversion's ability to conduct on-site regulatory investigations especially in the 3rd and 4th quarters. Nevertheless, while significantly reduced, the overall number of Administrative/Civil Sanctions levied continued to be consistent with historical trends because these sanctions, with a few exceptions, are primarily attributed to new/inexperienced registrants and/or industry professionals engaged in deliberate attempts to divert controlled substances. Because Diversion only marginally failed to meet its FY 2020 target by approximately 5 percent in light of the challenges expressed above, Diversion continues to anticipate that it will meet its FY 2021 target for this metric (n=2,095) in light of Covid-19 with vaccinations being approved for use by medical professionals.

Target Forecast Methodology

DEA's FY 2020 and FY 2021 targets for Administrative/Civil Sanctions are 2,095 and 2,095, respectively. Projections for the number of Administrative/Civil Sanctions levied are derived using a Microsoft Excel algorithm that compiles and computes a trend (usually linear) utilizing

actual data from the preceding periods (e.g., fiscal years) and predicts data estimates for subsequent fiscal years.

Data Validation and Verification

The Controlled Substance Act Database (CSA2) is an Oracle database, which maintains all of the historical and investigative information on DEA registrants. It also serves as the final repository for punitive actions (i.e., sanctions) levied against CSA violators. During the reporting quarter, the domestic field divisions change the status of a registrant’s CSA2 Master Record to reflect any regulatory investigative actions that are being conducted on the registrant. The reporting of the regulatory action by each field division is available on a real-time basis through the reporting system within CSA2, as the investigative status change occurs. The regulatory investigative actions that are collected in a real-time environment are as follows: letters of admonition/MOU, civil fines, administrative hearing, order to show cause, restricted record, suspension, surrender for cause, revocations, and applications denied.

The Diversion Investigators and Group Supervisors/Diversion Program Managers are tasked to ensure that timely and accurate reporting is accomplished as the registrant’s investigative status changes. Group Supervisors/Diversion Program Managers have the ability to view the report of ongoing and completed regulatory investigation actions for their office/division at any time during the quarter or at the quarter’s end, since the actions are in real-time.

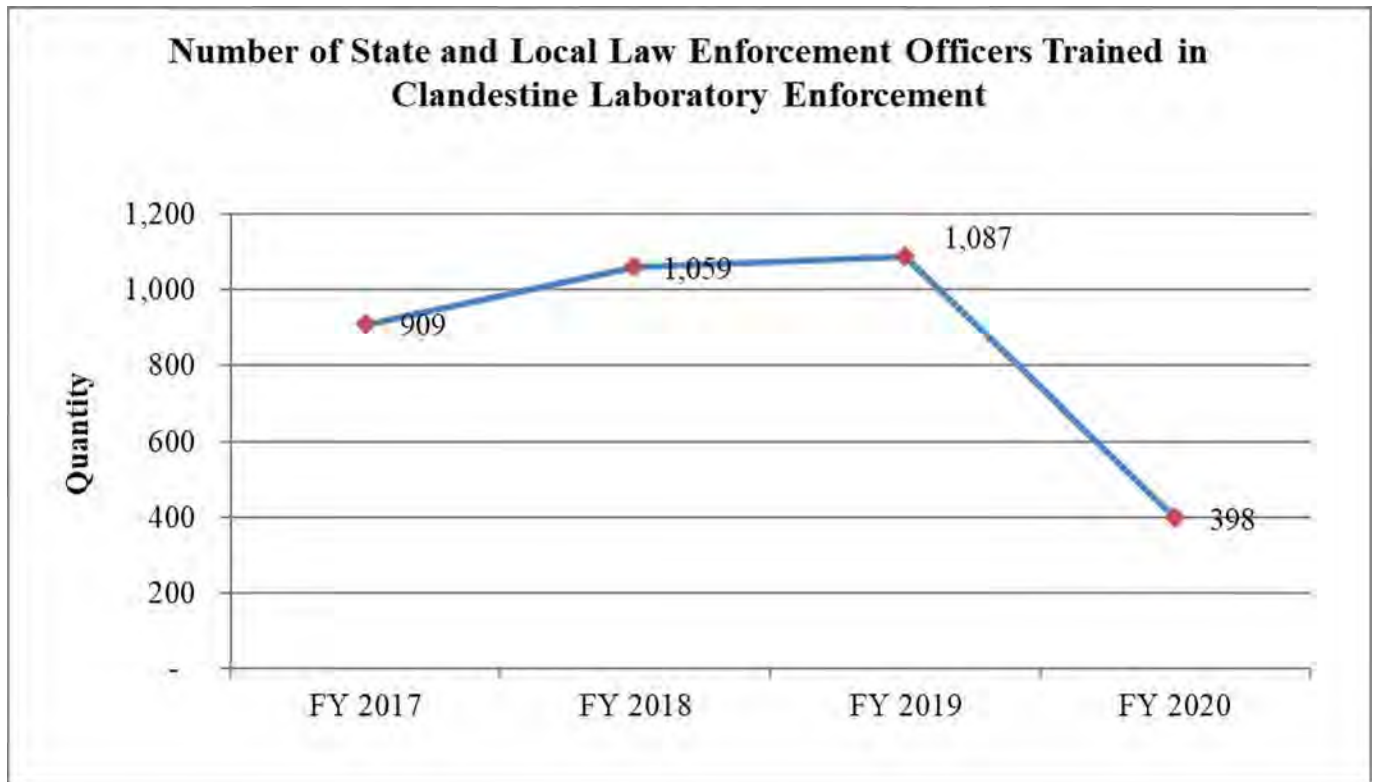
Performance Measure 5: Number of State and Local Law Enforcements Officers (LEOs) Trained in Clandestine Laboratory Enforcement

The 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.

One of the most critical, specialized training programs offered by DEA to state and local LEOs is in the area of Clandestine Laboratory Training. Because state and local police encounter the clandestine laboratories with greater frequency, they are tasked to investigate, dismantle, and appropriately dispose of toxic materials, thereby protecting the public’s health and safety.

Table 5: Measure 5

| FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 909 | 1,059 | 1,087 | 900 | 398 | 425 |



During FY 2020, DEA conducted training for 398 state and local LEOs or 44.2 percent to target (n=900). This includes State and Local Clandestine Laboratory Certification Training, Site Safety Training, Tactical Training, and Authorized Central Storage Program Training.

As the Office of Training (TR) continues to work through the challenges of the COVID-19 Global Pandemic, all DEA in-service training remains suspended until further notice. This includes all TR sponsored courses and events scheduled to be held at Quantico or at off-site locations. In addition state, local, and tribal training conducted in the divisions have also been put on hold. This significantly impacted TR's ability to meet the FY 2020 target. Hence, the FY 2021 target is 425. DEA believes that it would be prudent to leave the targets unchanged pending further review at the end of FY 2021. As the Office of Training continues to monitor and develop plans to return to normal operations to the maximum extent possible, it will continue to work closely with the divisions to revisit future training activities and adapt to potential challenges that impact performance.

Target Forecast Methodology

DEA's FY 2020 and FY 2021 targets for the Number of State and Local LEOs Trained in Clandestine Laboratory Enforcement are 900 and 425, respectively. Projections for the number of State and Local LEOs Trained in Clandestine Laboratory Enforcement are derived using Microsoft Excel. In recognition of the disparate distribution of its targets and actuals, DEA will utilize more robust analytical methods that use historical patterns to better forecast its annual targets.

Data Validation and Verification

The DEA Training Academy receives quarterly training data from the field on training provided by Division Training Coordinators (DTC). The field data are combined with the data generated by the DEA's Training Academy for total training provided by the DEA. Data are tabulated quarterly and analyzed as part of an overall evaluation of programs process at the end of the fiscal year.



U.S. Department of Justice
Federal Bureau of Prisons

Central Office

Washington, DC 20534

**Performance Summary Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Federal Bureau of Prisons (BOP) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the BOP system of performance reporting provides reasonable assurance that:

1. BOP uses SENTRY to capture performance information accurately and SENTRY was properly applied to generate the performance data.
2. Explanations offered for failing to meet a performance target and for any recommendations concerning plans and schedules for meeting future targets is reasonable.
3. The methodology described to establish performance targets for the current year is reasonable given past performance and available resources.
4. BOP has established at least one acceptable performance measure for each budget decision unit, as agreed to by ONDCP, for which a significant amount of obligations (\$1 million or 50 percent of the agency drug budget, whichever is less) were incurred in the previous fiscal year. Each performance measure considers the intended purpose of the National Drug Control Program activity.

Hugh J. Hurwitz

Hugh J. Hurwitz,
Assistant Director
for Administration

January 26, 2021

Date

**U.S. Department of Justice
Federal Bureau of Prisons
Performance Summary Report
Related Performance Information
For Fiscal Year Ended September 30, 2020**

Performance Measure 1: Residential Drug Abuse Treatment Program Capacity and Enrollment

The BOP has established a performance measurement of monitoring the utilization of residential drug treatment program capacity as a performance indicator to measure effective usage of Drug Treatment Programs. This measure complies with the purpose of National Drug Control Program activity and is presented in support of the Treatment function.

The Violent Crime Control and Law Enforcement Act of 1994 requires the BOP to provide residential substance abuse treatment for 100% of “eligible” inmates by the end of FY 1997 and each year thereafter (subject to the availability of appropriations). The BOP established a performance measurement tracking the capacity of the Residential Drug Abuse Program (RDAP) to the number of participants at the end of each fiscal year. The objective is to monitor the utilization of RDAP capacity.

RDAP is offered at 73 BOP locations and one contract facility. Inmates who participate in these residential programs are housed together in a treatment unit that is set apart from the general population. Treatment is provided for a minimum of 500 hours.

Data on inmate capacity and participation is entered in the BOP on-line system (SENTRY). SENTRY Key Indicator reports provide the counts of inmates participating in the RDAP and subject matter experts enter and analyze the data.

In FY 2020, the BOP achieved a total capacity of 5,755 (capacity is based on number of treatment staff) that was available for the fiscal year and 3,873 actual participants (participants are actual inmates enrolled in the program at year end). The BOP missed the participants target due to the decline in the BOP inmate population as well as modified operations resulting from the Covid-19 pandemic.

For FY 2021, the capacity of BOP’s RDAP is projected to be 5,755 with total participants of 5,467. This is based on past performance of FY 2020 and BOP operations returning to normal status.

Fiscal year-end Residential Drug Abuse Treatment Program Capacity and Enrollment

| Fiscal Year | Capacity | Participants* | Utilization |
|----------------|----------|---------------|-------------|
| FY 2017 Actual | 7,022 | 6,781 | 97% |
| FY 2018 Actual | 6,719 | 6,435 | 96% |
| FY 2019 Actual | 6,239 | 5,940 | 95% |
| FY 2020 Target | 6,239 | 5,940 | 95% |
| FY 2020 Actual | 5,755 | 3,873 | 67% |
| FY 2021 Target | 5,755 | 5,467 | 95% |

*Participants may exceed Capacity due to overcrowding and demand for the program.

Data Validation and Verification

To ensure the reliability of the data, the capacity of the program and the utilization rate is monitored by subject matter experts at the end of each quarter using Key Indicator reports generated from SENTRY.



Washington, D.C. 20531

**Performance Summary Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Office of Justice Programs (OJP) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the OJP system of performance reporting provides reasonable assurance that:

1. OJP used the Grants Management System and Performance Management tool to capture performance information accurately and these systems were properly applied to generate the performance data.
2. OJP met the reported performance targets for FY 2019, per its October 20, 2020 agreement with ONDCP to report on performance measures and targets with a one-year lag.
3. The methodology described to establish performance targets for the current year was reasonable given past performance and available resources.
4. OJP established at least one acceptable performance measure for each budget decision unit, as agreed to by ONDCP, for which a significant amount of obligations (\$1 million or 50 percent of the agency drug budget, whichever is less) were incurred in the previous fiscal year. Each performance measure considers the intended purpose of the National Drug Control Program activity.

**RACHEL
JOHNSON**

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Rachel Johnson, Acting Chief
Financial Officer

January 26, 2021

Date

**U.S. Department of Justice
Office of Justice Programs
Performance Summary Report
Related Performance Information
For Fiscal Year Ended September 30, 2020**

Performance Measures:

The Office of Justice Programs (OJP), established by the Justice Assistance Act of 1984, supports a variety of criminal justice programs. Within OJP's overall program structure, specific resources dedicated to support the National Drug Control Strategy in FY 2020 were found in the following programs:¹

- Adult Drug Courts program (including Veterans Treatment Courts);
- Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP);
- Edward Byrne Memorial Justice Assistance Grant (JAG) program
- Harold Rogers' Prescription Drug Monitoring Program (PDMP);
- Justice and Mental Health Collaboration Program (JMHCP);
- Juvenile Drug Court and Family Drug Court programs;
- Mentoring for Youth Affected by the Opioid Crisis (Mentoring);
- Opioid-Affected Youth Initiative;
- Paul Coverdell Forensic Science Improvements Grant program;²
- Regional Information Sharing System (RISS) program;
- Residential Substance Abuse Treatment (RSAT) program;
- Second Chance Act (SCA) program; and
- Consolidated Tribal Assistance Solicitation (CTAS), Purpose Areas Three and Nine.³

As required by the Office of National Drug Control Policy (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews, dated October 22, 2019*, OJP is reporting on the following performance measures in this Performance Summary Report.⁴

1. COSSAP: Percent of high-risk individuals receiving services and referrals who do not experience a subsequent overdose in six months

¹In accordance with OJP's January 25, 2018 agreement with ONDCP, OJP is not required to report performance measures for the following legacy programs/decision units: Enforcing Underage Drinking Laws program, Tribal Courts program, Indian Alcohol and Substance Abuse program, and Tribal Youth program. Per this same agreement, OJP will not report on measures for the Innovations in Community Based Crime Reduction Program (previously called the Byrne Criminal Justice Innovation Program) and Project Hope Opportunity with Enforcement Program since they currently do not have a drug related focus.

²In accordance with OJP's November 6, 2020 agreement with ONDCP, the Forensic Support for Opioid and Synthetics Drug Investigations Program (also known as the Paul Coverdell Forensic Science Improvements Grant Program) grantees will report on a new performance measure beginning in January, 2022 and OJP will start reporting on this measure in the FY 2020 PSR.

³CTAS Purpose Area 3 is funded by appropriations for the Tribal Assistance Program and shown on the Tribal Courts and Indian Alcohol and Substance Abuse Program lines; and CTAS Purpose Area 9 is funded by appropriations provided as a carve out under the Title V Program and shown on the Tribal Youth Program line.

⁴OJP's October 20, 2020 agreement with ONDCP specified that the FY 2020 attestation would reflect a one-year lag for OJP's performance measures data, and all FY 2020 data is marked as TBD.

2. CTAS Purpose Areas Three and Nine: Overall graduation rate of healing-to-wellness court/drug court participants
3. Drug Courts (Including Veteran’s Court): Overall graduation rate of drug court participants⁵
4. Juvenile and Family Drug Courts: Overall graduation rate of juvenile drug court participants and overall graduation rate of family drug court participants
5. JAG: overall graduation/completion rate of JAG-funded drug court programs overall⁶
6. A. PDMP: Number of PDMP Interstate Solicited and Unsolicited Reports Produced – Measure phased-out in FY 2019; and B. PDMP: Percent of grantees with a registered prescriber rate above 65% in their state PDMPs – New Measure in FY 2020
7. JMHCP: Percent of participants who were tested that did not test positive for the presence of alcohol or illicit substances during the reporting period
8. Mentoring and Opioid Affected Youth: Percent of youth who exhibited a reduction in substance use behavior
9. RISS: Percent of deconfliction system conflicts identified by RISS through RISSafe
10. RSAT: A. Number of participants in the RSAT for State Prisoners Program -Measure phased-out in FY 2019; and B. Percent of Jail and Prison Based Program Participants that Successfully Completed the RSAT Program – New Measure in FY 2020
11. SCA: Percent of participant exits from the SCA: Improving Reentry for Adults with Substance Use Disorders program that are successful completions

Performance Measure 1: The Percent of High-Risk Individuals Receiving Services and Referrals through COSSAP who do not Experience a Subsequent Overdose in Six Months

Decision Unit: Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Table 1. The Percent of High-Risk Individuals Receiving Services and Referrals through COSSAP who do not Experience a Subsequent Overdose in Six Months

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 90% | TBD | 90% |

The Comprehensive Opioid Abuse Program (COAP) program started in FY 2017 to combat the number of overdose deaths from opioids. In FY 2020, the program was expanded so that grantees could use federal funds to combat the abuse of stimulants as well as opioids. The program was renamed the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP).

⁵ Although appropriated as separate line items, OJP combines the Drug Courts and Veterans Treatment Courts Program funding together under one solicitation. Grantees may choose in their applications to serve veterans. As of September 30, 2019, Veterans Treatment Court participants accounted for approximately 17% of all individuals enrolled in treatment court programs funded by OJP.

⁶ Please note: BJA changed the name of this measure in FY 2019 but it measures the same data as previously reported under completion rate for individuals participating in Drug-related JAG programs.

According to the Centers for Disease Control and Prevention (CDC), approximately 91 Americans die every day from an opioid related overdose,⁷ which led the President of the United States to declare the epidemic a public health crisis.⁸ Individuals who have experienced at least one overdose event (i.e., high-risk users) are more likely to experience subsequent overdoses, often fatal. By targeting high risk users (as well as other users), the COSSAP may be more effective at reaching those most at risk.

The goal of the COSSAP is to reduce the misuse of opioids and stimulants and the number of overdose fatalities. Grantees can develop, implement, or expand comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opioid, stimulant, and other drug abuse. As such, the performance measure for this program is the percent of high-risk individuals receiving services and referrals through COSSAP who do not experience a subsequent overdose in six months. The target for those individuals that do not experience a subsequent overdose event is set at 90 percent.

Data Validation and Verification

BJA implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees' ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they uploaded to OJP's Grants Management System, and reviewed by BJA program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

The PMT has real-time data accuracy checks for out-of-range and inconsistent values. Data are validated and verified through a review by program managers, which include an additional level of validation conducted by analysts who review the data quarterly using statistical testing methods.

Performance Measure 2 A&B: Overall Graduation Rate of Healing-to-Wellness Court/Drug Court Participants

Decision Units: Tribal Victim Services Set Aside Program Purpose Area Three and Purpose Area Nine (also known as the Consolidated Tribal Assistance Solicitation or CTAS)

⁷ Center for Disease Control. "Understanding the Epidemic." Access online at: <https://www.cdc.gov/drugoverdose/epidemic/index.html>

⁸ <https://www.whitehouse.gov/the-press-office/2017/10/26/president-donald-j-trump-taking-action-drug-addiction-and-opioid-crisis>

Table 2.a. Overall Graduation Rate of Healing-to Wellness Court/Drug Court Participants - CTAS Purpose Area Three

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 40% | TBD | 40% |

The Coordinated Tribal Assistance Solicitation (CTAS) has nine separate Purpose Areas, which serve as the primary source of funding for tribal justice systems, and represent a range of issues and topics. The Bureau of Justice Assistance (BJA) supports the goal of purpose area three, which is to provide funding to tribes to develop, support, and enhance adult tribal justice courts and prevent crime, including crime related to opioid, alcohol, and other substance abuse as well as violent crime. Adult tribal healing to wellness and drug court program graduation rates provides a means to determine the extent to which tribes develop, implement, and enhance substance abuse and crime prevention, interventions, and alternatives to incarceration to address crime related to substance abuse and the opioid epidemic, for a high-risk, high -need population. Additionally, the measure provides a way to illustrate how tribes enhance the tools and resources to respond to crime and public safety.

The FY 2020 target is 40 percent, which is estimated by taking the three-year average of actual results from FY 2017-2019, and unchanged since FY 2020. The target graduation rate is lower than most targets for traditional drug courts since Tribes often have fewer resources than non-tribal populations.

Data Validation and Verification

BJA implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees’ ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP’s Grants Management System, that is reviewed by BJA program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

The PMT has real-time data accuracy checks for out-of-range and inconsistent values. Data are validated and verified through a review by program managers, which include an additional level of validation conducted by analysts who review the data quarterly using statistical testing methods.

Table 2b. Overall Graduation Rate of Healing-to Wellness Court/Drug Court Participants – CSAT Purpose Area Nine

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 43% | TBD | 43% |

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) supports purpose area number nine, which seeks to support and enhance tribal efforts to prevent and reduce juvenile delinquency and strengthen a fair and beneficial juvenile justice system response for American Indian and Alaska Native youth. A major goal of this purpose area is to create initiatives that will enhance public safety, ensure that youth are held appropriately accountable to both victims and communities, and empower youth to live productive, law-abiding lives.

The FY 2020 and FY 2021 targets are 43 percent based on FY 2018 and FY 2019 data results.⁹ The target graduation rate is lower than most targets for traditional drug courts since Tribes often have fewer resources than non-tribal populations.

Data Validation and Verification

Similar to BJA, OJJDP implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees’ ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP’s Grants Management System, that is reviewed by OJJDP program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

The PMT has real-time data accuracy checks for out-of-range and inconsistent values. Data are validated and verified through a review by program managers, which include an additional level of validation conducted by analysts who review the data quarterly using statistical testing methods.

Performance Measure 3: Overall Graduation Rate of Drug Court Participants

Decision Unit: Drug Court Program and Veteran’s Treatment Courts

⁹ OJJDP grantees will begin collecting data on new measures for graduation rates and substance use behavior in July 2021 and will begin to report data on those measures in January 2022.

Table 3. Overall Graduation Rate of Drug Court Participants (Drug Courts)

| FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 48% | 52% | 55% | 55% | 55% | TBD | 55% |

The Bureau of Justice Assistance (BJA) administers OJP’s Drug Court Program. The Drug Court program was established in 1995 to provide financial and technical assistance to states, state courts, local courts, units of local government, and federally recognized tribal governments in order to establish new or enhance fully operational adult drug treatment courts. Drug courts employ an integrated mix of evidence-based substance abuse treatment, random drug testing, recovery support services, judicial and community supervision, and equitable incentives and sanctions to reduce recidivism, substance abuse, and prevent overdoses. There are over 4,000 drug courts and problem-solving courts operating throughout all 50 states and U.S. territories.¹⁰

Based on the success of the drug court model, a number of problem-solving courts are also meeting the critical needs of various populations. These problem-solving courts include Family Dependency Treatment, Driving While Intoxicated/Driving Under the Influence, Reentry, Tribal Healing-to-Wellness, Co-Occurring Disorders, and Veterans Treatment among others.

BJA funds *enhancement* grants to established drug courts to enhance their operations, *implementation* grants for new drug courts, and state grants to enhance capacity and services, expand programs and enhance practice through training and assessment of practice. This includes both Drug Courts and Veterans Treatment Courts.

The goal of the Drug Court program is to implement and enhance drug court services, to include coordination, management of drug court participants, and recovery support services for a high-risk, high-need population.

BJA’s key performance metric for Drug Courts is the overall graduation rate of program participants. For drug courts, the graduation ceremony marks the completion of the program for offenders, signifying that they have met the requirement of the program, including drug treatment, and that the participants refrained from continued drug use. The graduation rate of program participants is calculated by dividing the number of graduates during the reporting period (numerator) by the total number of participants exiting the program, whether successfully or unsuccessfully, during the reporting period (denominator). The graduation rate target for FY 2021 is unchanged from previous years (55 percent).

Data Validation and Verification

BJA implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees’ ability to identify, collect, and report performance measurement data

¹⁰ *Drug Courts*. U.S. Department of Justice, Office of Justice Programs. May/June 2020. <https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/newsletter/254694a/topstory.html>

online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP’s Grants Management System, that is reviewed by OJJPD program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

The PMT has real-time data accuracy checks for out-of-range and inconsistent values. Data are validated and verified through a review by program managers, which include an additional level of validation conducted by analysts who review the data quarterly using statistical testing methods.

Performance Measures 4A&B: Overall Graduation Rate of Juvenile Drug Court Participants and Overall Graduation Rate of Family Drug Court Participants

Decision Units: Juvenile Drug and Family Treatment Courts

Table 4A. Overall Graduation Rate of Juvenile Drug Court Participants

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 50% | TBD | 50% |

Table 4B. Overall Graduation Rate of Family Drug Court Participants (OJJDP)

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 41% | TBD | 41% |

The Office of Juvenile Justice Delinquency and Prevention (OJJDP) funds Juvenile Drug Treatment Courts (JDTC). The courts are designed for youth with substance use disorders who come into contact with the juvenile justice system. Guidelines provide juvenile courts with an evidence-based, treatment-oriented approach that emphasizes family engagement, and addresses the substance use and often co-occurring mental health disorders experienced by the youth.

In addition to JDTC’s, OJJDP funds Family Drug Courts (FDCs), which are specialized courts within the justice system that handle cases of child abuse and neglect that involve substance use by the child’s parents or guardians. FDCs are one method of addressing parental substance use disorders and parenting issues within the court and child welfare systems, using a collaborative, family-centered approach. Also called family treatment courts, family treatment drug courts, or family dependency treatment courts, FDCs operate as alternatives to traditional family courts or dependency courts and work to balance the rights and needs of both parents and children.

OJJDP’s key performance metric for juvenile and family drug courts is the overall graduation rate/program completion of program participants. The graduation ceremony marks the completion of the program for offenders, signifying that they have met all of the requirement of the program, including drug treatment, and that the participants refrained from continued drug use. The graduation rate/program completion of program participants is calculated by dividing the number of graduates during the reporting period (numerator) by the total number of participants exiting the program, whether successfully or unsuccessfully, during the reporting period (denominator).

The FY 2021 targets are 50 percent (Juvenile Drug Courts) and 41 percent (Family Drug Courts).¹¹ These targets are the same as those for FY 2020 and are based on earlier data results that averages graduations rates from FY 2018 and FY 2019.

Data Validation and Verification

OJJDP implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees’ ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP’s Grants Management System, that is reviewed by OJJDP program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

The PMT has real-time data accuracy checks for out-of-range and inconsistent values. Data are validated and verified through a review by program managers, which include an additional level of validation conducted by analysts who review the data quarterly using statistical testing methods.

Performance Measure 5: Overall Graduation/Completion Rate of JAG-Funded Drug Court Program Participants

Decision Unit: Edward Byrne Memorial Justice Assistance Grant Program (JAG)

Table 5. Overall Graduation/Completion Rate of JAG-Funded Drug Court Programs

| FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Actual | FY 2020 Target | FY2020 Actual | FY 2021 Target |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--------------------------|---------------------------|
| 63% | 47% ¹² | 59% | 46% ¹³ | 59% | TBD | 59% |

¹¹ OJJDP has revised performance measures to update measures for graduation rate and substance use behavior. Grantees will begin collecting data on the updated measures in July 2021 and will begin to report data on those measures in January 2022. Copies of the updated performance measures are available upon request from OJJDP’s Performance Measure Coordinator (currently under review).

¹² In FY 2018, the actual completion rate was 47% based on data from 26 JAG grantees. This completion rate was due to one grantee who had an extremely low completion rate of 8%. For this one grantee 180 participants unsuccessfully completed the program, while only 16 participants successfully completed. When removing this one outlier from the analysis and reducing the number of grantees data to 25, the completion rate would be 54%, which is more in-line with the target and findings from years past.

¹³ In 2019, the actual completion rate was 45% data based on data provided by 22 JAG grantees. The completion rate

The Edward Byrne Memorial Justice Assistance Grant Program (JAG) program, administered by BJA, is the leading source of Federal justice funding to state and local jurisdictions. The JAG program focuses on criminal justice related needs of states, tribes, and local governments by providing these entities with critical funding necessary to support a range of program areas, including law enforcement; prosecution and courts; crime prevention and education; corrections and community corrections; drug treatment and enforcement; program planning, evaluation, and technology improvement; crime victim and witness initiatives; and mental health program and related law enforcement and corrections programs, including behavioral programs and crisis intervention teams.

The activities conducted under each program area are broad and include such allowances as hiring and maintaining staff and contractual support; paying for overtime training, and technical assistance for staff; and purchasing equipment, supplies, and information systems. More specifically, the drug treatment and enforcement program activities include treatment (inpatient or outpatient) as well as clinical assessment, detoxification, counseling, and aftercare.

The goal, as noted, is for states and local jurisdiction to use JAG funds on priorities that best meet their needs. Some states and local jurisdictions opt to use JAG funds for treatment courts to provide court supervised substance use treatment and services.

The overall graduation rate of JAG-funded drug court program participants measure captures the percentage of total participants who are able to complete all drug treatment program requirements. This measure supports the mission of the National Drug Control Strategy because these programs provide care and treatment for those who are addicted. The FY 2021 target is unchanged from FY 2020 at 59 percent graduation rate.

Data Validation and Verification

BJA implemented the PMT to support grantees' ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP's Grants Management System. Program managers review the reports. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and through desk and on-site monitoring of grantee performance.

The PMT has real-time data accuracy checks for out-of-range and inconsistent values. Data are validated and verified through a review by research associates, which include an additional level of validation conducted by analysts who review the data quarterly using statistical testing methods.

was below the target because one grantee had an extremely low completion rate of 11%. For this one grantee: 16 participants did not graduate and only 2 participants successfully completed the program. When removing this one outlier from the analysis and reducing the number of grantees to 21, the completion rate would be 62%, which is more in-line with the target and findings from years past.

Performance Measure 6A.1& 6A.2: Number of PDMP Interstate Solicited and Unsolicited Reports Produced - Phased-out in FY 2019

Decision Unit: Harold Rogers Prescription Drug Monitoring Program

Table 6A.1. Total number of interstate solicited reports produced

| CY 2017 Actual | CY 2018 Actual | CY 2019 Target | CY 2019 Actual |
|---------------------------|---------------------------|---------------------------|---------------------------|
| 132,430,898 | 130,086,361 | 8,600,000 | 175,327,434 |

Table 6A.2. Total number of interstate unsolicited reports produced

| CY 2017 Actual | CY 2018 Actual | CY 2019 Target | CY 2019 Actual |
|---------------------------|---------------------------|---------------------------|---------------------------|
| 903,010 | 2,037,807 | 16,208 | 3,853,846 |

Performance Measure 6B: Percent of Grantees with a Registered Prescriber Rate Above 65% in their PDMPs -New Measures in FY 2020

Table 6B. Percent of Grantees with a Registered Prescriber Rate Above 65% in their PDMPs.

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|---------------------------|---------------------------|---------------------------|
| 70% | TBD | 70% |

The Harold Rogers Prescription Drug Monitoring Program (PDMP), administered by BJA, enhances the capacity of state PDMPs to collect controlled substance prescription data through a centralized database so that doctors can make more informed prescribing decisions, and regulatory and law enforcement agencies may proactively investigate suspect subscriber practices and “doctor shopping” activity. The objectives of the PDMP are to build a data collection and analysis system at the state level; enhance existing programs’ ability to analyze and use collected data; facilitate the exchange of collected prescription data among states; and assess the efficiency and effectiveness of the programs funded under this initiative. Funds may be used for planning activities, system improvements, or PDMP data analysis and data sharing projects.

The goal of the PDMP is to enhance the capacity of regulatory and law enforcement agencies and public health officials to collect and analyze controlled substance prescription data and other scheduled chemical products through a centralized database administered by an authorized agency.

Through 2019, this was measured using 2 similar measures (see tables 6A.1 & 6A.2). BJA exceeded both targets in CY 2019: the target for the number of *solicited* was 8,600,000 and the target for *unsolicited* reports queried from PDMPs was 16,208. A few factors influenced the data. First, there is broadening awareness on the part of prescribers and

pharmacists about the need to check to their states PDMP before prescribing opioids. Second, many states have passed laws in the last few years requiring prescribers to query the PDMP before dispensing specific drugs and most have mandates to the usage of the PDMPs for prescribers. For both solicited and unsolicited reports, it should be noted that these targets are difficult to predict due to a great deal of variance in the data. As such, this measure is being phased out, in place of a measure that better reflects the growing utility of PDMPs.

Starting with FY 2020, BJA will begin reporting performance data on the new measure: “Percent of grantees with a Registered Prescriber Rate Above 65 percent in Their PDMPs.” BJA set the FY 2020 and 2021 targets at 70 percent of grantees.

Data Validation and Verification

BJA implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees’ ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP’s Grants Management System, that is reviewed by BJA program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

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Performance Measure 7: Percent of Participants Who Were Tested That Did Not Test Positive for the Presence of Alcohol or Illicit Substance during the Reporting Period

Decision Unit: Justice and Mental Health Collaboration Program (JMHCPC)

Table 7. Percent of Participants Who Were Tested That Did Not Test Positive for the Presence of Alcohol or Illicit Substance during the Reporting Period

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|---------------------------|---------------------------|---------------------------|
| 76% | TBD | 76% |

BJA administers JMHCPC, which aims to increase public safety by aiding collaboration between the criminal justice system and its behavioral health care service partners. The program seeks to improve responses to and outcomes for people with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come in contact with the justice system. JMHCPC promotes officer and public safety through coordination of system resources for those accessing multiple services, including hospitals, jails, and mental health crisis services.

The goal of JMHCP is to provide funding to criminal justice agencies to partner with mental health agencies and to promote cross-system collaborations, to provide best practice training to officers and their behavioral health partners, to strengthen connections for people with MI and CMISA with health care service providers, and to promote universal screening and assessment for mental illness and substance abuse. A key means to measuring the success of CMISA programs that focus on those who come in contact with the justice system is whether program participants test positive for the presence of alcohol or illicit substances. As such, the measure for JMHCP is the percent of participants who were tested that did not test positive for the presence of alcohol or illicit substance. The FY 2020 and FY 2021 targets are set at 76 percent.

Data Validation and Verification

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Performance Measure 8: Percent of Program Youth Who Exhibited a Reduction in Substance Use Behavior

Decision Units: 1) Mentoring for Youth Affected by the Opioid Crisis and 2) Opioid-Affected Youth Initiative

Table 8: Percent of Program Youth Who Exhibited a Reduction in Substance Use Behavior

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 23% | TBD | 23% |

Established in 2018 as a component of OJJDP’s larger Youth Mentoring program, the Mentoring for Youth Affected by the Opioid Crisis program focuses specifically on providing mentoring services to youth impacted by the opioid crisis. The purpose of OJJDP’s Youth Mentoring program is to reduce juvenile delinquency, gang involvement, academic failure, victimization, and school dropout rates through one-on-one, group, and peer mentoring.

A goal of the program is to improve outcomes (such as improved academic performance and reduced school dropout rates) for youth at-risk or involved with the juvenile justice or tribal justice systems, and reduce negative outcomes (including delinquency, substance use, and gang participation) through mentoring. The program also looks to support innovative research and evaluation-based efforts that respond to gaps and needs of the mentoring field and examine strategies to improve and increase mentor recruitment.

Awards are made through the comprehensive Mentoring Opportunities for Youth program solicitation which includes two opioid-focused categories: (a) Mentoring Strategies for Youth Impacted by Opioids/Project Sites, which makes awards to local and regional organizations including nonprofit and for-profit organizations, and tribal nonprofit and for-profit organizations, and (b) Statewide and Regional Mentoring Initiative for Youth Impacted by Opioids which makes awards to national organizations, states and territories, and federally recognized tribal governments.

Established in FY 2018, the purpose of the Opioid Affected Youth program is to assist states, local units of government, and federally recognized tribal governments develop a data-driven, coordinated response to opioid abuse-related challenges that impact youth and community safety. The program support efforts that will address public safety concerns, intervention, prevention, and diversion services for children, youth, and families directly impacted by opioid abuse.

Funded sites work in partnership with representatives from law enforcement, education, probation and community supervision, juvenile court, mental health service providers, medical physicians/examiners, prosecutors, community-based organizations that address substance abuse, child welfare agencies, child protective services, first responders, and other community health agencies.

Goals of the program are to (1) Support comprehensive cross-system planning and collaboration among officials who work in law enforcement, pretrial services, the courts, probation and parole, child welfare, and reentry. Other stakeholders include emergency medical services and health care providers, public health partners, and agencies that provide substance abuse treatment and recovery support services; (2) Expand law enforcement and court diversion programs to intervene with youth and family opioid abuse.; (3) Develop and enhance public safety, behavioral health, and public health information-sharing that leverage key public health and safety data sets. Develop interventions based on this information.; and (4) Implement wraparound services that facilitate meaningful coordination between the justice system and family support agencies, especially child welfare, to safeguard the wellbeing of affected children and families and address public safety concerns by improving coordination of services such as training, intervention, prevention, and diversion programs for affected populations.

The FY 2020 and FY 2021 targets are set at 23 percent¹⁴. The targets are the same and

¹⁴ OJJDP is currently going through a performance measure review and has updated the performance measures for graduation rate and substance use behavior. Grantees will begin collecting data on the updated measures in July 2021 and will begin to report data on those measures in January 2022. Copies of the updated performance measures are available upon request from OJJDP's Performance Measure Coordinator.

are based on the data results reported by FY 2019 awards. The data reflects the percentage of youth who received services during FY 2019 that reduced their substance use and may include a duplicate count if an award reported a youth's behavior change for both FY 2019 reporting periods. Data results for FY 2020 are still pending.

Data Validation and Verification

OJJDP implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees' ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP's Grants Management System, that is reviewed by OJJDP program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

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Performance Measure 9: Percent Increase in Regional Information Sharing Systems (RISS) Inquiries for the RISS Program

Decision Unit: Regional Information Sharing Systems (RISS)

Table 9: Percent of deconfliction system conflicts identified by RISS through RISSafe

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 10% | TBD | 10% |

The Regional Information Sharing Systems (RISS) Program, administered by BJA, provides secure information and intelligence sharing capabilities and investigative support services that directly affect law enforcement's ability to successfully resolve criminal investigations and prosecute offenders, while providing the critical officer safety event deconfliction necessary to keep our law enforcement community safe.

RISS consists of six regional centers and the RISS Technology Support Center (RTSC). RISS supports an all-crimes approach; not all inquiries to RISS resources are related to narcotics investigations; however, RISS's resources and services support narcotics investigations based on requests for services and inquiries from the field. Narcotics investigators from across the country benefit from the RISS Criminal Intelligence Database (RISSIntel), investigative resources, the RISS Officer Safety Event Deconfliction System (RISSafe), and analytical and research services. RISS has strong relationships with the National Narcotics Officers' Associations' Coalition (NNOAC), Bureau of Alcohol, Tobacco, Firearms and Explosives' (ATF), and the High Intensity Drug Trafficking Areas (HIDTA). RISS continues to partner with the HIDTAs and the Drug Enforcement

Administration in the areas of event and target deconfliction.

RISSafe is an officer safety event deconfliction system that identifies possible investigative conflicts between agencies and officers. Authorized users enter law enforcement events into the RISSafe system, and notification of potential conflicts is immediately provided to the affected parties. In May 2015, RISSafe was integrated with the two High Intensity Drug Trafficking Area (HIDTA) event deconfliction systems: Case Explorer and SAFETNet. Since its inception, more than 2,000,000 operations have been entered into RISSafe, resulting in more than 483,000 identified conflicts. Without the identification of these conflicts, officers may have inadvertently interfered with another agency's investigation, placing officers or citizens at risk of being hurt or killed.

The deconfliction partners are diligently working to educate agencies and officers of the importance of deconfliction ultimately to increase usage. Deconfliction maximizes and safeguards resources, improves communications and collaboration among the law enforcement community, and helps to save lives and solve cases. The FY 2020 and FY 2021 targets for this measure (Percent of deconflict system conflicts identified by RISS through RISSafe) are 10 percent.

Data Validation and Verification

Data for the RISS Program are not reported in the PMT. The six RISS Centers and the RISS Technology Support Center (RTSC) report their performance information via the RISS Quarterly Database housed at the Institute for Intergovernmental Research (IIR), the technical assistance provider grantee for the RISS Program. IIR reviews and aggregates the data to develop a RISS-wide quarterly report as well as generating RISS Center reports (as part of IIR's reporting requirement for its grant requirements). The RISS Centers submit their individual reports to BJA through OJP's Grants Management System. At the end of the fiscal year, performance data for RISS is provided in quarterly reports and a FY-end report via IIR for the RISS program.

Program managers obtain data from these reports, telephone contact, and grantee meetings as a method to monitor IIR, the six RISS Centers, and the RTSC for grantee performance. Data are validated and verified through a review of grantee support documentation obtained by program managers.

Performance Measure 10A: Number of participants in the RSAT for State Prisoners Program - Phased out in FY 2019

Decision Unit: Residential Substance Abuse Treatment Program

Table 10A. Number of Participants in the RSAT Program

| CY 2017 Actual | CY 2018 Actual | CY 2019 Target | CY 2019 Actual |
|---------------------------|---------------------------|---------------------------|---------------------------|
| 19,628 | 22,684 | 22,000 | 31,454 |

Performance Measure 10b: Percent of Jail and Prison Based Program Participants That Successfully Completed the RSAT Program -New Measure in FY 2020

Table 10B. Percent of Jail and Prison Based Program Participants that Successfully Completed the RSAT Program

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 70% | TBD | 70% |

The RSAT Program, administered by BJA and created by the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322), assists state and local governments in developing and implementing residential substance abuse treatment programs (individual and group treatment activities) in correctional and detention facilities. The RSAT program must be provided in residential treatment facilities, set apart from the general correctional population, focused on the substance abuse problems of the inmate, and develop the inmate's cognitive, behavioral, social, vocational, and other skills to solve the substance abuse and related problems.

The RSAT program formula grant funds may be used for three types of programs; jail-based, residential (e.g., prison-based), or aftercare/programs services. For all programs, at least 10 percent of the total state allocation is made available to local correctional and detention facilities, provided such facilities exist, for either residential substance abuse treatment programs or jail-based substance abuse treatment programs as defined below.

- 1) Residential substance abuse treatment programs provide individual and group treatment activities for offenders in facilities that are operated by state correctional agencies;
- 2) Jail-based substance abuse programs provide individual and group treatment activities for offenders in jails and local facilities; and
- 3) Aftercare services must involve coordination between the correctional treatment program and other human service and rehabilitation programs, such as education and job training, parole supervision, halfway houses, self-help, and peer group programs that may aid in rehabilitation.

The goal of the RSAT program is to break the cycle of drug addiction and violence by reducing demand, use, and trafficking of illegal drugs. Through 2019, this was measured by looking at the total number of participants served in RSAT programs. The target for CY 2019 was 22,000 participants; which was exceeded by 9,454 participants. This is likely because the FY 2018 and FY 2019 appropriations were significantly higher than previous years which resulted in larger subawards to local jails and prison which were able to increase the number of participants served in RSAT programs. Additionally, the ongoing opioid epidemic resulted in an increasing need for RSAT programs.

Beginning in FY 2020, BJA is reporting on a new metric that is less sensitive to year-

to-year funding fluctuations. A larger portion of RSAT grant funding is used for jail-based and residential programs. A requirement of the RSAT program is for participants to receive programming for at least 3-months (jail programs) to 6-months (residential programs). Consequently, a measure of program retention is more appropriate: percent of jail- and prison-based program participants that successfully completed the RSAT Program. This measures program retention and fidelity to substance use treatment models while ensuring a minimum level of dosage/retention, which when combined with certain evidence-based practices show improved outcomes among participants.¹⁵ The FY 2020 and FY 2021 targets are 70 percent.

Data Validation and Verification

BJA implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees’ ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP’s Grants Management System, that is reviewed by BJA program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

The PMT has real-time data accuracy checks for out-of-range and inconsistent values. Data are validated and verified through a review by program managers, which include an additional level of validation conducted by analysts who review the data quarterly using statistical testing methods.

Performance Measure 11A: Number of participants in SCA-funded programs and 11B: Percent of participant exits from Improving Reentry for Adults with Substance Use Disorders program that are successful completions

Decision Unit: Second Chance Act Program

Table 11A. Number of participants in SCA-funded programs (Phased out in FY 2019)

| FY 2017 Actual | FY 2018 Actual | FY 2019 Target | FY 2019 Actual |
|---------------------------|---------------------------|---------------------------|---------------------------|
| 5,352 | 5,042 | 4,356 | 2,538 |

¹⁵ Advocates for Human Potential. (2017) *Promising Practices Guidelines for Residential Substance Abuse Treatment*. Advocates for Human Potential. Sudbury, MA.

Table 11B. Percent of participant exits from Improving Reentry for Adults with Substance Use Disorders program that are successful completions – New Measures in FY 2020

| FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|-----------------------|-----------------------|
| 60% | TBD | 60% |

The Second Chance Act of 2007 (Public Law 110-199) reformed the Omnibus Crime Control and Safe Streets Act of 1968. Subsequently, the First Step Act of 2018 included the reauthorization of the Second Chance Act (SCA) of 2007. The SCA is an investment in programs proven to reduce recidivism and the financial burden of corrections on state and local governments, while increasing public safety. The bill authorizes grants to units of state, local, or tribal government, and non-profit community organizations to provide employment and housing assistance, substance use treatment, and other services that help people returning from prison and jail to safely and successfully reintegrate into the community. The legislation provides support to eligible applicants for the development and implementation of comprehensive and collaborative strategies that address the challenges posed by reentry to increase public safety and reduce recidivism.

While BJA funds several separate SCA grant programs, to ensure the program has a drug nexus, only data from the Improving Reentry for Adults with Substance Use Disorders Program has been reported since FY 2017.¹⁶ This SCA grant program provides funding to units of state, local, or tribal government, and non-profit community organizations to implement or expand treatment in both pre- and post-release programs for individuals with substance use disorders. The goal of the SCA program is to help those previously incarcerated successfully reenter the community following criminal justice system involvement, by addressing their substance use and related challenges. The FY 2020 and FY 2021 targets are 60 percent.

Data Validation and Verification

BJA implemented the Performance Management Tool (PMT) on January 1, 2009, to support grantees’ ability to identify, collect, and report performance measurement data online for activities funded under their award. Grantees report data in the PMT and create a report, which they upload to OJP’s Grants Management System, that is reviewed by BJA program managers. Program managers obtain data from reports submitted by grantees (including the performance measures), telephone contact, and on-site monitoring of grantee performance.

The PMT has real-time data accuracy checks for out-of-range and inconsistent values. Data are validated and verified through a review by program managers, which include an additional level of validation conducted by analysts who review the data quarterly using statistical testing methods.

¹⁶ The Improving Reentry for Adults with Substance Use Disorders program was previously known as the SCA Improving Reentry for Adults with Co-Occurring Substance Abuse and Mental Illness. BJA planned to report on a new measure in FY 2020 aimed at the co-occurring population, but the goals of this program were changed and no longer have a co-occurring focus.



U.S. Department of Justice

Executive Office for United States Attorneys

Resource Management and Planning Staff

*Suite 6.500, 3CON Building
175 N Street, NE
Washington, DC 20530*

*(202) 252-1000
FAX (202) 252-1000*

**Performance Summary Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the United States Attorneys management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, we assert that the United States Attorneys system of performance reporting provides reasonable assurance that:

1. The United States Attorneys use the United States Attorneys' CaseView management system, to capture performance information accurately and was properly applied to generate the performance data.
2. The United States Attorneys do not set drug related targets, but report out actual statistics on two drug related performance measures.
3. The methodology described to report performance measures for the current year is reasonable given past performance and available resources.
4. The United States Attorneys have established at least one acceptable performance measure for each decision unit, as agreed to by ONDCP, for which a significant amount of obligations (\$1 million or 50 percent of the agency drug budget, whichever is less) were incurred in the previous fiscal year. Each performance measure considers the intended purpose of the National Drug Control Program activity.

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Jonathan Pelletier
Chief Financial Officer

1/26/2021

Date

**U.S. Department of Justice
United States Attorneys
Performance Summary Report
Related Performance Information
For Fiscal Year Ended September 30, 2020**

Performance Measures: Conviction Rate for Drug Related Offenses & Percentage of Defendants Sentenced to Prison

The United States Attorneys’ Offices (USAOs) investigate and prosecute the vast majority of criminal cases brought by the federal government including drug related cases. USAOs receive most of their criminal referrals, or “matters,” from federal investigative agencies, including the Federal Bureau of Investigation (FBI), the Drug Enforcement Administration (DEA), the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), the United States Immigration and Customs Enforcement (ICE), the United States Secret Service, and the United States Postal Inspection Service. The FY 2020 performance of the drug control mission of the USAOs within the Department of Justice is based on agency Government Performance and Results Act documents and other agency information.

The USAOs work in conjunction with law enforcement agencies 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 to deter continued illicit drug distribution and use in the United States. USAOs also work to dismantle criminal drug organizations through asset forfeiture, thereby depriving drug traffickers of the proceeds from their illegal activities. In recent years, USAOs have intensified their efforts to prosecute cases involving opioids, and in particular, fentanyl and fentanyl analogues, which have driven skyrocketing overdose rates during the past several years.

The USAOs do not set conviction rate targets. The USAOs report actual conviction rates to EOUSA through a case management system, known as United States Attorneys CaseView system. EOUSA categorizes narcotics cases prosecuted by the USAOs into two different types: Organized Crime Drug Enforcement Task Force (OCDETF) cases and non-OCDETF narcotics cases. In light of the attestation by the OCDETF Executive Office, EOUSA provides a summary report for only non-OCDETF narcotic cases in FY 2020:

| U.S. Attorneys | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|------------------------|--|
| Selected Measures of Performance | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target* | FY 2020 Actual | FY 2021 Target* | |
| » Conviction Rate for drug related defendants | 93% | 93% | 93% | NA | 92% | NA | |
| » Percentage of defendants sentenced to prison | 88% | 90% | 89% | NA | 88% | NA | |

* The USAOs do not set conviction rate targets. Therefore targets for FY 2021 are not available. Actual conviction rate for FY 2021 will be presented in the FY 2021 submission.

Data Validation and Verification

The Department of Justice views data reliability and validity as critically important in the planning and assessment of its performance. EOUSA makes every effort to constantly improve the completeness and reliability of its performance information by performing “data scrubs” (routine examination of current and historical data sets, as well as looking toward the future for trends) to ensure the data relies on to make day-to-day management decisions are as accurate and reliable as possible and targets are ambitious enough given the resources provided.

The Director, EOUSA, with the concurrence of the Attorney General's Advisory Committee, issued a Continuous Case Management Data Quality Improvement Plan on May 1, 1996. This program enhances the accuracy and reliability of data in CaseView, which is used for a wide variety of internal management awareness and accountability, and provides guidance for all personnel involved in the process (docket personnel, system managers, line attorneys and their secretaries, and supervisory attorney personnel), to meet current information gathering needs.

Established in 1995, the Data Integrity and Analysis Staff is the primary source of statistical information and analysis for EOUSA. Beginning in June 1996, all United States Attorneys must personally certify the accuracy of their data as of April 1 and October 1 of each year.



**Performance Summary Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the Organized Crime Drug Enforcement Task Forces (OCDETF) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the OCDETF system of performance reporting provides reasonable assurance that:

1. OCDETF has a system to capture performance information accurately and that system was properly applied to generate the performance data.
2. OCDETF failed to meet the reported performance targets for FY 2020. OCDETF was not able to meet its FY2020 targets as a result of the COVID-19 pandemic. This is due in large part to nationwide court closures and travel restrictions for more than half the year. Although OCDETF investigations have remained active throughout COVID-19, to effectively disrupt or dismantle a CPOT-linked organization requires a fully operational court system that has not existed during the COVID-19 pandemic. OCDETF calculates performance targets using a percentage of prior year actuals, therefore, the lasting effects of the COVID-19 pandemic will be factored into the FY2021 target.
3. The methodology described to establish performance targets for the current year is reasonable given past performance and available resources.
4. OCDETF has established at least one acceptable performance measure for each budget decision unit, as agreed to by ONDCP, for which a significant amount of obligations (\$1 million or 50 percent of the agency drug budget, whichever is less) were incurred in the previous fiscal year. Each performance measure considers the intended purpose of the National Drug Control Program activity.

SIMSHINDO
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Simshindo Msola, Principal Associate
Director

Date

**U.S. Department of Justice
Organized Crime Drug Enforcement Task Forces
Performance Summary Report
Related Performance Information
For Fiscal Year Ended September 30, 2020**

Performance Measure 1: Consolidated Priority Organization Target (CPOT)–Linked Drug Trafficking Organizations Disrupted and Dismantled

The disruption and dismantlement of a drug organization is a very complex operation that begins with investigative and intelligence activities by federal agents and culminates in federal prosecution of the parties involved. Therefore, the Office of National Drug Control Policy (ONDCP) agreed to the OCDETF Program reporting only one measure for both of the OCDETF Decision Units (Investigations and Prosecutions) as the efforts of both are needed to achieve the results tracked by the measure.

The goal of the OCDETF Program is to identify, investigate, and prosecute the most significant drug trafficking and money laundering organizations and their related enterprises, and to disrupt and dismantle the operations of those organizations in order to reduce the illicit drug supply in the United States. By disrupting and dismantling trafficking organizations that are CPOT-linked, OCDETF is focusing enforcement efforts against organizations that include heads of narcotic and/or money laundering organizations, poly-drug traffickers, clandestine manufacturers and producers, and major drug transporters, all of whom are believed to be primarily responsible for the domestic illicit drug supply. Additionally, the financial investigations conducted by OCDETF are focused on eliminating the entire infrastructure of CPOT-linked organizations and permanently removing the profits enjoyed by these most significant drug traffickers. Reducing the nation’s illicit drug supply and permanently destroying the infrastructure of significant drug trafficking organizations are critical pieces of the Attorney General’s Drug Strategy as well as the National Drug Control Strategy. By reporting on the number of CPOT-linked organizations being disrupted or dismantled, OCDETF clearly indicates the number of significant drug organizations that have been impacted by law enforcement efforts.

Table:

| | FY 2017 Actual | FY 2018 Actual | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|-----------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Dismantlements | * | 75** | *** | *** | *** | *** |
| Disruptions | * | 142 | *** | *** | *** | *** |
| Total | * | 217 | 245 | 213 | 165 | 172 |

* Due to changes in DEA’s reporting protocols and systems, the entire number for the Performance Measure is not available in FY 2017.

**The breakdown by agency is DEA with 56 and FBI with 20; there is an overlap of one case which reduces OCDETF’s total

***The Department now lists targets as a single, combined total of dismantlements and disruptions

Due to court closures and travel restrictions resulting from the Fiscal Year 2020 COVID-19 pandemic, OCDETF struggled to meet its targets disrupting and dismantling CPOT-linked drug trafficking organizations. OCDETF disrupted and dismantled 165 CPOT-linked organizations in FY 2020, roughly 22% below the target amount, which is a direct result of the lengthy nationwide shutdowns due to COVID-19. Although OCDETF investigations have remained active throughout COVID-19, to effectively disrupt or dismantle a CPOT-linked organization requires a fully operational court system that has not existed during the COVID-19 pandemic. Assuming the court system returns fully operational in FY21, OCDETF anticipates an increase in disruptions and dismantlements over our FY20 performance metrics.

The annual targets for the OCDETF Program's performance measures are determined by examining current year and prior year actuals. In addition to the historical factors, resources (including funding and personnel) are also taken into account when formulating a respective target. The FY 2021 OCDETF Disruptions and Dismantlements (D&D) target is based on the percentage of FY 2020 OCDETF D&Ds to FY 2020 Department D&Ds, and the Department's FY 2021 target. In FY 2020, OCDETF D&Ds accounted for 57.24% of the Department's disruptions and dismantlements. The Department's targets for FY 2021 is 300 disruptions and dismantlements. Therefore, the OCDETF D&D target for FY 2021 is 172 disruptions and dismantlements.

Data Validation and Verification

The CPOT List is updated semi-annually. Each OCDETF agency has an opportunity to nominate targets for addition to/deletion from the List. Nominations are considered by the CPOT Working Group (made up of mid-level managers from the participating agencies). Based upon the Working Group's recommendations, the OCDETF Operations Chiefs decide which organizations will be added to/deleted from the CPOT List. Once a CPOT is added to the List, OCDETF investigations can be linked to that organization. The links are reviewed and confirmed by OCDETF field managers using the OCDETF Fusion Center, agency databases, and intelligence information. Field recommendations are reviewed by the OCDETF Executive Office. In instances where a link is not fully substantiated, the sponsoring agency is given the opportunity to follow-up. Ultimately, the OCDETF Executive Office "un-links" any investigation for which sufficient justification has not been provided. When evaluating disruptions/dismantlements of CPOT-linked organizations, OCDETF verifies reported information with the investigating agency's headquarters.



U.S. Department of Justice

United States Marshals Service

Financial Services Division

Washington, D.C. 20530-1000

**Performance Summary Report
Management's Assertion Statement
For Fiscal Year Ended September 30, 2020**

On the basis of the United States Marshals Service (USMS) management control program, and in accordance with the guidance of the Office of National Drug Control Policy's (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019, we assert that the USMS system of performance reporting provides reasonable assurance that:

1. The USMS uses the Justice Detainee Information System (JDIS) to capture performance information accurately and this system was properly applied to generate the performance data.
2. Explanations offered for failing to meet a performance target and for any recommendations concerning plans and schedules for meeting future targets or for revising or eliminating performance targets is reasonable.
3. The methodology described to establish performance targets for the current year is reasonable given past performance and available resources.
4. The USMS has established at least one acceptable performance measure for each budget decision unit, as agreed to by ONDCP, for which a significant amount of obligations (\$1 million or 50 percent of the agency drug budget, whichever is less) were incurred in the previous fiscal year. Each performance measure considers the intended purpose of the National Drug Control Program activity.

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Holley O'Brien
Chief Financial Officer

Date

**U.S. Department of Justice
United States Marshals Service
Performance Summary Report
Related Performance Information
For Fiscal Year Ended September 30, 2020**

Performance Measure 1: Percent of Warrants Cleared for Drug-Related Charges

One primary function of the USMS is to execute court orders and apprehend fugitives. The Fugitive Apprehension decision unit undertakes these activities; the portions of which that are respondent to drug-related warrants support the National Drug Control Strategy. Through the development of programs such as the Major Case Fugitive Program, Regional Fugitive Task Forces, and International Fugitive Investigations, the USMS partners with state and local law enforcement and other law enforcement organizations to apprehend wanted individuals. Within the USMS organization, Deputy U.S. Marshals in the 94 federal judicial districts perform the majority of the apprehension work, while receiving support from headquarters divisions and partner organizations. Fugitives cleared / arrested include felony offense classifications for federal, and state and local warrants. The cleared percentage is calculated by dividing Drug-Related Fugitives Cleared by the number of Total Fugitives Cleared / Arrested.

| Fiscal Year | % Drug-Related Fugitives Cleared | Total Fugitives Cleared / Arrested | Drug-Related Fugitives Cleared |
|--------------------|---|---|---------------------------------------|
| 2017 Actual | 28.9% | 112,760 | 32,589 |
| 2018 Actual | 28.9% | 112,077 | 32,337 |
| 2019 Actual | 28.0% | 115,734 | 32,390 |
| 2020 Target | 29.5% | 115,546 | 34,064 |
| 2020 Actual | 25.0% | 100,117 | 24,978 |
| 2021 Estimate | 27.8% | | |

For FY 2021, the USMS estimates 27.8% of Total Fugitives Cleared / Arrested will be drug-related. Since the USMS does not control the warrant workload it receives in any given year, this estimate is calculated as an average of the past four years. It should not be viewed as a target or measure of the effectiveness of resource allocation or effort.

Data Validation and Verification

This data is queried from the Justice Detainee Information System (JDIS). System administrators perform a variety of checks and updates to ensure that accurate information is contained. The information on offenses and warrants is live, so information queried for year-end reporting is a snapshot-in-time. Due to continuous user activity in JDIS, the statistics in this report cannot be exactly replicated. The data in JDIS is dynamic, and the statistics are only current as of the date and time the report was compiled.¹

¹ JDIS data reports were generated October, 2020.

Performance Measure 2: Percent of Offenses in Custody for Drug-Related Charges

Another primary function of the USMS is to secure courthouses and detain prisoners during the judicial process. This is accomplished through the Judicial & Courthouse Security decision unit, and the portion of these activities respondent to drug-related offenders supports the National Drug Control Strategy. The Prisoner Security & Transportation decision unit carries out the detention-related work, the portion of which that relates to drug-related offenses supports the National Drug Control Strategy. Deputy U.S. Marshals throughout the 94 federal judicial districts perform the majority of the judicial security and detention work, while receiving support from headquarters divisions and coordinating with the Federal Bureau of Prisons for custody transfers. The Drug-Related Offenses in Custody percentage is calculated by dividing primary Drug-Related Offenses in Custody by the number of Total Offenses in Custody. This measure focuses on primary offenses.

| Fiscal Year | % Drug-Related Offenses in Custody | Total Offenses in Custody | Drug-Related Offenses in Custody |
|--------------------|---|----------------------------------|---|
| 2017 Actual | 21.4% | 91,133 | 19,509 |
| 2018 Actual | 16.3% | 118,488 | 19,367 |
| 2019 Actual | 16.5% | 127,546 | 21,076 |
| 2020 Target | 18.2% | 109,915 | 20,054 |
| 2020 Actual | 21.3% | 98,464 | 20,943 |
| 2021 Estimate | 18.6% | | |

For FY 2021, the USMS estimates 18.6% of Total Offenses in Custody will be for drug-related charges. Because the USMS does not control the nature of prisoner offenses in any given year, this estimate is calculated as an average of the past four years. It should not be viewed as a target or measure of the effectiveness of resource allocation or effort.

Data Validation and Verification

This data is queried from JDIS. System administrators perform a variety of checks and updates to ensure that accurate information is contained. The information on offenses and warrants is live, so information queried for year-end reporting is a snapshot-in-time. Due to continuous user activity in JDIS, the statistics in this report cannot be exactly replicated. The data in JDIS is dynamic, and the statistics are only current as of the date and time the report was compiled.²

Performance Measure 3: Per Day Jail Cost (non-federal facilities)

The USMS is responsible for the costs associated with the care of federal detainees in its custody. The Federal Prisoner Detention appropriation, and Detention Services decision unit, provide for the care of federal detainees in private, state, and local facilities, which includes housing, subsistence, transportation, medical care, and medical guard service. The USMS does not have performance measures for costs associated exclusively with housing the drug prisoner

² JDIS data reports were generated October, 2020.

population. The USMS has no control over the prisoner population count. While the USMS can report data on the specific number of detainees and corresponding offense, it cannot set a performance measure based on the size and make-up of the detainee population.

The Per Day Jail Cost is an overall performance measure that reflects the average daily costs for the total detainee population housed in non-federal facilities. Non-federal facilities refer to detention space acquired through Intergovernmental Agreements (IGA) with state and local jurisdictions and contracts with private jail facilities. The USMS established the Per Day Jail Cost performance measure to ensure efficient use of detention space and to minimize price increases. The average price paid is weighted by actual jail day usage at individual detention facilities. The FY 2020 per day jail cost was \$90.91, or \$4.62 above the target level. The difference between the 2020 Target and Actual can be attributed to lower than expected detention population, particularly in the Southwest Border area. Because of the lower than expected detention population, the USMS was unable to fully leverage low-cost detention space in the private detention facilities. Additionally, due to the decrease in the detention population in lower cost areas, there was a disproportionately higher population in higher cost areas. To regulate the average daily rate, the USMS negotiates rates with private facilities; limits the frequency of IGA adjustments; and utilizes federal bed space where available.

| Fiscal Year | \$ Per Day |
|--------------------|-------------------|
| FY 2017 Actual | \$83.54 |
| FY 2018 Actual | \$84.51 |
| FY 2019 Actual | \$85.23 |
| FY 2020 Target | \$86.29 |
| FY 2020 Actual | \$90.91 |
| FY 2021 Target | \$91.59 |

The FY 2021 target is based on the projected average price weighted by the projected prisoner population usage at individual detention facilities.

Data Validation and Verification

Data reported are validated and verified against monthly reports describing district-level jail utilization and housing costs prepared by the USMS. This data is queried from JDIS. System administrators perform a variety of checks and updates to ensure that accurate information is contained. The information on prisoner population is live, so information queried for year-end reporting is a snapshot-in-time. Due to continuous user activity in JDIS, the statistics in this report cannot be exactly replicated. The data in JDIS is dynamic, and the statistics are only current as of the date and time the report was compiled.³

³ JDIS data reports were generated in October, 2020.

Tab J



January 29, 2021

Mr. Jon Rice
Deputy Director for the Office of Performance and Budget
Division of Interagency Performance and Budget
Office of Budget and Performance
Office of National Drug Control Policy
Executive Office of the President
Washington, D.C. 20503

Mr. Rice –

Please find attached the Department of Labor’s (DOL) FY 2020 Budget Formulation, Detailed Accounting, and Performance Summary Reports (Report).

In accordance with the “ONDCP Circular, National Drug Control Program Agency Compliance Reviews”, issued October 22, 2019, DOL affirms the assertions identified below are fairly presented in all material respects with the ONDCP established criteria. As the Department’s FY 2020 obligations for drug-related activities fall below the threshold of \$50 million, an Inspector General attestation is not required and therefore does not accompany the DOL Report.

Timeliness and Accurate Reporting of Budget Levels

DOL affirms that an FY 2022 Summer Drug Budget Transmittal Letter and an FY 2022 Summer Budget Resource Summary Table were provided to ONDCP. DOL affirms that the Summer Letter and Resource Summary Table were provided to ONDCP around the same time as that budget request was submitted to DOL superiors. DOL affirms that a budget submission was provided without alteration or adjustment by any official at the Department.

Detailed Accounting Report (DAR)

DOL affirms that the data and information presented on prior year obligations has been reported to the best of the Department’s ability. This specifically entails and refers to obligations by budget decision unit, drug methodology (data and financial systems), application of drug methodology, material weaknesses or other findings, methodology modifications, reprogrammings or transfers, and fund control notices.

Performance Summary Report (PSR)

DOL affirms that the performance data has been reported to the best of the Department’s ability. This specifically entails and refers to a performance reporting system that is appropriate and applied, reasonable explanations for not meeting any performance targets, reasonable and consistently applied methodology to establish performance targets, and ensuring adequate performance measures exist.

U.S. Department of Labor

**Office of the Assistant Secretary
for Administration and Management
Washington, D.C. 20210**



If you have any questions, please contact Mark Wichlin at (202) 693-4070.

Sincerely,

Geoffrey Kenyon
Deputy Assistant Secretary for Budget and Performance

DEPARTMENT OF LABOR
Employment and Training Administration
Dislocated Worker National Reserve
Accounting and Performance Summary

| Budget Authority (in Millions) | | |
|--|--------------------|------------------|
| Resource Summary | PY 2019 Enacted | PY 2019 Final |
| Drug Resources by Function | \$32.3 | \$32.3 |
| National Health Emergency Grants | | |
| Drug Resources by Decision Unit | | |
| National Health Emergency Grants | \$32.3 | \$32.3 |

The HHS declaration of opioid abuse as a national health emergency permits the Department to award Disaster Recovery Dislocated Worker grants. This appropriation may be used for these grants until HHS's health emergency declaration expires.

DRUG METHODOLOGY

Opioid abuse impacts both employed and unemployed workers. Research has shown that the number of opioid prescriptions correlates in many areas with a reduction of labor force participation rates, as well as an increase in unemployment rates coincident with increases in opioid-related hospitalizations, although it is unclear whether opioid addiction is a cause of unemployment or an effect of scarce employment opportunities. Additionally, lost workforce productivity in American businesses as a result of opioid abuse—as demonstrated through diminished job performance, absenteeism, incarceration, and even death—has approached \$20 billion annually. Researchers have estimated lost wages due to overdose deaths at \$800,000 per person.

In Program Year 2019, the Department was appropriated \$220.9 million for the National Dislocated Worker Grant budget activity. During Program Year 2018, the Department provided guidance for how states can apply for National Health Emergency (NHE) Disaster Recovery Dislocated Worker Grants (DWGs) to respond to the opioid crisis. Disaster Recovery DWGs are intended to create temporary employment opportunities aimed at alleviating humanitarian and other needs created by the opioid crisis. Grantees may also use these funds to provide services to reintegrate into the workforce eligible participants affected by the crisis and train individuals to work in mental health treatment, addiction treatment, and pain management. Successful opioid Disaster Recovery DWG projects will accomplish the following: facilitate community partnerships that are central to dealing with this complex health crisis; provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis; ensure timely delivery of appropriate, necessary career, training, and support activities; and create temporary disaster-relief employment that addresses the unique impacts

of the opioid crisis in affected communities. In FY 2020, the Department announced the availability of up to \$20 million in competitive grants under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act, P.L. 115-271).

The Dislocated Worker National Reserve runs on a program year. Funds appropriated for Program Year 2019 were available for obligation from July 1, 2019 through September 30, 2020. During Program Year 2019, the Department obligated grant awards totaling \$32.3 million to address the opioid crisis. Of this total, \$19.6 million was for the SUPPORT Act competitive grants.

METHODOLOGY MODIFICATIONS

The Department has no information to report for this section.

MATERIAL WEAKNESSES OR OTHER FINDINGS

The Department has no information to report for this section.

REPROGRAMMINGS OR TRANSFERS

The Department has no information to report for this section.

OTHER DISCLOSURES

The Department has no information to report for this section.

PERFORMANCE MEASURES

Successful opioid crisis Disaster Recovery DWG projects will facilitate community partnerships that are central to dealing with this complex public health crisis; provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis; ensure the timely delivery of appropriate, necessary career, training, and support activities to dislocated workers, individuals laid off due to the opioid crisis, long-term unemployed individuals, and self-employed individuals who are unemployed or significantly underemployed as a result of the opioid public health emergency; and create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

The grants have a two-year period of performance. Grants awarded during Program Year 2019 will run through Program Year 2021 (FY 2022).

Current Year Performance Targets

| National Reserve | | |
|--|----------------|------------------|
| Selected Measures of Performance | PY 2019 Target | PY 2019 Achieved |
| » Number of people served | Baseline | 4,853 |
| » Employment rate, second quarter after exit | Baseline | 64.9% |
| » Employment rate, fourth quarter after exit | Baseline | 62.7% |

Quality of Performance Data

The National Reserve runs on a program year, with FY 2019 money available for federal obligation from July 1, 2019 through September 30, 2020. Outcome measurements are calculated after participants exit from the program, and by definition, are unable to be reported until the conclusion of the services.

**Employment and Training Administration
Office of Job Corps
Accounting and Performance Summary**

| Budget Authority (in Millions) | | |
|--|--------------------|------------------|
| Resource Summary | PY 2019 Enacted | PY 2019 Final |
| Drug Resources by Function | \$6.0 | \$6.0 |
| Prevention | | |
| Drug Resources by Decision Unit | | |
| Trainee Employment Assistance Program (TEAP) | \$5.3 | \$5.3 |
| Drug Testing Contract Support | \$0.7 | \$0.7 |

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 16-24. There are currently 121 Job Corps centers nationwide in 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 (TEAP), which includes components for drug prevention and drug education activities as related to job preparation for Job Corps program participants.

DRUG METHODOLOGY

The Office of Job Corps’ (OJC) expenditures for the TEAP program are for counselors to prepare Job Corps program participants for employment, including: education on the implications 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 the full cost of drug testing each individual student upon entry.

METHODOLOGY MODIFICATIONS

Job Corps implemented a Spring Break from March 16, 2020 to May 10, 2020 and sent all active students home to protect them from the COVID-19 pandemic. From May 11, 2020 until now, Job Corps has operated in a predominantly virtual status except for a small number of students who remain on select centers. Job Corps suspended all drug testing but continued to provide services to all students, virtually or physically, in the areas of TEAP, mental and physical health. Once Job Corps students return to campus, drug testing will be reinstated.

MATERIAL WEAKNESSES OR OTHER FINDINGS

The Department has no information to report for this section.

REPROGRAMMINGS OR TRANSFERS

The Department has no information to report for this section.

OTHER DISCLOSURES

The Department has no information to report for this section.

PERFORMANCE MEASURES

The Job Corps program performance is outcome oriented, primarily focused on ETA's Government Performance and Results Act (GPRA) and other agency goals. This program, because of its authorization and appropriation, operates on a program year (PY) basis. Funds appropriated in FY 2019 are available from July 1, 2019 through June 30, 2020. In PY 2019, 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. Since Job Corps is not a drug-treatment program, its measures are not related to drug education program success. The tables below include selected Job Corps performance measures, targets and achievements related to education, and employability for the most recent program years for which data are available.

The percent of students tested for drugs upon entry to campus is 100%. Job Corps provides drug testing to every new enrollee to ensure adherence to the Job Corps Zero Tolerance policy, relating to drugs and violence. 78% of students are placed in employment, military or higher education at exit. This is Job Corps' primary performance measure on how successfully Job Corps' academic education, career technical training and social skills development programs have influenced students' progression towards labor market participation. It is one of the common measures used by all the training programs in ETA.

Prior Year Performance Targets and Results

| Job Corps | | | | | | |
|--|-------------|---------------|-------------|---------------|-------------|---------------|
| Selected Measures of Performance | PY16 Target | PY16 Achieved | PY17 Target | PY17 Achieved | PY18 Target | PY18 Achieved |
| Percent of Students tested for drugs upon entry | 100% | 100% | 100% | 100% | 100% | 100% |
| Percent of Students placed in employment, military or higher education at exit | * | * | * | * | Baseline | 73.0% |

*Not a reportable measure in PY 2016 or PY 2017, as the updated measure was refined under Workforce Innovation and Opportunity Act (WIOA). The Department is baselining the measure through PY 2019.

Current Year Performance Targets

| Job Corps | | |
|---|----------------|------------------|
| Selected Measures of Performance | PY 2019 Target | PY 2019 Achieved |
| » Percent of students tested for drugs upon entry | 100% | N/A |

*Due to the pandemic, Job Corps operated in predominantly virtual status for the second half of PY 2019 and all drug testing were suspended.

Quality of Performance Data

The performance data provided are accurate and complete. All toxicology test results are maintained in the CIS database at the Job Corps Data Center and retrieved as needed for external/internal reporting. For the student placement measure, the data is from Job Corps' Center Information System (CIS) which collects data from all centers on a daily basis. CIS has built-in data validations to ensure data fields are accurate, non-duplicative and sensible. Student placement is one of the three measures in the Job Corps Common Measures Report which is aligned with all federal agencies providing training services to youths.

Office of Workers' Compensation Programs
Special Benefits
Accounting and Performance Summary

| Budget Authority (in Millions) | | |
|--|--------------------|------------------|
| Resource Summary | FY 2020 Enacted | FY 2020 Final |
| Drug Resources by Function | \$7.8 | \$7.8 |
| Prevention | | |
| Drug Resources by Decision Unit | | |
| Prescription Management Unit | \$6.8 | \$6.8 |
| Pharmacy Benefit Management Services | \$1.0 | \$1.0 |

MISSION

The Department of Labor’s Office of Workers’ Compensation Programs (OWCP) administers the Federal Employees’ Compensation Act (FECA), as amended, with extensions. The Special Benefits fund comprises two accounts, one of which represents obligations for benefits under the FECA. The Special Benefits funding provides resources necessary to meet required payments for compensation, medical costs, vocational rehabilitation, and other benefits made to eligible federal employees or their survivors as mandated by the FECA. Under extensions of FECA, the program also pays benefits to certain groups such as War Hazards Compensation Act claimants, non-Federal law enforcement officers, Job Corps enrollees, and certain Federally supported volunteers. As a component of providing payments for reasonable and necessary medical treatment related to the accepted work injury, OWCP may consider the medical necessity of opioids while reducing the potential for opioid misuse and addiction among injured federal workers.

DRUG METHODOLOGY

The \$6,795,000 and 53 FTE provided in FY 2020 helped address the growth in opioid use nationwide and enhance the integrity of the Federal Employees program. The Federal Employees program continued to make staffing decisions to improve monitoring of opioid drug use among injured workers receiving benefits under the FECA. This unit monitored and approved opioid prescriptions so that injured workers only receive opioids that are medically necessary, and have the chance to appropriately reduce high dosages that carry risk of overdose or create dependence. Additionally, this effort supports the President’s strategic drug control initiatives, the Secretary’s initiative on combatting the opioid epidemic, and the Office of National Drug Control Policy priority, “Addressing the Nation’s Opioid Use Crisis and Overdose Epidemic.”

The \$974,000 and 5 FTE provided in FY 2020 was used to manage the acquisition and use of Pharmacy Benefit Management (PBM) services. PBM services implemented drug controls that improved the safety, quality, and cost-effectiveness of prescription care provided to claimants across the four agency programs. Additionally, the drug controls offered by a PBM reduced the costs of treatment to all federal agencies covered by the FECA, and for other OWCP programs as well. This initiative continues to support the PMA priority of sharing quality services.

This initiative enabled the program to approve medically appropriate use of opioid medication and provide beneficiaries assistance in transitioning to alternative treatments as appropriate. Decreasing opioid use has assisted in return-to-work efforts for instances where medication usage limits activity, leading to greater savings on wage-loss compensation payments. It will also assist the program in certifying the necessity of payments made for medical treatment under the FECA.

METHODOLOGY MODIFICATIONS

The Department has no information to report for this section.

MATERIAL WEAKNESSES OR OTHER FINDINGS

The Department has no information to report for this section.

REPROGRAMMINGS OR TRANSFERS

The Department has no information to report for this section.

OTHER DISCLOSURES

The Department has no information to report for this section.

PERFORMANCE MEASURES

Prior Year Performance Targets and Results

| Special Benefits | | | | | | | | |
|---|--------------------|----------------------|--------------------|----------------------|--------------------|----------------------|--------------------|----------------------|
| Selected Measures of Performance | FY16 Target | FY16 Achieved | FY17 Target | FY17 Achieved | FY18 Target | FY18 Achieved | FY19 Target | FY19 Achieved |
| Percent Reduction of New Opioid Prescriptions Lasting Over 29 Days | N/A | N/A | N/A | 20% | 24% | 59% | 30% | 66% |
| Number of Letters of Medical Necessity processed for opioid medications | N/A | N/A | N/A | N/A | Baseline | 1,125 | N/A | 1,736 |

Program initiated in FY 2018 with passage of P.L. 115-141, signed March 23, 2018.

Current Year Performance Targets

| Special Benefits | | |
|--|-----------------------|-------------------------|
| Selected Measures of Performance | FY 2020 Target | FY 2020 Achieved |
| » Percent Letters of Medical Necessity for New Opioid Users Processed within Three Business Days | 93% | 96% |
| » Number of Letters of Medical Necessity Processed for Opioid Medications | 2,200 | 2,526 |

Quality of Performance Data

The performance data provided are accurate and complete.

Tab K



United States Department of State
*Bureau for International Narcotics and
Law Enforcement Affairs*
Washington, D.C. 20520

UNCLASSIFIED

March 1, 2021

Regina LaBelle
Acting Director
Office of National Drug Control Policy
Washington, D.C. 20503

Dear Ms. LaBelle:

In accordance with the Office of National Drug Control Policy (ONDCP) Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, the U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) is submitting its Budget Formulation Compliance package.

In accordance with Section 6 on Budget Formulation Compliance, I certify that INL's FY 2022 Summer Budget Submission was submitted to ONDCP on a timely basis and that the funding levels therein represent INL's request provided to OMB on September 14, 2020.

Additionally, in accordance with the ONDCP Circular, dated October 22, 2019, the U.S. Department of State's INL is submitting its Accounting and Authentication of FY 2020 Drug Control Funds and Related Performance Report.

In accordance with ONDCP Circular dated October 22, 2019, Section 7 financial disclosures and assertions in the attached report, to the best of my knowledge all of the information presented for INL is true and correct and I concur with all assertions associated with INL in Section 7. For the purposes of Section 8(a)(b)(c), program performance disclosures and assertions, I have no reason to object to the assertions given by others as these assertions seem reasonable to me.

UNCLASSIFIED

Please reach out if you have any questions.

Sincerely,

Erin M. Barclay

Erin M. Barclay
Executive Director
Bureau of International Narcotics
and Law Enforcement Affairs

Attachments

- Tab 1) INL Accounting and Authentication of Drug Control Funds and Related Performance Report
- Tab 2) INL FY 2022 ONDCP Summer Budget Transmittal Letter
- Tab 3) INL FY 2022 ONDCP Summer Budget and Performance Summary Report

**U.S. Department of State
Bureau of International Narcotics and Law Enforcement Affairs**

**Accounting and Authentication of FY 2020 Drug Control Funds and
Related Performance Report**

Reference: ONDCP Circular: National Drug Control Program Agency Compliance Reviews, release October 22, 2019.

SECTION 6. Budget Formulation Compliance Report

Section 6(a). Summer Budget Formulation Information

Section 6(a)(1). Summer Drug Budget Formulation Transmittal Letters

Attached to this report is copy of our FY 2022 Summer Drug Control Budget submission transmittal letter dated July 13, 2020.

Section 6(a)(2). Summer Drug Budget Resource Summary Table

Below is the table submitted to ONDCP under ONDCP Circular: Budget Formulation 9(a)(2).

RESOURCE SUMMARY

| Budget Authority (in Millions) | | | |
|---|-------------------------------|----------------------------|--|
| | FY 2020 Estimate** | FY 2021 Request | FY 2022 Bureau Resource Request |
| Drug Resources by Function | | | |
| International | \$412.537 | \$441.358 | |
| Total Drug Resources by Function | \$412.537 | \$441.358 | |
| Drug Resources by Decision Unit | | | |
| International Narcotics Control and Law Enforcement (INCLE) | \$412.537 | \$441.358 | |
| Total Drug Resources by Decision Unit | \$412.537 | \$441.358 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 122 | 196 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions)* | \$37.3 | \$27.6 | |
| Department of State Drug Resources Percentage | 1.1% | 1.6% | |

* Total Agency Budget is the entire foreign assistance budget (both State and USAID).

** The FY 2020 level is an estimate based on FY 2019 levels that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2020 appropriation.

Section 6(b). Assertions

Section 6(b)(1). Timeliness of Summer Budget Submission

I assert that INL submitted the summer drug budget to ONDCP for FY 2022 under the attached cover letter provided in response to section 6.a.(1) in response to ONDCP Circular: Budget Formulation, section 9.a.(1) was provided to ONDCP at the same time the request being submitted to superiors in accordance with 21 U.S.C. § 1703 (c)(1)(A).

Section 6(b)(2). Funding Levels Represent Bureau-Level Request

I assert the INCLE funding request submitted to ONDCP provided in section 6.a.(2) of this circular represent the funding levels in the budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.

SECTION 7. Detailed Accounting Report

The Department is providing a Detailed Accounting Report on the drug control program obligations of the Bureau of International Narcotics and Law Enforcement Affairs (INL) in accordance with Section 7(a) of the ONDCP Circular: National Drug Control Program Agency Compliance Reviews. The Detailed Accounting Report consists of this report, which includes (a) a table highlighting prior year drug control obligations data, and (b) a narrative section making assertions regarding the prior year obligations data.

Section 7(a). Drug Control Funding Obligations

Section 7(a)(1). Table of Prior Year Drug Control Obligations

The following table presents the obligations of the drug control budgetary resources appropriated and available in FY 2020 by Drug Control Function and Budget Decision Unit.

Bureau of International Narcotics and Law Enforcement Affairs
Drug Control Obligations
(\$Millions)

| | <u>FY 2020 Actual</u> |
|---|------------------------------|
| Drug Resources by Drug Control Function* | |
| International | 618.680 |
| Total | 618.680 |
| Drug Resources by Decision Unit | |
| International Narcotics Control and Law Enforcement (INCLE) | 618.680 |
| Total | 618.680 |

Total INCLE Budget

2,976.573

* Includes total of all FY 2020 obligations for all fiscal years.

Section 7(a)(2). Drug Methodology

The Department's accounting system tracks obligations through a combination of the appropriation, point limitation, function code, allotment code, and project code. This arrangement separates all the drug control obligations being reported from other funds managed by INL. The accounting reports reflect net negative amounts when obligations and their associated expenditures and deobligations occur in different fiscal years. Thus, all expenditures and deobligations that occurred in the current year (FY 2020) that are associated with original obligations that occurred in a prior year (e.g., FY 2019), would result in a negative obligation. The report required in Section 6.a. Summer Budget Formulation Information Submission requests the Drug Personnel Summary.

Section 7(a)(3). Methodology Modifications

There were no modifications to the drug methodology from the previous year.

Section 7(a)(4). Material Weaknesses or Other Findings

The Department received an unmodified ("clean") audit opinion of its FY 2020 Financial Statements, with no material weaknesses in internal controls over financial reporting identified by the Independent Auditor. The Department maintains a robust system of internal controls that are validated by senior leadership. For FY 2020, no material weaknesses in internal controls were identified by senior leadership and no material weaknesses in internal controls over financial reporting were identified by the Senior Assessment Team or the Management Control Steering Committee. As a result, the Secretary was able to provide reasonable assurance on the effectiveness of the Department's overall internal controls and the internal controls over financial reporting in accordance with the Federal Managers' Financial Integrity Act.

Section 7(a)(5). Reprogrammings or Transfers

For this reporting period, INL and the Department processed a total of 20 reprogramming actions that resulted in a net increase of drug-related budgetary resources during FY 2020 by a total of \$55,823,900, comprising an increase of \$78,457,000 and a decrease of \$22,633,100 in FY 2015 and FY 2019 INCLE and INCLE-OCO funds. This net increase is based on reprogramming actions between the drug-related program areas, i.e., Counternarcotics (PS.3) and the non-drug -related program areas, i.e., Transnational Threats and Crime (PS.4), Citizen Security and Law Enforcement (PS.9), and Rule of Law (DR.1).

All reprogramming instances for FY 2015 and 2019 are delineated in the table below. The "Source Program" and "Recipient Program" columns show the country or regional operating

unit affected by the reprogramming and the “Program Area” and "Amount" columns reflects whether that country gained (“to PS.3”) or lost (“from PS.3”) Counternarcotics funds.

| FY | Account | Source Program | Recipient Program | Program Area | Amount |
|----------------------------|----------------|------------------------|----------------------------|---|---------------------|
| FY 2019 | INCLE | Unallocated | Colombia | PS.4 to PS.3 | \$81,393,000 |
| FY 2019 | INCLE | Unallocated | Colombia | PS.3 to DR.1 | \$(2,500,000) |
| FY 2019 | INCLE | Unallocated | Colombia | PS.3 to PS.9 | \$(5,850,000) |
| FY 2019 | INCLE | Pakistan | Ecuador | PS.3 to PS.9 | \$(3,000,000) |
| FY 2015 | INCLE-OCO | Afghanistan | Africa Reg Sahel WARSI | PS.3 to PS.9 | \$(1,770,000) |
| FY 2015 | INCLE-OCO | Afghanistan | Lebanon | PS.3 to PS.9 | \$(5,000,000) |
| FY 2015 | INCLE-OCO | Afghanistan | Ukraine | PS.3 to PS.9 | \$(4,000,000) |
| FY 2015 | INCLE-OCO | Pakistan | State AF Reg WARSI | PS.3 to PS.9 | \$(1,000,000) |
| FY 2015 | INCLE-OCO | Pakistan | Tunisia | PS.3 to PS.9 (\$650K) and DR.1 (\$150K) | \$(800,000) |
| FY 2015 | INCLE-OCO | Pakistan | Ukraine | PS.3 to PS.9 (\$1.060M) and DR.1 (\$140K) | \$(1,200,000) |
| FY 2019 | INCLE | CARSI - Belize | CARSI - Belize | PS.3 to PS.9 | \$(250,000) |
| FY 2019 | INCLE | CARSI - Panama | CARSI - Panama | PS.9 to PS.3 | \$500,000 |
| FY 2019 | INCLE | Burma | Washington PD&S | PS.3 to PS.3 | \$(58,000) |
| FY 2019 | INCLE | Afghanistan | Washington PD&S & CARSI | PS.3 to PS.3 | \$(3,900,000) |
| FY 2019 | INCLE | Afghanistan | CARSI | PS.3 to PS.3 | \$860,000 |
| FY 2019 | INCLE | Afghanistan & Burma | Washington PD&S | PS.3 to PS.3 | \$3,098,000 |
| FY 2019 | INCLE | Afghanistan | Washington PD&S | PS.3 to PS.3 | \$(1,115,100) |
| FY 2019 | INCLE | Afghanistan | Washington PD&S | PS.3 to PS.3 | \$745,000 |
| FY 2019 | INCLE | Mexico | Peru | PS.3 to PS.3 | \$(540,000) |
| FY 2019 | INCLE | Mexico | Peru | PS.3 to PS.3 | \$211,000 |
| Net CN Increase | | | | | \$55,823,900 |

Section 7(a)(6). Other Disclosures

All drug related reprogramming actions are included in the table above, however the Department is only required to obtain approval from ONDCP for actions that exceed \$5,000,000 or 10 percent of the program requirements. There are no other disclosures to report.

Section 7(b) Assertions

Section 7(b)(1). Obligations by Budget Decision Unit

I assert that obligations reported by budget decision unit are the actual obligations from the bureau's accounting system of record for these Budget Decision Units.

Section 7(b)(2). Drug Methodology

I assert that the drug methodology used to calculate obligations of prior year budgetary resources is reasonable and accurate, that the data presented is complete and reliable, and that the financial systems supporting the drug methodology yield data that fairly present, in all material respects, aggregate obligations presented in the Table of Prior Year Obligations.

Section 7(b)(3). Application of Drug Methodology

I assert that the drug methodology disclosed in Section 7(a)(2) was the actual methodology used to generate the table required by Section 7(a)(1), that the calculations are sufficiently documented to independently reproduce these data, and the calculation provides a means to ensure consistency of data between reporting years.

Section 7(b)(4). Material Weaknesses or Other Findings

I assert that all material weaknesses or other findings by independent sources, or other known weaknesses which may affect the presentation of prior year drug-related obligations as required by Section 7.a.(4) have been disclosed.

Section 7(b)(5). Methodology Modifications

I assert that no modifications were made to the methodology for reporting drug control resources from the previous year's reporting.

Section 7(b)(6). Reprogrammings or Transfers

I assert that the data presented are associated with obligations against a financial plan that was approved by ONDCP for all drug-related resources in accordance with their policy to approve counternarcotics-related reprogramming actions above \$5,000,000 or more than 10 percent of the program. This is in addition to other reprogramming actions that do not require ONDCP approval included in the table in section 7(a)(5).

Section 7(b)(7). Fund Control Notices

ONDCP did not issue any Fund Control Notices to the Department in FY 2020.

SECTION 8. Performance Summary Report

The performance data for Department of State Bureau of International Narcotics and Law Enforcement Affairs (INL)'s attestation on the reduction of illegal narcotics such as the number of Poppy Free and Poppy Reducing Provinces in Afghanistan, hectares of coca in Mexico,

Colombia, Peru, and our Drug Demand Reduction program (DDR) ,which seeks to professionalize the drug prevention, treatment and recovery workforce through the development and dissemination of evidence-based trainings and technical assistance. The data captured and provided in this report is collected either on a calendar year (CY) basis or by fiscal year (FY). In the case for Afghanistan, the number of Poppy Free and Poppy Reducing Provinces in Afghanistan, is collected and measured by fiscal year (FY). The Hectares of Coca Eradicated in Colombia and Peru, in addition to the hectares of opium poppy cultivated in Mexico and increasing the number of credentialed professionals over prior year totals for our Drug Demand Reduction program, are collected and measured on a calendar year (CY) basis. This presents some challenges when trying to provide data for the most recent Fiscal Year (FY), which is FY 2019 for the purposes of this report.

Section 8 (a) Performance Reporting: Afghanistan

Section 8 (a)(1). Performance Measures

Measure Description: Reduce cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces and Provinces Reducing Cultivation.

Purpose of the program: Afghanistan consistently produces over 80 percent of the world's opium. Anti-government actors derive significant financial benefit from poppy cultivation, production, and trafficking. Narcotics-derived revenue increases corruption, undercuts the licit economy, damages trust in public institutions, and creates a major health crisis. Domestic drug use severely undermines Afghanistan's economic growth and societal development. Utilizing new and existing funding, INL's counternarcotics program in Afghanistan addresses these issues through a holistic combination of supply side and demand side programming, including interdiction, alternative development, drug demand reduction, public information, and capacity building. INL programs reinforce Afghan government effectiveness and increases pressure on the insurgency by denying revenue generated from the illicit narcotics trade.

Contribution to National Drug Control Strategy: The program contributes to the National Drug Control Strategy's goal of collaborating with international partners to disrupt the drug trade by partnering with the Afghan government to support interdiction and eradication, build institutional capability, support economic alternatives to drug cultivation, and promote collaborative efforts in prevention, treatment, and research, thereby assisting global partners in acquiring the capabilities to overcome the consequences of drug abuse.

How is this measure outcome-oriented? The measure tracks the number of Poppy Free Provinces and Provinces Reducing Cultivation in Afghanistan, which can be a reflection of the Afghan government's capacity to reduce illicit crop cultivation, drug trafficking, and drug consumption, thereby disrupting a key source of funding to the insurgency and promoting security and governance in Afghanistan. Afghanistan's poppy crop is quite large and its farmers respond to price signals e.g., planting less when the market is glutted.

How is this measure used by program managers? This measure is used as a general guide in annual program planning and targeting, by program managers focusing on reducing cultivation

DEPARTMENT OF STATE

RESOURCE SUMMARY

| Budget Authority (in Millions) | | | |
|--|-----------------------|--------------------|---------------------------------------|
| | FY 2020 Estimate** | FY 2021 Request | FY 2022 Bureau Resource Request |
| Drug Resources by Function | | | |
| International | \$412.537 | \$441.358 | |
| Total Drug Resources by Function | \$412.537 | \$441.358 | |
| Drug Resources by Decision Unit | | | |
| International Narcotics Control and Law Enforcement (INCLE) | \$412.537 | \$441.358 | |
| Total Drug Resources by Decision Unit | \$412.537 | \$441.358 | |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 122 | 196 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions)* | \$37.3 | \$27.6 | |
| Department of State Drug Resources Percentage | 1.1% | 1.6% | |

* Total Agency Budget is the entire foreign assistance budget (both State and USAID).

** The FY 2020 level is an estimate based on FY 2019 levels that does not reflect decisions on funding priorities. Allocations are not yet available for the enacted FY 2020 appropriation.

PROGRAM SUMMARY

Mission

The Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) is responsible for the Department's counter drug activities. INL's mission is to keep Americans safe at home by countering transnational crime, the cultivation, production, and trafficking of illicit drugs, and instability abroad. INL helps countries address these threats by providing assistance to develop and strengthen their counternarcotics, law enforcement, and justice institutions. INL's efforts are directed at reducing the impact of crime and preventing illicit trafficking of drugs, such as cocaine, methamphetamine, heroin, and synthetic opioids, including fentanyl and its analogues from reaching U.S. shores.

INL publishes the U.S. government International Narcotics Control Strategy Report (INCSR) and develops, implements, and monitors foreign assistance programs that advance U.S. counternarcotics priorities. INL programs are designed to advance international cooperation in order to reduce the foreign production and trafficking of illicit coca, opium poppy, marijuana, and synthetic 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 supports drug use and demand reduction, prevention and treatment programs, and projects designed to increase public awareness of the drug threat to strengthen the international coalition against drug trafficking. INL's aviation program assists with drug crop eradication, surveillance, and counterdrug enforcement operations.

Projects funded by INL are also directed at sustainably improving foreign partners' capabilities in law enforcement and intelligence gathering, increased drug interdictions; effective investigations, prosecutions, and convictions of major narcotics criminals; and breaking up major drug trafficking organizations. These activities enable foreign governments to serve as stronger partners with U.S. law enforcement and criminal justice agencies in investigating and prosecuting transnational crime. INL is responsible for foreign policy formulation and coordination to advance diplomatic initiatives in counternarcotics and transnational crime in the international arena.

Methodology

The Department of State – through INL – supports counter drug activities through foreign assistance appropriated for the International Narcotics Control and Law Enforcement (INCLE) foreign assistance account and, where appropriated for such purposes, the Assistance for Europe, Eurasia, and Central Asia (AEECA) account. The Department allocates all foreign assistance funding according to the Foreign Assistance Standardized Program Structure. INCLE and INL-implemented AEECA resources are allocated to achieve the Peace and Security and the Democracy, Human Rights, and Governance program objectives. Within the Peace and Security objective, INCLE and INL-implemented AEECA resources support the Civilian Security and Law Enforcement, Counternarcotics, and Transnational Threats and Crime program areas. The Department scores as drug control everything that is allocated under the Counternarcotics program area. INL tracks the performance activity of various programs across the world that are either counternarcotics programs or have other direct or indirect links to the counternarcotics capacity of that host nation.

Budget Summary

In the FY 2022 Bureau Resource Request, the Department requested [REDACTED] from the FY 2021 Request of \$427.289 million.

In support of the President's agenda that prioritizes the well-being of Americans, bolsters U.S. national security, secures our borders, and highlights U.S. economic interests, the FY 2022 INCLE request concentrates resources where they offer the most value and impact to U.S. national security priorities. INCLE resources for counternarcotics will focus on programs that directly deter the flow of illegal drugs, including fentanyl and other opioids as well as cocaine, to the United States. To this end, Colombia remains INL's top priority with particular focus on supporting the Colombian government's integrated eradication program. In addition to Colombia, INL's major drug control priority remains addressing the opioid epidemic. In 2018, more than 46,802 drug overdose deaths in the United States involved an opioid. Two out of three opioid-involved overdose deaths involved a synthetic opioid such as fentanyl and more than 15,000 deaths

fentanyl, methamphetamine, and other illicit drugs. Funds will train and equip Mexican law enforcement and security agencies to identify and dismantle clandestine drug laboratories; disrupt the production of drugs including through improved opium poppy eradication and the interdiction of precursor chemicals used to manufacture fentanyl and other drugs.

The FY 2022 request complements Mexico's own counternarcotics investments and builds on efforts to address national security priorities for the United States. [REDACTED]

[REDACTED] Projects along the U.S.-Mexico border will complement existing U.S. interagency collaboration at key ports of entry by supporting synchronization of training and technology for Mexican officials with their U.S. counterparts at key ports and targeted areas between the ports of entry. The FY 2022 request will focus on improving coordination between U.S., Mexican, and regional law enforcement and security institutions to counter shared transnational threats.

Peru

[REDACTED] from the FY 2021 request of \$37.9 million.

Peru is the second largest producer of cocaine and cultivator of coca in the world. Peruvian cocaine is transported to South American countries for domestic consumption or for onward shipment to the United States, Mexico, Europe, and East Asia. Supporting Peru in combatting the production and sale of illicit narcotics is essential to U.S. national interests, as threats from transnational criminal networks affect U.S. and Peruvian security. INCLE assistance supports the Government of Peru's multi-pronged counternarcotics strategy that includes eradication, interdiction, and alternative development.

The majority of the FY 2022 request for Peru will remain focused on counternarcotics. The increase of funds will provide operational support for the labor-intensive manual eradication program managed under Peru's Coca Monitoring and Reduction Agency (CORAH), in particular as the government of Peru commits to increased eradication and interdiction efforts in the high yield areas of the Valley of Apurimac, Ene, Mantaro Rivers (VRAEM) and Puno. These regions present not only security risks but are difficult to access as they are remote and jungle terrain. INCLE funds also cover personnel, infrastructure, and logistical assistance required to provide air support for eradication, interdiction, and other law enforcement operations, including training for pilots, aircrews, and additional personnel needed to operate and maintain a fleet of U.S. government-owned Huey-II helicopters and fixed-wing aircraft. INCLE funds are essential to reduce transnational criminal activity by enhancing the capacity of Peruvian Customs, Police, Immigration, and others to interdict and deter the smuggling of narcotics, bulk currency, humans, precursor chemicals, and illegally mined gold. Funds will be used for training and field exercises designed to enhance the capabilities and operational effectiveness of these units. Limited support is also provided to the Government of Peru to increase efforts to prevent and reduce drug use among vulnerable populations.

Pakistan

[REDACTED] FY 2021 request.

The FY 2022 request for counterdrug activities in Pakistan focuses on initiatives that improve regional stability, combat transnational crime, and advances U.S. national security interests by supporting efforts to combat the production and trafficking of illicit narcotics in the world's largest opium producing region. Pakistan continues to face challenges in countering large flows of opiates originating from Afghanistan to meet demand in major markets around the globe. INL's counternarcotics program develops the capability of Pakistan's counternarcotics law enforcement agencies, such as the Anti-Narcotics Force (ANF) and Customs, to disrupt narcotics trafficking. INCLE assistance will be targeted towards Khyber Pakhtunkhwa (KP) and their newly merged districts (i.e. the former FATA), and Balochistan, to combat trafficking along the Afghanistan-Pakistan border and Makran Coast.

Interdiction assistance directly supports the Administration's South Asia Strategy by denying revenue to militant groups that pose direct threats to U.S. forces serving in Afghanistan. The FY 2022 request will primarily support interdiction efforts by providing training, mentorship, equipment, and material support in coordination with the DEA. It will also support bolstering law enforcement agencies' presence along Pakistan's porous border and maritime channels to prevent Afghan-sourced opiates from entering global markets. Additionally, resources will be used to enhance Pakistan's capability to conduct cross-border operations and stem illicit financial flows. In the long-term, INL seeks to improve Pakistan's capacity to stem large-scale drug trafficking, and increase the number of arrests and successful prosecutions of major traffickers. INL also supports decreasing the demand for drugs through training for drug treatment and prevention professionals, standardization of drug treatment and prevention throughout Pakistan through direct government assistance, and drug treatment facilities that provide outreach and rehabilitation to addicts. Furthermore, INL supports reducing drug supply through promoting alternatives to poppy cultivation to include agricultural training, seed donations, and targeted infrastructure support.

Central Asia Regional

[REDACTED] from the FY 2021 request.

Organized criminal groups often operate with impunity across Central Asia, trafficking narcotics and using the proceeds to further their illicit activities. Some profits from drug trafficking fund terrorist organizations in the broader region and some regional drug trafficking organizations maintain links to these extremist groups. INL's counternarcotics programming seeks to disrupt the illicit narcotics economy through law enforcement cooperation in order to deter, disrupt, and dismantle drug trafficking organizations. Funding enables the U.S. DEA to support and expand highly specialized units, interagency drug task forces, intelligence-led investigations, and regional cooperation, such as through the Central Asia Regional Information and Coordination Center (CARICC), a seven-member body that serves as a hub for operational drug and crime intelligence

[REDACTED] the FY 2021 request of \$500,000.

Laos is the fourth largest producer of illicit opium poppy in the world, and a major transit route for methamphetamine, amphetamine-type stimulants, and precursor chemicals across mainland Southeast Asia. In addition to record levels of drug trafficking, the level of drug abuse in Laos has skyrocketed. U.S. assistance will continue to support drug demand reduction programs that aim to improve the quality of drug treatment services. The reduction in counternarcotics funding is due to an increase in law enforcement funds and border security funds, which, through police professionalization and enhanced border controls, will help combat narcotics trafficking in Laos. The funds may also support counternarcotics projects focused on interdiction by adding a counternarcotics element to broader border security projects.

Africa

State Africa Regional – West Africa Regional Security Initiative (WARSI)

[REDACTED] the FY 2021 request of \$1.0 million.

The FY 2022 request for counternarcotics will support West African countries' ability to disrupt and combat drug trafficking. West Africa serves as a transshipment point for drugs including marijuana, methamphetamine, cocaine from South America, heroin from Southwest Asia, pharmaceuticals (e.g. tramadol) as well as precursor chemicals to markets in Europe and a lesser extent the United States. INL funds, to include the increase, will be used to provide training, technical assistance, and material/equipment support to enable key West African countries to disrupt drug trafficking networks through effective and efficient land and maritime seizures, investigations, and criminal prosecutions; support specialized units (e.g. in Benin, Cabo Verde, Ghana, Senegal, and Sierra Leone); and promote information sharing with U.S. law enforcement agencies like DEA and the U.S. Coast Guard.

Centrally Managed INL Programs Interregional Aviation Support

[REDACTED] the FY 2021 request.

With FY 2022 funds, INL will continue to provide core-level services necessary to operate a fleet of fixed- and rotary-wing aircraft supporting INL's aviation activities in Panama, Costa Rica, and temporary locations. Interregional Aviation Support will provide safe, professionally operated and maintained aircraft that support eradication, interdiction, surveillance, and reconnaissance efforts. Aircraft will also provide other support such as transportation of personnel and cargo, search and rescue, medical evacuation, and security.

Drug Demand Reduction (DDR)

[REDACTED] the FY 2021 request.

With FY 2022 funds, INL will support demand reduction programming that has been validated through outcome evaluations to reduce drug use, drug-related crime, violence, and gang activity,

INL has mobilized large multilateral forums to react quickly to the U.S. opioid crisis, including the threat posed by illicit fentanyl and its analogues. The global rules for all cross-border law enforcement cooperation to prevent, investigate, prosecute, and dismantle drug trafficking and transnational crime groups are codified under the three UN drug treaties, the UN Convention against Transnational Organized Crime (UNTOC), and the UN Convention against Corruption (UNCAC), all of which are based on U.S. law and practice. INL's GCDP funding to UNODC and the Organization of American States (OAS) will provide unique support for international treaty-based and policy-making institutions that are critical to ensuring foreign governments carry out their legal obligations and policy commitments.

The FY 2022 request for counterdrug programs will continue assistance to UNODC and the OAS Inter-American Drug Abuse Control Commission (OAS/CICAD). Broadly, UNODC and the OAS deliver technical assistance programming that protects U.S. citizens by enabling greater operational cooperation between international law enforcement agencies and strengthens foreign government capacity to dismantle drug trafficking and transnational crime groups and seize their assets. OAS programming promotes information exchange on trafficking routes and drug sample identification, as well as monitoring the impact of international controls and international cooperation to reduce illegal drug supplies, a critical effort in addressing the U.S. opioid challenge. Programs through UNODC and the OAS also enhance international cooperation among states to help eliminate safe havens for TCOs, and enable greater burden-sharing through contributions from a wider array of donors.

Activities under this line item are limited to global and regional programs that enable UNODC and the OAS to operate a network of field offices and central Secretariat services; ensure internal accountability and oversight; and deliver technical guidance, research, and analysis on treaty and policy obligations in the field of drug control and TOC. Support to UNODC and the OAS under this line item benefits all other INCLE line items that utilize on these institutions to deliver U.S. foreign assistance at the country, regional, and global levels.

Program Development and Support

In the FY 2021 CBJ, INL requested to centralize its program development and support (PD&S) reporting lines into a single PD&S budget, allowing INL to readily and quickly respond to the Administration's priorities. INL's FY 2022 budget request reflects the consolidation of all PD&S into the central PD&S budget. This will allow INL to be much more responsive to the Administration's priorities as well as urgent and emerging needs around the world. By consolidating the Bureau's PD&S, INL will have increased flexibility to administer and oversee programmatic requirements as well as receive accelerated access to the funding. This initiative will also allow INL to be able to positively respond to changes in the field and provide increased flexibility to continue operating and fund the administrative costs required to properly manage the Bureau, under changing and evolving conditions.

[REDACTED]
[REDACTED] The level of PD&S for counternarcotics is proportionate

to the level of counternarcotics program funds across the account (43 percent). PD&S funds INL's domestic and overseas administrative and operational costs incurred to carry out policy implementation and oversight, program design, development, monitoring and evaluation, and review of INL programs implemented in fulfilling its mission. These resources provide operational and administrative support for and oversight of INCLE drug control activities.

Performance Summary

| Bureau of International Narcotics and Law Enforcement Affairs | | |
|--|----------------|------------------|
| Selected Measures of Performance | CY 2019 Target | CY 2019 Achieved |
| Andean Programs | | |
| » Number of Hectares of coca eradicated in Colombia * | 100,000 | 104,306 |
| » | 25,000 | 25,526 |
| Assistance to Rebuilding Countries | | |
| » Reduce cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces and Provinces Reducing Cultivation | 25 | 26 |
| Demand Reduction | | |
| » Percentage of target population that have not used drugs after treatment in Afghanistan | 15% | 70% |

**2019 eradication numbers for Colombia include 94,606 hectares eradicated by the Ministry of Defense and an estimated 9,700 hectares eradicated through crop substitution programs. Crop substitution numbers are estimates and have not been certified.*

INL uses data gathered from program assessments, monitoring and evaluations in developing and implementing effective and efficient foreign assistance programs and processes. INL evaluates the allocation of resources based on the goals, objectives, and performance of programs to ensure funding is deployed to meet the strategic objectives outlined herein.

Information regarding the performance of drug control efforts of State Department programs is based on data articulated in U.S. embassy reports for the 2019 INCSR, annual surveys produced by UNODC, and each U.S. embassy's 2019 Performance Plan and Report (PPR), as entered into the Foreign Assistance Coordination and Tracking System.

There were no additional counternarcotics program evaluations completed in FY 2018. In FY 2019 INL continued to evaluate drug prevention programming in schools in Peru and in collaboration with the U.S. National Institute on Drug Abuse evaluate programming to treat young children in India. INL is in the process of evaluating counternarcotics efforts in Colombia. The counternarcotics-focused evaluation on Peru's ports and customs programming is expected to be completed in Spring of 2021 and the evaluation in India in Fall of 2023. In 2020, INL will also

look to begin a 5-year demonstration project in one country to evaluate the effects of various drug demand reduction programming.

Andean Programs

Purpose of the Program: The long-term goal of INL's counternarcotics efforts in Colombia and Peru is to reduce the number of hectares of coca under cultivation, thereby reducing the supply of processed cocaine that is shipped to the United States. The program accomplishes this through support for integrated eradication efforts, including manual eradication; increased drug interdiction; and strengthening rule of law and alternative livelihood efforts. Eradication is a critical component of the U.S. government's counternarcotics strategy in the Andean region and is a metric used by managers to handle day-to-day operations.

Contribution to National Drug Control Strategy: The program contributes to the National Drug Control Strategy's goal of collaborating with international partners to disrupt the drug trade by working with international partners to reduce illicit drug use, production, trafficking, and associated violence.

How is this measure outcome-oriented? INL program managers in the field use this measure for operational planning and day-to-day program management. The eradication measure is available daily rather than six months following the close of the calendar year, allowing managers the flexibility to adjust program operations to meet annual targets. Furthermore, the measure conforms to Department policy regarding standardized performance metrics for foreign assistance programs.

How is this measure used by program managers? INL program managers in the field use this measure for operational planning and day-to-day program management. The eradication measure is available daily rather than six months following the close of the calendar year, allowing managers the flexibility to adjust program operations to meet annual targets. Furthermore, the measure conforms to Department policy regarding standardized performance metrics for foreign assistance programs.

CY 2018 Performance Target: Colombia's 2018 performance target for manual eradication by the Ministry of Defense was set at 50,000 hectares. Additionally, Colombia expected to eradicate 20,000 via the crop substitution program that originated from the peace agreement between the Colombian government and the FARC. The total eradication goal for Colombia was 70,000 hectares. The 2018 eradication target for Peru was 25,000 hectares.

CY 2018 Performance Results: The government of Colombia eradicated a total of nearly 85,000 hectares in 2018, exceeding its goal by more than 20 percent and demonstrating the dedication of the police, military, and civilian eradicators to achieving results. Peru's manual eradication of illicit coca has prevented significant amounts of cocaine from reaching global markets, denying profits to TOC on the global and regional scale. Peru's eradication operations for 2018 went from February through December 2018 and exceeded the goal by eradicating 25,106.67 hectares.

CY 2019 Performance Target: The overall 2019 eradication performance target for Colombia was set at 100,000 hectares, including 80,000 hectares through manual eradication by the Ministry of Defense. The 2019 eradication target for Peru remained at 25,000 hectares.

Afghanistan

Purpose of the Program: The purpose of the 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 transition in Afghanistan.

Contribution to National Drug Control Strategy: The program contributes to the National Drug Control Strategy's goal of collaborating with international partners to disrupt the drug trade by partnering with the Afghan government to support interdiction and eradication, build institutional capability, support economic alternatives to drug cultivation, and promote collaborative efforts in prevention, treatment, and research, thereby assisting global partners in acquiring the capabilities to overcome the consequences of drug abuse.

How is this measure outcome-oriented? The measure tracks the number of Poppy Free Provinces and Provinces Reducing Cultivation in Afghanistan, which is a reflection of the Afghan government's capacity to reduce illicit crop cultivation, drug trafficking, and drug consumption, thereby disrupting a key source of funding to the insurgency and promoting security and governance in Afghanistan.

How is this measure used by program managers? This measure is used as a general guide in annual program planning and targeting, by program managers focusing on reducing cultivation throughout Afghanistan.

CY 2018 Performance Results: The goal was for 15 of Afghanistan's 34 provinces to be poppy-free and for an additional 10 provinces to reduce cultivation by 10 percent. The number of Poppy Free Provinces (PFP) was 13, Kapisa, Takhar, and Samangan all gained poppy-free status. There were 21 Province Reducing Cultivation (PRC). Over half of the total national cultivation occurred in Helmand province, with a cultivation of 90,727 hectares.

The UNODC Afghanistan Opium Survey states that opium poppy cultivation in Afghanistan covered 163,000 hectares, which represented a 38 percent decrease from the 263,000 hectares recorded the previous year. Potential opium production remained level at 6,400 tons. A total of 21 hectares of verified poppy eradication was carried out under the Governor-Led Eradication (GLE) program, representing a decrease of 95 percent, when 406 hectares of poppy were eradicated.

CY 2019 Performance Target: Eradication efforts have had no impact on curbing opium-poppy cultivation. The Afghan government has struggled to perform eradication due to the security challenges in poppy-growing areas, namely that these areas are predominantly under Taliban control. This year, the MCN's dissolution coincided with the eradication-planning period, leading

to minimal eradication in FY 2019. No eradication took place in Helmand, the highest poppy-cultivating province in Afghanistan.

Demand Reduction

Drug consumption represents a threat to the future of Afghanistan. The country faces a significantly higher rate of domestic illicit narcotic use. Drug consumption drains 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.

Since 2003, outcome evaluations of INL's treatment training program have consistently shown that the targeted user population that remained drug-free exceeded the goals established by the U.S. National Drug Control Strategy. The training programs that were evaluated were highly successful in transferring knowledge to treatment providers and the techniques learned were implemented with a high degree of fidelity, resulting in efficiently operated treatment centers that delivered high quality services. It has also been hypothesized that treatment is more effective based on time spent in treatment. An independent study of INL-funded treatment programs was released in 2015 by the Government of Afghanistan's Ministry of Counternarcotics in collaboration with the UNODC. The study interviewed a total of 465 former clients of INL programs in Kabul, Nangarhar, Badakhshan, Balkh, Herat, and Kandahar provinces, 30 days after completing treatment. More than 95 percent of these clients were opiate users. At the 30-day post-treatment period, 70 percent of the clients (i.e. 326 clients) were drug-free, exceeding the target goal of 15 percent.

Although many treatment and recovery facilities established in Afghanistan show great promise, the 2015 Afghanistan National Drug Use Survey conducted by the Department of State and the Afghan Ministry of Health Institutional Review Board found an 11 percent drug positive rate in Afghanistan.

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INL/EX/BP: Kate Boynton(ok)
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INL/EX/BE: Will Jackson(ok)
INL/EX/MCO: Laiza Reidenbach(ok)
INL/A: Robert Lang(ok)
INL/AP: Al Matano(ok)
INL/AME: Jen Doumitt(ok)
INL/GPP: Arianna Barham (ok)
INL/GPP: Rob Leventhal(ok)
INL/KM: Helmut Huber (info by request)
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SCA/P: Cheyenne Izaguirre(ok)
SCA/A: Allison Varricchio(ok)
S/P: Cart Weiland(ok)
D: Hammad Hammad(info)
P: Emily Ruppel(ok)
F/FI: Joe Bertini (ok)

throughout Afghanistan.

Section 8 (a)(2). Prior Years Performance Target and Results

Decision Unit 1: International Narcotics Control and Law Enforcement

Measure 1: Reduced cultivation of opium poppy in Afghanistan by increasing the number of Poppy-Free Provinces and Provinces Reducing Cultivation

Table 1

| CY 2015 Actual | CY 2016 Actual | CY 2017 Actual | CY 2018 Actual | CY 2019 Target | CY 2019 Actual | CY 2020 Target |
|--|--|--|--|--|--|--|
| 183,000 ha of illicit opium poppy cultivated | 201,000 ha of illicit opium poppy cultivated | 328,000 ha of illicit opium poppy cultivated | 263,000 ha of illicit opium poppy cultivated | 180,000 ha of illicit opium poppy cultivated | 163,000 ha of illicit opium poppy cultivated | 134,400 ha of illicit opium poppy cultivated |
| 29 DEA/NIU operations | 65 DEA/NIU operations | 95 DEA/NIU operations | 147 DEA/NIU operations | 115 DEA/NIU operations | 213 DEA/NIU operations | 120 DEA/NIU operations |
| 56 Key narcotics arrests (FY 15) | 105 Key narcotics arrests (FY 16) | 119 key narcotics arrests (FY 17) | 228 key narcotics arrests (FY 18) | 125 Key narcotics arrests (FY 19) | 311 Key narcotics arrests (FY 19) | 150 Key narcotics arrests |
| 9,285 kgs narcotics seized (FY 15) | 89,022 kgs of narcotics seized (FY 16) | 383,940 kgs of narcotics seized (FY 17) | 70,074 kgs of narcotics seized (FY 18) | 50,000 kilos of narcotics seized | 226,385 kilos of narcotics seized (FY 19) | 60,000 kilos of narcotics seized |

CY 2019 Performance Results: During FY2019, INL’s goals included 180,000 hectares of illicit crops cultivated, 115 DEA/NIU operations, 125 key narcotic arrests, 50,000 kilos of narcotics seized, and 26 INL-supported drug treatment centers in Afghanistan. INL met these goals during FY2019 with the following results: 163,000 hectares of illicit crops cultivated, 213 DEA/NIU operations, 311 key narcotics arrests, 226,385 kilos of illicit narcotics seized, 27 INL-supported drug treatment centers in Afghanistan. Evidence gathered by the SIU’s wire intercept unit through court-ordered surveillance operations supported hundreds of drug trafficking cases brought to the INL-supported Counter Narcotics Justice Center each year. Our support bolstered the ability of specialized units to perform independent operations nationwide, targeting the production and trafficking of opium, heroin, and methamphetamine, with a focus on

Afghan-led, warrant-based operations. INL also supported on-going efforts to promote alternatives to poppy cultivation, messaging campaigns to raise public awareness about the threat of illicit narcotics to Afghanistan, and continued transitioning responsibility for drug treatment centers to the Government of Afghanistan. As always, INL aimed to maximize return on its funding by leveraging its efforts with interagency partners and other like-minded international donors.

Section 8 (a)(3). Current Year Performance Target

CY 2020 Performance Target: INL has set the following targets for FY2020: 134,400 hectares of crops cultivated, 120 DEA/NIU operations, 150 key narcotics arrests, and 60,000 kilos of illicit narcotics seized. The status of ongoing Intra-Afghan Negotiations may impact INL performance targets.

Section 8 (a)(4). Quality of Performance Data

Data Collection and Validation:

Data Source: Interdiction numbers are provided to the U.S. Drug Enforcement Administration by the Afghan Specialized Units. All other data comes from implementing partners, including UNODC.

Methodology for Setting Targets and Reporting Results: The out-year target shows an increase from actual 2017 results. The deteriorating security situation in Afghanistan continues to create obstacles for achieving the yearly target; nevertheless, INL believes that greater engagement from Department of Defense enablers combined with possible decrease in farm-gate prices after four consecutive high-yielding harvests, keep out-year targets within reach.

Process for Validating Performance Information:

The UNODC Afghanistan Opium Survey is released approximately at the end of each year and is used to inform U.S. counternarcotics policy and programmatic decision making. There is an oversight and management board for this survey, convened jointly by UNODC and two Afghan government entities. The trends and data in the UNODC survey are compared against the official U.S. government estimate published by the Office of National Drug Control Policy in late winter or early spring of each year.

In a previous submission the figure of 163,500 ha of illicit poppy cultivated (the correct figure is 163,000 ha) appears to be a transcription error. The figure of 317 DEA/NIU operations conducted (vice 213) appears to be the result of a transposition with the figure for 2019 arrests—vice operations reported in 20 KABUL 630, attached. DEA does not track a category of “narcotics seized”; the figure supplied to ONDCP is the sum total of a number of different types of seizures including heroin, morphine, opium, hashish, and methamphetamine. DEA reported seizures of Oman bush, a methamphetamine precursor, went from “negligible” in FY 2018 and prior years to 124 metric tons in FY 2019, which could have skewed the figures. Moving forward, INL will footnote the “narcotics” figures to specify their constituent parts i.e., heroin,

morphine, opium, hashish, methamphetamine, and marijuana (if any).

Section 8 Continued Performance Reporting: Peru

Section 8 (a)(1). Performance Measures

Measure Description: Peru eradication data is provided by the Government of Peru's Special Project for Control and Reduction of Illegal Crops in the Alto Huallaga (CORAH). Data in Peru is collected per calendar year.

Purpose of the program: The long-term goal of INL's counternarcotics efforts in Peru to reduce the availability of illicit drugs in the United States is to reduce the number of hectares of coca under cultivation, encouraging the Peruvians to eradication in high yield coca areas such a Puno and the Valley of Apurimac, Ene, and Mantaro Rivers, thereby reducing the supply of processed cocaine that is shipped to the United States. The program accomplishes this through a strategy of support for the labor intensive manual eradication efforts, increased drug interdiction; and strengthening rule of law to counter transnational criminal organizations.

A key aspect in INL Lima's support is funding the personnel, infrastructure, and logistical assistance required to provide air support for eradication, interdiction, and other law enforcement operations.

Contribution to National Drug Control Strategy: The program contributes to the National Drug Control Strategy's goal of collaborating with international partners to disrupt the drug trade by working with international partners to reduce illicit drug use, production, trafficking, and associated violence.

How is this measure outcome-oriented? Coca eradication data comes from the Government of Peru's eradication agency, CORAH, and totals include the amount of coca leaf that is manually- eradicated. The government of Peru collects this data throughout the year and reports the annual results at the end of the calendar year. Eradicating coca under cultivation, reduces the supply of processed cocaine that is shipped to the United States and other parts of the world.

How is this measure used by program managers? INL program managers in the field use this measure for operational planning and day-to-day program management. The eradication measure is available daily rather than six months following the close of the calendar year, allowing managers the flexibility to adjust program operations to meet annual targets. Furthermore, the measure conforms to Department policy regarding standardized performance metrics for Foreign Assistance programs.

Section 8 (a)(2). Prior Years Performance Targets and Results

Decision Unit 1: International Narcotics Control and Law Enforcement

Measure 2: Hectares of coca eradicated in Peru

Table 2

| CY 2015 Actual | CY 2016 Actual | CY 2017 Actual | CY 2018 Actual | CY 2019 Target | CY 2019 Actual | CY 2020 Target |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| 35,868 Hectares | 30,151 Hectares | 25,784 Hectares | 25,107 Hectares | 25,000 Hectares | 25,526 Hectares | 5,400 Hectares |

CY 2019 Performance Results: The CY 19 performance target for Peru was to eradicate 25,000 ha. In CY 2019 Peru’s performance results showed that the Peruvians uprooted more 25, 526 ha of illicit coca plants, removing an estimated 220 metric tons (MT) of potential cocaine from the illicit market – or 40 percent of Peru’s estimated cocaine production potential. After more than a decade of strong U.S. advocacy, the Peruvian government on November 1 started to eradicate coca for the first time in the VRAEM and slashed 7,000 ha in Puno. Eradication in Puno alone accounted for half the total potential cocaine eliminated in 2019, 110 MT.

Section 8 (a)(3). Current Year Performance Target

CY 2020 Performance Target: The COVID-19 pandemic has greatly affected Peru, which has some of the world’s highest infection and death rates. After months of quarantine, the Minister of Interior in early September formally authorized eradication to resume. Peru’s plans for 2020 are 5,400 ha but we’ll have a better idea at the end of the calendar year on what is able to be accomplished.

Section 8 (a)(4). Quality of Performance Data

Data Collection and -Validation:

Data Source: Coca eradication data comes from the Government of Peru’s eradication agency, CORAH. Totals are based off of the total hectares of coca leaf manually eradicated.

Methodology for Setting Targets and Reporting Results: The embassy country teams consult subject area experts in Washington and in the field and consider past performance and trends, policy priorities and long term goals, relevant conditions on the ground, and resource levels in setting performance targets. The targets are set and results are reported for each country in the Foreign Assistance Performance Plan and Report. The results are also reported in the International Narcotics Control Strategy Report and are aggregated in Washington for the purposes of performance reporting to other stakeholders. The government is responsible for setting their annual eradication goals; INL supports these goals once they are established.

Process for Validating Performance Information: Eradication data provided by embassies is the best data available to the U.S. government regarding host government coca eradication. INL receives this data from embassies and it is our understanding that this information has undergone a Data Quality Assessment (DQA) and is accurate, complete, and unbiased.

Section 8 Continued Performance Reporting: Colombia

Section 8 (a)(1). Performance Measures

Measure Description: This performance measure tracks the amount of coca leaf that is forcibly or voluntarily eradicated in Colombia annual basis. The coca cultivation metric is the number of hectares eradicated.

Purpose of the program: The long-term goal of INL’s counternarcotics efforts in Colombia is to reduce the availability of illicit drugs in the United States by decreasing the number of hectares of coca under cultivation, thereby reducing the supply of processed cocaine that is shipped to the United States. The program accomplishes this through a strategy of support for integrated eradication efforts, including manual eradication and increased drug interdiction

Contribution to National Drug Control Strategy: The program contributes to the National Drug Control Strategy's goal of collaborating with international partners to disrupt the drug trade by working with international partners to reduce illicit drug use, production, trafficking, and associated violence.

How is this measure outcome-oriented? Coca eradication data comes from the Government of Colombia and totals include voluntary and involuntary eradication and crop substitution. The Government of Colombia reports and collects this data throughout the year and reports annual results on a calendar year basis.

How is this measure used by program managers? INL program managers in the field use this measure for operational planning and day-to-day program management. The eradication measure is available daily rather than six months following the close of the calendar year, allowing managers the flexibility to adjust program operations to meet annual targets. Furthermore, the measure conforms to Department policy regarding standardized performance metrics for Foreign Assistance programs. *

Section 8 (a)(2). Prior Years Performance Targets and Results

Decision Unit 1: International Narcotics Control and Law Enforcement

Measure 3: Hectares of coca eradicated in Colombia

Table 3

| CY 2015 Actual | CY 2016 Actual | CY 2017 Actual | CY 2018 Actual | CY 2019 Target | CY 2019 Actual | CY 2020 Target |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 49,967 Hectares | 17,642 Hectares | 55,164 Hectares | 86,208 Hectares | 100,000 Hectares | 104,306 Hectares | 130,000 Hectares |

CY 2019 Performance Results: The CY 2019 Colombia Counternarcotics performance target was set for 100,000 hectares (ha) of coca eradicated. CY 2019 counternarcotics performance

results showed that Colombia exceeded the goal, destroying more than 104,000 hectares of coca through forced eradication and crop substitution in 2019, surpassing its overall eradication target by more than 4,000 hectares.

Section 8 (a)(3). Current Year Performance Target

CY 2020 Performance Target: The Colombia performance target goal for CY 2020 is for 130,000 hectares of coca to be eradicated.

Section 8 (a)(4). Quality Performance Data

Data Collection and Validation:

Data Source: The data for compiled for Colombia's coca eradication statistics is derived from three sources. The first source is (1) forced manual eradication, (2) land tiling, and finally (3) National Comprehensive Illicit Crop Substitution Program, known as PNIS. In an effort to support the eradication of coca in partnership with the Colombian Government, INL directly funds forced eradication, while indirectly funding land tiling and the PNIS crop substitution program. Coca eradication data comes from the Government of Colombia and totals include voluntary and involuntary eradication and crop substitution. Data related to voluntary eradication through the National Comprehensive Illicit Crop Substitution Program, known as PNIS, is reported by UNODC, in collaboration with the Government of Colombia.

Methodology for Setting Targets and Reporting Results: The embassy country team consults subject area experts in Washington and in the field and consider past performance and trends, policy priorities and long term goals, relevant conditions on the ground, and resource levels in setting performance targets. The targets are set and results are reported for each country in the Foreign Assistance Performance Plan and Report. The results are also reported in the International Narcotics Control Strategy Report and are aggregated in Washington for the purposes of performance reporting to other stakeholders. The government of Colombia is responsible for setting its annual eradication goals; INL supports these goals once they are established.

Process for Validating Performance Information: Eradication data provided by embassies is the best data available to the U.S. government regarding host government coca eradication. INL receives this data from embassies and it is our understanding that this information has undergone a Data Quality Assessment (DQA) and is accurate, complete, and unbiased.

Section 8 Continued Performance Reporting: Mexico

Section 8 (a)(1). Performance Measures

Measure Description: To date the United States and Mexico have not set defined, measurable counternarcotics targets. Within the Office of the Prosecutor General (FGR), the National Center for Planning, Analysis, and Information to Combat Crime (CENAPI) publishes drug eradication and seizure statistics for civilian law enforcement agencies in Mexico. INL

tracks Mexico's counternarcotics measures to include:

- According to CENAPI, in the second half of calendar year 2019, Mexico eradicated 7,626 ha of opium poppy.
- Also during the second half of 2019, Mexico reportedly seized 9.1 metric tons (MT) of cocaine (a 25 percent decrease compared to 2018); 349 kg of opium gum (73 percent increase); 18.45 MT and 8,700 liters of methamphetamine (7 percent increase); 275 kg of heroin (43 percent decrease); 45 clandestine drug laboratories (13 fewer than 2018); and 189,422 pills of fentanyl.
- During the first six months of 2020, Mexico reported it eradicated 9,963 ha of opium poppy – a 30 percent increase compared to 2019. Also during the first six months of 2020, Mexico seized 11.4 MT of cocaine (a 25 percent increase compared to 2019); 40.21 kg of opium gum (88 percent decrease); 10,947 liters of methamphetamine (25 percent increase); 198 kg of heroin (28 percent decrease); 26 clandestine laboratories (19 fewer than 2019); and 152 kg of fentanyl.

Mexico does not have a reliable comprehensive reporting system for eradication and seizure data. The United States continues to work with the Government of Mexico to establish protocols for reporting all seizures to Mexico's central data repository for crime statistics in CENAPI to improve national data collection on illicit drug seizures. The Mexican government demonstrated progress in 2020 on measuring poppy cultivation, yield, and eradication through programs supported by the United States through the United Nations Office on Drugs and Crime (UNODC). The Mexican Army (SEDENA) engaged U.S. government agencies to enhance its counternarcotics capacity in 2020 and increased use of, but has not yet fully maximized, a U.S.-funded poppy eradication verification program.

On March 26, the Government of Mexico and UNODC published the results of the Mexican-funded MEXK-54 poppy monitoring project for 2017 to 2018. The report covers estimated cultivation area of poppy fields, the opium gum yield and production estimates, and morphine concentration in the opium gum. According to the report, between 2017 and 2018, poppy cultivation in Mexico was reduced by 9 percent compared to the previous period of 2016 to 2017. The yield estimate of opium gum was 16.1 kilograms per hectare harvested. The concentration of morphine in the opium gum production was 16.2 per cent. INL donated technical equipment and provided logistical support for Mexican government participation in the study to advance a shared understanding of the Mexico's heroin production challenges.

Purpose of the program: Mexico remains the primary source of heroin and methamphetamine used in the United States and is a transit country for cocaine from Colombia. Mexico also faces risk from criminals' emerging ability to produce illicit fentanyl domestically. INL supports Mexico's efforts to eradicate poppy, dismantle clandestine drug laboratories, control precursor chemicals used to produce illicit drugs, and interdict drugs before they enter the United States. INL seeks to support Mexico's effective implementation of its counternarcotics strategy and, over the long term, to help Mexico increase its ability to conduct counternarcotics operations, collect evidence, and use that evidence in court to bring transnational criminal organizations to justice.

Contribution to National Drug Control Strategy: INL's counternarcotics programming

contributes to the National Drug Control Strategy line of effort to reduce the availability of illicit drugs in the United States by building Mexico’s capacity to reduce drug cultivation and production.

How is this measure used by program managers? Once the United States and Mexico set outcome measures, program managers in the field will track and use data to inform program plans and monitor impact of assistance.

Section 8 (a)(2) Prior Years Performance Targets and Results

Decision Unit 1: International Narcotics Control and Law Enforcement

Measure 4: Mexico hectares of opium poppy cultivated

Table 4

| CY 2015 Actual | CY 2016 Actual | CY 2017 Actual | CY 2018 Actual | CY 2019 Target | CY 2019 Actual | CY 2020 Target |
|---------------------------|---------------------------|--|---|---------------------------|--|---------------------------|
| | | 44, 100 hectares poppy cultivated | 41,800 hectares poppy cultivated | Not defined. | 30,400 hectares poppy cultivated | Not yet defined. |

CY 2019 Performance Results: Mexico passed asset forfeiture reforms, increased extraditions of dangerous drug traffickers to the United States, made progress in completing its first poppy yield study in 17 years (as part of MEXK-54), expanded detection of fentanyl precursor chemicals at international key international mail facilities, and produced a counterdrug strategy. Mexico’s poppy eradication program is not yet tied to sustainable alternative development.

Section 8 (a)(3). Current Year Performance Target

CY 2020 Performance Target: Determining bilaterally agreed upon counternarcotics performance targets requires continued engagement with the Government of Mexico to reach agreement. For example, a prospective goal to see Mexico cut poppy cultivation in half by 2024 (from 30,400 hectares in 2019 to 15,200 hectares in 2024),- could be a measure of improved strategic poppy eradication using intelligence and validated data, but to date the United States and Mexico have not set a defined cultivation target. The United States continues to address drug policy goals through the bilateral High-Level Security Working Group and will pursue agreement on performance measures based on verifiable data for reducing poppy cultivation; reducing production and improving interdiction of heroin, methamphetamine, fentanyl, and cocaine; securing borders and ports against trafficking of illicit goods; prosecuting illicit finance; and reducing impunity for transnational crime.

Section 8 (a)(4). Quality Performance Data

Data Collection and Validation:

Data Source: UNODC, Host Government – Current poppy cultivation estimates come from ONDCP, which in calendar year 2019 was estimated at 30,400 hectares; poppy eradication estimates come from the Government of Mexico. INL supports UNODC verification studies of Mexico’s poppy eradication efforts (MEXW-34) and poppy cultivation (MEXK-54). UNODC has not yet published MEXW-34 data; UNODC published its fourth MEXK-54 study, for 2017-2018, in March 2020.

Methodology for Setting Targets and Reporting Results: Once Mexico shares verified eradication data, the United States and Mexico can set targets against which to report results.

Section 8 Continued Performance Reporting: Drug Demand Reduction

Section 8 (a)(1). Performance Measures

Measure Description: Increase the number of credentialed drug treatment professionals globally based on the number of professionals that have passed the Colombo Plan’s Global Centre for Credentialing and Certification (GCCC) International Certified Addiction Professional (ICAP) exams, compared with the prior year number.

Purpose of the program: INL’s drug demand reduction program seeks to professionalize the drug prevention, treatment and recovery workforce through the development and dissemination of evidence-based trainings and technical assistance. Research confirms that the use of evidence-based practices in prevention, treatment and recovery support results in better drug use outcomes for those in need of services as well as contributes to reductions in crime and violence. Similar to other professional fields, drug demand reduction-related certification, licensing, and credentialing are tools used to determine knowledge, skill, and experience. Training and credentialing increase the ability of professionals to deliver the best interventions to achieve positive outcomes. With the limitations of COVID INL will focus on remote proctoring in order to continue credentialing treatment, prevention and recovery workers across the health and criminal justice systems primarily in Asia, Latin America, and Africa.

Contribution to National Drug Control Strategy: This program contributes to the National Drug Control Strategy's goal of collaborating with international partners to promote evidence-based practices for drug prevention, treatment, and recovery efforts for persons with substance use disorders to reduce drug use as well as associated drug related crime and violence.

How is this measure outcome-oriented? INL supports the development and training of professionals in prevention, treatment and recovery efforts. The number of credentialed professionals is the outcome that reflects the effectiveness of the trainings, through an exam process where individuals are tested on their knowledge and skills in order to secure the credential.

How is this measure used by program managers? INL has access to GCCC’s database, which captures the number of credentialed drug treatment, prevention and recovery professionals on a real time basis so that managers can track the progress towards professionalizing the workforce

needed to reduce drug use. Access to this information informs INL decision making about what additional programming is needed to support reductions in drug use in countries INL is working with.

Section 8 (a)(2). Prior Years Performance Targets and Results

Decision Unit 1: International Narcotics Control and Law Enforcement

Measure 5: Drug Demand Reduction: Increase the number of credentialed professionals over prior year totals.

Table 5

| CY 2015 Actual | CY 2016 Actual | CY 2017 Actual | CY 2018 Actual | CY 2019 Target | CY 2019 Actual | CY 2020 Target |
|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| - | - | - | - | 15% | 29% | 15% |

CY 2019 Performance Results: The performance target was achieved for 2019, with an increase of 29 percent from 1293 total credentialed professionals in 2018 to 1715 total credentialed professionals at the end of 2019. (Note this is different from ONDCP Sep report of 1671 total professionals in 2019 and now takes into account final examinations that were validated at the end of 2019) In 2019, 63 countries, from primarily Latin America, Africa and Asia, as well as the United States, participated in the GCCC credentialing of drug treatment professionals up from 56 countries in 2018. -The number of exam candidates has also grown exponentially in the last four years as more trainings were conducted and those working in the field recognize the value of the credential. In 2019, 28 exams were conducted (up from 26 in 2018) covering all levels of credentialing. For CY 2020 it is anticipated that the target will not be met due to limitation of COVID-19, despite work to move to remote proctoring.

Section 8 (a)(3). Current Year Performance Target

CY 2020 Performance Target: Increase the number of credentialed professionals by 15 percent per year.

Section 8 (a)(4). Quality of Performance Data

Data Collection and Validation:

Data Source: The number of drug treatment professional who have passed their International Certified Addiction Professional (ICAP) exam during the course of the calendar year are tracked in a database by Colombo Plan’s Global Centre for Credentialing and Certification (GCCC).

Methodology for Setting Targets and Reporting Results: The target has been set for an increase of 15% in the number of credentialed drug treatment professionals based on the number of exams that can be administered in a year and the pipeline of professionals who qualify to sit for the exam. In order to sit for an exam, a professional must have both a threshold number of

training hours completed as well as experience in the field of addiction. INL will re-evaluate the target as INL develops more opportunities for training online and GCCC increases its ability to conduct exams remotely.

Process for Validating Performance Information: GCCC provides a year-end total of credentialed professionals to INL by country to measure the percentage increase by year. GCCC also provides the number of exams given for the year. Furthermore, GCCC adheres to a standardized application process documented in an online application form that requires applicants to provide career history, credentials, and submission of training certificates, University transcripts, and other documents. Since many of the training certificates are associated with INL-supported Universal Curriculum trainings the completion of the course can be verified by the individual applying for the exam. INL also has ongoing access to the database of the number exams given to include the number of participants that have passed the exam by country.

Section 8 (b). Assertions

Section 8 (b)(1). Performance reporting system is appropriate and applied

I assert that the performance reporting system is appropriate and applied. All of the performance information presented here is gathered from third party sources. These sources are reputable and, I believe provide the best data available for these performance measures. INL has not directly observed these parties gathering data and I cannot, therefore, speak directly to the accuracy of the data. I can say that these third parties are experts in their fields and provide INL with actionable information.

Section 8 (b)(2). Explanations for not meeting performance are reasonable

I assert that the explanations for not meeting performance targets are reasonable and recommendations for meeting future targets or for revising or eliminating performance targets are also reasonable.

Section 8 (b)(3). Methodology to establish performance targets is reasonable and consistently applied

I assert that the methodology to establish performance targets is reasonable and applied.

Section 8 (b)(4). Adequate performance measures exist for all significant drug control activities

I assert that adequate performance measures exist for all significant drug control activities.

Section 8 (c). Criteria

Section 8 (c)(1). Data

I assert that workload, participant, or other quantitative information supports these assertions, the sources of these data should be well documented. If these data are periodically collected, the data used in the report must be clearly identified and must be the most recently available.

I assert that the methodology to establish performance targets is reasonable and applied. I assert that the explanations for not meeting performance targets are reasonable and recommendations for meeting future targets or for revising or eliminating performance targets are also reasonable.

Section 8 (c)(2). Other Estimation Methods

I assert that professional judgment or other assessment methodologies are used to make these assertions, the objectivity and strength of these techniques must be thoroughly explained and documented. These assessment methodologies estimation.

Section 8 (c)(3). Reporting Systems

I assert that Reporting systems supporting the assertions should be current, reliable, and an integral part of the agency's performance management processes.

All of the performance information presented here is gathered from third party sources. These sources are reputable and, I believe, provide the best data available for these performance measures. INL has not directly observed these parties gathering data and I cannot, therefore, speak directly to the accuracy of the data. I can say that these third parties are experts in their fields and provide INL with actionable information.

Section 9. Inspector General Authentication

See separate Memorandum from the Department of State's Office of the Inspector General.

Section 10. Unreasonable Burden Exception

Not applicable. INL's obligations exceed the \$50 million threshold level for simplified reporting.



United States Department of State

*Assistant Secretary of State
for International Narcotics and
Law Enforcement Affairs*

Washington, DC 20520

JUL 13 2020

Dear Director Carroll:

The U.S. Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL) submits the attached FY 2022 ONDCP Budget and Performance Summary which represents the Bureau's FY 2022 foreign assistance resource request to address counternarcotics efforts around the world. INL's mission is to keep Americans safe at home by countering transnational crime, the cultivation, production, and trafficking of illicit drugs, and instability abroad. INL helps countries address these threats by providing assistance to develop and strengthen their counternarcotics, law enforcement, and justice institutions. INL's efforts are directed at reducing the adverse effects of crime and preventing illicit trafficking of drugs, such as cocaine, methamphetamine, heroin, and synthetic opioids, including fentanyl and its analogues, from reaching U.S. shores.

for drug
Request

the most value and impact to U.S. national security priorities. INCLE-funded programs address national security interests and align with long-term strategic goals to build the capacity of partner nations. The FY 2022 INCLE counternarcotics budget includes continued robust support for Colombia, Mexico, Demand Reduction, Drug Supply Reduction, and Interregional Aviation Support, and increases for vital programs in State Africa Regional, Peru, and State Western Hemisphere Regional. INCLE resources for counternarcotics will focus on programs that directly deter the flow of illegal drugs, particularly fentanyl and other opioids, to the United States.

The Bureau's FY 2022 counternarcotics budget request includes robust support for three key initiatives. In March 2018, the United States and Colombia agreed to a joint goal to reduce coca cultivation and cocaine production to 50 percent of 2017 levels by the end of 2023. In support of this strategic goal, INCLE assistance will continue to help Colombia combat a more than 290 percent increase in potential pure cocaine production since 2013 by supporting implementation of Colombia's whole-of-government counternarcotics strategy. In 2019, Peru removed an estimated 220 metric tons of potential cocaine from the illicit market, an estimated 40 percent of Peru's cocaine production potential. While the government of Peru continues to increase eradication and interdiction efforts in high yield coca production areas of Puno and the Valley of Apurimac, Ene, Mantaro Rivers (VRAEM), funds requested for FY 2022 will assist Peru to enter these challenging regions, as they present not only security risks but are difficult to access as they are remote jungle terrain. Funds requested for FY 2022 will train and equip Mexican law enforcement and security agencies to identify and dismantle clandestine drug

laboratories; disrupt the production of drugs including through improved opium poppy eradication and the interdiction of precursor chemicals used to manufacture fentanyl and other drugs.

INL's newly created Knowledge Management office includes a team focused on reviewing and improving methods and measures of performance management. INL plans to expand its reporting to ONDCP to cover more of the breadth of INL's counternarcotics programs. Current measures reporting on efforts to reduce cultivation and on eradication have shown mixed results. Causes have included security conditions, inaccessibility due to geographical limitations, community oppositions, and even weather elements. We most recently completed a counternarcotics-focused evaluation on the ports and customs programming in Peru and are in the process of evaluating counternarcotics efforts in Colombia.

As you are well aware, INL works diligently to plan and execute an efficient and effective drug control budget even as we continue to operate in a constrained budget environment. We look forward to working with you on the FY 2022 INCLE counternarcotics budget request.

Sincerely,



Kirsten D. Madison



January 28, 2021

Regina LaBelle
Acting Director
Office of National Drug Control Policy
Washington, D.C. 20503

Dear Ms. LaBelle:

In accordance with the Office of National Drug Control Policy (ONDCP) Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, the United States Agency for International Development (USAID) is submitting its Budget Formulation Compliance package.

In accordance with Section 6 on Budget Formulation Compliance, I certify that USAID's FY 2022 Summer Budget Submission was submitted to ONDCP on a timely basis and that the funding levels therein represent USAID's request provided to OMB on September 14, 2020.

Please reach out if you have any questions.

Sincerely,

Tricia Schmitt

Tricia Schmitt

Director, Office of Budget and Resource
Management
U.S. Agency for International Development

Enclosures:

- 1) USAID FY 2022 ONDCP Summer Transmittal Letter
- 2) USAID FY 2022 ONDCP Budget and Performance Summary



Associate Director for Policy, Research and Budget
Office of National Drug Control Policy
750 17th Street, N.W.
Washington, DC 20503

The U.S. Agency for International Development (USAID) submits the attached FY 2022 ONDCP Budget and Performance Summary, which represents the Agency's FY 2022 foreign assistance resource request to address counter-narcotics efforts around the world. USAID advances U.S. foreign policy objectives by supporting economic growth, agriculture, trade, health, democracy, conflict prevention, and providing humanitarian assistance. USAID's programs support the U.S. Government's counter-narcotics objectives by helping countries develop economically viable alternatives to coca cultivation. Specifically, USAID implements alternative livelihoods programs that focus on licit job creation, improve commercial agricultural production, and market linkages in drug production-prone areas, facilitate access to financial services for small businesses and farmer associations, and offer 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 agribusiness industry. This support incentivizes and facilitates participation in the licit economy rather than in illicit drug production, with the objective of reducing the cultivation and production of illicit drugs that contribute to crime and instability in key U.S. partner countries.

In the FY 2022 USAID Development Budget, the Agency requested \$100.3 million in Economic Support and Development Fund (ESDF) for drug control activities, an increase of \$21.3 million from the FY 2021 President's Budget Request of \$79.0 million. The FY 2022 USAID Request for Colombia will continue to target the flow of illicit drugs to the United States by supporting implementation of the 2016 peace accords. Assistance will strengthen legal economies in rural, conflict-affected areas by increasing the competitiveness of licit producers and the value of licit products. These efforts will include catalyzing public and private sector investments in key regions and strengthening farmer producer associations, cooperatives, rural microcredit organizations, agricultural enterprise value chains, and facilitating market linkages. Support for expanded land titling will provide additional incentives for participation in the licit economy. Programming will also help former combatants' and conflict victims' social reintegration into their community, further reducing the appeal of illicit activities. Close collaboration with the U.S. Development Finance Corporation (DFC) will deepen results and sustainability of counter-narcotics efforts in Colombia. In Peru, the FY 2022 USAID Request will refocus USAID's alternative development programs from farmers in areas with prior success and expand into new geographic areas, as well as continue to leverage greater resources and buy-in from Peru's private and public sectors to sustain reductions in coca cultivation. USAID is

leveraging \$100 million in private sector investments, linking hundreds of communities harvesting alternative crops with private supply chains, and catalyzing increased lending and financial services in post-eradication areas.

Key performance indicators that USAID Missions and implementing partners in Colombia and Peru have tracked over several years are: hectares of alternative/licit crops under cultivation, dollar value of sales generated by supported agricultural producers, and number of benefiting individuals/households. USAID Missions' annual performance reports have noted sustained performance in recent fiscal years, while also highlighting contextual and other factors limiting expansion of these results. The most recent annual performance report covering FY 2019 results, compared to targets for the same time period, are included in the attached Budget and Performance Summary. In keeping with the Department of State and USAID's annual performance reporting schedule, in December 2020, Colombia and Peru will consolidate and report on FY 2020 results data and establish FY 2021 targets. These data, along with completed and ongoing independent evaluations of USAID's alternative development programs, will be used to assess progress and make adjustments as needed.

We are committed to plan and execute an efficient and effective drug control budget within a constrained budget environment. We look forward to working with you on the FY 2022 ESDF Drug Control budget request and please reach out if you have any questions.

Sincerely,

Tricia Schmitt
Director, Budget and Resource Management
U.S. Agency for International Development

DEPARTMENT OF STATE
United States Agency for International Development

Resource Summary

| Budget Authority (in Thousands) | | | |
|--|-----------------------|--------------------|--------------------------|
| | FY 2020 Estimate** | FY 2021 Request | FY 2022 USAID Request |
| Drug Resources by Function | | | |
| International | \$70.518 | \$79.000 | ■ |
| Total Drug Resources by Function | \$70.518 | \$79.000 | ■ |
| Drug Resources by Decision Unit | | | |
| Development Assistance | \$20.000 | \$0 | ■ |
| Economic Support Fund | \$50.518 | \$0 | ■ |
| Economic Support and Development Fund | \$0 | \$79.000 | ■ |
| Total Drug Resources by Decision Unit | \$70.518 | \$79.000 | ■ |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 20 | 20 | ■ |
| Andean Region (Total) | | | |
| Peru | 3 | 3 | ■ |
| Colombia | 17 | 17 | ■ |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in Billions)* | \$24.5 | \$19.6 | ■ |
| USAID Drug Resources Percentage | 0.3% | 0.4% | ■ |

* Total Agency Budget is the USAID-managed foreign assistance accounts, including DA, ESF, and ESDF, among others.

** The FY 2020 level is an estimate based on FY 2019 levels. Allocations are not yet available for the enacted FY 2020 appropriation.

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. counter-narcotics 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 agribusiness industry. This support incentivizes and facilitates participation in the licit economy rather than in illicit drug production, with the objective of reducing the cultivation and production of illicit drugs that contribute to crime and instability in key U.S. partner countries.

METHODOLOGY

For programs related to counter-narcotics, USAID receives appropriated foreign assistance funds from the Economic Support Fund and Development Assistance accounts. Consistent with the FY 2020 and FY 2021 Requests, the FY 2022 Request eliminates the DA account and provides economic and development assistance through a new, consolidated Economic Support and Development Fund (ESDF) account that replaces the ESF account. 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, which contains a Program Area for counter-narcotics. All USAID-managed counternarcotics programming is for alternative development and alternative livelihoods programs, which support economic development that is not reliant on the cultivation, production, and sale of illicit drugs.

BUDGET SUMMARY

The FY 2022 USAID Request level for drug control efforts [REDACTED], [REDACTED] million from the FY 2021 Request. The [REDACTED]
[REDACTED]

Economic Support and Development Funds (ESDF) – Andean Region

Colombia

The [REDACTED]
[REDACTED]

The FY 2022 USAID Request for Colombia will continue to target the flow of illicit drugs to the United States by supporting the transition to peace. Countering illegal drugs in Colombia is a difficult challenge since although the overall amount of cocaine seized in Colombia during the last few reporting periods increased, the increase in the overall cocaine production outpaced these gains. However, in geographic areas where USAID counternarcotics programming has intervened, there has been proven success in sustaining low levels of coca production. Assistance will continue to fund programs to improve the conditions necessary for inclusive, licit, rural economic growth—an important counterpart to the Department of State’s Bureau of International Narcotics and Law Enforcement Affairs (INL) counternarcotics programs. Geographically, USAID programming will concentrate on post-conflict areas and advance implementation of the peace accord that was ratified in 2016. Assistance will strengthen legal economies in rural, conflict-affected areas by increasing the competitiveness of licit producers and the value of licit products. Funding will support Government of Colombia initiatives to

better integrate security and alternative livelihood programs to further reduce drug production, consolidate security, promote licit economic alternatives, ensure more equitable and secure land tenure, increase public and private investment, and improve economic infrastructure in target regions. These efforts will include catalyzing public and private sector investments in key regions and strengthening farmer producer associations, cooperatives, rural microcredit organizations, agricultural enterprise value chains; and facilitating market linkages.

Peru

The FY 2022 Request of [REDACTED] from the FY 2021 Request of \$27.0 million.

The Government of Peru (GOP), along with coordinated assistance from the United States Government, has been able to sustain reductions in the numbers of hectares of coca in large swaths of Peru's central jungle through a three-pronged approach focusing on alternative development (AD), eradication, and interdiction. Once a community gives up coca, USAID's AD programs complement the GOP's efforts to help farmers acquire the assets, skills, and basic services needed to become part of the licit economy (e.g., new crops, improved roads, farming knowledge, and improved local governance). In line with leveraging Peruvian resources, USAID has progressively transferred many aspects of AD assistance to the GOP, including negotiating post-eradication assistance agreements with communities that give up coca, and delivering on those plans. In time, USAID links assisted farmers with higher value markets by helping them secure the volume and quality demanded by buyers and credit to invest in their farms.



Chief Financial Officer

January 27, 2021

Regina LaBelle
Acting Director
Office of National Drug Control Policy
Washington, DC 20503

Dear Ms. LaBelle:

In accordance with the Office of National Drug Control Policy Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, the United States Agency for International Development (USAID) is submitting its Accounting and Authentication of FY 2020 Drug Control Funds and Related Performance Report. A Memorandum from the USAID Office of Inspector General report that declares that they will not conduct a review this year is enclosed.

In accordance with ONDCP Circular dated October 22, 2019, Section 7 financial disclosures and assertions in the attached report, to the best of my knowledge all the information presented for the USAID is true and correct and I concur with all assertions associated with USAID in Section 7. For the purposes of Section 8(a)(b)(c), program performance disclosures and assertions, I have no reason to object to the assertions given by others as these assertions seem reasonable to me.

If you would like to address any questions associated with our submission, please call me on 202-916-2679.

Sincerely,

Reginald W. Mitchell

Enclosures:

- 1) Accounting and Authentication of Drug Control Funds and Related Performance Report
- 2) Memorandum from the USAID Office of Inspector General

U.S. Agency for International Development
Accounting and Authentication of
Drug Control Funds and Related Performance Report for 2020

Reference: ONDCP Circular: National Drug Control Program Agency Compliance Reviews (October 22, 2019)

SECTION 7 REPORTING - Detailed Accounting Report

7. a. Drug Control Funding Obligations

7. a. (1) Table of Prior Year Drug Control Obligations

The following table presents the obligations of the drug control budgetary resources appropriated and available in FY 2020 by Decision Unit and by Drug Control Function.

FY 2020 U.S. Agency for International Development
Drug Control Obligations

| | | \$ In Millions |
|---|-------|----------------|
| | | FY 2020 |
| | | <u>Actual</u> |
| A. Drug Resources by Decision Unit | | |
| Alternative Development and Alternative Livelihoods-Andean Region | | 103.02 |
| Alternative Development and Alternative Livelihoods-Afghanistan | | 0.00 |
| | Total | <u>103.02</u> |
| B. Drug Resources by Drug Control Function | | |
| International | | <u>103.02</u> |
| | Total | <u>103.02</u> |
| Total Agency Budget** | | 13,979 |
| Drug Related Percentage*** | | 0.74% |

** USAID 2020 Agency-wide Appropriations per 2020 Statement of Budgetary Resources

*** Total Drug Control Obligations divided by Total Agency Budget

7. a. (1) (a) Obligations by Budget Decision Unit

Table shows Obligations by Decision Unit. All of the reported obligations supported programs in the decision units as defined for USAID in the Attachment C: Account Structure of the National Drug Control Budget of ONDCP Circular, *Budget Formulation*, dated October 22, 2019.

7. a. (1) (b) Obligations by Drug Control Function

Table also shows Obligations by Drug Control Function under ONDCP drug control function category of international as defined in the Attachment E: Definitions of Drug Control Budget Functions of ONDCP Circular, *Budget Formulation*, dated October 22, 2019. All of the reported obligations by Drug Control Function are calculated pursuant to a drug methodology.

7. a. (2) Drug Methodology

All obligations provided in Table were made from funds available during FY 2020, including any non-expired (multi-year) appropriations and are classified in USAID's accounting system of record in program areas "A04 – Counter-Narcotics" and "PS.3 - Counter-Narcotics." The Agency's accounting system tracks the Drug Control Obligations in the program elements, "PS.3.2- Alternative Development and Alternative Livelihood" and "A016- Alternative Development and Alternative Livelihood," under program area, "Counter-Narcotics." At the request of ONDCP, we also report herein that during FY 2020 USAID did not make any obligations from funds appropriated in FY 2020.

7. a. (3) Methodology Modifications

The drug methodology for 2020 has not been modified from the previous year, 2019.

7. a. (4) Material Weaknesses or Other Findings

CFO does not know of any material weakness or other finding by independent sources or other known weaknesses, including those identified in the Agency's Annual Statement of Assurance, which affects the presentation of prior year drug related obligations data.

7. a. (5) Reprogrammings or Transfers

USAID did not submit any reprogrammings or transfers to ONDCP in FY 2020.

7. a. (6) Other Disclosures

There is no other disclosure necessary to clarify any issues regarding the data reported under this circular.

7. b. Assertions

7. b. (1) Obligations by Budget Decision Unit

The Obligations reported by budget decision unit are the actual obligations from USAID's accounting system of record for the stated Budget Decision Units.

7. b. (2) Drug Methodology

The drug methodology used to calculate obligations of prior year budgetary resources by function and by budget decision unit is reasonable and accurate based on criterion (b) Financial Systems. The financial systems at USAID that support the drug methodology yield data that

fairly presents, in all material respects, aggregate obligations from which the drug-related obligation amounts were derived.

7. b. (3) Application of Drug Methodology

The drug methodology disclosed in section 7 a. (1) Drug Methodology, above, was the actual methodology used to generate Table above.

7. b. (4) Material Weaknesses or Other Findings

CFO does not know of any material weakness or other finding by independent sources or other known weaknesses, including those identified in the Agency's Annual Statement of Assurance, which affects the presentation of prior year drug related obligations data.

7. b. (5) Methodology Modifications

The drug methodology for 2020 has not been modified from the previous year, 2019.

7. b. (6) Reprogrammings or Transfers

The data presented in Table above are associated with 2020 obligations against a financial plan. Also, as stated above in section 6. a. (4) **Reprogrammings or Transfers** USAID did not submit any reprogrammings or transfers to ONDCP in FY 2020.

The financial plan against which the obligations in Table, above, are associated is USAID's FY 2020 Operational Plan. USAID Drug Related activities in that plan are identified as part of Strategic Objective 1.4.2 (Alternative Development and Alternative Livelihoods). Funds in Program Area 1.4.2 are posted in USAID's accounting system at the Activity level using Program Elements A016 and PS.3.2 (Alternative Development and Alternative Livelihoods).

7. b. (7) Fund Control Notices

Not applicable. ONDCP did not issue any Fund Control Notices to USAID in FY 2020.

8. Performance Summary Report

Decision Unit: The Andean Region

**ANDEAN PERFORMANCE SECTION OF THE FY 2020
ACCOUNTING REPORT**

Measure I: Number of families benefiting from alternative development (AD) activities in USG-assisted areas (Peru)

| | FY 2018 result | FY 2019 result | FY 2020 target | FY 2020 result | FY 2021 target | FY 2022 target |
|------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| # families | 41,439 | 44,035 | 53,000 | 61,792 | 60,000 | 64,000 |

(1) Describe the measure:

This measure applies to Peru. Our objectives are achieved as families and communities in target areas adopt an integrated and sustainable development model built on viable licit economic opportunities. This indicator helps track progress toward that end.

(2) Discuss performance results for FY 2020:

In partnership with the Government of Peru (GOP) and private sector actors, USAID has scaled up its assistance to help thousands of families transition out of the drug trade and into the licit economy. USAID is in the midst of phasing out assistance to consolidated areas (where licit development has taken root and families are unlikely to return to coca cultivation), and shifting resources to other, high-priority areas where interventions are more nascent and/or less robust. The increase in the number of families covered by the program is explained by the fact that DEVIDA, the GOP partner implementing assistance activities, doubled its estimated number of assisted families in the first and second quarters of fiscal year 2020 to 100,000 families, due to an expansion of its geographical scope. By the second quarter, the COVID-19 pandemic made it impossible for DEVIDA to reach its new annual target, but nevertheless it surpassed the original target of 53,000 families.

(3) Discuss the appropriateness of the target for FY 2021:

USAID does not expect to see major increases in the number of families assisted over the next two years, though that could change depending on the progress of GOP-led eradication operations in the Valley of the Rivers Apurimac, Ene, and Mantaro (VRAEM).

(4) Discuss the procedures for collection of valid data and targets:

USAID implementing partners are required to keep track of and report on the number of families benefiting from alternative development activities. USAID and its partners regularly conduct monitoring and verification exercises to maintain quality data and establish annual targets. Moreover, USAID participates in an annual verification exercise led by DEVIDA, Peru’s counter-narcotics agency, that involves randomly selected household surveys. This verification exercise gives us added confidence in the accuracy of the data.

Measure II: Total sales of licit farm and non-farm products in USG assisted areas (Peru)

| | FY 2018 result | FY 2019 result | FY 2020 target | FY 2020 result | FY 2021 target | FY 2022 target |
|-------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| \$ sales | \$55 million | \$67 million | \$70 million | \$83 million | \$80 million | \$85 million |

(1) Describe the measure:

This measure applies to Peru. USAID assistance in Peru sustains the reduction of coca after forced eradication by helping farmers acquire the assets, skills, links to markets, and basic services needed to earn a decent living and become part of a licit economy. An adequate and

reliable income from licit crops is an essential factor in a farmers' decision to give up coca cultivation. This indicator helps track progress toward that end.

(2) Discuss performance results for FY 2020:

Progress is on track. The amount of sales in FY 2020 exceeded the target by 19 percent. This deviation stems from: (1) a 19 percent increase over the previous year, in the number of hectares of cacao and coffee under production; and (2) a higher than expected commodity prices for cacao and coffee with 8 percent and 14 percent annual price increases respectively.

(3) Discuss the appropriateness of the target for FY 2021:

Sales of licit crops are projected to increase over the next several years as a result of USG-supported improvements in farmer productivity. The increase in sales will likely occur at a lower rate than seen over previous years, however, as improvements in productivity generally produce a relatively smaller gain in sales as compared to expanding hectares under cultivation.

(4) Discuss the procedures for collection of valid data and targets:

USAID implementing partners are required to keep track of and report on sales generated through USAID assistance to farmers and farmer organizations. USAID and its partners regularly conduct monitoring and verification exercises to maintain quality data and establish annual targets. Moreover, USAID participates in an annual verification exercise led by DEVIDA, Peru's counter-narcotics agency, that involves randomly selected household surveys. This verification exercise gives us added confidence in the accuracy of the data.

Measure III: Hectares of alternative crops targeted by USG programs under cultivation (Peru)

| | FY 2018 result | FY 2019 result | FY 2020 target | FY 2020 result | FY 2021 target | FY 2022 target |
|------------|----------------|----------------|----------------|----------------|----------------|----------------|
| # hectares | 75,620 | 70,853 | 85,000 | 83,815 | 90,000 | 90,000 |

(1) Describe the Measure:

This measure applies to Peru. It includes all hectares of alternative crops that receive USG assistance. USAID works with the Government of Peru and its counter-narcotics agency, DEVIDA, to increase alternatives to illicit coca production and improve state services in areas formerly dominated by coca and narco-terrorism. In collaboration with DEVIDA, USAID assists former coca farmers to plant and maintain alternative crops, as well as to improve their productivity and cooperation around both social and economic ends. USAID also partners with the private sector (including U.S. cacao and coffee companies, as well as agricultural equipment and input suppliers), to improve production and post-harvest practices, and to help meet the quality standards that the market demands.

(2) Discuss performance results for FY 2020:

Progress was sustained due to the work of DEVIDA and alternative development private sector alliances, especially during the first two quarters of FY 2020, fourth year of implementation of the program. The Peru Cacao Alliance did not meet its FY 2020 goal because of the government-mandated social distancing due to the COVID-19 pandemic, which did not allow the project to assist as many families and hectares as planned in the new intervention areas in the Pasco region.

(3) Discuss the appropriateness of the target for FY 2021:

USAID does not expect to see major increases in hectares assisted in the coming years, as the focus will continue to be on improving productivity and sales generated from existing hectares under cultivation.

(4) Discuss the procedures for collection of valid data and targets:

USAID implementing partners are required to keep track of and report on the new hectares that are planted and those where new production techniques are applied. USAID and its partners regularly conduct monitoring and verification exercises to maintain quality data and establish annual targets. Moreover, USAID participates in an annual verification exercise led by DEVIDA that involves randomly selected household surveys. This verification exercise gives us added confidence in the accuracy of the data.

Measure IV: Total number of clients benefiting from financial services provided through USG-assisted financial intermediaries, including non-financial institutions or actors (Colombia)

| | FY 2018 result | FY 2019 result | FY 2020 target | FY 2020 result | FY 2021 target | FY 2022 target |
|--------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| # clients | 184,057 | 248,344 | 76,412 | 611,800 | 68,096 | 68,745 |

(1) Describe the measure:

This indicator included the number of new clients that have an active financial product or service (e.g. loans, savings, insurance) with a USAID assisted financial institution. Savings account clients only include those that are active (have performed some transactions in the last 6 months, according to the Colombian Financial Superintendence’s definition). An institution is considered to receive USAID assistance when it has received technical assistance, training and/or grants. Clients counted under this indicator live in geographies affected by conflict, high socio-economic vulnerability and/or illegal economies.

(2) Discuss performance results for FY 2020:

Two USAID-funded activities contributed to this indicator in FY 2020: Rural Finances Initiative (RFI) and the Empropaz public-private partnership. Through these two activities, USAID fosters rural economic development by increasing micro, small-, and medium-sized business’s access to financial services. These activities seek to address the impact of decades of internal conflict on rural communities in Colombia, preventing rural and agricultural sectors from accessing financial services, and limited rural families’ abilities to fully participate in the economy. By increasing citizen access to financial services, USAID is contributing to reducing vulnerability and facilitating economic inclusion. The significant performance this year was related to the COVID-19 pandemic. Given the negative economic impact in Colombia with high unemployment, growing food insecurity, and low economic performance, stakeholders concentrated on accelerating the expansion of financial services to mitigate these impacts and

assist those in need. USAID's RFI activity received greater interest from local financial institutions than anticipated, leading to a higher uptake of its offered interventions. The EMPROPАЗ public-private partnership also surpassed its targets for its productive finance and entrepreneurship development components. Through RFI's technical assistance and support to financial institutions, 513,586 new clients benefited from financial services during FY 2020. In addition, 28,068 new clients received financial services for productive finance, entrepreneurship development, and businesses strengthening through the EMPROPАЗ activity implemented by a local bank. These results not only demonstrate the contribution of USAID in expanding financial services in rural zones of Colombia, but also illustrate that financial services are profitable in target municipalities. This profitability will enhance the long-term sustainability of financial institutions' presence as rural financial services providers and is expected to lead to continued services after both activities have ended -- a permanent, market-based solution.

(3) Discuss the appropriateness of the target for FY 2021:

RFI's target for FY 2021 is 40,000 clients. The activity will be shifting populations to target migrant populations in a new geography. Based on past investments and experience, EMPROPАЗ's estimated target for FY 2021 is 28,096.

(4) Discuss the procedures for collection of valid data and targets:

Financial institutions supported by USAID send reports with financial information to USAID implementing partners. USAID then reviews and validates the data reported by these partners. USAID staff conduct data quality assessments (which include verification of sources and supporting documentation), per Agency policy.

Measure V: Number of rural households benefiting directly from USG interventions (Colombia)

| | FY 2018 result | FY 2019 result | FY 2020 target | FY 2020 result | FY 2021 target | FY 2022 target |
|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| # rural households | 45,249 | 40,049 | 19,995 | 27,973 | 15,650 | 12,100 |

(1) Describe the measure:

This indicator tracks contributions to improve conditions for inclusive rural economic growth in Colombia, a key development objective in USAID/Colombia's five-year strategy. The long-lasting civil conflict in Colombia has marginalized generations of citizens from the benefits of development. With the signing of the peace agreement, transitioning towards a sustainable and inclusive peace will require Colombia to promote a more inclusive society with opportunities for those that have been historically marginalized.

(2) Discuss performance results for FY 2020:

Five USAID-funded activities contributed to this indicator during FY 2020: Producers to Markets Alliance (PMA); Community Development and Licit Opportunities (CDLO); Land for Prosperity (LfP); Cacao for Peace; and Legal Gold, an artisanal gold mining environmental impact reduction activity. Taken together, 27,973 households benefited through these activities.

Under PMA, the implementation of field activities required to identify and incorporate new beneficiaries was negatively affected by COVID-19 quarantine restrictions. As such, the activity did not achieve expected results. Field work resumed in the last quarter of FY 2020. It is expected that performance will improve in FY 2021.

While USAID's Community Development and Licit Opportunities activity did not meet its FY 2020 target, the activity's accumulated progress to date is 99% of its multi-year target.

While LfP benefitted 647 households through either assistance with land ownership rights and/or agricultural technical assistance, it did not achieve the expected results due to COVID-19 quarantine restrictions. This activity is part of a comprehensive approach that works to not only assure durable land rights, but also improve the licit economic benefits from the sustainable management of that land.

USAID's "Cacao for Peace activity surpassed its FY 2020 target as it identified and benefitted 64 farms, 220% above the target.

Legal Gold benefitted 266 families with improved alternative livelihoods, such as annatto (natural food additive) production in Choco, beekeeping in Antioquia, and rehabilitation of degraded mining lands. This annual result was under target as the activity overestimated the potential impacts of its Integrated Watershed Management activities; targets had been established based

on an assumption that mostly medium and large watersheds would be addressed in implementation, but the activity has focused primarily on smaller watersheds.

Results data from USAID's Acumen Development Credit Authority loan guarantee activity were not included in the report this year due to questions about data quality standards identified during a data quality assessment. USAID/Colombia will continue to work with the implementing partner to address the data quality issues and expects to be able to include data from this activity in next year.

(3) Discuss the appropriateness of the target for FY 2021:

The FY 2021 target is based on PMA, CDLO, LfP, and CfP activities' targets. PMA has a goal of reaching 7,500 farmers and CDLO will expand its services to 7,750 households by strengthening their communities to be more reliable and effective partners to implement local-level social and economic development. LfP's estimated target is 8,680. CfP and Legal Gold are winding down as their activities are scheduled to end. The ACUMEN Activity has a target of 1,000 beneficiaries, although this will be reviewed once the data quality issues identified in FY 2020 are resolved. Targets are supported by the budget and interventions outlined in annual work plans for FY 2021.

(4) Discuss the procedures for collection of valid data and targets:

The six contributing USAID activities provide data from activity interventions directly to USAID. USAID staff conduct data quality assessments (which include verification of sources and supporting documentation), per Agency policy.

Measure VI: Value of smallholder incremental sales of licit agricultural products with USG assistance (Colombia)

| | FY 2018 result | FY 2019 result | FY 2020 target | FY 2020 result | FY 2021 target | FY 2022 target |
|-------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| \$ sales | \$0.79 million | \$8.8 million | \$7.9 million | \$28.9 million | \$13.7 million | \$2.2 million |

(1) Describe the measure:

This indicator contributes directly to improved conditions for inclusive rural economic growth and sustainable development. Incremental sales for smallholders are a proxy measurement of their increased income as a result of technical support, strengthened capacity, and increased yield from key value chains. Vulnerable groups in rural, conflict-affected areas have suffered disproportionately. Transitioning towards a sustainable and inclusive peace will require that Colombia promote a more inclusive society with opportunities for those that have been historically marginalized.

(2) Discuss performance results for FY 2020:

Five activities contributed to this indicator in FY 2020: Producers to Markets Alliance (PMA); Community Development and Licit Opportunities (CDLO); Connected Landscapes (CLA); Conservation and Governance (CCA); and Paramos and Forests (PF). Increasing farmer sales and net income is crucial to demonstrating to rural producers that there are viable licit economic alternatives to coca production.

PMA activity's incremental sales increases in FY 2020 were driven primarily by productivity increases across value chains, which have been above target. With a recovery in FY 2020, despite COVID-19, market prices are now contributing to increased smallholder sales. Increases in market prices are a reflection both of international supply and demand trends as well as price premiums in recognition of improved product quality which has been a key focus of PMA interventions.

CDLO activity also reported outstanding results against established targets. The activity has worked extensively to improve business practices of producer organizations, many of which did not have sales records at the beginning of the activity. Now all participating organizations have the capacity to understand and report key financial data.

Similarly, CLA greatly exceeded its target due to an underestimated baseline and expansion of value chain activities. The original target estimate was derived from 33 surveys that did not constitute a representative sample (initially the calculation was based on livestock and cheese sales only). Furthermore, given the strategies implemented in 2019 and 2020, it was possible to expand activities beyond livestock and cheese to also include cocoa, vegetables, and sugar cane products.

CCA achieved only 19.2% of its FY 2020 target, supporting sales of \$100,272. Sales were negatively affected by COVID-19 and the national quarantine. It is expected that during the last quarter of calendar year 2020, the activity will see increased sales of cacao and coffee in the Andean Amazon foothills. In association with the private sector, the activity also seeks to promote dairy products generated in a sustainable way to reduce Amazon deforestation. The activity is promoting a designation of origin for these dairy products as a joint effort by USAID, the Regional Cattle Ranching Association of Caquetá, the Takami Group of luxury restaurants, and the Sierra Nevada SAS fast food company of Colombia.

Finally, in FY 2020 USAID's PF started implementing small grants to dynamize the sales of sustainable products in dairy, meat, potato and plantain, to name a few.

(3) Discuss the appropriateness of the target for FY 2021:

According to estimates of the number of producer beneficiaries and market conditions, the following are the estimated FY 2021 targets for the USAID-funded activities reporting on this indicator: PMA \$11,918,000; CDLO \$612,500; and PG \$1,200,000. CLA and CC will be closing in the first months of FY 2021; as such, they do not have targets for this indicator. The Mission is exploring replacing this indicator in FY 2021 with a new State-USAID standard indicator EG.3.2-26, Value of annual sales of producers and firms receiving USG assistance. The target for FY 2022 is low with respect to the previous fiscal years since PMA, the activity mainly reporting this indicator, will end in the first quarter of FY2022. The target will be adjusted once the scope of new designs under the economic growth portfolio is established.

(4) Discuss the procedures for collection of valid data and targets:

Data are reported by the contributing USAID activities mentioned above. PMA uses specific annual representative surveys of the organizations and farmers supported for data on sales and income. For the other activities, the implementing partners collect the data directly from all beneficiaries. USAID staff conduct data quality assessments (which include verification of sources and supporting documentation), per Agency policy.

Measure VII: Number of additional hectares of licit crops under improved technologies or management practices as a result of USG assistance (Colombia)

| | FY 2018 result | FY 2019 result | FY 2020 target | FY 2020 result | FY 2021 target | FY 2022 target |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| | | | | | | |

| | | | | | | |
|---------------|--------|--------|--------|---------|--------|-------|
| # hectares | 11,347 | 76,628 | 22,481 | 122,841 | 20,209 | 2,409 |
|---------------|--------|--------|--------|---------|--------|-------|

(1) Describe the measure:

This indicator contributes directly to improve conditions for inclusive rural economic growth and sustainable development. In Colombia only 4.8 million out of a potential 22 million hectares are farmed. Farmer producer associations in conflict zones are weak or non-existent. They neither possess the market power needed to influence policies that affect them, nor benefit from economies of scale in their engagement with the marketplace. Most of the illicit economic activities are concentrated in conflict zones. The transfer of knowledge and technology contributes to the improvement of inclusive economic opportunities and reducing poverty, which is key to addressing the root causes of conflict.

(2) Discuss performance results for FY 2020:

During FY 2020, USAID supported management practices and technology improvements in 122,841 hectares. Most of this support was delivered through USAID's Producers to Markets Alliance (PMA) activity, which supported 119,803 hectares. The main reason for the result being over target was due to a PMA oversight. Originally this activity did not include interventions that improved livestock management practices under this indicator. Upon clarification, these interventions are now counted towards annual results. These producers improved basic agriculture practices, farm management systems, and new technologies through PMA demonstration sites and individual farm visits on production-related topics such as plant nutrition, pruning, weed control, and pasture management.

Three USAID public-private partnerships also contributed to this indicator. The Bitter Cassava for a Sweet Milk activity contributed to the improvement of 910 hectares (46 percent above target). It was able to negotiate forward contracts for cassava purchases. This, along with technology improvement investments and pasture renovation allowed the activity to exceed expectations. USAID's Fear to Trust activity contributed to the improvement of 1,234 hectares and is in its final year. USAID's Cocoa Effect activity did not reach its target (64% deviation) due to pandemic restrictions, which limited its planned support for cacao planting. Nevertheless, the activity was able to provide technical guidance on fertilization, pruning, irrigation, and sanitary controls. The technical assistance of these activities builds the capacity of farmers for

future crops and is a sustainable contribution to their ultimate economic success and graduation from development programs.

(3) Discuss the appropriateness of the target for FY 2021:

Based on estimates of investments for improved technologies and management practices in coffee, cacao, dairy, latex, and blackberry crops, the following are the estimated FY 2021 targets of the activities reporting this indicator: PMA 17,816; CE 1,922; and BCSM 471. Hectares under interventions that improved livestock management practices are not included in this target. The inclusion of these hectares in the target is under discussion and may be included next year. The target for FY 2022 is low with respect to the previous fiscal years since PMA, the activity mainly reporting this indicator, will end in the first quarter of FY2022. The target will be adjusted once the scope of new designs under the economic growth portfolio is established.

(4) Discuss the procedures for collection of valid data and targets:

This data is collected from the contributing USAID activities. USAID staff conduct data quality assessments (which include verification of sources and supporting documentation), per Agency policy. Geographic Information System (GIS) information is used for estimating the data reported in this indicator. GIS files were reviewed in the data quality assessment for this indicator.

Decision Unit: Afghanistan

**AFGHANISTAN PERFORMANCE SECTION
OF THE FY 2020 ACCOUNTING REPORT**

Table 1:

Number of individuals who have received USG supported short-term agricultural sector productivity training or food security training.

| FY 2016 Target | FY 2016 Actual | FY 2017 Target | FY 2017 Actual | FY 2018 Target | FY 2018 Actual | FY 2019 Target | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 101,792 | 142,697 | 98,100 | 120,041 | 35,510 | 89,114 | 36,838 | 91,382 | 13,665 | 39,801 | 3,500 |

Number of households benefited by agriculture and alternative development interventions in targeted areas.

| FY 2016 Target | FY 2016 Actual | FY 2017 Target | FY 2017 Actual | FY 2018 Target | FY 2018 Actual | FY 2019 Target | FY 2019 Actual | FY 2020 Target | FY 2020 Actual | FY 2021 Target |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 44,420 | 92,264 | 50,448 | 457,523 | 32,580 | 190,403 | 36,645 | 143,954 | 0 | 164 | 0 |

(1) Describe the measure:

The performance indicators in Tables 1 and 2 measure the extent to which activities are reaching a critical mass of beneficiaries in targeted areas. The Afghan Value Chains - High Value Crops, Afghan Value Chains - Livestock, Agricultural Marketing Program, Catalyzing Afghan Agricultural Innovation, Grain Research And Innovation (GRAIN), Promoting Value Chains - West, Regional Agriculture Development Program - East (RADP-E), Commercial Horticulture and Agricultural Marketing Program (CHAMP), and Strengthening Watershed and Irrigation Management (SWIM) activities contribute to this indicator.

The number of individuals who have received USAID training is the number of individuals to whom knowledge or skills have been imparted through formal or informal means as a result of USG supported programs. This includes in-country and off-shore training, as well as knowledge or skills gained through technical assistance activities.

The numbers of households benefiting from agriculture and alternative development interventions are residents of a common dwelling who pool expenses and regularly live together. A household is a beneficiary if it contains at least one individual who is a beneficiary. An individual is a beneficiary if s/he is engaged with a project activity and either already has shown benefit from the activity or has a high likelihood of gaining one of those benefits due to his/her significant level of engagement with the project. This indicator gives insight into the scope of USAID agriculture and alternative development programs and whether they are likely to significantly impact target areas.

(2) Discuss performance results in FY 2020:

These indicators have consistently met or over-achieved targets. However, it must be noted that the shift in emphasis in agricultural programming to the higher ends of agricultural value chains may have an impact on the performance of these indicators in the future.

(3) Discuss the appropriateness of the target for FY 2021:

USAID is no longer undertaking alternative development interventions, and these results will be reported under new indicator language in the future. The CHAMP activity contributed to alternative development interventions only in the first quarter, and it was a small amount relative to the FY19 result. There is no target for FY21, as all of the contributing programs have expired.

(4) Discuss the procedures for collecting of valid data and targets:

USAID has streamlined our own multi-tiered monitoring program in Afghanistan to three tiers that require: 1) either direct USAID observation or direct third party monitoring, 2) implementing partner data, and 3) other sources that corroborate the previous two tiers, such as local beneficiaries, other donors, and civil society to ensure that data collection methodologies and procedures are sound and to conduct periodic data quality assessments. Targets are established by considering current and future planned activities, budget levels, cost estimates for implementation and consultations with groups or associations of farmers in targeted areas.

9. Inspector General Authentication

See Memorandum from the USAID Office of Inspector General, attached.

10. Unreasonable Burden

Not applicable. USAID's obligations exceed the \$50 million threshold level for simplified reporting.

Tab L



U.S. DEPARTMENT OF TRANSPORTATION

OFFICE OF INSPECTOR GENERAL

**Inspector General Review of the Federal
Aviation Administration's Fiscal Year 2020
National Drug Control Program Activities**

Report No. FI2021019

February 17, 2021



Inspector General Review of the Federal Aviation Administration's Fiscal Year 2020 National Drug Control Program Activities

Required by the Office of National Drug Control Policy Circular, National Drug Control Program Agency Compliance Reviews

FI2021019 | February 17, 2021

What We Looked At

Under the Office of National Drug Control Policy (ONDCP) Circular, *National Drug Control Program Agency Compliance Reviews*, when drug-related obligations total less than \$50 million and a full compliance with the Circular would constitute an unreasonable reporting burden, agencies may submit alternative reports. The Federal Aviation Administration (FAA) submitted alternative Budget Formulation Compliance, Detailed Accounting, and Performance Summary reports. We reviewed the reports and related management assertions to determine the reliability of those assertions in compliance with the Circular. We conducted our review in accordance with generally accepted Government auditing standards for attestation engagements. We limited our review to inquiries and analytical procedures appropriate for an attestation review according to the Circular's criteria.

What We Found

We were not able to validate the budget amounts in FAA's Budget Formulation Compliance Report because FAA did not provide sufficient supporting documentation to allow a review. As a result, we were not able to conclude that the funding levels in the budget submission provided by the budget decision units to FAA were without alteration or adjustment.

We were not able to verify the reasonableness of FAA's reported Air Traffic Organization (ATO) obligations because FAA did not provide documentation to support the obligations. We also noted that the estimation method FAA used to determine its ATO obligations included a baseline full-time equivalent level last updated in 2003.

Because FAA did not provide a signed assertions letter related to performance with its Performance Summary Report, as required, we were unable to perform procedures related to performance assertions. Based on our review of FAA's fiscal year 2020 Budget Formulation Compliance, Detailed Accounting, and Performance Summary reports, we were not able to conclude on the reliability of FAA's management assertions.



**U.S. Department of
Transportation**

February 17, 2021

Director, Office of Policy, Research, and Budget
Office of National Drug Control Policy
750 17th St., N.W.
Washington, DC 20503

Dear Director:

This report presents the results of our independent review of the Federal Aviation Administration's (FAA)'s fiscal year 2020 Budget Formulation Compliance, Detailed Accounting, and Performance Summary reports to the Office of National Drug Control Policy (ONDCP). The reports and our review are required by 21 U.S.C. § 1704(d) and ONDCP Circular *National Drug Control Program Agency Compliance Reviews*, dated October 22, 2019. Our objective is to express a conclusion about the reliability of each assertion made in each report.

FAA was required to submit its reports along with our authentication of those reports to ONDCP by February 1, 2021. We requested that FAA provide its reports to us by December 11, 2020, but we did not receive the reports until January 13, 2021. Because of this delay, we were unable to authenticate the reports prior to FAA's submission deadline.

The Circular states that when prior year drug-related obligations are less than \$50 million and compliance with the Circular would constitute an unreasonable burden, agencies may submit alternative reports. Because its drug-related obligations for fiscal year 2020 totaled less than \$50 million, FAA submitted alternative reports. We reviewed FAA's reports and related management assertions to determine the reliability of those assertions in compliance with the Circular in all material respects. We conducted our review in accordance with generally accepted Government auditing standards for attestation engagements. An attestation review is substantially more limited in scope than an examination, which would express an opinion on the accuracy of FAA's fiscal year 2020 Budget Formulation Compliance, Detailed Accounting, and Performance Summary reports. Because we conducted an attestation review, we do not express such an opinion.

Budget Formulation Compliance Report

We performed review procedures on FAA's fiscal year 2020 Budget Formulation Compliance Report (see enclosure 1) according to the Circular's criteria. We limited our work to inquiries and analytical procedures appropriate for an attestation review. Specifically, we performed procedures to determine whether FAA submitted the summer budget timely and funding levels represented bureau-level request.

Based on our review, we determined FAA timely submitted its summer budget. Additionally, we noted that FAA reported drug resources totaling \$34.235 million on its fiscal year 2020 budget formulation compliance report. However, we were unable to validate the budget amounts because FAA did not provide sufficient supporting documentation. As a result, we were unable to conclude that the funding levels in the budget submission to FAA by the budget decision units were without alteration or adjustment by FAA officials.

Detailed Accounting Report

We performed review procedures on FAA's fiscal year 2020 Detailed Accounting Report (see enclosure 2) according to the Circular's criteria. We limited our work to inquiries and analytical procedures appropriate for an attestation review. Specifically, we performed procedures for the purpose of expressing a conclusion about the reliability of each of the seven assertions made in FAA's drug control obligations summary report.

We reviewed \$21.290 million in obligations from two of FAA's drug control decision units—Aviation Safety/Aerospace Medicine (AVS/AAM) and Security and Hazardous Materials Safety (ASH)—and traced those obligations to the Department of Transportation's accounting system without exception. Additionally, FAA reported drug control obligations totaling \$11.965 million for its Air Traffic Organization (ATO) decision unit. However, because FAA did not provide documentation to support the obligations reported, we were unable to verify the reasonableness of its reported ATO obligations.

We also noted that the estimation method FAA used to determine its ATO obligations included a baseline full-time equivalent (FTE) level last updated in 2003. Using an outdated baseline can result in an estimate that does not reasonably reflect a current level-of-effort related to drug control activities.

We reviewed FAA's drug methodologies, including a modification made to ASH's methodology, and did not identify any issues with the reasonableness and

reliability of the AVS/AAM and ASH's accounting methodology. Also, nothing came to our attention indicating that a methodology other than the two disclosed in the report was used to generate the fiscal year 2020 drug control obligations summary table or that material weaknesses or other findings may have impacted the prior year drug-related obligations existed.

FAA asserted that there was no reprogramming or transfer of drug control funds. Based on our review, we identified a difference between the fiscal year 2020 total enacted amounts and the total amounts reported. The difference identified did not exceed \$5 million or 10 percent of the FAA drug control program's enacted amount. As a result, there was no indication that drug control funds were reprogrammed or transferred. Also, FAA did not issue any fund control notices during the fiscal year.

Performance Summary Report

FAA's performance targets for fiscal year 2020 were to ensure the aviation industry conducts random drug and alcohol testing of safety sensitive employees with results not exceeding 1 percent positives for drugs and 0.5 percent positives for alcohol; and initiate regulatory investigations on 95 percent of airmen involved in the sale or distribution of illegal drugs within 30 days of knowledge of a conviction or notification by law enforcement.

FAA indicated that it met its performance targets. However, FAA did not provide a signed assertions letter related to performance with the Performance Summary Report (see enclosure 3), as required. We were therefore unable to perform any procedures related to performance assertions.

Conclusion

We were unable to conclude on the reliability of FAA's management assertions based on our reviews of FAA's fiscal year 2020 Budget Formulation Compliance, Detailed Accounting, and Performance Summary reports.

We appreciate the cooperation and assistance of the Department of Transportation's representatives. If you have any questions about this report, please call me at (202) 329-0694.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis C. King". The signature is fluid and cursive, with the first name "Louis" being the most prominent part.

Louis C. King

Assistant Inspector General for Financial Audits

cc: The Secretary
DOT Audit Liaison, M-1
FAA Audit Liaison AAE-100

Enclosure 1. Budget Formulation Compliance Report

DEPARTMENT OF TRANSPORTATION

FEDERAL AVIATION ADMINISTRATION
NATIONAL DRUG CONTROL
FY 2020 BUDGET FORMULATION COMPLIANCE REPORT



DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

Budget Formulation Compliance Report (BFCR) Table of Contents

BFCR, Part A: Summer Budget Formulation Information

1. Copy of the FY 2022 Summer Drug Budget Transmittal Letter submitted to ONDCP
2. Copy of the FY 2022 Summer Drug Budget Resource Summary Table submitted to ONDCP

BFCR, Part B: Assertions – Timeliness and Accurate Reporting of Budget Levels

1. Letter with signed assertions by the Chief Financial Officer (CFO)

DEPARTMENT OF TRANSPORTATION
Federal Aviation Administration

Resource Summary

| | Budget Authority (in millions) | | |
|--|---------------------------------------|-----------------------|----------------------------|
| | FY 2020 Enacted | FY 2021 PB | FY 2022 Request |
| Prevention | \$17.500 | \$19.800 | \$19.800 |
| Intelligence - Interdiction | \$13.755 | \$14.415 | \$14.456 |
| Investigations | \$1.190 | \$1.370 | \$1.370 |
| State & Local Assistance | \$1.790 | \$2.450 | \$2.253 |
| Total Drug Resources by Function | \$34.235 | \$38.035 | \$37.878 |
| Drug Resources by Decision Unit | | | |
| Air Traffic Organization | \$11.965 | \$11.965 | \$12.203 |
| Aviation Safety/Aerospace Medicine | \$18.690 | \$21.170 | \$21.170 |
| Security and Hazardous Material Safety | \$3.580 | \$4.900 | \$4.505 |
| Total Drug Resources by Decision Unit | \$34.235 | \$38.035 | \$37.878 |
| Drug Resources Personnel Summary | | | |
| Total Full Time Equivalents (direct only) | 170 | 189 | 188 |
| Drug Resources as a percent of Budget | | | |
| Total Federal Aviation Administration Budget (in billions) | \$27.618 | \$17.522 | \$16.813 |
| FAA Drug Resources percentage of total budget | 0.12% | 0.22% | 0.23% |



U.S. Department
of Transportation
**Federal Aviation
Administration**

Assistant Administrator for Financial Services and
Chief Financial Officer

800 Independence Ave. SW
Washington, D.C. 20591

The Honorable James W. Carroll, Jr.
Director
Office of the National Drug Control Policy
17th St., NW
Washington, DC 20503

Dear Director Carroll:

In accordance with the *Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews*, issued October 22, 2019, the Federal Aviation Administration's (FAA) Fiscal Year 2020 Budget Formulation Compliance Report is enclosed. FAA's obligations for drug-related activities fall below the reporting threshold of \$50 million; therefore, only a limited report is required to satisfy the statutory requirement.

As specified by the Circular, the report consists of the transmittal letter as well as the drug budget resource summary table associated with the Summer FY 2022 submission. The table only includes the drug budget request from the Department of Transportation since a formal President's Budget has not yet been approved for FY 2022.

Assertions

- 1. Timeliness of budget submission.**
The FAA's summer drug budget was provided to ONDCP concurrent with our FY 2022 budget submission to the Office of the Secretary.
- 2. Funding levels represent bureau level requests.**
The funding request represents the funding levels in the budget submission without alteration or adjustment by the FAA.
- 3. FY 2022 funding levels for the President's Budget have not been established.**
A formal President's Budget for FY 2022 has not been approved so the table included in this report only includes the Department of Transportation's budget request for FY 2022.

FAA's point of contact for this report is Peter Toman. He can be reached at (202) 267-5451, if further assistance is required.

Sincerely,

DAVID RICKARD Digitally signed by DAVID RICKARD
Date: 2021.01.13 09:04:24 -05'00'

David Rickard
Acting Chief Financial Officer

Enclosures

Enclosure 2. Detailed Accounting Report

DEPARTMENT OF TRANSPORTATION

FEDERAL AVIATION ADMINISTRATION
NATIONAL DRUG CONTROL
FY 2020 DETAILED ACCOUNTING REPORT



Table of Contents

Detailed Accounting Report (DAR) Table of Contents

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2. Aviation Safety/Office of Aerospace Medicine (AVS/AAM) Report
 - a. Drug Methodology
 - b. Methodology Modifications
 - c. Material Weaknesses or Other Findings
 - d. Reprogrammings or Transfers
 - e. Other Disclosures
3. Security and Hazardous Materials Safety (ASH) Report
 - a. Drug Methodology
 - b. Methodology Modifications
 - c. Material Weaknesses or Other Findings
 - d. Reprogrammings or Transfers
 - e. Other Disclosures
4. Air Traffic Organization Report
 - a. Drug Methodology
 - b. Methodology Modifications
 - c. Material Weaknesses or Other Findings
 - d. Reprogrammings or Transfers
 - e. Other Disclosures

DAR, Part B: Assertions

1. Letter with signed assertions by the CFO

1. Table of Prior Year Drug Control Obligations

Obligations Summary
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
(Dollars in Millions)

RESOURCE SUMMARY

| | FY 2020 Enacted | FY 2020 Actual |
|--|--------------------|-------------------|
| Drug Resources by Budget Decision Unit and Function: | | |
| Decision Unit: Air Traffic Organization | | |
| Intelligence Interdiction | \$11.965 | \$11.965 |
| International | \$0.000 | \$0.000 |
| Investigations | \$0.000 | \$0.000 |
| Prevention | \$0.000 | \$0.000 |
| Prosecution | \$0.000 | \$0.000 |
| Recovery | \$0.000 | \$0.000 |
| Research & Development | \$0.000 | \$0.000 |
| State & Local Assistance | \$0.000 | \$0.000 |
| Treatment | \$0.000 | \$0.000 |
| Total, Air Traffic Organization | \$11.965 | \$11.965 |
| Decision Unit: Aviation Safety/Aerospace Medicine | | |
| Intelligence Interdiction | \$0.000 | \$0.000 |
| International | \$0.000 | \$0.000 |
| Investigations | \$1.190 | \$1.380 |
| Prevention | \$17.500 | \$16.310 |
| Industry | \$11.900 | \$11.220 |
| Internal | \$5.600 | \$5.090 |
| Prosecution | \$0.000 | \$0.000 |
| Recovery | \$0.000 | \$0.000 |
| Research & Development | \$0.000 | \$0.000 |
| State & Local Assistance | \$0.000 | \$0.000 |
| Treatment | \$0.000 | \$0.000 |
| Total, Aviation Safety/Aerospace Medicine | \$18.690 | \$17.690 |
| Decision Unit: Security and Hazardous Material Safety | | |
| Intelligence Interdiction | \$1.790 | \$1.800 |
| International | \$0.000 | \$0.000 |
| Investigations | \$0.000 | \$0.000 |
| Prevention | \$0.000 | \$0.000 |
| Prosecution | \$0.000 | \$0.000 |
| Recovery | \$0.000 | \$0.000 |
| Research & Development | \$0.000 | \$0.000 |
| State & Local Assistance | \$1.790 | \$1.800 |
| Treatment | \$0.000 | \$0.000 |
| Total, Security and Hazardous Material Safety | \$3.580 | \$3.600 |
| Drug Resources by Function: | | |
| Intelligence Interdiction | \$13.755 | \$13.765 |
| International | \$0.000 | \$0.000 |
| Investigations | \$1.190 | \$1.380 |
| Prevention | \$17.500 | \$16.310 |
| Prosecution | \$0.000 | \$0.000 |
| Recovery | \$0.000 | \$0.000 |
| Research & Development | \$0.000 | \$0.000 |
| State & Local Assistance | \$1.790 | \$1.800 |
| Treatment | \$0.000 | \$0.000 |
| Total Funding | \$34.235 | \$33.255 |
| Drug Resources Personnel Summary | | |
| Air Traffic Organization | 59 | 59 |
| Aviation Safety/Aerospace Medicine | | |
| Investigations: Industry Drug Abatement | 7 | 6 |
| Prevention: Industry Drug Abatement | 70 | 71 |
| Prevention: Internal Substance Abuse Program | 15 | 13 |
| Security & Hazardous Materials | 19 | 21 |
| Total FTEs (direct only) | 170 | 170 |
| Drug Resources as a Percent of Budget | | |
| Total Agency Budget | \$ 27,618 | \$ 27,618 |
| Drug Resources Percentage | 0.12% | 0.12% |

2. Aviation Safety/Office of Aerospace Medicine (AVS/AAM) Report

(a) Drug Control Methodology:

The FAA has written procedures to identify their drug control obligations. The Office of Aerospace Medicine's (AAM) drug control obligations are properly identified in Delphi, the Department of Transportation's (DOT) accounting system, and follow DOT's and FAA's OMB-A123 procedures.

AAM's drug control fund information is identified and tracked in Delphi using unique accounting project Codes, task codes, organization expenditure code, and program element. AAM's Drug Control Funds are assigned a separate allocation code for accounting of project funds in Delphi.

AAM does not use information received from outside the Department of Transportation to record drug control obligations.

An AAM four step process is in place to monitor AAM's Drug Control Program obligations (not including personnel compensation and benefits) obligations:

- Administrative Assistant review;
- Program Manager approval;
- AAM Finance Branch fund certification; and
- Delphi reconciliation.

Monthly reconciliation of data recorded in the Delphi accounting system is the key to the program's office financial oversight to ensure complete and timely recording of the transactions.

AAM determines drug control amounts on the basis of estimates supported by (1) historical data obtained from the agency accounting system, and (2) requirements for the year. AAM ultimately compares these estimates to actual amounts when they become available. AAM accounts for the Drug Control expenditures using our internal cuff record system, signed documentation, and Delphi reconciliation.

(b) Methodology Modifications:

None

(c) Material Weaknesses or Other Findings:

None

(d) Reprogramming or Other Transfers:

None

(e) Other Disclosures:

None

3. Security and Hazardous Materials Safety Report

(a) Drug Control Methodology:

FAA's Office of Security and Hazardous Materials Safety (ASH) follows the guidance established by the FAA (e.g., the FAA Financial Manual) for all obligations.

ASH's Law Enforcement Assistance Program (LEAP) accounting information can be segregated in DELPHI because LEAP has a unique Budget Line Item (BLI), 464000, which enables ASH to identify total payroll and other object class obligations associated with the program.

The FAA utilizes Delphi, Oracle Business Intelligence Enterprise Edition (OBIEE), and Labor Distribution Reporting (LDR) data from the Platform for Unified Reports for the Enterprise to acquire financial obligation data. ASH used the Delphi OBIEE report AGL99001-B2R Status of Fund YTD report to isolate obligations for FY 2020. The report was run for FY 2020 obligations. The following parameters were used, as well as several additional columns that provided more information (e.g., organization, etc.):

- Fund: 1210100200 (the FY 2020 fund code)
- BLI: 464000 (LEAP BLI)
- Allotment Fund Code (AFC): 79 (ASH's AFC)
- Major Object Class: All

The LEAP PC&B and other object class funds are assigned to the 464000 Budget Line Item. No other program financial obligations are assigned to 464000.

ASH employees conducting LEAP activities are assigned to LEAP and therefore employee costs are associated with the 464000 BLI. Delphi financial reports are system generated and available in perpetuity. Delphi data cannot be manipulated. When using the same parameters, the reported data will be the same.

For FY 2020, ASH determined the total cost of regular and paid overtime hours by Delphi Project-Task Code pair for LEAP employees from RLCR1500, Labor Cost by Organization, by Employee LDR reports.

ASH's LEAP division was initially structured to devote 100 percent of its staff time to ONDCP-related work. Since then, responding to incidents related to Unmanned Aircraft Systems (UAS) and Laser pointers have been added to the division's responsibilities, reducing the capacity to conduct ONDCP work. Based on input from the program office, descriptive information in the ASH LDR Dictionary, and Delphi Project and Task Code descriptions, ASH determined the cost of UAS and Laser activities reported by LEAP employees. Therefore, the cost of LEAP, is the cost remaining after subtracting the cost of UAS and Laser activities from the total cost of LEAP employees.

ASH's LEAP out year estimates are based on historical cost data and future expectations for the number of staff that will be assigned to LEAP. When there is unanticipated growth in activities such as UAS and/or Laser activities, additional agents are authorized, vacancies may not be filled because of funding issues (e.g., continuing resolutions, hiring freezes, etc.), or there is unanticipated attrition, the out year estimates are impacted because the bulk of the costs are payroll and benefits based. Thus, it is critical

3. Security and Hazardous Materials Safety Report

to have close working relationships among the ASH LEAP, budget, and ASH and FAA HR offices so that everyone is continuously aware of LEAP developments and changes in personnel needs.

(b) Methodology Modifications:

Due to the need to differentiate between UAS activities and drug control activities performed by LEAP, ASH has significantly improved its ASH LDR Dictionary and compliance with the Dictionary. Therefore, the use of LDR data to identify all reported time associated with UAS and Laser activity by LEAP employees yields a more accurate, consistent, and objective result, than the previous method, which was more subjective in nature. The previous approach included an analysis of data from cost center codes beyond those associated with the LEAP BLI, required the removal of data for certain employees, and did not include the total amount of time associated with UAS and Laser activities.

The current approach, by contrast, is based entirely on the analysis of reported labor activities associated with the four cost center codes assigned to the 464000 LEAP BLI.

(c) Material Weaknesses or Other Findings:

Not Applicable.

(d) Reprogramming or Other Transfers:

Not Applicable.

(e) Other Disclosures:

Not Applicable.

4. Air Traffic Organization (ATO) Report

(a) Drug Methodology

In accordance with the Office of National Drug Control Policy Circular: Drug Control Accounting issued January 18, 2013, the Air Traffic Organization (ATO) asserts that its estimated obligation level in support of the Office of the National Drug Control Program (ONDCP) effort is \$11.97 Million. This correspondence is in response to the Office of the Inspector General's (OIG) notification to FAA of their intent to audit our Agency's financial data in support of the ONDCP. It should be noted that the stated obligation level reported is a rough order of magnitude. The assertion made in this memo is based on the following factors:

- ATO does not receive National Drug Control Program funding.
- ATO does not have structured programs specific to operational drug control efforts.
- ATO does not have (nor have we been required) to develop specific performance metrics for drug control efforts.
- FAA's total drug control obligations in FY 2020 were less than \$50 million
- ATO has not been required (nor has it established procedures) to capture and quantify workload in support of ONDCP.
- The Full Time Equivalent (FTE) baseline of 59 was established from a historical FTE level dating back to FY 2003.
- The 59 FTE baseline estimates ATO's drug control workforce, which assists Law Enforcement Agencies on drug control activities.
- The ROM for FY 2020 of \$11.97 million was calculated by applying the average personnel compensation and benefits costs for 59 FTE in an Air Route Traffic Control Center facility.

(b) Methodology Modifications

Not Applicable

(c) Material Weaknesses or Other Findings

Not Applicable

(d) Reprogrammings or Transfers

Not Applicable

(e) Other Disclosures

Not Applicable



U.S. Department
of Transportation
**Federal Aviation
Administration**

800 Independence Ave. SW
Washington, D.C. 20591

The Honorable James W. Carroll, Jr.
Director
Office of the National Drug Control Policy
17th St., NW
Washington, DC 20503

Dear Director Carroll:

In accordance with the *Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews*, issued October 22, 2019, the Federal Aviation Administration's (FAA) Fiscal Year 2020 Detailed Accounting Report is enclosed. FAA's obligations for drug-related activities fall below the reporting threshold of \$50 million; therefore, only a limited report is required to satisfy the statutory requirement.

As specified by the Circular, the report details how each drug control unit reports obligation data in support of National Drug Control program activities. The Offices of Aviation Safety (AVS) and Security and Hazardous Materials (ASH) utilize financial systems such as the Department of Transportation's (DOT) Delphi accounting system and Oracle Business Intelligence Enterprise Edition (OBIEE) when accounting for drug budget obligations. FAA and DOT guidance ensures that a repeatable process is utilized in tracking drug funds through the accounting cycle. The attached accounting report explains the methodology utilized by AVS and ASH.

Instead of an accounting report, the Air Traffic Organization (ATO) has provided an assertion memo explaining ATO's drug budget. This is because ATO's work structure does not lend itself to the development and tracking of metrics nor is it cost-effective for the government to do so.

Assertions

1. Obligations by budget decision unit.

A table detailing funding by drug budget decision unit and by resource function is provided.

2. Drug methodology based on data and financial systems.

AVS drug control fund information is identified and tracked in Delphi using unique Accounting project codes, Task Codes, organization expenditure code and program element. These Drug Control Funds are assigned a separate allocation code for accounting of project funds in Delphi. ASH utilizes Delphi, OBIEE, and labor distribution reporting data from the Platform for Unified Reports for the Enterprise to acquire financial obligation data. Due to the unique nature of ATO's support of drug abatement efforts, a full report cannot be provided, but an assertion memo explaining ATO's role is provided. Further information is provided in the report.

3. **Application of drug methodology.**

The drug methodology disclosed in Section 7.a.(2) was the actual methodology used to generate the table required by Section 7.a.(1).

4. **Material weakness or other findings.**

None reported.

5. **Methodology modifications.**

ASH has updated their labor distribution reporting dictionary to account for new requirements placed upon the law enforcement assistance program (LEAP). LEAP is now responsible for responding to UAS investigations in addition to supporting drug control efforts. AVS methodology remains unchanged. Additional information can be found in the detailed accounting report.

6. **Reprogrammings or transfers.**

None reported.

7. **Fund control notices.**

None reported.

FAA's point of contact for this report is Peter Toman. He can be reached at (202) 267-5451, if further assistance is required.

Sincerely,

DAVID RICKARD

Digitally signed by DAVID
RICKARD
Date: 2021.01.13 09:02:57 -05'00'

David Rickard
Acting Chief Financial Officer

Enclosures

Enclosure 3. Performance Summary Report

DEPARTMENT OF TRANSPORTATION

FEDERAL AVIATION ADMINISTRATION
NATIONAL DRUG CONTROL
FY 2020 PERFORMANCE SUMMARY REPORT



Table of Contents**DEPARTMENT OF TRANSPORTATION**
Federal Aviation Administration**Performance Summary Report (PSR) Table of Contents****PSR, Part A: Performance Reporting**

1. Aviation Safety, Office of Aerospace Medicine (AVS/AAM) Report
 - a. Performance Measures
 - b. Prior Years Performance Targets and Results – For each performance measure, the report must provide actual performance information for the previous four fiscal years
 - c. Current Year Performance Targets
 - d. Quality of Performance Data
2. Security and Hazardous Materials Safety (ASH) Report
 - a. Performance Measures
 - b. Prior Year (2019) Performance Target Result – For each performance measure, the report must provide actual performance information for the previous four fiscal years
 - c. Current Year (2020) Performance Target and Results
 - d. Summary of Performance Results

Quality of Performance Data
3. Air Traffic Organization (ATO) Report
 - a. Performance Measures

PSR, Part B: Assertions

1. Letter with signed assertions by the CFO

Aviation Safety, Office of Aerospace Medicine (AVS/AAM) Report

(a) Performance Measures

The Federal Aviation Administration (FAA) contributes to the National Drug Control Strategy by reducing the prevalence of drug and alcohol-impaired personnel from performing safety-sensitive duties in the aviation industry.

The Department of Transportation (DOT) requires the Agency to determine these measures using the Drug and Alcohol Management Information System (DAMIS) reporting. Each year, the FAA conducts a survey of every aviation employer that employes 50 or more safety-sensitive employees, and a random selection of employers that employ 49 or fewer safety-sensitive employees. These employers are notified to report their data showing the number of drug and alcohol tests conducted, and the number of positive test results, along with other miscellaneous information. Due to the reporting methodology, this sampling of DAMIS reporting is always one calendar year behind. For example, employers were required to report all testing they accomplished for calendar year 2019 by March 15, 2020. In an effort to ensure the most accurate data, the DOT allowed for late submissions until October 1, 2020, at which time no more entries were allowed. The most current reported data available is for calendar year 2019.

(b) Prior Years' Performance Targets and Results

The prior year targets for 2014, 2015, 2016, 2017 and 2018 were fully achieved. Annual targets are determined by the DOT and require the positive test results for drugs to be less than 1.0 percent and the percentage of positive alcohol tests to be less than 0.5 percent.

The results for the prior years are as follows:

| Calendar Year | Total Drug Tests Reported | Percentage of Random Positive Drug Tests | Total Alcohol Tests Reported | Percentage of Random Alcohol Violations |
|---------------|---------------------------|--|------------------------------|---|
| 2014 | 197,450 | 0.534% | 52,177 | 0.106% |
| 2015 | 225,139 | 0.523% | 57,968 | 0.083% |
| 2016 | 234,690 | 0.610% | 58,581 | 0.121% |
| 2017 | 240,254 | 0.659% | 60,407 | 0.108% |
| 2018 | 257,683 | 0.731% | 65,400 | 0.099% |

Aviation Safety, Office of Aerospace Medicine (AVS/A) o

(c) Current Performance Targets

Because the methodology requires test reporting to be one calendar year behind, the current year is considered calendar year 2019. For this calendar year, the total drug tests reported were 264,779, resulting in 0.731 percent positive random drug tests. The total alcohol tests reported were 67,222, resulting in 0.144 percent random alcohol violations.

(d) Quality of Performance Data

For calendar year 2019, the Drug Abatement Division required all employers to report their results for the year. As a result, the Division was able to clean up the database, and found that many companies were no longer in business (since the beginning of the reporting year, more have applied for new programs, leaving the Division with 6,557 regulated employers as of December 14, 2020)

During our compliance inspections of covered employers, our inspectors verify the data submitted to DAMIS to ensure its integrity. In FY-2020, the Drug Abatement Division conducted 2,400 inspections.

The following chart indicates the number of employers that reported their data:

| Calendar Year | Approximate Number of Total Regulated Employers | Number of Reporting Regulated Employers | Approximate Percentage of Reporting Employers Vs. Total Employers |
|---------------|---|---|---|
| 2014 | 7,030 | 3,688 | 53% |
| 2015 | 6,449 | 6,421 | 99.6% |
| 2016 | 6,350 | 6,350 | 100% |
| 2017 | 6,434 | 6,437 | 99.98% |
| 2018 | 6,457 | 6,451 | 99.91% |
| 2019 | 6,408 | 6,215 | 96.99% |

2 Security and Hazardous Material Safety (ASH) Report

(a) Performance Measure

The Federal Aviation Administration's (FAA) Law Enforcement Assistance Program (LEAP) contributes to the National Drug Control Strategy by reducing access to the National Airspace System (NAS) by airmen known to the FAA to be involved in the sale or distribution of illegal drugs. The LEAP special agents provide extensive technical and administrative assistance, on a timely and continuous basis, to all Federal, State, local, tribal, territorial, and international law enforcement (LE) agencies engaged in drug interdiction efforts. These LEAP special agents have access to FAA data, not available to other agencies, that is critical to the development of investigations on airmen involved in illegal drug trafficking. The information FAA provides to LE assists them in the arrest and conviction of airmen and/or the seizure of aircraft.

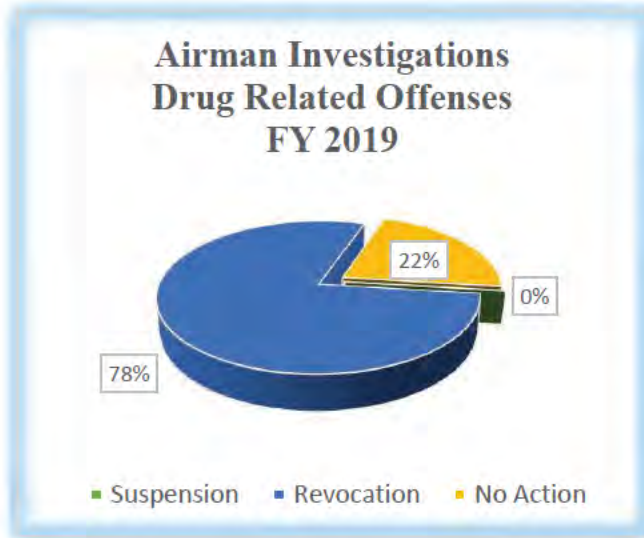
By working jointly with LE, FAA learns of investigations and information that enables FAA to initiate regulatory enforcement investigations on airman/aircraft suspected of drug trafficking; in many cases, these investigations result in the revocation of airmen certificates, thus contributing to the safety and security of the national airspace system (NAS) and the flying public.

The FAA uses a single performance measure to assess the program. This performance measure reflects a critical milestone in the goal to promote the safety and security of the NAS and the flying public by restricting access to the NAS by airmen who have violated statutory and regulatory requirements for maintaining an airman certificate.

- **PERFORMANCE MEASURE:** Initiate regulatory investigations on 95 percent 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.

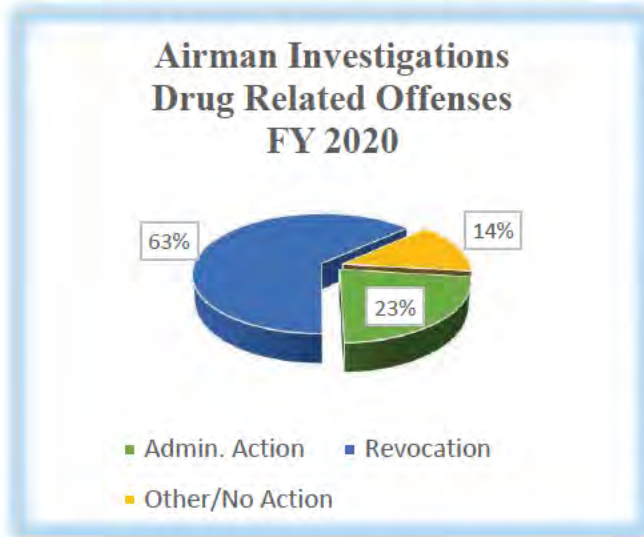
2.

) Prior Year (2019) Performance Target and Results



In FY 2019, FAA LEAP special agents initiated 23 investigations based on 23 notifications (100 percent) regarding airmen involved in the use, sale, or distribution of illegal drugs, within 30 days of knowledge of a conviction or notification by law enforcement. In FY 2019, FAA LEAP recommended regulatory action against 18 of the airmen involved in drug related offenses, thus impacting their ability to legally access the NAS. Those regulatory actions are depicted in the chart to the left. Significant actions (revocation/emergency revocation) were recommended 78 percent of the time (18 of 23 investigations).

Current Year (2020) Performance Target and Results



In FY 2020, FAA LEAP special agents initiated 22 investigations based on 22 notifications (100 percent) regarding airmen involved in the use, sale, or distribution of illegal drugs, within 30 days of knowledge of a conviction or notification by law enforcement. In FY 2020, FAA LEAP has recommended regulatory action against 14 of the airmen involved in drug related offenses, thus impacting their ability to legally access the NAS. Those regulatory actions are depicted in the chart to the left. Significant actions (revocation/emergency revocation) were recommended 63 percent of the time (14 of 22 investigations).

were recommended 63 percent of the time (14 of 22 investigations).

2.**d) Summary of previous year results****) Quality of Performance Data**

Performance information for the measure relies on official agency data residing in the Investigations Tracking System (ITS) and Enforcement Information System (EIS).¹ Data resident in ITS/EIS includes: the date of the offense, when the FAA first became aware of the offense, the start date of the action, source of the information, and final sanction.

¹ ITS and EIS are FAA's system for tracking investigations and information about enforcement actions for statutory or regulatory violations.

3. Air Traffic Organization (ATO) Report

Performance Measures

No performance measure was reported for the Air Traffic Organization because its work structure does not lend itself to the development and tracking of such metrics and is not cost-effective to the government to do so.



U.S. Department
of Transportation
**Federal Aviation
Administration**

800 Independence Ave. SW
Washington, D.C. 20591

The Honorable James W. Carroll, Jr.
Director
Office of the National Drug Control Policy
17th St., NW
Washington, DC 20503

Dear Director Carroll:

In accordance with the *Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews*, issued October 22, 2019, the Federal Aviation Administration's (FAA) Fiscal Year 2020 Detailed Accounting Report is enclosed. FAA's obligations for drug-related activities fall below the reporting threshold of

As specified by the Circular, the report details how each drug control unit reports obligation data in support of National Drug Control program activities. The Offices of Aviation Safety (AVS) and Security and Hazardous Materials (ASH) utilize financial systems such as the Department of Transportation's (DOT) Delphi accounting system and Oracle Business

and DOT guidance ensures that a repeatable process is utilized in tracking drug funds through the accounting cycle. The attached accounting report explains the methodology utilized by AVS and ASH.

Instead of an accounting report, the Air Traffic Organization (ATO) has provided an assertion memo explaining ATO's drug budget. This is because ATO's work structure does not lend itself to the development and tracking of metrics nor is it cost-effective for the government to do so.

Assertions

1. Obligations by budget decision unit.

A table detailing funding by drug budget decision unit and by resource function is provided.

2. Drug methodology based on data and financial systems.

AVS drug control fund information is identified and tracked in Delphi using unique Accounting project codes, Task Codes, organization expenditure code and program element. These Drug Control Funds are assigned a separate allocation code for accounting of project funds in Delphi. ASH utilizes Delphi, OBIEE, and labor distribution reporting data from the Platform for Unified Reports for the Enterprise to acquire financial obligation data. Due to the unique nature of ATO's support of drug abatement efforts, a full report cannot be provided, but an assertion memo explaining ATO's role is provided. Further information is provided in the report.

3. **Application of drug methodology.**

The drug methodology disclosed in Section 7.a.(2) was the actual methodology used to generate the table required by Section 7.a.(1).

4. **Material weakness or other findings.**

None reported.

5. **Methodology modifications.**

ASH has updated their labor distribution reporting dictionary to account for new requirements placed upon the law enforcement assistance program (LEAP). LEAP is now responsible for responding to UAS investigations in addition to supporting drug control efforts. AVS methodology remains unchanged. Additional information can be found in the detailed accounting report.

6. **Reprogrammings or transfers.**

None reported.

7. **Fund control notices.**

None reported.

FAA's point of contact for this report is Peter Toman. He can be reached at (202) 267-5451, if further assistance is required.

Sincerely,

**DAVID
RICKARD**

Digitally signed by DAVID
RICKARD
Date: 2021.01.13 09:01:38
-05'00'

David Rickard
Acting Chief Financial Officer

Enclosures

U.S. DOT IG Fraud & Safety Hotline

hotline@oig.dot.gov | (800) 424-9071

<https://www.oig.dot.gov/hotline>

Our Mission

OIG conducts audits and investigations on behalf of the American public to improve the performance and integrity of DOT's programs to ensure a safe, efficient, and effective national transportation system.

OFFICE OF INSPECTOR GENERAL
U.S. Department of Transportation
1200 New Jersey Ave SE
Washington, DC 20590



www.oig.dot.gov

DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

Budget Formulation Compliance Report (BFCR) Table of Contents

BFCR, Part A: Summer Budget Formulation Information

1. Copy of the FY 2022 Summer Drug Budget Transmittal Letter submitted to ONDCP
2. Copy of the FY 2022 Summer Drug Budget Resource Summary Table submitted to ONDCP

BFCR, Part B: Assertions – Timeliness and Accurate Reporting of Budget Levels

1. Letter with signed assertions by the Chief Financial Officer (CFO)

Resource Summary Table

| Highway Safety Research and Development Account | Budget Authority (in millions) | | |
|---|--------------------------------|----------------------------------|--------------------|
| | FY 2020 Enacted | FY 2021 President's Budget | FY 2022 Request |
| Drug Resources by Function | | | |
| Prevention | \$12.520 | \$11.675 | [REDACTED] |
| Research | \$1.732 | \$0.700 | [REDACTED] |
| Emergency Medical Services | \$0.500 | \$0.500 | [REDACTED] |
| Total Drug Resources by Function | \$14.752 | \$12.875 | [REDACTED] |
| Drug Resources by Decision Unit | | | |
| Drug-Impaired Driving Program | \$4.720 | \$2.000 | [REDACTED] |
| Highway Safety Research | \$1.200 | \$1.700 | [REDACTED] |
| Emergency Medical Services | \$0.500 | \$0.500 | [REDACTED] |
| Communications and Consumer Information | \$8.332 | \$8.675 | [REDACTED] |
| Total Drug Resources by Decision Unit | \$14.752 | \$12.875 | [REDACTED] |
| Drug Resources Personnel Summary | | | |
| Total FTEs (direct only) | 3.0 | 3.0 | [REDACTED] |
| Drug Resources as a percent of Budget | | | |
| Total Agency Budget (in Billions) | \$0.9 | \$0.9 | [REDACTED] |
| Drug Resources percentage | 0.3% | 0.3% | [REDACTED] |

Ms. Regina LaBelle
Office of National Drug Control Policy
Executive Office of the President
1800 G Street, NW
Washington, DC 20006

Dear Acting Director LaBelle:

In accordance with the *Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews*, issued October 22, 2019, the National Highway Traffic Safety Administration (NHTSA) has enclosed its Fiscal Year (FY) 2020 Budget Formulation Compliance Report. NHTSA's obligations for drug-related activities fall below the reporting threshold of \$50 million; therefore, only a limited report is required to satisfy the statutory requirement.

As specified by the Circular, the report consists of the transmittal letter as well as the drug budget resource summary table associated with the Summer FY 2022 submission. The table only includes the drug budget request from the Department of Transportation since a formal President's Budget has not yet been approved for FY 2022.

Assertions

- ✓ The Agency provided an FY 2022 Summer Drug Budget Transmittal Letter to ONDCP;
- ✓ The Agency provided an FY 2022 Summer Budget Resource Summary Table to ONDCP;
- ✓ The Summer Letter and Resource Summary table were provided to ONDCP at the same time as that budget request is submitted to their superiors;
- ✓ If the agency transmittal letter indicates no budget data covered by ONDCP Circular: Budget Formulation, Section 9, was transmitted to the agency for review, an assertion shall be made to affirm the accuracy of the information contained in the transmittal letter; and
- ✓ The Agency provided a budget submission made by the bureau to the Department without alteration or adjustment by any official at the Department.

NHTSA's point of contact for this report is Nanda Srinivasan, Associate Administrator for Research and Program Development. He can be reached at (202) 366-0179 if further assistance is required.

Sincerely yours,
**CYNTHIA D
PARKER**
Cynthia Parker
Chief Financial Officer
NHTSA

Digitally signed by CYNTHIA D PARKER
DN: c=US, o=U.S. Government,
ou=Department of Transportation,
ou=460498, cn=CYNTHIA D PARKER
Date: 2021.02.01 14:49:00 -05'00'

DEPARTMENT OF TRANSPORTATION

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

NATIONAL DRUG CONTROL

FY 2020 DETAILED ACCOUNTING REPORT



DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

Detailed Accounting Report (DAR) Table of Contents

PSR, Part A: Drug Control Funding Obligations

1. Table of Prior Year Drug Control Obligations by Decision Unit and Drug Control Function
2. Drug Methodology
3. Methodology Modifications
4. Material Weaknesses or Other Findings
5. Reprogrammings or Transfers
6. Other Disclosures

PSR, Part B: Assertions

1. Letter with signed assertions by the CFO

1. Table of Prior Year Drug Control Obligations by Decision Unit and Drug Control Function

| Decision Unit and Drug Control Function | Vendor | Project | Fund/FY/BPAC/Org | Amount |
|---|--|--|---|---------------------|
| Highway Safety Research | Research Triangle Institute | National Survey on Drinking, Drug Use and Driving Attitudes and Behaviors | 80161920HS.20 20.2002000100. NPD0300000 | 47,625.00 |
| | Dunlap and Associates Inc | Drug and Alcohol Prevalence in Road Users in Severe and Fatal Crashes | 80162020HS.20 20.2002000100. NPD0300000 | 1,935,321.82 |
| | Dunlap and Associates Inc | Drug and Alcohol Prevalence in Road Users in Severe and Fatal Crashes | 06502021ID.20 20.200201000A .NPD0010000 | 2,063,814.00 |
| | | | Total Research | 4,046,760.82 |
| Drug-Impaired Driving Program | Alan C Katz or Toxcel LLC | Drug Recognition Shared Resource Best Practices | 80162020HS.20 20.2002010000. NPD0110000 | 75,133.00 |
| | International Association of Chiefs of Police (IACP) | Annual Drugs, Alcohol and Impaired Driving Conference | 06501920ID.20 20.200201000A .NPD0010000 | 61,526.27 |
| | IACP | Drug Evaluation and Classification Program (DECP) | 80162020HS.20 20.2002070000. NPD0220000 | 851,173.00 |
| | National Sheriffs' Association | Traffic Safety Priority Programs, CAP 1 | 06501920ID.20 20.200201000A .NPD0010000 | 585,000.00 |
| | Department of Justice (DOJ), Community Oriented Policing Services (COPS) | Drug Recognition Expert Courtroom Testimony | 06502021ID.20 20.200201000A .NPD0010000 | 350,000.00 |
| | DOJ COPS | Online Advanced Roadside Impaired Driving Enforcement (ARIDE) Refresher Training | 80162020HS.20 20.2002070000. NPD0220000 | 160,000.00 |
| | DOJ COPS | Online ARIDE Refresher Training | 80162020HS.20 20.2002070000. NPD0220000 | 160,000.00 |
| | DOT OST-R TSI | Training Courses, 2 Yr agreement started in FY 2019 | 80162020HS.20 20.2002070000. NPD0220000 | 84,893.67 |
| | DOT OST-R TSI | Training Courses, 1 Yr | 80162020HS.20 20.2002070000. NPD0220000 | 35,882.00 |
| | Spatial Front Incorporated | Drug Recognition Equipment Data and Web Application | 80162020HS.20 20.2002070000. NIO0200000 | 984,662.95 |

| | | | | |
|-----------------------------------|--|---|---|----------------------|
| | | Programming Interface System Support | | |
| | National Association of Drug Court Professionals (NADCP) | DWI Court Training and Technical Assistance | 80162020HS.20 20.2002010000. NPD0110000 | 748,747.00 |
| | NADCP | DWI Court Training and Technical Assistance | 80162020HS.20 20.2002010000. NPD0110000 | 102,846.46 |
| | NADCP | DWI Court Training and Technical Assistance | 80162021HS.20 20.2002010000. NPD0110000 | 346,071.54 |
| Total Program | | | | 4,545,935.89 |
| Emergency Medical Services | University of Utah | National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center | 80162121HS.20 20.2002110000. NPD0400000 | 500,000.00 |
| Total EMS | | | | 500,000.00 |
| Communications | Advertising Council Inc | Drugged Impaired Driving Social Norming Campaign | 80162021HS.20 20.2002010000. NCO0010000 | 500,000.00 |
| | Advertising Council Inc | Drugged Impaired Driving Social Norming Campaign | 80162020HS.20 20.2002070000. NCO0010000 | 1,000,000.00 |
| Total Communications | | | | 1,500,000 |
| Total Obligations | | | | 10,592,696.71 |

2. Drug Methodology

Although NHTSA lacks a formal, written methodology for identifying drug control obligations, the Agency implements standard procedures and controls. NHTSA follows a budget strategy planning process to develop projects each fiscal year. Projects by Decision Unit and Function that address drug-control activities are identified and tracked in accordance with ONDCP Circulars.

NHTSA uses DOT's financial management system, Delphi, to account for all program expenditures, including funds dedicated to drug-impaired driving initiatives. As part of its annual budget execution process, NHTSA assigns Budget Program Activity Codes (BPACs), unique accounting codes for each program area. In conjunction with individual agreement/contract numbers, BPACs are used to record and track all obligations and expenditures through Delphi. Monthly reconciliation of data recorded in the Delphi accounting system is the key to the program's financial oversight to ensure complete and timely recording.

Drug control fund spending plans are reviewed by Contracting Officer's Representatives, Division Chiefs, Office Directors, the Associate Administrator for Research and Program Development, and the Chief Financial Officer. NHTSA's Office of Acquisition Management (OAM) also reviews this information prior to issuing funds. Once OAM approves, obligating documents (e.g., agreements and contracts) are entered into Delphi and subsequently tracked. Approved invoices are recorded as expenditures against the obligations.

3. Methodology Modifications:

A product of NHTSA, NEMSIS is the national database used to store EMS data from states and territories. The University of Utah is the vendor who hosts the NEMSIS Technical Assistance

Center. NHTSA's Office of Emergency Medical Services reported \$500,000 for NEMSIS support, in compliance with Federal Information Security Management Act requirements. These funds supported real-time reporting of naloxone administration data.

4. **Material Weaknesses or Other Findings:** None

5. **Reprogrammings or Transfers:** None

6. **Other Disclosures:** None

Ms. Regina LaBelle
Office of National Drug Control Policy
Executive Office of the President
1800 G Street, NW
Washington, DC 20006

Dear Acting Director LaBelle:

In accordance with the *Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews*, issued October 22, 2019, the National Highway Traffic Safety Administration (NHTSA) has enclosed its Fiscal Year (FY) 2020 **Detailed Accounting Report**. NHTSA's obligations for drug-related activities fall below the reporting threshold of \$50 million; therefore, only a limited report is required to satisfy the statutory requirement.

As specified by the Circular, the report details how each drug control unit reports obligation data in support of National Drug Control Program activities. NHTSA Research and Program Development uses the Department of Transportation's Delphi accounting system when identifying, tracking, and reporting drug budget obligations. NHTSA and DOT guidance ensures that a repeatable process is used in tracking drug funds through the accounting cycle. The attached accounting report explains the methodology NHTSA uses.

Assertions

- ✓ **Obligations by Budget Decision Unit**
A table detailing funding by drug budget decision unit and by resource function is provided.
- ✓ **Drug Methodology:**
 - ✓ **Data**
NHTSA annually reviews the resources necessary to maintain and improve programs that reduce drug-impaired driving.
 - ✓ **Financial Systems**
NHTSA uses a unique BPAC to identify and track drug control fund information in DOT's accounting system, Delphi.
- ✓ **Application of Drug Methodology**
The disclosed drug methodology was used to generate the Table of Prior Year (FY 2020) Drug Control Obligations by Decision Unit and Drug Control Function.
- ✓ **Material Weaknesses or Other Findings**
None reported
- ✓ **Methodology Modifications**
In compliance with the Federal Information Security Management Act, NHTSA reported \$500,000 to support real-time reporting of naloxone administration data in the National Emergency Medical Services Information System (NEMSIS).
- ✓ **Reprogrammings or Transfers**
None reported
- ✓ **Fund Control Notices**
None reported

NHTSA's point of contact for this report is Nanda Srinivasan, Associate Administrator for Research and Program Development. He can be reached at (202) 366-0179 if further assistance is required.

Sincerely yours,

Cynthia Parker
Chief Financial Officer
NHTSA

Enclosures

DEPARTMENT OF TRANSPORTATION

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION

NATIONAL DRUG CONTROL

FY 2020 PERFORMANCE SUMMARY REPORT



DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration

Performance Summary Report (PSR) Table of Contents

PSR, Part A: Performance Reporting

1. Performance Measures
2. Prior Years' Performance Targets and Results – For each performance measure, the report must provide actual performance information for the previous four fiscal years
3. Current Year Performance Targets
4. Quality of Performance Data

PSR, Part B: Assertions

1. Letter with signed assertions by the CFO

(1) Performance Measures

The National Highway Traffic Safety Administration (NHTSA) contributes to the National Drug Control Strategy by researching the relationship between drug use and driving, and providing programmatic support for drug-impaired driving prevention, law enforcement, and emergency medical services (EMS) activities. NHTSA has established a series of performance measures to chart the Agency's progress defining and addressing the problem of drugged driving.

NHTSA's Performance Measures include:

- Research to better understand the prevalence of drug use by road users;
- Training for law enforcement officers to detect drug-impaired drivers;
- Support for states and territories submitting data to the National Emergency Medical Services Information System (NEMSIS); and
- Research translation to help states and local traffic safety professionals use proven drug-impaired driving countermeasures.

(2) Prior Years' Performance Targets and Results

Annual targets are determined by NHTSA and summarized in the table below.

| FY | Targets | Results (to date) |
|-----------|---|--|
| 2018 | Initiate a study to examine the prevalence of legal and illegal drugs in the systems of drivers and other road users (e.g., passengers, pedestrians, bicyclists, and scooter riders) who are seriously or fatally injured in motor vehicle crashes. Identify sites and initiate data collection in those sites. | More than 5,000 samples have been collected across seven sites. Data collection will continue through 2021. |
| 2019 | Increase by 10 percent the number of officers trained in Advanced Roadside Impaired Driving Enforcement (ARIDE) and certified as Drug Recognition Experts (DREs). | Per the IACP DECP 2019 Annual Report ¹ (the most recent available): <ul style="list-style-type: none">• ARIDE training increased 18.5% from 13,832 recipients in 2018 to 16,976 in 2019.• DREs trained in the U.S. increased 1.4% from 1,613 in 2018 to 1,636 in 2019. |
| 2020-2021 | Increase to 50 the number of states and territories submitting NEMSIS Version 3 data to the National EMS Database. | 49 states and territories |
| 2022 | Publish the 10 th Edition of <i>Countermeasures That Work</i> and the first edition of <i>Countermeasures At Work</i> , with specific countermeasures for drug-impaired driving | <ul style="list-style-type: none">• NHTSA has completed Agency Review of <i>Countermeasures That Work</i>; it is in layout before executive clearance.• <i>Countermeasures At Work</i> is under development. |

(3) Current Performance Targets

Prevalence Research

To better understand the nature and scope of the nation's drugged driving problem, NHTSA is examining the prevalence of alcohol and selected over-the-counter, prescription, and illegal drugs in

¹ <https://www.theiacp.org/sites/default/files/2020-04/2019%20DECP%20Annual%20Report.pdf>

the blood of seriously and fatally injured traffic crash victims.

By the end of December 2020, 5,137 samples had been collected across seven sites:

- Charlotte, North Carolina – Carolinas Medical Center
- Jacksonville, Florida – University of Florida Health Jacksonville
- Miami, Florida – Ryder Trauma Center at Jackson Memorial Medical Center
- Baltimore, Maryland – R. Adams Cowley Shock Trauma Center
- Worcester, Massachusetts – University Massachusetts Medical School
- Iowa City, Iowa – University of Iowa Health Care
- Davis, California – UC Davis Health

Preliminary data informed NHTSA's October 2020 report, *Drug and Alcohol Prevalence in Seriously and Fatally Injured Road Users Before and During the COVID-19 Public Health Emergency*.²

ARIDE and DRE Training

NHTSA manages the Drug Evaluation and Classification Program (DECP), which includes ARIDE and DRE training development and delivery, through a cooperative agreement with the International Association of Chiefs of Police (IACP).

ARIDE

- In 2019, ARIDE training was conducted in all 50 states.
- A total of 881 ARIDE classes were held in the U.S. in 2019, an increase of 211 classes from the previous year, resulting in the training of **16,976** police officers, prosecutors, and toxicologists.
- Since the inception of the ARIDE training program in 2009, 118,219 police officers, prosecutors, and toxicologists have received the training.

DRE

- Since 2010, 876 DRE schools have been conducted in the U.S.
- There were 96 DRE schools conducted in 2019, training **1,636** officers as DREs. These results represented one more school and 23 more students than in 2018.
- Additionally, there were 37 DRE instructor schools conducted, training 216 DRE instructors in the U.S., an increase of nine schools and 64 more students than in the previous year.
- In 2019, 49,905 DRE drug influence evaluations were reported.
 - Of those, 36,306 were enforcement evaluations and 13,599 were training evaluations.
 - The 36,306 enforcement evaluations represent an increase of 5,059 evaluations from 2018.
- By the end of December 2019, there were 9,878 DREs in the U.S.

NEMSIS

The 2020 NEMSIS Public-Release Research Dataset included 48,376,809 EMS activations submitted by **11,257 EMS agencies serving 49 states and territories**. Furthermore, in 2020:

- 117 requests for Public-Release Research Datasets were filled,
- 125 scientific journal articles were published, and
- 34 interactive dashboards were available for stakeholder use.

Countermeasures Publications

NHTSA's *Countermeasures That Work* is a basic reference to assist state highway safety offices and other professionals interested in highway safety in selecting effective, evidence-based countermeasures for traffic safety problem areas including drug-impaired driving. The 10th edition will expand several sections, including enforcement of drug-impaired driving and education regarding

² <https://rosap.ntl.bts.gov/view/dot/50941>

medications, and will augment the discussion of drug-impaired driving characteristics in the chapter and section overviews. A separate document, *Countermeasures At Work*, will feature countermeasures demonstrating higher effectiveness ratings.

(4) Quality of Performance Data

Prevalence Research

NHTSA contracted Dunlap and Associates, Inc. to conduct this project, obtaining data from Level 1 trauma centers and medical examiners' offices. Data collection began in the fall of 2019 and will continue through 2021. The study plans to collect up to 10,000 samples.

ARIDE and DRE Training

Via cooperative agreement with NHTSA, IACP maintains, supports and coordinates an annual training calendar for the delivery of ARIDE and DRE classes nationwide. The ability to observe, identify and articulate evidence of impairment by drugs, other than alcohol, is complex. ARIDE and DRE training is the best resource available to the criminal justice system to remove from the roadway, adjudicate, and reduce recidivism of drug-impaired drivers. Every state and DC employs a DRE State Coordinator, who is responsible for:

- The daily operations of the state's DECP;
- Ensuring the program complies with the IACP DECP International Standards or equivalent state standards;
- Acts as an information clearinghouse and central communications point for the program with the state;
- Assists in the coordination of DRE training and other support activities for all agencies participating in the program within the state, including the assignment of DRE School Course Managers and instructors; and
- Provides justification and reports on the effectiveness of his/her state's program.

NEMSIS

The NEMSIS uniform dataset and database enable the nation's EMS systems to improve patient care through the standardization and aggregation of point-of-care EMS data. NHTSA provides direction, oversight, and support to the NEMSIS Technical Assistance Center. NEMSIS data is also used for COVID-19 surveillance during the national public health emergency.

Countermeasures Publications

Widely used and highly regarded by the traffic safety community, this guide:

- Describes major strategies and countermeasures that are relevant to state highway safety offices;
- Summarizes strategy/countermeasure use, effectiveness, costs, and implementation time; and
- Provides references to the most important research summaries and individual studies.

For reference, the 9th edition (2017) is available in the National Transportation Library.³

³ <https://rosap.nhtsa.gov/view/doc/36719>

Ms. Regina LaBelle
Office of National Drug Control Policy
Executive Office of the President
1800 G Street, NW
Washington, DC 20006

Dear Acting Director LaBelle:

In accordance with the *Office of National Drug Control Policy (ONDCP) Circular: National Drug Control Program Agency Compliance Reviews*, issued October 22, 2019, the National Highway Traffic Safety Administration (NHTSA) has enclosed its Fiscal Year (FY) 2020 **Performance Summary Report**. NHTSA's obligations for drug-related activities fall below the reporting threshold of \$50 million; therefore, only a limited report is required to satisfy the statutory requirement.

As specified by the Circular, the report presents an evaluation of progress including a description of NHTSA's drugged driving activities, performance targets and results.

Assertions

- ✓ Performance reporting system is appropriate and applied
- ✓ Explanations for not meeting performance targets are reasonable
- ✓ Methodology to establish performance targets is reasonable and consistently applied
- ✓ Adequate performance measures exist

NHTSA's point of contact for this report is Nanda Srinivasan, Associate Administrator for Research and Program Development. He can be reached at (202) 366-0179 if further assistance is required.

Sincerely yours,

Cynthia Parker
Chief Financial Officer
NHTSA

Enclosures

Tab M



DEPARTMENT OF THE TREASURY
Internal Revenue Service

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

March 5, 2021

MEMORANDUM FOR JON RICE

ASSISTANT DIRECTOR FOR PERFORMANCE AND BUDGET
OFFICE OF NATIONAL DRUG CONTROL POLICY

FROM:

Teresa R. Hunter
Chief Financial Officer

Teresa R.
Hunter

Digitally signed by Teresa
R. Hunter
Date: 2021.03.05
13:19:29 -05'00'

SUBJECT:

FY 2022 IRS Budget Formulation Compliance Report

This memorandum provides the IRS FY 2022 Budget Formulation Compliance Report, which is required in the ONDCP Circular: National Drug Control Program Agency Compliance Reviews, 22 October 2019). This report is being submitted along with the summer budget formulation transmittal memo and table.

I assert that:

- The agency provided the FY 2022 Summer Drug Budget Transmittal Letter and FY 2022 Summer Budget Resource Summary Table to ONDCP on June 10, 2020, in response to Sections 6.a.(1) the ONDCP Circular: National Drug Control Program Agency Compliance Reviews and 9.a.(1) in the ONDCP Circular: Budget Formulation. The FY 2022 Summer Drug Budget Transmittal Letter and Summer Budget Resource Summary Table are provided in Attachment A.
- The FY 2022 Summer Drug Budget was not provided to ONDCP at the same time as the budget request was submitted to Agency superiors, in accordance with 21 U.S.C. Section 1703(c)(1)(A). On May 28, 2020, Criminal Investigation submitted the FY 2022 Summer Drug Budget to the Chief Financial Officer (CFO), Budget Formulation. The agency submitted the final FY 2022 Summer Drug Budget to ONDCP on June 10, 2020. The CFO did not make changes to the funding level as it is an earmark but did make editorial revisions to the text. The Department will work with ONDCP on next year's report to meet the requirements.

If you have any questions, please contact me at (202) 317-6400, or your staff can contact Jeramie Ashton, Director, Budget Formulation, at (202) 317-4180.

DEPARTMENT OF THE TREASURY
Internal Revenue Service

ATTACHMENT A

(1) FY 2022 Summer Budget Transmittal Letter



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

June 10, 2020

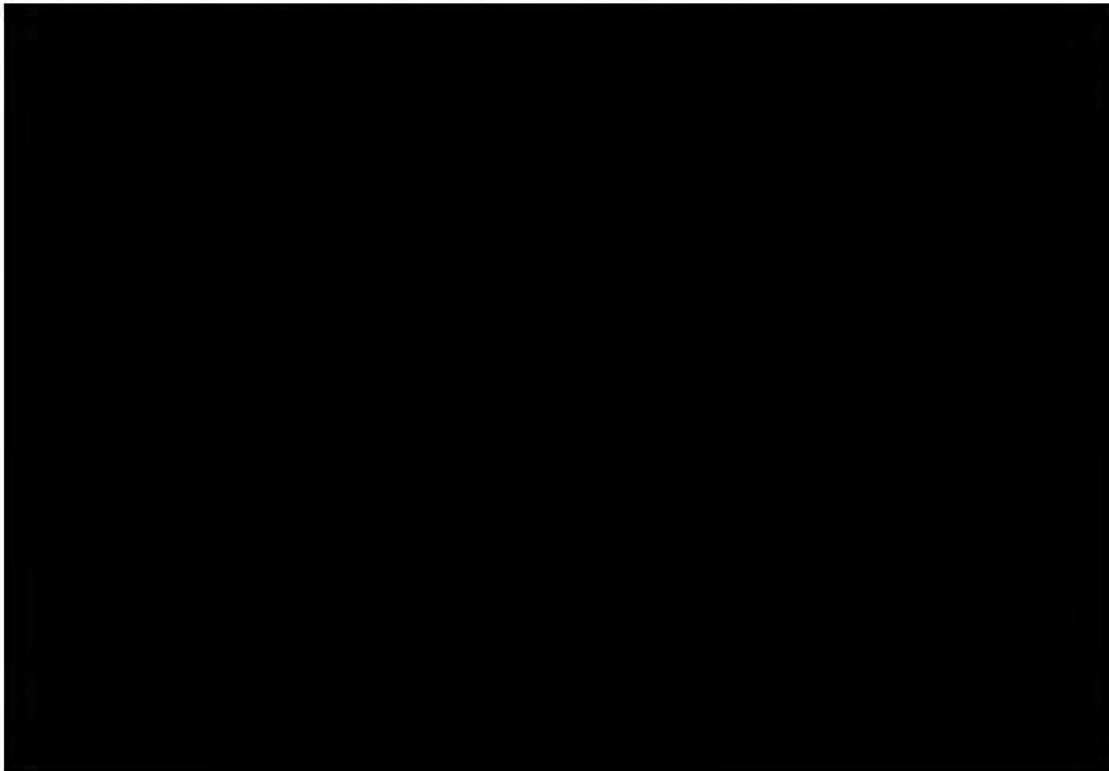
MEMORANDUM FOR JON RICE

ASSISTANT DIRECTOR FOR PERFORMANCE AND BUDGET
OFFICE OF NATIONAL DRUG CONTROL POLICY

FROM: Bryan L. Musselman
Associate Chief Financial Officer
Corporate Budget

Digitally signed by Bryan L.
Musselman
Date: 2020.06.10 15:45:44 -0500

SUBJECT: FY 2022 IRS Drug Control Budget Request



If you have any questions, please contact me at 202-317-6453, or have a member of your staff contact Jeramie Ashton, Director, Budget Formulation, at 202-317-4180.

DEPARTMENT OF THE TREASURY

Internal Revenue Service

(2) FY 2022 Summer Budget Resource Summary Table

Resource Summary

| | Budget Authority (in Millions) | |
|--|-----------------------------------|---------------------------------|
| | FY 2020 Operating Plan | FY 2021 (Assumed Enacted) |
| Drug Resources by Function | | |
| Investigations | \$60.257 | \$60.257 |
| Total Drug Resources by Function | | |
| Drug Resources by Decision Unit | | |
| Criminal Investigation | \$60.257 | \$60.257 |
| Total Drug Resources by Decision Unit | | |
| Drug Resources Personnel Summary | | |
| Total FTEs (direct only) | 295 | 295 |
| Drug Resources as a Percent of Budget | | |
| Total Bureau Budget (in Billions) | \$11.5 | \$11.8 |
| Drug Resources Percentage | 0.52% | 0.51% |

**INTERNAL REVENUE SERVICE
National Drug Control Program Agency Compliance Review**

DETAILED ACCOUNTING SUBMISSION

A. Table of Fiscal Year (FY) 2020 Drug Control Obligations

| | Narcotics |
|--|---------------------|
| Drug Resources by Function | |
| Investigations | <u>\$66,248,242</u> |
| Total | \$66,248,242 |
| Drug Resources by Decision Unit | |
| Narcotics Crimes | <u>\$66,248,242</u> |
| Total | \$66,248,242 |

1) Drug Methodology

- a) All Drug Control Obligations (the resources appropriated and available for these activities) are reported under one Drug Control Function and one Budget Decision Unit, as shown in the above chart.
- b) The Internal Revenue Service (IRS) Drug Control Budget encompasses the Criminal Investigation's (CI) Narcotics Program¹. CI's overall Direct Investigative Time (DIT) applied to narcotics investigations for FY 2020 was 11.3 percent of the agency's total DIT.

The methodology for computing the resources appropriated and realized for the Narcotics Program is the application of DIT attributable to narcotics investigations. The Narcotics DIT percentage is applied to the total realized appropriated resources for a year, reduced by reimbursable funds and Earned Income Tax Credit (EITC) resources, for which the resources are being reported. The result is determined to be the amount of resources expended on the Narcotics Program. This methodology was approved by CI, the IRS Chief Financial Officer, and the Office of National Drug Control Policy (ONDCP) during FY 2017 and was effective for FY2018 and all subsequent fiscal years.

¹ The IRS-CI Narcotics Program consist of five sub-programs that include; 1. Organized Crime Drug Enforcement Task Forces (OCDETF); 2. High Intensity Drug Trafficking Area (HIDTA); 3. HIDTA-OCDETF; 4. Terrorism-OCDETF; and 5. Narcotics-Other.

2) Methodology Modifications

No changes or modifications in the DIT computation methodology from the prior year were made.

3) Material Weaknesses or Other Findings

None

4) Reprogramming or Transfers

None

5) Other Disclosures

None

B. Assertions

1) Obligations by Budget Decision Unit

Obligations reported by the Budget Decision Unit are a result of applying DIT data derived from Criminal Investigation's Management Information System (CIMIS) to the actual obligations from the CI realized Financial Plan, less reimbursements and EITC funds.

2) Drug Methodology

The current methodology used to calculate obligations of prior-year budgetary resources has not changed from FY 2018 to FY 2020. There was no impact in the methodology in FY 2020 since the methodology in FY 2020 did not change.

a) Data

Data is derived from CIMIS to determine the DIT applied to CI's Narcotics Program. Each CI special agent submits CIMIS time reports monthly detailing their activities relating to specific investigations. Each investigation is associated with a specific program and sub-program area. The percentage of DIT applied to each program area is calculated monthly with a final annual percentage determined after the close of the fiscal year to determine the total resources expended to support the U.S. Government's National Drug Control Strategy. The annual percentage of DIT relating to all narcotics sub-programs is applied to the total resources expended for FY 2020 in the CI Appropriated Enforcement Budget (excluding reimbursements and EITC).

b) Other Estimation Methods

None

c) Financial Systems

The IRS Integrated Financial System (IFS) is the final authority for the IRS resource obligations and yields data which fairly presents drug related obligation estimates.

3) Application of Drug Methodology

The methodology disclosed in this section was the actual methodology used to generate the required table and meets all requirements described in Section 6 of the ONDCP Circular: Accounting of Drug Control Funding and Performance Summary. Calculations made using this methodology are sufficiently documented to independently reproduce all data and ensure consistency between reporting years.

4) Reprogramming or Transfers

The data presented is associated with obligations against a financial plan and properly reflects any revisions occurring during the fiscal year.

5) Fund Control Notices

Criminal Investigation asserts the data presented is associated with obligations against a financial plan that fully complied with all fund control notices issued by the Director under 21 U.S.C. § 1703(f) and Section 9 of the ONDCP Circular: Budget Execution, as applicable.

C. Performance Summary Report

1) Performance Reporting

a) Performance Measure (Modification from Prior Fiscal Years)

The Internal Revenue Service - Criminal Investigation's (CI) Narcotics Program supports the goals of the President's Strategy to Combat Transnational Organized Crime, the U.S. National Drug Control Strategy, and the National Money Laundering Strategy by seeking to reduce or eliminate the profits and financial gains of Transnational Criminal Organizations involved in narcotics trafficking and money laundering. CI has participated in the Organized Crime Drug Enforcement Task Force (OCDETF) program since its inception in 1982 and focuses its narcotics efforts almost exclusively on high-priority OCDETF cases where its contributions will have the greatest impact.

In FY19, the IRS reviewed its existing performance measures and compared them to reported measurements of partner agencies that support the National Drug Control Strategy.

As a result of the FY19 review, IRS determined that, due to numerous external factors impacting the current performance measures which are outside IRS's control, a modification of the performance measures was needed to better reflect CI's contributions to interagency investigations. The new performance measure will solely focus on the conviction rate. Focusing on this one performance measure is the product of collaborative discussions held in September 2019 between IRS and the Office of National Drug Control Policy.

This measure alone most accurately assesses CI's performance of its mission to serve the public by conducting investigations of potential violations of the Internal Revenue Code and related financial crimes (which narcotics investigations are an important component), to foster confidence in the tax system and enhance voluntary compliance with U.S. tax law.

The number of subject criminal investigations completed by CI will still be reported annually for informational purposes, but not as a performance measure. It was agreed, the most appropriate performance measure to assess IRS's contribution to the National Drug Control Strategy is the conviction rate.

For reference, a completed criminal investigation is defined as the total number of subject criminal investigations completed by CI during a fiscal year; including those resulting in a prosecution recommendation to the DOJ, discontinuance due to lack of evidence, or a finding that the allegation was false (or other reasons). Many external factors, including prosecutorial resources and priorities, affect the number of investigations that are completed during a fiscal year.

Convictions are defined as the total number of subject criminal investigations with CIMIS status codes of; guilty plea, nolo-contendere, judge guilty, or jury guilty. Therefore, the conviction rate is defined as the total number of subject criminal investigations with CIMIS status codes of; guilty plea, nolo-contendere, judge guilty, or jury guilty divided by these status codes nolle prosequi, judge dismissed, and jury acquittal.

b) Prior Years Performance Targets and Results

The performance results for FY 2015 through FY 2019 are shown below:

| | FY 2015 | FY 2016 | FY 2017 | FY 2018 | FY 2019 |
|--------------------------|---------|---------|---------|---------|---------|
| Investigations Completed | 1039 | 788 | 693 | 767 | 667 |
| Convictions | 601 | 695 | 542 | 483 | 448 |
| Conviction Rate | 92.0% | 90.6% | 87.4% | 89.6% | 90.3% |

c) Current Year Performance Targets and Results

CI calculated its year-end narcotics performance using the status date of investigations. The results for FY 2020 are shown below:

| FY 2020 Narcotics Targets & Performance | FY 2020 Narcotics Targets | FY 2020 Performance Results |
|--|--------------------------------------|--|
| Investigations Completed | 794 | 616 |
| Convictions | 568 | 310 |
| Conviction Rate | 90% | 89.6% |

Over the past two years IRS-CI has continued managing our commitments to our OCDETF partners while also meeting our core tax mission. IRS-CI had been facing a prolonged reduction in special agent staffing and in FY20 that was compounded by the global pandemic which caused many courthouses and Grand Juries to close. These challenges have resulted in fewer investigations and convictions overall. We anticipate this trend to continue through FY21 due to the pandemic and begin to improve as we enter FY22. CI in the face of adversity continues to produce significant financial investigations and maintains an overall high level of convictions.

d) Fiscal Year 2021 Performance Targets Narcotics Cases:

The performance information for the IRS CI Narcotics program for FY 2021, as submitted to ONDCP (ONDCP Budget Submission):

| | |
|-----------------|-----|
| Conviction Rate | 90% |
|-----------------|-----|

- The FY21 statistic was selected as an IRS-CI benchmark for achievement rather than an average of prior success. IRS-CI and its employees take great pride in our performance metrics and always strive to maintain a high level of engagement. Our employees are committed to significant OCDETF investigations which create disruptions in the flow of illicit narcotics and narcotics proceeds.

e) Quality of Performance Data

To ensure the reliability of data, all cases have unique numbers assigned in CIMIS which contain validity and business rule checks. The CIMIS database tracks the status of investigations from initiation through final disposition. The system has appropriate internal checks and balances to assure status updates are input in the proper order.

D. Annual Accounting and Authentication of Drug Control Funds and Related Performance

1) Performance Measures Assertions

a) Performance Reporting System is appropriate and applied

The IRS uses the CIMIS to capture performance information accurately and that system was properly applied to generate the performance data.

b) Explanations for not meeting performance targets are reasonable

Explanations offered for failing to meet a performance target and for any recommendations concerning plans and schedules for meeting future targets or for revising or eliminating performance targets are reasonable.

c) Methodology to establish performance targets is reasonable and applied

The methodology described in the Performance Summary Report for FY 2019 to establish performance targets for the current year is reasonable given past performance and available resources.

d) Adequate performance measures exist for all significant drug control activities

The IRS established at least one acceptable performance measure for each Drug Control Decision Unit identified in its Detailed Accounting of FY 2019 Drug Control Funds as required by § 6a(1)(A) for which a significant amount of obligations were incurred in the previous year.

2) Criteria for Assertions

a) Data

The sources of the data used are well documented and the data used in the report is clearly identified and is the most recent available.

b) Estimation Methods

Not applicable.

c) Reporting Systems

The reporting system supporting the above assertions is current, reliable, and an integral part of the agency's budget and management processes.

Tab N

Statement of Disclosures and Assertions for FY 2022 Budget Formulation Compliance Report Submitted to Office of National Drug Control Policy (ONDCP) for Fiscal Year Ending September 30, 2020

In accordance with ONDCP's Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, the Veterans Health Administration asserts that the VHA system of accounting, use of obligations, and systems of internal controls provide reasonable assurance that:

Obligations are based upon the actual expenditures as reported by the Decision Support System (DSS), which is the designated Managerial Cost Accounting (MCA) System of the Department of Veterans Affairs.

The methodology used to calculate obligations of budgetary resources is reasonable and accurate in all material respects and as described herein was the actual methodology used to generate the costs.

Accounting changes are as shown in the disclosures that follow.

DEPARTMENT OF VETERANS AFFAIRS
VETERANS HEALTH ADMINISTRATION
Annual Budget Formulation Compliance Report of ONDCP Funds

BUDGET FORMULATION COMPLIANCE REPORT

A. Summer Budget Information

| | Budget Authority (in Millions) | | |
|---|--------------------------------|--------------------|--|
| | FY2020 Current Estimate | FY 2021 Request | |
| Drug Resources by Budget Decision Unit | | | |
| Medical Care | \$830.595 | \$862.988 | |
| Medical & Prosthetic Research | 20.000 | 20.000 | |
| Total Funding | \$850.595 | \$882.988 | |
| Drug Resources by Budget Function | | | |
| Treatment | \$830.595 | \$862.988 | |
| Research and Development | 20.000 | 20.000 | |
| Total Funding | \$850.595 | \$882.988 | |

| Drug Resources Personnel Summary | | | |
|--|----------|---------|--|
| Total FTEs (direct only) | 3,532 | 3,619 | |
| Drug Resources as a Percent of Budget | | | |
| Total Agency Budget (in billions) | \$101.83 | \$95.29 | |
| Drug Resources Percentage | 0.90% | 0.90% | |

1/ VA does not have a discrete ONDCP appropriation; VA forecasts obligations anticipated to support substances use disorder treatment programs, including opioid use disorder treatment programs, for Veterans.
2/ Agency budget for FY 2020 includes appropriations provided under P.L. 116-136, CARES Act, and P.L. 116-127, Families First Coronavirus Response Act, supporting VA efforts during COVID-19 pandemic.
3/ FY 2020-2022 ONDCP estimates are consistent with FY 2021 ONDCP Submissions. FY2021-FY2022 estimates will be updated based on FY 2020 Actuals for the FY 2022 Detailed Accounting Submission.

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 and Suicide Prevention is to provide effective, safe, efficient, recovery-oriented, and compassionate care for those with substance use disorders and mental illness, 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 VHA provided services is calculated by the Managerial Cost Accounting (MCA) System of the Department of Veterans Affairs (VA). MCA cost data is used at all levels of the VA for important functions, such as cost recovery (billing), budgeting and resource allocation. Additionally, the system contains a rich repository of clinical information, which is used to promote a more proactive approach to the care of high risk (i.e., diabetes and acute coronary patients) and high cost patients. VA MCA data is also used to calculate and measure the productivity of physicians and other care providers.

The basic unit of MCA cost is the product. For VHA a product can range from a prescription fill made through a mail-out pharmacy, to an outpatient dental exam, to a bed-day of care in an Intensive Care Unit. Every product that is delivered is fully costed. This means that all direct labor, direct supply and associated indirect costs (to include local and national overhead costs) are applied. Once they are fully costed, products are then assigned to the applicable patient encounter.

MCA costs are the basis for the obligations displayed in the ONDCP report. The Allocation Resource Center (ARC) develops ARC cost, which is computed by taking the MCA cost and removing the non-patient specific costs, such as Operating costs for Headquarters, Veterans Integrated Service Network (VISN) Support, National Programs, and Capital and State Home costs, and adding in the community care payments.

BUDGET SUMMARY

[REDACTED]

MEDICAL CARE¹

[REDACTED]

The Uniform Mental Health Services Handbook, approved by the Under Secretary for Health (USH) on September 11, 2008, specifies substance use disorder (SUD) services that must be made available to all Veterans in need of them. The Handbook commits VA to providing SUD treatment services to every eligible Veteran regardless of where he or she lives. To further enhance access to SUD treatment, clinics offering these services must offer extended clinic hours

¹ FY 2022 estimates based on FY 2019 actuals. Updated estimates based on FY 2020 actuals will be included in the FY 2022 ONDCP Detailed Accounting Submission.

during the week and on weekends and all facilities must provide same-day access for emergent need for SUD treatment.

In the four quarters ending in Q2 of FY 2020, 257,961 Veterans who received services within VHA were diagnosed with a drug use disorder. Of these Veterans, VA provided services by mental health clinicians in a variety of outpatient settings to nearly 85 percent (219,193) of Veterans with any diagnosis of a drug use disorder. Among Veterans receiving treatment within VA through FY 2020 Q2, approximately 17 percent (43,458) used amphetamines, around 28 percent (72,070) used cocaine, around 27 percent (70,609) used opioids, and around 53 percent (136,943) used cannabis. (These categories are not mutually exclusive.)

VHA continues to improve service delivery and efficiency by integrating services for mental health disorders, including SUD, into primary care settings. Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn/Operation Inherent Resolve (OEF/OIF/OND/OIR) and Veterans from other eras are served in primary care teams (Patient Aligned Care Teams: PACTs) that have co-located mental health staff to identify and address potential mental health and substance use treatment needs. Secondary prevention services include diagnosis and assessment of possible substance use disorders in patients presenting medical problems that suggest elevated risk of substance use disorders (e.g., treatment for Hepatitis C, prescribed opioid medications). Recognizing the importance of team-based care, VHA is implementing the Behavioral Health Interdisciplinary Program – Collaborative Chronic Care Model (BHIP-CCM) at every VA facility. Implementation of BHIP – CCM teams within general mental health further supports VA's commitment to providing access to chronic disease management and treatment for substance use disorders beyond specialty SUD treatment settings.

Most Veterans with substance use disorders are treated in outpatient programs. Outpatient withdrawal management 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 SUD outpatient programs provide at least three hours of service per day and patients attend three or more days per week.

Considering the frequent co-occurrence of substance use disorders with posttraumatic stress disorder, VHA has also assigned a SUD specialist to each of its hospital-level posttraumatic stress disorder services or teams. The staff person is an integral member of the posttraumatic stress disorder clinical services team and works to integrate substance use disorder care with all other aspects of posttraumatic stress disorder-related care. Among the specialists' responsibilities are identification and treatment of Veterans with co-occurring SUD and posttraumatic stress disorder. Specialists also promote preventive services for Veterans with posttraumatic stress disorder who are at risk for developing a substance use disorder.

VHA provides two types of 24-hour care to patients with severe, complex, or acute substance use disorders. These include inpatient withdrawal management and stabilization in numerous medical and general mental health units and provision of care in Mental Health Residential Rehabilitation Treatment Programs (otherwise referred to as Domiciliary beds). VHA offers care in Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) to Veterans with complex, co-occurring mental health, substance use, medical, and psychosocial needs. Specialty Domiciliary SUD programs provide treatment equivalent to Level 3.7, Medically Monitored Intensive Inpatient Services as specified by the American Society of Addiction Medicine Patient Placement Criteria. At the end of FY 2019, 67 Domiciliary SUD programs were in operation with 1,845 beds focused

specifically on intensive, medically monitored residential SUD treatment. In addition to those MH RRTPs formally designated as Domiciliary SUD programs, additional SUD specialized services are offered through tracks in other MH RRTPs and the majority of Veterans served by MH RRTPs are diagnosed with a substance use disorder.

Programs to end homelessness among Veterans are encouraged to have SUD specialists as a part of their multidisciplinary teams. There are SUD specialists working in the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH), Grant and Per Diem (GPD) and the Health Care for Homeless Veterans (HCHV) programs; however, the use of SUD specialists can vary locally based on site-specific needs. These specialists emphasize early identification of substance use disorders as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs and serve as linkages between homeless and SUD programs.

Methamphetamine

VA recognizes the emerging threat that methamphetamine poses to our nation's Veterans. Specific data on the rates of methamphetamine use disorder are not available. However, the overall rates of amphetamine use disorder have been increasing with over 43,000 Veterans who received care in VA during FY 2019 having an amphetamine use disorder diagnosis. This reflects a 17 percent increase from FY 2018 (6,430 Veterans). VA's commitment to provision of evidence-based treatment has positioned VA well to respond to this emerging threat. Contingency Management (CM) is an evidence-based treatment with demonstrated efficacy in treating stimulant use disorder. VA implemented CM in 2011, and through September 2019, VA has provided contingency management services to over 4,800 Veterans with over 92 percent of the greater than 63,000 urine samples testing negative for the target drug(s) (e.g. stimulants or cannabis).

Opioid Use Disorder

Slightly more than 70,600 Veterans with an opioid use disorder (OUD) diagnosis were seen in VA in the four quarters ending in FY 2020 Q2. Medication for OUD (M-OUD) has historically been provided in SUD specialty-care clinics, but the majority of Veterans with clinically diagnosed OUD do not access SUD specialty care. By disseminating evidence-based models for delivery of M-OUD in primary care, mental health, and pain management clinics, Veterans are expected to have timely access to the right treatment at their preferred point of care. VA launched the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative in August 2018 with the intent of supporting the expansion of M-OUD in Level 1 clinics (primary care, general mental health and pain management clinics). Pilot sites in each VISN implemented this expansion during FY 2019. From August 2018 through May 2020 there has been a 153 percent increase in the number of patients receiving buprenorphine in the initial pilot Level One clinics and 163 percent increase in the number of providers prescribing buprenorphine in these clinics. Further, Veterans are being retained in care with 70 percent of Veterans retained on buprenorphine for more than 90 days. Plans for regional conferences to support further dissemination have been modified in response to the current pandemic with a virtual national conference now planned for late September.

VHA continues to expand the availability of M-OUD for Veterans. VA monitors the percent of patients with OUD who receive M-OUD (41.5 percent during the 2nd quarter of FY 2020) as part of the Psychotropic Drug Safety Initiative (PDSI). PDSI is a nationwide psychopharmacology quality improvement (QI) program that supports facility-level QI through quarterly quality metrics, clinical decision support tools, technical assistance for QI strategic implementation, and a virtual learning collaborative. Since 4th quarter FY 2019, VA has seen a 2 percent increase in the number of Veterans that received M-OUD (total of 27,011, Q2 FY 2020). The number of providers

with a Drug Enforcement Administration (DEA) X-waiver also has continued to increase since the 4th quarter FY 2019 with an additional 216 providers through the end of May 2020. In FY 2019, evidence-based M-OD, including office-based treatment with buprenorphine and extended-release injectable naltrexone, was accessible to patients seen at 100 percent of VA medical centers. Including VA medical centers, Community-Based Outpatient Clinics, and other sites of care separate from the medical centers, over 680 total sites of service provided at least some M-OD an increase of approximately 50 sites from FY 2018. VA operates federally regulated opioid treatment programs that can provide methadone maintenance on-site at 32 larger urban locations and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing care through community-based licensed opioid treatment programs.

VA has realized that it will be critical to go beyond providers obtaining a waiver that allows them to prescribe buprenorphine. The number of providers with a DEA X-waiver that prescribed buprenorphine during FY 2019 was significantly lower than the number of providers with an X-waiver. While this number is increasing, VA is focusing efforts to remove barriers to prescribing and to support the initiation of buprenorphine when indicated. VHA Notice 2019-18, Buprenorphine Prescribing for Opioid Use Disorder was published in October 2019 with the intent of clarifying national policy and tasking facilities to remove potential barriers to prescribing if present.

In support of interprofessional team-based models of care, VA is leveraging Clinical Pharmacy Specialist (CPS) providers to deliver comprehensive medication management services and improve Veteran access to SUD care. In partnership with the VA Office of Rural Health, the VA Pharmacy Benefits Management (PBM) Clinical Pharmacy Practice Office launched a nationwide initiative in FY 2020 to expand the CPS provider workforce focused on SUD care. A total of 35 CPS provider positions have been awarded since initiation with a primary focus of expanding access to OUD and alcohol use disorder (AUD) care for rural Veterans. As part of this project, train the trainer clinical pharmacy boot camps began in June 2020 and will virtually train over 250 CPS providers in OUD and AUD care. The goal of the training is to advance CPS provider practice in SUD care and risk mitigation across level 1 clinics, in alignment with the SCOUTT initiative. All boot camp participants have completed 24-hour DEA X-waiver training prior to the boot camp in anticipation that future legislation may include pharmacist practitioners as potential providers of buprenorphine-based therapy, furthering access to M-OD. As of Q2 FY2020, 167 CPS providers are delivering OUD care with 53,466 encounters over the past year and significant practice growth expected for SUD care overall.

National Treatment Plan ²

VA has developed a comprehensive plan in response to the National Drug Control Strategy – National Treatment Plan (NDCS-NTP) for SUD. VA’s plan builds on the efforts described in detail earlier in this document with focus on expansion of SUD services for difficult to reach populations using a range of technologies, expansion of the Addiction workforce to include an expansion of peer support services targeted to SUD services, and broad implementation of a stepped-care model to ensure there is “no wrong door” for Veterans requiring SUD treatment.

² Additional budget detail and estimates will be included in VA’s FY 2022 Annual Budget Submission.

Opioid Safety Initiative³

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 (OSI) is to ensure pain management is addressed thoughtfully, compassionately, and safely to make the totality of opioid use visible at all levels in the organization. Based on comparisons of national data between the quarter beginning in Quarter 4, FY 2012 (beginning in July 2012) to Quarter 2, FY 2020 (ending in March 2020), many aspects of the OSI continue to show positive results. Despite an increase of 329,356 Veterans who were dispensed any medication from a VA pharmacy, 275,571 fewer Veterans were on long-term opioids. The average dose of selected opioids has continued to decline as 46,543 fewer patients were receiving morphine equivalent daily doses greater than or equal to 100 milligrams, demonstrating that prescribing and consumption behaviors are changing. The desired results of the Opioid Safety Initiative have been achieved during a time that VA has seen a 7.7 percent increase in Veterans that have utilized VA outpatient pharmacy services.

Chronic pain is a national public health problem as outlined in the 2011 study by the Institute of Medicine (IOM). At least 100 million Americans suffer from some form of chronic pain. The IOM study describes in detail many concerns of pain management, including system-wide deficits in the training of our Nation's health care professionals in pain management and substance use disorders prevention and management, and the problems caused by a fragmented health care system. The over-use and misuse of opioids for pain management in the United States is a consequence of a health care system that until recently was less than fully prepared to respond to these challenges.

VHA has identified and broadly responded to the many challenges of pain management through policies supporting clinical monitoring, education and training of health professionals and teams, and expansion of clinical resources and programs. VA's Pain Management Directive defines and describes policy expectations and responsibilities for the overall National Pain Management Strategy and Stepped Care pain model, which is evidence-based and has been adopted by the Department of Defense (DoD) as well. Our approach to managing opioid over-use fits into this plan, and the VA has employed broad strategies to address the opioid epidemic: education, pain management, risk mitigation, and addiction treatment. First, the VA addressed the problem of clinically inappropriate high-dose prescribing of opioids through the VA's national program, the Opioid Safety Initiative (OSI). Second, VA developed an effective system of interdisciplinary, patient-aligned pain management with the competency to provide safe and effective pain control and quality of life for Veterans for the remainder of their lives.

VA has reduced the reliance on opioid medication for pain management by more than 58 percent since 2012, largely by starting fewer patients newly on long-term opioid therapy and by offering pain care options that are safer and more effective in the long run. The majority of the decline in VA opioid prescriptions is not due to Veterans "getting by" with fewer opioids, but by following a Stepped Care Model for Pain treatment addressing the causes of pain with fewer Veterans requiring the initiation of long-term opioid therapy. VA has been recognized by many as a leader in the pain management field for the responsible use of opioids. Notably, VA has organized many types of interdisciplinary pain care teams to help with medication safety, patient education, pain schools, cognitive behavioral therapy and helping patients transition from a biomedical to a biopsychosocial model of pain care. As VA continues its efforts to address opioid over-use, non-

³ Additional budget detail and estimates on VA's Opioid Safety Initiative, including VA's efforts to address P. L. 114-198, tile IX, the Jason Simcakoski Memorial and Promise Act, are included in VA's FY 2021 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs.

opioid treatments and complementary and integrative medicine treatments (such as massage therapy, yoga, meditation, occupational therapy, physical therapy, recreational therapy, acupuncture, tai chi, etc.) are an important component to VA's Pain Management Strategy.

To further strengthen OSI and keep this trend moving in the right direction, VA has deployed state-of-the-art tools to help protect Veteran patients using high doses of opioids or with medical risk factors that put them at an increased risk of complications from opioid medications including overdose. These tools, referred to as the Opioid Therapy Risk Report (OTRR) and the Stratification Tool for Opioid Risk Mitigation (STORM), are available to all clinical staff in the VHA. These tools include information about the dosages of narcotics and other sedative medications, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of complex patients. The OTRR allows VA providers to review all pertinent clinical data related to pain treatment in one place, providing a comprehensive Veteran-centered and more efficient level of management not previously available to primary care providers. The STORM allows VA providers to view information about risk factors for opioid overdose, suicide-related events and other harms and recommends patient-specific risk mitigation strategies. Both tools are part of VA's broader efforts to prevent opioid overdose deaths.

Additionally, VHA has formalized a system-wide Academic Detailing program that is in process of being implemented throughout the organization. Academic Detailing provides specialty teams to visit facilities and provide on-site support and education to providers to further enhance pain management efforts. The Academic Detailing program is another important step to improve mental health, substance use disorder, and pain management medication therapy across all VA medical centers. As of March 31, 2020, specially trained VA pharmacists had over 56,000 outreach visits with VA staff about opioid safety, opioid overdose and naloxone distribution, suicide prevention, and opioid use disorder.

As VA continues its efforts to address opioid over-use, complementary and integrative medicine treatments are an important component to VA's Pain Management Strategy. VA currently offers many complementary and integrative medicine treatments, many of which may be useful in chronic pain. These treatments include acupressure, acupuncture, biofeedback, chiropractic services, exercise, heated pool therapy, hypnosis/hypnotherapy, massage therapy, meditation, occupational therapy, physical therapy, recreational therapy, relaxation, tai chi, transcutaneous electrical nerve stimulation, yoga and other services.

VA has several other programs that are complementary to the Opioid Safety Initiative and include:

- State Prescription Drug Monitoring Programs (PDMP): 49 States, the District of Columbia, and Puerto Rico are activated for VA data transmission. From Quarter 3, Fiscal Year 2013 (ending in June 2013) to Quarter 2, Fiscal Year 2020 (ending March 2020), VA providers have documented over 6.8 million queries to State Prescription Drug Monitoring Programs to help guide treatment decisions.
- Medication Take-Back Program: VA offers free medication take back services to Veterans through mail-back envelopes and on-site receptacles compliant with DEA regulations. As of March 31, 2020, Veterans have returned over 185.7 tons of unwanted or unneeded medication using these services.

Opioid Overdose Education and Naloxone Distribution

The VA Opioid Overdose Education and Naloxone Distribution (OEND) program aims to decrease opioid-related overdose deaths among VHA patients by providing education on opioid overdose

prevention, recognition of opioid overdose, and training on the rescue response, including provision of naloxone. Food and Drug Administration-approved layperson naloxone formulations (nasal spray and auto-injector) are on the VA National Formulary and are currently available through every VHA facility. VHA recommends offering OEND to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems it clinically indicated. Academic Detailing has promoted OEND through individualized, evidence-based educational outreach visits and consultation for clinicians by clinicians. In July 2016, Congress took the important step of eliminating copayment requirements for opioid antagonists (e.g., naloxone) furnished to Veterans at high risk for overdose and for education on their use (per P. L. 114-98, title IX, the Jason Simcakoski Memorial and Promise Act). This change has been implemented throughout VHA. Since implementation of the OEND program in 2014, over 26,300 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 415,900 naloxone prescriptions have been dispensed to over 242,700 Veterans (as of the end of June 2020).

In an effort to ensure timely access to naloxone for emergency responding, VHA launched the Rapid Naloxone Initiative in September 2018 consisting of three elements: (1) OEND to VA patients at-risk for opioid overdose, (2) VA Police Naloxone, and (3) Automated External Defibrillator (AED) Cabinet Naloxone. As of April 2019, 116 facilities have equipped their Police with naloxone and 56 facilities have deployed naloxone in AED Cabinets. Across VA this has accounted for at least 693 AED Cabinets and 2,785 VA Police Officers equipped with naloxone. The impact of these efforts is apparent across VHA. As documented through spontaneous reporting of overdose reversal events as well as through a national medical record note, at least 911 lives have potentially been saved, with an additional 126 reversals reported from AED Cabinet and VA Police naloxone (6 and 120 reversals, respectively). VA has dispensed a naloxone kit for 1 in 5 patients on high dose opioids, as compared to 1 in 69 patients in the private sector.

Finally, as part of the broader OEND effort, VHA has established a community of practice for sharing innovative and promising practices which has included discussion of post-overdose engagement in treatment. During FY 2019, VHA implemented a process for documenting accidental and severe adverse effect overdoses as a component of suicide prevention efforts. Implementation of the Suicidal Behavior and Overdose Report (SBOR) note template provides a foundation for VHA to implement strategies designed specifically to engage Veterans in timely treatment following a non-fatal overdose (opioid and non-opioid related).

Veterans Justice Programs⁴

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.

VA services for justice-involved Veterans are provided through two dedicated national programs, both prevention-oriented components of VA’s Homeless Programs: Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). Known collectively as the Veterans Justice Programs (VJP), HCRV and VJO facilitate access to needed VA health care and other

⁴ Additional budget detail and estimates on VA’s Veterans Homelessness Programs, including VA’s Justice Outreach Programs, will be included in VA’s FY 2022 Annual Budget Submission, Vol. II, Medical Programs and Information Technology Programs.

services for Veterans at all stages of the criminal justice process, from initial contact with law enforcement through community reentry following extended incarceration.

HCRV Specialists provide outreach to Veterans approaching release from state and Federal prisons. They briefly assess reentry Veterans' probable treatment needs, help Veterans plan to access responsive services upon release, and provide post-release follow-up as needed to ensure that Veterans are engaged with needed services. Most HCRV Specialists are based at VA medical centers, but they typically serve Veterans across a large area, often conducting outreach to prison facilities in at least one entire state, and sometimes an entire VISN.

VJO Specialists serve Veterans at earlier stages of the criminal justice process, with a three-pronged focus on outreach to community law enforcement, jails, and courts. VJO Specialists at each VA medical center work with Veterans in the local criminal courts (including but not limited to the Veterans Treatment Courts, or VTCs), conduct outreach in local jails, and engage with local law enforcement by delivering VA-focused training sessions and other informational presentations. Each VA medical center has at least one VJO Specialist, who serves as a liaison between VA and the local criminal justice system.

Public Law 115-240, The Veterans Treatment Court Improvement Act of 2018, signed September 17, 2018, required VA to hire 50 new Veterans Justice Outreach Specialists to serve in VTCs, in addition to their other outreach duties. Following an announcement of new position awards on December 26, 2018, VA medical centers are actively recruiting and hiring additional VJO Specialists in response to this legislation. As of June 2020, 49 new VJO positions have been filled.

Veterans who are seen by HCRV and VJO Specialists access VA mental health and substance use treatment at high rates. Most Veterans seen in the VJO program have a mental health (77 percent), substance use disorder (71 percent) diagnosis, or both (58 percent). Within one year of their VJO outreach visit, 97 percent of Veterans with mental health diagnoses had had at least one VHA mental health visit, and 78 percent had at least six visits. Within the same timeframe, 72 percent of Veterans with substance use disorder diagnoses had had at least one VHA substance use disorder visit, and 54 percent had had at least six. Veterans seen by HCRV Specialists have a similar profile, with 56 percent with a mental health diagnosis, 55 percent with a substance use disorder diagnosis, and 39 percent with both. Veterans in HCRV access VA care at high rates, but slightly lower than those in VJO with 93 percent of those with a mental health diagnosis having at least one visit, and 64 percent having at least six visits. For those with a substance use disorder, 57 percent had at least one visit, and 37 percent had at least six. Improving access to treatment and care for this segment of the Veteran population is in direct alignment with the identified agency goals.

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. VJO specialists currently serve Veterans in 561 Veterans Treatment Courts and other Veteran-focused courts, with more planned. Their duties in a Veterans Treatment Court include 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

VHA research supports the generation of new knowledge to improve prevention, diagnosis, and treatment of substance use disorders (e.g., opioids, alcohol, tobacco, cocaine, methamphetamine, etc.), as well as the development and testing of innovative, non-opioid approaches for chronic pain management for Veterans. The VA patient population has experienced many of the problems of at-risk opioid and addiction that have made this a major clinical and public health issue in the U.S. Opioids are used to treat pain, but they are associated with dangerous side effects including depressed breathing, cognitive impairment, and the potential for addiction. As VA continues to reduce excessive reliance on opiate medication, VA will maintain efforts in 2021 on pain-management research in areas responsive to the Jason Simcakoski Memorial and Promise Act and the President's Commission on Combating Drug Addiction and the Opioid Crisis. Towards this goal, VA identified the following areas to invest in:

- Non-pharmaceutical strategies for painful conditions: VA will continue to test and develop novel non-pharmaceutical strategies for painful conditions including traditional complementary and integrative health approaches (e.g. yoga, Tai-chi, and activity-based therapies), device-based (e.g., electrical stimulation), and even cell therapies for musculoskeletal conditions.
- Safer medications to treat pain: VA will continue to focus research on understanding the benefits and risks of non-opioid medications for pain management and alleviation. An example is targeting mutations in sodium channels which have been shown to cause pain associated with diabetes, small fiber neuropathy, erythromelalgia, and burns.
- Develop and test technologies providing access to treatment for chronic pain and opioid misuse: VA is testing the use of telehealth, smart-apps, web- and phone-based technology to provide outreach and care to Veterans living in rural areas. These interventions include peer coaching, treatment for OUD, provision of biobehavioral approaches, as well as establishing best practices for delivery of care using these modalities.

A second State of the Art (SOTA) Conference on Effective Management of Pain and Addiction: Strategies to Improve Opioid Safety was held on September 11-12, 2019. This conference focused on three areas: 1) Managing OUD, 2) Long Term Opioid Therapy and Tapering; and 3) Substance Use Disorder and Pain. Findings from the SOTA will be published in an upcoming supplemental issue to the Journal of General Internal Medicine and will include reporting consensus on existing evidence for managing opioid use disorder, tapering of long-term opioid therapy for pain when risk outweighs benefit, and co-occurring pain and substance use disorder.

PERFORMANCE⁵

Information regarding the performance of the drug control efforts of VHA is based on Agency Government Performance and Results Act (GPRMA) documents and other information that

⁵ FY 2020 actuals and updated targets will be included in the FY 2022 ONDCP Detailed Accounting Submission.

measures the Agency’s contribution to the Strategy, and is maintained by the VHA Office of Reporting, Analytics, Performance, Improvement and Deployment. VHA historically has reported performance for two separate drug-related initiatives: treatment and research and development. However, to ensure consistency with goals identified by the National Drug Control Strategy (NDCS) Performance Reporting System, additional performance metrics are provided. The table and accompanying text represent VHA’s drug-related achievements during FY 2019.

| Veterans Health Administration | | |
|--|-----------------------|-------------------------|
| Selected Measures of Performance | FY 2019 Target | FY 2019 Achieved |
| Treatment | | |
| » Abstinence from drug use at follow-up in a substance use disorder specialty treatment population | 88% | 77% |
| Research and Development | | |
| » Number of research studies related to substance use disorder | 5 | 28 |
| Number of research studies specifically related to opioid use disorders ¹ | NA | 24 |
| » Number of research studies related to alcohol use disorders | 5 | 59 |
| National Drug Control Strategy Goals² | | |
| » Percent of eligible providers with DEA X-waiver | 10% | 7.8% |

¹Targets have not been established.

²The FY 2019 target reflects the national benchmark established for FY 2022. A national target of 5.6 percent was defined by ONDCP for FY 2019.

Treatment

During FY 2019, 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.

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 2019 (allowing time for follow-up assessment during Quarter 4), VHA substance use disorder specialty outpatient programs assessed self-reported abstinence among 3,500 Veterans with drug use disorder diagnoses documented at admission. Among the Veterans who remained engaged in care and were reassessed 30-90 days after admission, 76.9 percent reported abstinence from drugs during the previous 30 days, a level of performance that is largely unchanged from the prior year. Despite not reaching our stretch goal of 88 percent, current performance represents a high level of performance success in light of the chronic nature of substance use disorders and the challenges associated with use of abstinence as the primary indicator of success. As VHA has focused on

removal of access barriers this has included an emphasis on sustained engagement in treatment. It is important to note that the percent of Veterans for whom performance data are available continues to increase, reflecting VHA's commitment to provision of evidence-based, outcome-informed quality care. Over 9,750 Veterans were assessed at the beginning of substance use disorder specialty care during the 4th quarter of FY 2019.

Research and Development

The resources 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 2019, VHA exceeded targets for the numbers of studies relevant to substance use (28) or alcohol use (49) disorders and increased opioid use disorder research from 12 studies to 24 studies in progress. This distinction of a new category for opioid research aligns with heightened focus activity on management of opioid use and abuse. Two areas of specific focus are prevention and treatment.

- **Prevention.** Research on prevention include prescription drug monitoring programs (prescribing within and outside of the VA), safe opioid tapering, identifying those at risk for adverse effects of opioids, changes in prescribing practice, and its effect on patients. There are 7 projects in the realm of prevention of adverse events associated with opioid therapy. In addition, ORD has funded several projects examining genetic vulnerability to substance abuse, response to opiate agonists (Medication Assisted Treatment; MAT), and pain resilience to determine why some individuals are more susceptible to opioid addiction, response to treatment, and why some individuals can live with higher levels of pain while others cannot. Genetic approaches take advantage of VA's Million Veteran Program genomic data that is providing VA with a wealth of information on addictive risk and behaviors.
- **Treatment.** Studies on treatment focus on the efficacy of care delivery (Stepped Care for OUD) and implementation of evidence-based treatment programs (Stepped Care for OUD Train the Trainer, MAT delivery, and non-pharmacological approaches to treat pain in patients with OUD) within the VA Health Care System. Many of the projects address access to care, including the use and expansion of telehealth to provide treatment alternatives to patients with OUD living in rural areas. This includes making MAT available at Community-Based Outpatient Clinics and determining where telehealth should be prioritized. Other areas of research include co-existing conditions such as mental health (PTSD) and/or SUD, with OUD. In all, there are 13 projects on treatment approaches.

National Drug Control Strategy Goals (NDCS)

VHA has previously provided data on initiatives that support broader goals outlined by the NDCS Performance Reporting System with information provided in support of NDCS Goals 1, 3, 4, 5, and 6. NDCS Goal 3, "Evidence-based addiction treatment, including Medication-Assisted Treatment for opioid addiction, is more accessible nationwide" defines a national target for the percent of providers certified to administer, prescribe, and dispense buprenorphine for opioid use disorder to 10 percent within 5 years (FY 2022). During FY 2019, 7.8 percent of providers with a DEA number eligible to obtain an X-waiver had done so exceeding the national target of 5.6 percent for this same time period. At the end of quarter 2 FY 2020, 9.5 percent of providers with a DEA number eligible to obtain an X-waiver had done so.

B. Assertions

- 1. Timeliness of Summer Budget Submission – VA asserts that the FY 2022 summer drug budget submitted to ONDCP provided based on the criteria set forth in the ONDCP Circular, Budget Formulation, dated October 22, 2019, was provided to ONDCP at the same time as the budget request was submitted to superiors in accordance with 21 U.S.C. § 1703(c)(1)(A).
- 2. Funding Levels – VA asserts the estimated obligations by Budget Decision Unit represent the funding levels in the budget submission made to the Department without alteration or adjustment by any official at the Department.

Rachel A.
Mitchell 108991



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Mitchell 108991
Date: 2021.02.01 13:56:39 -05'00'

Laura Duke
Chief Financial Officer
VHA Office of Finance (10A3)

Date

JEFF A. NECHANICKY
985830



Digitally signed by JEFF A.
NECHANICKY 985830
Date: 2021.02.01 12:16:03 -05'00'

Jeff Nechanicky
Associate Chief Financial Officer
Resource Management (10A3B)

Date

Charles J.
Stepanek 105156



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Date: 2021.01.28 15:17:49
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Charles Stepanek
Director of Budget Services
Resource Management (10A3B)

Date

Statement of Disclosures and Assertions for FY 2020 Drug Control Obligations Submitted to Office of National Drug Control Policy (ONDCP) for Fiscal Year Ending September 30, 2020

In accordance with ONDCP's Circular, National Drug Control Program Agency Compliance Reviews, dated October 22, 2019, the Veterans Health Administration asserts that the VHA system of accounting, use of obligations, and systems of internal controls provide reasonable assurance that:

Obligations are based upon the actual expenditures as reported by the Decision Support System (DSS), which is the designated Managerial Cost Accounting (MCA) System of the Department of Veterans Affairs.

The methodology used to calculate obligations of budgetary resources is reasonable and accurate in all material respects and as described herein was the actual methodology used to generate the costs.

Accounting changes are as shown in the disclosures that follow.

DEPARTMENT OF VETERANS AFFAIRS
 VETERANS HEALTH ADMINISTRATION
 Annual Reporting of FY 2020 Drug Control Funds

DETAILED ACCOUNTING SUBMISSION

A. Table of FY 2020 Drug Control Obligations

| (In Millions) | |
|---|-------------------|
| Description | FY 2020 Actual |
| Drug Resources by Budget Decision Unit: | |
| Medical Care..... | \$835.571 |
| Medical & Prosthetic Research..... | \$19.320 |
| Total..... | \$854.891 |
| Drug Resources by Drug Control Function: | |
| Treatment..... | \$835.571 |
| Research & Development..... | \$19.320 |
| Total..... | \$854.891 |

1. Drug Control Methodology

The obligation tables for the FY 2020 Drug Control Obligations (above) and the Resource Summary (page 17) showing obligations and FTE (Full-Time Equivalent) for substance use disorder (SUD) treatment in Veterans Health Administration (VHA) are based on specific patient encounters. The specific patient encounters include all inpatient and outpatient episodes of care either provided by VHA staff or purchased in the community. The source data for VHA inpatient care is the Patient Treatment File (PTF). For outpatient care, it is the National Patient Care Database Encounter file (SEFILE). For contract care, it is either the PTF or the hospital payment file. For traditional outpatient medical care in the Community (MCC) and Provider Agreements (PA), it is the Provider Payment file. For Third Party Agreements (TPA) Choice, it is the expedited payments from the Office of Community Care (OCC) that are stored in the Corporate Data Warehouse (CDW).

All patient 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 a substance use disorder treatment and which type of substance use disorder. A list of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and International Statistical Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Diagnosis groups used for substance use disorders are shown in the following table:

| Diagnosis Code | Description (DSM-5 and ICD-10-CM) |
|-----------------------|--|
| F11xx | Opioid Related Disorders |
| F12xx | Cannabis Related Disorders |
| F13xx | Sedative Hypnotic/Anxiolytic Related Disorders |
| F14xx | Cocaine Related Disorders |
| F15xx | Other Stimulant Related Disorders |
| F16xx | Hallucinogen Related Disorders |
| F19xx | Other Psychoactive Substance Related Disorders |

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 VHA provided services is calculated by the Managerial Cost Accounting (MCA) System of the Department of Veterans Affairs (VA). MCA cost data is used at all levels of the VA for important functions, such as cost recovery (billing), budgeting and resource allocation. Additionally, the system contains a rich repository of clinical information, which is used to promote a more proactive approach to the care of high risk (i.e., diabetes and acute coronary patients) and high cost patients. VA MCA data is also used to calculate and measure the productivity of physicians and other care providers.

The basic unit of MCA cost is the product. For VHA a product can range from a prescription fill made through a mail-out pharmacy, to an outpatient dental exam, to a bed-day of care in an Intensive Care Unit. Every product that is delivered is fully costed. This means that all direct labor, direct supply, and associated indirect costs (to include local and national overhead costs) are applied. Once they are fully costed, products are then assigned to the applicable patient encounter.

MCA costs are the basis for the obligations displayed in the ONDCP report. The Allocation Resource Center (ARC) develops ARC cost, which is computed by taking the MCA cost and removing the non-patient specific costs, such as Operating costs for Headquarters, Veterans Integrated Service Network (VISN) Support, National Programs, and Capital and State Home costs, and adding in the community care payments.

For budget purposes, ARC costs are transformed into obligations to account for the entire VHA Budget. It is a multi-step methodology that is implemented to compute obligations.

- The ARC costs are divided into their appropriations using cost centers identified in their Monthly Program Cost Report (MPCR), which is a MCA Account Level Budget (ALB) based report that accounts for all the costs that comprise the MCA system.
- A facility specific ratio of obligations to ARC cost for non-capital costs is created and multiplied by the expenditures to create medical center specific obligations.
- Assign the medical center capital obligations to VHA services proportional to cost.
- Aggregate the national overhead obligations by cost center into their appropriations and assign them to patient services proportional to cost.
- Balance the final obligations nationally to the SF133 Report on Budget Execution total proportionately.

MEDICAL CARE

Year in Review

During FY 2020, 243,254 Veterans who received services within VHA were diagnosed with a drug use disorder. Of these Veterans, VA provided services by mental health clinicians in a variety of outpatient settings to nearly 82 percent (198,444) of Veterans with any diagnosis of a drug use disorder. Among Veterans receiving treatment within VA in FY 2020, approximately 16 percent (39,240) used amphetamines, around 27 percent (65,717) used cocaine, around 28 percent (68,174) used opioids, and around 52 percent (127,671) used cannabis. (These categories are not mutually exclusive.)

Data for FY 2020 reflect a decline in utilization of VHA services by Veterans experiencing substance use concerns believed to be related to the pandemic. The decrease in the number of Veterans with a SUD diagnoses served is not believed to be reflective of a change in demand for SUD services. VHA moved rapidly to ensure sustainment of treatment services, rapidly transitioning SUD specialty services to telehealth platforms. VHA also worked closely with the Substance Abuse and Mental Health Services Administration (SAMHSA) to ensure continued access to medications for the treatment of opioid use disorder (M-OUD). In reviewing available data on utilization of SUD specialty services, Veterans are gradually re-engaging with SUD services. Since the start of the pandemic, VHA has seen a significant increase in the utilization of telehealth (telephone only and audio/visual) to support provision of SUD specialty treatment with the overall number of telehealth SUD specialty encounters increasing from slightly more than 12,000 in October 2019 to slightly more than 108,000 in October 2020.

As requested, VHA is exploring available data that would allow for more precise information related to Veteran requests for SUD treatment and subsequent engagement in care. At the current time, this information is not available. Development of SUD specific content for the new electronic health record is continuing with the expectation that this information will be available in the future.

VHA continues to improve service delivery and efficiency by integrating services for mental health disorders, including SUD, into primary care settings. Veterans from Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn/Operation Inherent Resolve (OEF/OIF/OND/OIR) and Veterans from other eras are served in primary care teams (Patient Aligned Care Teams: PACTs) that have co-located mental health staff to identify and address potential mental health and substance use treatment needs. Secondary prevention services include diagnosis and assessment of possible substance use disorders in patients presenting medical problems that suggest elevated risk of substance use disorders (e.g., treatment for Hepatitis C, prescribed opioid medications). Recognizing the importance of team-based care, VHA is implementing the Behavioral Health Interdisciplinary Program – Collaborative Chronic Care Model (BHIP-CCM) at every VA facility. Implementation of BHIP – CCM teams within general mental health further supports VA's commitment to providing access to chronic disease management and treatment for substance use disorders beyond specialty SUD treatment settings.

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.

Considering the frequent co-occurrence of substance use disorders with posttraumatic stress disorder, VHA has also assigned a substance use disorder specialist to each of its hospital-level posttraumatic stress disorder services or teams. The staff person is an integral member of the posttraumatic stress disorder clinical services team and works to integrate substance use disorder care with all other aspects of posttraumatic stress disorder-related care. Among the specialists' responsibilities are identification and treatment of Veterans with co-occurring substance use disorder and posttraumatic stress disorder. Specialists also promote preventive services for Veterans with posttraumatic stress disorder who are at risk for developing a substance use disorder.

VHA provides two types of 24-hour care to patients with severe, complex, or acute substance use disorders. These include inpatient withdrawal management and stabilization in numerous medical and general mental health units and provision of care in Mental Health Residential Rehabilitation Treatment Programs (otherwise referred to as Domiciliary beds). VHA offers care in Mental Health Residential Rehabilitation Treatment Programs (MH RRTPs) to Veterans with complex, co-occurring mental health, substance use, medical, and psychosocial needs. Specialty Domiciliary SUD programs provide treatment equivalent to Level 3.7, Medically Monitored Intensive Inpatient Services as specified by the American Society of Addiction Medicine Patient Placement Criteria. At the end of FY 2020, 68 Domiciliary SUD programs were in operation with more than 1,800 beds focused specifically on intensive, medically monitored residential SUD treatment. In addition to those MH RRTPs formally designated as Domiciliary SUD programs, additional SUD specialized services are offered through tracks in other MH RRTPs and the majority of Veterans served by MH RRTPs are diagnosed with a substance use disorder.

Programs to end homelessness among Veterans are encouraged to have SUD specialists as a part of their multidisciplinary teams. There are SUD specialists working in the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH), Grant and Per Diem (GPD) and the Health Care for Homeless Veterans (HCHV) programs; however, the use of SUD specialists can vary locally based on site-specific needs. These specialists emphasize early identification of substance use disorders as a risk for maintaining permanent housing, promote engagement or re-engagement in SUD specialty care programs and serve as linkages between homeless and SUD programs.

Methamphetamine

VA recognizes the emerging threat that methamphetamine poses to our nation's Veterans. Specific data on the rates of methamphetamine use disorder are not available. However, the overall rates of amphetamine use disorder have been increasing over the past several years. The number of Veterans who received care for amphetamine use disorder decreased somewhat due to the pandemic with 39,240 Veterans who received care in VA during FY 2020 having an amphetamine use disorder diagnosis. VA's commitment to provision of evidence-based treatment has positioned VA well to respond to this emerging threat. Contingency Management (CM) is an evidence-based treatment with demonstrated efficacy in treating stimulant use disorder. VA implemented CM in 2011, and through September 2020, VA has provided contingency management services to over 5,400 Veterans with over 92 percent of the greater than 7,000 urine samples testing negative for the target drug(s) (e.g. stimulants or cannabis).

Opioid Use Disorder

Slightly more than 68,100 Veterans with an opioid use disorder (OUD) diagnosis were seen in VA in FY 2020. Medication for OUD (M-OUD) has historically been provided in SUD specialty-care clinics, but a significant number of Veterans with clinically diagnosed OUD do not access SUD specialty care. By disseminating evidence-based models for delivery of M-OUD in primary care, mental health, and pain management clinics, Veterans are expected to have timely access to the right treatment at their preferred point of care. VA launched the Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative in August 2018 with the intent of supporting the expansion of M-OUD in level 1 clinics (primary care, general mental health and pain management clinics). Phase 1 sites in each VISN implemented this expansion during FY 2019. From August 2018 through September 2020, there was a 136 percent increase in the number of patients receiving buprenorphine in the initial Phase 1 level One clinics and 163 percent increase in the number of providers prescribing buprenorphine in these clinics. Further, Veterans are being retained in care with 71 percent of Veterans retained on buprenorphine for more than 90 days. Phase 2 of the SCOUTT initiative was launched in FY 2020 with planned regional conferences converted to a National Virtual SCOUTT conference that took place in September 2020 with over 300 attendees. Phase 2 teams from new facilities in each VISN are beginning implementation efforts. Further, the infrastructure developed to support the SCOUTT initiative also supports efforts by facilities across the country to expand access to M-OUD in level 1 clinics with a 51 percent increase in the number of Veterans receiving buprenorphine in any level 1 clinic between August 2018 and September 2020 and an 82 percent increase in the number of providers prescribing buprenorphine in those clinics.

In FY 2020, evidence-based M-OUD, including office-based treatment with buprenorphine and extended-release injectable naltrexone, was accessible to patients seen at 100 percent of VA medical centers. VA operates federally regulated opioid treatment programs that can provide methadone maintenance on-site at 33 larger urban locations and at a growing number of VHA facilities that maintain contractual arrangements or arrange non-VA care for providing care through community-based licensed opioid treatment programs. VHA continues to expand the availability of M-OUD for Veterans. VA monitors the percent of patients with OUD who receive M-OUD (44.4 percent during FY 2020) as part of the Psychotropic Drug Safety Initiative (PDSI). PDSI is a nationwide psychopharmacology quality improvement (QI) program that supports facility-level QI through quarterly quality metrics, clinical decision support tools, technical assistance for QI strategic implementation, and a virtual learning collaborative. Since 4th quarter FY 2019, VA has seen a 4 percent increase in the number of Veterans that received M-OUD (total of 27,571, 4 FY 2020).

The number of providers with a Drug Enforcement Administration (DEA) X-waiver has also continued to increase since the 4th quarter FY 2019 with over 5,500 providers who have written any prescription issued to the VA pharmacy (VA employed and community providers serving Veterans) in September 2020 holding an X-Waiver. This reflects an increase of 27 percent from the same time point in FY 2019. VA has realized that it will be critical to go beyond providers obtaining a waiver that allows them to prescribe buprenorphine. The number of providers with a DEA X-waiver that prescribed buprenorphine during FY 2020 was significantly lower than the number of providers with an X-waiver with only 24 percent of those providers with an X-waiver issuing a prescription for buprenorphine in September 2020. While the number of providers is increasing, VA is focusing efforts to remove barriers to prescribing and to support the initiation of buprenorphine when indicated. VHA Notice 2019-18, Buprenorphine Prescribing for Opioid Use Disorder was published in October 2019 and re-

issued in September 2020 by the Undersecretary with the intent of clarifying national policy and tasking facilities to remove potential barriers to prescribing if present. In addition, in July 2020, VA formalized efforts to provide training for providers to support efforts to ensure that all providers eligible to obtain an X-waiver have access to the training. Between July and November 2020, VA offered trainings to providers with over 180 providers trained. Seven additional trainings are planned with 2 trainings planned for December 2020 with over 150 providers registered. VA recognizes the importance of capturing more detailed information on providers most likely to prescribe buprenorphine for OUD and has developed tools that will allow for improved understanding of availability of X-waivered providers by practice setting.

In support of interprofessional team-based models of care, VA is leveraging Clinical Pharmacy Specialist (CPS) providers to deliver comprehensive medication management services and improve Veteran access to SUD care. In partnership with the VA Office of Rural Health, the VA Pharmacy Benefits Management (PBM) Clinical Pharmacy Practice Office launched a nationwide initiative in FY 2020 to expand the CPS provider workforce focused on SUD care. Since initiation, 51 VA facilities have been awarded funding to hire 64 CPS providers across Mental Health, Pain Management, Primary Care, and Specialty Care settings with a focus of expanding access to OUD and alcohol use disorder (AUD) care for rural Veterans. As part of this project, three regional train-the-trainer clinical pharmacy boot camps were held virtually in June and July 2020 and trained 234 VA-CPS providers in OUD and AUD care. The training focused on advancing CPS provider practice in SUD care and risk mitigation across level 1 clinics, in alignment with the SCOUTT initiative and offered subsequent office hours to further support CPS practice growth in SUD care. All boot camp participants completed 24-hour DEA X-waiver training prior to the boot camp in anticipation that future legislation may include pharmacist practitioners as potential providers of buprenorphine-based therapy, furthering access to M-OUD. As of the 4th quarter FY 2020, 141 VA CPS providers are routinely delivering OUD care with 32,566 encounters in FY 2020. This represents a 35.6 percent growth in CPS provider practice in OUD care delivery since the implementation of the SCOUTT initiative; significant CPS practice growth in SUD care is expected in FY 2021.

National Treatment Plan

VA has developed a comprehensive plan in response to the National Drug Control Strategy – National Treatment Plan (NDCS-NTP) for SUD. VA’s plan builds on the efforts described in detail earlier in this document with focus on expansion of SUD services for difficult to reach populations using a range of technologies, expansion of the Addiction workforce to include an expansion of peer support services targeted to SUD services, and broad implementation of a stepped-care model to ensure there is “no wrong door” for Veterans requiring SUD treatment.

Collaboration with Federal Partners

VHA is committed to working collaboratively with other Federal Partners in support of the National Drug Control Strategy and will explore additional opportunities to share insights of VHA efforts to address SUD. With the support of ONDCP, VHA provided an update on VHA peer support services through a webinar in September 2020. Furthermore, VHA recently worked with Health and Human Services in FY 2020 to provide access for staff from Indian Health Services and the Bureau of Prisons to join the Clinical Pharmacy Boot Camps to support expansion of SUD services supported by Clinical Pharmacy Specialists with 32 Public Health Service partners participating in this virtual program. VA is currently working collaboratively with the Department of Defense (DoD) to share lessons learned across the agencies to support access to M-OUD, particularly for transitioning service members.

Opioid Safety Initiative

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 (OSI) is to ensure pain management is addressed thoughtfully, compassionately, and safely to make the totality of opioid use visible at all levels in the organization. Based on comparisons of national data between the quarter beginning in Quarter 4, FY 2012 (beginning in July 2012) to Quarter 4, FY 2020 (ending in September 2020), many aspects of the OSI continue to show positive results. Despite an increase of 230,286 Veterans who were dispensed any medication from a VA pharmacy, 349,388 fewer Veterans were on long-term opioids. The average dose of selected opioids has continued to decline as 58,123 fewer patients were receiving morphine equivalent daily doses greater than or equal to 90 milligrams, demonstrating that prescribing and consumption behaviors are changing. The desired results of OSI have been achieved during a time that VA has seen a 5.8 percent increase in Veterans that have utilized VA outpatient pharmacy services.

Chronic pain is a national public health problem as outlined in the 2011 study by the Institute of Medicine (IOM). At least 100 million Americans suffer from some form of chronic pain. The IOM study describes in detail many concerns of pain management, including system-wide deficits in the training of our Nation's health care professionals in pain management and substance use disorders prevention and management, and the problems caused by a fragmented health care system. The over-use and misuse of opioids for pain management in the United States is a consequence of a health care system that until recently was less than fully prepared to respond to these challenges.

VHA has identified and broadly responded to the many challenges of pain management through policies supporting clinical monitoring, education and training of health professionals and teams, and expansion of clinical resources and programs. VA's Pain Management Directive defines and describes policy expectations and responsibilities for the overall National Pain Management Strategy and Stepped Care pain model, which is evidence-based and has been adopted by the DoD as well. Our approach to managing opioid over-use fits into this plan, and the VA has employed broad strategies to address the opioid epidemic: education, pain management, risk mitigation, and addiction treatment. First, VA addressed the problem of clinically inappropriate high-dose prescribing of opioids through the VA's national program, OSI. Second, VA developed an effective system of interdisciplinary, patient-aligned pain management with the competency to provide safe and effective pain control and quality of life for Veterans for the remainder of their lives.

VA has reduced the reliance on opioid medication for pain management by more than 60 percent since 2012, largely by starting fewer patients newly on long-term opioid therapy and by offering pain care options that are safer and more effective in the long run. The majority of the decline in VA opioid prescriptions is not due to Veterans "getting by" with fewer opioids, but by following a Stepped Care Model for Pain treatment addressing the causes of pain with fewer Veterans requiring the initiation of long-term opioid therapy. VA has been recognized by many as a leader in the pain management field for the responsible use of opioids. Notably, VA has organized many types of interdisciplinary pain care teams to help with medication safety, patient education, pain schools, cognitive behavioral therapy and helping patients transition from a biomedical to a biopsychosocial model of pain care. As VA continues its efforts to address opioid over-use, non-opioid treatments, and complementary and integrative medicine treatments (such as massage therapy, yoga, meditation, occupational therapy,

physical therapy, recreational therapy, acupuncture, tai chi, etc.) are an important component to VA's Pain Management Strategy.

To further strengthen OSI and keep this trend moving in the right direction, VA has deployed state-of-the-art tools to help protect Veteran patients using high doses of opioids or with medical risk factors that put them at an increased risk of complications from opioid medications including overdose. These tools, referred to as the Opioid Therapy Risk Report (OTRR) and the Stratification Tool for Opioid Risk Mitigation (STORM), are available to all clinical staff in the VHA. These tools include information about the dosages of narcotics and other sedative medications, significant medical problems that could contribute to an adverse reaction and monitoring data to aid in the review and management of complex patients. The OTRR allows VA providers to review all pertinent clinical data related to pain treatment in one place, providing a comprehensive Veteran-centered and more efficient level of management not previously available to primary care providers. The STORM allows VA providers to view information about risk factors for opioid overdose, suicide-related events and other harms and recommends patient-specific risk mitigation strategies. Both tools are part of VA's broader efforts to prevent opioid overdose deaths. To address overdose and suicide risk, VHA required that patients identified as very high risk per the STORM predictive model receive a case review by an interdisciplinary team including pain, addiction and mental health expertise. Preliminary findings from a randomized policy evaluation of this new clinical program found that patients targeted for case review had lower rates of all-cause mortality and medical record documented adverse events, such as motor vehicle accidents and overdose.

Additionally, VHA has formalized a system-wide Academic Detailing program that is in process of being implemented throughout the organization. Academic Detailing provides specialty teams to visit facilities and provide on-site support and education to providers to further enhance pain management efforts. The Academic Detailing program is another important step to improve mental health, substance use disorder, and pain management medication therapy across all VA medical centers. As of September 30, 2020, academic detailers (specially trained VA Pharmacists) have held 61,627 outreach visits related to Opioid Safety, Overdose Education and Naloxone Distribution, opioid use disorder, and suicide prevention.

As VA continues its efforts to address opioid over-use, complementary and integrative medicine treatments are an important component to VA's Pain Management Strategy. VA currently offers many complementary and integrative medicine treatments, many of which may be useful in chronic pain. These treatments include acupressure, acupuncture, biofeedback, chiropractic services, exercise, heated pool therapy, hypnosis/hypnotherapy, massage therapy, meditation, occupational therapy, physical therapy, recreational therapy, relaxation, tai chi, transcutaneous electrical nerve stimulation, yoga and other services.

VA has several other programs that are complementary to the Opioid Safety Initiative and include:

- State Prescription Drug Monitoring Programs (PDMP): 49 States, the District of Columbia, and Puerto Rico are activated for VA data transmission. From Quarter 3, Fiscal Year 2013 (ending in June 2013) to Quarter 4, Fiscal Year 2020 (ending September 2020), VA providers have documented over 7.9 million queries to State Prescription Drug Monitoring Programs to help guide treatment decisions.

- Medication Take-Back Program: VA offers free medication take back services to Veterans through mail-back envelopes and on-site receptacles compliant with DEA regulations. As of September 30, 2020, Veterans have returned over 203.5 tons of unwanted or unneeded medication using these services.

Opioid Overdose Education and Naloxone Distribution

The VA Opioid Overdose Education and Naloxone Distribution (OEND) program aims to decrease opioid-related overdose deaths among VHA patients by providing education on opioid overdose prevention, recognition of opioid overdose, and training on the rescue response, including provision of naloxone. All three Food and Drug Administration (FDA)-approved forms of naloxone (injectable, nasal spray and auto-injector) that the FDA states can be considered as options for community distribution were added to the VA National Formulary as soon as they were available. The nasal spray formulation is currently available through every VHA facility. VHA assembled injectable (intramuscular) naloxone kits as part of its initial OEND program. These were replaced by the auto-injector—specifically designed for layperson use—when that formulation became available. However, the auto-injector was abruptly discontinued by the pharmaceutical manufacturer on September 30, 2020. In response, VHA is currently working on re-assembling the injectable (intramuscular) naloxone kits. VHA recommends offering OEND to Veterans prescribed or using opioids who are at increased risk for opioid overdose or whose provider deems it clinically indicated. Academic Detailing has promoted OEND through individualized, evidence-based educational outreach visits and consultation for clinicians by clinicians.

In July 2016, Congress took the important step of eliminating copayment requirements for opioid antagonists (e.g., naloxone) furnished to Veterans at high risk for overdose and for education on their use (per P. L. 114-98, title IX, the Jason Simcakoski Memorial and Promise Act). This change has been implemented throughout VHA and a proposed rule has been published in the Federal Register to amend two of VA's copayment regulations, 38 CFR 17.108 and 17.110, to accurately implement these changes into law. The proposed rule also defines who VA considers to be at high risk for overdose. This definition will assist in the implementation of the public law and to facilitate the identification of such Veterans. Early identification of these Veterans can facilitate provision of lifesaving opioid antagonist medication. Since implementation of the OEND program in 2014, over 28,100 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 450,000 naloxone prescriptions have been dispensed to over 254,800 Veterans (as of the end of September 2020). Through the end of FY 2020, as documented through spontaneous reporting of overdose reversal events as well as through the national note, over 1,500 overdose reversals with naloxone have been reported.

In an effort to ensure timely access to naloxone for emergency responding, VHA launched the Rapid Naloxone Initiative in September 2018 consisting of three elements: (1) OEND to VA patients at-risk for opioid overdose, (2) VA Police Naloxone, and (3) Automated External Defibrillator (AED) Cabinet Naloxone. As documented through spontaneous reporting of overdose reversal events as well as through a national medical record note, over 1,500 overdose reversals with naloxone have been reported through FY 2020. In 2018 VA dispensed a naloxone prescription for 1 in 5 patients on high dose opioids, as compared to 1 in 69 patients in the private sector.

Finally, as part of the broader OEND effort, VHA has established a community of practice for sharing innovative and promising practices which has included discussion of post-overdose

engagement in treatment. Materials developed in support of the OEND initiative also are available to Veterans, their family members, and the broader public. During FY 2019, VHA implemented a process for documenting accidental and severe adverse effect overdoses as a component of suicide prevention efforts. Implementation of the Suicide Behavior and Overdose Report (SBOR) note template provides a foundation for VHA to implement strategies designed specifically to engage Veterans in timely treatment following a non-fatal overdose (opioid and non-opioid related). During FY 2021, VHA plans to build on that foundation to require use of the SBOR with a focus on continuing efforts to improve post-overdose engagement in care

Veterans Justice 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.

VA services for justice-involved Veterans are provided through two dedicated national programs, both prevention-oriented components of VA’s Homeless Programs: Health Care for Reentry Veterans (HCRV) and Veterans Justice Outreach (VJO). Known collectively as the Veterans Justice Programs (VJP), HCRV and VJO facilitate access to needed VA health care and other services for Veterans at all stages of the criminal justice process, from initial contact with law enforcement through community reentry following extended incarceration.

HCRV Specialists provide outreach to Veterans approaching release from state and Federal prisons. They briefly assess reentry Veterans’ probable treatment needs, help Veterans plan to access responsive services upon release, and provide post-release follow-up as needed to ensure that Veterans are engaged with needed services. Most HCRV Specialists are based at VA medical centers, but they typically serve Veterans across a large area, often conducting outreach to prison facilities in at least one entire state, and sometimes an entire VISN.

VJO Specialists serve Veterans at earlier stages of the criminal justice process, with a three-pronged focus on outreach to community law enforcement, jails, and courts. VJO Specialists at each VA medical center work with Veterans in the local criminal courts (including but not limited to the Veterans Treatment Courts, or VTCs), conduct outreach in local jails, and engage with local law enforcement by delivering VA-focused training sessions and other informational presentations. Each VA medical center has at least one VJO Specialist, who serves as a liaison between VA and the local criminal justice system.

Public Law 115-240, The Veterans Treatment Court Improvement Act of 2018, signed September 17, 2018, required VA to hire 50 new Veterans Justice Outreach Specialists to serve in VTCs, in addition to their other outreach duties. VA medical centers have filled all of these positions, as well as an additional 15 added in FY 2020.

Veterans who are seen by HCRV and VJO Specialists access VA mental health and substance use treatment at high rates. Most Veterans seen in the VJO program have a mental health (77 percent) or substance use disorder (71 percent) diagnosis, or both (58 percent). Within one year of their VJO outreach visit, 97 percent of Veterans with mental health diagnoses had had at least one VHA mental health visit, and 78 percent had at least six visits. Within the same timeframe, 72 percent of Veterans with substance use disorder diagnoses had had at least one VHA substance use disorder visit, and 54 percent had had at least six.

Veterans seen by HCRV Specialists have a similar profile, with 56 percent with a mental health diagnosis, 55 percent with a substance use disorder diagnosis and 39 percent with both. Veterans in HCRV access VA care at high rates, but slightly lower than those in VJO with 93 percent of those with a mental health diagnosis having at least one visit, and 64 percent having at least six visits. For those with a substance use disorder, 57 percent had at least one visit, and 37 percent had at least six. Improving access to treatment and care for this segment of the Veteran population is in direct alignment with the identified agency goals.

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. VJO specialists currently serve Veterans in 561 Veterans Treatment Courts and other Veteran-focused courts, with more planned. Their duties in a Veterans Treatment Court include 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.

Performance

During FY 2020, 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.

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 2020 (allowing time for follow-up assessment during Quarter 4), VHA substance use disorder specialty outpatient programs assessed self-reported abstinence among 1,892 Veterans with drug use disorder diagnoses documented at admission. Among the Veterans who remained engaged in care and were reassessed 30-90 days after admission, 79.1 percent reported abstinence from drugs during the previous 30 days, a level of performance that is largely unchanged from the prior year. Despite not reaching our stretch goal of 88 percent, current performance represents a high level of performance success in light of the chronic nature of substance use disorders and the challenges associated with use of abstinence as the primary indicator of success. As VHA has focused on removal of access barriers this has included an emphasis on sustained engagement in treatment. It is important to note that the percent of Veterans for whom performance data are available continues to increase, reflecting VHA's commitment to provision of evidence-based, outcome-informed quality care. Over 3,400 Veterans were assessed at the beginning of SUD specialty care during the 4th quarter of FY 2020, a drop from the over 9,750 assessments in FY 2019. The drop likely is due both to a decrease in

SUD care during the COVID-19 pandemic and difficulty in completing the Brief Addiction Monitor virtually as care rapidly transitioned to use of telehealth modalities to ensure continuity of services.

The accompanying Department of Veterans Affairs Resource Summary (page 15) was prepared in accordance with the following ONDCP circulars (a) National Drug Control Program Agency Compliance Reviews dated October 22, 2019, (b) Budget Formulation, dated October 22, 2019, and (c) Budget Execution, dated October 22, 2019. In accordance with the guidance provided in the Office of National Drug Control Policy’s letter of September 7, 2004, VA’s methodology only incorporates Specialized Treatment costs.

Specialized Treatment Costs (Dollars in Millions)

| Specialized Treatment | VHA Obligations | Care in the Community Obligations | Total Obligations | FTE |
|--|------------------------|--|--------------------------|--------------|
| Inpatient | \$195.397 | \$66.084 | \$261.481 | 852 |
| Outpatient | \$330.723 | \$21.695 | \$352.418 | 1,297 |
| Residential Rehabilitation & Treatment | \$221.672 | \$0.000 | \$221.672 | 1,135 |
| Total | \$747.792 | \$87.779 | \$835.571 | 3,284 |

VA does not track obligations by ONDCP function. In the absence of such capability, obligations by specialized treatment costs have been furnished, as indicated.

MEDICAL & PROSTHETIC RESEARCH

The resources 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 2020, VHA exceeded targets for the numbers of studies relevant to substance use (28) or alcohol use (49) disorders and increased opioid use disorder research from 12 studies to 24 studies in progress. This distinction of a new category for opioid research aligns with heightened focus activity on management of opioid use and abuse. Two areas of specific focus are prevention and treatment.

- Prevention. Research on prevention include prescription drug monitoring programs (prescribing within and outside of the VA), safe opioid tapering, identifying those at risk for adverse effects of opioids, changes in prescribing practice, and its effect on patients. There are 7 projects in the realm of prevention of adverse events associated with opioid therapy. In addition, ORD has funded several projects examining genetic vulnerability to substance abuse, response to opiate agonists (Medication Assisted Treatment; MAT), and pain resilience to determine why some individuals are more susceptible to opioid addiction, response to treatment, and why some individuals can live with higher levels of pain while others cannot. Genetic approaches take advantage of VA’s Million Veteran Program genomic data that is providing VA with a wealth of information on addictive risk and behaviors.
- Treatment. Studies on treatment focus on the efficacy of care delivery (Stepped Care for OUD) and implementation of evidence-based treatment programs (Stepped Care for OUD Train the Trainer, MAT delivery, and non-pharmacological approaches to

treat pain in patients with OUD) within the VA Health Care System. Many of the projects address access to care, including the use and expansion of telehealth to provide treatment alternatives to patients with OUD living in rural areas. This includes making MAT available at Community-Based Outpatient Clinics and determining where telehealth should be prioritized. Other areas of research include co-existing conditions such as mental health (PTSD) and/or SUD, with OUD. In all, there are 13 projects on treatment approaches.

| Specialized Function | Obligations (Millions) | Drug Control Related Percent | FTE |
|-----------------------------|-------------------------------|-------------------------------------|------------|
| Research & Development | \$19.320 | N/A | N/A |

2. Methodology Modifications – In accordance with the guidance provided in the Office of National Drug Control Policy’s letter of September 7, 2004, VA’s methodology only incorporates Specialized Treatment costs and no longer takes into consideration Other Related Treatment costs. Drug control methodology detailed in A.1 was the actual methodology used to generate the Resource Summary.
3. Material Weaknesses or Other Findings – CliftonLarsonAllen LLP provided an unmodified opinion on VA’s FY 2020 consolidated financial statements. They identified five material weaknesses as well as certain conditions regarding noncompliance with laws and regulations. The material weaknesses relate to: 1) Controls over Significant Accounting Estimates (Modified repeat); 2) Community Care Obligations, Undelivered Orders (UDOs), and Accrued Expenses (Modified repeat); 3) Financial Systems and Reporting (Repeat comment); 4) Information Technology (IT) Security Controls (Repeat comment); and 5) Entity Level Controls including CFO Organizational Structure (Repeat comment).

The conditions regarding noncompliance with laws and regulations included findings of noncompliance in : a) Federal Financial Management Improvement Act (FFMIA) (repeat comment); b) Federal Managers’ Financial Integrity Act (FMFIA) (repeat comment); c) Noncompliance with 38 USC 5315 - collection of interest on debt owed by Veterans to VBA (repeat comment); d) Anti-deficiency Act (repeat comment); e) Improper Payments Elimination and Recovery Act (IPERA), as reported by the Office of Inspector General (repeat comment).

4. Reprogrammings or Transfers – There were no reprogramming of funds or transfers that adjusted drug control-related funding because drug control expenditures are reported based on patients served in various VA clinical settings for specialized substance abuse treatment programs.
5. Other Disclosures – This budget accounts for drug control-related costs for VHA Medical Care and Research. It does not include all drug-related costs for the agency. VA incurs costs related to accounting and security of narcotics and other controlled substances and costs of law enforcement related to illegal drug activity; however, these costs are assumed to be relatively small and would not have a material effect on the reported costs.

B. Assertions

1. Drug Methodology – VA asserts that the methodology used to estimate FY 2019 drug control obligations by function and budget decision unit is reasonable and accurate based on the criteria set forth in the ONDCP Circular, Budget Formulation, dated October 22, 2019.
2. Application of Methodology – The methodology described in Section A.1 above was used to prepare the estimates contained in this report.
3. Reprogrammings or Transfers – No changes were made to VA's Financial Plan that required ONDCP approval per the ONDCP Circular, Budget Execution, dated October 22, 2019.
4. Fund Control Notices – The data presented are associated with obligations against a financial plan that was based upon a methodology in accordance with all Fund Control Notices issued by the Director under 21 U.S.C. §1703 (f) and Section 9 of the ONDCP Circular, Budget Execution, dated October 22, 2019.

Subj: Statement of Disclosures and Assertions for FY 2020 Drug Control Obligations
Submitted to Office of National Drug Control Policy (ONDCP) for Fiscal Year Ending
September 30, 2020

Laura Duke
Chief Financial Officer
VHA Office of Finance (10A3)

Date

Jeff Nechanicky
Associate Chief Financial Officer
Resource Management (10A3B)

Date

Charles Stepanek
Director of Budget Services
Resource Management (10A3B)

Date

Department of Veterans Affairs
Resource Summary
Obligations (In Millions)

| | 2020 Actual ¹ |
|---|-----------------------------|
| <hr/> | |
| Medical Care: | |
| Specialized Treatment | |
| Inpatient | \$261.481 |
| Outpatient | \$352.418 |
| Residential Rehabilitation & Treatment | \$221.672 |
| Specialized Treatment | <u>\$835.571</u> |
| Medical & Prosthetics Research: | |
| Research & Development | <u>\$19.320</u> |
| Drug Control Resources by Function & Decision Unit, Total | <u><u>\$854.891</u></u> |
| Drug Control Resources Personnel Summary | |
| Total FTE | <u><u>3,284</u></u> |
| Total VHA Enacted Appropriations ² | \$101,288 |
| Drug Control Percentage | 0.84% |

¹Numbers may not add due to rounding

²Includes VHA Medical Care Appropriations and Medical and Prosthetic Research Appropriation accounts only.